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RULES AND REGULATIONS - 1955

Department of Institutions and Agencies

All Divisions

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# State of New Jersey

DEPARTMENT OF INSTITUTIONS AND AGENCIES
TRENTON 7

December 15, 1955.

Mr. Robert Burkhardt
Executive Secretary to the Governor
State House, Trenton

Dear Mr. Burkhardt:

With reference to the Rules and Regulations of the Division of Welfare of this Department, I am enclosing herewith new Budget Manual Sections 325 through 325.6b and a new Budget Manual Form P.A. 4.

Very truly yours

John W. Tramburg,
Commissioner

JWT:5

Enc.

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DEPARTMENT OF INSTITUTIONS AND AGENCIES

Division of Welfare

ISSUED: December 12, 1955, Effective
January 1, 1956

TITLE: Assistance Budget Manual

SUBJECT: Budget Manual Sections 325 through 325.6b and Budget Manual Form P.A. 4.

STATUTORY REFERENCE: R.S. 30:4B-2, 30:4C-4, 30:5-36, 30:6-3, 44:7-6, 44:7-12

Elmer V. Andrews
Director of Welfare

Approved:

John W. Tramburg,
Commissioner

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325. Expenses Incident to Patient Care in a Licensed Nursing Home or Public Medical Institution.

325.1 It is recognized that a client because of a defect, disease or impairment may need patient care in a licensed nursing home or a public medical institution. (Public medical institution as used in this section refers to those public medical institutions which are certified for the care of the chronically ill).

325.2 The maximum allowable monthly rate that a client shall pay (regardless of source or sources of such payments) for patient care in either a licensed nursing home or public medical institution is $168.00.

325.3 The maximum allowable monthly rate for patient care shall be construed to be an inclusive rate for room, board, bed and bath-room linens, nursing care, laundry of client's personal clothing (but not dry cleaning cost*), personal services, supervision as required by the nature of the client's illness, therapeutic diets, all drugs (including prescriptions), dressings, application or administration of all drugs and dressings, medical supplies (cellu cotton, chux and other types of pads that an operator may choose to use to save labor or linen are included within the meaning of medical supplies) and physician's fees. The maximum allowable monthly rate shall also include any laboratory, diagnostic, x-ray, dental or other service(s) which are available for all patients in the public medical institution except where Section 325.6b is applicable.

325.4 A monthly allowance for patient care in a licensed nursing home or public medical institution shall be included in the client's budget only if all of the following exist:

a) Client has a defect, disease or impairment, the existence of which has been verified by medical information.
b) A physician's recommendation that client is in need of patient care in either a licensed nursing home or public medical institution. The recommendation from the physician shall include the following information: Client's diagnosis, the client's physical limitations and shall specify the various nursing services that client needs thus identifying to the local agency, the client's need for patient care in a licensed nursing home or public medical institution.

* Client's personal incidental allowance provides for dry cleaning costs.

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It is recognized that the physician's recommendation for patient care in a licensed nursing home or public medical institution is of primary importance, however, the agency shall also evaluate the social information. The physician may not be aware that the kind of care that the client needs may be available in the home of a relative or in a boarding home.

c) Care in a licensed nursing home or public medical institution is essential to the client's health and welfare. (The fact that a person is already residing in a licensed nursing home or public medical institution is not in itself conclusive evidence that he is in need of patient care or that continued patient care in a licensed nursing home or public medical institution is needed).

d) There is no person available who will perform the services and care without cost to the client and the service is not otherwise available without cost to the client.

e) The client is not receiving care and treatment for tuberculosis or psychosis in the licensed nursing home or public medical institution as a result of a diagnosis of tuberculosis of psychosis.

325.5 The budget of a client who is purchasing patient care in either a licensed nursing home or public medical institution shall include the allowances for patient care, clothing, (unless Section 206.25 is applicable), personal incidentals and allowances for the appropriate special circumstance items identified below:

Indebtedness if Section 312 is applicable
Insurance if Section 313 is applicable
Property Repair & Improvement if Section 318 is applicable
Clothing if Section 320 is applicable
Storage if Section 321 is applicable
Transportation if Section 324 is applicable.

325.6 Only in the situations as identified in 325.6a and 325.6b may special circumstance allowances for items of medical care be included in the budget of a client who is purchasing patient care in a licensed nursing home or public medical institution.

325.6a It is recognized that a client who is a patient in a licensed nursing home or public medical institution may need:

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1. Dental service and dentures

2. Blood plasma

3. Hearing aids

4. Eye examinations by a specialist, eye glasses and other prosthesis

5. Chiropody service (other than normal pedicure services).

6. Laboratory services

7. X-ray services

8. Prosethetics.

A special circumstance allowance for the above medical needs based on actual cost shall be included in the client's budget only if all of the following exist:

1. It is essential to the health and welfare of the client; and

2. it has been recommended in writing by a licensed physician; and

3. it is not otherwise available without cost to the client.

325.6b It is recognized that a client who is a patient in a licensed nursing home or public medical institution may need physical or functional occupational therapy. A special circumstance allowance based on actual cost, for physical or functional occupational therapy may be included in the budget of the client only if all of the following exist:

1. The physical and/or functional occupational therapy has been prescribed in writing by a licensed physican; and

2. the therapy is to be given under the direction and supervision of a licensed physician; and

3. the physical or occupational therapist providing the treatment must be a graduate of a school approved by the Council of Medical Education and Hospitals of the American Medical Association; and

4. the therapy is not otherwise available without cost to the client.

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STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
DIVISION OF WELFARE

FORM PA-4 REVISED 1/56

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

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

Case Name..... Registration No.....

Home Address.....
STREET MUNICIPALITY COUNTY

Birthdate (or age)..... Sex: M F ..... Veteran: Yes No
(CIRCLE CORRECT LETTER) (CIRCLE CORRECT WORD)

Describe Current Living Arrangement.....

Name of Institution..... Admission Date.....

## A. CERTIFICATION OF PHYSICIAN

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

1. DIAGNOSIS (Complete).....

.....

.....

.....

.....

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

| BEDRIDDEN | AMBULATORY | |
|---|---|---|
| _____ Bedfast & Helpless | _____ Entirely Independent | _____ With Other - Specify ..... |
| _____ Sits up in bed | _____ Only with Wheelchair | _____ Only from Bed to Chair Without Help |
| | _____ With Aid of Appliances | _____ Cannot Use any Stairs |

3. EATING

_____ Feeds Self Unaided
_____ Needs Constant Help to Eat
_____ Partial Help to Eat
_____ Requires Special Diet

4. CONTINENCE STATUS

_____ Continent
_____ Partially Incontinent
_____ Incontinent

5. MENTAL STATUS

_____ Clear
_____ Confused occasionally or part of the time
_____ Confused most of the time

6. NURSING CARE AND SERVICES NEEDED

_____ Hypodermic Injections
_____ Dressings
_____ Temperature and/or Pulse Record
_____ Catherization
_____ Oral Medication
_____ External Medication
_____ Bed Baths Only
_____ Daily Enemas
_____ Change Bed Position
_____ Rubs and Massages

7. CHARACTERISTICS OF MAJOR DISABILITY

_____ Static or Stable _____ Progressive _____ Improving

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

.....

.....

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

.....

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

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

12. Could this patient be adequately cared for now in Boarding Home? YES..... NO.....

His own home? YES..... NO..... Other facility (describe).....

13. ( ) 1. *I further certify that in my opinion this individual does not require care and treatment for active tuberculosis.*

( ) 2. *Does not require care and treatment for a mental disease, defect or impairment in an institution for the mentally ill or mentally deficient.*

_____ *M. D.*

_____ *Date*

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## B. STATEMENT OF INSTITUTION - - - - - - -

*THIS IS TO CERTIFY THAT:*

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

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

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

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

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

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

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

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

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

DATE.....

.....
SUPERINTENDENT

.....
NAME OF INSTITUTION

.....
ADDRESS

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Thompson

# State of New Jersey

## DEPARTMENT OF INSTITUTIONS AND AGENCIES

TRENTON 7

December 29, 1955

Mr. Robert Burkhardt
Executive Secretary to the Governor
State House
Trenton, New Jersey

Dear Mr. Burkhardt:

With reference to the Rules and Regulations of the Bureau of Assistance of the Division of Welfare of this department, I am enclosing herewith the following revised portions of Disability Assistance-Temporary Instructions - County Series No. 3:

Sections 15, 16 and 17; Table of Contents; and
Revised Forms ODA-26, ODA-27

Please be advised that Forms ODA-26A, ODA-26B and ODA-27A are hereby cancelled.

Very truly yours,

DEPARTMENT OF INSTITUTIONS AND AGENCIES

F. Lovell Bixby

F. Lovell Bixby, Phd.
Acting Commissioner

FLB:4

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

BUREAU OF ASSISTANCE

REGULATION # _____
County Series No. 3

ISSUED: Feb. 15, 1952
(Date)

REV.: 8/18/54, 9/17/54, 10/54
(Date)
1/55, 3/55, 1/1/56

TITLE: Disability Assistance-Temporary Instructions

SUBJECT: _____

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

Revisions: Sections 15, 16 and 17

Forms ODA-26 and ODA-27

Table of Contents

Cancelled: Forms ODA-26A, ODA-26B and ODA-27A.

Irving Engelman, Chief
Bureau of Assistance

Date: December 30, 1955

Approved:

By: F. Lovell Bixby
F. Lovell Bixby, Ph.D., Acting Commissioner

Date:

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State of New Jersey
DEPARTMENT OF INSTITUTIONS AND AGENCIES
TRENTON 8

BUREAU OF ASSISTANCE
148 WEST STATE STREET

December 30, 1955

TO: COUNTY WELFARE DIRECTORS

RE: Revisions to County Series No. 3:
1. Table of Contents
2. Sections 15, 16 and 17
3. Forms ODA-26, 26A, 26B, 27, 27A, PA-4

Attached is one copy of the revisions to the above policy material for insertion in County Series No. 3. Additional copies for the use of staff are being forwarded under separate cover.

In relation to Section 16. Procedures for Patient Care in Public Medical Institutions, please note that sub-section L. "Change of Residence in Relation to Patient Care," has been deleted. This material will shortly be re-issued as new Section 28. There are, therefore, cross references throughout revised Sections 16 and 17 to the new Section 28. There will be no substantial change in the content of the current sub-section L. and you are to continue to operate as instructed therein until you receive new Section 28.

In respect to the series of Forms ODA-26 and 27, you have already been advised by letter dated December 23, 1955, which accompanied new Budget Manual Sections 325 through 325.6B, that the new Form PA-4 replaces both the ODA-26 and 27.

In revised Section 17, you will note reference to the use of Form ODA-26 (Rev. 1/56) for use in Certification for Patient Care in Family Home. This designation is replacing the previous Form ODA-26B, sample of which appears as Attachment 12. The content of the form remains unchanged. In reproducing this form for your own use please see that it is designated as Form ODA-26 (Rev. 1/56).

Furthermore, Section 24. Review of Continuing Eligibility requires use of Forms 26A and 27A for recertification of "patient status" in private and public medical institutions respectively. These two forms are hereby cancelled and attached is a sample for a new Form ODA-27 (Rev. 1/56), (Attachment 9) which hereafter shall be used in place of the former ODA-26A and 27A. Please use this sample in reproducing this form for your own use.

You are also requested to make appropriate pen and ink corrections to sub-section 4) Patient Status, of Section 24. wherever the phrases "ODA-27A" or "ODA-26A" appear so that they all read "ODA-27 (Rev. 1/56)."

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To County Welfare Directors 12/30/55
Re Revisions to County Series No. 3

Please instruct staff to insert the new and revised material as follows:

1. Remove and destroy Table of Contents, pages I through VI and insert the revised Table of Contents, pages I through VI.

2. Remove current Sections 15, 16 and 17, pages 25 through 48 and insert the revised Sections 15, 16 and 17, pages 25 through 42. Please note that pages 43 through 48 are not in use due to this revision.

3. Remove current Attachment 8 (Sample Form ODA-27) and current Attachment 10 (Sample Form ODA-26) and insert new Attachment 8 (Sample Form PA-4). Note that there is no replacement for current Attachment 10.

4. Remove current Attachment 9 (Sample Form ODA-27A) and current Attachment 11 (Sample Form ODA-26A), and insert revised Attachment 9 (Sample Form ODA-27 - Rev. 1/56). Note that there is no replacement for current Attachment 11.

5. Make pen and ink correction on current Attachment 12 so that the designated number reads "Form ODA-26 (Rev. 1/56)."

If there are any questions about this material, please communicate with us by telephone.

Very truly yours,

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Irving Engelman

Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved: 12/28/55
Elmer V. Andrews
Director of Welfare

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

Disability Assistance
Temporary Instructions
County Series No. 3

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## 15. ELIGIBILITY OF RESIDENTS OF INSTITUTIONS

(Note: Applies to both O.A.A. and D.A.)

A. Citation of Laws

1) Federal - Social Security Act amendments of 1950 to section 6 of Title I, section 1006 of Title X and section 1406 of Title XIV.

2) State - Chapter 7 of Title 44 as supplemented and amended by Chapter 139, Laws of 1951, Chapter 24, Laws of 1952, and Chapter 213, Laws of 1953.

Chapter 11 of Title 30 as amended by Chapter 211, Laws of 1952, and Chapter 212, Laws of 1953.

B. Explanation of Laws

Eligibility in Public Institutions

1) The assistance provisions of both federal and state law bar payments of Old Age and Disability Assistance to needy persons otherwise eligible if they are residing in public institutions generally, but permit such payments to patients in eligible public medical institutions (other than institutions or hospitals for tuberculosis or mental disease, or any institution in which the person is being cared for or treated as the result of a diagnosis of tuberculosis or psychosis.)

Federal matching of grants in such cases is conditioned on the establishment by the State agency of definitions and standards by which public medical institutions can be identified and distinguished from other public institutions, and definitions and standards by which patient status can be identified and distinguished from other types of institutional residence such as custodial care only.

Eligibility in Private Institutions

2) Under state law, a person residing in a private institution is not eligible for assistance unless

a. He is a patient (but not as a result of a diagnosis of tuberculosis or psychosis) in an eligible private medical institution (i.e. any approved private medical institution, excluding, however, institutions for tuberculosis or mental disease and excluding institutions coming within the definition of a hospital to which payment or distribution of funds is permitted to be made by counties or municipalities of this State pursuant to any provision of Chapter 5 of Title 44 of the Revised Statutes); or

b. He is a resident of an eligible non-medical institution;

and

c. If the institution is operated on a non-profit or charitable basis, and is a medical institution (as

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referred to under a.) or is a non-medical institution (as referred to under b.) or the institution includes identified medical and non-medical sections, then the institution must also have qualified under Ruling No.17 of the Bureau of Assistance, and the conditions of the client's presence there must meet the provisions of Ruling No. 17.

Intent of State Law

C. Intent of State Law

It is the intent of Title 44:7, Revised Statutes, that Old Age and Disability Assistance recipients shall be cared for in so far as possible in their own or other suitable family homes. It is clear, however, that certainclients require care and services which they cannot obtain except where established standards are adhered to and special personnel and equipment available; or the client's social and emotional needs can best be met by residence in a supervised congregate living arrangement. The law recognizes these situations and provides for payments to clients who live in approved public or private institutions as specified in B., preceding.

D. Definition of Terms

The following definitions have been established by law or by the Department to meet the requirements of the law:

Institution Defined

1) Institution

An "institution" means and includes:

a. Any group living arrangement, whether in single or multiple dwellings, whether public or private, whether incorporated or unincorporated, whether for profit or non-profit, operated at the direction of or under the management of an individual or individuals, corporation, society, association, fraternal or sectarian auspices, in which food, shelter and personal care (other than nursing care) are furnished on a continuous basis to four or more persons unrelated to the operator, or in which food, shelter and personal care including nursing care are furnished on a continuous basis to two or more persons unrelated to the operator.

or

b. Any establishment or facility already licensed or approved by the Department of Institutions and Agencies.

Examples of Institutions

Under the terms of the above definition the following are institutions:

(1) Any asylum, home, sanitaria, sanitorium, retreat, hospital, nursing home, convalescent home, or any other

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establishment or facility licensed, or approved by the Department of Institutions and Agencies to receive, care for or treat persons who are insane, suffering from mental disorders, or who are crippled, convalescent or infirm, or who are in need of obstetrical or other medical or nursing care.

(2) Any unlicensed establishment which operates under a name or title that includes any term such as hospital, nursing home, convalescent home or rest home, or which by advertisement or any other means holds out to the public that it is equipped to provide medical, nursing or convalescent care.

(3) Any unlicensed establishment known as a home for the aged and/or infirm, operated by an individual, society, association, corporation, or under fraternal or sectarian auspices.

(4) Any unlicensed establishment known as a mission or retreat in which food and shelter are furnished on a continuous basis to the residents.

(5) Any penal or correctional institution.

(6) Public or private hospitals of any kind.

(7) Rehabilitation centers or infirmaries providing in-living facilities.

(8) Any boarding or family home in which two or more persons unrelated to the operator are patients as defined in 5) of this sub-section.

(9) Any boarding home or family home in which there are four or more persons unrelated to the operator, and in which personal care other than food and shelter is provided on a continuous basis.

Examples of Facilities Not Within the Meaning of Institution

Under the terms of the above definition, the following are not institutions:

(1) Hotels, motels, tourist courts or rooming houses.

(2) Apartment houses, cooperative residences or cooperative residence colonies.

(3) Boarding homes or family homes in which there are fewer than four persons unrelated to the operator, provided, however, that not more than one of such persons is a patient.

(4) Boarding homes in which there are four or more persons unrelated to the operator, but which provide no care

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or personal service other than food or shelter, provided, however, that not more than one of such persons is a patient.

(5) Any family home in which all members are related to each other by blood or marriage, regardless of the number of occupants.

Eligible Public Medical Institutions

2) Eligible Public Medical Institutions

An eligible public medical institution is any institution, or specified section thereof, within this State, which is certified by the Department of Institutions and Agencies as an approved public medical institution. Such approvals are extended to two major classes of public medical institutions:

a. Facilities Providing Care for The Chronically Ill, and

b. Facilities for Treating Acute Illness.

Eligible Private Medical Institution

3) Eligible Private Medical Institution

An eligible private medical institution is an establishment, or section thereof, within this State which is licensed under Chapter 11, Title 30, Revised Statutes (except hospitals to which payment or distribution of funds is permitted to be made by counties or municipalities of this State pursuant to any provision of Chapter 5, Title 44, Revised Statutes), or otherwise certified by the Department of Institutions and Agencies as an approved private medical institution.

Eligible Private Non-Medical Institution

4) Eligible Private Non-Medical Institution

An eligible private non-medical institution is any establishment (other than a public institution) which provides four or more persons unrelated to the operator with food, shelter, and personal care and which has been approved by the Department of Institutions and Agencies pursuant to the provisions of Chapter 212, Laws of 1953.

Patient Defined

5) Patient

A patient, for purposes of these regulations, is defined as a person who, by reason of an acute or chronic illness or injury, crippling condition, state of convalescence, or infirmity, is in fact receiving or is in need of medical and nursing care on a continuous basis.

E. Certification of Institutions, Evidence of Certification

Evidence of Certified Public Medical Institution

1) Eligible Public Medical Institution

Classification and certification of public medical institutions, or sections thereof, is the responsibility of the Department, exercised through the Bureau of Inspection.

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Attached to this regulation is a list of certified public medical institutions which will be revised as necessary. In addition, the Bureau of Inspection regularly notifies the management of such institutions, the responsible governmental unit, the appropriate county welfare board, and the Bureau of Assistance of the status of these institutions and the approved bed capacity. Any question may be cleared with the Bureau of Assistance or the Bureau of Inspection.

Eligible Private Medical Institution

2) Eligible Private Medical Institution

Clients residing in or who wish to enter a nursing or convalescent home, or the infirmary section of any other private institutional facility, are not eligible to receive assistance payments unless evidence of Department license or approval is determined by

a. A posted license or permit to operate in a nursing or convalescent home; or

b. A letter of approval in a non-profit or charitable home, plus a letter of approval from the Bureau of Assistance showing qualification under Ruling No. 17;

c. Clearance by telephone or letter with the Bureau if the institution does not appear on regularly published lists of licensed or approved institutions, or cannot show the evidence described in a. or b., above.

Eligible Private Non-medical Institutions

3) Eligible Private Non-medical Institutions

Clients residing in or who wish to enter a private non-medical institution are not eligible to receive assistance payments unless evidence of Department approval is determined by

a. A permanent or temporary certificate or letter of approval, and

b. In a non-profit or charitable home, a letter of approval plus a letter of approval from the Bureau of Assistance showing qualification under Ruling No. 17.

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(Note:Applies to O.A.A. and D.A.)

16. PROCEDURES FOR PATIENT CARE IN PUBLIC MEDICAL INSTITUTIONS

A. Right to Apply

Right to Apply

Any individual living in the certified or non-certified section of an eligible public medical institution, or who plans to enter the certified section of such institution, has the right to apply for Old Age or Disability Assistance if he believes he meets the eligibility requirements for the respective assistance program.

Registration

B. Registration of Applications

An application for assistance may be registered regardless of where the client is living at the time he applies, but if he wishes to receive assistance as a patient in a public medical institution his eligibility must be completely established, and he must be resident in the certified medical section of such institution prior to the receipt of assistance payments. (See sub-section H.)

Application Interview

C. Plan for Application Interview

1) Residents in Eligible Public Medical Institution

When the welfare board receives an inquiry from or on behalf of an individual who is already a resident in an eligible public medical institution, the individual shall be advised of the date on which a representative of the welfare board will call to interpret the assistance program (D.A. or O.A.A. as appropriate), and to assist him in filing an application if he decides to apply. Otherwise follow the procedure set forth in section 7 of this regulation.

Non-Resident

2) Individuals Who Wish to Enter Eligible Public Medical Institution

When an inquiry or application is received from or on behalf of an individual who is not a resident of but who plans to enter an eligible public medical institution, the procedures provided in section 7 of this regulation apply.

Identification of Patient Status and Need for Patient Care

D. Identification of Patient Status; Certification of Need for Patient Care

1) Applicant for Assistance

Whenever an application is registered for an individual resident in or who plans to enter an eligible public medical institution, the welfare board shall require completion of Budget Manual Form PA-4, "Authorization for Patient Care in Licensed Nursing Home or in a Public Medical Institution," by the staff physician and by the

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superintendent of such institution as evidence that the applicant meets all three of the following criteria for patient status:

a. Individual who is admitted to an eligible public medical institution, or to a certified section thereof, because of illness (other than tuberculosis or psychosis) and for whom there is planned continuing medical treatment, including nursing care, directed toward improvement in health, or for whom palliative medical measures are required though improvement in health or recovery cannot be expected;

b. An individual who is in fact receiving professional medical treatment; and

c. An individual who is free to leave at the conclusion of treatment, or at any other time.

2) Recipient of Assistance

Whenever an individual who is already receiving assistance is to enter an eligible public medical institution and continue to receive assistance, the welfare board shall require completion of Form PA-4.

3) Action When Form PA-4 is NOT Completed

Action When PA-4 is NOT Completed

a. In any instance where the staff physician is unable or unwilling to certify on Form PA-4 that the individual does not require care and treatment for active tuberculosis, or care in an institution for mental disease, the welfare board shall deny the application, or discontinue any case already receiving assistance if the individual is to remain in the institution or is to enter the institution even though ineligible for assistance.

b. If the staff physician fails to complete Form PA-4 for an applicant or recipient who wishes to leave a public institution and receive assistance in other than an eligible public or private medical institution the welfare board shall

(1) Refer such a D.A. case to the State Review Team for either initial determination of eligibility or review of continuing eligibility as appropriate;

(2) In an application for O.A.A. secure additional medical opinion as to the need for prolonged care and treatment in an institution for tuberculosis or mental disease. If the medical opinion confirms the need for such care the application shall be denied. Responsibility for further action in regard

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to the plan for care and treatment for tuberculosis or mental condition shall rest first with the family, next with any public or private agency from which the client is already receiving assistance, or with the appropriate municipal official if he is not receiving assistance;

(3) In the case of an O.A.A. recipient secure an additional medical opinion within 30 days as to the need for care and treatment in an institution for tuberculosis or mental disease. If the additional medical opinion confirms the need for such care the client becomes ineligible for assistance beyond payment for the current month, or beyond the date of admission to an institution for tuberculosis or mental disease whichever is earlier. Responsibility for further action in regard to the plan for care shall be the same as in (2) above.

Exception: In the instance of an applicant for or recipient of OAA or DA who is diagnosed as having a mental condition other than psychosis, assistance may be granted or continued unless and until the client is admitted to an ineligible institution.

Filing of Form PA-4

E. Filing of Form PA-4

1) Form PA-4 must accompany case material submitted to the State Review Team on any D.A. application.

2) The Form PA-4 shall be filed in the official case record of any applicant or recipient of assistance who is resident in an eligible public medical institution before payments of assistance are issued to him.

3) It is recommended that a second copy of Form PA-4 be completed for retention by the institution in its files.

Case Record Entries

F. Case Record Entries re: Certification of Institution and Patient Status

1) Applicants

In completing Form ODA-2D, Part III, Social Data Summary for new applications from individuals resident in or about to enter an eligible public medical institution, enter in Living Arrangements, a statement that the entire institution has been certified as an eligible public medical institution, or that the applicant is or will be cared for in the certified section of the institution, whichever is appropriate.

The institution, or section thereof, shall be identified by the name used on the approved list of eligible public medical institutions (Attachment No. 13).

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Note: If an applicant is resident in an ineligible institution but is to leave the institution prior to receipt of assistance, such information shall be stated clearly under Living Arrangements.

2) Recipients

If a recipient of assistance is to enter a public medical institution and continue to receive assistance, appropriate statements concerning certification of the institution and verification of patient status shall be included in the narrative report covering the new living arrangements.

Initial Medical Examination in D.A.

G. Special Procedures by Program

1) Disability Assistance-Initial Medical Examination

a. Resident in Institution

When an applicant for Disability Assistance is already a resident in an eligible public medical institution, Form ODA-2D, Part II Report of Examining Physician, shall be prepared by a staff physician of the institution without fee for such examination and/or report, regardless of whether the applicant is to remain in the institution or plans to leave the institution prior to or at the time of receipt of assistance.

b. Non-resident

When an applicant for Disability Assistance is not a resident of such institution but plans to enter one, the normal procedure for the initial medical examination as provided in Section 12 of this regulation applies.

Special Examination

c. Cost of Special Medical Examination

Any subsequent special medical examination required by the State Review Team in connection with initial determination of eligibility for either a resident or non-resident applicant is a matchable administrative expense as set forth in Section 13 of this regulation.

Certification of Need for Nursing Care D.A.

2) Certification of Need for Patient Care for

a. Recipient of Disability Assistance (non-resident)

When an individual is already receiving Disability Assistance outside an eligible public medical institution but plans to enter such an institution, a completed Form PA-4 will constitute certification of the need for patient care as well as identification as patient.

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Such a case does NOT require further review by the State Review Team for purposes of establishing eligibility to receive D.A. payments after entering the institution.

O.A.A.

b. Applicant or Recipient of Old Age Assistance

In the case of an applicant for or recipient of Old Age Assistance (regardless of whether or not he already resides in the institution) a completed Form PA-4 will constitute certification of need for patient care as well as identification as patient.

H. Procedures for Budgeting and Payment for Patients in Eligible Public Medical Institutions

1) Patient Care Rate in Eligible Public Medical Institution

Determination of Rate

Patient Care Rate Public Medical Institution

The maximum allowable monthly rate which a recipient may pay for care in an eligible public medical institution, regardless of the source or sources of such payment, shall be one-twelfth the annual per capita cost established for the particular institution, or the maximum allowable rate for patient care established in the Department Categorical Assistance Budget Manual (Chapter 300), whichever is less. [The specific procedures for establishing per capita cost of the respective institutions, and the specific rates for each of such institutions will be separately published by the Bureau.]

2) Budget Allowances

Budget Allowances

Budget allowances for clients purchasing patient care in eligible public medical institutions shall be in accord with the provisions of Chapter 300 of the Department Categorical Assistance Budget Manual.

Sections 325.6 through 325.6d of the Budget Manual specify the conditions under which allowances may be made for certain special medical services in addition to the maximum "inclusive rate" for patient care in an eligible public medical institution. Authorized allowances for such special services are provided in attachment 7 to this regulation (County Series No. 3).

3) Payment of Assistance

Initial Payments

a. Initial Payment to Applicant

The initial payment of assistance to applicants resident in or entering an eligible public medical institution shall be made in accord with the principle of

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"advance payment" and the procedures of Ruling No. 14 where applicable.

b. Payment to Recipient Entering Eligible Public Medical Institution.

The principle of "advance payment" shall also apply in respect to the payment made to a recipient at the time he enters an eligible public medical institution. Such adjusted payment shall be made in accord with the appropriate sections of Ruling No. 14.

Payment to Client

4) Method of Payment

a. Grants of assistance to recipients who are patients in eligible public medical institutions shall be by check drawn to the order of the client.

b. Whenever cash income (including contributions from relatives or others) is available to the recipient to meet a portion of the cost of patient care, the institution will generally be expected to arrange for collection of such portion from the recipient or from the source from which the income is due and payable to the recipient. However, in instances where this method proves impractical, or in which the institution is unable or unwilling to collect such income, the welfare board shall accept responsibility for collecting such income for the recipient.

Termination of Payment

5) Termination of Payment

Payments of assistance to a recipient who is purchasing patient care in an eligible public medical institution shall be continued only so long as the recipient continues in "patient status" and is otherwise eligible for either DA or OAA.

Refunds

6) Refunds by Eligible Public Medical Institution

When a recipient dies or ceases to be in "patient status" (i.e. leaves the institution or is moved to a non-certified section of the institution) prior to the last day of the month, or of other period for which he has paid for patient care in advance, the institution shall refund the unearned portion of such payment. The refund shall be calculated as follows: That percentage of the amount allowed the recipient by the welfare board (for board and care in advance) which the number of unearned days bears to 30 (unearned days calculated from the date immediately following the date of death or removal.)

Paid to Welfare Board

The institution shall pay the refund to

a. The welfare board when the recipient dies or when he loses "patient status" but remains in the institution.

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or in any instance where the recipient becomes ineligible to receive assistance whether in or out of the institution;

Paid to Recipient

b. The recipient if he leaves the institution but continues to be eligible to receive assistance outside the institution. In this situation it is the responsibility of the welfare board to make appropriate adjustment in budget and payment to meet need in the recipient's new living arrangement, taking into account as an available resource the amount refunded to him by the institution.

Refund of Client's Funds to Welfare Board

7) Refund of Funds Belonging to Recipient

a. Deceased Recipient

The institution shall also refund to the welfare board any other funds belonging to a deceased recipient (and not subject to any prior claim or lien by the institution) which were in his possession, or in the custody of the institution at the time of his death.

I. Patient Index

1) Index

For purposes of ready identification of all cases in "patient status" for the use of both the local office and Bureau representatives, the welfare board shall maintain a separate card index with the following minimum subdivisions:

a. Patients in eligible public medical institutions.

b. Patients in eligible private medical institutions.

c. Patients in family homes, other than own home.

d. Patients in own home.

This index shall be kept up to date so that at any given time current information will be available.

J. Change of Residence in Relation to Patient Care

For policy and procedures regarding "freezing of county residence" for clients purchasing patient care, patient care and medical services purchased out-of-state, etc. refer to Section 28 of this regulation.

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(Note: Applies to OAA and DA)

## 17. PROCEDURES FOR PATIENT CARE IN ELIGIBLE PRIVATE MEDICAL INSTITUTIONS (OTHER THAN GENERAL HOSPITALS) AND IN FAMILY HOMES

### A. Right to Apply

Any individual who is already a resident in an eligible private medical institution, or who wishes to enter such institution for care and treatment, has the right to apply for the program for which he believes he qualifies.

Intake Procedures

### B. Intake Procedures

The procedures set forth in Section 7 apply, except that when the welfare board receives an inquiry from or on behalf of an individual who is already resident in an eligible private medical institution, the individual shall be advised of the date on which a representative of the welfare board will call to interpret the assistance program (OAA or DA as appropriate), and to assist him in filing an application if he decides to apply.

Identification Patient Status Eligible Private Medical Institution

### C. Identification of Patient Status; Certification of Need for Patient Care.

#### 1) Applicant or Recipient

Whenever an applicant for or recipient of assistance (whether or not he is already resident in an eligible private medical institution) wishes to receive assistance while a patient in such institution, identification of patient status and of the need for patient care shall be accomplished by having Form PA-4 completed by the attending physician, and by the superintendent or operator of the institution.

DA Recipient

#### 2) DA Recipient Entering Eligible Private Medical Institution

In the case of a recipient of DA who is to enter an eligible private medical institution, no further review by the State Review Team of the permanent and total disability factor is required.

#### 3) Action When Form PA-4 is Not Completed

In any instance where the attending physician is unable or unwilling to certify on Form PA-4 that the client does not require care and treatment in an institution for tuberculosis or mental disease, the procedures in Section 16.D.3) shall apply.

Filing Form PA-4

### D. Filing Form PA-4

See Section 16.E. The same procedures apply.

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Case Record Entries

E. Case Record Entries re: Certification of Institution and Patient Status.

1) Applicants

In completing Form ODA-2D, Part III, Social Data Summary, for new applications from individuals resident in or about to enter an eligible private medical institution, enter under Living Arrangements a statement that the institution has been licensed, is operating under permit, or that applicant will reside in an approved infirmary section of the particular private institution. In the instance of a non-profit or charitable institution also state whether or not the institution has a letter showing qualification under Ruling No. 17 from the Bureau.

The institution, or section thereof, shall be identified by the name used on the approved lists of private medical institutions.

Note: If the applicant is resident in an eligible institution but is to leave the institution prior to receipt of assistance, such information shall be stated clearly under Living Arrangements.

Initial Medical Examination in DA

F. Initial Medical Examination - Disability Assistance

In respect to applicants for DA who are residents in or who plan to enter an eligible private medical institution, the initial medical examination shall be made in accord with the provisions of Section 12, except that, if the applicant is currently resident in, but plans to leave

1) A public medical institution for the chronically ill, or a public general hospital; or

2) A State or county institution for the mentally ill, mentally deficient, or epileptic, the medical report for purposes of DA shall be prepared without fee by a staff physician of the institution.

G. Procedures for Budgeting and Payment for Patients in Eligible Private Medical Institutions

Budget Allowances

1) Budget Allowances

Budget allowances for clients purchasing patient care in eligible private medical institutions shall be in accord with the provisions of Chapter 300 of the Department Categorical Assistance Budget Manual.

Sections 325.6 through 325.6d of the Budget Manual specify the conditions under which allowances may be made for certain special medical services in addition to the maximum

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"inclusive rate" for patient care in an eligible private medical institution. Authorized allowances for such special services are provided in attachment 7 to this regulation (County Series No. 3).

Payment; Method; Termination; Refunds

2) Payment of Assistance, Method, Termination, Refunds

Follow the same principles and procedures provided in Section 16. H. 3), 4), 5), 6), and 7).

Patient Index

H. Patient Index

See Section 16. I.

Change of Residence

I. Change of Residence

See Section 28.

J. Procedures for Providing Patient Care Outside of Medical Institution

Nursing Care Outside Medical Institution Eligibility

1) Statement of Eligibility

No individual who is a patient as defined in Section 15 shall receive assistance in a non-medical institution or in the home of related or unrelated persons unless

a. The home is a boarding home in which not more than one individual, unrelated to the operator, is a patient (regardless of the source of such patient's support); or

b. The home is a family home in which not more than one individual, unrelated to the family, is a patient (regardless of the source of such patient's support); or

c. The home is a family home in which all members are related to each other by blood or marriage, regardless of the number of occupants.

Patient Care in Home of Unrelated Persons

2) Patient Care in Home of Unrelated Persons

a. Nursing Care Rate

Rate

Whenever a client who is a patient is living, or arranges to live, in an eligible non-medical institution or in the home of unrelated persons, allowances to provide for nursing care may be included in the budget, provided that the monthly allowance for room and board plus special allowances for nursing service, shall not be greater than if the client were purchasing nursing care in a private medical institution at the maximum allowable rate, and provided either of the following conditions exist:

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(1) The operator of the home is either a registered nurse, a registered practical nurse, or a person certified by the attending physician as qualified to provide the necessary care, and is to provide the nursing service herself, or

(2) The operator arranges to hire some outside person or agency to provide the necessary nursing services and submits to the agency an itemized monthly account of the nursing services so purchased. [This does not preclude arrangements for direct submittal of bills by the vendor of the service (e.g. VNA) to the agency.]
Such services include hiring a registered nurse or practical nurse full or part-time to care for client, the services of a Visiting Nurse Association, etc.

Budget Allowances

b. Budget Allowances in Home of Unrelated Persons

Basic and special circumstance allowances for clients receiving nursing care in eligible non-medical institutions, or in homes of unrelated persons, shall be in accord with the provisions of Ruling No. 3, Budget Manual, subject to the limitations set forth in a. of this sub-section.

Termination of Payment: Refunds

c. Termination of Payment: Refunds

The same principles and procedures apply as provided for individuals receiving patient care in public or private medical institutions. (See Section 16. H. 5, 6, and 7.)

Certification for Nursing Care

d. Certification of Need for Patient Care in Home of Unrelated Persons

Whenever a patient is to receive nursing care in the home of unrelated persons, the certification of his need for such care shall be made by the attending physician on Form ODA-26 (Rev. 1/56), Certification for Patient Care in Family Home.

Filing of Form ODA-26 (Rev. 1/56)

e. Filing of Form ODA-26 (Rev. 1/56)

Form ODA-26 (Rev. 1/56) shall be prepared in duplicate. One copy shall be filed in the case record before payments of assistance at the patient care rate are made. The duplicate shall be given to the operator, or head of the household to provide information regarding client's condition and kind of care required.

Patient Index

f. Patient Index

See Section 16. I.

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Change of Residence

g. Change of Residence

See Section 28.

Nursing Care in Home of Related Persons: Own Home

3) Patient Care in Home of Related Persons or Client's Own Home

a. Statement of Policy

Whenever a client who is a patient is living in the home of related persons (legally responsible or non-responsible), or in his own home and requires nursing care, allowances to provide for nursing care may be included in the budget, provided that the total of all recurring allowances for both basic and special circumstance requirements is not greater than if the client were purchasing nursing care in a private medical institution at the maximum allowable patient rate; subject however, to the following additional limitation:

Care by Member of Family Who is Legally Responsible Relative

Where the nursing care is provided for the client by a legally responsible relative who is a member of the household, there shall be no allowance for wages to be paid to such relative. If the relative providing the care is herself in need, (as determined by the budgetary standards and allowances authorized in the Budget Manual), is not eligible for a categorical assistance program and has been refused a grant of General Assistance, an allowance may be included in the client's budget to equal the deficit in the relative's budget. Such allowance shall be entered as a recurring special circumstance requirement. However, if the relative providing the care is presumptively eligible for any assistance program and refuses to apply, no allowance for his requirements shall be included in the client's budget.

Budget Allowances

b. Budget Allowances

Basic and special circumstance allowances for clients receiving nursing care in the home of related persons, or in his own home shall be in accord with the provisions of Ruling No. 3, Budget Manual, subject to the limitations set forth in a. of this sub-section.

Certification for Nursing Care

c. Certification of Need for Patient Care

Whenever a client is to receive patient care in the home of related persons, or in his own home, the certification of his need for such care shall be made by the attending physician on Form ODA-26, (Rev.1/56), Certification for Patient Care in Family Home.

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Filing of Form ODA-26 (Rev. 1/56)

d. Filing of Form ODA-26 (Rev. 1/56)

Form ODA-26 (Rev. 1/56) shall be prepared in duplicate. One copy shall be filed in the case record before payments of assistance, which include allowances for nursing care, are made. The duplicate shall be given to the person responsible for the client's care.

Patient Index

e. Patient Index

See Section 16. I.

Change of Residence

f. Change of Residence

See Section 28.

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STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
DIVISION OF WELFARE

Form PA-4 Revised 1/56
Attachment 8

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

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

Case Name _____ Registration No. _____

Home Address _____
*Street* *Municipality* *County*

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

Describe Current Living Arrangement _____

Name of Institution _____ Admission Date _____

A. CERTIFICATION OF PHYSICIAN

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

1. DIAGNOSIS (Complete) _____

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

**BEDRIDDEN**
- ____ Bedfast & Helpless
- ____ Sits up in bed

**AMBULATORY**
- ____ Entirely Independent
- ____ Only with Wheelchair
- ____ With Aid of Appliances
- ____ With Other - Specify _____
- ____ Only from Bed to Chair Without Help
- ____ Cannot Use any Stairs

3. EATING
- ____ Feeds Self Unaided
- ____ Needs Constant Help to Eat
- ____ Partial Help to Eat
- ____ Requires Special Diet

4. CONTINENCE STATUS
- ____ Continent
- ____ Partially Incontinent
- ____ Incontinent

5. MENTAL STATUS
- ____ Clear
- ____ Confused occasionally or part of the time
- ____ Confused most of the time

6. NURSING CARE AND SERVICES NEEDED
- ____ Hypodermic Injections
- ____ Dressings
- ____ Temperature and/or Pulse Record
- ____ Catherization
- ____ Oral Medication
- ____ External Medication
- ____ Bed Baths Only
- ____ Daily Enemas
- ____ Change Bed Position
- ____ Rubs and Massages

7. CHARACTERISTICS OF MAJOR DISABILITY
- ____ Static or Stable
- ____ Progressive
- ____ Improving

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

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

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

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

12. Could this patient be adequately cared for now in Boarding Home? YES _____ NO _____

His own Home? YES _____ NO _____ Other facility (describe) _____

13. ( ) *1. I further certify that in my opinion this individual does not require care and treatment for active tuberculosis.*

( ) *2. Does not require care and treatment for a mental disease, defect or impairment in an Institution for the mentally ill or mentally deficient.*

_____ *M. D.*

_____ *Date*

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## B. STATEMENT OF INSTITUTION

*THIS IS TO CERTIFY THAT:*

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

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

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

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

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

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

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

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

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

DATE _____

_____
SUPERINTENDENT

_____
NAME OF INSTITUTION

_____
ADDRESS

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Form ODA-27
(Rev. 1/56)
Attachment 9

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

# RECERTIFICATION OF PATIENT STATUS IN LICENSED NURSING HOME OR PUBLIC MEDICAL INSTITUTION FOR CHRONICALLY ILL

From:_____
(Name of Institution)

To:_____County Welfare Board

County Registration No._____

Name of Patient _____
(First) (Middle) (Last)

THIS IS TO CERTIFY THAT:
the above named individual continues to receive medical treatment and nursing care in the certified medical section of this institution.

Date_____

_____
Operator or Superintendent

THIS IS TO CERTIFY THAT:
the above named individual continues to need medical treatment and nursing care for the following disease(s), defect(s) or impairment(s):
DIAGNOSIS: Primary_____

_____

_____

Secondary: _____

_____

_____

I further certify that in my opinion this individual
( ) does not require care and treatment for active tuberculosis;

( ) does not require care and treatment for a mental disease, defect or impairment in an institution for the mentally ill or mentally deficient.

Date_____

_____
Staff Physician

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# Rules and Regulations Governing the Administration of Parole in New Jersey

STATE OF NEW JERSEY
DEPARTMENT INSTITUTIONS AND AGENCIES
TRENTON

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# Rules and Regulations Governing the Administration of Parole in New Jersey as Revised and Adopted October 29, 1940, and amended July 1, 1943; January 25, 1944; March 26, 1946; May 28, 1946; July 2, 1946; January 28, 1947; March 25, 1947; July 14, 1947; September 28, 1948.

Pursuant to the responsibility imposed upon the State Board of Control of Institutions and Agencies by Section 30:4-108 of the Revised Statutes of 1937, the following are declared to be the rules and regulations governing the granting of parole by the Boards of Managers of New Jersey penal and correctional institutions and State Homes for juvenile delinquents (30:4-106, 30:4-106.1, 30:4-104-106.2 R.S.) and the administration of parole by the Central Parole Division created under the authority of Section 30:1-9 R.S.

No inmate of a penal or correctional institution shall be permitted to leave the grounds thereof without the written authorization of the Commissioner of Institutions and Agencies unless it be under the supervision of an employee of the institution or in accordance with the provisions of these rules and regulations.

## A. Parole Defined

Parole is a revocable permit granted by the

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Board of Managers of a penal or correctional institution or a juvenile home to a charge of that institution allowing him to leave the institution and serve a portion of his sentence or commitment in the community under supervision provided he observes stated conditions consistent with these rules and regulations.

The legal custody of all persons released upon parole is vested by law in the chief executive officer, of the institution from which such person is paroled, continuously until final discharge. (30:4-110 R.S.)

### B. Conditions and Procedures for Granting Parole

1. No person shall be released on parole, from an institution for adult offenders or from a penal institution or reformatory, merely as a reward for good conduct in the institution but only when it appears to the paroling authority that there is a reasonable probability that such person is reliable and trustworthy and will remain at liberty without violating the law and that his or her release will not be incompatible with the welfare of society.

1-A No juvenile shall be released on parole merely as a reward for good conduct in the institution but only when it appears to the paroling authority that the welfare of the



juvenile will be best served by parole and that his or her release will not seriously threaten the welfare of the community to which paroled.

2. Paroles will be granted by a majority vote of a quorum of the Board of Managers at a regular meeting or at a meeting specially called for the purpose.

3. Whenever a Board of Managers is considering the parole of a resident of an institution under its jurisdiction, there will be presented to the Board a complete case summary together with recommendations from the Superintendent and from the Director of Parole or his designated representative.

4. Parole actions of the Boards of Managers will be incorporated in the official minutes of the Boards' meeting, and whenever a parole is granted there shall be issued a certificate, signed by the Chairman and the Secretary of the Board of Managers, which shall show the date of the parole action, the effective date of the parole, and the general and special conditions which the parole imposes. The original of such certificate shall be given to the parolee upon his release from the institution. Copies will be filed at the institution and in the records of the Central Parole Division.

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## C. Supervision of Parolees

1. THE CENTRAL PAROLE DIVISION

By virtue of the authority contained in Section 30:1-9 of the Revised Statutes of 1937, there is created within the Department of Institutions and Agencies a Central Parole Division. It shall consist of a Director of Parole and such assistants, field parole officers, institutional parole officers and other personnel as may be necessary for the performance of duties assigned to the Division by the State Board of Control, the Commissioner of Institutions and Agencies, or the Deputy Commissioner in Charge of Correction and Parole. The Director of Parole and all other employees of the Division shall be appointed by and receive the compensation fixed by the Commissioner in the same manner as other employees of the Department, subject to rules and regulations established by the Civil Service Commission. The Commissioner and the Deputy Commissioner in Charge of Correction and Parole, and the Director of the Division, shall establish working procedures relating to the duties, assignment and conduct of the employees of the Division.

2. FUNCTIONS OF THE CENTRAL PAROLE DIVISION

In order that the parole system may function as an integral part of the general correctional procedure, the supervision of persons released on parole from New Jersey State penal or correctional institutions and from New Jersey State homes for juvenile delinquents shall be vested in the Central Parole Division. Representatives of the Central Parole Division will carry out such investigations and submit such reports as may be required in the preparation of case histories to be used in formulating individualized institution programs and parole planning. The Director of Parole or his designated representative will make independent recommendations to the Boards of Managers in every case being considered for parole.

3. PAROLE DISTRICTS

The Deputy Commissioner in Charge of Correction and Parole, with the approval of the Commissioner, shall have authority to establish parole districts within the State and to assign such supervisory and other personnel and make such allocations of duties and responsibilities to the heads of each district as may be necessary to insure the efficient and economical operation of the parole system.

4. SUPERVISION BY OFFICERS OF THE SAME SEX

All male parolees (except juveniles) shall be supervised by male parole officers. All fe-

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male parolees shall be supervised by female parole officers.

5. Relations with Other Agencies
It is the policy of the State Board of Control to enlist the cooperation of public and private welfare agencies, religious, educational, civic and other organizations, law enforcement officials, and other groups interested in carrying out the broad purposes of the parole system.

## D. Termination of Parole

1. Any charge released on parole under authority of Section 30:4-106 or 30:4-106.1 shall be subject to the power of the paroling authority until the maximum term of his original sentence or commitment shall have expired or he has received a discharge from parole by a quorum of the Board of Managers as provided by Section 30:4-113 R. S.

Whenever a Board of Managers is considering the discharge of a person from parole, it shall have before it a complete summary of the case together with independent recommendation from the Superintendent of the institution and the Director of Parole or his designated representative.

2. Violation of the conditions of parole may be cause for the return of the parolee to



the institution and a revocation of the parole. A violation of the law or any regulatory ordinance, serious misconduct constituting a menace to the community, or continued evasion of responsibility and disregard of parole obligations will be deemed a violation of parole.

3. Procedure in Parole Violations
When a field parole officer believes that a violation of parole has occurred he shall report the facts to the Central Parole Division and make a recommendation as to appropriate action. The Director of Parole, or his designated representative, after reviewing the report, shall order such action as he deems advisable. If he believes that return to the institution is indicated he shall declare the parolee to be delinquent and shall so advise the executive officer of the institution who shall arrange for the parolee's return. To insure the prompt and efficient operation of this regulation, each superintendent shall delegate representatives of the Parole Division to file detainer warrants in case of arrest or to withhold the filing of warrants until complete details have been forwarded by the Parole Division.

4. Revocation of Parole
Whenever a declaration of delinquency has

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been made, a full report of the matter shall be made to the Board of Managers at its next meeting or, if this is impractical, at the next but one. After a review of the facts, a quorum of the Board of Managers shall vote to revoke parole or to re-instate the subject on parole. The action of the Board will be incorporated in its official minutes, and the inmate and the Central Parole Division will be notified of the action in writing. The revocation shall be by an order in writing, signed by the Chairman of the Board and attested by the Secretary thereof.

5. Effect of Revocation
   Any parolee whose parole is revoked in accordance with Section 30:4-111 R.S. may be required to serve the balance of the time due and remaining on his sentence as of the date of his release on parole without allowance for time spent on parole prior to revocation, *provided* he was advised of this fact prior to accepting the conditions of his parole.
6. Revocation of Parole in Non-Resident and Missing Cases
   When a parolee who has been permitted to reside without the State under the terms of Section 30:4-109 R.S. has been declared delinquent, or when a parolee is declared to be missing from parole, the Director of Parole



or his designated representative will request the Board of Managers having jurisdiction to revoke his parole. Notice of such revocation will be sent by registered mail to non-resident parolees, and they will be instructed to return to the institution promptly or be listed as missing from parole. The question of whether funds shall be expended to return a parole violator from another state will be decided by the Commissioner or his delegated representative in each case as it arises.

7. Return for Adjustment
   Parolees may be returned to the institution for medical relief or for failure to make satisfactory community adjustment due to circumstances beyond their control. In such cases, no request for parole revocation shall be made but the presence of such cases in the institution shall promptly be reported to the Board of Managers and in all cases the duration of stay shall be as brief as is consistent with the purpose for which the parolee was returned.

## E. General Rules for the Conduct of Parolees

Compliance with the following general rules shall be a condition of parole from any adult penal or correctional institution, and non-

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compliance therewith, may, in the discretion of the Board of Managers, constitute sufficient cause for revocation of parole:

Parolees will:

a. Obey all laws and public regulatory ordinances;

b. Follow the advice and guidance of the parole officer and comply with all special conditions laid down by the Board of Managers;

c. Reside in a place approved by the Central Parole Division;

d. Report to the Parole District Supervisor or his representative—

1. Within forty-eight hours after leaving the institution,

2. Whenever he wishes to change his place of residence or employment,

3. Whenever in any kind of trouble,

4. Whenever instructed to report by the Parole District Supervisor or other competent authority;

e. Obtain permission from his parole officer or the Parole District Supervisor before—

1. Marrying or applying for divorce,



2. Purchasing an automobile, obtaining a driver's license, or applying for a motor vehicle registration,

3. Entering any form of conditional sales agreement,

4. Entering any business or changing from one place of employment to another,

5. Leaving the State;

f. Avoid the use or sale of narcotics or the excessive use of intoxicating liquors;

g. Refrain from association with persons of bad character or who are considered by the Parole District Supervisor to be undesirable companions;

h. Remain within the State unless written permission has been received from the Parole District Supervisor.

Nothing herein shall be construed to limit the authority of a Board of Managers to impose other reasonable and lawful conditions at its discretion, but it is the opinion of the State Board of Control that such rules and conditions should be held to the minimum consistent with achieving the rehabilitation and proper discipline of each individual case.

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## F. Special Considerations Applying to the Parole of Charges of the State Homes for Juvenile Delinquents

1. All the rules and regulations heretofore enumerated apply to the parole of charges of the State homes for juvenile delinquents, however, special discretion shall be observed in the supervision of such cases since they are not deemed to be under criminal charges but were comitted because there was a need for the State to provide a special form of guidance, education and discipline which was not elsewhere available.

2. The following are the general rules and conditions for parolees from the juvenile institutions.

This parole is issued upon the following terms, conditions, and limitations:

1. You will be on parole until your 21st birthday unless discharged sooner, and are directly responsible to your parole officer for whatever you do.
2. In order to stay on parole, you must behave and obey the following rules. If you do not do so, you may be sent back to an institution.
3. To stay on parole, you must:
   a. Avoid breaking any laws.



   b. Listen to and follow the advice of your parole officer.
   c. Live in a place approved by your parole officer.
   d. Report to your Parole District Office at

   _____

   _____

   _____

   not later than two days after leaving the institution.
   e. See your parole officer:
      1. Before you change your place of living or your job.
      2. Whenever you are in any kind of trouble or have a serious problem.
      3. Whenever you are told to.
   f. Always get permission from your parole officer or parole district supervisor before:
      1. Getting married.
      2. Getting a driver's permit, a driver's license or buying a car.
      3. Buying anything on "time" or credit.
      4. Leaving school, changing jobs, or going into business.

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5. Going out of the State of New Jersey.
6. Visiting any institution.

g. Avoid the use or sale of dope or intoxicating liquors, and keep out of places where they are sold.

h. You must stay in school until you are 16. After leaving school, you must work steadily.

i. Follow your parole officer's advice as to your friends and companions.

j. Follow the advice given you by your parole officer and family as to what time you must be home at night.

4. Special conditions as follows:

3. EXPIRATION OF PAROLE AT MAJORITY
Supervision over parolees from the State homes for juvenile delinquents expires at age twenty-one or at any time prior to majority at the discretion of a quorum of the Board of Managers acting under the authority given it by Section 30:4-113 R. S.

4. SUPERVISION BY BOARD OF CHILD WELFARE
By direction of the Commissioner, the supervision of all or a portion of those paroled from the State homes for juvenile delinquents may be exercised by the Board of



Child Welfare instead of by the Central Parole Division.

5. FURLOUGHS
The Boards of Managers of the State Home for Girls and the State Home for Boys may authorize furloughs of not to exceed ten days under rules and regulations covering such furloughs adopted by the Boards of Managers and approved by the Commissioner of Institutions and Agencies.

## G. Special Provisions Applying to the State Home for Girls and the Reformatory for Women

The Boards of Managers of the State Home for Girls and the Reformatory for Women may authorize "day paroles" to inmates, subject to the following limitations:

a. That day paroles be granted only to inmates who are completing their training for domestic service or beauty culture;

b. That day paroles be strictly controlled by rules and regulations and conditions formulated by the Superintendents of the two institutions and approved by the Board of Managers and the Commissioner of Institutions and Agencies.

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## H. Supervision of Parolees from other States

1. The Commissioner may, at his discretion, accept for supervision by the Central Parole Division parolees from other states not signatory to the Interstate Compact for the supervision of probationers and parolees. In such cases, the provisions of the Interstate Compact will govern.
2. The Commissioner may, at his discretion, authorize arrangements with states not signatory to the Compact to supervise parolees from New Jersey. In such cases, the provisions of the Interstate Compact will apply.

## I. Inconsistent Provisions Repealed

Any rules and regulations, or parts of rules and regulations, previously adopted which are inconsistent with those contained herein are hereby repealed.

**Appendices:**

I. Parole Districts

II. Provisions of the Interstate Compact

## Appendix I. Parole Districts

*District* — *Headquarters* — *Area Served*

No. 1—Public Library Building — Passaic, Bergen
80 First Street, Clifton, N. J.
*Mailing address:* P. O. Box 262
Clifton, New Jersey
*Telephone:* Passaic 2-8429



No. 2—Room 652 - 1060 Broad Street — Essex
Newark, New Jersey
*Mailing address:* P. O. Box 185
Newark, New Jersey
*Telephone:* Mitchell 2-7962, Ext. 157

No. 3—Room 801 - Union County Court House — Union, Middlesex
Elizabeth, New Jersey
*Mailing address:* P. O. Box 507
Elizabeth, New Jersey
*Telephone:* Elizabeth 2-6403 & 2-6404

No. 4—Room 509 - Spingarn Arcade Building — Hudson
591 Summit Avenue, Jersey City, N. J.
*Mailing address:* P. O. Box 158
(Five Corners Station) Jersey City, N. J.
*Telephone:* Journal Square 2-8600

No. 5—Room 10 - Court House, Hall of Records, — Morris, Somerset, Sussex, Warren
Corner, Court & Annex Streets,
Morristown, New Jersey
*Mailing address:* P. O. Box 129
Morristown, New Jersey
*Telephone:* Morristown 4-1202

No. 6—Third Floor - 64 Cooper Street — Burlington, Hunterdon, Mercer
Trenton, New Jersey
*Mailing address:* P. O. Box 1509
Trenton, New Jersey
*Telephone:* Trenton 2-2131, Exts. 735 & 673

No. 7—Room 218 - City Hall — Camden, Cumberland, Gloucester, Salem
Camden, New Jersey
*Mailing address:* P. O. Box 81
Camden, New Jersey
*Telephone:* Camden 4-1896

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No. 8—131 Pearl Street — Monmouth
Red Bank, New Jersey — Ocean
*Mailing address:* P. O. Box 592
Red Bank, New Jersey
*Telephone:* Red Bank 6-1204

No. 9—408 City Hall Annex — Atlantic
Atlantic City, New Jersey — Cape May
*Mailing address:* P. O. Box 778
Atlantic City, New Jersey
*Telephone:* Atlantic City 5-3745

## Appendix II.
## Provisions of the Interstate Compact

### A COMPACT

Entered into by and between all the States Signatory hereto, with the consent of the Congress of the United States of America, granted by an act entitled "An Act granting the consent of Congress to any two or more states to enter into agreements or compacts for cooperative effort and mutual assistance in the prevention of crime and for other purposes", effective June 6, 1934.

The contracting States solemnly agree:

1. That it shall be competent for the duly constituted judicial and administrative authorities of a state party to this compact, (herein called "sending state") to permit any person convicted of an offense within such state and placed on probation or released on parole to reside in any other state party to this compact, (herein called "receiving state") while on probation or parole, if
   a. Such person is in fact a resident of or has his family residing within the receiving state and can obtain employment there;
   b. Though not a resident of the receiving state and not having his family residing there, the receiving state consents to such person's being sent there. Before granting such permission, opportunity shall be granted to the receiving state to investigate the home and prospective employment of such person. A resident of the receiving state, within the meaning of this section, is one who has been an actual inhabitant of such state continuously for more than one year prior to his coming to the sending state and has not resided within the sending state more than six continuous months immediately preceding the commission of the offense for which he has been convicted.
2. That each receiving state will assume the duties of visitation of and supervision over probationers or parolees of any sending state and in the exercise of those duties will be governed by the same standards that prevail for its own probationers and parolees.
3. That duly accredited officers of a sending state may at all times enter a receiving state and there apprehend and retake any person on probation or parole. For that purpose no formalities will be required other than establishing the authority of the officer and the identity of the person to be retaken. All legal requirements to obtain extradition of fugitives from justice are hereby expressly waived on the part of the states party hereto, as to such persons. The decision of the sending state to retake a person on probation or parole shall be conclusive upon and not reviewable within the receiving state: Provided, however, That if at the time when a state seeks to retake a probationer or parolee there should be pending against him within the receiving state any criminal charge, or he should be suspected of having committed within such a state a criminal offense, he shall not be retaken without the consent of the receiving state until discharged from prosecution or from imprisonment for such offense.
4. That the duly accredited officers of the sending state will be permitted to transport prisoners being retaken

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through any and all states parties to this compact, without interference.

5. That the governor of each state may designate an officer who, acting jointly with like officers of other contracting states, if and when appointed, shall promulgate such rules and regulations as may be deemed necessary to more effectively carry out the terms of this compact.

6. That this compact shall become operative immediately upon its execution by any state as between it and any other state or states so executing. When executed it shall have the full force and effect of law within such state, the form of execution to be in accordance with the laws of the executing state.

7. That this compact shall continue in force and remain binding upon each executing state until renounced by it. The duties and obligations hereunder of a renouncing state shall continue as to parolees or probationers residing therein at the time of withdrawal until retaken or finally discharged by the sending state. Renunciation of this compact shall be by the same authority which executed it, by sending six months' notice in writing of its intention to withdraw from the compact to the other states party thereto.

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*Handbook of*

# Information and Rules

*for* Officers and Employees
*of*
New Jersey
Penal and Correctional
Institutions

STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
TRENTON

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STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
TRENTON

HANDBOOK OF

# Information and Rules

FOR
OFFICERS AND EMPLOYEES
OF NEW JERSEY
PENAL AND CORRECTIONAL
INSTITUTIONS

1953

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THIS statement of information and rules for officers and employees of the New Jersey penal and correctional institutions has been approved and is hereby promulgated by the State Board of Control of Institutions and Agencies in accordance with the provisions of Section 30:1-12, Revised Statutes of New Jersey.

REEVE SCHLEY, *President,*

*State Board of Control*

*of Institutions and Agencies.*

October 1, 1946.

## *Forward*

THIS handbook is being issued to give you information about your job and to let you know what is expected of you so that you can give your best service to the State. The principles, rules, and regulations set forth in this handbook do not reflect the opinions of any one person but are the embodiment of the experience of many people over a long period of time and in many places. They are intended to cover employment in any institution of a penal or correctional nature; and from time to time the heads of each institution will issue more specific and detailed regulations and instructions to guide you in your work at the particular institution to which you are assigned.

It is most important that you realize that as a member of the staff of a penal or correctional institution you are in a position to render a service of great importance to all the citizens of this State. The individuals now in your custody will one day be "back on the streets." The treatment they receive while they are in your institution will determine to a great extent whether they go back willing and able to go straight or with a renewed intention of carrying on their offenses against society.

New Jersey institutions are devoted to rehabilitation. The intelligent, humane, and

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impartial handling of inmates while they are incarcerated promotes this objective and protects society. Vengeful, brutal, or unfair treatment of inmates breeds hatred, bitterness, and anti-social conduct and defeats the purpose for which our institutions were established.

It should go without saying that every inmate must be treated on the basis of absolute equality and fixed impartiality. This is not to say that each person who comes to the institution is equal in physical or mental equipment; in training and education; in capabilities for success. It does mean that there must be no favorites. All inmates should receive the privileges, emoluments, and advancements that they earn and deserve for their faithful compliance with regulations and their adherence to the best standards of sportsmanship and fair dealings.

To secure this type of response, it is important that you, as a member of the staff, set an example of impartial and just attitude towards every inmate; strict honesty and diligence in the performance of your duties; and entire freedom from such impediments to good relationships as nagging, petty humiliations, sarcastic conversations, indolence, carelessness in your personal habits or language, or preferential treatment of one inmate over another.

I can think of no better guide to success in your profession than the words of one of our



superintendents who said, "We cannot demand respect; we get it only if we deserve it. Unless we ourselves are honest, truthful, sincere, industrious and loyal we could never develop these qualities in our inmates. By our example we are preparing them for decent living here and now for later in their own homes."

SANFORD BATES, *Commissioner,*

*Department of Institutions and Agencies.*

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## GENERAI PRINCIPLES

1. Penal and correctional institutions have two obligations with reference to the persons committed to them as a result of violating the law. First, they must carry out the orders and intentions of the court with respect to the safe custody and (punitive) discipline of such persons. They also must offer them such special treatment and training as are needed to improve their chances of becoming good citizens instead of habitual offenders.

   a. All officers and employees must keep in mind that when the courts commit a persons to an institution they expect him to stay there until properly released. The prevention of escapes is of major importance, and any carelessness or complicity on the part of an officer or an employee which results in an escape must be dealt with severely. There are many ways of securing safe custody, and while physical restraint or even force may have to be used at times, it has been demonstrated repeatedly that effective classification, backed up by education, constructive work, training, and other challenging activities, reduces the number of escapes.

   b. Rehabilitation requires a careful consideration of each individual's special

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problems, assets and liabilities. This individualization, in New Jersey, is achieved through the classification system in which every officer and employee plays a part by being constantly alert to become better acquainted with every inmate and encouraging his efforts at self-improvement. The personal convenience or negligence of a staff member must never stand in the way of helping an inmate to better himself.

2. Rehabilitation is based on self-respect. While inmates should always be made aware that their bad conduct is disapproved, their ability to do better should never be openly doubted. A distinguished prison administrator has said,". . . we deal with human beings and we cannot allow ourselves to lose hope. The saying of a few words by a judge does not transform a man into an entirely different creature, who can never be trusted, who has no decent instinct or loyalty. If he is treated as a sensible and self-reliant man he is likely to play such a part. Even if he has failed once or twice there may well be some side of his nature to which appeal has not yet been made."
3. Every inmate must have an equal chance to earn all the privileges the rules allow. There is no place for favoritism or privileged classes in a penal or correctional institution. No officer or employee should become unduly familiar with any inmate or group of inmates or permit himself to become obligated in any way to an inmate or his family. A sincere interest in every inmate's efforts to improve himself is expected, but intimate friendships and close personal relationships are to be avoided.
4. Maintaining discipline must never be a personal issue. The prison officer embodies the authority of the State and must avoid giving any impression that he is trying to impose his personal will. A quite, firm demeanor on the part of the officer, coupled with the expectancy of being obeyed, usually secure obedience. On the other hand, if an officer adopts a harsh tone or displays anger he may expect to provoke a rebellious reaction on the part of the inmate.
5. Staff unity is important. Disparaging remarks regarding other employees or about the way the affairs of the institution are conducted must be avoided so that inmates will feel that they are faced with a solid front of policies and standards to which they must conform.

## GENERAL RULES AND REGULATIONS

1. Whenever it is necessary for the protection of life or property or the preservation of discipline, any officer or employee of an

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institution, irrespective of the class of service to which he is appointed, is expected to perform any reasonable services of which he is capable when directed to do so by the superintendent.

2. Every officer and employee of an institution shall be held responsible for the efficient performance of duties assigned and for the proper supervision of any inmate detailed to work under his direction.
3. Intemperance will not be tolerated among the officers or employees of any institution. It shall be the duty of every supervisory officer and employee to report to the superintendent the name of any officer or employee who is on duty while under the influence of intoxicants or suffering from the effects of over-indulgence in intoxicants.
4. Officers and employees of the institution shall refrain from publicly discussing institution affairs when off duty.
5. All information relative to institution affairs and individual inmates must be authorized and given out through the superindendent's office. Officers and employees are prohibited from imparting information to newspapers representatives or other persons not officially connected with the institution or the Department of Institutions and Agencies.



6. All officers and employees will be required to give their entire time and attention to their duties during their hours of employment. No officer or employee shall read or engage in any distracting amusement or occupation while on duty except to consult such rules or other written or printed materials as the proper performance of duty requires. Superintendents are authorized to make such regulations for the restriction and controlling of smoking as they deem necessary for the safety, good order and efficiency of the institution.

   If outside employment is undertaken it must not in any way interfere with the efficiency or performance of duties in the institutions, and should any conflict arise between any outside employment and institutional employment the appointing authority shall call such situation to the attention of the officer or employee involved. Should the condition continue, disciplinary action will be taken.
7. The use of indecent, abusive or profane language is forbidden, either in the presence of inmates or officers.
8. Officers and employees shall not indulge in undue familiarity with inmates or permit inmates to be unduly familiar toward them.
9. All trading or bartering between officers and inmates is prohibited.
10. Officers and employees must not give or receive from any inmate or any inmate's

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friend, relative, or representative anything in the nature of a gift or promise of a gift or favor, however trivial.

11. No personal services shall be rendered by an inmate to any employee except as provided by regulations approved by the Commissioner of Institutions and Agencies.

12. No officer or employee, with the exception of those required to to so in the performance of their duties, shall correspond with prisoners or ex-prisoners or with persons outside the service about the affairs of the institution or inmates, nor shall they assist in any manner in conducting such correspondence.

13. Officers and employees may not convey, either to or from, any inmate any message, written or oral, or any article except such as is necessary in the transaction of the business of the institution.*

14. It is the duty of all officers and employees to make every effort to prevent the escape of an inmate and to assist in the recapture of an escaped inmate to the limit of their capabilities.

* N.B.—Section 2:126-12, 13, Revised Statutes of New Jersey, makes it a misdemeanor to traffic in contraband goods, convey unauthorized letters or information or to visit, without authorization, an institution where prisoners are serving sentences.



15. There shall be no corporal punishment and no officer or employee shall strike or lay hands on an inmate unless it be in defense of himself or necessary to prevent escape or serious injury to person or property, or to quell a disturbance. In such cases only the amount of force necessary to accomplish the desired result is to be used.

16. In those institutions where firearms are employed, the greatest caution and conservative judgment shall be exercised in their use when absolutely necessary in preventing escapes or serious assaults. Before aiming a shot at a prisoner, officers must give due warning in some readily understandable manner. When it is necessary to direct shots at a prisoner they should be aimed to disable rather than to kill. Officers or employees will not carry firearms or other weapons when in contact with or accessible to inmates unless specifically ordered to do so by competent authority.

17. Officers and employees will show a scrupulous regard for the personal property of inmates. When it is necessary to confiscate unauthorized personal property of whatever value, it will be promptly turned over to superior authority for suitable disposition.

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18. Alertness prevents many escapes, riots or other serious disturbances. All officers and employees will therefore be constantly vigilant to observe unusual sitiuations, gatherings, conversations or events and to report them to superior authority.
19. One mark of a good institution is its housekeeping and one test of a good officer is his success in securing inmates' cooperation in achieving good housekeeping. All officers and employees will give constant, careful attention to maintaining sanitation, cleanliness and good appearance in all areas of the institution and its environs.
20. All officers and employees will exercise a scrupulous regard for the proper use and preservation of State property.
21. Officers and employees of penal and correctional institutions are expected to pay their just debts, and continual complaints regarding failure to meet financial obligations will count against an employee's record and may result in disciplinary action in aggravated cases. Personal financial problems should be discussed with the immediate supervisor or the superintendent in an effort to work out a satisfactory solution.
22. It is expected that officers and employees will handle their complaints and grievances in accordance with the policies and procedures previously established by the State Board of Control. These policies and procedures Include:

a. A reaffirmation of the merit system as embodied in the Civil Service law.

b. The right of employees of the State government to belong or not to belong to any association or organization as they see fit; but such membership is not to be a condition precedent to employment.

c. The freedom of any employee of the State to present complaints or grievances or suggestions for the correction or adjustment of working conditions to the agency by which he is employed, either individually or through a committee of employees.

d. The requirement that complaints, suggestions or requests by employees first be made to the employee's immediate superior and if not satisfactorily adjusted there, to the superintendent of the institution or to a personnel officer designated by the superintendent of the institution.

e. The rule that if an employee or group of employees desires to appeal from a decision of the superintendent of an institution he may, without prejudice, appeal to the Commissioner of Insti-

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tutions and Agencies or to one of his Deputy Commissioners through the Director of the Division of Personnel of the Department of Institutions and Agencies.

23. Officers and employees of New Jersey penal and correctional institutions are expected at all times to preserve a proper demeanor and to act as befits representatives of the State.

24 Violations of the general principles or the rules and regulations contained in this handbook may at the discretion of the superintendent, subject an officer or employee to any of the following penalties:

a. Reprimand.

b. An official reprimand to be entered into the service record and considered in the next Merit Rating.

c. Suspension under the rules and regulations of the Civil Service Commission and the statutes governing State employment.

d. Separation fro mthe service under the rules and regulations of the Civil Service Commission and the statutes governing State employment.

25. Assignment of officers of the custodial classification shall rest with the Commissioner of Institutions and Agencies, and officers of this group may be transferred upon his authority to another of the penal and correctional institutions of the Department without change of salary or position if it be in the best interest of the penal and correctional system.

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# RULES AND REGULATIONS NEW JERSEY BOARD OF PAROLE

ADOPTED, SUBJECT TO REVISION, April 26, 1949

REVISED - APRIL 1, 1955

Pursuant to Chapter 84, Laws of 1948, the following are declared to be the rules, regulations and procedures of the State Parole Board of the State of New Jersey, for the exercise of its duties as imposed by the aforementioned statute, as amended.

## I - ELIGIBILITY FILE

1. The State Parole Board shall maintain a record file in the Department of Institutions and Agencies of all persons serving sentences in any Penal or Correctional Institution of this State whose cases come within the purview of Chapter 84, P.L. 1948 and any other laws now in effect or which may be hereafter enacted designating the State Parole Board as the paroling authority.

This file shall contain the information provided the State Parole Board on the forms referred to in paragraph 2 below.

2. On the forms referred to in A, B and C below, the respective institutions shall submit to the Parole Board, with a copy to the Institutional Classification Department, the information needed to complete the Board's record file.

A. Notice of Commitment (Form SPBF-1) due within 24 hours after the arrival of the inmate. (See Appendix I).

B. Supplement to Notice of Commitment (Form SPBF-2) due within four weeks after the arrival of the inmate. (See Appendix II).

C. A notice to the inmate (Form NJPBF-3) due within four weeks of his receipt at the institution shall inform him of his classification as a first or (other) offender and give his tentative date of eligibility for parole consideration (See Appendix II-A).

3. The information contained on the above Forms A and B will be recorded on the Board's Record Cards and eligibility cards established therefrom which will be filed by month and year of earliest eligibility.

4. The information contained on the above forms together with the previous record, if any, and notations of warrants filed shall be included on the face sheet of the institution classification material in the form required by the Board. A copy of the approved face sheet and instructions for completing same is attached hereto. (See Appendix III).

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5. The Board shall be notified promptly of any subsequent changes in the eligibility date by reason of court order, additional sentences, executive clemency, etc. Upon receipt of such changes, the additional information shall be noted on the Board's Record Cards and eligibility cards and the cards refiled accordingly.

## II - CASE RECORDS

1. There shall be maintained in the Central Office of the Department of Institutions and Agencies case folders for each offender committed to a penal or correctional institution. These folders will be opened upon notification of reception in the respective institutions, and shall contain all pertinent facts with reference to the offender.

2. The Several Probation Departments of the State shall be required to furnish the Board, through the Parole District Office, triplicate copies of the Probation and/or Pre-sentence investigation reports. These reports shall be filed in the Board's case folder, and in the case folders of the Institution of confinement and the Parole District Office.

3. In anticipation of the proposed program relative to the pre-institutional investigation in the near future, the Prison Classification Committee will rely on the Pre-Sentence report submitted by the various Probation Departments for information regarding the subject's background, family, employment and similar data for first classification. When the proposed program is effected, the Prison classification will be permitted to request the Parole Bureau to forward information regarding specific aspects of the case when such information is needed.

## III - PREPARATION OF CASES FOR PAROLE CONSIDERATION

1. Six months in advance of the tentative eligibility date, the Board shall have prepared a list of those cases which appear to be eligible for consideration. Such list shall be submitted to the institution of confinement whereupon the responsible person in such institution shall within ten days indicate the accuracy of the tentative eligibility date or any time lost for disciplinary reasons, work not performed, etc. and designate the new eligibility date. Such changes shall be noted on eligibility card and the card refiled.

2. For those remaining on the eligibility list, the Prison Record Office shall indicate whether the prisoner is at the Prison, Leesburg, or Rahway. The locations of such prisoners shall not be changed, except in emergencies, until heard by the Board. Should such a change become necessary, the Board and Institution Parole Officer shall be promptly notified in writing.

3. In those cases against which warrants are on file, the Executive Head of the Institution shall immediately correspond with the Agency which filed the warrant to determine whether or not the

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warrant will be enforced, and advise the Parole Board and Institution Parole Office as to the result of such inquiry.

4. A list of the cases eligible to be heard shall be promulgated by the Board five months prior to the month of eligibility, distributed to the Institution staffs concerned and released to the press.

5. This release to the press shall be deemed sufficient public notice as required by the law.

6. The receipt of this list by the Institution staff shall be notice to initiate up-to-date staff reports, Psychological and Psychiatric re-examinations and reports, and to the Institutional Parole Officer to initiate the pre-parole investigations in accordance with prescribed procedure.

7. The Institution staff will bring classification record up-to-date and include therein the latest reports, and recommendations including the pre-parole report by the Bureau of Parole.

8. Attached to the classification material shall be a separate sheet containing the recommendation of the Director of Parole or his designated representative.

9. The completed material shall be submitted to the Chairman of the Board in triplicate at least three weeks before the scheduled hearing date; and he shall assign the material to each member of the Board for review and recommendation. The member's written report and recommendation will be included on the recommendation sheet which shall after the hearing be detached and retained in the Board's records.

10. When it comes to the attention of the Prison Officials that any inmate entitled to hearing has been overlooked, they shall immediately inform the Prison Record Office, which after checking the records for verification of the facts, shall inform the Parole Board which will then list the case for hearing.

## IV - HEARINGS

1. The Board shall conduct hearings as herein provided at which time it shall require those prisoners who are eligible by law for consideration to appear before it for personal interview.

2. So far as possible the prisoners will be granted hearings during the calendar month preceding their date of eligibility for parole consideration.

3. The Board will meet regularly at the Prison on the last Tuesday of each month to hear the cases of those eligible for consideration during the next calendar month. If the last Tuesday of the month shall fall on a holiday, the Board shall select another date at its convenience.

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4. Prisoners at Leesburg or Rahway will be brought to the Prison for such hearings, unless in the discretion of the Board there are a sufficient number of cases to be considered at either of these institutions to warrant meetings at the institution of confinement.

5. Hearings on cases confined in the Reformatories (or directly committed to Clinton) which cases are eligible for parole consideration by the Parole Board shall be transported to the Prison for hearing at the time of a regularly scheduled meeting of the Board or shall be heard at the respective institutions of confinement at the convenience of the Board.

6. Hearings on revocations and violations will be held each month following completion of the Parole Hearings.

7. Hearings on the cases of prisoners confined in County Penitentiaries who have made application for Parole shall be held at the convenience of the Board during the months of February, June, and November. Petitioners for clemency confined in such County Penitentiaries whose cases have been referred to the Board by the Governor and found meritorious will be heard in addition to those who have made parole applications.

8. The Board will meet on the first Tuesday of January, April, July and October for the consideration of petitions for Clemency referred by the Governor. If the first Tuesday of the above designated month should fall on a holiday, the Board will set a date for such meeting at its convenience within the calendar month.

9. The Chairman may set such other dates for meetings which are deemed necessary for proper administration and to conduct the business of the Board.

10. The granting of parole, as provided for by law and the rules of this Board, shall, in the discretion and determination of the Parole Board, be limited as follows:

> A. Any offender sentenced to any penal institution of this State who has previously served all or part of a term of imprisonment in any penal institution,
>
> (1) Of this State, or
> (2) Of the United States, or
> (3) Of any State other than this State,
>
> shall be deemed to be a second offender and upon his incarceration for such second offense shall be ineligible for parole consideration by the board until he shall have served at least one-half of the maximum sentence imposed upon him for such second offense less any time earned as commutation time and for diligent performance of work assignments.

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B. Any person sentenced to any penal institution of this State who has previously served all or part of two terms of imprisonment in any penal institution

(1) Of this State, of the United States or of any State other than this State, or
(2) Of this State and of the United States, or of this State and of any other State, or of the United States and any other State, or of any States other than this State,

shall be deemed to be a third offender and upon his incarceration for such third offense shall be ineligible for parole consideration by the Board until he shall have served at least three-fourths of the maximum sentence imposed upon him for such third offense less any time earned as commutation time and for diligent performance of work assignments.

C. Any person sentenced to any penal institution of this State who has previously served all or part of three terms of imprisonment in any penal institution

(1) Of this State, of the United States, or of any State other than this State, or
(2) Of this State and the United States, or of this State, the United States and any other State, or of this State and any other State or States, or
(3) Of the United States and any other State or States, or of more than one State other than this State,

shall be deemed to be a fourth offender and upon his incarceration for such fourth or later offense shall be ineligible for parole consideration by the Board.

As used in this rule "penal institution" means and includes the New Jersey State Prison and any other State penal or correctional institution in this State to which offenders are sentenced for fixed terms or fixed minimum and maximum terms and other institutions of like character under the jurisdiction of the United States or of a state or states other than this State.

11. Whenever it shall appear to the satisfaction of the Parole Board that an eligibility date for a prisoner has not yet been fixed for purposes of parole consideration on one or more of a series of consecutive sentences imposed upon him because the minima and maxima of said sentences have been combined to produce a single sentence with an "aggregated" minimum and maximum, and by reason thereof said

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prisoner has not received parole eligibility consideration to which he may have been entitled by law on such sentences, and whenever it shall appear that any inequities may have arisen as a result of such practice, and in order to adjust any such inequities, the Board shall give special consideration to such prisoners in the manner set forth herein;

provided the prisoner, by a parole agreement in writing, accepts and agrees to the action of the Parole Board, and all conditions attached to such parole, including a provision that supervision on parole shall extend until the expiration of the aggregate of the maxima on all sentences, on a combined basis, less proper credits in reduction thereof, the Parole Board, in its discretion, may release any such prisoner on parole, when eligible, computed on the aggregate minima and aggregate maxima of all of his combined sentences, subject to limitations imposed by law respecting eligibility for consideration for release on parole.

12. In determining that an inmate serving a series of consecutive sentences shall be caused to serve his maximum thereon, it is hereby ruled that, in order to eliminate inequities, such maxima, in the discretion of the Board, shall be calculated and computed upon a combined aggregate basis.

13. Commutation time as provided by law, or time credits equivalent thereto, for good behavior in State Prison shall, in the discretion of the Parole Board, be allowed upon the maximum of Indeterminate sentences in all cases where an inmate has been transferred to the jurisdiction of the Principal Keeper of the State Prison.

## V - NOTICE OF DECISIONS ISSUANCE OF PAROLE CERTIFICATES

1. On a form agreed upon, (See Appendix IV) the Board will notify each prisoner of the decision reached in his case within one week after the hearing. In the case of denial, the notification will include the date when the case will again be considered. Copies of this notification will be sent to the Chief Executive Officer of the Institution, the Institution Parole Officer, and the District Parole Office concerned.

2. At regularly appointed times as determined by the Board, there shall be released to the press a list of all favorable Board actions by county of commitment. This shall be deemed sufficient public notice of the favorable action of the Board.

3. When the Board has granted a Parole, they shall cause to be prepared in quadruplicate, a parole certificate for each inmate granted a parole. All members of the Board shall sign the original and one copy of the certificate.

4. All copies will be promptly delivered to the Institution Parole Officer whose responsibility it will be to see that the

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prospective parolee understands and signs his acceptance of the conditions of parole as imposed by the Board. It will be the further responsibility of the Institution Parole Officer to see that the parole plan has been approved by the State Parole Board before inmate's release.

5. When the parole certificates have been signed by the inmate, and the parole plan approved, all copies of the parole certificate will be delivered to the institution staff member responsible for the releasing of inmate.

6. It will be the Institution's responsibility to deliver the original certificate to the parolee, return a signed copy to the Board and an unsigned copy to the Parole District Supervisor with a notation of the date of release, and the correct maximum, together with a set of fingerprints and photographs.

7. The Institution Parole Officer will arrange to have attached to the original and duplicate copies of the parole certificate a letter addressed to the parolee at his place of proposed residence instructing him to report at a specified time and place.

8. Whenever a parolee is being paroled to another state, it shall be the duty of the Institutional Parole Officer to explain the terms of the Inter-State Compact to the parolee who shall accept these terms by signing the compact waiver forms. The parolee's copy of the compact waiver forms shall be delivered to him with the parole certificate. The original and duplicate copy of this form will be forwarded to the Central Parole Bureau along with the copies of the parole certificate.

## VI - SUPERVISION

1. Pursuant to statute all prisoners released on parole shall be under the constant supervision of the Bureau of Parole in accordance with the rules and regulations of this Board.

2. The Bureau of Parole in accordance with its rules will promptly open its records and assume supervision upon receipt of the signed copy of the certificate of parole from the Institution.

3. The parolee shall be on active status until advanced pursuant to the procedures of the parole bureau, but in no case shall a parolee be advanced to quarterly status until he shall have been on active status for at least one year.

4. All supervision reports after review by the Director of Parole or his designated representative shall be filed in the case folder in the Central Parole Bureau and shall be at all times available to Board members for their information. Copies of those reports will be sent to the Executive Head of the Institution charged with jurisdiction with comments, if any, from the Director of Parole or his designated representative.

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5. With respect to the period of time that a parolee shall remain under parole supervision until the expiration of his maximum sentence or sentences, this Board establishes, as a rule, the present practice of permitting such parolee serving minimum-maximum sentences to earn commutation time for good behavior on parole in exactly the same manner as he might do while in confinement, subject also to the possibility of forfeiture of all or a portion thereof for misconduct while on parole.

## VII - DELINQUENCIES AND VIOLATIONS

1. When the Parole Officer is satisfied a parolee has violated the conditions of or has absconded from parole, he may immediately issue his own warrant, and arrange for the parolee's apprehension and custody and submit a recommendation as to the Declaration of Delinquency.

A. If this recommendation is sustained by the Director of Parole or his designated representative, the case shall be immediately referred to the Chairman of the Board who will arrange for the consideration of the case at the next regular or special meeting of the Board.

B. If the recommendation for revocation is sustained by the Board, the Chairman shall cause a Revocation of Parole (Form PP3) to be issued and delivered to the Parole Bureau for immediate distribution as provided in Penal and Correctional Circular #69.

C. The receipt of such notice of revocation by the Chief Executive Officer of the Institution shall be sufficient notice for him to arrange for the return of the paroled prisoner if not already returned on the warrant issued by the Parole Officer pending decision by the Board.

2. When it appears that a parolee has absconded from supervision the Parole Officer charged with the case, shall submit a recommendation as to delinquency, along with the Wanted Notices to the New Jersey State Police. These shall be immediately filed by the Bureau of Parole, and a recommendation as to revocation made to the Chairman. If the Board sustains the recommendation for delinquency:

A. The Chairman shall issue the notice of Declaration of Delinquency to the parolee at his last known post office address, and issue a warrant for his apprehension, copies to be distributed to those concerned.

3. When a paroled prisoner has been arrested, and is serving a

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sentence or awaiting trial or indictment for a crime committed while on parole, the parole officer supervising the case, or in the area of confinement, shall file his warrant as a detainer.

A. When the facts have been transmitted to and reviewed by the Board at a regular or special meeting, a parole revocation may be issued on the authorization of a majority of the members of the Board, and a warrant issued by one of the members or by its duly constituted agent, and filed with the Chief Executive Officer of the institution of confinement as a detainer.

4. When a paroled prisoner shall have been convicted of a crime committed while on parole and recommitted to the institution from which paroled, the Board shall consider the case at its next regular or special meeting and by a vote of the majority of its members issue a Revocation of Parole, which shall be delivered to such prisoner with copies to the Chief Executive Officer of the Institution, and the Parole District Office concerned.

5. Reports of arrests and convictions and summaries of parole adjustments shall be furnished the board through the Central Parole Bureau in accordance with the usual standards and procedures of that Bureau.

6. Before acting on a proposed revocation of parole, the Board may, in its discretion, conduct a hearing at its convenience, giving the paroled prisoner an opportunity to appear before it and show cause why his parole should not be revoked.

7. When the paroled prisoner has been returned as a parole violator, or convicted of a new offense and committed to an Institution other than that from which he was paroled, a hearing on the violation of parole will be held at the next meeting of the Board, or the next but one, following the return of the offender to the Institution from which paroled.

8. When a paroled prisoner shall have been recommitted to the Institution from which paroled, a hearing on the violation may be held at the discretion of the Board, or at the same time the offender is given parole consideration on the new commitment.

9. No warrant filed by or for the Board against a paroled prisoner shall be lifted unless the written consent of the Board or a member thereof is first secured.

## VIII - INDETERMINATE SENTENCE CASES

1. As provided by statute those inmates, serving indeterminate sentences in the Prison by reason of transfer of jurisdiction, are eligible for parole consideration by the Parole Board.

2. Upon receipt of the transfer order, transferring jurisdiction of an inmate to the Prison, the Prison Record Office shall notify

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the Parole Board of the receipt of the inmate on the same forms and in the same manner as if the inmate had been received by direct commitment from the Courts.

3. The Secretary of the Parole Board shall make a Parole Eligibility Record Card for each indeterminate sentence case reported by the Prison Record Office as in Par. 2 above, in the same manner as if the inmate had been received on a direct commitment from the Courts.

4. Since an inmate serving an indeterminate sentence, on which jurisdiction is transferred to the Prison as above, is immediately eligible for parole consideration, the Secretary of the Board shall schedule such cases for parole hearing on the list which is under preparation when the information is received.

5. In the cases of indeterminate sentences jurisdiction on which has been transferred to the Prison, it shall not be necessary for the Parole Department to obtain pre-parole reports at the time of the first Parole Board Hearing following transfer.

6. At the first parole hearing following transfer to Prison jurisdiction, indeterminate sentence cases shall be scheduled by the Board for future hearings in the same manner as minimum and maximum cases are scheduled. (See Par. 1, Sec. V).

7. Credits for work and commutation time (or an allowance in lieu thereof equivalent thereto) shall be granted against the expiration of maximum sentence of inmates serving indeterminate sentences on which jurisdiction has been transferred to the Prison in accordance with the Rules of the Board. (See Par. 13, Sec. IV).

## IX - METHOD OF SCHEDULING STATE HOSPITAL TRANSFERS

1. An inmate, who is otherwise eligible for parole consideration, who has not been heard by reason of transfer to the State Hospital shall be eligible for parole hearing upon return of jurisdiction from the State Hospital to the Prison.

A. It shall be the responsibility of the Prison Record Office to notify the Parole Board promptly, with copies of such notification to the Institutional Parole Officer, whenever an inmate whose name appears on a Parole Board list for hearing is transferred to the State Hospital, in order that such name may be removed from the hearing list.

B. It shall be the responsibility of the Prison Record Office to immediately notify the Parole Board of the return of any such inmate to Prison jurisdiction, so that his name may be added to the hearing list.

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C. It shall be the responsibility of the Prison Record Office to immediately notify the Parole Board of the return of any such inmate to Prison jurisdiction who was not eligible for parole consideration when transferred from the Prison but who by the lapse of time since transfer is eligible upon return.

## X - METHOD FOR HEARING INMATES SENTENCED UNDER SEX OFFENDER STATUTES

1. Offenders sentenced under the provision of Chapter 44, P.L. 1951, who become eligible for parole consideration by the Parole Board shall be transported from the institution of confinement to the Prison or other places of hearing for parole interview at the time of any regular meeting of the Board as directed by the Board.

2. The institution of confinement shall prepare case histories as prescribed by law and the rules of the Board in triplicate and shall deliver them to the Chairman of the Board on or before the first of the month of the scheduled hearing.

3. Upon receipt of the material required in its proper form the Chairman shall distribute same to the associate members of the Board and the case shall be heard as provided by Section IV of the Board's Rules.

## XI - METHOD OF PAROLING INMATES WHOSE SENTENCE INCLUDES A FINE WHICH HAS NOT BEEN PAID

1. Offenders who become eligible, under the provisions of Chapter 223, P.L. 1954, shall be considered by the Parole Board at the institution where confined as they become so eligible. When an offender, otherwise eligible for release on parole, is heard by the Board, the Board shall, at the same time, determine whether that prisoner may be released on parole upon condition that he pay his fine in installments, to the Probation Officer in the County of commitment, in weekly amounts to be established by the Board. This prisoner will remain on parole, under supervision of the Bureau of Parole, Department of Institutions and Agencies, until his fine is paid in full, even though his maximum may earlier have expired. If he violates, in any respect, parole may be revoked and he may be returned to the appropriate institution to complete his maximum and to work out the balance of his fine at $3.00 a day, pursuant to statute.

2. A prisoner, whose maximum has expired, may be paroled, under the provisions of Chapter 223, P.L. 1954, such parole to continue until his fine has been paid, in installments as stipulated by the Board, to the Chief Probation Officer in the County of commitment.

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(The Attorney General has ruled that parole will continue, in all these cases, until the fine is paid in full, despite the earlier expiration of maximum sentence in term of years as imposed by the Court).

## XII - ADDITIONAL FORMS

1. In order to consummate Board decisions, for which no provision has been made elsewhere in its rules, the following forms have been adopted:

A. Declaration of Delinquency (Form SPBF-5). When a parolee has been declared delinquent the approved form shall be completed in quadruplicate and signed in triplicate by the Chairman of the Board. All copies shall be delivered to the Institutional Parole Officer for distribution as provided. (See Appendix VII).

B. Revocation of Parole (Form SPBF-6). When the Board has revoked parole, the approved form shall be completed in quadruplicate and signed in triplicate by the Chairman of the Board. All copies shall be delivered to the Institutional Parole Officer for distribution as provided. (See Appendix VIII).

## XIII - NOTICE TO THE BOARD OF AN INFRACTION OF THE RULES FOLLOWING FAVORABLE DISPOSITION BY THE BOARD

1. In the case of any inmate who, after having been heard by the Board and granted parole is guilty of an infraction of the rules of the institution, it shall be the duty and responsibility of the chief executive officer of the institution of confinement to promptly provide the Parole Board with details regarding such infraction.

2. Upon receipt of such notification the Board will take whatever action it deems appropriate under the circumstances.

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SPBF-1

NOTICE OF COMMITMENT

TO: THE NEW JERSEY STATE PAROLE BOARD

FROM:_____

Number_____Name_____Race_____

Birthdate_____Birthplace_____

Citizen_____Marital Status_____Religion_____

Last Address_____

Offense_____

_____

Plea_____Sentence_____

Judge_____County_____Date of Sentence_____

Place of Offense_____Date Received_____

Original to Parole Board
Copy to Inst. Class. Dept.
Inst. Record Office File

By_____

Date_____

Appendix I

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SPBF-2

SUPPLEMENT TO NOTICE OF COMMITMENT

TO: THE NEW JERSEY STATE PAROLE BOARD

FROM:_____

Number_____Name_____

Jail Time Allowed_____Commutation Time Xmin._____Commutation time Xmax._____

Work Time Xmin._____Work Time Xmas._____

Xmin._____Xmax._____

Parole Eligibility at: Xmin.____1/3Max.____1/2Max.____3/4Max._____

Max._____

Tentative Parole Eligibility Date_____

Remarks_____

Original to Parole Board
Copy to Inst. Class. Dept.
Institution File

By_____

Date_____

Appendix II

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# NOTICE TO INMATE

TO_____ No_____ Location_____
Name

You were received at the N.J. State Prison on_____

Your charge is_____

_____

Your Sentence is_____

An additional sentence was imposed on_____
Date

on a charge of_____

your additional sentence is_____

Your classisifcation for Parole Consideration is as follows:

1st off._____ 2nd off._____ 3rd off._____ 4th off._____

Your tentative date for Parole consideration is_____

This notice is subject to change upon receipt of additional information which in any way changes your sentence or classification.

By_____

Date_____

Original to Inmate
Copy to Parole Board
Inst. Class. Dept.
Inst. Record Office File

Appendix IIA

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SPF 268 (51)

Prev. No.

NEW JERSEY STATE PRISON

CLASSIFICATION SUMMARY RECORD

No.

Name:

Race:

Birth-date:

Birth-place:

Citizen:

Marital Status:

Religion:

Last Address:

Offense:

Plea:

Sentence:

Judge:

County:

Date of Sentence:

Place of Offense:

Received:

Jail Time Al'd:

Com'. Time Xmin.:

Com'. Time Xmax.:

Work Time Xmin.:

Work Time Xmax.:

*Exp. Minimum:

*Exp. Maximum:

Parole elig. Xmin. 1/3, 1/2, 3/4 Max.

Tent. Parole Elig. Date:

---

SPECIAL NOTATIONS

Additional sentences.

Alias(es)

Accomplice(s)

*These dates are established after crediting the inmate with jail time allowed, if any, and with all commutation time and work time allowed by law. Errors in computation, loss of commutation time or failure to work will cause these dates to be adjusted accordingly.

NOTE: THE INFORMATION CONTAINED IN THIS SUMMARY RECORD IS CONFIDENTIAL.

Appendix III

# INSTRUCTIONS FOR COMPLETING FACE SHEET

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PREVIOUS NO: List all previous numbers on which inmate has been committed or has served time at the institution of confinement.

NO: The number assigned on present commitment.

RACE: Indicate White, Negro, etc.

BIRTHDATE: Give date of birth.

BIRTHPLACE: Give place of birth; city and state.

MARITAL STATUS: Indicate the marital status as single, married, separated, divorced, widower, etc. If an inmate is married and divorced, use divorced not married.

LAST ADDRESS: Address at shich inmate was living at time of arrest.

OFFENSE: Verbatim statement of offense from Commitment.

PLEA: Guilty, Not Guilty, Non Vult, etc.

SENTENCE: Verbatim from Commitment.

JUDGE: Name of sentencing judge.

COUNTY: County of Commitment.

PLACE OF OFFENSE: Name of City, Township, Village or Burro in which offense was committed.

RECEIVED: Date received at institution.

JAIL TIME AL'D: If county jail time is allowed, give number of days. ( If jail time is subsequently credited, the Parole Board and Class. Dept. are to be notified.)

COM. TIME XMIN: Provide the total commutation time possible to earn against the minimum sentence.

COM. TIME XMAX: Provide the total commutation time possible to earn against the maximum sentence.

POSSIBLE WORK TIME XMIN: Provide the total work time possible to earn against the Xmin.

POSSIBLE WORK TIME XMAX: Provide the total work time possible to earn against the Xmax.

XMIN: See footnote on Classification Summary Face Sheet.

XMAX: See footnote on Classification Summary Face Sheet.

PAROLE ELIGIBILITY: To be established as provided by Chapter 84 P.L. 1948 and Parole Board Rules.

TENT. DATE OF PAROLE ELIGIBILITY: Earliest possible date of eligibility for parole consideration.

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STATE OF NEW JERSEY

DEPARTMENT OF INSTITUTIONS AND AGENCIES

STATE PAROLE BOARD

NAME.....No.....INSTITUTION.....

The State Parole Board at its meeting on.....

reached the following decision in your case under No.....

.....Parole is approved effective.....

.....Parole is approved at the Expiration of Minimum Sentence.

.....Parole has been denied. Your case has been scheduled for re-hearing in

.....

.....Parole has been denied. You are to serve your adjusted maximum sentence.

All paroles are granted only upon the approval of parole plan by the New Jersey State Parole Board and the following SPECIAL CONDITION (S):

STATE PAROLE BOARD

Homer C. Zink, Chairman

BY:.....
Evelyn L. Rabinowitz, Secretary

Appendix V

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STATE OF NEW JERSEY

STATE PAROLE BOARD

(SEAL OF THE STATE OF NEW JERSEY)

CERTIFICATE OF PAROLE

Know All Men By These Presents: No.....

The State Parole Board, by virtue of the authority conferred upon it by the provisions of the statutes of this State, and under the rules and regulations promulgated pursuant thereto, does hereby grant to
convicted of the crime of

in the County of
on and now confined in
by virtue of the sentence(s) imposed for the said conviction of the crime aforesaid, A PAROLE, applicable solely to said aforesaid sentence(s), and to no other, limited by and subject to the security, terms, conditions and limitations annexed hereto and made a part hereof, said parole effective on or as soon thereafter as a suitable parole plan has been approved by the State Parole Board, and upon the further condition that the said
accepts the security, terms, conditions and limitations contained herein and annexed hereto, as evidenced by his signature affixed hereto and to a copy hereof retained as a part of the record of the parolee.

This parole is subject to revocation for violation of the laws of this State, the rules and regulations of this Board or the security, terms, conditions and limitations annexed hereto and forming a part hereof.

IN TESTIMONY WHEREOF, we have hereunto set our hands and caused our Seal to be affixed this day of in the year of our Lord one thousand nine hundred and fifty

STATE PAROLE BOARD

By.....
Chairman

.....
Member

.....
Member

Appendix VI

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STATE OF NEW JERSEY

STATE PAROLE BOARD

DEPARTMENT INSTITUTIONS AND AGENCIES

(SEAL OF THE STATE OF NEW JERSEY)

# DECLARATION OF DELINQUENCY

TO:

It appearing to the satisfaction of the Board that you have violated the terms, conditions and limitations of your parole and have given evidence by your conduct that you have rendered yourself unfit to be further at liberty on parole,

TAKE NOTICE that you are hereby declared to be delinquent on parole.

IN WITNESS WHEREOF, I have hereunto set my hand our Seal this day of in the year of our Lord one thousand nine hundred and

STATE PAROLE BOARD

BY.....
Chairman

Appendix VII

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STATE OF NEW JERSEY

STATE PAROLE BOARD

DEPARTMENT INSTITUTIONS AND AGENCIES

(SEAL OF THE STATE OF NEW JERSEY)

# REVOCATION OF PAROLE

Know All Men By These Presents:

That the State Parole Board, by virtue of the authority conferred upon it by the statutes of this State, and in accordance therewith and pursuant to its rules and regulations promulgated thereunder, for good cause shown, does hereby revoke the Parole, No.....granted to

.....

on who was convicted of the crime of

in the County of

on and by virtue thereof confined in

and by reason of this revocation it is hereby Ordered that said

be confined in an appropriate institution there to serve the balance of time remaining due on the sentence for the crime above stated, according to law, unless sooner reparoled.

IN WITNESS WHEREOF, I have hereunto set my hand and our Seal this day of in the year of our Lord One thousand nine hundred and

STATE PAROLE BOARD

By.....

Appendix VIII

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STATE OF NEW JERSEY

STATE PAROLE BOARD

NEW JERSEY STATE PRISON

---

DISCHARGE FROM PAROLE

---

KNOW ALL MEN BY THESE PRESENTS:

That the New Jersey State Parole Board, by virtue of the authority vested in it by the provisions of Chapter 30, P. L. 1930, does hereby grant to

_____

a full and complete discharge from the parole granted him heretofore on _____, 19____

WITNESS our hand and seal this _____ day of _____, 19_____.

NEW JERSEY STATE PAROLE BOARD,

By: _____

Chairman

Attest:

_____

Secretary

Appendix IX

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# PROCEDURE

for

# SPECIAL SEX OFFENDER CASES

State of New Jersey

Department of Institutions and Agencies

Trenton

April
1953

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# I N T R O D U C T I O N

On 1 February 1950, in accordance with Senate Joint Resolution No. 7 dated 10 March 1949, the commission to investigate the problem of the habitual sex offender submitted its report.

Resulting from that report was the repeal of the initial New Jersey habitual sex offender legislation (Chapter 20, P.L. 1949) on 8 June 1950 when Governor Alfred E. Driscoll signed Senate No. 193, making it Chapter 207, P.L. 1950 (Exhibit A). After a short period of use, it was felt that certain amendments were needed to make the act more effective. This was accomplished by Chapter 44, P.L. 1951 (Exhibit B), on 21 April 1951 when Governor Driscoll signed Senate No. 108.

Briefly, the legislation provides:

1. That a person shall be committed to the Diagnostic Center for a complete mental and physical examination whenever he is convicted of one of the following offenses: rape, carnal abuse, sodomy, open lewdness, indecent exposure, impairing the morals of a minor, or an attempt to commit any of the aforementioned offenses;
2. That if it is determined that such convicted person should be submitted to a program of specialized treatment and he is committed under the provisions of the special sex offender legislation to a State institution, the court shall not specify a minimum period of detention, but in no event shall the person be confined or subject to parole supervision for a period of time greater than that provided by law for the crime of which he was convicted;

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3. For a special classification review board to review each such case at least semi-annually and to submit a recommendation to the State Parole Board when it appears that such person is capable of making an acceptable social adjustment in the community;

4. That the final authority to release on parole shall rest with the State Parole Board.

---

## P R O C E D U R E S

In order to carry out the provisions of the special sex offender legislation, the following procedures are to be observed:

### I. IDENTIFICATION OF CASES

A. The responsibility for identifying cases committed under the special sex offender legislation shall rest with the institution to which the offender is initially committed.

B. In the event of transfer to another institution, it shall be the responsibility of the sending institution to notify the receiving institution of the sex offender status (including date of commitment and expiration of maximum sentence) and date of initial or subsequent review by the special classification review board.

C. To alert the institutions in identifying these special sex offender cases, at the time the Commissioner of Institutions and Agencies notifies the committing judge on the proper form (Exhibit C) of the institution to which the offender should be committed, a copy of the form will be sent to the institution recommended on the designation form.

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There have been cases where the judge has not followed the recommendation; therefore, the institution must keep in mind that this is not an infallible check.

D. It has also been found that judges sometimes commit under the provisions of the special sex offender legislation without requesting the designation of an institution. Therefore, in order to assist the institution in identifying those cases, listed below are the offenses enumerated in the sex offender legislation, and the section of the statutes, carrying the indicated maximum:

1. N.J.S. 2A:164-3,
2. Rape - 30 years,
3. Carnal abuse[1] - 30 years if child is under 12, otherwise 15 years,
4. Sodomy - if person involved is over the age of sixteen years,
   20 years if committed on or after 1 January 1952
   21 years if committed prior to 1 January 1952
   if child involved is under the age of sixteen years,
   30 years - regardless of date,
5. Open lewdness - 3 years,
6. Indecent exposure - 3 years,
7. Impairing the morals of a minor - 3 years, or
8. An attempt to commit any of the aforementioned offenses - 3 years
*9. Assault with Intent to Commit any of the aforementioned offense 12 years

E. It shall be the responsibility of the institution to check with the Deputy Commissioner in Charge of Correction and

---

1. N.J.S. 2A:138-1 "Any person who has carnal knowledge of a woman forcibly against her will, or who, being of the age of 16 or over, unlawfully and carnally abuses a woman-child under the age of 12 years, with or without her consent is guilty of a high misdemeanor and shall be punished by a fine of not more than $5,000, or by imprisonment for not more than 30 years, or both; or who, being of the age of 16 or over unlawfully and carnally abuses a woman-child of the age of 12 years or over, but under the age of 16 years, with or without her consent, is guilty of a high misdemeanor and shall be punished by a fine of not more than $5,000, or by imprisonment for not more than 15 years, or both."

*Effective 7.15.54 - Chapter 151 - 1954

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Parole whenever there is any question as to whether or not commitment has been made under the provisions of the special sex offender legislation, or if there is any doubt as to the correct maximum to be applied.

II. SCHEDULING OF CASES FOR REVIEW BY THE SPECIAL CLASSIFICATION REVIEW BOARD

A. It shall be the responsibility of the institution to notify and to set up cases for hearing by the special classification review board six months after commitment and at least semi-annually thereafter. The proper forms are to be submitted to the office of the Deputy Commissioner in Charge of Correction and Parole not later than the fifteenth day of the month in which the case is to be reviewed.

B. At the initial review, the special classification review board shall have before it a complete abstract (in triplicate) and four copies of the special classification review board form (Exhibit D), both to be prepared by the institution of residence and forwarded to the Deputy Commissioner in Charge of Correction and Parole according to the date specified in II.A. above.

C. At the second and subsequent reviews, the special classification review board shall have before it four copies of the interval note (Exhibit E), prepared by the institution of residence and forwarded as specified in II.A. above.

D. If the institution recommends parole consideration, it shall submit the material specified in II.B. above, as well as that requested in II.C. above.

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E. In the event of escape, the institution shall submit the required material initially and semi-annually thereafter, indicating the escape status, until the escapee is apprehended, at which time the case shall be prepared by the institution for the meeting of the special classification review board next following the offender's return to the institution.

F. If the institution wishes to bring the case of a sex offender to the attention of the special classification review board before the regular six-month interval, it may do so on the appropriate forms.

## III. SPECIAL CLASSIFICATION REVIEW BOARD ACTION

A. When the special classification review board reviews the case, a copy of the form (specified in II.A and II.B) showing the action of the review board shall be returned to the institution.

B. If the special classification review board recommends routine reconsideration, the institution shall automatically schedule the case for review in six months.

C. If the special classification review board endorses the institution recommendation for transfer, or itself so recommends, it shall be the responsibility of the institution of confinement to initiate transfer proceedings.

D. If the special classification review board recommends parole, the institution will immediately ascertain from the offender the following information:

1. His proposed community plans, including first and

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alternate choices of residence, together with names, relationships and complete addresses, and

2. Employment possibilities, indicating the type of employment for which he is fitted.

This information is to be forwarded in triplicate to the Deputy Commissioner in Charge of Correction and Parole who will arrange for the pre-parole investigation, copy of which will be forwarded to the institution.

E. The Deputy Commissioner in Charge of Correction and Parole will be responsible for following up the preparation of the pre-parole report, in quadruplicate.

F. When a community plan is completed, the Deputy Commissioner will be responsible for scheduling the case for hearing by the special classification review board.

G. If the special classification review board, after consideration of the pre-parole report, decides to withhold recommendation for parole to the State Parole Board, it shall so notify the institution, which will schedule the case for review by the special classification review board six months from the date of last actual (as opposed to regular) review by the special classification review board, unless other instructions are set forth by the review board.

IV. REFERRAL TO THE STATE PAROLE BOARD

A. If the special classification review board recommends favorable consideration, it will forward the case to the State Parole Board with the properly endorsed Parole Certificate (Exhibit F) in quadruplicate and the case file.

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B. The State Parole Board will notify the institution of confinement when and where to produce the offender for a parole hearing.

C. The State Parole Board will advise its decision by sending a notice, in duplicate, to the inmate (Exhibit G) through the administrative head of the institution of confinement. The original is to be delivered to the inmate, and the copy retained for the institution file. Copies of this notification will also be sent to the District Parole Office concerned and to the Deputy Commissioner in Charge of Correction and Parole. Any special conditions imposed in connection with a parole will be included in this notification.

1. If the offender is to be paroled, the State Parole Board will forward to the institution four copies of the parole certificate, each of which is to be signed by the offender as acceptance of the terms and conditions of the parole and properly witnessed.
   a. The original is to be handed to the offender on the day of his release from the institution;
   b. One copy is to be retained in the institution file;
   c. The remaining two copies (accompanied by two photographs of the offender) are to be returned to the State Parole Board on the day of the offender's release, from which point a copy will be forwarded to the proper district parole office.
2. Accompanying the parole certificate will be a letter (Exhibit H), prepared by the Division of Parole,

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addressed to the offender at the address where he is to reside and giving him instructions as to his first parole report. This letter is to be handed to the offender at the time he is given his parole certificate.

3. If the State Parole Board requests the institution for additional information on any case, the institution will so comply, forwarding the material in triplicate.

4. If the offender is denied parole, the special classification review board shall notify the institution when his case will next be reviewed by that body.

5. When an offender is paroled to a plan out of this State the institution must furnish the office of the Deputy Commissioner in Charge of Correction and Parole with the following additional information at the time of release:

   a. 2 copies of Agreement of Prisoner forms (Exhibit I). (These forms will be forwarded in quadruplicate to the institution with the parole certificate. The offender will sign all four at the time he signs his parole certificate. He will be given the original at the time of his release, and the institution will retain a copy for its files.);

   b. 1 extra photograph;

   c. 3 sets of fingerprints.

## V. RELEASE ON PAROLE

A. Release on parole may be only to plan approved by the State Parole Board.

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B. Supervision must be by the field staff of the Division of Parole only, or by a cooperating agency in another state under the terms of the Interstate Parole Compact.

C. Copies of the parole reports will be forwarded to the institution by the Central Parole Division.

VI. VIOLATION OF PAROLE

A. When the parole officer has reason to believe that the parolee "has resumed, or is about to resume, criminal activities", he may issue his warrant and make a report to the Central Parole Division, making a recommendation concerning the declaration of delinquency. The case will be reviewed by the Deputy Commissioner in Charge of Correction and Parole or his designated representative. If the parole officer's recommendation is sustained, the case is to be referred to the State Parole Board. If that body sustains the recommendation, it will revoke parole, which will be authorization for the offender's return to the institution by the institutional authorities in the case of those on parole from the penal and correctional institutions and by a member of the Parole Division staff in the case of those paroled from the mental institutions.

B. The institution will immediately notify the Deputy Commissioner in Charge of Correction and Parole of the parolee's return. The Deputy Commissioner, in turn, will advise the Parole Board and secure a violation report.

C. The State Parole Board will notify the institution when and where the offender will be heard on the violation.

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## VII. RELEASE FROM JURISDICTION

A. Persons committed under the sex offender legislation may not be released from the institution prior to expiration of sentence without the authority of the State Parole Board or order of court of competent authority and may not be allowed the privilege of "visiting" in the community.

B. The institution shall notify the Deputy Commissioner in Charge of Correction and Parole whenever an offender is released (see paragraph 2. in Introduction, page 1) from jurisdiction by reason of:

1. Termination of sentence while in the institution. The institution shall complete an original and two copies of the certificate of termination of sentence (Exhibit J) with the following distribution:
   a. Giving the original to the offender at the time of his release;
   b. Retaining one copy in the institution file, and
   c. Forwarding a copy to the Deputy Commissioner in Charge of Correction and Parole.
2. Termination of sentence while on parole. The institution shall complete an original and three copies of the termination certificate (Exhibit K) with the following distribution:
   a. The original and two copies are to be sent to the Deputy Commissioner in Charge of Correction and Parole. He will arrange to have the Central Parole Division forward the original and one copy to the

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parole district office (which will deliver the original to the parolee) and retain a copy in the Central Office file;

b. One copy should be retained by the institution for its own file;

3. Recall by judge or order of court of competent jurisdiction;

4. Death.

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EXHIBIT A

COPY

Chapter 207, P.L. 1950, Senate No. 193

An Act concerning the disposition of persons convicted of certain enumerated sex crimes and providing for sentence, incarceration and treatment, repealing chapter twenty of the laws of one thousand nine hundred and forty-nine, and supplementing chapter one hundred ninety-two of Title 2 of the Revised Statutes.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey.

1. Whenever a person is convicted of the offense of rape, carnal abuse, sodomy or impairing the morals of a minor or of an attempt to commit any of the aforementioned offenses, the judge shall order the commitment of such person to the Diagnostic Center for a period not to exceed sixty days. While confined in the said Diagnostic Center, such person shall be given a complete physical and mental examination.

2. Upon completion of the physical and mental examination of such person, but in no event later than sixty days after the date of the order of commitment, a written report of the results thereof shall be sent to the court.

3. If it shall appear from said report that it has been determined through clinical findings that the offender's conduct was characterized by

(a) a pattern of repetitive, compulsive behavior; and
(b) either violence; or
(c) an age disparity from which it shall appear that the victim was under the age of fifteen years and the offender is an adult aggressor; it shall be the duty of the court, upon recommendation of the Diagnostic Center, to submit the offender to a program of specialized treatment for his mental and physical aberrations.

4. The disposition to be made by the court of such person, upon written report and recommendation of the Diagnostic Center, shall include one or more of the following measures;

(a) The court may place such person on probation with the requirement, as a condition of said probation, that he receive out-patient psychiatric treatment in the manner to be prescribed in each individual case.
(b) Such person may be committed to an institution to be designated by the Commissioner of Institutions and Agencies for treatment and upon release shall be subject to parole supervision.

In the event that the court shall order a commitment of the person as provided in this section, such order of commitment shall not specify a minimum period of detention, but in no event shall the person be confined or subject to parole supervision for a period of time greater than that provided by law for the crime of which such person was convicted.

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5. The Commissioner of the Department of Institutions and Agencies, upon commitment of such person, shall thereupon arrange for his treatment in one of the institutions under the jurisdiction of the department which, in the judgment of the commissioner, is best suited to care for the needs of such person. The commissioner, in his discretion, is hereby authorized and empowered to arrange for the transfer of such person to or from any institution within the jurisdiction of the department for the purpose of providing for the needs and requirements of such person according to the individual circumstances of the case.

6. Any person committed to confinement, as provided for in section four hereof, may be released under parole supervision when it shall appear to the satisfaction of the commissioner, after recommendation by a special classification review board appointed by the State Board of Control of Institutions and Agencies, that such person is capable of making an acceptable social adjustment in the community. It shall be the duty of the chief executive officer of any institution wherein such a person is confined to report in writing at least semiannually to the commissioner concerning the physical and mental condition of such person with a recommendation as to his continued confinement or consideration for release on parole by said special committee. The State Board of Control of Institutions and Agencies is hereby authorized and empowered to promulgate rules and regulations for the parole, revocation thereof for cause, and the proper supervision on parole of said persons when released from confinement.

7. If it shall appear from the report of such examination made of such person that the offender's conduct was not characterized by a pattern of repetitive, compulsive behavior and neither violence nor age disparity was indicated, as provided for in section three hereof, the court shall impose sentence on such person in the manner provided by law.

8. No statute relating to remission of sentence by way of commutation time for good behavior and for work performed shall apply to any such person committed pursuant to section four hereof, but provisions may be made for monetary compensation in amount to be prescribed by the State Board of Control of Institutions and Agencies, in lieu of remission of sentence for work performed.

9. The commissioner shall determine and fix the per capita cost of examining and maintaining any person committed to the Diagnostic Center and shall notify each county treasurer monthly of the number of patients committed from the several counties, and upon certification by the commissioner of the amount due, the board of chosen freeholders of the county shall make provision for payment of one-half of the cost thereof to the Diagnostic Center, the remaining one-half to be borne by the State.

10. Except as otherwise provided herein, the provisions of Title 30, Revised Statutes, and the rules and regulations promulgated by the State Board of Control pursuant thereto regarding

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supervision of persons released on parole and revocation of parole shall apply to any such person released on parole as provided herein.

11. Any person, believing himself to be suffering from a physical or mental condition which may result in sexual trends dangerous to the welfare of the public, may make application, upon forms to be prescribed by the Department of Institutions and Agencies, for voluntary admission to the Diagnostic Center for the purpose of receiving diagnosis therein. When such application is approved and such person is admitted, he shall be given a complete physical and mental examination. If it shall appear, as a result of such examination, that such person does in fact suffer from a physical or mental condition which may result in sexual trends of the type that might prove dangerous to the welfare of the general public, this fact shall be certified to such person and to the Commissioner of Institutions and Agencies. If such person thereupon indicates a desire to receive treatment for such condition, he may make application for voluntary admission to an institution to be designated by the commissioner and upon approval of such application he may be received in the designated institution and shall there receive the treatment indicated by the circumstances in the individual case. If such person is possessed of sufficient financial ability to defray all or a portion of the cost of his care and treatment, he shall be required so to do. If such person shall desire to leave such institution and discontinue the treatments being received by him, he shall be required to give five days' notice, in writing, to the chief executive officer of the institution of his intention to leave.

12. "An act concerning the sentencing of persons convicted of certain crime and providing for the place of their incarceration, and supplementing chapter one hundred ninety-two of Title 2 of the Revised Statutes," approved April eleventh, one thousand nine hundred and forty-nine, is repealed.

13. This act shall take effect immediately. (June 8, 1950).

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EXHIBIT B

(Signed by Governor Driscoll 21 April 1951. Now Chapter 44, P.L. 1951.)

SENATE, NO. 108

(P.L. 1950, chap. 207.)

- - - - - - -

STATE OF NEW JERSEY

- - - - - - -

Introduced February 12, 1951

By Mr. CAFIERO

Referred to Committee on Institutions and Agencies

AN ACT to amend "An act concerning the disposition of persons convicted of certain enumerated sex crimes and providing for sentence, incarceration and treatment, repealing chapter twenty of the laws of one thousand nine hundred and forty-nine, and supplementing chapter one hundred ninety-two of Title 2 of the Revised Statutes," approved June eighth, one thousand nine hundred and fifty (P.L. 1950, c. 207).

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. Section one of the act of which this act is amendatory is amended to read as follows:

1. Whenever a person is convicted of the offense of rape, carnal abuse, sodomy, open lewdness, indecent exposure or impairing the morals of a minor or of an attempt to commit any of the aforementioned offenses, the judge shall order the commitment of such person to the Diagnostic Center for a period not to exceed sixty days. While confined in the said Diagnostic Center, such person shall be given a complete physical and mental examination.

2. Section six of the act of which this act is amendatory is amended to read as follows:

6. Any person committed to confinement, as provided for in section four hereof, may be released under parole supervision when it shall appear to the satisfaction of the (commissioner) State Parole Board, after recommendation by a special classification review board appointed by the State Board of Control of Institutions

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and Agencies, that such person is capable of making an acceptable social adjustment in the community. It shall be the duty of the chief executive officer of any institution wherein such a person is confined to report in writing at least semiannually to the commissioner concerning the physical and mental condition of such person with a recommendation as to his continued confinement or consideration for release on parole (by said special committee). The State Board of Control of Institutions and Agencies is hereby authorized and empowered to promulgate rules and regulations for the parole, revocation thereof for cause, and the proper supervision on parole of said persons when released from confinement.

3. This act shall take effect immediately.

---

STATEMENT

The purpose of this bill is to make certain amendments to the Sex Offender Law which are indicated as necessary after considerable experience in the field of examining and diagnosing sex offenders.

It has been found that a great number of cases of open lewdness and indecent exposure involve minor children. Under the present wording of the law this crime is not included within the category of those sex offenses which require mandatory examination of the prisoner after conviction. It is, therefore, deemed advisable to add this sex offense by proper amendment and place those individuals within the purview of the act.

Experience further indicates that the Commissioner of the Department of Institutions and Agencies, never having exercised parole authority in the past, should not now be required to do so with respect to the release of sex offenders. It seems more desirable to have this function carried on by the State Parole Board, which is duly constituted by law to give consideration to the release of persons on parole.

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EXHIBIT C

STATE OF NEW JERSEY, DEPARTMENT OF INSTITUTIONS AND AGENCIES

REQUEST FOR DESIGNATION OF INSTITUTION UNDER

THE PROVISIONS OF CHAPTER 207, P. L. 1950

Commissioner Sanford Bates
Department Institutions & Agencies
Trenton 7, New Jersey

Date:_____

Subject:_____

Dear Commissioner:

It appears that the above-captioned person has been convicted of one or more of the offenses enumerated in Section 1, Chapter 207, P.L. 1950, as amended by Chapter 44, P.L. 1951, and that he has been given a complete physical and mental examination as prescribed in Section 1 of the Act and, from the report furnished this court, as prescribed in Section 2 of the Act, he seems to come within the purview of Section 3, requiring his commitment to an appropriate institution to be designated by your Department.

Will you kindly advise the name of the institution to which this individual should be committed?

Very truly yours,

_____
Judge, County Court

DESIGNATION:

In response to the foregoing request, it is the recommendation of this Department that the above subject be committed to:

_____

_____
Sanford Bates, Commissioner
Department Institutions & Agencies

Dated:_____

(Note: Kindly send the above request to the Department in duplicate, the original to be returned to the Court and the copy to be retained in the Department files.)

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EXHIBIT D

STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
SPECIAL CLASSIFICATION REVIEW BOARD

_____Consideration

Institution:_____

Date:_____

Name and No:_____ Offense:_____

Race:_____ Plea:_____

Birthdate_____ Sentence:_____

Birthplace:_____ Judge_____

Citizen:_____ County:_____

Marital Status:_____ Date of Sentence:_____

Religion:_____ Place of Offense:_____

Last Address:_____ Received:_____

_____ Jail Time Allowed:_____

_____ Expiration of Maximum:_____

TREATMENTS GIVEN:

CURRENT DIAGNOSTIC IMPRESSION:

PROGNOSIS:

INSTITUTION RECOMMENDATION:

RECOMMENDATION OF SPECIAL CLASSIFICATION REVIEW BOARD:

DATE:_____

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EXHIBIT E

STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
SPECIAL CLASSIFICATION REVIEW BOARD

_____Consideration

Name and Institution:_____

Date:_____

INTERVAL NOTE

_____
(Signature)

INSTITUTION RECOMMENDATION:

RECOMMENDATION OF SPECIAL CLASSIFICATION REVIEW BOARD:

DATE:_____

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State of New Jersey

STATE PAROLE BOARD

# Certificate of Parole

No. .....

*Know All Men By These Presents:*

The State Parole Board, by virtue of the authority conferred upon it by the provisions of the statutes of this State, and under the rules and regulations promulgated pursuant thereto, does hereby grant to
convicted of the crime of

in the County of
on and now confined in
by virtue of the sentence(s) imposed for the said conviction of the crime aforesaid, A PAROLE, applicable solely to said aforesaid sentence(s), and to no other, limited by and subject to the security, terms, conditions and limitations annexed hereto and made a part hereof, said parole effective on
or as soon thereafter as a suitable parole plan has been approved by the State Parole Board, and upon the further condition that the said
accepts the security, terms, conditions and limitations contained herein and annexed hereto, as evidenced by his signature affixed hereto and to a copy hereof retained as a part of the record of the parolee.

This parole is subject to revocation for violation of the laws of this State, the rules and regulations of this Board or the security, terms, conditions and limitations annexed hereto and forming a part hereof.

IN TESTIMONY WHEREOF, *We have hereunto set our hands and caused our Seal to be affixed this day of in the year of our Lord one thousand nine hundred and fifty*

STATE PAROLE BOARD

By .....
*Chairman*

.....
*Member*

.....
*Member*

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EXHIBIT G

# STATE OF NEW JERSEY

## DEPARTMENT OF INSTITUTIONS AND AGENCIES

## STATE PAROLE BOARD

NAME ..... No..... INSTITUTION .....

The State Parole Board at its meeting on .....

reached the following decision in your case under No. .....

.....Parole is approved effective .....

.....Parole is approved at the Expiration of Minimum Sentence.

.....Parole has been denied. Your case has been scheduled for re-hearing in

.....

.....Parole has been denied. You are to serve your adjusted maximum sentence.

All paroles are granted only upon the approval of parole plan by the New Jersey State Parole Board and the following SPECIAL CONDITION (S):

STATE PAROLE BOARD
Homer C. Zink, Chairman

BY: .....
Evelyn L. Rabinowitz, Secretary

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EXHIBIT H

STATE OF NEW JERSEY
DEPARTMENT INSTITUTIONS AND AGENCIES
DIVISION OF PAROLE

TO:

You are being released from the institution to the supervision of the Division of Parole, and are hereby instructed to report

as provided in your parole rules to

at the Parole District Office located at

The telephone number is

If you have occasion to write to your parole officer or District Supervisor the mailing address is

_____
Superintendent

Interstate Form III
1M—5-7-52

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EXHIBIT I

# Agreement of Prisoner When Permitted to Go to Another State

**New Jersey**
Sending State

..... Receiving State

Re:.....

I, ....., No. ....., ..... Institution .

in consideration of being granted a parole by the .....,

and especially being granted the privilege to leave the state of New Jersey to go to

....., ....., hereby agree:
City State

1. That I will make my home with ....., ..... Name Address

until a change of residence is duly authorized by the proper authorities of ..... Receiving State

2. That I will comply with the parole rules and regulations as laid down by both the states of New Jersey and ..... Receiving State

3. That I will, when duly instructed by the ..... of ..... Department State

return at any time to the State of New Jersey.

4. That I hereby do waive extradition to the State of New Jersey and also agree that I will not contest any effort by any state to return me to the State of New Jersey.

5. Failure to comply with the above will be deemed to be a violation of the terms and conditions of parole for which I may be returned to the State of New Jersey.

Dated.....

Witnesses:

..... (Signed) .....

..... .....

On the ..... day of ....., 19....., permission was granted to the above parolee to reside in the State of ..... AND to be supervised by

.....,

.....

By.....

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EXHIBIT J

STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES

STATE HOSPITAL AT _____

_____

CERTIFICATE OF TERMINATION OF SENTENCE

_____

KNOW ALL MEN BY THESE PRESENTS:

That_____convicted and sentenced in the court of_____, Judge_____presiding, on the_____ day of_____19__ under provisions of N.J.S. 2A:164-3 is hereby discharged by reason of the expiration of his sentence.

Given this_____day of_____19___.

_____
Superintendent

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EXHIBIT K

STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES

STATE HOSPITAL AT_____

_____

TERMINATION CERTIFICATE

_____

KNOW ALL MEN BY THESE PRESENTS:

That _____is hereby discharged from the parole granted him in_____ 19___ by reason of the expiration of his sentence.

Given this_____day of_____19___.

For the BOARD OF MANAGERS OF THE NEW JERSEY HOSPITAL AT_____

. . . . . .

Superintendent

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PENAL AND CORRECTIONAL CIRCULAR NO. 43-I.

TO: All penal and correctional institutions

RE: Attendance of prisoners and inmates of penal and correctional institutions at the bedside or funeral of dying or deceased relatives.

The State Board of Control, on 28 September 1948, adopted the following resolution regarding the attendance of prisoners and inmates of penal and correctional institutions at the bedside or funeral of dying or deceased relatives:

"BE IT RESOLVED that the following terms and conditions are established by the State Board of Control of Institutions and Agencies pursuant to Paragraph 2, Chapter 414, P. L. 1948, and will govern Chief Executive Officers in permitting the attendance of prisoners and inmates at the bedside or funeral of a dying or deceased relative under the above cited statute:

"1. The legislation is permissive, and no Chief Executive Officer is required to permit bedside or funeral attendance if such a course would be detrimental to the proper functioning of the institution because of a shortage of personnel or for other reasons.

"2. The relationship of the ill or deceased person to the inmate must be verified and proved to be within the framework of relationship described in the statute. (A relative shall be deemed to mean and include the father, mother, husband, wife, child, brother or sister of the prisoner or inmate.)

"3. The fact of the illness or death must be verified.

"4. The risk of contagion shall be investigated, and if there appears to be any danger of contagion or infection a report

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shall be obtained from the attending physician and submitted to the institution medical authority for advice as to extending the privilege of bedside or funeral attendance.

"5. Reimbursement for travel and other necessary and allowed expenses must be borne by the inmate or his family. Officers accompanying inmates on bedside or funeral trips will be entitled to reimbursement for their own actual and reasonable expenses plus any actual or reasonable expenditures made on behalf of the inmate, plus a per diem fee not to exceed $10.00.

"Detailed statements of expenditures made and reimbursement claimed will be submitted by the escorting officer in duplicate with one copy being given to the family or placed in the inmate's record as a receipt upon payment of the charges, and the other copy being filed in the office of the chief fiscal officer of the institution.

"6. The inmate shall, as required by law, at all times be in the actual custody of one or more officers or employees of the institution wherein he is confined. The officer shall wear plain clothes but shall carry with him evidence of his authority.

"7. The prisoner shall be lodged in an approved jail or institution at night and at all times when not in transit or actually at the bedside of the relative or while attending funeral services.

"8. In any case, not more than one trip, limited to not more than twenty-four hours exclusive of time in transit, shall be permitted; that is, authority may not be given for attendance at the sick bed and later atthe funeral.

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"9. In every case, it is the responsibility of the Chief Executive Officer to make sure that the interests of the public are fully protected, therefore permission may not be given to incorrigible criminals, known escape risks, unusual disciplinary problems, or to prisoners recognized as untrustworthy. Permission may not be granted to a highly publicized prisoner whose reappearance in the community under any conditions other than strict compliance with the laws governing parole and release would cause unfavorable comment in the whole community.

"10. Finally, whenever a prisoner or inmate is granted leave to attend the bedside or funeral of a relative, a notice shall be forwarded to the Central Office as a matter of record.

"11. If the Chief Executive Officer is in doubt as to the propriety of permitting a particular prisoner to leave the institution under the circumstances enumerated above, he should consult with the Commissioner or the Director of Correction and Parole prior to granting permission."

This resolution is being forwarded for your information and guidance and is effective immediately.

F. Lovell Bixby

F. Lovell Bixby, Ph. D.
Director of Correction and Parole

14 July 1954

FLB:sm

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State of New Jersey

DEPARTMENT OF INSTITUTIONS AND AGENCIES

TRENTON 7

June 1, 1955.

Mr. Robert J. Burkhardt
Secretary to the Governor
State House
Trenton, New Jersey

Dear Mr. Burkhardt:

I am enclosing herewith the Rules and Regulations of the Division of Welfare, the Division of Correction and Parole, and the State Parole Board, which in accordance with Paragraph 6, Section 4, Article 5 of the Constitution of New Jersey, are to be filed in the Office of the Secretary of State.

The Rules and Regulations of the Division of Mental Hygiene and Hospitals will be forwarded you within the next few days.

Sincerely yours,

F. Lovell Bixby

F. Lovell Bixby, Ph.D
Acting Commissioner

FLB:5

Enc.

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DEPARTMENT OF INSTITUTIONS AND AGENCIES

DIVISION OF WELFARE

ISSUED: June 17, 1948
July 24, 1951

TITLE : Statement of Policy and Procedures on Appeals and Fair Hearings.

SUBJECT: Fair Hearings

STATUTORY REFERENCE: R.S. 44:7-18, 30:5-43 and 30:6-3

These regulations are issued pursuant to formal resolution of the Board of Control adopted June 17, 1948 and July 24, 1951.

Elmer V. Andrews
Director of Welfare

Approved:

by _____
President,
State Board of Control

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DEPARTMENT INSTITUTIONS AND AGENCIES

DIVISION OF WELFARE

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# FAIR HEARING RULES & REGULATIONS

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State of New Jersey 6/4/48
Department of Institutions and Agencies

# STATEMENT OF POLICY AND PROCEDURES ON APPEALS AND FAIR HEARINGS

(Adopted by the State Board of Control on June 17, 1948)

## Statement of Law.

Federal Law.--Requirements of the Social Security Act include the following:

Old Age Assistance.--Title I, section 2(a) (4) reads:

> "A State plan for old age assistance must.....provide for granting to any individual, whose claim for old age assistance is denied, an opportunity for a fair hearing before such State agency....."

Aid to Dependent Children.--Title IV, section 402(a) (4) reads:

> "A State plan to aid to dependent children must.....provide for granting for any individual, whose claim with respect to aid to a dependent child is denied, an opportunity for a fair hearing before such state agency....."

Aid to the Blind.--Title X, section 1002(a) (4) reads:

> "A State plan for aid to the blind.....must provide for granting to any individual, whose claim for aid is denied, an opportunity for a fair hearing before such State agency....."

State Law.--Provisions of the New Jersey Statutes include the following:

Old Age Assistance.--Title 44, Section 7-18 provides:

> ".....where an application is not acted upon, by the county welfare board within thirty days after the filing of the application, or the application is denied, or the grant is deemed inadequate, either by the State division or by the applicant, the State division may review the case in its discretion or the applicant may appeal to the State division by filing a petition with the division setting forth the facts in full as to the necessity for such assistance. Whereupon a representative of the State division shall hold a fair hearing on the appeal, and if the appeal is sustained by the State division the payments of assistance in the amount determined by the State division must be paid by said county welfare board as herein provided."

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Home Life Assistance.--Title 30, section 5-43 provides:

> "if a petition for assistance is not acted upon by the county welfare board within a reasonable time, or if a petition for assistance is denied in whole or in part by the county welfare board, or if any order granting assistance is modified or cancelled by the county welfare board, pursuant to the provisions of this chapter, the petitioner or recipient may appeal to the State Department of Institutions and Agencies or its duly authorized representative, in the manner and form prescribed by such State Department; provided, however, that the prescribed procedure for such appeals shall give the petitioner or recipient reasonable notice thereof and an opportunity of fair hearing."

Aid to the Blind.--Title 30, section 6-3 provides:

> "any applicant or recipient denied relief, aggrieved because of a welfare board decision or delay in making same or having other cause for appeal from the decision of the Commission or of the county welfare board, may appeal to the State Board or to its designated representative in the manner prescribed by the State Board, and shall be afforded reasonable notice and opportunity for a fair hearing by the State Board. All decisions of the State Board shall be final and shall be binding upon and shall be complied with by the county welfare board."

Interpretation.

Federal Interpretation.--The Social Security Administration has promulgated* the following general interpretation of the provisions of the Federal Act:

> "Denial of a "claim for assistance" is interpreted to include denial of the opportunity to make application or reapplication for assistance, rejection of a request for assistance or undue delay in reaching a decision on it, and in making a payment, refusal to consider a request for or undue delay in making an adjustment of the amount of payment, and suspension or discontinuance of payment. Since an individual cannot avail himself of the opportunity for a hearing unless he is aware of its availability, and since the purpose of the hearing has not been served until the decision is carried out, the entire procedure from the initial notification to the individual regarding his right to a hearing, to the execution of the hearing decision, is included in the consideration of the hearing process. When an issue has been made the subject of a request for a hearing, authority and responsibility for the decision passes from the local office to the deciding authority in the State agency."

State Interpretation.--The Department of Institutions and Agencies recognizes and adopts the above interpretation of the Social Security Administration as to the extent to which the right of fair hearing should be available, and finds that the provisions of State law authorize the promulgation by the Department of rules, regulations and procedures sufficient to satisfy the requirements of the Federal Act and the cited interpretation thereof.

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* Handbook of Public Assistance Administration, section 6200, 10/10/47.

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Definitions. 6/4/48

For purposes of this statement of policy and procedure, the following terms shall be understood as here defined:

| | | |
|---|---|---|
| applicant | - | a person applying for old age assistance or aid to the blind for himself, or a mother or woman standing in place of a mother applying for aid to dependent children ("home life assistance") on behalf of a child or children and herself. |
| recipient | - | a person receiving old age assistance, aid to the blind, or aid to dependent children ("home life assistance"). |
| client | - | a person who is, or is seeking the opportunity to become, an applicant or recipient, including: an applicant who is awaiting the agency's decision, a recipient whose assistance payment has been suspended or withheld, or a person still considering himself entitled to assistance although his application has been denied or withdrawn or his payment discontinued. |
| complaint | - | any clear expression, oral or written, by any person, to the effect that he is dissatisfied with the action or lack of action on the part of the agency in the handling of any client, with the procedure applied in such handling, or with the decisions or results thereof. |
| appeal | - | a complaint made by a client or his authorized representative, when such complaint is accompanied by a request for fair hearing. |
| request for fair hearing | - | any clear expression (oral or written, by letter or otherwise) by a client or his authorized representative, to the effect that he wishes to go beyond the usual procedure for adjusting complaints, and that he wishes an opportunity to present his case to the ultimate State authority in the administrative organization; the specific wording of such a request is immaterial. |
| fair hearing | - | an orderly, readily available proceeding before an impartial official of the Department, in which a dissatisfied client or his authorized representative may present his case with the help of witnesses to show why action or inaction in his case should be corrected by the Department. |

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| | | |
|---|---|---|
| local office | - | the office of the county welfare board with respect to Old Age Assistance or aid to the blind, or the district office of the State Board of Child Welfare with respect to home life assistance. |
| State office | - | the office of the Division of Old Age Assistance, the Central Office of the State Board of Child Welfare, or the office of the Commission for the Blind, whichever is appropriate. |

Right to Fair Hearing

It is declared to be the right of every client to request a fair hearing, and to be afforded the opportunity for such a hearing in the manner established in these regulations.

Notification of Right to Fair Hearing

A statement in simple language informing the applicant of his right of appeal and fair hearing, shall be included on or annexed to the official form of application for assistance and each applicant shall receive an authentic copy of his executed application form, with attachements if any, to be retained in his own possession. This procedure shall constitute the mandatory and effective method by which every client is informed in writing of his right to a fair hearing on any action or failure to act by the agency with respect to his situation.

Apart from the official notification of right of fair hearing thus appearing on or annexed to the application form, it is desired that every applicant should, at the time of first contact with the local office or agent thereof, receive a copy of the "Statement Concerning Fair Hearings".

A copy of the "Statement Concerning Fair Hearings" shall be furnished to any client at any time upon his request, and may be furnished to any client or any other person at any time.

Complaints and Adjustment Procedure

Complaints and other requests for review of action taken on applications and grants will not be considered appeals unless and until there is a request for a fair hearing. (see "Definitions").

Prompt and courteous attention will be given to all such complaints and requests for review, whether they are directed to the local office or to the State office. All complaints received by mail shall be acknowledged promptly, and suitable review and adjustment steps shall be promptly initiated. Oral complaints shall be incorporated in the case record and thereafter handled in the same manner as written complaints. Complaints received in the State office shall be referred to the local office for appropriate attention.

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Local efforts to effect an adjustment will be made through further field contacts, office interviews with the supervisor, consultation with the State office or Field Representative, affording the complainant an opportunity to appear before the Welfare Board, etc.

After all steps have been taken for local adjustment, the client (and the complainant, if other than the client) shall be notified of the decision made as to the complaint. If the client is still dissatisfied with the decision, he shall be advised again of the right to appeal and request a fair hearing and how he may so proceed.

Procedure for Initiating Fair Hearings

An appeal making request for a fair hearing should be in writing and should be addressed to the State office or to the Department. However, appeals clearly making requests for fair hearing when expressed orally shall be reduced to a written record, and such appeals addressed to the local office shall be promptly transmitted to the State office, which will in turn direct them to the attention of the Deputy Commissioner for Welfare.

No special form of statement or manner of expression is required as long as it sets forth the position of the client, including the reasons for the appeal. The local office shall, when requested, assist the client in preparing the appeal in order to expedite the proceedings.

Upon receipt of any appeal, the Deputy Commissioner for Welfare shall make a record thereof and promptly initiate arrangements for the conduct of a fair hearing.

Disposition of Appeals without Hearing.

The filing of an appeal shall not of itself preclude continued effort to accomplish corrective action or interpretation by the State office and/or local office through informal adjustment procedures. The local office may amend or reverse its decision at any time before a hearing, or the client may have his dissatisfaction clarified through explanation or interpretation at any time before a hearing. It shall be the policy to accomplish disposition of complaints through direct informal and personal relationship with the client wherever possible. However, every client has a right to a fair hearing if he desires it, and once he has made a clear request for such a hearing, the disposition of his appeal through the hearing process shall continue to be available to him, and the hearing shall not be delayed or cancelled, without his consent, solely by reason of informal adjustment procedures meanwhile initiated.

If as the result of satisfactory adjustment or for any other reason, the client desires that a hearing shall be discontinued, cancelled, or abandoned, his request to that effect shall be obtained in writing, except that a request for a hearing will be considered abandoned if neither the client nor his representative appears at the time and place agreed on for the hearing and if, within a reasonable time after the mailing of an inquiry by the appeal authority as to whether he wishes any further action taken on his request for a hearing, no reply is received.

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Time, Place and Notice of Fair Hearing

The fair hearing shall be held at a time, date and place most reasonably convenient for the client and other parties, but in any event within 30 days of the receipt of the appeal. The local office concerned will make such arrangements as are proper and necessary to enable the client to attend the hearing without expense of transportation.

The appeal authority will give all parties concerned at least one week's notice in writing of the time, date and place to appear for the hearing. When such notice is given to the client there will be included a copy of the statement entitled "How a Fair Hearing is Conducted" in order that the client may be advised as to preparation for the hearing and presentation of the case.

Appeal Authority

All fair hearings will be conducted by direction of the Commissioner of Institutions and Agencies who may designate the Deputy Commissioner for Welfare or other representative to conduct the hearing and to render a decision thereon, but such representative will be selected for impartiality and non-participation in the particular matter under consideration.

The term "appeal authority" as used herein refers to the person conducting the hearing.

Conduct of Fair Hearing

The fair hearing shall in all respects be informal and conducted in an atmosphere conducive to the full development of facts. Formal rules of evidence will not be applied and an effort will be made to conduct the hearing in such manner that all parties will feel free and able to present all relevant aspects of the situation.

Only those persons will be admitted to the hearing whose testimony and presence are necessary to a full and fair determination, but the client will have the option of being represented. The appeal authority will employ all reasonable and available means to secure attendance of persons who may assist the client in the presentation of his case.

At the beginning of the hearing the client will be given the opportunity of making a statement of the situation as he sees it. The appeal authority will then state the point at issue, subject to amendment or correction by the client or any of the other parties concerned.

The hearing will be concerned only with such facts as are relevant to the point at issue, but the circumstances may be considered both as they existed at the time of request for hearing and at the time of hearing. If it develops that the real issue differs from that on which the request for hearing was based, then the hearing will not abate but the real point at issue will be considered, subject to adjournment as may be necessary for proper development of the new questions presented.

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All parties will be given the opportunity to offer evidence and to question witnesses. The client will be given opportunity to examine all documents and records, or parts thereof, which are used as evidence at the hearings.

At any time during the proceedings the appeal authority, at his discretion, may declare an adjournment or adjournments. No one adjournment shall exceed thirty days, and the total of all adjournments shall not exceed sixty days, unless a greater extension of time is requested by the client and approved by the appeal authority.

Report of Hearing and Official Record

An official report will be prepared by the appeal authority containing the substance of what transpired at the hearing, and a copy of such report will be attached to each copy of decision when rendered and forwarded to the parties concerned. Such report of the hearing, together with any papers and requests filed in the proceeding, and the decision as rendered, will constitute the official and complete record of the fair hearing.

An official and complete record of each fair hearing will be maintained in the files of the state office for at least one year after the date decision is rendered.

Decision on Fair Hearing

The decision of the appeal authority based on the evidence produced at the hearing will be rendered in writing within 20 days after completion of hearing. Such decision shall be final and shall be mandatory and binding upon all parties concerned.

Every decision of the appeal authority shall be so written as to set forth in summary form the issue or issues in question, the principal and relevant facts developed at the hearing, the pertinent provisions in law and in agency policy, and the reasons upon which the decision is based. If the decision results from mutual agreement of the parties at the hearing, it shall be so stated.

Copies of the full text of the decision will be forwarded simultaneously to the appropriate State office and to the local offices responsible for carrying out the decision. At the same time a notice of the decision, setting forth the effective conclusions arrived at, shall be forwarded to the client.

The appropriate State office will take such steps as may be necessary to assure itself that the decision has been carried out.

Effective Date

These regulations shall be effective July 1, 1948.

(signed) Sanford Bates
Sanford Bates, Commissioner
Department of Institutions and Agencies

June 4, 1948

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STATE BOARD OF CONTROL RESOLUTION OF JULY 24, 1951

.....

"BE IT RESOLVED by the New Jersey State Board of Control of Institutions and Agencies:

"1. As provided in Section 5, Chapter 139, P.L. 1951, the following general policies are adopted for the guidance of the Commissioner in issuing rules and regulations concerning assistance for needy persons, eighteen years of age and older, who are permanently and totally disabled.

.....

"5. Provisions shall be made for fair hearings for dissatisfied applicants and recipients.

.....

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STATE BOARD OF CONTROL RESOLUTION OF JULY 21, 1951

.....

"BE IT RESOLVED by the New Jersey State Board of Control of Institutions and Agencies:

"1. As provided in Section 5, Chapter 139, P.L. 1951, the following general policies are adopted for the guidance of the Commissioner in issuing rules and regulations concerning assistance for needy persons, eighteen years of age and older, who are permanently and totally disabled.

.....

"5. Provisions shall be made for fair hearings for dissatisfied applicants and recipients.

.....

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STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
DIVISION OF WELFARE

# HOW A FAIR HEARING IS CONDUCTED

*You, as a client either seeking or receiving assistance, have said that you are not satisfied with what has been done for you by the local welfare office. In that case the New Jersey Law says you have a right to a fair hearing so that your complaint can be considered. This information is being given to you so that you will know what will take place at the hearing, and then you can be prepared to tell your story at the hearing in the best way.*

1. THE HEARING WILL BE HELD BY A PERSON REPRESENTING THE STATE COMMISSIONER OF INSTITUTIONS AND AGENCIES WHO HAS THE AUTHORITY TO DECIDE WHAT IS RIGHT AND FAIR FOR YOU AND SEE THAT IT IS DONE.

2. IF YOU FEEL YOU NEED HELP IN ORDER TO TELL YOUR STORY IN THE BEST WAY, YOU MAY HAVE SOMEONE ADVISE YOU OR SPEAK FOR YOU AT THE HEARING.

3. WHEN THE HEARING STARTS YOU WILL BE ASKED TO SAY WHAT YOUR COMPLAINT IS AND WHAT YOU THINK SHOULD BE DONE. THIS MAY BE DISCUSSED BY THE OTHER PERSONS WHO ARE THERE, AND THEN THE PERSON HOLDING THE HEARING WILL SAY JUST WHAT WILL BE CONSIDERED AT THE REST OF THE HEARING. YOU WILL HAVE A RIGHT TO CORRECT THIS IF YOU THINK IT DOES NOT CLEARLY STATE YOUR COMPLAINT. IT IS IMPORTANT THAT YOU UNDERSTAND WHAT THIS IS, BECAUSE IT IS THE ONLY THING THAT THE PERSON HOLDING THE HEARING WILL LET ANYONE TALK ABOUT. *

4. IT MAY BE THAT SOME THINGS HAVE CHANGED BETWEEN THE TIME YOU FIRST MADE YOUR COMPLAINT AND THE DAY THE HEARING IS HELD. THE PERSON HOLDING THE HEARING WILL WANT TO KNOW WHAT THESE CHANGES ARE, BECAUSE THEY MAY BE IMPORTANT IN DECIDING WHAT IS RIGHT AND FAIR.

5. IF THERE ARE OTHER PERSONS WHO KNOW SOMETHING THAT WILL HELP YOU TELL YOUR STORY, YOU MAY HAVE THEM COME TO THE HEARING AS WITNESSES FOR YOU. THE LOCAL WELFARE OFFICE WILL HELP YOU AS MUCH AS THEY CAN IN GETTING THOSE PERSONS TO COME TO THE HEARING.

6. ONLY PERSONS WHO HAVE SOMETHING TO DO WITH YOUR COMPLAINT WILL BE ALLOWED TO COME TO THE HEARING. WHATEVER IS SAID THERE WILL BE CONFIDENTIAL, SO YOU NEED NOT BE AFRAID TO SAY ANYTHING YOU BELIEVE WILL HELP TELL THE TRUE STORY.

7. YOU AND YOUR WITNESSES MAY BE ASKED QUESTIONS BY THE PERSON HOLDING THE HEARING OR BY OTHER PERSONS THERE. ALSO, YOU WILL BE ALLOWED TO ASK QUESTIONS OF ANY OTHER PERSONS WHO MAY SPEAK. IF THERE ARE ANY PAPERS READ AT THE HEARING OR GIVEN TO THE PERSON HOLDING THE HEARING, YOU WILL BE ALLOWED TO READ THEM YOURSELF OR HAVE SOMEONE READ THEM TO YOU.

8. FOR SOME REASON IT MAY BE NECESSARY FOR THE PERSON HOLDING THE HEARING TO ADJOURN OR POSTPONE IT. THIS DOES NOT MEAN THAT THE HEARING IS FINISHED BUT ONLY THAT IT WILL BE CONTINUED ON SOME LATER DAY. YOU MAY ASK FOR THE HEARING TO BE ADJOURNED OR POSTPONED UNTIL A LATER DAY IF YOU THINK IT WILL HELP YOU TELL YOUR STORY IN A BETTER WAY.

9. IF YOU SHOULD CHANGE YOUR MIND ABOUT A FAIR HEARING, JUST WRITE TO THE LOCAL WELFARE OFFICE AND TELL THEM SO. IF YOU DO NOT DO THIS YOU WILL BE EXPECTED TO COME TO THE HEARING. IF YOU ARE SICK OR IF FOR SOME OTHER REASON YOU CANNOT COME ON THE DAY WHEN THE HEARING IS TO BE HELD, LET THE LOCAL WELFARE OFFICE KNOW SO THAT IT CAN BE PUT OFF UNTIL SOME LATER DAY. IF THE OTHER PERSONS WHO ARE CALLED TO THE HEARING SHOULD COME, AND YOU DO NOT COME WITHOUT GIVING ANY EXCUSE, IT WILL BE THOUGHT YOU ARE NOT INTERESTED IN HAVING YOUR COMPLAINT HEARD.

10. WHEN THE HEARING IS FINISHED, THE PERSON WHO HAS BEEN HOLDING IT WILL SAY SO AND WITHIN 20 DAYS YOU WILL BE TOLD IN WRITING WHAT IS GOING TO BE DONE.

11. REMEMBER THAT THE PERSON WHO IS HOLDING THE HEARING IS INTERESTED IN EVERY TRUE THING THAT WILL HELP DECIDE WHAT SHOULD BE DONE FOR YOU. THERE IS NO SPECIAL WAY YOU SHOULD SAY ANYTHING AND THERE ARE NO SPECIAL RULES YOU WILL HAVE TO KNOW AS LONG AS YOU ARE ORDERLY AND HELPFUL. THE PERSON WHO IS HOLDING THE HEARING WILL TRY TO HELP YOU IN EVERY WAY.

********** ********** **********

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STATE OF NEW JERSEY

DEPARTMENT OF INSTITUTIONS AND AGENCIES

TRENTON 7

# A STATEMENT CONCERNING FAIR HEARINGS IN CONNECTION WITH OLD AGE ASSISTANCE, HOME LIFE ASSISTANCE, AND AID TO THE BLIND

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

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

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

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

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

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

DEPARTMENT INSTITUTIONS AND AGENCIES

Sanford Bates, Commissioner

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STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
DIVISION OF WELFARE

STATE BOARD OF CHILD WELFARE

REGULATION # 1

Issued: March 30, 1936

Reissued: September 2, 1946

TITLE: HOME LIFE ASSISTANCE

SUBJECT: Mutual responsibilities of the County Welfare Boards and the State Board of Child Welfare in the Home Life Assistance program.

STATUTORY REFERENCE: Regulatory authority based upon R.S. 30:4-5.

This regulation is issued pursuant to formal resolution of the Board of Managers adopted February 10, 1936.

J. E. Alloway
Executive Director

Approved:

by _____
President,
State Board of Control

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M A N U A L

STATE OF NEW JERSEY
Board of Child Welfare
163 West Hanover Street
Trenton 8, New Jersey

Bulletin Letter A i
Regulation #1
Issued: 3/30/36
Reissued: 9/2/46
Rev: 8/10/53
Approved:

J. E. Alloway
Executive Director

# MUTUAL RESPONSIBILITIES OF THE COUNTY WELFARE BOARDS AND THE STATE BOARD OF CHILD WELFARE IN THE HOME LIFE ASSISTANCE PROGRAM

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State of New Jersey
BOARD OF CHILD WELFARE
168 West Hanover Street
Trenton 8, New Jersey

Bulletin Letter A I-1
Regulation #1
Issued: 3/30/36
Reissued: 9/2/46

Approved:

J. E. Alloway, Ex. Dir.

# MUTUAL RESPONSIBILITIES OF THE COUNTY WELFARE BOARDS AND THE STATE BOARD OF CHILD WELFARE IN THE HOME LIFE ASSISTANCE PROGRAM

## I COOPERATIVE RELATIONSHIP

### A. Purpose of Bulletin-Regulation

Under the provisions of the N.J. Revised Statutes, Title 30, Chapter 5, as amended, public assistance may be granted to dependent children and their mothers. In New Jersey the responsibility for this program is shared by the county welfare boards and the State Board of Child Welfare. The federal government, through the Social Security Administration (formerly the Social Security Board), participates financially by payments to the state. To carry out the spirit of the law--that is, to provide the mothers and children with adequate support and helpful service--requires a high degree of cooperative effort by both the county welfare boards (hereafter referred to as CWB) and the Board of Child Welfare (hereafter referred to as SBCW). It is the purpose of this bulletin to clarify the responsibilities assumed by the county and the state in administering the program of Home Life Assistance (hereafter referred to as HLA) to dependent children and their mothers in New Jersey.

This bulletin combines all previous bulletin and regulation instructions issued to the county welfare boards by the SBCW and is the authority establishing rules and regulations which are necessary in the working relationship between the CWB and the SBCW.

Therefore, this supersedes Bulletin Letters A to R, inclusive, issued by the SBCW between 1936 and 1946, all of which are to be destroyed but which, where applicable, are cited herein as the original authority.

### B. Reports Required

Incident to federal financial participation, the SBCW will make reports from time to time, as requested by the Social Security Administration, and will comply with such provisions as the federal government may find necessary to assure the accuracy and verification of these reports. To assist the SBCW in complying with Social Security Administration's requirements, the CWB will likewise make reports requested of it by the SBCW.

(Orig. auth.: Bn Ltr E, Reg. #2, dated October 1936)

### C. SBCW Right to Regulate and Review

The federal law requires that the state plan "either provide for the establishment or designation of a single state agency to administer the plan, or provide for the establishment or designation of a single state agency to supervise the administration of the plan". Although under the New Jersey law, the Department of Institutions and Agencies, acting through the SBCW, is the administering agency, the law further provides that all orders granting, revoking or changing amounts of assist-

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## I COOPERATIVE RELATIONSHIP (Conc.)

### C. SBCW Right to Regulate and Review (Conc.)

ance be approved and entered by the CWB. In order to comply with the federal law and establish "single state agency" supervision, the SBCW is empowered by the New Jersey statute (R.S. 30:5-4) to enact reasonable rules and regulations relative to action by the CWB.

All decisions and orders made by the various county welfare boards under the provisions of Chapter 5 of Title 30 of the New Jersey Revised Statutes, as amended, are subject to review by the SBCW. If, upon completion of such review and following conference with the CWB or its authorized representative, it appears to the SBCW that any CWB decision or order should be amended so as to conform with the provisions of this law or any rules or regulations is - sued under its authority, the CWB will be duly notified by the SBCW of the amendment to be made and will thereupon take action accordingly. (Orig. auth.: Bn Ltr M, Reg. #10, dated 7/21/41)

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Bulletin Letter A, Reg. #1 II-1
Issued: 3/30/36
Reissued: 9/2/46

Mutual Responsibilities of CWB and SBCW
in the HLA Program

## II DEFINITIONS

Certain terms are defined by New Jersey law (R.S. 30:5-1). In order to assure uniformity of interpretation in every county, the following additional definitions are given:

"Discharge" - means the discontinuance of assistance for a specific child by CWB action when this action does not discontinue assistance for all the children presently receiving through the applicant.

"Revoke" - means the discontinuance of assistance by CWB action for all the children (one or more) presently receiving assistance through the applicant.

"Family" - means the applicant or recipient and the child or children for whom assistance is sought or received, regardless of whether these persons are related to each other.

"Applicant" - means any person who has filed an application for Home Life Assistance, for which an order has not yet been made.

"Recipient" - means any person who is authorized by CWB order to receive Home Life Assistance for the minor dependent children in her home.

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Mutual Responsibilities of CWB and SBCW in the HLA Program

Reissued: 9/2/46
Revised: 5/22/53

## III ELIGIBILITY REQUIREMENTS (R.S. 30:5-33; 30:5-36)

Under the present law the following requirements for eligibility for HLA are established:

**Age** The child must be under sixteen years of age, or under eighteen and attending school. For purposes of the HLA Program, regular attendance at school will include regular attendance at daily sessions of elementary or secondary school only (including vocational school), and regular home instruction by a visiting teacher during illness or incapacity, under the supervision of the local Board of Education. It will not include part-time night schooling, nor advanced education.

**Residence** The child must have resided at least one year in New Jersey immediately prior to application. A child under one year of age must be living in New Jersey with a mother (including not only the natural mother but any female relative or other woman taking the place of the mother) who has resided in New Jersey at least one year immediately prior to application.

**Mother** The applicant or recipient must be either the natural mother or a woman assuming the responsibilities of a mother (R.S. 30:5-1; 30:5-33). Once it has been determined that the child is eligible and the grant should be made, this assistance may, in proper cases also cover the needs of the mother. It should be noted, however, that the assistance for the mother is in all respects a part of and dependent upon the making and continued effectiveness of the grant for the child. (R.S. 30:5-36)

The mother's need may be affected by her ability to take employment. The SBCW does not discourage any attempts of the mother to be self-supporting provided she is able to make satisfactory plans for the children's care while she is out of the home. Such plans require that the children have (1) adequate feeding service and (2) adequate supervision (including physical safety, habit training, and the establishment of socially acceptable behavior patterns).

In considering the employability of the mother as a factor of eligibility under HLA, the following regulations shall apply:

1. The mother may elect to remain at home for the purpose of providing needed care for her children and this will not affect her eligibility. If it appears to the SBCW that a suitable alternate plan can be made, the worker should discuss the matter with the client in an effort to have her participate in any such plan; however, the decision as to whether or not the children's best interests will be served by remaining at home will be the client's.

2. If a mother wishes to remain at home to care for an incapacitated husband whose condition is such that care is required, the policy outlined in paragraph 1 above shall apply.

3. If a mother is not working, claiming illness as the reason, and there is no contention that her presence at home is required to provide needed care for children or husband, and there appears to be an adequate plan for their care, she shall be required to be examined by a doctor designated by the District Supervisor to determine whether or not she is physically and mentally capable of working, and eligibility will be determined as follows:

   a. If the client is physically or mentally incapable of working, her unemployment will not affect her eligibility for HLA, providing that she is still capable of maintaining a suitable home for her children.

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III ELIGIBILITY REQUIREMENTS (cont.)
(R.S. 30:5-33; 30:5-36)

Mother (conc.)

b. If the client is physically and mentally capable of working, eligibility will be determined in accordance with section 4 following.

4. If a mother is not working and does not claim illness as the reason, or has been found to be physically and mentally able to work (as outlined under 3 preceding), and there is no contention that her presence is required at home to provide needed care for her children or husband, and there appears to be an adequate plan for their care, the case worker is to contact the local New Jersey State Employment Service office or major resources of employment in the community to determine if there are jobs available within the client's vocational training, and eligibility for Home Life Assistance is determined as follows:

a. New Case

(1) If jobs are available but the client refuses to work, she shall be deemed ineligible and application denied.
(2) If jobs are available and the client does not refuse to work, action on the application may be deferred for a maximum of two weeks from the time that she is advised of the fact that work is available and that she should attempt to obtain a job. If this period exceeds the 30 day limit for processing HLA applications, the client is to be advised in writing as to the reason.
(3) If no jobs are available, or if the client produces evidence to the effect that she has tried to find employment without success, the case should be considered eligible, but periodic checks should be made with the New Jersey State Employment Service and/or other major sources of employment for the possibility of jobs becoming available.

b. Receiving Case

(1) If jobs are available, the client is to be advised that she should attempt to obtain employment, and that assistance will be provided for the next month only.

If at the end of the following month, the client refuses to work, or gives no evidence of unsuccessful attempts to find work, the case shall be suspended for one month.

If at the end of the one month period of suspension, the client still refuses to work or to look for work, the case is to be revoked.

(2) If jobs are not available, the case will continue to be eligible, but period checks should be made with the New Jersey State Employment Service and/or major sources of employment regarding the possibility of jobs becoming available.

Status of Father

The child must have been deprived of his father's support for one of the following reasons (R.S. 30:5-33):

1. Father deceased.
2. Father in prison. When a new application is filed on this basis, or when the father of a family now receiving HLA on grounds other than imprisonment is subsequently incarcerated, the SBCW district office will notify the appropriate institution on CW14-75, Release Notification, requesting notice of the father's release date.

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Mutual Responsibilities of CWB and SBCW in the HLA Program

Reissued: 9/2/46
Revised: 5/22/53

III ELIGIBILITY REQUIREMENTS (cont.)
(R.S. 30:5-33; 30:5-36)

Status of Father (cont.)

3. Father under indictment for, or convicted of, desertion of his wife and child, or either.
4. Father in an institution for mental or physical illness.
5. Incapacitated and at Home: If the father is physically or mentally ill at home, determination of eligibility under this clause must be made on an evaluation of several interrelated factors. A basic factor is the findings of a medical examination of the father by one of our cooperating male physicians who has been selected by the supervisor for this service. Such examination will not be required if the father has been accepted for Disability Assistance, or has been determined by the Blind Commission to be a blind person. The physician's findings and opinions, however, must be evaluated in perspective with other pertinent factors. To this end, interpretation to the physician of these other factors is necessary so that the medical findings can be related to these.

The ultimate responsibility for the determination of eligibility rests with the SBCW, and in the first instance with the district supervisor who is responsible for the recommendation to the county welfare board. In addition to the evidence provided by the report of medical examination, the following factors must be considered in order to attain a proper conclusion with respect to eligibility:

- Father's present employment, if any.
- Vocational experience and skills as related to ability to accept employment within the limitations imposed by the determined disability.
- Status of labor market as offering opportunities for employment within the limitations imposed by such disability.

In the application of all of these factors for proper decision, the following rules shall be observed:

A. If the report of medical examination shows that the father has total and permanent disability, then such report shall be accepted as conclusive evidence of eligibility.

If the father, although determined to have a disability which renders him unemployable, but he is, nevertheless engaging in some sort of remunerative activity, such employment will not render the case ineligible, but all earnings must be considered in accordance with established budgetary procedures.

B. If the report of medical examination shows temporary disability, whether total or partial, then the question of eligibility must be related to the resources available for the support of the family during the period of disability.

(1) If the father is entitled to payment of sickness or disability benefits under state law (section 502.3) and such benefits are not yet being received then the case shall be treated as outlined under section A6-b of Bulletin #53.

(2) If he is receiving benefits and they are sufficient to cover the needs of himself and his dependents computed according to budgetary standards, the family will not be eligible for HLA.

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III ELIGIBILITY REQUIREMENTS (cont.)
(R.S. 30:5-33; 30:5-36)

Status of Father (cont.)

(3) If they are not sufficient to cover these needs the case will be eligible for HLA in the amount of the deficit.

C. If the report of the medical examiner shows partial disability the following criteria are to be applied:

(1) If the father has no vocational experience or training which will enable him to undertake employment within the determined limitations imposed by his disability, then the case may be considered eligible. In such cases, however, it will be the responsibility of the SBCW to take all reasonable means toward helping the father obtain productive employment, such as referring him to the Rehabilitation Commission, and New Jersey State Employment Service.

(2) If the father has vocational experience and training which would enable him, under normal circumstances, to undertake productive employment within the limitations imposed by his disability, but his inability to find employment and provide support for his family is due to the status of the labor market, in that community then the case shall be deemed ineligible as being one of unemployment or underemployment.

(3) If the father is able to find work within the limitations imposed by the disability, but, because of these limitations his earnings are of a very small amount, the case may be considered eligible, and the father's income considered in accordance with Budget Manual instructions.

(4) If the father has been determined to have a disability which affects his employability, but he is receiving income from employment which has been specifically created for persons having such a disability (as in the case of the blind) or as part of a rehabilitative learning program such limited employment will not render the case ineligible. In such situations earnings must be considered in accordance with established budgetary procedures.

D. Advanced age which makes employment difficult in the normal labor market, is not of itself a disability which establishes eligibility for HLA. Receipt of Old Age Assistance does not establish eligibility for HLA unless there is a determined disability which makes the father unable to provide support for his children in accordance with these rules.

E. There is a further requirement of the law that the disabled father must be under proper and reasonable treatment for the possible removal of the defect. If the report of the medical examination states that the disability cannot be improved by any known treatment, then the case may be determined as eligible within these rules although no course of treatment is being pursued.

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III ELIGIBILITY REQUIREMENTS (cont.)

Status of Father (conc.)

6. Father deported as an alien pursuant to the U.S. laws.
7. Child deprived of parental support by reason of a parent's physical or mental incapacity or a parent's continued absence from the home. This provision, known from its position in the law as the "g" clause, is to be used only in instances in which the applicant is not eligible to file application under any previous six provisions. (Orig. auth.: Bn Ltr I, Reg.#6 dated 5/20/40)

When there is a change in the status of a Home Life father, it will not be necessary to secure a new CWB order so long as there is continuing eligibility. It will be necessary, however, to have in the case folder documentary evidence to prove eligibility under the New Jersey statutes, and the district should notify the CWB of such change by preparing a CW3. The change should also be recorded on the case record chronological sheet and on the supervisor's control card.

Proof and Procedure With Respect to Case of a Father Deserting

Cases in which assistance is sought because the father is deserting present a great variety of circumstances which must be considered from the standpoint of proof that there is an actual deserting. Furthermore, since in creating eligibility in cases of desertion the statute establishes a direct relationship to the crime of desertion, consideration must be given to certain technical legal factors. For these reasons, and in order to recognize the possibility of paying assistance in cases where a desertion is fraudulently claimed, the following proofs and procedures will be observed:

A. Desertion (R.S. 30:5-33c)

1. Grants of assistance because of "desertion" will be strictly limited to those situations where the grand jury has voted an indictment for desertion, prior to the issue of the initial order of grant.

2. An indictment for desertion shall be deemed only evidence of the desertion and not conclusive proof. Consequently, no recommendation of eligibility for assistance shall be made by the SBCW, nor an order for assistance approved by the county welfare board, unless there is supplementary proof from available collateral sources sufficient to satisfy the SBCW and the CWB that:

a. the father has deserted and is still deserting; and
b. that his whereabouts is unknown or that he is outside the state of New Jersey.

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III ELIGIBILITY REQUIREMENTS (cont.)

B. Absence from the Home By Reason of a Deserting (R.S. 30:5-33g)

It is realized that a father may leave the home, and forsake his obligations for support of his family, which results in a condition of need although an indictment for desertion has not been entered. This lack of indictment may be due to technical legal factors or the unavailability of the grand jury to pass upon allegations of desertion. In any such case, if all other conditions of eligibility and need are provable, assistance may be granted on the basis of an "absence from the home", strictly subject, however, to the following rules:

1. If the circumstances of the case reveal that there are sufficient resources available to the family, so that adequate support can be anticipated for a period until an indictment for desertion can be considered by the grand jury, then any grant of assistance shall be deferred until results of grand jury action are known.

2. Whenever an application for assistance is based on an alleged deserting, and no indictment for desertion has yet been entered, the mother shall be required to present positive proof of the filing of a criminal complaint of desertion. No such proof shall be deemed adequate unless it is in the form of a written statement signed by the legal authority before whom the complaint was made. If, for any technical legal reason, such a complaint for desertion will not be accepted by the legal authority, positive proof of such non-acceptance of the complaint shall be required in the form of a written statement.

3. The filing of a complaint for desertion shall be deemed only evidence of an absence from the home and not conclusive proof. Consequently, no recommendation of eligibility for assistance shall be made by the SBCW, nor an order of assistance approved by the CWB, unless there is supplementary proof from available collateral sources sufficient to satisfy the SBCW and the CWB:

   a. that the father is absent from the home; and
   b. that the father's whereabouts is unknown or that he is outside the state of New Jersey.

4. Whenever the requirements of paragraphs 1,2 and 3 are satisfied, and a grant of assistance is made because of the father's absence from the home, there shall still be a continuing responsibility on the part of the SBCW to determine what action is taken by the grand jury based upon the complaint for desertion.

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III ELIGIBILITY REQUIREMENTS (cont.)
(R.S. 30:5-1; 30:5-33; 30:5-36)

B. Absence from the Home by Reason of a Deserting (conc.)

Administrative relationships shall be established with the office of the county prosecutor, or other proper law enforcement authorities, to assure prompt information with respect to such grand jury action.

5. Whenever assistance has been granted because of a father's absence from the home, and the grand jury subsequently votes an indictment for desertion against the father, verification of the entry of an indictment shall be entered in the case record sufficient to prove eligibility under the changed status, and the SBCW shall notify the CWB of such change on form CW-3.

6. Whenever assistance has been granted because of a father's absence from the home, but the grand jury fails to vote an indictment for desertion against the father, the case situation shall be again completely reinvestigated with particular respect to continuing eligibility. The results of this reinvestigation shall be fully recorded in the case record, and a report made to the CWB for further hearing in order to reconsider continuing eligibility for assistance based upon father's absence from the home. Such reinvestigation and recording should be specifically directed toward the propriety of an administrative decision to continue assistance despite the failure of the law enforcement authorities to support the charge of desertion through entry of an indictment. This burden of proof with regard to continued eligibility should be of the greatest concern when information may be received to the effect that an indictment was refused because of lack of supporting evidence of desertion.

7. As to those cases mentioned in paragraph B. 2, where a complaint of desertion has been refused for technical legal reasons, it is obvious that no indictment can be anticipated. In these cases, the decision as to eligibility for assistance will depend on available evidence justifying a decision that the father is absent from the home and that his whereabouts is unknown or that he is outside the state of New Jersey.

C. Administrative Responsibility With Respect to Continuing Eligibility

As in all cases of Home Life Assistance, the SBCW and the CWB will share responsibility for assuring a continuing eligibility for assistance when the grant is based on desertion or absence from the home because of a deserting. In these cases, however, there is an added responsibility for continuous efforts toward locating the deserter and taking action which may lead to his apprehension and reassumption of responsibilities of support. In carrying out this added responsibility the following principles will be recognized:

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III ELIGIBILITY REQUIREMENTS (cont.)
(R.S. 30:5-1; 30:5-33; 30:5-36)

C. Administrative Responsibility With Respect to Continuing Eligibility (conc.)

1. Whenever an indictment for desertion has been entered, the primary responsibility for locating and apprehending the deserter rests with the law enforcement authorities. However, the SBCW and the CWB should keep the law enforcement authorities advised of any information received concerning the whereabouts of the deserter, and the SBCW, in making home visits, should constantly make inquiry as to the deserter's whereabouts. Even though evidence becomes available to the SBCW regarding a deserter's whereabouts, the duty of apprehension rests with the law enforcement authorities, and eligibility for Home Life Assistance continues until the man is apprehended. However, the SBCW will continue to contact the law enforcement authorities, in an effort to have him apprehended. These efforts should be a matter of record in the case history.

2. When no indictment has been entered for desertion, but assistance is continued on the basis of continued absence from the home, the SBCW and CWB will share the full responsibility for attempting to locate the absent father and for effecting his reassumption of responsibilities of support. In such cases, any basic change in circumstances should be discussed with the law enforcement authorities on the possibility that further action may be taken either for the entry of an indictment, or for some other procedure which might establish authoritative methods for apprehension of the deserting father.

3. When a deserter, or a father who has been absent from the home by reason of deserting, is apprehended and released on bail pending court action, eligibility ceases. If the family continues to be in financial need, the case should be referred to the municipal relief department for assistance.

D. Further Absences From the Home Subsequent to Conviction for Desertion

In certain instances fathers, who have once been convicted for desertion, may again absent themselves from the home and thus create a condition of need on the part of the mother and children. This absence from the home subsequent to conviction may follow a period of return to the home, or may in fact be in the nature of a continuous absence if the father never returns to the home after having been apprehended for the previous desertion.

In all such cases it is not necessary that the mother secure a further indictment for desertion in order to establish eligibility for assistance. Under the provisions of Chapter 317, laws of 1950 (amending R.S. 30:5-33c) a conviction for desertion once entered is sufficient to make the mother and children eligible for assistance in case the father again absents himself from the home.

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III ELIGIBILITY REQUIREMENTS (cont.)

D. Further Absences From the Home Subsequent to Conviction for Desertion (conc.)

It must be noted that granting of assistance based on a conviction for desertion and a further absence from the home is similar to a situation where assistance is granted because of a desertion without entry of indictment. In other words, there is no review or finding by a Grand Jury to support the fact of this further desertion or absence from the home. Consequently, action required by the district, as outlined in paragraph B 6. above, shall apply to every situation where eligibility is based solely on a previous conviction for desertion. Furthermore, in such cases the father's absence will doubtless be in contempt of the existing order of support, and the contempt powers of the court can be invoked for the return of the father, if his whereabouts is determined.

Written notice of the convicted deserter's disappearance, and the consequent granting of assistance based on the prior conviction, shall be given to the chief probation officer of the county where the conviction for desertion has been entered. This notice shall be forwarded immediately upon the issuance of the county welfare board order granting assistance.

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Mutual Responsibilities of CWB and SBCW in the HLA Program

Reissued: 9/2/46
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## III ELIGIBILITY REQUIREMENTS (cont.)
(R.S. 30:5-1; 30:5-33; 30:5-36)

### Fathers Under the Jurisdiction of a Court

In the investigation of new applications for Home Life Assistance or in the periodic review of receiving cases, it may appear that the father of the children has been made subject to a court order requiring him to make certain payments for support of his children. Whenever such an order of support has been entered, this must be considered as affecting eligibility of the children for Home Life Assistance in accordance with the following statements of policy:

A. New Applications

If a New Jersey court has obtained jurisdiction over a father and has entered an order establishing his obligation for support of his children and his wife or both, then the order of support shall be considered as the determination of the extent to which that father is able to provide support for his family. Since the father is then subject to further action by the court in order to enforce the order of support, the situation is similar to one of underemployment, or unemployment which is not contemplated in the program of HLA, and the applicant shall be deemed ineligible for such assistance.

1. This ruling applies not only to orders of support resulting from indictment for desertion, but also refers to any other orders for support which might result from action taken by any court of competent jurisdiction. This would include orders of support which may be entered in proceedings for divorce or separate maintenance. This would also include orders for support which are entered following proceedings to determine the paternity of an illegitimate child.

2. If at the time of the application for Home Life Assistance it is determined that there is an order of support in effect, this should be considered as the primary resource for the support of the family which makes the children ineligible for Home Life Assistance. However, if by competent evidence it is determined that the father who is subject to the court order cannot be found, or is beyond the jurisdiction of the court so that the order cannot be made effective, then the case shall be considered eligible for assistance upon notation of these facts in the record. In such cases, continuing cooperation of the SBCW should be made available to the court or its representatives so that the responsibilities for support which have been expressed in the court order may become effective in the future.

B. Receiving Cases

If a family has qualified for Home Life Assistance on the grounds of desertion, then the apprehension of the father, and the entry of a support order by a New Jersey court shall be considered a dissipation of the desertion on which eligibility has been based. The

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III ELIGIBILITY REQUIREMENTS (cont.)
(R.S. 30:5-1; 30:5-33; 30:5-36)

Fathers Under the Jurisdiction of a Court (cont.)

B. Receiving Cases (conc.)

order of support shall be considered as the determination of the extent to which that father is able to provide support for his family and the children shall be considered as no longer eligible for Home Life Assistance.

1. With respect to cases receiving Home Life Assistance, this rule shall be applied only with respect to circumstances existing on or after the date of this ruling. The fact that an order of support may have been placed upon the deserting father at some time prior to the date of this ruling shall not of itself create ineligibility for HLA.

2. If an order of support has been issued against the father of children who are receiving Home Life Assistance and if that father is complying with the terms of the order and is subject to the jurisdiction of the court if at any time he shall fail to comply with the order, then the case shall be deemed ineligible for further HLA.

3. If an order of support has been issued against the father of children who are receiving Home Life Assistance, but the father is not complying with the terms of the order, eligibility for HLA shall continue in effect until the father is again apprehended and brought before the court or until there is conclusive proof that he is susceptible to the jurisdiction of the court for purposes of enforcement of the order of support.

C. Effect of Father's Absence from the State

Whenever the father of children receiving Home Life Assistance is not subject to the jurisdiction of the New Jersey courts because he is beyond the borders of the state, eligibility for HLA shall be deemed to continue even though there may have been a support order entered against him or even though he may be making payments for the support of the children.

1. Under the circumstances covered by this rule the father's responsibility for support cannot be enforced by the New Jersey courts unless he is returned to the state. Therefore, the question of eligibility for continuing assistance must be based upon a condition of need as determined by budget standards.

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III ELIGIBILITY REQUIREMENTS (cont.)
(R.S. 30:5-1; 30:5-33; 30:5-36)

Fathers Under the Jurisdiction of a Court (conc.)

C. Effect of Father's Absence from the State (conc.)

2. Any support payments received directly or indirectly from a father who is beyond the borders of the state shall not be computed as periodic income but shall be treated as reimbursement to the SBCW and arrangements shall be made to insure that they shall be so applied. (District supervisor should note that such monies are to be collected by the district office and forwarded to the Division of Finance with Form CW14-20.)

D. Applicability of Local Assistance Program

Whenever the circumstances surrounding an order of support are such as to establish ineligibility for Home Life Assistance under the above rules, any need of the family for public assistance falls within the purview of local municipal assistance which under the total New Jersey program, is applicable to situations where need is due to unemployment or underemployment of the father.

**Financial Need** — The child and mother must be in financial need, as evidenced by a budget deficit in a computation of income and expenses based on the Board's budgetary allowances.

**Absence of Mother or Child From The Home** — Usually, a child shares the same household with his mother who is assuming responsibility for him; however, according to the Federal Security Agency, a home exists as long as the parent takes responsibility for the care and control of the child, even though circumstances may require temporary absence of either the child or the parent from the customary family setting. Temporary separations of a child and his parent may occur, and most of the adjustments a family makes from time to time do not basically affect the child's relationship to the parent with whom he lives and, therefore, do not affect eligibility for HLA.

Continuance or granting of HLA may be contemplated under any of the following situations:

A. Receiving Cases

1. During visiting, and similar situations in which the child or parent is away from the home for a temporary period of time only.
2. During the period that a child or parent is confined to a hospital or other medical institution by an illness which is of such a nature that return to the family can be expected and parental responsibility continues. The following is the procedure for determining eligibility in such cases:

As soon as a parent or child is hospitalized, the case worker is to obtain a statement from the doctor giving the diagnosis and the anticipated duration of hospitalization.

a. When hospitalization is determined to be under 30 days, eligibility will continue. District Office may request consultation with Division of Health in order to obtain assistance in making a decision.

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III ELIGIBILITY REQUIREMENTS (conc.)
(R.S. 30:5-1; 30:5-33; 30:5-36)

Absence of Mother or Child From The Home (conc.)

b. When the duration of hospitalization is over 30 days or indefinite, a written statement giving the diagnosis and probable duration of continued hospitalization shall be obtained from the doctor or hospital, and a copy sent to the Division of Health. On the basis of this medical report, the Division of Health will advise whether return to the home and resumption of the normal place in the family can be anticipated within a reasonable time and advise the Division of Field Operations, and the Division of Field Operations will then advise the District Office if the patient is eligible for continuing assistance.

c. If eligibility continues, a written statement of the patient's progress and probable duration of hospitalization is to be secured from the doctor at the end of the next 30 days, and forwarded to the Division of Health for review with respect to continuing eligibility.

3. During a child's attendance at school when specialized educational facilities are required by a special need of the child, which cannot be met in a public school situation and parental control continues. (This does not include residence in an institution in which schooling is only a secondary feature, such as an institution for dependent children, or a school for delinquents or pre-delinquents.)

B. New Cases

1. When the mother or child is absent from home at the time the application is filed, or becomes absent subsequent to the filing of the application but before action on the application has been taken, the case (in the event of the mother's absence) or the child (in the event of the child's absence) will not be eligible until that individual returns to the home.

The only exception to this will be in the case of a child attending school as outlined under A-3 preceding.

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Mutual Responsibilities of CWB and SBCW in the HLA Program

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## IV REVIEW BY CWB

### A. SBCW Investigation and Report (R.S. 30:5-34; 30:5-37; 30:5-42)

The SBCW is responsible for making an investigation of every new application to determine eligibility of the applicant and children, and for submitting to the CWB a full report and recommendation (form CW3). A similar report will be submitted by the SBCW for all receiving cases presented to the CWB for review. This report will be completed by the SBCW not more than ten days prior to the date when it is to be considered, by conference or by hearing, by the CWB or its representative. The forwarding of this report and a copy of each new application to be considered, to the CWB will constitute ample notice to the Board of Freeholders because of its representation on the CWB. (Orig. auth.: Bn. Ltr B, dated 3/30/36)

All birth, death and marriage certificates required in connection with consideration of any application or receiving case are to be issued free upon order of the representative of the Board of Freeholders, the SBCW or the director of relief.

### B. CWB Action

1. Review when County Residence Established (R.S. 30:5-1; 30:5-34)
Each case will be reviewed by the CWB of the county in which the child has residence, even though the child may be living in another county. Since a child for whom county residence has been established is precluded from gaining residence in another county while receiving assistance, his case, when brought back for reconsideration, will always be reviewed by the county chargeable, regardless of the fact that the family may be living in another county.

2. Review when only State Residence Established (R.S. 30:5-1)
In those cases when the child has acquired state but not county residence, the case will be reviewed by the CWB of the county in which the applicant is presently living. As soon as the child has established county residence, all further action will be taken by the CWB of that county.

3. Referee (R.S. 30:5-40)
The CWB is authorized to appoint a referee to act as its representative in expediting the consideration of all cases. His responsibilities include cooperating with the SBCW supervisor, reviewing SBCW reports on applications and receiving cases, and preparing recommendations for action by the CWB.

4. Conference (R.S. 30:5-37; 30:5-44)
All CWB hearings requiring the appearance of the applicant or recipient may be dispensed with upon mutual agreement between the CWB and the SBCW. The elimination of the hearing is particularly advantageous in that it makes possible greater flexibility, since the CWB representative and the SBCW supervisor may plan for the discussion of cases as the need for reviewing them arises and the opportunity presents itself, without the necessity of setting dates far enough in advance to notify the applicant and recipient or other interested parties.

If the hearing is dispensed with, the cases may be disposed of by conference between the SBCW supervisor or her representative and the

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IV REVIEW BY CWB (cont.)

B. CWB Action (cont.)

4. Conference (conc.)
referee if there is one, or between the supervisor and the county welfare board as a whole. If the referee conducts the conference, he will make his recommendations to the CWB for action at the next meeting; otherwise the CWB will take action at the conference. In either case, the CWB will then prepare the necessary orders, granting, amending, continuing, or revoking the assistance, as the circumstances may warrant.
(Orig. auth.: Bn. Ltr R, Reg. #16, dated 5/15/44)

5. Hearing (R.S. 30:5-34; 30:5-37; 30:5-39; 30:5-44)
If there is to be a hearing (i.e.,the applicant or recipient and other interested parties are required to be present, the CWB, or the referee if there is one, will cooperate with the SBCW in fixing a time and place, and the SBCW will notify these individuals whose presence is required.

The hearing may be conducted by the referee, representing the CWB, or by the CWB as a body. The SBCW supervisor or her assistant will usually represent the SBCW at the hearing, although if the situation requires, one of the case workers may do this. All interested persons desiring to be heard shall be examined under oath and the CWB at its discretion may issue subpoenas for the attendance of witnesses. The hearing may be adjourned from day to day but an application must be disposed of within 90 days from the date of original hearing. The Board of Chosen Freeholders, through its duly authorized representative, is entitled to be represented at the hearing and to make recommendations. It may also provide, at its own expense, for stenographic record of the proceedings.

If the hearing is conducted by the referee, he will submit his recommendations to the CWB for action at its next meeting. If the hearing is conducted by the CWB as a body, it will review the SBCW reports and make its decisions at the hearing. In either case, the CWB will then prepare the necessary orders.
(Orig. auth.: Bn Ltr B, dated 3/30/36)

6. Order (R.S. 30:5-4; 30:5-36)
The CWB, by resolution, will designate either a duly qualified officer or its director to sign an order confirming its decision in every case reviewed, thus binding the CWB by the provisions of the order. Such designation should also provide for alternates who may act in the absence of the person primarily authorized.

In accordance with an agreement reached with all CWBs except Hudson, the SBCW is authorized to make direct payments to the various hospitals, physicians, dentists, etc., who render health services to the HLA mothers and children. In order to establish this authority for all cases already receiving assistance as of July 1, 1943, when the SBCW first became responsible for the mother's support, all welfare boards except Hudson passed resolutions which had the effect of writing into all existing orders the provision for direct payment by the SBCW. For all original or amended orders of assistance granted on or after

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IV REVIEW BY CWB (cont.)
B. CWB Action (cont.)
6. Order (conc.)

1/1/44, the order (form CW14-15) is to be used. This was revised in November 1943 to provide for the SBCW to make direct payments for all health services.
(Orig. auth.: Bn Ltr Q, Reg. #15, dated 12/15/43)

All orders will be prepared by the CWB in duplicate, the original remaining in the CWB records and the duplicate being forwarded to the SBCW supervisor immediately after CWB decision is made. Orders should be made out as follows:

The order of grant (form CW14-15) should show the name of the applicant who will receive the assistance and the names of the eligible children. The omission of the name and birthdate of a child whose name appeared on the application but who is ineligible to be included in the grant will be sufficient to indicate that the assistance for such child is denied coincident with the granting of assistance to the other children named on the applications.

The order of denial (form CW14-16) should be used only when assistance is being denied to all children named in the application. It should not be used when one or more children named in the application are being excluded from the grant of assistance being authorized for another child or children listed on the application. It should show the name of the applicant and the names of all the children named on the application.

The amended order of grant (form CW 14-15) should show the name of the applicant and the names of the eligible children for whom assistance is to be given as of the effective date of payment appearing on the order. The omission of the name and birthdate of a child or children appearing on the immediately previous order will be sufficient to indicate that the child or children are not presently eligible and are being discharged from care the day preceding the effective date of payment.

The order of revoke (form CW14-16) should be used only when assistance is being discontinued for the last eligible child or children appearing on the most recent order (amended) of grant. The order of revoke should show only the name of the applicant and the name of the child or children appearing on the most recent order (amended) of grant.

To facilitate the forwarding of necessary notices to all concerned, the CWB order should be in the SBCW district office on or before the 25th day of the month in which the action was authorized (except for February, in which month the order should be in the district office by the 23rd).
(Orig. auth.: Bn Ltr F, Reg. #3, reissued 5/15/44)

All CWB decisions and orders are subject to review by the SBCW. For details see "I COOPERATIVE RELATIONSHIP" (p.1).
(Orig. auth.: Bn Ltr M, Reg. #10, dated 7/21/41)

The SBCW will notify each mother in writing of the decision reached by the CWB.

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IV REVIEW BY CWB (conc.)

B. CWB Action (conc.)

7. Corrections on Orders (R.S. 30:5-4)
If it is necessary to make an erasure or change on the CWB order before it is executed, the CWB or its representative should make a notation to this effect in the margin of the original and the duplicate, opposite the erasure or change, and initial it. If the SBCW supervisor receives a corrected copy without the marginal note and initials, it will be her responsibility to bring it to the attention of the CWB representative for the addition of this information. Once the order is executed, changes or corrections may be made only by means of an amended order.

This procedure has been in effect since 7/13/38 and should be followed strictly to avoid the possibility of having the auditors consider such orders invalid.

C. Variation Between CWB and SBCW (R.S. 30:5-4)

If the CWB action varies from the SBCW recommendation, the CWB or its authorized representative will forward to the SBCW district office a statement in duplicate, outlining the reasons for the variation. Whenever such CWB action is expressed in an order, the statement must be attached to the copy of the order forwarded to the SBCW.
(Orig. auth.: Bn Ltr O, Reg. #12, dated 12/9/41)

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Mutual Responsibilities of CWB and SBCW in the HLA Program

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Revised: 7/1/48

## V APPLICANT'S RIGHT TO APPEAL (R.S. 30:5-43)

(Orig. auth.: Bn Ltr D, Reg. #1, reissued 3/1/46)

The following "Statement of Policy and Procedure on Appeals and Fair Hearings" was adopted by the Board of Control of the State Department of Institutions and Agencies on June 17, 1948. Effective 7/1/48 this is mandatory for all appeals and fair hearings relating to Home Life Assistance.

Attached to the procedure are two statements containing information for applicants and recipients, as follows:

1. "A Statement Concerning Fair Hearings in Connection With Old Age Assistance, Home Life Assistance, and Aid to the Blind".
   This statement is to be given to all applicants by annexing a copy to the applicant's copy of the completed application form, with which she will hereafter be provided.

2. "How A Fair Hearing is Conducted".
   A copy of this statement will be forwarded to every Home Life applicant or recipient at the time of notification of the date on which fair hearing will be held.

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Mutual Responsibilities of CWB and SBCW in the HLA Program

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## VI SBCW RESPONSIBLE FOR SUPERVISION (R.S. 30:5-1; 30:5-4; 30:5-44; 30:5-45)

### A. Within New Jersey

It is the responsibility of the SBCW to supervise each mother and child receiving assistance. Visits are made at least quarterly to determine the family's current status as a basis for deciding whether they have a continuing need for public assistance, and if so, whether in a greater or lesser amount; to review the use of the allowance, and to determine whether there are any other services needed.

### B. Outside New Jersey

Since it is considered that a family can best be cared for in a place of residence of their own choosing and where it is to their personal interest to remain, the SBCW will cooperate with the family by continuing HLA payments if they move outside New Jersey, provided the move represents a constructive case work plan and provided other factors of eligibility required by the law continue.

It will be the practice of the SBCW to negotiate with the proper out of state agency administering a program similar to HLA in order that mutual responsibility will be recognized by both agencies and so that the family may receive care from the other agency when the New Jersey residence expires. As quarterly visits are necessary, the SBCW will arrange with the out of state agency to provide supervisory visits to and reports on the family. However, if the family lives in a community adjacent to New Jersey, such as Easton, New York, etc., where supervision can be conveniently continued, the SBCW will continue to visit.

While the family's eligibility continues, the responsibilities of the CWB and the SBCW, the amount of assistance and the services provided will be the same as for a family living within New Jersey. As soon as state residence is lost, the case will be revoked and the CWB notified accordingly by the SBCW.

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Mutual Responsibilities of CWB and SBCW in the HlA Program

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## VII FINANCES (R.S. 30:5-4; 30:5-7; 30:5-8; 30:5-14; 30:5-15; 30:5-16; 30:5-17; 30:5-41)

### A. Basis for Division of Cost (R.S. 30:5-7; 30:5-8; 30:5-16; 30:5-17; 30:5-41)

All grants payable for a child living with an enumerated relative (father, adoptive father, mother, adoptive mother, grandfather, grandfather-in-law, great grandfather, grandmother, grandmother-in-law, great grandmother, stepfather, stepmother - but not their parents -, brother, brother of the half blood, brother-in-law, adoptive brother, sister, sister of the half blood, sister-in-law, adoptive sister, stepbrother, stepsister, uncle and aunt -- of the whole or half blood--, uncle-in-law, aunt-in-law, great uncle and great aunt), the child being under 18 and attending school, or under 16 whether or not attending school, are eligible for partial reimbursement to the state by the federal government, within the federal maximums. For these cases the cost is divided among the three governments as follows:

| | |
|---|---|
| 25% | county |
| 25% | state |
| 50% | federal |

Any amount in excess of the federal limits is shared equally by the state and county.

There are some cases to which the federal government does not contribute because the child is not living with an enumerated relative or because the child is over 16 and not attending school and in these instances the cost is divided equally between the state and county governments.

The state and federal governments are chargeable for the entire cost of a mother or child who has state residence only, until county residence has been established.

If a child dies while under supervision and there are insufficient funds to provide proper burial, the SBCW may authorize an expenditure not to exceed $100, the cost to be divided between state and county.

The cost of a medical examination made as a condition to granting or continuing assistance will be divided between federal, state and county governments.
(Orig. author.: Bulletin Letter B, dated 3/30/36)

### B. Appropriation of Funds (R.S. 30:5-7; 30:5-8)

During the last part of the county fiscal year the SBCW will send the Board of Freeholders a report estimating the county's proportionate share of expenditures for HLA care during the following fiscal year. Using this statement as a basis, the Board of Freeholders is required by law to appropriate sufficient funds and, in addition, supplemental funds if the appropriation is exhausted before the year ends.

The state's share of the maintenance, in addition to the total cost of administration, is appropriated annually by the Legislature.

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VII FINANCES (conc.)

C. Approval of Bills (R.S. 30:5-7)

A "Statement of Disbursements and Claim for Payment" (form CW-5) relating to the county's share of HLA, will be submitted monthly to the CWB by the SBCW for approval and for forwarding to the county treasurer for payment. This form consists of:

1. an accounting for the actual expenditures made from funds advanced by the county for a previous month;

2. an adjustment of the difference between the request and the actual cost; and

3. a request for funds estimated to be needed for the next month.

When this form is sent to the CWB, it is accompanied by a payment list (form CW16-4) showing the actual expenditures in detail. In the event that approval must be obtained from another division of the county government, the CWB is responsible for developing a cooperative system which will expedite approval and payment.

D. Payments on Current Basis (R.S. 30:5-4)

Effective 7/1/44, all payments to HLA recipients are made by the SBCW on a current basis so that the checks issued in any one month are for that month; i.e., checks issued to the mother in July are for July expenditures.

E. Reimbursements (R.S. 30:5-14; 30:5-15)

If a mother and child are receiving assistance because of the father's desertion, special legal provision is made for either the CWB or the SBCW to institute proceedings to collect from him a part or all of the money expended. In other cases, reimbursement would be based upon the primary responsibility of legally liable relatives to support. Any money regained will be divided on a pro rata basis in exactly the same proportion that it was granted in the original instance.

Any person who, having agreed to reimburse, fails to do so is guilty of receiving aid under false pretenses and is considered to have committed a misdemeanor, provided it can be proved to the court's satisfaction that he was able to discharge his obligation.

F. Settlement of Claims (R.S. 30:5-4.4)

The CWBs and the SBCW are authorized by law to compromise and settle claims. Practically all claims arising represent overpayments to the mother, most of which are unavoidable. When these occur, every effort is made by the SBCW to collect. If this is impossible, the SBCW will cancel the claim arising from overpayment and notify the CWB by forwarding a copy of its resolution authorizing such action.

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## VIII CONFIDENTIAL NATURE OF RECORDS

The federal Social Security Act requires that approved state plans for public assistance must "provide safeguards which restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of "old age assistance, aid to the blind, and aid to dependent children. Due to this requirement the State Board of Control of the Department of Institutions and Agencies on July 1, 1941 adopted a resolution as follows:

> "Whereas, the requirement of the Federal Social Security Act and the policy and standards promulgated by the Social Security Board with respect to the use and disclosure of confidential information are in accord with established and existing administrative practice in New Jersey and are necessary for the proper and efficient administration of assistance and welfare programs, be it
>
> Resolved that the Commissioner of Institutions and Agencies shall make and publish such rules and regulations as appear necessary and proper to provide safeguards which restrict the use or disclosure of information concerning applicants, recipients, and other persons applying for or receiving services and benefits coming under the jurisdiction of the Department and of the county welfare boards, and, through the executive and administrative authority vested by law in the Commissioner and in the executive heads of the Division of Old Age Assistance, the State Board of Children's Guardians, the Commission for the Blind, and the county welfare boards, to maintain and enforce such rules and regulations and to take advisable and necessary action with respect to any violation."

In accordance with these requirements and authority, the following rules are adopted:

1. No officer or employee of the SBCW, except as authorized by these rules, shall produce or disclose to any unauthorized person any confidential information as herein defined.

2. The information which is to be regarded as confidential and protected from disclosure shall include (a) names and addresses, including lists thereof; (b) information contained in applications, reports of investigation, reports of medical examinations, correspondence, and other records concerning the condition or circumstances of any person from whom or about whom information is obtained, and including all such information whether or not it is recorded; and (c) records of evaluations of such information.

3. Disclosure of such records or information is hereby authorized, within the discretion of the SBCW supervisor and in such manner as may be prescribed, in the following cases, provided that no such disclosure shall be made, directly or indirectly, other than in the course of administration of the lawful duties of the SBCW.

   (a) Relevant and necessary information may be disclosed in connection with the clearance of applications and cases with social service agencies, banks, insurance companies, other financial institutions, bureaus of vital statistics, other public and private institutions, and

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VIII CONFIDENTIAL NATURE OF RECORDS (cont.)

3. (conc.)

otherwise as may be required in the process of determining age, residence, resources, economic and social history and need of the client, etc. Disclosure of such records and information, when restricted to that which is essential for such investigation and clearance, is directly authorized by the applicant in filing application.

(b) Information necessary to procure or promote some service or other benefit for the client may be made available, as required, to agencies, whether public or private, institutions, or other persons from whom or through whom such service or benefit is sought to be made available.

(c) All records, of whatever character, shall be available at all times to the auditors or other fiscal officers charged with auditing or examining the accounts of the SBCW on behalf of the state, as reasonably required for the purposes of such audit or examination, to the representatives of the Department of Institutions and Agencies, and to the auditors or other qualified persons representing the Social Security Administration.

4. The furnishing of any list of names or addresses, or both, for purposes not directly involved in the administration of the lawful duties of the SBCW, directly or indirectly, is specifically prohibited; but this shall not preclude furnishing information, by list or otherwise, to overseers of the poor, municipal departments of public welfare, county welfare boards, or other municipal, county, state or federal agencies lawfully charged with the administration of public welfare functions or services, for the purposes of such administration only, and therefore restricted to the area or class served by such agency.

5. The protection of confidence and privilege runs to the client or other person from whom or concerning whom the information was acquired. Therefore, whenever the privilege is waived by the client or other person, such information may be disclosed to the extent authorized by the waiver.

6. If any confidential information or records available to the SBCW or testimony by any member of the staff as to confidential matters shall be requested or shall be sought to be required in any proceeding, including any judicial proceeding, not expressly authorized in this section, the matter shall be immediately referred to the SBCW Executive Director for determination and advice.

7. Nothing in this section shall be construed to preclude the necessary and proper disclosure of records or information in the course of any fair hearing or in the course of any other formal proceeding provided for in Titles 30 and 44 of the Revised Statutes and in the federal Social Security Act; nor shall anything herein be construed to prohibit the publication of any statistical data or other information not relating to or not identified with any particular person.

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VIII CONFIDENTIAL NATURE OF RECORDS (conc.)

8. Each SBCW supervisor and division head will be responsible for the strict observance of these regulations by all members of his staff, and will be responsible for assuring himself, in whatever manner the circumstances may require in particular situations, that any cooperating agency or person to whom information is made available as authorized in this section, will preserve the confidential character of the information and will restrict its use to the legitimate purposes for which it is made available.

9. Any officer or employee of the SBCW who shall violate any of the provisions of this section shall be subject to dismissal.
(Orig. auth.: Reg. #13, dated 5/1/42)

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## IX DATE OF DISCOVERY PRINCIPLE (R.S. 30:5-44)

Under the provisions of this section of the law, any change in the factors affecting eligibility will be reported to the CWB, as soon as discovered, by the SBCW. This date of discovery, rather than that on which the change actually occurred, is to be used in determining the effective date of orders authorized by the CWB as a result of the changed situation. For details regarding the effective date of orders, see "X ACTIONS ON APPLICATIONS AND GRANTS" (p. X-2).

(Orig. auth.: Bulletin Letter P, Reg. #14, revised 5/15/44)

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## X ACTIONS ON APPLICATIONS AND GRANTS

### A. Disposition of Application

1. Filing (R.S. 30:5-4; 30:5-33)

A written application (form CW-1) must be made by every woman requesting Home Life Assistance. This should be filed by her in the SBCW office most convenient for her. The SBCW representative will assist her in filling out the form and will act as a notary public. If the mother is unable to make a personal visit to the office, other arrangements will be made by the SBCW. A copy of the completed application form shall be forwarded immediately to the director of the CWB concerned.

At the time of initial interview or first contact with an applicant for Home Life Assistance, the applicant shall be notified of the right of fair hearing and shall be given a copy of the "Statement Concerning Fair Hearings" as provided for in the statement of policy and procedure on appeals and fair hearings currently authorized by the Department of Institutions and Agencies. This notification shall include a statement that the applicant may expect action on the application within a 30 day period, and that there is a right to request a fair hearing if this time limit is exceeded.

2. Withdrawal (R.S. 30:5-4)

If a mother voluntarily wishes to withdraw her application before any action has been taken by the CWB, she must give the SBCW a written statement signifying that her withdrawal is voluntary. The SBCW will file a copy of this statement with the CWB, and at the next CWB hearing or conference the applicant's name will be placed on the list presented for CWB consideration, followed by the notation "Withdrawn". Upon receiving the copy of the applicant's statement of withdrawal, with such notation upon the list when the case is presented, the CWB will be relieved from any further consideration of that application.

3. SBCW Investigation and Report (R.S. 30:5-35)

The SBCW will make an investigation and submit a report to the CWB, following the procedure outlined under "IV REVIEW BY CWB" (p. IV-1).

4. CWB Review and Action

a. Initial Grant (R.S. 30:5-4; 30:5-36; 30:5-37; 30:5-38)

Under the provisions of the federal Social Security Act, as amended (Title IV section 402), it is provided "Effective July 1, 1951, that all individuals wishing to make application for Aid to Dependent Children shall be able to do so, and that Aid to Dependent Children shall be furnished with reasonable promptness to all eligible individuals;". Based upon these statutory provisions, the federal Social Security Administration has ruled that state plans must "specify a period of not more than 30 days for completing the application processes. The term 'application process' includes (1) authorization for and issuance of first payments to those found to be eligible, and (2) issuance of notice of denial to those found to be ineligible."

In section 30:5-37 of the N.J. Revised Statutes, as amended by Chapter 194, P.L. 1944, provisions are made for expediting the processing of applications for Home Life Assistance. This is done in two ways:

(1) by authorizing, through mutual agreement, a hearing through consideration of a report of investigation filed by the SBCW; and

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X ACTIONS ON APPLICATIONS AND GRANTS (cont.)
A. Disposition of Application (cont.)
4. CWB Review and Action (cont.)
a. Initial Grant (cont.)

(2) by authorizing a representative of the CWB to issue orders of grant in situations where circumstances require immediate assistance, with such orders of grant being subject to review at the next regular meeting of the CWB.

In consideration of federal requirements for participation in the program of Aid to Dependent Children (Home Life Assistance), and in order to attain uniformity of treatment with respect to all applicants for Home Life Assistance, the establishment of eligibility for all initial grants of assistance shall be deemed to establish a need for immediate assistance, subject to further provisions of this section. If eligibility is determined, this shall require issuance of first payments within a period of not more than 30 days from the date of the filing of the application or request for such assistance. However, if ineligibility is determined, it shall be required that issuance of an order of denial be made within a period of not more than 30 days from the date of the filing of the application or request for such assistance.

The term "initial grant" shall include the first grant made with respect to any application for Home Life Assistance; an increase in grant made on behalf of a person added to a case already receiving assistance; an increase in grant necessitated by an emergency situation which could not be anticipated, such as a loss of income without prior notice, or a loss of necessities for living due to fire, flood, eviction without reasonable notice, etc.; or a change to a new applicant or applicants necessitated by the death, serious illness, institutionalization, or other inability on the part of the previous applicant to provide care for the children, without any change in the identity or number of children eligible to receive continuing assistance.

For the purpose of making the provisions of the preceding paragraph effective, all proceedings in lieu of hearings with respect to initial grant of assistance shall be conducted by a duly appointed representative of the CWB. All orders of assistance with respect to an initial grant shall be made by a duly appointed representative of the CWB. Under the provisions of the N.J. law authorizing appointment of a referee (R.S. 30:5-40) the CWBs may appoint such person as they deem proper as their representative for this purpose, but an alternate or alternates should also be appointed to provide for vacation, illness, etc. Under the provisions of R.S. 30:5-37, such representatives as are not the director of the welfare board should be authorized to act for and on his behalf.

In making recommendation and issuing orders for assistance with respect to initial grants, needs must be considered with respect to:

(1) the whole or remaining part of the first month for which the order on initial grant is effective;
(2) the next succeeding full month and continuation of grant thereafter as conditions may warrant.

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X ACTIONS ON APPLICATIONS AND GRANTS (cont.)
A. Disposition of Applications (cont.)
4. CWB Review and Action (cont.)
a. Initial Grant (cont.)

With respect to the former, the basis of recommendation and issuance of orders shall be as follows:

(a) When the situation is one pertaining to the first grant made with respect to any application for Home Life Assistance, and the necessitous circumstances of the family require that the first payment of assistance be for a partial month, the needs to be considered are those that are related directly to the immediate welfare of the client, such as food and those other basic requirements which can be identified as necessary to preserve the continuity of current living arrangements. The grant for this initial partial month will be based upon a proportional amount of the pertinent allowances as authorized by the current budget manual. Any debts contracted by the applicant should not be included in the grant for the initial partial month unless it has been definitely established that there is no other means, except by a minimum partial payment of the debt, by which present living arrangements may be preserved.

(b) When the situation is one pertaining to the first grant made with respect to any application for Home Life Assistance, but there are resources available to provide adequate support for a temporary period less than three months, the needs to be considered are those recognized by the currently authorized budget manual as to both basic requirements and applicable special requirements. However, the effective date for payment of assistance shall be deferred until the first day of that month in which resources will no longer provide adequate support.

(c) When the situation is one pertaining to an increase in grant on behalf of a person added to a case already receiving assistance, the needs to be considered are those recognized by the currently authorized budget manual as to both basic requirements and applicable special requirements, prorated with respect to that period of the first month for which payment of assistance is to be made effective.

(d) When the situation is one pertaining to an increase in grant necessitated by an emergency situation which could not be anticipated, the needs to be considered are those attributable to the emergency which are recognized by the currently authorized budget manual.

(e) When the situation is one pertaining to a change to a new applicant or applicants, the needs to be considered are those provided for in the grant of assistance to the previous applicant. However, if the assistance check in the name of the previous applicant has been already issued and cashed for that month in which the change to a new applicant or applicants becomes necessary, then payment of assistance shall be deferred until the first day of the next succeeding month.

With respect to recommendation and issuance of orders of grant for any full month, the needs to be considered are those recognized by the currently authorized budget manual as to both basic requirements and applicable special requirements.

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X ACTIONS ON APPLICATIONS AND GRANTS (cont.)
A. Disposition of Applications (cont.)
4. CWB Review and Action (cont.)
a. Initial Grant (cont.)

For purposes of matching, the federal government does not recognize "apparent" or "tentative" eligibility. Consequently, the investigation and report with respect to situations falling within the definition of an "initial grant" must seek to establish all necessary factors of eligibility and extent of need. Procedure and content of the investigation and report shall be consistent with current agency directives. It is realized, however, that processing of applications within the prescribed time limitations may be adversely affected by delay in securing necessary verification. Therefore, if reasonable proof is available as to all factors of eligibility and extend of need, recommendations with respect to the initial grant may be based upon such proof, and the absolute proof by verification will then be obtained as a part of the supplemental investigation and report preceding the next regular meeting of the CWB.

Upon completion of investigation with respect to initial grant, the SBCW will make a report to the CWB on form CW-3a. If eligibility can be established, the SBCW will recommend:

(1) the grant for the whole or remaining part of the first month for which the order on initial grant is effective; and
(2) the grant for the next succeeding full month and continuation of grant thereafter as conditions may warrant.

These recommendations will be supported by material based on the currently authorized budget manual with respect to proportionate or full monthly allowances as discussed above. Based upon the investigation report and recommendation, the designated representative of the CWB will issue an order of grant (CW14-15) fixing the amount of assistance for the partial month and for the succeeding full months, and authorizing payments accordingly, subject to review by the CWB as provided herein.

If ineligibility is apparent, the SBCW will recommend denial of the application unless such application has been withdrawn during the course of the investigation. Based upon such a recommendation, the representative of the CWB will issue an order of denial (form CW14-16).

When an order of assistance with respect to an initial grant has been issued, the SBCW supervisor or the assistant supervisor of the county of chargeability (or the county of supervision, if there is no county chargeable) will draw a check for the amount of assistance allowed for the first month against the special bank account set up in the district for this purpose. (See Bulletin #6 under "District Office Bank Accounts".) Checks for the succeeding full months will be issued from the central office of the SBCW at the regular mailing date. If, however, undue hardship will result from delaying the payment of the first succeeding full month's assistance until the regular mailing date, payment of assistance for such month will be made on or about the first day of the month upon memorandum request of the SBCW district supervisor.

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X ACTIONS ON APPLICATIONS AND GRANTS (cont.)
A. Disposition of Application (cont.)
4. CWB Review and Action (cont.)
a. Initial Grant (conc.)

Subsequent to the issuance of an order for initial grant by the CWB representative, and prior to the next regular meeting of the CWB, the SBCW will make a supplemental investigation with respect to eligibility and extent of need as the circumstances may require. Included in the investigation will be the securing of any necessary verifications still outstanding. The order of grant issued by the CWB representative will remain in full force and effect until it is reviewed at the next regular meeting of the CWB, at which time an additional report may be made by the SBCW supplementing the original investigation and setting forth any modification of recommendation as is necessitated or justified. If the date of the order for the initial grant issued by the CWB representative is within 15 days of the next regular meeting of the CWB, then the order for the initial grant should be recognized as part of the proceedings at that meeting, but except under unusual circumstances formal action should not be taken until the next successive meeting. Upon review, the CWB may either:

(1) amend or revoke the order of grant, which action shall in no wise be retroactive; or
(2) ratify the action of the CWB representative in issuing the order of assistance, in which case this order will continue in effect until such time as change is indicated.

When an order of assistance is entered with respect to an initial grant, the issuance of a check by the supervisor or assistant supervisor will serve as notice of the action taken. This will be supplemented by written notice from the SBCW of the grant allowed for the succeeding full months (form CW7-2). When an order of denial is entered, the applicant or recipient will be notified in writing by the SBCW (form CW7-3).

There will be situations when it is not possible to process an initial grant within the established 30 day period. Such situations should normally be limited to those which indicate available resources, as defined by the currently authorized budget manual, which will provide adequate support for a temporary period; lack of cooperation on the part of the applicant or recipient; or inability to secure any reasonable proof of a factor which is required to establish eligibility or extent of need. In such cases the SBCW will give written notice to the applicant or recipient, with copy to the CWB, advising of the contemplated delay, the reasons therefor, and the right of appeal and fair hearing if the client is not satisfied with the reasons given. This notice shall be issued from the proper district office of the SBCW within a period not later than 30 days from the date of the filing of the application or request for such assistance.

b. First Payments

In order that payments of Home Life Assistance may be eligible for federal matching, it is imperative that there be strict adherence to the following procedures for "first payments". A "first payment" comprises the first check in payment of assistance as authorized by an order of grant pertaining to those situations defined as "initial grants". In such first payments the federal Social Security Administration may match only that part of state

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X ACTIONS ON APPLICATIONS AND GRANTS (cont.)
A. Disposition of Application (cont.)
4. CWB Review and Action
b. First Payments (conc.)

and county expenditures which applies to the month in which payment is first made.

When the first payment pertains to the first grant made with respect to any application for Home Life Assistance, payment of assistance shall not be made effective earlier than the date of the order issued by the CWB representative. When the first payment pertains to a change to a new applicant or applicants, payment of assistance shall be made effective as of the first day of the month in which a change of an applicant or applicants becomes necessary, unless the assistance check for that month in the name of the previous applicant has already been issued and cashed. (Note page X-3, paragraph (e). When the first payment pertains to any other circumstance falling within the definition of "initial grant", payment of any supplemental assistance shall not be made effective earlier than the date of the order issued by the CWB representative; however, the existing order of assistance shall continue in effect for the balance of that month in which the order on the initial grant is issued by the CWB representative.

c. Preparation of Order

When an order is to be issued with respect to initial grant, it shall be prepared as follows:

(1) When the order pertains to the first grant with respect to any application for Home Life Assistance, the first figure to be entered will cover either the proportional amount of authorized allowances for the remaining part of the month in which the order is issued, or the total grant of assistance for the first full month in which first payment is effective. (Note page X-3, paragraph (a).) The second figure to be entered will cover the appropriate allowances for the next succeeding full month, and subsequent months thereafter, subject to a future change of circumstances.

(2) When the order pertains to a grant made on behalf of a person added to a case already receiving assistance, the first figure to be entered will cover the supplemental amount of assistance necessitated by the addition of such person. The second figure to be entered will cover the appropriate allowances for the next succeeding full month, and subsequent months thereafter, subject to a future change of circumstances.

(3) When the order pertains to a grant necessitated by an emergency situation which could not be anticipated, the first figure to be entered will cover the supplemental amount of assistance necessitated by such emergency situation. The second figure to be entered will cover the adequate allowances for the next succeeding full month, and subsequent months thereafter, subject to a future change of circumstances.

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X ACTIONS ON APPLICATIONS AND GRANTS (cont.)
A. Disposition of Application (conc.)
4. CWB Review and Action (conc.)
c. Preparation of Order (conc.)

(4) When the order pretains to a change to a new applicant or applicants, the first figure to be entered is that part of the currently effective full monthly amount of assistance which is proportionate to the number of children for whom the new applicant is providing a home. The second figure will cover the appropriate allowances for the next succeeding full month, and subsequent months thereafter, including allowances to meet the needs of the new applicant, if any, subject to a future change of circumstances. In these cases, the CWB representative, in addition to issuing the new order of initial grant, shall also issue an order of revoke with respect to the grant of assistance made apyable to the previous applicant. The effective date of the order of revoke shall be made the day immediately prior to the effective date of the new order of initial grant.

d. Issuance of First Check by the SBCW

The SBCW district supervisor or assistant supervisor of the county of chargeability (or the county of supervision, if there is no county chargeable), will issue a check for the first month, which will always be in the amount appearing as the first figure on the order of initial grant.

B. Amended Order of Grant (R.S. 30:5-4; 30:5-44)

After assistance has been granted and the family is under care, circumstances may indicate the need for a change in the amount of the grant or in the number or identity of the children to whom the payment applies. If the SBCW finds any of the following situations, it will make a recommendation and bring them to the attention of the CWB:

1. Financial needs are revised because of change in family status;

2. A child becomes ineligible but other children in the family remain eligible;

3. Additional income becomes available;

4. Change of name of applicant or eligible child.

Whenever an amended order is required for any of these reasons, the CWB will set its decision forth in an amended order (form CW14-15). As to the persons named in the order, the most recent one will supersede all previous orders.

If the amended order coincides with the discontinuance of assistance to one child or more (but not for the entire family), the date on which payment is to be effective should be the first day of the calendar month following that during which eligibility ceased or will cease, or during which the loss of eligibility was discovered. The final payment for the child discharged will be shared by the federal government, within federal limits, provided the check is paid to the mother by the close of the month in which the CWB authorizes the discharge.

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X ACTIONS ON APPLICATIONS AND GRANTS (cont.)

B. Amended Order of Grant (R.S. 30:5-4; 30:5-44)

If the amended order authorizes reduction, or authorizes increase in payments, in cases other than those falling within the definition of initial grants, it should become effective as of the first day of the calendar month following that in which the CWB authorizes the amended order.

C. Suspensions, Temporary Reductions and Reinstatements (R.S. 30:5-4; 30:5-44)

The SBCW supervisor has authority to suspend payments or to reduce temporarily the amount of the grant for a period not to exceed three months or not to exceed five months if for seasonal employment. Such action may be taken (1) to prevent overpayment in anticipation of formal CWB action on a revoke or discharge, or (2) to reduce the grant temporarily because of a changed situation which will not exceed five months in duration as indicated above.

Whenever the need for suspension or temporary reduction seems justified, the SBCW will discuss its plans with the mother and give her written notice when the action is authorized. At this time the SBCW will notify the CWB by letter (form CW7-5). Should the recipient be dissatisfied with suspension or reduction, the SBCW will present the matter to the CWB for further consideration and for a CWB order.

Every case in which a suspension or temporary reduction has been made must be reviewed within at least two months from the date on which the change became effective, or within at least four months if for seasonal employment. If at that time it is found that the situation of the child or family has returned or will return to the former status within the three (or five) months period, the SBCW supervisor must, before the end of the three (or five) months, reinstate the payment or authorize the increase up to but not exceeding the amount. If no change in the condition bringing about the suspension or temporary reduction is anticipated before the end of the three (or five) months, the supervisor must present the case to the CWB for consideration at its next meeting. If CWB action cannot be obtained before the expiration of the three (or five) months, the supervisor must reinstate the payment or authorize an increase up to but not exceeding the amount shown on the most recent order of grant and then present the case to the CWB for action at its next meeting.

As soon as a reinstatement has been authorized, the SBCW will notify the CWB by form letter (form CW7-6).

D. Order of Revoke (R.S. 30:5-4; 30:5-44)

If it appears that eligibility has ceased for all the children presently receiving in the family, the SBCW will present a full report and recommendation to the CWB or its representative for review. This report (form CW-3) will indicate the date on which payment has ceased or should cease, and in no case shall this date be later than the last day of the calendar month in which will occur the CWB meeting at which the SBCW recommendation is to be acted upon. If, after receiving this report, the CWB then determines that assistance should be discontinued, it will revoke assistance by preparing an order (form CW14-16).

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X ACTIONS ON APPLICATIONS AND GRANTS (conc.)
D. Order of Revoke (R.S. 30:5-4; 30:5-44) (conc.)

Payment for a child or family will be continued through the close of the calendar month during which loss of eligibility occurs or is discovered. Therefore, it will be in order for the CWB to act on that recommendation for discontinuing assistance to a child or family in the month in which the loss of eligibility has ceased or will cease, but no earlier.

The only date to appear on orders revoking assistance for an entire family shall be the date on which the CWB authorizes revocation. There shall not be entered on any such order any other date which purports to be that on which payments should cease or have ceased.

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## XI USE OF BUDGETARY STANDARDS AND PROCEDURES AND FORMS

### A. Application of the manual of budgetary standards and procedures.

Determination of the client's eligibility from the standpoint of need and computation of authorized allowances shall be based on the manual entitled "Budgeting Standards and Procedures". (issued January 1949)

### B. Forms

In order to assure uniformity of operation in each of the categorical assistance programs, the following forms will be utilized in conjunction with the manual on "Budgeting Standards and Procedures".

1. PA3a shall be used as the budget work sheet in all cases, in the manner directed by instructions on the form. This form replaces present for CW14-23 which becomes obsolete.

2. PA3b is a continuation form to be used when necessary in conjunction with form PA3a. This form will be applied only to those cases where it is necessary to determine the extent of financial responsibility of legally liable relatives who are not living in the same household with the client.

3. PA3c provides for the final budget of the client which is to be submitted with Form CW3 in presentation of each case for hearing or review by the county welfare board. This form does not replace present CW3, but does replace the budget schedule appearing on the reverse side of Form CW3. Form CW3 shall continue in use for purposes of the summary statement descriptive of the case situation which is submitted for county welfare board hearing or review.

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STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
DIVISION OF WELFARE

STATE BOARD OF CHILD WELFARE

REGULATION # 2

Issued: November 22, 1949

Supp.: November 28, 1950

Reissued: January 22, 1952

TITLE: IMPORTATION OF DEPENDENT CHILDREN

SUBJECT: Procedures for approval of importation.

STATUTORY REFERENCE: Regulatory authority based upon R.S. 9:7-1. See also R.S. 30:4C-4.

This regulation is issued pursuant to formal resolution of the Board of Managers adopted April 29, 1949.

J. E. Alloway
Executive Director

Approved: January 22, 1952

by /s/ Geraldine L. Thompson
Geraldine L. Thompson,
Acting President
State Board of Control

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# RULES AND REGULATIONS PERTAINING TO THE BRINGING, SENDING, OR RECEIVING OF DEPENDENT CHILDREN INTO THE STATE OF NEW JERSEY
(New Jersey Revised Statutes Title 9 Chapter 7)

Statutory requirements with respect to the bringing of dependent children into the State of New Jersey (commonly referred to as "importation of children") are set forth in Revised Statutes Title 9 Chapter 7, as amended by Chapter 161, Laws of 1949. The following rules and regulations are adopted under the authority of R. S. 9:7-1, as amended, in order to facilitate compliance with statutory requirements.

1. The law shall be deemed to apply to all children brought, sent or received into the State of New Jersey for placement in this state. The purposes of the placement, whether for adoption or otherwise, are not material to the application of the statute. Exemption from the provisions of the law is granted to persons, including parents by adoption, who bring or receive into the state children for whom they are legally responsible, under New Jersey law, with respect to support and maintenance. This exemption, however, does not extend to other persons with whom such child may later be placed by the legally responsible relatives.

2. An application for the bringing, sending or receiving of a child into New Jersey shall be made in the form prescribed by the Department of Institutions and Agencies (Form CW14-66). The application form must be completed and signed by the agency, person or persons desiring to bring, send or receive the child into New Jersey. Applications should be mailed or delivered to the central office of the New Jersey State Board of Child Welfare.

The Commissioner of Institutions and Agencies is authorized to issue blanket consents and approvals to public or private agencies of other states. Such blanket consents and approvals will be limited to agencies which send children into New Jersey from time to time for temporary placement incident to vacation or health care.

3. An application for the bringing, sending or receiving of a child into New Jersey must be accompanied by the following:

   a. Health Certificate

      The health certificate must be in the form prescribed by the Department of Institutions and Agencies (Form CW14-67). Completion of the health certificate and signing by a physician is the responsibility of the agency, person or persons desiring to bring, send or receive the child into New Jersey.

   b. Social History of Child

      If the bringing, sending or receiving of the child is sponsored by a public or private agency, social histories are to be provided by that agency. Agencies in and out of the state which have been approved by the Department of Institutions and Agencies to make adoption placements are not required to file complete social histories. In such cases, these agencies may state that they have determined the child to be a fit subject for the desired placement in New Jersey, and that the necessary social history is available in their files if desired.

      If the bringing, sending or receiving of the child is sponsored or applied for by a private individual, the filing of the required social history is the responsibility of the applicant, subject to approval and acceptability by the State Board of Child Welfare as to content.

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RULES AND REGULATIONS PERTAINING TO THE BRINGING, SENDING, OR RECEIVING OF DEPENDENT CHILDREN INTO THE STATE OF NEW JERSEY
(New Jersey Revised Statutes Title 9 Chapter 7)

The social history need not be in any prescribed form, but its content should be in substantial compliance with the outline prescribed by the Department of Institutions and Agencies (Form CW14-68).

c. Indemnity Bond

The indemnity bond must be in the form prescribed by the Department of Institutions and Agencies (Form CW14-70); must be in the amount of $1000, secured by a corporate surety; and must be filed in all cases before consent and approval to the bringing, sending or receiving of the child can be given. The effectiveness of the indemnity bond must be maintained until the child reaches the age of 21, is adopted, or is removed from the state; and upon the happening of any of these circumstances the bond will be cancelled.

The Commissioner of Institutions and Agencies is authorized to approve the filing of blanket indemnity bonds by accredited public or private agencies of other states which place children in New Jersey from time to time.

The Commissioner of Institutions and Agencies is authorized to enter into reciprocal agreements with public welfare departments of other states, which agreements may serve in lieu of the filing of an indemnity bond.

d. License or Approval from Other State

Whenever the state from which the child is being removed requires a license or approval for deportation as a matter of state law or policy, then such license or approval must be obtained as a supplement to the application. The obtaining of such license or approval is the responsibility of the applicant. Those states which require or grant licenses or approvals for deportation of children will be made known upon inquiry to the New Jersey State Board of Child Welfare.

4. Applications, requests or inquiries relating to the bringing, sending or receiving of a child into New Jersey should normally be addressed to the New Jersey State Board of Child Welfare which has been assigned responsibility for administration of the statutory provisions. All forms required under these rules and regulations are obtainable from the central office or any district office of the New Jersey State Board of Child Welfare. (See Appendix 1 for list of addresses.)

5. It is recognized that institutions in the nature of maternity homes which are located in the State of New Jersey are frequently called upon to provide service for persons whose normal place of residence or domicile is outside of the state. For the purpose of these rules and regulations, the term "maternity home" shall apply to charitable institutions established for the purpose of providing service for unmarried mothers during the period of confinement.

In the administration of statutory requirements as set forth in Revised Statutes Title 9 Chapter 7, the following rules and regulations shall apply to maternity homes:

a. Regularly established maternity homes shall not be considered subject to such statutory requirements to the extent that they shall not be required to file indemnity bonds with respect to unmarried mothers under 21 who enter New Jersey from other states to receive services provided by such

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RULES AND REGULATIONS PERTAINING TO THE BRINGING, SENDING, OR RECEIVING OF DEPENDENT CHILDREN INTO THE STATE OF NEW JERSEY
(New Jersey Revised Statutes Title 9 Chapter 7)

maternity homes. To the same extent, such maternity homes shall not be required to file indemnity bonds with respect to babies who are born to such unmarried mothers during the period of confinement at such maternity homes.

b. When any babies as described in paragraph 1 hereof, are made the subject of plans for placement in New Jersey in a home other than that established by the mother, such maternity homes, prior to the release of the baby for placement, shall assure that the persons or agencies arranging such placement comply with the terms of the above cited statute to the same extent as required in the case of dependent children received into New Jersey by persons other than legally responsible relatives.

Notice is hereby given that under the provisions of the New Jersey Revised Statutes, Title 9, Chapter 7, any persons or agencies who are required to comply with the provisions of such law, but who do not so comply, are thereupon made liable for the support and maintenance of the child to the same extent as a parent. If these persons or agencies do comply with the law, and secure proper consent and approval for the bringing, sending or receiving of a child into New Jersey, then their financial responsibility for the child is limited to the terms and amount of the indemnity bond which they are required to file.

These rules and regulations republish, and continue in effect without change, previous rules and regulations approved by the New Jersey State Board of Control of Institutions and Agencies on November 22, 1949, and supplement 1 thereto approved by the New Jersey State Board of Control of Institutions and Agencies on November 28, 1950.

/s/ J. E. Alloway
J. E. Alloway
Executive Director
New Jersey State Board of Child Welfare

Approved

New Jersey State Board of Control of
Institutions and Agencies

By /s/ Geraldine L. Thompson
Geraldine L. Thompson,
Acting President

Dated January 22, 1952

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# NEW JERSEY
# STATE BOARD OF CHILD WELFARE
## Location of Offices

Central Office:

163 West Hanover Street
Trenton 7, New Jersey

District Offices:

119 Newkirk Street
Jersey City 6, New Jersey

East Commerce and Walnut Streets
Bridgeton, New Jersey

413 South Broadway
Camden 3, New Jersey

1516 Atlantic Avenue
Atlantic City, New Jersey

19 South Union Street
Elizabeth 4, New Jersey

Administrative Building
Hackensack, New Jersey

Park Square Building
Morristown, New Jersey

Paterson & Kirkpatrick Streets
New Brunswick, New Jersey

1060 Broad Street
Industrial Building
Newark 2, New Jersey

35 Church Street
Paterson 1, New Jersey

141 N. Riverside Avenue
Red Bank, New Jersey

600 Artisan Street
Trenton 8, New Jersey

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STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
DIVISION OF WELFARE

STATE BOARD OF CHILD WELFARE

REGULATION # 3

Issued: February 4, 1954

TITLE: ADOPTION

SUBJECT: Procedures for approval of agencies as qualified to place children for adoption.

STATUTORY REFERENCE: Regulatory authority based upon R.S. 9:3-19. See also R.S. 30:4C-4.)

This regulation is issued pursuant to formal resolution of the Board of Managers adopted December 28, 1953.

J. E. Alloway
Executive Director

Approved: February 4, 1954

by /s/ Barklie Henry
Acting for and in the absence of
Reeve Schley, President
State Board of Control.

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STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
BOARD OF CHILD WELFARE
163 West Hanover Street
Trenton 8, New Jersey

## REQUIREMENTS COVERING APPROVAL OF AN AGENCY AS QUALIFIED TO PLACE CHILDREN FOR ADOPTION

Agencies to be approved as qualified to place children for adoption in New Jersey shall be incorporated as a philanthropy under a responsible board of directors or diocesan authority; or shall be established by statute as a governmental unit on a state or county level.

An application for approval shall be submitted by the official representative of the agency on forms provided by the Department of Institutions and Agencies. This application, either by entries on the form provided or by attachments, shall include:

1. An excerpt from the corporate charter or statute covering the powers of the agency;

2. A list of Board members and their addresses; or the title and address of the Diocesan authority, or the office address of the Governmental agency with list of Board members, if any;

3. The sources of financial support;

4. The educational background and experience of the executive and staff, showing as a minimum that the case supervisor of the adoption service shall have a degree in social work and be experienced in adoption practice;

5. An analysis of the case load under supervision for the preceding year;

6. A brief summary statement of the social services, supervision and recording currently practiced by the agency; and

7. An understanding that periodic visits will be made by a professionally trained representative of the Department.

The completed application shall be forwarded to the Board of Managers of the State Board of Child Welfare, 163 West Hanover Street, Trenton, New Jersey, which agency has been assigned administrative responsibilities in such matters. If the application is approved, a formal certificate of such approval, effective for a period of one year, will be issued subject to renewal for further periods of one year upon submission of requested substantiating data and summary of the past year's activity. If the application is disapproved, the reasons therefor will be stated and the applicant will be accorded a hearing before the Board of Managers of the State Board of Child Welfare if desired.

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STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
BOARD OF CHILD WELFARE
163 West Hanover Street
Trenton 8, New Jersey

# MINIMUM STANDARDS OF APPROVED ADOPTION PRACTICE

The principle which underlies approved adoption practice is that the child shall be placed in a home best suited to his needs. It is, therefore, necessary that (1) a comprehensive study should be made of the child and his parental background; (2) a comprehensive study should be made of the persons seeking a child to adopt; and (3) that from among those persons seeking to adopt a child, that home shall be chosen which shall be found most nearly to meet the needs of the child for his future development.

The policy and practices of an agency engaging in adoption placement should provide for the following minimum requirements:

1. Complete records of the child and his parents and of applicants seeking a child for adoption shall be kept in locked files available only to persons responsible for the services.

2. Consent to adoption shall be obtained from the parent, parents, legal guardian or other persons having custody and control of the child; or the agency shall be appointed as guardian or custodian of the child by a court of competent jurisdiction with authority to effect an adoption of the child.

3. Placement may be made in a potential adoptive home when the child's parental history, and its own development are known, and the child promises to be a fit subject for adoption as determined through consultation with competent child specialists. Interim boarding home care shall be provided for further study of infants when social history is lacking or inadequate, or where there is evidence of actual or potential physical handicap, mental deficiency or emotional instability.

4. During any period of study pending adoption, the child shall be under close observation by the case worker, pediatrician and foster mother, and such specialists as the agency deems necessary.

5. In no case shall a potential adoptive couple be permitted to pay any preplacement expenses (i.e. board, medical, psychological). This requirement does not prevent the establishment of a fee for adoption service regularly charged by the agency.

   Persons seeking a child for adoption shall not be permitted to pay the medical and hospital bills of the natural mother.

   After the child is placed in an adoptive home, all expenses shall be borne by the foster parents except where the agency agrees to payment, under certain circumstances, for any special care which may be indicated.

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## MINIMUM STANDARDS OF APPROVED ADOPTION PRACTICE (conc.)

6. Whenever possible, a child shall be placed in a home of the same religious faith as its parent or parents.

7. An unborn child shall never be considered as a subject for adoption planning to any specific family.

8. The study of the child for adoption shall be based on an evaluation of the child's fitness and suitability for adoption determined following an analysis of the child's physical, emotional and intellectual characteristics. The analysis shall include consideration of parental background including nationality antecedents of the parents, their physical characteristics, health history with special attention to chronic illness and defects, mental history including intelligence level and abnormal traits, religion, and emotional and social characteristics and adjustments.

9. The study of the prospective adoption home shall take into account not only such attributes as the physical surroundings, the family's economic and social status, religious affiliation and practice and their physical health, but also evaluation of the attributes which determine an individual's capacities as a parent and the motivation in wanting a child.

10. Before consummation of the adoption there should be a trial period of one year, or a minimum of six months under exceptional circumstances, during which the child lives with the adoptive parents. During this time visits shall be made as frequently as necessary to observe and assist the child's adjustment to the adoptive family, and to observe and assist the attitude and adjustment of the entire family group to the presence of the child in the home.

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

BUREAU OF ASSISTANCE

REGULATION #
Ruling #1

ISSUED: May 1, 1950
(Date)

REV.:
(Date)

Supplement #1 8/53

TITLE: Case Record Forms

SUBJECT:

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

Bureau of Assistance

Approved:

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State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

May 1, 1950

# RULING NO. 1

## CASE RECORD FORMS

Citation of Law

1. Section 6 of Title 44, Chapter 7, R.S., provides that the State Division "..... shall prescribe a uniform system of records and accounts in relation to old age assistance to be kept by the county welfare board..... Said division shall prescribe, subject to the approval of the commissioner, a form of application, the manner and form of all reports and records....."

Purpose of Ruling

2. This Ruling, issued pursuant to the cited statutory provision, is intended to

(a) prescribe and identify certain forms to be known as case record forms;

(b) establish general rules for their preparation, maintenance and custody.

Definitions of Case Record Forms

3. Case record forms, as referred to in this Ruling, shall include:

(a) Form OA-1 which establishes a formal record of the applicant's request for old age assistance to the county welfare board;
(b) Form OA-2A which summarizes selected social data on the applicant and his family;
(c) Form OA-2B which presents an inventory of the client's financial assets.
(d) Form OA-3A which provides for narrative recording of facts concerning eligibility and of continuing activity between the client and the county welfare board;
(e) Form PA-3a which presents initial detailed computations relating to allowances and income;
(f) Form PA-3b which presents initial detailed computations evaluating the responsibility of the client's relatives;
(g) Form PA-3c which comprises:

(1) the final budget statement as defined in Chapter 100 of Ruling No. 3;
(2) a record of the agency's recommendation;
(3) the authorization for a temporary grant;
(4) the decision of the county welfare board;
(5) an application form for continuance of old age assistance.

Preparation of Case Record Forms

4. Preparation of case record forms is required as follows:

(a) All of the case record forms listed in section 3 shall be prepared (except Forms PA-3a and PA-3b only when applicable) in connection with:

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(1) new cases;
(2) cases transferred from another county;
(3) cases previously withdrawn, dismissed, denied, or discharged which are being reconsidered six months or more after such action.

(b) Specified case record forms shall be prepared in connection with the following as indicated:

(1) cases previously withdrawn, denied, or discharged which are being reconsidered within the six months period after such action require Forms OA-3A and PA-3c, and PA-3a and PA-3b whenever applicable; in such cases the application and affidavit form on the reverse side of Form PA-3c shall be executed, modified for the purpose by striking out the phrases "continuance of" and "a recipient of assistance" where they appear;
(2) continuances require Forms OA-3A and PA-3c, and PA-3a and PA-3b whenever applicable; in such cases the application and affidavit form on the reverse side of Form PA-3c shall be executed;
(3) cases being discharged require Forms OA-3A and PA-3c, PA-3a and PA-3b whenever applicable; except that Form PA-3c may be eliminated if the reason for closing does not involve any budgetary computation and if the recommendation for closing, with attesting signature, and the decision of the board, with attesting signature, are recorded at the end of the summary report on Form OA-3A as distinct entries, separate from other narrative recording.
(4) changes in grant, except medical changes, at times other than regular continuances, require Forms OA-3A and PA-3c, and PA-3a and PA-3b whenever applicable.

(c) The phrase "whenever applicable", as used in subsections (a) and (b) immediately preceding, has the following meaning:

(1) Form PA-3a is applicable, and shall be prepared, only if the process of determining the amount of the client's entitlement to assistance (or lack of entitlement) involves detailed computations which cannot be shown in full on Form PA-3c. Thus, for example, in the case of a client living alone, or one living in a commercial boarding arrangement, all essential data for determining the amount of grant can be shown on Form PA-3c; the preparation of Form PA-3a, being a mere matter of duplication without adding significant information or analysis, is therefore not required in such situation.
(2) Form PA-3b is applicable, and shall be prepared, where there is more than one legally responsible relative whose responsibility is required to be evaluated by the particular method for which provision is made on Form PA-3b.

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Duplication of Case Record Forms

5. The number of copies to be prepared initially, and the preparation and use of duplicate copies, shall be governed as follows:

(a) Except for Form OA-1, which shall be initially prepared in duplicate so that an exact copy may be furnished to the applicant, all case record forms referred to in this Ruling shall routinely be prepared in single original copy;

(b) Selected forms, or selected portions of forms, or selected portions of the case record, or the whole of certain case records, may be duplicated in one or more copies from time to time as occasion requires to accomplish a necessary and valid administrative purpose, upon order of the Director, the Deputy Director, the Welfare Board, or the State Division; but all such copies shall be clearly marked and identified as UNVERIFIED COPY or CERTIFIED COPY, whichever is appropriate, and the distribution and use thereof shall be limited to the persons having a legitimate concern with the administrative purpose to be served and shall be limited to the period of time necessary for the accomplishment of such purpose.*

Authentication of Case Record Forms

6. Case record forms must be validated by signatures as indicated on the respective forms. Required signatures may be accomplished as follows:

(a) The original of each form must bear the full written signatures of the client (which may be accomplished by witnessed mark if the client is unable to write) and of other witnesses wherever these are required;

(b) The original of each form must bear the personal signatures of the worker, supervisor or other staff members wherever these are required, which signatures may be accomplished by initials or other abbreviation, if personally written by the individual concerned.

(c) The original of each form must bear the personal signatures of the Director or Deputy Director wherever these are required, which signatures may be accomplished by typescript or facsimile signatures if personally initialed by an authorized member of staff.

Maintenance and Custody of Case Record Forms

7. The maintenance and custody of case record forms shall be governed as follows:

(a) The original case record forms relating to each applicant or recipient, including any forms not specifically enumerated in this Ruling but which by other rules or regulations are now or hereafter identified as case record material, together with all related correspondence, memorandums, documents, etc.,

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* In this connection, the provisions of Ruling No. 20, "Confidential Nature of Records", are also applicable.

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shall constitute the official "case record" for each such person, and all material so described shall be maintained in a folder, jacket, or envelope bearing the appropriate registration number;

(b) the "case records" shall be filed in fire-resistant cabinets and indexed, and may be subdivided or subclassified both as to filing and indexing, in whatever manner is prescribed by the director of welfare as best suited to local administrative use and control, provided that in any event it shall be possible to locate immediately the whole of any case record either by name or registration number;

(c) no case record or official portion thereof shall be removed from its designated filing cabinet without an identifying record of the person to whose use and custody it is being made available, and each such case record or official portion thereof shall be returned to a designated filing cabinet at or before the close of each day's business;

(d) no case record or official portion thereof shall at any time be removed from the offices of the county welfare board except at the specific authorization of the Director or Deputy Director and in his personal custody, actual or constructive;

(e) no case record or official portion thereof shall be destroyed or otherwise removed permanently from its designated filing cabinet unless and until

(1) it is transferred in its entirety to the custody of some other county welfare board as authorized in Ruling #8, or

(2) it is destroyed by specific authorization of the State Division after having been reduced to official microfilm record.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Ruling Series.
No. 1 - Insert in Handbook under section "Rulings and Bulletins". Destroy Ruling No. 1 issued April 21, 1949.

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

Rev. 8/53

SUPPLEMENT NO. 1 TO RULING NO. 1

INSTRUCTIONS FOR APPLICATION FORM ODG-1

I. INTRODUCTION

New Form ODG-1

This supplement provides instructions for the use of a new application blank hereafter referred to as ODG-1. Form ODG-1 is to be used by county welfare boards for both Old Age Assistance and Disability Assistance. (This same form will be used by the municipal welfare departments for General Assistance applications.) Form ODG-1 is to be used for new applications, reapplications, reopened cases, transferred cases, and for applications requesting continuation of assistance.

Program Interpretation

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

Fair Hearing

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

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

Administrative Control of Form ODG-1

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

Municipal welfare departments are instructed to use Form ODG-1 only for General Assistance applications, and to refer persons who wish to apply for OAA and DA to the appropriate county welfare board.

Execution of Form ODG-1

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

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

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## II. SPECIFIC INSTRUCTIONS FOR COMPLETING FORM

### A. Name

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

### B. Address

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

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

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

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

### C. Registration Number

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

### D. Date Registered

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

No date is to be entered in item(D) when item(E) Status, is checked "CA."

(See County Series #3, Intake Procedures, pages 3-6; Ruling #4, Reports on Receipts and Disposition of Applications)

### E. Status

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

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

### F. Type of Assistance

Check type of assistance requested.

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#3 Instructions for Application Form ODG-1, Revised 8/53

G. Name

On line 1, enter name of applicant - the same name as entered after "Name of Applicant" in (A), above. (The additional lines have been provided for the use of municipal welfare departments.)

H. Birthdate or Age

Enter birthdate whenever available or age in years if birthdate is not known.

I. Relationship to Applicant

Not to be used by county welfare boards.

J. Signature of Applicant

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

K. Signature of Authorized Agent

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

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

L. Affidavit

Following "Personally appeared before me_____", insert name of applicant or name of authorized agent, whichever one signed Form ODG-1 on signature line (J) or signature line (K).

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

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Chief
Bureau of Assistance

Approved: 8/11/53
Elmer V. Andrews
Director of Welfare

Ruling Series. Supplement No. 1 to Ruling No. 1. Insert in Handbook under section "Rules and Bulletins". Destroy Supplement No. 1 to Ruling No. 1, issued October 15, 1952.

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

BUREAU OF ASSISTANCE

REGULATION # _____
Ruling #2

ISSUED: April 1, 1950
(Date)

REV.: _____
(Date)

Supplement #1, 3/2/54

TITLE: Burial-Funeral Payments

SUBJECT: _____

STATUTORY REFERENCE: R.S. 44:7-13

Bureau of Assistance

Approved:

_____

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Department of Institutions and Agencies
Division of Old Age Assistance

April 1, 1950

RULING NO. 2

## BURIAL AND FUNERAL PAYMENTS

Citation of Law

1. This Ruling is issued pursuant to Sections 13, 15, and 25, Title 44:7, Revised Statutes of New Jersey, as amended, relating to payments by the county welfare board for the burial and funeral expenses of deceased recipients of old age assistance.

General Interpretation of Statutory Provisions

2. The statutory provisions are interpreted as having the following general purposes:

(a) to establish cost limitations within which the county welfare board may participate in the burial and funeral expenses of deceased recipients: payment of not more than $200 toward such expenses is authorized, provided total cost of such expenses does not exceed $250;*

(b) to define such cost limitations as relating to the total costs involved in accomplishing the interment or cremation of a deceased recipient, that is, including both burial (or cremation) and funeral expenses;

(c) to express a legislative intent that payments by the county welfare board for such expenses are not authorized as a flat benefit automatically payable at death, but as a means of supplementing the resources of the deceased recipient, of his family, and of volunteer contributors, only when and to the extent found necessary; provided, however, that in any event the first $200 of the decedent's estate, or, if there be an insufficient estate or none at all, the first $200 of any real or personal property of the decedent held by the county welfare board, shall be made available for burial and funeral expenses if the total cost limitation of $250 is not violated.

(d) to include within the group eligible to be considered for such payments those recipients who, on or after October 1, 1949, are admitted or committed to a tax-supported institution prior to death;

(e) to absolve the county welfare board of any liability to make such payments for costs incurred under a contract made without the knowledge and consent of the board;

(f) to provide that the cost of any such payments, when disbursed from assistance funds, shall be apportioned between state and county funds in the ratio 75%-25% on and after October 1, 1949.**

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* With respect to individuals whose deaths occurred prior to October 1, 1949, payment by the welfare board is limited to $150, provided total cost did not exceed $200.

** With respect to disbursements made prior to October 1, 1949, the formula for division of costs between state and county funds is 87½%-12½%.

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General Principles

3. The following general principles are declared to be in definition of the intent and purposes of this Ruling and shall themselves have the force and effect of rule and regulation:

(a) Every recipient of old age assistance, coming within one of the classes defined in section 6 below, shall have the opportunity for appropriate burial (or cremation), including funeral service, and such opportunity shall be afforded at public expense where not otherwise available.

(b) The right and obligation to arrange and contract for the burial and funeral service of any deceased person rests with his next of kin and personal representatives. The county welfare board shall not arrange and contract directly for the burial and funeral service for a deceased recipient, nor "authorize" such services, nor make an absolute commitment to pay for such services, except under the circumstances specified in section 4.

(c) The funeral director, and the next of kin or other persons willing and able to order and purchase burial and funeral service for a deceased recipient, have the right freely to contract with one another, and no such contract is or shall be impaired or controlled by these regulations, so long as the contract (1) does not contemplate or result in the filing of a claim against the county welfare board, (2) does not contemplate or result in the use of resources legally belonging to the estate of the decedent to an amount greater than $200 or for a burial and funeral cost exceeding $250; and (3) does not contemplate or result in the use of insurance proceeds, death benefit payments, or other resources the existence or nature of which was concealed from or misrepresented to the welfare board.

(d) A claim filed against a county welfare board by a funeral director, pursuant to these regulations, is not a bill of demand for payment owing under a contract, but merely a request for allowance to be granted or denied in the discretion of the welfare board consistent with this Ruling, except where the welfare board has directly arranged and contracted for the funeral director's services under the circumstances authorized in section 4 below.

Conditions Limiting Direct Contracts by Welfare Board for Burial and Funeral Services

4. Whenever any recipient of old age assistance, coming within one of the classes defined in section 6 below, shall die, and neither next of kin nor personal representatives are available to exercise their right and obligation to arrange and contract for the burial and funeral services of the decedent, the welfare board may, on its own authority and in its own name, arrange and contract directly with any funeral director for such services, provided, however, that if it is arranged for the decedent to be interred, such interment shall not be made in a burial ground owned by the state, county, or municipality,

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or any institution thereof. If the decedent recipient comes within the class defined in section 6(d) and is, at the discretion of the institution to which confined, interred in a burial ground maintained by such institution, the welfare board shall not assume liability to reimburse either the institution or the funeral director with whom the institution may have contracted.

Definition of Total Cost of Burial and Funeral

5. (a) For purposes of this Ruling, "total cost of burial and funeral" is defined as the sum of all charges, costs, and expenditures incurred for any and all of the following items, whether claimed by one or more funeral directors or other parties:

(1) complete preparation and preservation of body;
(2) casket, including handles and name plate if any;
(3) outer case, including delivery of same to cemetery;
(4) funeral car (hearse);
(5) limousines as necessary for immediate family;
(6) wagon or flower car if any;
(7) grave space or right of burial, where purchase is necessary at time of death;
(8) opening and closing grave and all other cemetery charges, or crematory charges;
(9) special vault or grave-liner, if any;
(10) professional supervision and services;
(11) transportation of body from place of death to place of interment or cremation, including all intermediate transportation;
(12) use of funeral home, if required, and of all customary facilities and appointments thereof;
(13) procuring certificate of death and burial permit;
(14) religious services at home, church, funeral home, cemetery or crematory;
(15) all other items which according to trade and custom are provided by the funeral director as elements of a "complete funeral unit";
(16) floral door badge; gloves; clothing; professional pall bearers; obituary notices; telephone, telegraph and postage; and any and all other charges claimed by the funeral director as items of cash expenditure additional to the charge for "complete funeral unit".

(b) For purposes of this Ruling, "total cost of burial and funeral" does not include the following items:

(1) arrearages on purchase price of grave space or right of burial, where purchased prior to the death of the decedent, or arrearages in care and maintenance charges;
(2) flowers other than floral door badge;
(3) extra limousines for persons other than the immediate family of the deceased, if paid for by such other persons;

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(4) any of the items specified in 5(a) above if such items are donated or made available in kind, without any cash expenditure by or charge upon any person or organization.

Classes of Recipients Eligible for Burial and Funeral Payment

6. Claims for the payment of sums necessary for burial and funeral expenses may be received and considered by the welfare board with respect to:

(a) a person who is in active receipt of old age assistance at the time of his death;

(b) a person for whom an assistance grant is approved prior to his death but who fails to receive initial payment because death occurs subsequent to approval of grant but before delivery of the initial payment;

(c) a recipient who dies while a patient in a general hospital or in any private institution to which he has been admitted for temporary care;

(d) a recipient who, on or after October 1, 1949, is admitted or committed to any tax-supported institution within this state other than a penal or correctional institution, such admission or commitment being the only reason for suspension or termination of the assistance grant, and whose death occurs while confined to such institution;

(e) any former recipient who does not come within the requirements of 6(a), (b), (c), or (d), but who had, at time of death, insurance, securities, or other property assigned to or otherwise within the direct power of the welfare board to control and disburse; in cases coming within this class disbursements for burial and funeral expenses are authorized to be made only from the proceeds of such insurance, securities, or other property and shall not be made in whole or in part from public funds.

Procedure for Filing Claims

7. (a) In cases coming within the "direct contract" provisions of section 4, the director of welfare or other authorized representative of the welfare board, may arrange and contract directly with the funeral director into whose custody and charge the body of the deceased recipient may have come, or, at the discretion of the board's representative, with any other funeral director available and willing to receive the body and to contract for appropriate services. The contract price shall not exceed the fair and reasonable value of the goods and services ordered, and in any event shall not exceed two hundred ($200) dollars. Such contract may be concluded orally, but shall be confirmed in writing, by letter from the director of welfare to the funeral director concerned, to be sent not later than the next working day following the day on which the contract is concluded. The funeral director shall thereafter file claim for payment under the contract, stating and submitting such claim on Form OA-11 as provided in section 7(c) below. The obligation of the welfare board to make payment on such claim shall be absolute, except for fraud, misrepresentation, breach of contract, mistake or other legal defense.

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In the absence of any such exception, payment shall be made promptly, according to the provisions of section 11 below.

(b) In cases not coming within the "direct contract" provisions of section 4, the funeral director arranging for the burial and funeral services of a deceased recipient of old age assistance, and the party or parties ordering such services, shall notify and consult with the county welfare board before interment or cremation takes place, in any case where either of the contracting parties contemplates that the welfare board, or the executor or administrator of the decedent's estate, will be requested to pay all or any part of the costs. Information relevant to probable allowance or disallowance of the claim shall be discussed with the funeral director and other parties in interest at this time. The funeral director and other parties in interest shall be advised that final determination of allowance or disallowance can be made only after completed investigation of all resources and consideration by the welfare board of the claim as formally submitted.

(c) The funeral director shall, if he elects to file formal claim, be furnished with not more than two copies of Form OA-11, with the name of the decedent already entered, one of which shall be executed by him and submitted to the welfare board not later than thirty days following date of interment or cremation.

Conditions for Approval of Claims

8. The county welfare board shall not approve any claim submitted by a funeral director (other than a claim properly submitted under a "direct contract" as provided in sections 4 and 7(a)) unless all of the following conditions are met, except for such conditions as are authorized to be waived pursuant to section 9 below:

(a) that the welfare board received notification of the death and of the nature of the funeral arrangements before interment or cremation occurred;

(b) that the claim on Form OA-11 was submitted to the welfare board not later than thirty days following date of interment or cremation;

(c) that the claim on Form OA-11 has been completed and properly executed in full detail, without any omission, evasion, misrepresentation, or discrepancy;

(d) that the deceased was a person within one of the classes defined in section 6;

(e) that the total cost of burial and funeral, as defined in this Ruling, did not exceed $250;

(f) that the decedent did not leave an estate, subject to

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being probated or administered by a party other than the welfare board or its designated representative, with sufficient value to support and allow a claim thereon of $200 for burial and funeral expenses;

(g) that any and all payments which have been received by or which are due to any person or persons by reason of the liability of any insurance or death or funeral benefit company, association or society, arising upon the death of the decedent, or by reason of entitlement to any industrial or governmental death benefit payment (including any O.A.S.I. lump-sum death benefit only if payable to the widow or widower in that capacity), and which will not be made available to the welfare board by the person who has received or will receive such payments, have been recognized and accounted for in determining the amount to be allowed on the claim;

(h) that the ability of legally responsible relatives of the decedent to contribute, out of their personal resources, in whole or in part to his burial and funeral expenses, has been evaluated, recognized, and accounted for in determining the amount to be allowed on the claim;

(i) that the voluntary offers, if any, of persons, organizations and associations not legally responsible for the decedent, to contribute in whole or in part to his burial and funeral expenses, have been recognized and accounted for in determining the amount to be allowed on the claim;

(j) that compliance with the foregoing conditions has been determined after appropriate investigation;

(k) that the amount approved for payment on the claim shall be determined in accordance with section 10 below.

Waiver of Certain Conditions

9. In appropriate cases, one or more of the conditions specified in section 8 for approval of claims may be waived as follows:

(a) the conditions stated in 8(a) and 8(b) may be waived, at the discretion of the welfare board, upon a showing of misunderstanding, mistake, or unavoidable delay not prejudicial to the validity of the claim in other respects;

(b) the conditions stated in 8(e) and 8(k) may be waived, at the discretion of the welfare board, where the welfare board has already received, or has an absolute guarantee of receiving, full reimbursement for assistance extended to the decedent, which will not be impaired or prejudiced by the waiver;

(c) none other of the specified conditions shall be waived by the welfare board, but the board may, in any case in which it determines that any such condition should be so

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waived to avoid hardship or inequity, present a recommendation with supporting reasons to the State Division, for disposition in the discretion of the Division.

Method of Determining Amount of Payment

10. In the case of any claim approved by the county welfare board, (other than claims properly approved under a "direct contract" as provided in sections 4 and 7(a)), the amount to be allowed on such claim shall be determined as follows:

(a) From the total cost of burial and funeral, if not in excess of $250, deduct the following:

(1) the amount of any and all payments which have been received by or which are due to the decedent's spouse, children, father or mother, by reason of the liability of any insurance or death or funeral benefit company, association or society, arising upon the death of the decedent, or by reason of entitlement to any industrial or governmental death benefit payment (including any O.A.S.I. lump-sum death benefit only if payable to the widow or widower in that capacity), and which will not be made available to the welfare board by the person who has received or will receive such payments;

(2) the amount of any and all payments of the same nature which have been received by or are due to any person other than the decedent's spouse, children, father or mother, and which will not be made available to the welfare board by such person, excepting, however, such amounts as are lawfully claimed by such person to be due and owing to him as a bona fide assignee or purchaser for value or as a claimant for equitable refund of premiums paid;

(3) the amount of any and all sums which have been paid or promised to be paid by any person, organization or association not legally responsible for the decedent, as contribution toward his burial and funeral expenses, except any such amounts which have been paid or promised to be paid to the welfare board;

(4) the amount of any and all sums which have been paid or promised to be paid by any legally responsible relative of the decedent, as contribution toward his burial and funeral expenses, except any such amounts which have been paid or promised to be paid to the welfare board; provided, however, that as a condition to the allowance of any claim or a part thereof as a charge upon public funds, the ability of legally responsible relatives to contribute to the burial and

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funeral expenses shall be deemed to be not less than the monthly evaluated responsibility amount which each such relative was chargeable with contributing to the support of the decedent at the time of his death.

(b) None of the specified deductions shall be waived or omitted by the welfare board, but the board may, in any case in which it determines that any such deduction should be so waived or omitted to avoid hardship or inequity, present a recommendation with supporting reasons to the State Division, for disposition in the discretion of the Division.

Time and Source of Payment

11. The amount determined to be allowed on any claim, shall be paid as promptly as possible after such determination, and in any event within thirty days thereafter, from the following sources in the order named:

(a) first, from cash or assets immediately convertible into cash accountable to the decedent, which by assignment or otherwise are in the ownership, possession or control of the welfare board, are free of obligation or commitment for medical bills or other terminal debts of the decedent, and are available for disbursement with respect to burial and funeral expenses;

(b) second, from public funds appropriated for assistance payments.

Notifications to Parties in Interest

12. Upon the allowance, partial allowance, or disallowance of any claim, notification in writing of such action shall be sent to the claimant funeral director, to the party or parties who contracted with the funeral director for his services, and to any other parties who were found to have contributed, to have promised to contribute, or to be obligated to contribute to the burial and funeral expenses of the decedent.

Disputed Claims

13. In the event of any claim which becomes the subject of dispute or disagreement between the welfare board and the funeral director, the welfare board shall report the matter to the State Division for review and advice before any disbursement is made. It will be the policy of the State Division to consult and advise with the State Association of Funeral Directors in appropriate cases.

Division of Costs

14. All allowances or portions of allowances for burial and funeral expenses disbursed from public funds on or after October 1, 1949, shall be accounted for as chargeable 75% to State funds and 25% to county funds. (The figures 87.5 and 12.5 which currently appear on Line E of existing supplies of Form OA-4A (9-47) should be disregarded for this purpose.)

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Payments from Public Funds Deemed Assistance Payments

15. Any amounts paid by the welfare board from public funds for burial and funeral expenses shall be deemed a part of the assistance granted to the decedent for the purpose of claims for reimbursement and recovery under sections 44:7-14, 44:7-15 and 44:7-19, R. S.

Claims for O.A.S.I. Lump-sum Payments and Other Refunds

16. (a) Immediately upon payment by the welfare board of any claim for burial and funeral expenses with respect to a person who died either fully or currently insured under the O.A.S.I. program, and who leaves no widow or widower who was living with the insured, the board shall promptly file claim for the lump-sum death benefit which is payable. If relatives of the decedent have, with the knowledge and assent of the board, participated in paying for the burial and funeral expenses, the board shall recognize and respect their right to file similar claim and to receive their equitable proportion of the O.A.S.I. death payment. The board shall not, directly or indirectly, lay claim to that proportion of the O.A.S.I. death payment which is equitably payable to such other person or persons, unless their alleged participation in the burial and funeral expenses was concealed or otherwise inconsistent with the statement of facts and costs upon which the board relied in making payment. In the latter event, the provisions of section 17(b) shall govern.

(b) If the board shall discover any other funds or amounts which were or should have been available to meet the burial and funeral expenses of the decedent, and which were not deducted from the total cost in determining the amount of the board's contribution to such expenses (as provided in section 10), the board shall immediately take all appropriate steps to assert and secure its rights to refund or recovery.

Claims for Burial and Funeral Expenses Against Estate of Decedent and Other Duplicate or Inconsistent Claims

17. (a) Whenever no claim for burial and funeral expenses is filed with the welfare board, or whenever a claim is filed and disallowed, and the funeral director or other person shall file a claim for such expenses against the executor or administrator of the estate of the decedent, such executor or administrator is barred by section 44:7-15, R.S. from allowing such claim in an amount exceeding $200 until the judgment claim of the welfare board for assistance granted the decedent has first been satisfied. The welfare board shall, where necessary, direct the attention of the executor or administrator to this statutory provision, and shall take all appropriate steps to assert and secure its rights.

(b) Whenever the welfare board shall have received a claim for burial and funeral expenses, and the funeral director or other person shall also file a claim on his own behalf or participate in the filing of a claim by others, for such expenses, against the

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executor or administrator of the estate of the decedent, or against the relatives of the decedent or other parties alleged to be liable, or with any insurance company, beneficial lodges or societies, or Bureau of Old Age and Survivors Insurance, which claim is in duplication of or inconsistent with the claim received by the welfare board, the welfare board shall:

(1) advise the executor or administrator, or other party or agency against whom the claim has been filed, of the circumstances, and take all appropriate steps to assert and secure its rights; and,

(2) report the matterto the State Division for review and advice; and,

(3) if payment has already been made on the claim received by the welfare board, report the matter in writing to the County Prosecutor.

General Notification to Funeral Directors; Record of Persons Notified

18. Each county welfare board shall, as promptly as possible following the issuance of this Ruling, transmit a copy thereof to each person or firm operating an establishment in such county as a funeral director, and shall thereafter transmit a copy promptly to any additional person or firm who engages in such profession. The county welfare board shall maintain and have available in its records at all times a list of all persons and firms so notified and the dates of notification.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

RULING SERIES
No. 2 - Insert in Handbook under section "Rulings and Bulletins". Destroy Ruling No. 2 issued October 1, 1949.

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# State of New Jersey

## DEPARTMENT OF INSTITUTIONS AND AGENCIES

TRENTON 8

BUREAU OF ASSISTANCE
148 WEST STATE STREET

March 2, 1954

TO COUNTY WELFARE DIRECTORS

Attached is one copy of Supplement No. 1 to Ruling No. 2, "Payment of Terminal Bills for Medical and Nursing Care," revised March 1, 1954. Additional copies for distribution to staff are being forwarded under separate cover.

The Bureau of State Use has been requested to submit proofs of Form ODA-11A and the form will be available on order in the near future. In the meantime you are requested to continue preparation of the form for your own use. Please note the revisions to the sample attached to bring it into conformity with changes in the regulation.

Copies of Supplement No. 1 to Ruling No. 2 issued December 1, 1953 are superseded and are to be destroyed.

Very truly yours

DEPARTMENT OF INSTITUTIONS AND AGENCIES

M P Dowdell

Marc P. Dowdell, Chief
Bureau of Assistance

MPD-MRd

Approved: 3/3/54
Elmer V. Andrews
Director of Welfare

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

March 1, 1954

SUPPLEMENT NO. 1 TO RULING NO. 2

PAYMENT OF TERMINAL BILLS FOR MEDICAL AND NURSING CARE

Old Age and Disability Assistance

Citation of Law

I. Chapter 213, P.L. 1953 amends Sections 13 and 25, Title 44:7 as follows:

44:7-13. If, on the death of a person receiving old age (or disability) assistance, it shall appear to the satisfaction of the county welfare board after investigation that there are insufficient funds to pay his burial and funeral expenses, and his terminal medical and nursing expenses, and that there are no relatives or other persons responsible to pay such expenses, or other persons willing to pay them, the county welfare board may order the payment of such sum as may be necessary, but not exceeding the sum of two hundred dollars ($200.00), to such person as the county welfare board may direct for the burial and funeral expenses of the deceased aged (or disabled) needy person; provided, however, that the total cost of such burial and funeral expenses does not exceed two hundred fifty dollars ($250.00); and the county welfare board may order the payment of such additional sum as may be necessary to the person or persons who furnished terminal medical and nursing service and are entitled to payment therefor; provided, however that only medical and nursing service furnished within the two calendar months immediately preceding the month in which the individual died may be recognized as terminal medical and nursing services.

Any sum so ordered to be paid for or on account of burial and funeral expenses and terminal medical and nursing services shall be first paid, so far as possible, from any fund otherwise undistributed received by the county welfare board from or for the account of the individual recipient, and may thereafter be paid, so far as necessary, from funds appropriated for old age (or disability) assistance payments. Any amounts so paid from funds appropriated for old age (or disability) assistance payments shall be deemed a part of the assistance granted to the individual recipient for the purpose of claims for reimbursement and recovery under sections 44:7-14, 44:7-15 and 44:7-19, Revised Statutes, and shall be a proper charge for division of cost between the State and county as referred to in section 44:7-25 of this Title.

. . .

The county welfare board shall not be liable to pay costs of burial and funeral and terminal medical and nursing services for a deceased recipient of old age (or disability) assistance incurred pursuant to a contract or contracts entered into without the knowledge and consent of the board, but may, at its discretion, pay such costs, or a portion thereof, within the limitations of this section.

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44:7-25. The State shall pay to each county welfare board the full amount of any funds received by the State from the Federal Government as Federal participation with respect to expenditures made by such county welfare board for old age (or disability) assistance, including burial and funeral expenses and terminal medical and nursing costs, plus an additional amount equal to seventy-five per centum (75%) of the balance of such expenditures after deducting the amount of such Federal participation, except that such additional amount shall be fifty per centum (50%) with respect to expenditures to or on behalf of persons who receive assistance while inmates or residents of any public or private institution licensed or approved as a hospital, nursing or convalescent home, or medical institution within the limitations specified in paragraph d. of section 44:7-5 of this Title.

General Interpretation of Statutory Provisions

II. The statutory amendments are interpreted as having the following general purposes:

A. To provide for post-mortem payment, of terminal medical and nursing services received by a recipient of assistance, from assistance funds when no other source of payment is available;

B. To limit the period considered "terminal" to two calendar months immediately preceding the month in which the individual died;

C. To limit the liability of the welfare board, for costs of terminal medical and nursing services, to those costs incurred with the knowledge of the welfare board, but permitting payment for services incurred without the welfare board's knowledge if in the board's judgment the claims are valid;

D. To provide that the cost of any such payments, when disbursed from assistance funds, shall be apportioned between state and county funds in the same proportion as would have applied at the time the services were furnished.

General Principles

III. The following general principles are declared to be in definition of the intent and purposes of this Ruling and shall themselves have the force and effect of rule and regulation:

A. Every recipient of old age and disability assistance coming within one of the classes defined in section IV., below, shall be entitled to have his terminal medical and nursing care bills considered for payment at public expense when no other sources of payment are available.

B. The next of kin or other persons willing to order and pay for medical and nursing services have the right to do so at their own expense, but neither the vendor of the service nor the parties ordering the service may rely on the expectation of payment by the welfare board in the absence of the board's prior knowledge and consent.

C. A claim filed with the county welfare board for terminal medical or nursing expenses, pursuant to these regulations, is not a bill of demand for payment owing under a contract, but merely a request for allowance to be granted or denied in the discretion of the welfare board consistent with this Ruling.

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Classes of Recipients Eligible for Payment of Terminal Bills

IV. Claims for payment of terminal medical and nursing service may be received and considered by the welfare board with respect to:

A. a person who is in active receipt of assistance at the time of his death;

B. a person for whom an assistance grant is approved prior to his death but who fails to receive initial payment because death occurs subsequent to approval of grant but before delivery of the initial payment;

C. a recipient whose grant has been suspended or withheld because of admission to a private general hospital for temporary care and who dies while still a patient in such hospital;

D. any former recipient who does not come within the requirements of A, B, or C but who had, at the time of death, insurance, securities, or other property assigned to or otherwise within the direct power of the welfare board to control and disburse; in cases coming within this class disbursements for terminal medical and nursing care bills are authorized to be made only from the proceeds of such insurance, securities, or other property and shall not be made in whole or in part from public funds.

Allowable Terminal Medical Expenses

V. For purposes of this Ruling payment from assistance funds for terminal medical and nursing services shall be limited to the following items according to the living arrangement existing at the time the services were rendered.

| Allowable Goods or Service for | Recipient Living in: | | | | |
|---|---|---|---|---|---|
| | Family Home | *Private Medical Institution | Private Non-Med. Institution | Public Medical Institution | Private General Hospital |
| A. Physicians visits or treatments | Yes | Yes | Yes | No | No |
| B. Prescriptions | Yes | Yes | Yes | No | No |
| C. Visiting Nurse Service | Yes | No | Yes | No | No |
| D. Board which includes nursing care | Yes | Yes | Yes | Yes | No |
| E. Practical nurse (unrelated to client and hired with approval of welfare board) | Yes | No | No | No | No |
| F. Dressings, medical supplies not in content of "allowable rate" for nursing care | Yes | Yes | Yes | No | No |
| ***G. Prosthetic appliances previously authorized and already delivered | Yes | Yes | Yes | Yes | Yes |
| ***H. Dental services previously authorized and already provided | Yes | Yes | Yes | Yes** | Yes |

* This refers to licensed nursing homes or approved infirmaries but does not include private general hospitals.

** If not included in normal service to institution's residents.

*** Payment also allowable when a prosthetic appliance (including dentures) has been specifically ordered by the welfare board so that there is an obligation to pay reasonable value for the amount of work actually completed, even though the client dies prior to receiving the completed appliance.

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Procedures for Filing Claim

VI. Procedures for Filing Claim

A. Persons Who May File Claim

A claim may be filed by the original vendor of the service or by a person or agency who, with the knowledge and consent of the welfare board, acted on the recipient's behalf in ordering the service and in paying for it at the time it was provided.

B. Method of Filing

The person claiming payment shall be furnished two copies of Form ODA-11A, shall execute one copy and submit to the welfare board not later than sixty days following the date of the recipient's death.

C. Refunds of Unearned Advance Payment for Care

In respect to a recipient who has paid for monthly maintenance or nursing care (as in boarding arrangements, private or public medical institution) and death occurs prior to the end of the advance payment period, the vendor of service shall refund the "unearned portion" of such advance payment. However, any obligations for terminal goods and services which are claimable by the establishment (within the limitations of VI, A, above) may be set-off and deducted from the refund due the welfare board, provided a detailed,itemized account of the set-off transaction is submitted. Where there is no refund against which terminal bills may be set-off, the establishment will submit claims for terminal medical goods and services in accordance with the procedures in this regulation.

Conditions for Approval of Claims

VII. The county welfare board shall not approve any claim for payment of terminal medical and nursing service from assistance funds unless all of the following conditions are met, except for such conditions as are authorized to be waived pursuant to section VIII, below:

A. That the claim on Form ODA-11A was submitted to the welfare board not later than sixty days following date of recipient's death;

B. That the claim on Form ODA-11A has been completed and properly executed in full detail, without any omission, evasion, misrepresentation, or discrepancy;

C. That the deceased recipient was a person within one of the classes defined in section IV;

D. That the goods or service for which claim is made is an allowable item as defined in section V;

E. That the goods or service was supplied to the recipient within two calendar months prior to the month in which the recipient died; and within a month or months during which the individual was an approved recipient; and within a month or months occurring after June 30, 1953.

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F. That the goods or service was supplied with the authorization of the welfare board ("authorization", for this purpose, includes general open-end authorizations to physicians and pharmacists for routine services, where the welfare board has extended such general authorizations); or, the need for such goods and service was of an emergency nature and arose at a time when it would be unreasonable to expect prior notification to the welfare board, provided that the welfare board was notified within seventy-two hours subsequent to supplying the goods or service.

G. That the deceased did not leave an estate, subject to being probated or administered by a party other than the welfare board or its designated representative, with sufficient value to support and allow a claim thereon for terminal medical and nursing care costs;

H. That any and all payments which have been received by or which are due to any person or persons by reason of the liability of any insurance or death or fraternal benefit company, association or society, arising upon the death of the decedent, or by reason of entitlement to any industrial or governmental death benefit payment (including any O.A.S.I. lump-sum death benefit only if payable to the widow or widower in that capacity), and which will not be made available to the welfare board by the person who has received or will receive such payments, have been recognized and accounted for in determining the amount to be allowed on the claim;

I. That the ability of legally responsible relatives of the decedent to contribute, out of their personal resources, in whole or in part to his terminal medical and nursing expenses, has been evaluated, recognized and accounted for in determining the amount to be allowed on the claim;

J. That the voluntary offers, if any, of persons, organizations and associations not legally responsible for the decedent, to contribute in whole or in part to his terminal medical and nursing expenses, have been recognized and accounted for in determining the amount to be allowed on the claim;

K. That compliance with the foregoing conditions has been determined after appropriate investigation.

Waiver of Certain Conditions

VIII. In appropriate cases, one or more of the conditions specified in section VII for approval of claims may be waived as follows:

A. The conditions stated in VII-A and VII-B may be waived at the discretion of the welfare board, upon a showing of misunderstanding, mistake, or unavoidable delay not prejudicial to the validity of the claim in other respects;

B. The conditions stated in VII-F through J, inclusive, may be waived, at the discretion of the welfare board, where the welfare board has already received, or has an absolute guarantee of receiving, full reimbursement for assistance extended to the decedent, which will not be impaired or prejudiced by the waiver;

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C. None other of the specified conditions shall be waived by the welfare board, but the board may, in any case in which it determines that any such condition should be so waived to avoid hardship or inequity, present a recommendation with supporting reasons to the Bureau of Assistance, for disposition in the discretion of the Bureau.

Time and Source of Payment

IX. The amount determined to be allowed on any claim shall be paid as promptly as possible after such determination, and in any event within thirty days thereafter, from the following sources in the order named:

A. First, from cash or assets immediately convertible into cash accountable to the decedent, which by assignment or otherwise are in the ownership, possession or control of the welfare board, are free of obligation or commitment for burial and funeral expenses of the decedent, and are available for disbursement with respect to terminal medical and nursing expenses;

B. Second, from public funds appropriated for assistance payments.

Notification to Parties In Interest

X. Upon the allowance, partial allowance, or disallowance of any claim, notification in writing of such action shall be sent to the claimant, and to any other parties who were found to have contributed, to have promised to contribute, or to be obligated to contribute to the terminal medical and nursing expenses of the decedent.

Disputed Claims

XI. In the event of any claim which becomes the subject of dispute or disagreement between the welfare board and the claimant, the welfare board shall report the matter to the Bureau of Assistance for review and advice before any disbursement is made.

Division of Costs

XII. All allowances or portions of allowances for terminal medical and nursing expenses disbursed from assistance funds after July 1, 1953 shall be accounted for as chargeable to State funds and county funds in the same proportion as would have applied at the time the services were furnished.

Payments from Public Funds Deemed Assistance Payments

XIII. Any amounts paid by the welfare board from public funds for the terminal medical and nursing expenses of an individual shall be deemed a part of the assistance granted to the decedent for the purpose of claims for reimbursement and recovery under section 44:7-14, 15 and 19, R.S.

Claims for Refunds

XIV. If the board shall discover any other funds or amounts which were or should have been available to meet the terminal medical and nursing expenses of the decedent, and which were not accounted for in determining the amount of the board's payment for such expenses, the board shall immediately take all appropriate steps to assert and secure its rights to refund or recovery.

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Recording in Minutes

XV. Pending issuance of a revised Ruling No. 22, all payments for terminal medical and nursing bills will be entered in Schedule V of the Minutes. The Schedule will now be completed in two parts as follows:

Part I will include authorization covering burial payments.

Part II will include authorization covering terminal medical and nursing bills.

Part I will be completed as heretofore.

Part II, the new section of this Schedule may be completed under one of two optional methods:

Method "A"

Under this method complete identifying data will be entered in the Schedule as in the following illustrations:
(In these illustrations, in column 1 the entry "D" followed by a date, means date of death; the entry "L.P." followed by a date, means month of last assistance payment; in column 3, "Type of Service" shall be used only where the name of the vendor in column 2 does not of itself identify the type of Service.)

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SCHEDULE V
PART II, TERMINAL MEDICAL AND NURSING BILLS

| (1) Case Information | (2) Vendor | (3) Type of Service | (4) Date of Service | (5) Date Bill Received | (6) Amt. of Bill | Amount Allowed (7) Clearing | Amount Allowed (8) Assistance |
|---|---|---|---|---|---|---|---|
| X-609,Brown | Dr.J.Smith | | 8/30 | 9/3 | 3.00) | | |
| D.9/12/53 | Dr.J.Smith | | 9/12 | 9/20 | 6.00) | | 9.00 |
| L.P.8/53 | R. Rexall | | 9/12 | 9/15 | 11.00) | | 11.00 |
| X-788,Rice | Jane Doe | Practical | 8/15 to | | | | |
| D.8/27/53 | | Nurse | 8/27 | 9/12 | 42.00 | | 42.00 |
| L.P.7/53 | Dr.R.Black | | 8/12,13 14,16, 18,20, 22,23 24,25 | | | | |
| | | | 26,27 | 8/9 | 36.00 | | 36.00 |
| X-3456,Jones | Dr.A.Good | | 8/31; | | | | |
| D.9/2/53 | | | 9/1,2 | 9/14 | 9.00 | 9.00 | |
| L.P.8/53 | State Rx | | 6/20 | 9/21 | | Disallowed | |
| X-4567,Harris | Smith | Drugs | 9/1 to | | | | |
| D.9/10/53 | Nursing | | 9/10 | 10/10 | 4.63 | | 4.63 |
| L.P.8/53 | Home | | | | | | |
| | Dr.B.Hugus | | 9/6,7,9 | 9/28 | 9.00 | | 9.00 |
| X-4608,Little | Memorial | Brace | 8/5 | 9/5 | 35.00 | | 35.00 |
| D.9/2/53 | Hospital | | | | | | |
| L.P.7/53 | | | | | | | |
| X-4793 Brink | Dr.B.Wright | | 7/4 | 10.15 | | Disallowed | |
| D.7/5/53 | | | | | | | |
| L.P.6/53 | | | | | | | |

Method "B"
Under this method the entries in Schedule V Part II will be limited to columns 1, (eliminating date of death) 2, 6, 7, and 8 provided duplicate copies of Form CDA-11A are submitted to the Bureau with the monthly material as follows: a copy of the CDA-11A received from each vendor; when there are two or more CDA-11A's for the same client they shall be stapled together; all CDA-11A's submitted for the month shall be assembled in registration number order.

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Preparation of Checks

XVI. Following approval for payment of the terminal medical and nursing bills, the assistance checks may be drawn for the respective vendors by reference to Part II of Schedule V.

The check will be prepared manually (typed) showing the payee's name and postal address. The check should be prepared and released by the welfare board as promptly as possible following the date of the meeting in which the respective payment is entered in Part II of Schedule V. It is recommended that in any event such checks be prepared and released by the 25th of the month in order that they may be received by the payees before the end of the month, and thereby reduce to a minimum the incidence of duplicated and repetitive billing for services or supplies rendered.

The checks may be numbered at the convenience of the welfare board. The larger counties may wish to issue a new series of checks to be used for terminal bills. The check numbers on such a new series could begin with the number "one" to be preceded by the letter T, indicating terminal payment.

It is recommended that all county welfare boards purchase a small rubber stamp with the words, "FOR SERVICES OR SUPPLIES RENDERED". This stamp should be printed on all checks issued to vendors, including funeral directors, as an explanation for issuance of an assistance check to the individuals concerned.

Entries on Form ODA-4

XVII. Using a work-copy of Part II of Schedule V, the payments of terminal bills approved by the welfare board should be classified as medical institution cases or other cases. Each such group shall be listed in the respective sections of the Form CDA-4 on the final page of these sections of the bill. Each case will be entered in the respective section of the bill by use of an entry of two lines or more. The first line will show the case identification (i.e., number and client's name); second line and additional lines will indicate the vendor(s) and the amount(s) of the approved payment(s) together with the check number(s). The amounts of these payments for each section of the bill will be considered as non-federally matchable and will be added to the total of the non-matchable assistance reported in preceding sections of the bill. The grand total of the payments will be forwarded in the usual manner to Form ODA-4A.

It is important to maintain a careful review of all bills in order to avoid duplicate payment. Any credit or refund which is received by the welfare board with respect to terminal medical and nursing bills will be entered in the respective sections of Form ODA-4 as a reduction entry. It is believed that this plan will be workable since the number of credits and refunds is not expected to be large.

Entries on Form ODA-8

XVIII. In making the entry on Form CDA-8 with respect to the assistance payments to be used in calculating the average grant, the amounts disbursed for terminal medical and nursing bills should not be included.

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Entries in Cash-Journal

XIX. Entries in the cash-journal will be made in the usual manner from CDA-4, including the amounts disbursed for terminal medical and nursing bills as well as burial payments, as heretofore, and no separate entries with respect to the terminal payments will be required.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

M. P. Dowdell

Marc P. Dowdell, Chief
Bureau of Assistance

Approved: 3/3/54
Elmer V. Andrews
Director of Welfare

Ruling Series.
Supplement No. 1 to Ruling No. 2 Insert in Handbook under section "Rulings and Bulletins". Destroy Supplement No. 1 (Temporary) to Ruling No. 2 issued 12.1/53.

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

Form ODA-11A
3/54

# REQUEST FOR PAYMENT OF TERMINAL MEDICAL OR NURSING EXPENSES

(This form must be executed and submitted to the County Welfare Board not later than sixty days following date of recipient's death.)

Registration No._____

Name of Recipient_____ Address_____

Date of Death_____

To_____County Welfare Board_____
_____, being sworn according to law, presents this petition to the_____ County Welfare Board and says that he has full knowledge of the facts contained herein; that he understands that payment of all or any part of the sum requested is subject to the approval and authorization of the said Welfare Board in conformity with the regulations promulgated by the Bureau of Assistance of the Department of Institutions and Agencies; that the statement below is a just and true account of goods furnished and/or services rendered; that no claim for payment of these goods or services, or for any additional amount has been made from any other person whatsoever; and that upon payment by the Welfare Board of the amount requested no claim for any additional amount will be made from the Welfare Board or from any other person.

| Identify Goods or Service | Date(s) Rendered | Amount Claimed |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

Total Amount Requested from Welfare Board $_____

Sworn to and subscribed to before me this_____day of_____19___

_____
(Signature of Claimant)

_____
(Address)

---

Date_____19____

Approved for $_____by_____County Welfare Board to be

Paid from Assistance Account $_____

Paid from Clearing Account $_____

_____
(Director)

(See reverse side for Allowable Goods and Services)

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#2 IMPORTANT - READ CAREFULLY BEFORE SUBMITTING REQUEST Form CDA-11A 3/54

The regulations of the Bureau of Assistance, Department of Institutions and Agencies provide for the approval of payment for allowable terminal medical and nursing expenses under the following conditions for which the supplier is responsible:

A. That the claim on Form CDA-11A is submitted to the welfare board not later than sixty days following date of recipient's death, and that the claim is completed and properly executed;

B. That the goods or service was supplied to the recipient within the two calendar months prior to the month in which the recipient died; and within a month or months during which the individual was an approved recipient; and within a month or months occurring after June 30, 1953;

C. That the goods or service was supplied with the knowledge or under general authorization of the welfare board; or, in an emergency, that the welfare board was notified and accepted responsibility within seventy-two hours subsequent to the supply of goods or service;

D. That the goods or service is an allowable claim as specified below:

## Allowable Terminal Medical Expenses

| Allowable Goods or Service for | Recipient Living in: | | | | |
|---|---|---|---|---|---|
| | Family Home | *Private Medical Institution | Private Non-Med. Institution | Public Medical Institution | Private General Hospital |
| A. Physicians visits or treatments | Yes | Yes | Yes | No | No |
| B. Prescriptions | Yes | Yes | Yes | No | No |
| C. Visiting Nurse Service | Yes | No | Yes | No | No |
| D. Board which includes nursing care | Yes | Yes | Yes | Yes | No |
| E. Practical nurse (unrelated to client and hired with approval of welfare board) | Yes | No | No | No | No |
| F. Dressings, medical supplies not in content of "allowable rate" for nursing care | Yes | Yes | Yes | No | No |
| ***G. Prosthetic appliances previously authorized and already delivered | Yes | Yes | Yes | Yes | Yes |
| ***H. Dental services previously authorized and already provided | Yes | Yes | Yes | Yes** | Yes |

*This refers to licensed nursing homes or approved infirmaries but does not include private general hospitals.

**If not included in normal service to institution's residents.

***Where the manufacture of a special prosthetic appliance (including dentures) has been specifically ordered by the welfare board so that there is an obligation to pay reasonable value for the amount of work actually completed, even though the client dies prior to receiving the appliance, the claim will be given consideration by the welfare board.

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

BUREAU OF ASSISTANCE

REGULATION #
Ruling #4

ISSUED: May 1, 1950
(Date)

REV.:
(Date)

TITLE: Reports on Receipt and Disposition of Applications

SUBJECT:

STATUTORY REFERENCE: R.S. 44:7-18

Bureau of Assistance

Approved:

By

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State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

May 1, 1950

RULING NO. 4

## REPORTS ON RECEIPT AND DISPOSITION OF APPLICATIONS

Citation of Law.

1. Section 44:7-18, R.S. requires that "the county welfare board shall at once report to the State division its decision in each case together with copies of the application and record of investigation".

Interpretation of Statutory Requirement.

2. The cited language is interpreted as requiring the State division to establish, and the county welfare board to comply with, practical methods and procedures whereby as needed for the accomplishment of the supervisory and administrative responsibilities with which the division is charged, the division will

(a) be currently informed concerning the existence and identity of each application or request for assistance requiring disposition by the board or its staff;

(b) be currently informed concerning the initial disposition and all subsequent dispositions of each such application or request for assistance;

(c) be currently furnished with certain salient facts, developed and verified by investigation, in support of the dispositions made;

(d) have ready access to all original forms, records, or other writings constituting applications, case records, records of investigation, and documents, memoranda, and other written records relating thereto, whenever and to whatever extent may be necessary.

Purpose of Ruling.

3. For the accomplishment of the purposes stated in section 2, the requirements hereafter stated or referred to have been or are hereby established.

Reports of Applications.

4. The State division will be currently informed of the existence and identity of each application in the following manner:

Daily Submission of OA-7 Forms

(a) at the close of each day's business beginning May 1, 1950, the county welfare board will transmit to the division by mail a copy of Form OA-7 for each individual

(1) who, being previously unregistered, on that day made a request for old age assistance or a request for an application for old age assistance, whether such request was made in person, by mail, by telephone, or through an authorized representative, and regardless of whether or not the execution of Form OA-1 has been or will be completed;

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(2) who, being previously registered but not currently in either "active recipient" or "pending application" status, on that day made a request (other than a request for fair hearing) for old age assistance, or for an application for old age assistance, or for review, reinvestigation, reopening, reapplication, or reinstatement of his eligibility status for old age assistance, whether such request was made in person, by mail, by telephone, or through an authorized representative, and regardless of whether or not the execution of Form OA-1 has been or will be completed.

Entries on OA-7 Forms.

(b) the copy of Form OA-7 for submission to the State Division will be completed with the following entries:

(1) Name. -- Enter the full name (last name first), including middle names or initials.

(2) Registration Number. -- Enter the registration number (including identifying county letters) assigned to the case. If a registration number had been previously assigned to the person in the same county, use the former number. Following the registration number, enter on each card appropriate code letters as follows:

if the registration is a "new application", as defined in Bulletin No. 14, Section A, Item 2(a), enter the code "(NA)";

if the registration is a "reapplication", as defined in Bulletin No. 14, Section A, Item 2(b), enter the code "(RA)";

if the registration is a "reopened case", as defined in Bulletin No. 14, Section A, Item 2(c), enter the code "(RO)";

if the registration is a "transferred case", as defined in Bulletin No. 14, Section A, Item 2(d), enter the code "(TR)".

(3) Street address. -- Enter the street and house number of the place where the applicant is living, if known; otherwise enter mailing address or post-office box number.

(4) City or town. -- Enter the name of the incorporated municipality in which the applicant is living, if known; otherwise enter name of locality appropriate to mailing address or post-office box number.

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(5) Date of birth. -- Enter month, day, and year of birth as declared by the applicant. In those instances where the date of birth so declared has already been verified, enter the code "(V)".

(6) Date of application. -- On the right hand portion of the line beginning "City or town", and directly under the words "Date of birth", enter the date on which the application or request for assistance is currently being registered, showing month, day, and year in that order by numerals, e.g. 5/15/50.

(7) Date Assistance began ) -- No entries will be made for
Date of Denial ) these items for submission to
Date of Death ) the State division.

Applications Pending on 4/30/50.

(c) at the start of business on May 1, 1950, the county welfare board will prepare, and transmit to the Division by mail on that day, a Form OA-7, completed in the manner prescribed in (b) above, for each individual whose application was reported as "pending" in Item 7 of Form OA-8 for the month of April, and for each additional individual whose application was accepted for registration after the closing of the OA-8 report for the month of April but before May 1, 1950. Such additional individuals, if any, will be included in the count of Item 1."Pending from last month" on Form OA-8 for the month of May, 1950.

Monthly Submission of Report OA-8.

(d) at the close of each calendar month, beginning with the month of May, 1950, the county welfare board will file with the Division the monthly statistical report, Form OA-8, which shall be prepared and transmitted in the manner specified in Bulletin No. 14, and which shall reflect accurate counts of transactions through the last calendar day of the month for which the report is prepared.

The figures reported in Section A of the OA-8, by classifications, should balance with the accumulated totals of OA-7 cards, as coded under section 4(b)(2), which will have been transmitted to the State Division on a daily basis during the course of the month.

Reports of Dispositions.

5. The State division will be currently informed concerning the initial disposition and all subsequent dispositions of each application through the reporting method specified in Ruling #22.

Reports of Supporting Factual Data.

6. The State division will be furnished with certain salient facts, developed and verified by investigation, in support of the dispositions made, by the following methods:

(a) the monthly submission of social data cards (Form OA-14) for individuals accepted for old age assistance, as specified in Bulletin #20;

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(b) the monthly submission of social data cards (Form OA-13) for cases closed, as specified in Bulletin #24;

(c) the accomplishment of both regular and special case-review studies, in the local office, to be conducted by state, federal, or other staff assigned for such purpose.

Access to Original Records.

7. The State division will have ready access to all original forms, records, or other writings relevant to applications and the disposition thereof, as a result of:

(a) the provisions of Ruling #1, which requires the maintenance and availability of complete original case records in the local office; and

(b) the provisions of Ruling #20, particularly regulation 3(c), which requires the furnishing of such records to agents and representatives of the division.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Ruling Series.
No. 4. Insert in Handbook under section "Rulings and Bulletins". Destroy Bulletin #2 issued July 13, 1945.

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

BUREAU OF ASSISTANCE

REGULATION #_____
Ruling #5

ISSUED: August 17, 1945
(Date)

REV.:_____
(Date)

Supplement #1, Rev. 5/1/50
Supplement #2, 8/17/45
Supplement #3, 9/19/47

TITLE: Interpretation of Residence Requirements

SUBJECT:_____

STATUTORY REFERENCE: R.S. 44:7-5, 44:7-6

Bureau of Assistance

Approved:

_____

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State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

August 17, 1945

RULING NO. 5

INTERPRETATION OF RESIDENCE REQUIREMENTS

The following statement outlines in detail the policy with respect to residence requirements for old age assistance. It also outlines our policy concerning clients who remove from New Jersey either temporarily or permanently. Special arrangements for interchange of clients on a reciprocal basis with other States are set forth in supplements to this ruling. At this date such supplements cover special arrangements with Pennsylvania and New York.

Requirement for Eligibility at Time of Application

The residence requirement for old age assistance shall be regarded as satisfied if the applicant can establish:

1. That he has been physically present in the State without interruption for the twelve months immediately preceding date of application; or

2. That he has been a resident of the State for the twelve months period immediately preceding application and that such residence shall not have been abandoned. Abandonment shall be defined as absence from the State for a period greater than twelve months out of the twenty-four months immediately preceding application, except

3. That in any case where abandonment as above defined works a hardship on the applicant the case shall be referred to the State Division of Old Age Assistance which in consultation with the county welfare board shall proceed to make a determination regarding the applicant's intent as to residence within the requirements of the statute.

4. That he is a recipient of old age assistance from a state which has entered into a reciprocal agreement with New Jersey for the immediate transfer of cases, and referral of the case has been received from the local agency in the area of the recipient's previous residence because the recipient desires to establish permanent residence in New Jersey.

Provisions (2) and (3) above are made as a protection to persons who may have had a lengthyresidence in the State but who for good cause may have found it necessary to interrupt the period of twelve months residence immediately preceding the application by a temporary visit out of State. Further, at no time shall the fact that the applicant is receiving or has received public assistance, in whatever form, from an agency within the State or outside the State be construed, of itself, as an impairment to acquiring residence for purposes of the Old Age Assistance Act.

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Eligibility of Recipients upon Removal from State

Absence from the State shall not of itself be sufficient cause for discontinuing old age assistance. However, since it is essential that administrative safeguards be established to protect the public interest in every situation where assistance is continued to a client residing out of State, the following procedure is set forth:

Whenever a client desires to go out of the State, whether for a temporary visit of three months or more or with intent to remain permanently and desires to continue to receive old age assistance, the welfare board should be apprised of such intention in advance. At that time the client's proposed arrangements should be reviewed with him from the standpoint of the suitability of the new living conditions and his financial needs while residing out of State. In addition if any health problem is indicated the client shall be advised of the peculiarity of local residence requirements affecting medical services, particularly hospitalization, so far as they are known.

Before the continuation of old age assistance to a client removing from New Jersey is authorized by the welfare board, in any case where removal is for a period of three months or more, contact shall be made with a representative public welfare agency in the community to which removal has been made or is anticipated for the purposes of inquiring into the following: 1) willingness of the out-of-State friends or relatives to receive the client; 2) adequacy of available accomodations out of State; 3) need for continued public assistance and amount of such need, if any; 4) willingness of the out-of-State agency to make the usual six-months investigation of eligibility and to give the case such interim supervision as the situation of the client requires. This procedure is not construed as a limitation upon the residence of the client but rather as a necessary service to insure adequate care while he is out of the State.

When the client has expressed an intent that his stay will be of a temporary nature and he leaves this State with the intention of returning after the accomplishment of the purpose for which the visit was made and need has been demonstrated thru out-of-State contact as outlined above, assistance shall be continued for the duration of such visit providing client does not alter his intention and decide to reside permanently outside New Jersey.

Such assistance, based upon the recommendations of the local agency supervising the area of client's temporary residence, shall include the usual living expenses, cost of medical care as incurred, and the cost of burial if death should ensue during the visit. Cost of burial would be limited as per Ruling No. 2.

When the client plans to reside permanently in another State, determination shall be made of the other state's willingness to accept the stay of the client within its jurisdiction while receiving assistance from New Jersey as an accumulative period during which residence may be gained in that State for purposes of one of the public assistance programs. Old age assistance shall be continued, provided need is demonstrated as outlined above, until such residence requirement is fulfilled.

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When the client desires to move permanently to a state which has entered into a reciprocal agreement with New Jersey for the immediate transfer of cases, the appropriate local agency shall be notified promptly to enable it to initiate an investigation. A case summary shall be provided the out-of-state agency as soon as change of residence is affected. The client shall be instructed where to file application for assistance in the state of residence, and assistance shall be continued by the New Jersey agency until notification of acceptance has been received from the other state's local agency. However, assistance shall not be continued for more than two months following that in which change of residence takes place.

If upon inquiry it appears, however, that residence can never be gained by the client despite his intention, or if the residence requirement exceeds five years the case shall be immediately referred to the State Division for a determination concerning the continuance of assistance. Similar action should be taken where the appropriate out-of-State agency refuses to make the required investigation.

Sources of Residence Verification

In general, written records supported by testimony of responsible individuals supply the most adequate verification of the residence requirement. Unless contradicted by other evidence or testimony the following records, when they indicate length of residence, are deemed acceptable:

Rent receipts and utilities bills;
Telephone directories;
City directories when it is known that such directories are maintained on a current basis;
Records of public and private welfare agencies;
Physicians' records supported by the physician's personal testimony;
Employment records supported by the employer's testimony that he has had continuous knowledge of the applicant's abode;
Post office records or knowledge of postmaster or carrier.

If none of the above types of evidence are available, if they are contradictory, or if the evidence offered by written records is not found satisfactory, the following sources of evidence may be deemed acceptable, particularly if two or more pieces of such evidence are corroborative one of another:

Personal testimony of employers, neighbors, landlords, and tradesmen where it can be shown that such persons are unbiased and where it is possible to indicate in the record the manner in which such persons have knowledge of the applicant's place of residence;

Election records;

Addresses shown on real property tax records.

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Evidence which is not regarded as acceptable includes the unsupported testimony of the applicant, testimony of his relatives when there is no corroborative evidence, and recorded statements of the type, "Mr. _____ _____ has known applicant for _____ years."

The above lists are not intended as exhaustive statements of the several kinds of evidence which may be used for residence verification; they are presented as suggestions of the kinds of evidence most frequently available.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Approved August 17, 1945
Sanford Bates, Commissioner

Ruling Series.
No. 5. Insert in Handbook under section "Rulings and Bulletins".
Destroy Ruling No. 5 dated May 31, 1943.

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State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

May 1, 1950

SUPPLEMENT NO. 1 TO RULING NO. 5

MIGRATION BETWEEN NEW JERSEY AND PENNSYLVANIA

Former Agreement for "Transfer of Cases" Abrogated.

1. Supplement No. 1 to Ruling No. 5, entitled "Transfer of Cases between New Jersey and Pennsylvania", issued August 17, 1945, is hereby rescinded. The previously existing understanding which contemplated a uniform method for "transfer of cases" between the two jurisdictions, without interruption of assistance payments, is declared abrogated.

Continuing Eligibility of N.J. Recipients Already Living in Pennsylvania.

2. Recipients of old age assistance from New Jersey who, on May 1, 1950, are already living in Pennsylvania, under arrangements known to and approved by the county welfare board, may continue to receive assistance, if otherwise eligible, for a period of twelve months from the month in which the move from New Jersey to Pennsylvania occurred. Each such recipient shall be notified by letter, within 30 days from the issue of this Supplement, that his eligibility for assistance from New Jersey will terminate, if he continues to live in Pennsylvania, on the date he gains residence eligibility in Pennsylvania, that is, one year from the date on which he moved into that jurisdiction. It will be the recipient's personal responsibility to file formal application in Pennsylvania, at or before such date.

Administrative Control to be Established.

3. The director of welfare will establish appropriate administrative controls covering all recipients referred to in section 2, whereby the payment to be issued for the month during which the recipient acquires residence eligibility in Pennsylvania will be the last such payment issued from New Jersey, and will be accompanied by a letter of transmittal reinforming the recipient of that fact.

Eligibility of N.J. Recipients Who Move to Pennsylvania on and after May 1, 1950.

4. The continuing eligibility of N. J. recipients who move to Pennsylvania on and after May 1, 1950, will be governed as follows:

a. Permanent Move -- A recipient who leaves New Jersey and goes to live permanently in Pennsylvania, becomes immediately ineligible for further old age assistance from New Jersey. He will not, however, have eligibility to receive old age assistance from Pennsylvania unless and until he has attained one year's residence in that state. New Jersey recipients who are considering permanent moves to Pennsylvania should be so advised in order that they may plan accordingly.

b. Temporary Move -- A recipient who leaves New Jersey and goes to Pennsylvania for a temporary stay only, intending to return to his established home in New Jersey within a period of three months, may continue to receive old age assistance from New Jersey during such temporary stay, if he is otherwise eligible. His intention to return is determined from his own statement of his plans, so far as these are consistent with his actions and with other objective evidence. A "temporary stay" is defined as one which is not an actual and complete

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change of customary place of abode, and which does not exceed three months, unless the recipient thereafter reports, and it is verified, that his health or other circumstances beyond his control prevent his return within the three month period but that he still intends to return to New Jersey. If, because of such circumstances, assistance is continued beyond three months, the total period including the three months may not exceed one year. Administrative controls shall be set up which will automatically result in the discontinuance of the grant at the end of three months. If at that time, the director of welfare finds that circumstances permit continuing assistance, for the reasons stated in this subsection, new controls shall be set up for discontinuance at the appropriate time, but not later than one year.

c. Uncertain Move -- Where it is not clearly evident, in the first instance, whether the move is permanent or temporary, it shall be regarded as temporary for a period not exceeding three months. If a person goes repeatedly to Pennsylvania for "temporary stays" and returns to New Jersey only for brief intervals in between, it shall be the responsibility of the county welfare board to determine whether or not an actual removal has taken place and the recipient has in fact made Pennsylvania his customary place of abode.

Continuing Eligibility of Pennsylvania Recipients who Moved to N.J. before 11/1/49.

5. The State Division understands that Pennsylvania recipients, who moved to New Jersey before November 1, 1949, will continue to receive assistance from Pennsylvania if otherwise eligible, for a period of twelve months from the date of the move. All such recipients have been so notified.

Status of Penna.Recipients Who Moved to N.J. on & after 11/1/49.

6. The State Division understands that the eligibility status of Pennsylvania recipients who moved to New Jersey on and after November 1, 1949, is governed by rules substantially identical with those stated in section 4 of this Supplement. This means that such persons may become ineligible for continuing assistance from Pennsylvania even before completion of the one year's residence required for attainment of eligibility in New Jersey.

Status of Non-Recipients.

7. Persons not already receiving old age assistance who move from Pennsylvania to New Jersey, or vice versa, are ineligible fn the state from which they migrated unless and until they return to live in such state and are then found otherwise eligible; such persons are also ineligible in the state to which they migrated unless and until they have lived in such state for a period of one year immediately preceding application.

DEPARTMENT INSTITUTIONS AND AGENCIES

Approved: Elmer V. Andrews
Deputy Commissioner for Welfare

Marc P. Dowdell, Director
Division of Old Age Assistance

Ruling Series.
Supplement 1 to Ruling No. 5 - Insert in Handbook under section "Rulings and Bulletins". Destroy Supplement 1 to Ruling 5, issued August 1[illegible]

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State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

SUPPLEMENT NO. 2 TO RULING NO. 5

TRANSFER OF CASES BETWEEN NEW JERSEY AND NEW YORK

Following is an excerpt from an agreement which shall become effective September 15, 1945 between the Department of Social Welfare of the State of New York, party of the first part, and the Department of Institutions and Agencies of the State of New Jersey, party of the second part:

"NOW, THEREFORE, IT IS MUTUALLY AGREED by and between the parties hereto as follows, to wit:

(1) That the party of the first part will arrange through its proper public local administering agencies to receive the applications of persons eligible for old age assistance in the State of New Jersey, who remove to the State of New York with intention to take up permanent residence therein, and will arrange through its proper local administering agencies to provide for their needs, in accordance with the provisions of the Social Welfare Law of New York State; and

(2) That the party of the second part through its proper public local administering agencies will accept persons eligible for old age assistance in the State of New York, who remove to the State of New Jersey with intention to take up permanent residence therein, and will provide for their needs in accordance with the New Jersey old age assistance law; and

(3) That in the event of the death of a recipient who has moved from one to the other of the states under the provisions of articles (1) and (2) of this agreement, the party and/or its proper local administering agencies, holding assignment or otherwise controlling any of the personal or real property of the deceased shall, before considering any claim which the other party might have against the estate of the deceased, take reimbursement for all public aid paid by said State and/or its proper local administering agencies; and that in the event full reimbursement is received by said party, and/or its proper local administering agencies, and a balance of funds remains, then said party shall notify the other of this fact;"

The procedure for handling cases under this agreement is outlined in Ruling No. 5 revised, copies of which accompany this supplement.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Approved August 17, 1945
Sanford Bates, Commissioner

Ruling Series.
Supplement No. 2 to Ruling No. 5. Insert in Handbook under section "Rulings and Bulletins".

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State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

September 19, 1947

SUPPLEMENT NO. 3 TO RULING NO. 5

TRANSFER OF CASES BETWEEN NEW JERSEY AND WISCONSIN

Pursuant to enabling legislation in both New Jersey and Wisconsin, correspondence has been exchanged between the New Jersey Department of Institutions and Agencies and the Wisconsin Department of Public Welfare regarding the transfer of old age assistance cases between the states on a reciprocal basis. This correspondence is regarded as having established a mutual understanding of policies and procedures to apply between the administrative agencies of the two states.

Our understanding is that New Jersey will grant old age assistance to any person who moves from Wisconsin to New Jersey with the intention of becoming a permanent resident, waiving the requirement for one year of continuous residence in New Jersey immediately preceding date of application, provided the applicant is in all other respects eligible for assistance under New Jersey law; and that Wisconsin will in turn do the same for persons who move from New Jersey to Wisconsin with the intention of becoming permanent residents of Wisconsin.

In the case of an active recipient whose case is transfered from one state to the other according to the principle stated above, the state which has first acquired a vested interest in any of the clients' assets or resources by assignment, lien, mortgage, or other form of sequestration, will maintain its preemption as to such assets or resources. The liquidation and disposition of such assets and resources, at the time of the client's death or otherwise, will conform to the law and administrative policy of the state having the preemption. The administrative agencies in both states, however, undertake to maintain a policy of prompt notification and full exchange of information with respect to such matters.

It is further understood that when a resident of either State who is receiving old age assistance in such State removes to the other State for temporary abode only, without intention of becoming a permanent resident, the agency in the State of origin will continue to extend assistance so long as the client continues to be otherwise eligible, and will continue to be responsible for the usual budgeted items of need including medical care, hospitalization, and burial expenses if death occurs, until such time as the client returns to the State of origin, or forms the intent of becoming a permanent resident of the State of temporary abode prior to returning to the State of origin. Such intent to become a permanent resident shall in any event be presumed when the temporary abode has continued for one year. In determining the amount of assistance to be extended to a client who is residing temporarily in the other State, the agency in the State of origin will consider, as fully as its law and regulations permit, the recommendations of the agency in the State of temporary abode, based on the assistance standards prevailing in such State, with respect to the need of such person for continuing assistance.

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The understanding between the States as outlined above is effective immediately.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Approved August 4, 1947
Sanford Bates, Commissioner

Ruling Series.
Supplement No. 3 to Ruling No. 5. Insert in Handbook under section "Rulings and Bulletins".

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

BUREAU OF ASSISTANCE

REGULATION # _____
Ruling #6

ISSUED: July 1, 1939
(Date)

REV.: _____
(Date)

TITLE: Investigations on Application and Continuance

SUBJECT: _____

STATUTORY REFERENCE: R.S. 44:7-17
44:7-18
44:7-22

Irving Engelman
Bureau of Assistance

Approved:

_____

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State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

July 1, 1939

RULING No. 6

# INVESTIGATIONS ON APPLICATION AND CONTINUANCE

## Statement of Law

The Old Age Assistance Law, Title 44, Chapter 7, Revised Statutes of New Jersey, provides in Section 17:

> "An applicant for old age assistance shall make his application therefor to the county welfare board for the county in which the applicant resides. The person requesting assistance may apply in person or the application may be made by another in his behalf. The application shall be made in writing or reduced to writing, in manner and form prescribed by the state division. All statements in the application shall be verified under oath by the applicant."

It is provided in Section 18 that:

> "When the county welfare board receives an application for old age assistance, an investigation and record shall promptly be made of the circumstances of the applicant. The object of such investigation shall be to ascertain the facts supporting the application made under this chapter and such other information as may be required by the rules of the state division. Upon the completion of such investigation the county welfare board shall decide whether the applicant is eligible for and should receive old age assistance under this chapter, the amount of assistance, the manner of paying or providing it, and the date on which the assistance shall begin."

Section 22 of Title 44, Chapter 7, Revised Statutes of N.J. provides:

> "All old age assistance under this chapter shall be reconsidered from time to time as may be provided for by the rules of the state division. After such further investigation as the county welfare board may deem necessary or the state division may require, the amount and manner of giving assistance, or the conditions upon which it is given, may be changed, or the assistance may be withdrawn if the county welfare board finds that such action is warranted by the recipient's circumstances or for cause."

## Investigation on Application

Pursuant to the above statutory provisions the State Division adopts the following regulations:

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1) In each instance of initial application for old age assistance the county welfare board shall require the filing of a formal application, Form OA-1, properly filled in by or in behalf of the applicant and signed by him in the presence of a person authorized by law to take and certify affidavits and acknowledgments.

The same regulation shall apply to "reapplications", i.e., to persons who applied previously for old age assistance and withdrew, and to persons who applied previously and were denied by the county welfare board. In "reopened" cases, instances where the applicant formerly received old age assistance but was discontinued for cause, the welfare board may in its discretion require the filing of Form OA-1, except that if the case has been inactive for a period of twelve months or more formal application for assistance shall be required.

2) All applications for assistance, whether in "new", "reapplication", or "reopened" cases, should be assigned to the field for investigation as soon after their receipt as is practicable. Ordinarily such assignment will be made during a period not exceeding one week following their receipt.

3) Investigation of applications shall be carried on and completed promptly. It is desirable that investigations be completed within thirty days after application. No application should be in the field under investigation for a period of more than sixty days except with the specific approval of the director of welfare.

4) As an aid to the prompt clearance of applications for old age assistance the county welfare board shall cause to be maintained in the county a register of applications filed which will show as a minimum

a) Name of the applicant
b) Registration number
c) Date application was received
d) Date application was assigned to the field for investigation.

This register should be kept current and within easy access of the director at all times.

5) Except in most unusual circumstances completed investigations shall be presented to the welfare board at the next regular meeting of the board following their completion. The welfare board shall formally approve, deny, or hold over for further investigation, each case brought before it.

Investigation on Continuance

1) The county welfare board shall require each active recipient of old age assistance to sign a formal application for continuance (reverse side of Form OA-3) and shall cause a comprehensive investigation of each active recipient's circumstances to be made at least once every six months.

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The foregoing is stated as the general rule and is interpreted to mean that old age assistance clients shall not be permitted to continue on the active rolls of the welfare board for a period exceeding six months without reinvestigation of their social and financial circumstances. The State Division reserves the right to permit exceptions to the foregoing rule, in its discretion, where unusual circumstances in specific cases or in groups of cases are presented by the county welfare board and warrant the exercise of such discretion. The State Division may not approve for federal and State matching any grant of old age assistance which has remained uninvestigated for a period of one year or more.

The State Division will continue periodically to advise the counties of overdue continuance reports. Such advice from the State Division will not relieve the county welfare boards, however, of the necessity of maintaining in the county office adequate records and files from which due dates may be readily determined.

2) Investigations on continuance shall be acted upon by the welfare board at the meeting next succeeding their completion.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Ruling Series.
No. 6 - Insert in Handbook under section "Rulings and Bulletins".

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

BUREAU OF ASSISTANCE

REGULATION #_____
Ruling #8

ISSUED: May 1, 1946
(Date)

REV.: _____
(Date)

TITLE: Transfer of Cases on Change of County Residence

SUBJECT: _____

STATUTORY REFERENCE: R.S. 44:7-30

Bureau of Assistance

Approved:

_____

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State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

May 1, 1946

# RULING NO. 8

## TRANSFER OF CASES ON CHANGE OF COUNTY RESIDENCE

### A. Statement of Law

The old age assistance law directs that cases shall be transferred among the counties as recipients' residences change, except that:

1. A temporary visit shall not be considered a change of residence, but any visit shall be deemed permanent if continued for more than three months;

2. Removal from one county to another for the purpose of entering a public institution or a private custodial or curative establishment, such as a licensed nursing home, shall not be considered a change of county residence during the period of confinement in such institution or establishment, regardless of the length of such confinement.

### B. Definitions

For the purposes of this ruling, the following definitions shall apply:

County of origin - the county from which the client moves or expects to move during the particular transfer, and not to be confused with other counties in which the client may have resided on previous occasions.

Receiving county - the county to which the client moves or expects to move during the particular transfer.

### C. Statement of Principles

Whenever it is determined that a recipient has moved or is planning to move from one county to another, it shall be the responsibility of the directors of welfare of the two counties concerned to effect the prompt and efficient disposition of the case in accordance with the following principles:

1. The county of origin shall initiate, and the receiving county shall, on request, immediately cooperate in accomplishing a full investigation of the circumstances surrounding the move.

2. If the move is permanent and the case warrants continued assistance, transfer of the case shall be accomplished expeditiously by discontinuance of the grant in the county of origin and award of a grant in the receiving county, to occur simultaneously in the first month for which the directors of welfare concerned can mutually so arrange.

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3. If the case does not warrant continued assistance, regardless of the nature of the move, payments to the recipient shall cease as promptly as the facts indicating such action are available.

4. The welfare of the client shall not be adversely affected, and his right to uninterrupted assistance if in need shall not be prejudiced, by disagreement or other administrative difficulty between the counties.

D. Administrative Procedure

In the accomplishment of the foregoing objectives, the directors of welfare of the counties concerned shall consult together fully and promptly by correspondence, and by telephone with confirmation by letter, and shall otherwise utilize whatever procedures are most appropriate to the effective disposition of the particular case. It is contemplated that most cases will be satisfactorily handled by mutual cooperation in this manner without prescribed procedural formality.

However, in the event of disagreement or unreasonable delay, the rights of the parties will be determined by the State Division on the basis of compliance with the following procedural standards:

1. Upon learning that a recipient has moved or is planning to move to another county, the director of welfare in the county of origin shall immediately initiate appropriate investigation of the circumstances and shall immediately notify the receiving county that such removal has occurred or is to occur.

2. The receiving county shall establish contact with the recipient within five working days of the receipt of such notification or of the date of move, whichever is later. If it appears that the move is permanent, (i.e., has already continued or is likely to continue for more than three months), the receiving county shall take an application from the client, unless at that point sufficient factual data has been developed to support a recommendation to the county of origin that the grant be discontinued for cause.

3. The receiving county, within five working days after initial contact with the client, shall report to the county of origin in writing its finding on the nature of the move and all other information available at that point. If the move is permanent and discontinuance of the grant is not affirmatively indicated, it shall request the county of origin to forward the case record as indicated in #4 below.

4. The county of origin, upon notification of the permanent nature of the move without recommendation for discontinuance, shall within five working days thereafter forward to the receiving county either the original case record complete with all forms, correspondence, etc. or copies of the forms and reports of first and subsequent applications and discharge reports plus the two most recent continuance reports, eliminating all interim reports. If the interim reports, however, cover any unusual situation or information, a brief summary of the pertinent data should be added to the above

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listed material. If a complete original record is forwarded, the county of origin shall prepare a summary of contents deemed adequate to its own purposes to be retained in its files. The county of origin will exercise care that any records so transmitted to the receiving county are properly organized and in good order.

5. Upon receipt of the case record or copy of the above listed material, the receiving county shall immediately acknowledge such receipt by letter and shall, in the same letter, confirm to the county of origin that responsibility for the case, whether or not assistance is to be granted, will be assumed not later than the first day of the following month. The receiving county will then proceed with such further investigation of the applicant's eligibility as may be required and will submit the case for Board action at the meeting in that month for which it has notified the county of origin it is assuming responsibility, or, if necessary, the director will authorize a temporary grant for such month and board action taken at the next meeting thereafter.

6. The county of origin shall formally discharge the case at the next board meeting following receipt of notification from the receiving county of their effective date of assumption of responsibility, but shall, without waiting for such meeting, promptly confirm to the receiving county the effective date of such discharge and the month for which the last check has been or will be issued.

7. The county of origin shall, so far as possible, include in the client's last check budgeted amounts to meet all authorized outstanding obligations of the client for board, medical services and other needs. The receiving county shall honor, for budgeting purposes, all such items which had not been available for consideration at the time the county of origin estimated the client's needs for the last check.

8. Notification of discharge shall be sent to the client by the county of origin, informing him that the receiving county has become responsible for his case and will in due course notify him of its decision to grant or deny assistance.

9. Any case the disposition of which has not been mutually agreed upon by the directors of welfare concerned within thirty days of the date of original referral shall be promptly reported by the county of origin to the State Division by letter setting forth the pertinent available facts. This does not mean that the actual transfer must be completed within thirty days, but rather than an understanding between the directors of welfare shall be concluded within that time. In the absence of such an understanding, the State Division shall be notified by the county of origin and may be notified by the receiving county as well.

E. Statistical Procedure

1. (a) The receiving county, upon taking an application as referred to in D.2 above shall assign a new registration number or reopened number as the case may be and shall enter the case in Item 2(d) on Form OA-8 for the month in which such application is taken.

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(b) If a grant is made, the case shall be recorded in Item 4 and Item 11 of Form OA-8 for the month in which the grant becomes effective, and shall be recorded in Item L(2) on Form OA-14.

(c) If a grant is denied or the application withdrawn, the case shall be recorded in Item 5 or 6, whichever is appropriate, and in the appropriate item of section D on Form OA-8.

2.(a) The county of origin, if it discontinues the grant for cause as referred to in C.3 above, shall enter the case in Item 29 (b) on Form OA-8 and in the appropriate classification item on Form OA-13 for the month of discharge.

(b) If the county of origin discontinues the grant by reason of assumption of responsibility by the receiving county as referred to in D.6 above, such discharge shall be counted as a case transferred to another county, and shall be entered in Item 29(a) on Form OA-8 and in item E(19) on Form OA-13 for the month of discharge.

F. Recording

In order to lend continuity to the case record a chronological progress report shall be prepared by both the county of origin and the receiving county. The entries in these reports will vary as case situations vary but will in general cover the following:

1. Report for County of Origin

(a) Statement of client's removal or contemplated removal to another county with details of any interview with client or relatives.

(b) Notation of the date, nature and result of all contracts, by letter, telephone, or otherwise, with the receiving county, in furtherance of transfer or other disposition.

(c) Closing statement to cover:

(1) The total number of months and total amount of assistance extended up to the time of transfer, including any assistance paid by any other county in any prior period.

(2) Summary statement of all financial resources including a listing of all insurance policies assigned or held by other persons and their current status, amount of trust account, and plan for its disposition, description of real estate and status, etc.

(3) Recommendation for discharge of the case, due to transfer to another county or other cause.

(d) Notification to client by letter advising him of the transfer of his case to the receiving county, or of discharge for other cause.

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(e) Transmittal to receiving county of copy of the closing report, if the case is transferred.

2. Report of Receiving County

(a) Date and nature of referral from county of origin.

(b) Notation of the date, nature and result of all contracts by letter, telephone, or otherwise, with the county of origin, in furtherance of transfer or other disposition.

(c) Regular and complete investigation report as outlined in Ruling #1. Receiving county may eliminate early social and work history if the original record appears adequate, but the caption "Applicant" should cover the circumstances surrounding the change of residence.

(d) Date county of origin was notified of date of acceptance of responsibility.

(e) Statement and explanation of final disposition.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Approved: May 1, 1946
Sanford Bates, Commissioner

Ruling Series.
No. 8 - Insert in handbook under section "Rulings and Bulletins".
Destroy Ruling No. 8 revised September 7, 1945.

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

BUREAU OF ASSISTANCE

REGULATION #_____
Ruling #10

ISSUED: _____
(Date)

REV.: May 18, 1945
(Date)

Supplement #1, 7/9/45
" #2 1/28/46
" #3 12/18/45
" #4 7/14/47

TITLE: Forms and Procedures for Operating Reimbursement Plan

SUBJECT: _____

STATUTORY REFERENCE: R.S. 44:7-14
R.S. 44:7-15
R.S. 44:7-16

Irving Engelman, Chief
Bureau of Assistance

Approved:

By: _____

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State of New Jersey,
Department of Institutions and Agencies
Division of Old Age Assistance

Revised May 15, 1945

RULING NO. 10

FORMS AND PROCEDURES FOR OPERATING REIMBURSEMENT PLAN

In order to give effect to Title 44, Chapter 7, Sections 13, 14, 15 and 16, Revised Statutes, providing for the execution, filing and satisfaction of the Agreement to Reimburse, the following regulations are adopted.

Form OA-10 - Agreement to Reimburse

Every applicant for old age assistance shall be required to execute Form OA-10, Agreement to Reimburse, as a condition of eligibility. Except as provided below, the applicant's spouse, where living, shall join applicant in the Agreement to Reimburse releasing his or her curtesy or dower interest as the case may be. Where the applicant has no spouse the agreement shall be executed with the individual applicant ignoring the section providing for release of dower or curtesy. Form OA-10 as revised May, 1945, should be executed in previously granted cases where real property is jointly owned by the recipient and spouse on the occasion of the next ensuing continuance report.

The county welfare boards are hereby authorized to accept the Agreement to Reimburse with the signature of the applicant alone where careful investigation discloses in the case of married persons that the spouse cannot be located and the applicant has been separated continuously from such spouse for a period of five years or more. In all such cases it shall appear that active efforts have been made to locate the spouse and that the applicant is without knowledge which will lead to the discovery of the spouse's whereabouts. There will be other cases where the spouse, while living and known, is unwilling to join the applicant in execution of this instrument. Where in such cases need is demonstrated, assistance may be granted subject to the approval of the State Division before release of the first check.

Where the execution of an Agreement to Reimburse is by recipient and spouse, both signatures must be acknowledged. It is not necessary, however, to have a separate acknowledgment for each signature.

Three copies of this form shall be prepared, the original to be filed by the Welfare Board, the duplicate forwarded to the Division of Old Age Assistance, and the triplicate returned to the recipient.

Form OA-10A - Certificate of Notice of Agreement to Reimburse

The Certificate of Notice of Agreement to Reimburse shall be filed with the Clerk of the Court of Common Pleas or Register of Deeds and Mortgages in every case immediately upon the granting of assistance. In cases where real property is owned in a county other than that in which the client is resident, this document should also be docketed with the Clerk of the Supreme Court of New Jersey.

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Three copies shall be prepared, the original to be placed on file with the Clerk of the Court of Common Pleas or Register of Deeds and Mortgages, the duplicate retained by the Welfare Board and the triplicate forwarded to the Division of Old Age Assistance

Form OA-10B - Certificate to Reimburse

The Certificate to Reimburse, Form OA-10B, provides the basis for specific collection. Copies shall be prepared and distributed in the same manner as Form OA-10A. The form shall set forth the specific amount due and owing and shall be filed with the Clerk of the Court of Common Pleas or Register of Deeds and Mortgages, and the Clerk of the Supreme Court of New Jersey where appropriate, upon the decease of the recipient, the discontinuance of his case for other cause, or at any intermediate time when it is desirable to effect reimbursement.

Form OA-10C - Warrant to Enter Satisfaction of Certificate to Reimburse and Notice of Agreement

Form OA-10C, Warrant to Enter Satisfaction, is designed to discharge from the records of the Clerk of the Court of Common Pleas or Register of Deeds and Mortgages either Form OA-10A, OA-10B or any Agreement to Reimburse which may have been filed in the early years of the program.

Four copies of this form shall be prepared, the original to be filed with the Clerk of the Court of Common Pleas or Register of Deeds and Mortgages, the duplicate with the Welfare Board, the triplicate with the Division of Old Age Assistance, and the quadruplicate with the recipient or his estate.

The Welfare Boards are authorized to enter into tentative arrangements involving compromise of claims established through the foregoing reimbursement plan. However, in all cases where less than full reimbursement is effected the matter shall be referred to the State Division for review and written approval before Form OA-10C, Warrant to Enter Satisfaction, or any partial release of lien is filed. This procedure will afford the Division opportunity to examine the facts affecting each such case before release of the State and Federal governments' interests.

Execution of Lien

There will usually be only three general types of situations in which it will be necessary or desirable for the welfare board to secure the issuance of a writ of execution of the judgment; i.e.

(a) Where the recipient is acting in fraud or is uncooperative. The remedy would be the establishment of a judgment record in the Court of Common Pleas and the immediate issuance of execution to be levied upon the specific asset which the client refused to assign to the welfare board. If necessary the asset so levied upon may be liquidated at a judgment sale.

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(b) Where an asset is discovered after recipient's decease, proceedings by levy of execution may protect the board against misappropriation of such asset.

(c) Where real estate of a deceased recipient is being dissipated by his heirs or by accumulating taxes and a sale is in prospect a judgment sale would be in order.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Approved May 18, 1945
Reeve Schley, Acting Commissioner

Ruling Series No. 10. Insert in Handbook under section "Rulings and Bulletins." Destroy Ruling No. 10 dated July 9, 1942. Cancel Bulletin No. 15 issued April 15, 1936.

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July 9, 1945

Supplement to Ruling No. 10.

In Ruling No. 10 as revised May 18, 1945 you were advised that Form OA-10 as revised May, 1945, should be executed in previously granted cases where real property was jointly owned by the recipient and spouse on the occasion of the next ensuing continuance.

The question has been raised by counsel of Welfare Boards as to the advisability of having the new form executed in all cases, and it was pointed out that should the spouse of a recipient inherit property, real or personal, there would be an advantage to the Welfare Boards in having the new form executed.

We have discussed this with Mr. Urbaniak and he agreed that this advantage would accrue. Therefore we deem it advisable to have the new form executed in all cases where the client has a living spouse.

A question has also been raised concerning the directions for docketing cases with the Clerk of the Supreme Court of New Jersey. It has been pointed out that the County Clerk would have to issue a statement for docketing which would then be sent to the Supreme Court Clerk.

We understand that in most counties where property has been held in a second county it is preferable to send copies of Form OA-10, A and B, to the Clerks of the Court of Common Pleas or Register of Deeds and Mortgages of the second county rather than undergo the docketing procedure and this would be satisfactory alternative action.

Very truly yours,

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

MPD-MEC

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State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

January 28, 1946

SUPPLEMENT NO. 2 TO RULING NO. 10

In Ruling No. 10 as revised May 18, 1945 and Supplement dated July 9, 1945, you were advised that Form OA-10 as revised May 1945 should be executed in all cases where the client has a living spouse. Although no specific reference was made to the need for filing a new certificate (Form OA-10A as revised May 1945) in all cases where a new agreement is taken, it was assumed that the advisability of such filing would be recognized and understood. It now appears that there has not been uniform understanding on this score and the matter is therefore being called to your attention. In all cases that were active previous to May 1945, where a new Form OA-10 has subsequently been executed, a new Form OA-10A should be filed.

It is our understanding that such new certificate can be filed so as to be tied in with any previously filed certificate, that is by having the same index number used. As a matter of fact, it is our understanding that this is actually a simplification of the job that would otherwise be required of the County Clerk or Registar of Deeds and Mortgages. However, in order to make such integration of indexing possible, it is important that the name of the client as written into the new certificate must be identical with the name that appeared in the previously filed certificate. Care must be exercised therefore to watch for those cases where the client may have changed his style of signature during the intervening period. Even though the client may now sign his name differently, his name should be typed into the new certificate in the exact form in which it appears in the earlier certificate.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Ruling Series.
Supplement No. 2 to Ruling No. 10. Insert in Handbook under section "Rulings and Bulletins".

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State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

December 18, 1946

SUPPLEMENT NO. 3 TO RULING NO. 10

It has come to our attention that the filing of the OA-10B on the discontinuance of a case frequently results in unnecessary and confusing detail and often is no more effective than the results which are attained by the filing of form OA-10A at the time of application.

Consequently, your attention is directed to Page 2, paragraph 2, of the ruling under the heading "Form OA-10B - Certificate to Reimburse". This paragraph sets forth the requirement that the OA-10B shall be filed on "the discontinuance of his case for other cause". In order to avoid any possible misunderstanding, this phrase shall hereafter be construed to mean that the filing of the OA-10B on the discontinuance of a client's case shall be permissive with the welfare boards. However, in those situations where assistance is withdrawn because of the decease of the recipient or where the opportunity arises for effecting reimbursement, then the mandatory nature of the requirement for filing the OA-10B shall continue as heretofore.

There will be instances when the welfare board will desire to file form OA-10B on the discontinuance of a case even though this supplement eliminates the mandatory nature of such action. Among others, reasons will exist for filing the OA-10B on discontinuance when it is determined that a recipient is permanently committed to an institution or when the recipient removes to another county or state.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Ruling Series.
Supplement #3 to Ruling #10. Insert in Handbook under section "Rulings and Bulletins".

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Department of Institutions and Agencies
Division of Old Age Assistance

July 14, 1947

SUPPLEMENT NO. 4 TO RULING NO. 10

The Committee Substitute for Senate Bill #37 which was adopted by the Legislature on March 11, 1947, was signed by the Governor July 1, 1947 and became effective that date as Chapter 370 of the Laws of 1947.

The bill, copy of which is attached hereto, amends section 44:7-15 R.S. in such a way as to eliminate privately negotiated sales of real property by the county welfare board and to require all such sales to be effected by public sale, or sealed-bid sale, after advertising. It is considered that this procedural limitation will give better assurance that the county welfare board will receive the maximum price for any real property it might have acquired and will afford better opportunity for all citizens to bid for the purchase of such property.

Your attention is directed to the fact that this requirement for advertised sales applies only to real property title to which has been acquired by the county welfare board through execution sale or voluntary conveyance. It does not therefore impose any new limitation on the power and discretion of the county welfare board, when exercised with the concurring approval of the Division, in effecting liquidation of personal property or in negotiating compromises, compositions, settlements, releases, cancellations, etc., of any lien, judgment, claim, or right of action with respect to real property title to which has not vested in the county welfare board.

For the purpose of giving uniform effect to this amendment, the following regulations are established:

1. All contracts for the sale of real property by the county welfare board which were fully consummated prior to July 1, 1947, may be executed, notwithstanding that the date for final closing may be on or after July 1, 1947.

2. All real property now vested in or hereafter acquired by any county welfare board by execution sale or voluntary conveyance may be subsequently disposed of by the welfare board only at public sale, or by sale on sealed bids, in the discretion of the welfare board, provided that notice of said sale shall be advertised at least once a week for two weeks prior to the sale in a newspaper published in the county in which the land is situated, and provided further that the consummation of any such sale shall be expressly made conditional on the approval of the State Division following report to and review by the Division of the terms, conditions and consideration for such sale.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Approved: July 11, 1947
Sanford Bates, Commissioner

Ruling Series.
Supplement No. 4 to Ruling No. 10. Insert in Handbook under section "Rulings and Bulletins".

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Chapter 370, P.L. 1947
Effective July 1, 1947
(Revised Statutes, section 44:7-15.)

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STATE OF NEW JERSEY

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Adopted March 11, 1947

AN ACT concerning grants of old age assistance, and amending section 44:7-15 of the Revised Statutes.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. Section 44:7-15 of the Revised Statutes is amended to read as follows:

44:7-15. At any time the county welfare board may execute and file with the clerk of the court of common pleas or register of deeds and mortgages, a certificate, in form to be prescribed by the State division, showing the amount of assistance advanced to said person, and when so filed each certificate shall be a legal claim against both the recipient and his spouse with the same force and effect as a judgment at law, with priority over all unsecured claims except funeral expenses not to exceed one hundred fifty dollars ($150.00).

Where the above mentioned certificates are filed with the clerk of the court of common pleas, subsequent proceedings for the collection and satisfaction of the judgment, including issuance of execution, shall conform to the practice prevailing in the court. In counties where the above mentioned certificates are filed with the register of deeds and mortgages, the register, upon request of the county welfare board, shall execute and file with the clerk of the court of common pleas certified copies of the certificates herein described, which shall be filed in the judgment records of the court, and shall have the same force and effect as a judgment at law in that court, and may subsequently be docketed in the Supreme Court of New Jersey where lands are situate in several counties.

No levy shall be made upon the real estate while it is occupied by the widow or widower, as the case may be. If the proceeds of the sale of any personalty or real estate, under the terms of this chapter, exceed the total amount paid as assistance under this chapter, such excess shall be returned to said person, and in the event of his death such excess shall be considered as the property of the deceased for proper administration proceedings. All funds reclaimed under these provisions shall be reimbursed to the county, State and Federal Government, in the same proportion as it was contributed.

The county welfare board shall be empowered to accept voluntary conveyance of real or personal property in lieu of issuance of execution. All real property acquired by execution sale or voluntary conveyance may be disposed of at public sale, or by sale on sealed bids in the discretion of

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the county welfare board; after public advertisement at least once a week for two weeks prior to the sale, in a newspaper published in the county; provided, however, that the terms, conditions and consideration for such sale shall be first approved by the State Division of Old Age Assistance. The county welfare board is hereby authorized and empowered to execute and deliver any and all documents necessary to convey title to a purchaser of such real or personal property, in exactly the same manner as any other corporate entity.

2. This act shall take effect immediately.

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

BUREAU OF ASSISTANCE

REGULATION #_____
Ruling #11

ISSUED: August 23, 1949
(Date)

REV.:_____
(Date)

TITLE: Personnel Plan

SUBJECT:_____

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

Irving Engelman, Chief
Bureau of Assistance

Approved:

By:_____

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

August 23, 1949

RULING NO. 11

PERSONNEL PLAN

The attached Regulations entitled "Compensation Plan for County Welfare Boards" are hereby incorporated as the substance of this Ruling. These regulations are applicable to all county welfare boards and are effective immediately.

The "Plan for Personnel Selection, Appointment and Approval for County Welfare Boards", which was promulgated July 2, 1936, and the listing of authorized positions for county welfare boards, issued as of January 1, 1947, continue in full force and effect except as modified or superseded by the attached regulations and by statutory changes since that date.

The official Rules of the New Jersey Department of Civil Service which are applicable to counties and municipalities operating under the legal jurisdiction of that Department, are hereby adopted by the State Division as Merit System Rules governing the county welfare boards of the following counties: Cape May, Gloucester, Hunterdon, Salem, and Somerset.

The following statements are superseded and made obsolete:

"Standard Salary Ranges for County Welfare Boards" and "Regulations" attached thereto, issued January 6, 1947.

"Supplement to Ruling #11", issued March 2, 1948.

DEPARTMENT INSTITUTIONS AND AGENCIES



Marc P. Dowdell, Chief
Bureau of Assistance

Ruling Series.
No. 11 - Insert in Handbook under section "Rulings and Bulletins". Destroy Ruling No. 11 issued January 6, 1947, and Supplement dated March 2, 1948.

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# COMPENSATION PLAN

## FOR COUNTY WELFARE BOARDS

## REGULATIONS

1. Each county welfare board shall, in compliance with the conditions hereinafter specified, establish a Compensation Plan covering all positions concerned in whole or in part with the administration of Old Age Assistance. Such Compensation Plan shall be established through formal adoption by the County Welfare Board at any regular or special meeting prior to November 1, 1949, and shall become effective January 1, 1950, unless the provisions of Regulation #2 or #3 are applicable.

2. Any county welfare board which adopts a Compensation Plan pursuant to these regulations on or before August 31, 1949, may, in its discretion, designate such Plan to be effective as of July 1, 1949.

3. Any county welfare board which has heretofore, at any time on or after July 1, 1948, adopted a Compensation Plan, which Plan remains pending before the State Bureau for review and approval, may, within thirty days after the issuance of these regulations, amend such Plan in any manner necessary so as to comply with these regulations. If such amendments are, by proper action of the county welfare board, made retroactive either to July 1, 1948 or to January 1, 1949, the Plan so adopted will stand approved on the part of the State Bureau as of the date so designated.

4. The Compensation Plan shall consist of a designation, for each authorized position, of the salary range which shall apply to such position. Each such designation shall be at the discretion of the county welfare board, subject however to the conditions hereafter stated in Regulation #6.

5. The Compensation Plan as established by each county welfare board shall be subject to revision or amendment at the discretion of the board, except that any revision or amendment shall conform to the conditions stated in Regulation #6 and except further that no revision or amendment, other than as referred to in Regulation #3, shall hereafter take effect except on either July 1 or January 1 next following the adoption of the revision or amendment.

6. In establishing a Compensation Plan, the county welfare board shall observe the following conditions:

(a) The salary range allocated to each position shall be one of the thirty-six standardized ranges specified in Regulation #8.

(b) The salary ranges designated for the basic clerical positions Clerk and Clerk-Typist shall be identical.

(c) The salary ranges designated for the basic clerical positions Clerk-Stenographer, Clerk-Bookkeeper and Ediphone Operator shall be not less than the range designated for Clerk and Clerk-Typist.

(d) The salary range designated for each clerical position classified in Senior grade shall be at least five ranges higher than the range designated for the corresponding basic clerical position.

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(e) The salary range designated for each clerical position classified in Principal grade shall be at least five ranges higher than the range designated for the corresponding Senior clerical position.

(f) The salary range designated for each clerical position classified in Head grade shall be at least five ranges higher than the range designated for the corresponding Principal clerical position.

(g) The salary range designated for the position Case Worker shall be not less than the highest range designated for any clerical position of Senior grade.

(h) The salary ranges designated for the positions Supervisor of Case Work, Supervisor of Property and Resources, and Medical-Social Consultant, shall be identical and shall be at least five ranges higher than the range designated for Case Worker.

(i) The salary range designated for the position Administrative Supervisor shall be at least five ranges higher than the range designated for Supervisor of Case Work.

(j) The salary range designated for the position Deputy Director shall be at least five ranges higher than the highest range designated for any other position in the organization subordinate to the Deputy Director.

(k) The salary range designated for the position Director of Welfare shall be at least five ranges higher than the highest range designated for any other position in the organization.

7. The classification grades I and II heretofore pertaining to positions as Supervisor are disestablished within any county welfare board as of the effective date of a Compensation Plan adopted pursuant to these regulations, and in any event as of January 1, 1950. Effective such date, all employees previously rostered under the title Supervisor, Case Work, Grade I or II, will be rostered under the title Supervisor of Case Work and all employees previously rostered under the title Supervisor, Property and Resources, Grade I or II, will be rostered under the title Supervisor of Property and Resources, unless otherwise reclassified in individual cases.

8. Upon the adoption by a county welfare board of a Compensation Plan pursuant to these regulations, the authorized salary rates of persons in employ on the effective date of such Plan shall be affected as follows:

(a) The salary rate of each person, if less than the minimum rate of the range designated for his position, shall be adjusted to not less than the minimum.

(b) The salary rate of each person, if in excess of the minimum rate but not at a standard step, shall be adjusted to not less than the next higher standard step.

(c) The salary rate of any person, if in excess of the minimum rate of the range designated for his position, may be continued, at the discretion of the county welfare board, but that portion of any compensation paid in excess of the maximum rate shall be disallowed for administrative matching funds, and no further increments in excess of the maximum rate shall thereafter be granted to such employee while continuing to occupy the same position.

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8. The following standardized Salary Ranges are hereby established and shall be applied to all authorized positions with any county welfare board, which positions are concerned in whole or in part with the administration of Old Age Assistance, in the manner specified in these regulations:

| Salary Range Number | Minimum Rate (Normal Hiring Rate) | First Step | Second Step | Third Step | Fourth Step | Fifth Step (Maximum Rate) |
|---|---|---|---|---|---|---|
| 1. | 1,200 | 1,320 | 1,440 | 1,560 | 1,680 | 1,800 |
| 2. | 1,320 | 1,440 | 1,560 | 1,680 | 1,800 | 1,920 |
| 3. | 1,440 | 1,560 | 1,680 | 1,800 | 1,920 | 2,040 |
| 4. | 1,560 | 1,680 | 1,800 | 1,920 | 2,040 | 2,160 |
| 5. | 1,680 | 1,800 | 1,920 | 2,040 | 2,160 | 2,280 |
| 6. | 1,800 | 1,920 | 2,040 | 2,160 | 2,280 | 2,400 |
| 7. | 1,920 | 2,040 | 2,160 | 2,280 | 2,400 | 2,520 |
| 8. | 2,040 | 2,160 | 2,280 | 2,400 | 2,520 | 2,640 |
| 9. | 2,160 | 2,280 | 2,400 | 2,520 | 2,640 | 2,760 |
| 10. | 2,280 | 2,400 | 2,520 | 2,640 | 2,760 | 2,880 |
| 11. | 2,400 | 2,520 | 2,640 | 2,760 | 2,880 | 3,000 |
| 12. | 2,520 | 2,640 | 2,760 | 2,880 | 3,000 | 3,120 |
| 13. | 2,640 | 2,760 | 2,880 | 3,000 | 3,120 | 3,240 |
| 14. | 2,760 | 2,880 | 3,000 | 3,120 | 3,240 | 3,360 |
| 15. | 2,880 | 3,000 | 3,120 | 3,240 | 3,360 | 3,480 |
| 16. | 3,000 | 3,120 | 3,240 | 3,360 | 3,480 | 3,600 |
| 17. | 3,120 | 3,300 | 3,480 | 3,660 | 3,840 | 4,020 |
| 18. | 3,300 | 3,480 | 3,660 | 3,840 | 4,020 | 4,200 |
| 19. | 3,480 | 3,660 | 3,840 | 4,020 | 4,200 | 4,380 |
| 20. | 3,660 | 3,840 | 4,020 | 4,200 | 4,380 | 4,560 |
| 21. | 3,840 | 4,020 | 4,200 | 4,380 | 4,560 | 4,740 |
| 22. | 4,020 | 4,200 | 4,380 | 4,560 | 4,740 | 4,920 |
| 23. | 4,200 | 4,380 | 4,560 | 4,740 | 4,920 | 5,100 |
| 24. | 4,380 | 4,560 | 4,740 | 4,920 | 5,100 | 5,280 |
| 25. | 4,500 | 4,740 | 4,980 | 5,220 | 5,460 | 5,700 |
| 26. | 4,740 | 4,980 | 5,220 | 5,460 | 5,700 | 5,940 |
| 27. | 4,980 | 5,220 | 5,460 | 5,700 | 5,940 | 6,180 |
| 28. | 5,220 | 5,460 | 5,700 | 5,940 | 6,180 | 6,420 |
| 29. | 5,460 | 5,700 | 5,940 | 6,180 | 6,420 | 6,660 |
| 30. | 5,700 | 5,940 | 6,180 | 6,420 | 6,660 | 6,900 |
| 31. | 6,000 | 6,300 | 6,600 | 6,900 | 7,200 | 7,500 |
| 32. | 6,300 | 6,600 | 6,900 | 7,200 | 7,500 | 7,800 |
| 33. | 6,600 | 6,900 | 7,200 | 7,500 | 7,800 | 8,100 |
| 34. | 6,900 | 7,200 | 7,500 | 7,800 | 8,100 | 8,400 |
| 35. | 7,200 | 7,500 | 7,800 | 8,100 | 8,400 | 8,700 |
| 36. | 7,500 | 7,800 | 8,100 | 8,400 | 8,700 | 9,000 |
| 37. | 7,800 | 8,100 | 8,400 | 8,700 | 9,000 | 9,300 |
| 38. | 7,920 | 8,340 | 8,760 | 9,180 | 9,600 | 10,020 |

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9. The minimum rate and five increment steps of each salary range shall be interpreted and applied as follows:

(a) The minimum rate shall normally be the hiring rate for the class. In cases where it is difficult to secure qualified personnel, or if a person of unusual qualifications is engaged, the county welfare board may, upon the showing of such cause in the appointment resolution, hire at the first or second step.

(b) The first step is a merit increment which may be granted in recognition of satisfactory job performance during the beginning period of employment. Employees may be adjusted to the first step as of January 1 or July 1 next following the completion of six months satisfactory service at the minimum rate, upon recommendation of the Director of Welfare.

(c) The second step is a second merit increment which may be granted in recognition of satisfactory job performance during a period of at least one year of employment. Employees may be adjusted to the second step as of January 1 or July 1 next following the completion of six months satisfactory service at the first step, upon recommendation of the Director of Welfare.

(d) The third step represents the rate which a fully qualified, experienced and ordinarily conscientious employee may expect to receive for competent service in the position. An employee may be advanced to the third step as of January 1 or July 1 next following the completion of a year of service at the second step, provided the advancement is recommended by the Director of Welfare.

(e) The fourth step is a merit increment which may be granted to fully qualified experienced employees whose work continues at a consistently commendable performance level. An employee may be adjusted to the fourth step as of January 1 or July 1 next following the completion of one year of service at the third step, provided the Director of Welfare shall specifically report that the employee's work has been consistently commendable and shall recommend the advancement for that reason.

(f) The fifth step is the final merit increment which may be granted for consistent meritorious service. An employee may be advanced to the fifth step as of January 1 or July 1 next following the completion of one year of service at the fourth step, provided the Director of Welfare shall specifically report that the employee's work has been consistently meritorious and shall recommend the advancement for that reason. The fifth step is the maximum rate that may be paid to any employee while occupying the position to which such maximum rate applies, regardless of the number of years of service.

(g) These regulations shall not be construed as granting any employees entitlement to automatic increments based solely on the completion of specified periods of employment.

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10. In any case where by reason of unusual circumstances rigid adherence to the conditions stated in Regulation #9 relating to time intervals for salary advancement would cause a manifest injustice, the county welfare board may make such recommendation relating thereto as in its discretion seems proper and may submit such recommendation to the State Bureau for consideration and approval.

11. Wherever in Regulation #9 a specific recommendation and report by the Director of Welfare is required as a condition to salary advancement, such recommendation and report shall be made by the Welfare Board itself, rather than by the Director of Welfare, when salary advancement for the Director of Welfare is concerned.

12. Notwithstanding the provisions of Regulation #9, an employee who is promoted or reclassified from one class or title to another having a higher salary range shall be adjusted to the minimum of the new range or to the next step above his old rate, whichever is higher; but thereafter shall be governed by the provisions of Regulation #9.

13. A year of service as referred to in Regulation #9 shall be interpreted and defined as follows:

(a) Employment during 330 calendar days within a twelve-month period shall be sufficient to constitute a year of continuous service for the purpose of determining whether or not an employee is eligible for advancement to the next higher salary rate.

(b) Employment shall be deemed to be continuous during any days or periods of authorized leave of absence with pay, but shall be deemed to be interrupted by periods of leave of absence without pay exceeding three consecutive working days in any calendar month.

14. Rates of compensation provided for in these regulations are, for all positions except that of Counsel, fixed on the basis of full-time service in full-time positions. If any position is, by action of the county welfare board, established on a basis of less than full-time service, or if, with the approval of the county welfare board, the incumbent of any full-time position is accepted for employment on a part-time basis only, the rate of compensation provided for the position shall be proportionately reduced in computing the rate of compensation payable for the part-time service.

15. Whenever a proportionate reduction computation, as referred to in Regulation #14, is required with respect to any position, or group of positions, such computation shall be made according to whichever of the following methods is found by the State Bureau to be most appropriate:

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(a) by an actual time-study, to be conducted by or under the direction of the State Bureau; or

(b) by an acceptable time-estimate, recommended by the county welfare board and approved by the State Bureau; or

(c) by deducting, from the established rate for full-time service, that amount which the incumbent of the position actually receives, in the form of regular salary on any other public payroll, as compensation for services performed substantially during the same working hours.

16. The position of Counsel is construed to require an employee who is engaged in his professional capacity as an attorney-at-law on a call basis or on a consultant basis to be available and to render service whenever needed. Any county welfare board may at any time appoint, at a fixed annual compensation to be determined with the advice and consent of the State Bureau, any attorney duly admitted to practice in this state to serve as Counsel. Such appointee, being excluded from the competitive class of the classified service under the provisions of Title 44:7-9, R.S., shall serve at the pleasure of the welfare board. The County Counsel, or any qualified member of the County Counsel's staff, may be appointed to this office and may, if desired, be paid compensation by the welfare board separate and apart from compensation otherwise paid by the Board of Chosen Freeholders, such compensation to be at a rate reasonable in relation to the volume and character of service rendered. Any member of the welfare board staff serving in a classified position may, if qualified, be appointed to this office and may in that event be paid compensation by the welfare board for services rendered in such office additional to the compensation otherwise paid by the welfare board for services rendered in the classified position.

17. The salary ranges and rates authorized under these regulations shall be interpreted as exclusive of any bonus payments authorized pursuant to statute.

18. These regulations shall not be construed as requiring any county welfare board to grant increments to any employee already receiving the minimum rate established by the board for the position, nor as requiring, if increments are granted, that they be in the full-step amounts specified in Regulation #8, provided, however, that

(1) the annual rate of compensation paid to any employee shall be at a standard rate; standard rates for any position include the minimum rate, the maximum rate, and any intermediate rate which is a multiple of $60 per annum;

(2) in no event shall an increment granted to any employee be a single unit of only $60 per annum unless it is demonstrated that the Board of Chosen Freeholders has established a general policy limiting the maximum increment for all other county employees of similar grades or positions to that amount, or unless the single unit increment brings the employee to the maximum rate for his position.

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

BUREAU OF ASSISTANCE

REGULATION # _____
Ruling #12

ISSUED: April 12, 1943
(Date)

REV.: _____
(Date)

TITLE: Requirements for Fiscal Records and Accounts

SUBJECT: _____

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

Irving Engleman, Chief
Bureau of Assistance

Approved:

By: _____

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RULING NO. 12

ACCOUNTING MANUAL

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State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

April 12, 1943

RULING NO. 12

REQUIREMENTS FOR FISCAL RECORDS AND ACCOUNTS

It is anticipated that the attached manual which is hereby incorporated as the substance of this regulation will be used as a guide to proper methods and procedures in the establishment and maintenance of financial records and accounts by the county welfare boards. The county welfare boards will be required to maintain each of the records prescribed in this manual in the form presented except that the welfare board may be desirous of enlarging on one or more of the records and amendments in this regard will prove acceptable to the State Division. However, no record or report herein required or any part thereof may be eliminated without the express approval of the State Division in writing.

As further experience in the use of this manual is developed, it is expected that certain changes in procedure will be required. As such changes become necessary revisions in the manual will be made in order that fiscal requirements may be kept current. It is expected further that revisions will be made by revising single pages at a time which may be inserted in their proper place upon promulgation.

The Division will be glad to answer any questions which arise upon the adoption of this regulation. The Division will be glad also to be advised immediately if after proper examination any welfare board is unable to effect the required test checks, reconciliations or trial balances.

It is expected that the county welfare boards will make available to the fiscal officer of the County Board of Chosen Freeholders copies of any or all of the reports required herein as requested.

DEPARTMENT INSTITUTIONS AND AGENCIE

Marc P. Dowdell, Director
Division of Old Age Assistance

Ruling Series
No. 12. Insert in Handbook under section "Rulings and Bulletins".

Destroy Ruling No. 12 issued 4/3/36; Ruling No. 13 revised 10/14/36; Ruling No. 14 issued 4/7/36; Ruling No. 16 revised 4/26/37; Ruling No. 17 issued 5/5/36; Bulletin No. 16 issued 4/28/36; Bulletin No. 17 revised 12/6/37; Bulletin No. 18 revised 10/30/37; Bulletin No. 19 revised 4/26/37; Bulletin No. 22 issued 7/7/36; Bulletin No. 29 issued 9/20/38.

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# CHAPTER I

## GENERAL PROVISIONS OF LAW

Title 44:7 Revised Statutes, contemplates that responsibility for the administration of old age assistance, in its financial aspects as well as in other aspects, resides with the county welfare boards. Title 44:7-6 Revised Statutes, provides for supervision by the State Division of Old Age Assistance and directs the State Division to "prescribe a uniform system of records and accounts in relation to old age assistance to be kept by said county welfare board to the end that there may be throughout the State a uniform standard of records", to "prescribe a form of application, the manner and form of all reports and records, and such additional rules and regulations as are necessary and proper for carrying out the provisions of this chapter", and to "prepare and furnish to the Federal Government or agency thereof such reports and records as may be required for securing Federal aid".

It is interpreted from the provisions of the law here stated and particularly from Sections 7, 8, 10, 12, 13, 24, 26, and 27 of Title 44:7 Revised Statutes, that responsibility for disbursement of funds is centralized in the county welfare board and the county welfare board is to be held accountable for the proper use and allocation of these funds in accordance with the law and the regulations of the State Division issued pursuant thereto.

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# CHAPTER II

## BANK ACCOUNTS

Each county welfare board shall maintain and account for all cash received, in its possession, and disbursed, through four distinct and separate major "funds" as follows: Assistance Funds, Administration Funds, Clearing Funds, Trust Funds.

For each of these major funds a bank account or accounts shall be maintained which shall be distinct and separate from the bank account or accounts representing each of the other major funds, so that where transfers of cash from one fund to another are to be made, such transfer will be effected by check drawn on the one account and deposited in the other. Such bank accounts shall be uniformly titled "Assistance Account", "Administration Account", "Clearing Account", and "Trust Account", and will be operated as hereinafter described.

All cash and checks received by the county welfare board or by any member or employe in his capacity as agent for the board, shall be deposited as promptly as possible in the appropriate bank account. No check or money order received by the welfare board, and which is drawn to the order of the board, or to the order of any member of employe in his capacity as agent for the board, shall be negotiated by endorsement over to any other person, but if rightfully payable to some other person shall be handled by going through the proper accounts.

### Assistance Account

This bank account was established in all counties pursuant to the instructions of Ruling #13, dated October 14, 1936. Such account shall be continued under the title "Assistance Account", and shall be so designated in the records of the bank or banks of deposit.

Only the following cash receipts shall be deposited directly in this account in the first instance:

Advances by the State Treasurer, on requisition, for assistance payments;
Advances by the County Treasurer, on requisition, for assistance payments;
Collections received from other counties, provided such receipts represent remittances for the receiving county's net share of reimbursements effected by the remitting county. If the remittance is of any other character, it shall be deposited initially in the Clearing Account.

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## Administration Account

This bank account was established in all counties pursuant to the instructions of Ruling #14, dated April 7, 1936. Such account shall be continued under the title "Administration Account", and shall be so designated in the records of the bank or banks of deposit.

Only the following cash receipts shall be deposited directly in this account in the first instance:

Advances by the County Treasurer, on requisition, for administration costs;
Remittances by the State Treasurer, on requisition, for administration subsidy;
Direct repayments, in cash or by check, by vendors or others to whom administration payments have been made, by way of refund for such payments in whole or in part.

## Clearing Account

This account corresponds substantially with the bank account established in all counties pursuant to the instructions of Ruling No. 16 dated April 26, 1937.

All cash receipts of the county welfare board, if not within the classes described above as proper for direct initial deposit in either the Assistance Account or the Administration Account, shall be deposited in the Clearing Account in the first instance, and proper allocation and distribution will be made therefrom. This will include all amounts recovered from recipients or their estates.

## Trust Account

The "Trust Account" shall be maintained in all counties and shall be designated "_____ County Welfare Board, In Trust for Various Individuals". Designation of the Trust Account, as mentioned, will make it possible for the Federal Deposit Insurance Corporation, in the event of the bank's closing, to recognize the beneficial owners represented by the account, although their names and respective interests in the account are not shown upon the records of the bank. This means that each individual beneficiary of the Trust Account will be covered by the Federal Deposit Insurance Corporation up to the sum of $5,000.00, providing that the interest of each such beneficiary is disclosed in the records of the Welfare Board, and, providing further, that such records have been maintained in good faith and in the regular course of business.

No cash receipts will be deposited directly in this account in the first instance. The only deposits to be made therein will consist of funds transferred from the Clearing Account, being amounts which, having been recovered from or on behalf of any client, shall be directed by the welfare board to be held in reserve to the credit of the client, for the use and benefit of the client and in some instances for the use and benefit of certain dependents after his death, instead of being immediately distributed as net reimbursement or otherwise.

Such account may be a regular commercial checking account. In certain instances the county welfare board may desire to establish such trust funds in a "savings" or "interest" account in order that interest may be earned thereon

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during the period that the funds are being held undistributed. Such a plan presents certain difficulties in that arrangements would have to be made whereby interest so earned could be properly credited, either by the bank or by the welfare board, to the respective clients whose interests are represented. It is suggested that any county welfare board desiring to establish the Trust Account as an interest-bearing account consult with the State Division before taking final action.

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# CHAPTER III

## REQUISITION AND DISBURSEMENT OF FUNDS FOR ASSISTANCE

It is essential that a procedure which shall be uniform throughout the State be adopted governing the method of requisitioning and disbursing funds covering approved assistance grants. Further, the Federal Comptroller-General has ruled that where a payment to an individual is a first payment the Federal Government may match only that part of a State's expenditure which is for the month in which the payment is made, except for initial payments which relate to preceding months in order to correct errors in previous administrative action. Therefore, all county welfare boards must conform strictly to the plan outlined below.

a. All payments to recipients or trustees shall be made monthly by checks drawn and issued by the county welfare board. All checks shall contain the registration number of the recipient and a serial number. They shall be signed by the Director, who will thereby vouch for their accuracy both as to amounts and validity of payments; the secretary-treasurer of the welfare board shall countersign, thereby making the checks negotiable.

b. Assistance checks shall be issued not later than the last day of the month for which payment is made and shall in every case bear the date of issue. When it is necessary to delay the payment of an initial check to any recipient beyond the end of the calendar month in which the grant is to begin, such check shall not be released but shall be credited on Form ODA-6 and the grant shall become effective with the first month in which payment can actually be made on or before the last day thereof; except that where an initial payment has been properly authorized by the county welfare board, but either the issue or the release of the check has been delayed for any reason other than lack of eligibility, the check may be released in a subsequent month provided that the amount is in accordance with the authorization of payment and provided further that the payment is released within the two succeeding months following the month in which the payment was properly authorized. Payment is considered made at such time as the check is delivered to the recipient or deposited in the United States mail.

c. There may be instances, such as temporary care in a public institution, etc., when it will be necessary to withhold client's checks during the period of treatment or care. Delayed payments shall not cover more than three consecutive months, including the month in which the payment is resumed. In other words, this will mean that not more than two months' checks may be accumulated as the third will be the regular check issued for the month in which the accumulated checks are delivered.

d. At a meeting of the Welfare Board in the month preceding any requisition for State or County funds for assistance, the Director of Welfare shall submit an estimate of the amount of money required for assistance payments to be made the following month. The secretary-treasurer of the welfare board shall be authorized to requisition the County and State

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for their respective shares of such estimates and shall prepare and transmit such requisitions, in the form described below, not later than the fifth working day of the month for which the payments are to be made.

e. The secretary-treasurer shall prepare two separate bills on the County's standard form. These bills should show the total estimate of the amount required for the month, requesting the County to advance their share of the estimate as follows:

OAA Requisition

"For estimated County share of Old Age Assistance payments to be made by the _____ County Welfare Board for the month of _____ 19___ as provided in Title 44, Chapter 7, R.S." _____

Less: credits and balance available _____

NET COUNTY AADVANCE FOR OLD AGE ASSISTANCE _____

DA Requisition

"For estimated County share of Disability Assistance payments to be made by the _____ County Welfare Board for the month of _____ 19___ as provided in Chapter 139, Laws of 1951." _____

Less: credits and balance available _____

NET COUNTY ADVANCE FOR DISABILITY ASSISTANCE _____

There shall also be attached to such bills a copy of Forms ODA-4, ODA-4A, ODA-5, ODA-6, ODA-6A, ODA-12, OA-12, and DA-12, which together will render an exact accounting for funds received during the preceding month and will show what adjustment of surplus or deficit is to be made on the requisition for the current month. The State Bureau does not require a copy of the County requisitions.

f. At the same time and in the same manner the secretary-treasurer shall requisition the State for the State and Federal shares of the estimated funds required, preparing separate bills on the State's standard bill (Form 100).

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OAA Requisition

"For estimated State and Federal share of Old Age Assistance payments to be made by the _____County Welfare Board for the month of _____19___ as provided in Title 44, Chapter 7, R.S." _____

Less: credits and balance available due the State of New Jersey in accordance with the detailed statement filed with the State Bureau of Assistance. _____

NET AMOUNT OF THIS REQUISITION _____

DA Requisition

"For estimated State and Federal share of Disability Assistance payments to be made by the _____ County Welfare Board for the month of _____ 19___ as provided in Chapter 139, Laws of 1951." _____

Less: credits and balance available due the State of New Jersey in accordance with the detailed statement filed with the Bureau of Assistance. _____

NET AMOUNT OF THIS REQUISITION _____

There shall be attached one copy of Forms ODA-4, ODA-4A, ODA-5, ODA-6, ODA-6A, ODA-12, OA-12 and DA-12, prepared to show the necessary adjustment on account of funds received during the preceding month. It is essential that this account be submitted to the State Bureau not later than the fifth working day of the month. The State Bureau requires an onion skin copy of each State Form 100.

g. The respective advances from the County and State shall be deposited to the Assistance Account, against which the individual assistance checks will be drawn.

## INSTRUCTIONS FOR FORM ODA-4

This form is designed for reporting all assistance and burial expenditures chargeable to the Welfare Board Assistance Account. The reports should be prepared and assembled in two major groups as follows:

Group 1 - Old Age Assistance Expenditures
Group 2 - Disability Assistance Expenditures

For each major group, covering the respective programs, the reports must be assembled in four sections as follows:

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Section

A. - Institutional Cases

In this section list all cases receiving assistance while patients in eligible public or private medical institutions. Cases in this listing represent direct assistance payments to persons receiving care in eligible medical institutions.

Each case listed in this section for a client who is a patient in a public medical institution, shall have an asterisk [*] immediately following the name.

B. - Non-institutional Cases

In this section list cases receiving direct assistance who are not residing in institutions, public or private.

C. - Restricted Payments

In this section list cases of persons who are not residing in institutions, public or private, but who are receiving restricted assistance payments under Ruling No. 9.

D. - Burial Payments

In this section list all burial payments from public funds under provisions of Ruling No. 2.

Detailed information to be reported on this form includes the following:

Column

1. - Registration No.

In this column all payments must be identified by the welfare board registration number. It will not be necessary to include County symbol.

2. - Name of Grantee

In this column the surname of the grantee should be indicated. Entries may include given names or initials of clients but this is not required. The name must be followed by an asterisk if the payee is a patient in an eligible medical institution, public or private.

3. - Amount of Payment

Entries in this section of the form may be made in the same manner presently used by the respective welfare boards:

a. For Old Age Assistance, by reporting the matchable portion and non-matchable portion of each check, or by reporting the total amount of check and non-matchable portion of such check.

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b. For Disability Assistance, by reporting the total amount of the payment and non-matchable portion of such payment.

c. In all cases of restricted and burial payments, entry should be made in only the non-matchable column.

d. In each section of the bill, in both groups, the columns shall be sub-totalled and totals carried forward cumulatively to the next page of the section.

Temporary grants for assistance shall be listed in case number order in the regular listing of assistance payments. In the event two or more checks are issued to the client in the same month, such checks shall be shown one immediately following the other in proper case number sequence, the case numbers and amounts of checks identified by connecting brackets. Care should be exercised in distributing the matchable and non-matchable portion of such payments so that the total matchable portion does not exceed $55.00 for any one month.

Each section of the form shall be started on a new page of Form ODA-4 or sufficient space should be reserved for totals, Schedule IX entries, or adjustments. Each section of the form and the totals for that part of the month's assistance payments shall be clearly marked.

Revisions such as marking out certain items, changing the amounts, or adding new items out of their numerical order, should be avoided so far as possible.

There are special problems in recording temporary grants (initial payments), temporary changes in grant, and administrative closings following the date of preparation of Form ODA-4 and the checks. This date varies, county by county, from three to ten days before the end of the month. These problems can be minimized by observance of the following schedule which is recommended procedure for Welfare Boards covering the machine-listing and drawing of checks:

1. Form ODA-4 and the checks should be prepared not earlier than about nine days before the end of the month; one copy of Form ODA-4 should be totalled in such a manner that it will report spearate page totals in pencil; an analysis or recapitulation sheet of the page totals should be prepared and reconciled to the total of the checks drawn.

2. Temporary grants (initial payments), changes in grant, or administrative closings shall be handled as additional entries or deletions, from the date of the initial run of the bill and checks until the morning of the third working day before the end of the month. During this period the following procedure should be followed:

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a. Temporary grants (initial payments) may be entered in proper case number order on Form ODA-4. The total on the recapitulation sheet should be adjusted to show the adjusted expenditures. It will not be necessary to correct page by page totals at this time. Check numbers may be entered manually.

b. Temporary changes in grant may be accomplished in the same manner. Additional expenditures or reductions may be made in proper case number order, checks and check numbers corrected as may be necessary, and the recapitulation schedule total adjusted.

c. Administrative closings may be completed and the total expenditure figure adjusted according to such reduction. Any Form ODA-4 entry which has not actually been paid and which will not be paid because of administrative closing should be ruled out. Check numbers ruled out will be considered voided.

3. During the third working day prior to the last day of the month one copy of Form ODA-4 should be totalled, with cumulative totals as required by Ruling No. 12, Chapter III. The final total should agree with the adjusted total on the recapitulation sheet. At this time the other copies of Form ODA-4 should be completed by entering cumulative page totals.

4. During the last three working days of the month any temporary grants or changes in grants may be made (if supported by required administrative decisions), and entered on the final page of the appropriate section of Form ODA-4. If such case is not in proper numerical order, cross reference entry should be made on the appropriate page of Form ODA-4 in case number order. This entry should indicate, "X-2000 Jones", with memorandum following such entry indicating, "appears on final page".

5. Administrative closings may be made by the Director at any time of the month but may require special handling to accommodate bookkeeping. If an individual actually received a payment during the month, such payment must be listed on Form ODA-4 for that month. If the case, after receiving payment, is closed by administrative closing in the same month, such case should appear in Schedule IX with notations, "Closed by administrative decision (date), but received payment this month prior to closing". No amount should be entered in the "Amount of last billing" column. This case should not be considered as closed, for accounting purposes, since a payment was made to the client. In the next month the case must be reported in Schedule II.

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6. In order to avoid accounting and statistical confusion in the handling of administrative closings, it is recommended that administrative decisions for closings be deferred during the last three working days of the month, or be deferred if the client received a payment in that month, unless there are special circumstances which make it necessary to establish an official record of such closing witnin such three day period. This suggestion is made in order that control of recipient count may be the same in all counties. This control is necessary to obtain the correct count in claiming the adjustment of special federal participation on Form ODA-4A.

The foregoing instructions relate also to Ruling No. 14 and Ruling No. 22 and office copies of such Rulings should be marked with a pen and ink cross reference to Chapter III of Ruling No. 12.

## INSTRUCTIONS FOR FORM ODA-4A

This form is designed as a summary report of the Assistance Account expenditures by type of payment and a summary of the recipient count for Old Age Assistance and Disability Assistance cases. The form is designed to allocate the program charges by type of payment to County State, and Federal funds. The distribution of disbursements as reported on this form, by program, provides the source for cash-journal entries and the entries to be forwarded to Form ODA-5.

Section II of the form requires computations covering charges to County, State, and Federal funds. Such computations may be completed by the following steps:

1. Forward totals from each section of Form ODA-4 to the related entry Column IV of Form ODA-4A.

2. Compute the Federal share of assistance payments for both programs (items A, B, F, and G) as follows:

   a. One-half (50%) of matchable assistance _____

   b. Plus the related count for cases eligible for Federal participation (lines 6 and 7 of Form ODA-4A) times $7.50 _____

   c. Federal share of matchable assistance _____

3. For lines A, F, G, H, and I, compute the County and State shares of the disbursements as follows:

   a. Column IV _____

   b. Minus Column III _____

   c. Remainder _____

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d. State share 50% of "c" _____

e. County share 50% of "c" _____

4. For lines B, C, and D, compute the County and State shares of the disbursements as follows:

a. Column IV _____

b. Minus Column III _____

c. Remainder _____

d. State share 75% of "c" _____

e. County share 25% of "c" _____

Section I and Section III of Form ODA-4A must be completed. The information required is a restatement of figures included on the form or in statistical records of the welfare board.

## INSTRUCTIONS FOR FORM ODA-5

This form replaces Form ODA-5 (revised 8-51) and Supplement No. 1 to ODA-5 (effective 1-52). Form ODA-5 is designed to serve a triple purpose:

1. to correlate the various aspects of the Welfare Board's financial transactions as summarized on the respective Forms ODA-4A, ODA-6A, and ODA-12;

2. to render an exact monthly accounting to the County and the State for assistance funds received from each; and

3. to show the estimate of assistance funds to be requisitioned for the next succeeding month.

The items required to be stated on Form ODA-5 are for the most part re-statements of amounts already computed and shown on other forms. No attempt should be made to prepare Form ODA-5 until Forms ODA-4A, ODA-6A, and ODA-12 have been completely prepared and checked for absolute accuracy.

Line A Balance beginning of month. The amounts on this line will be taken from line O of the preceding month.

Line B Funds received during month. Enter here funds received from the County and State respectively, on requisition for assistance. This means the full amount of funds actually received by the Welfare Board and deposited in the Assistance Account, even though such amount may be in excess of net requisition, or less than net requisition, or in any other way differ from the amount shown on Line T of the preceding month's report. Where there is such a difference it should be explained by a brief supplementary statement to be attached.

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Line D. Disbursements as per Form ODA-4A attached. The amounts shown on this line should be copied directly from line M of Form ODA-4A.

Line F. Credits as per Form ODA-6A attached. Enter here the totals from line M of Form ODA-6A.

Line G. County Share Recoveries, ODA-12. Enter here the total from "this County" column, to reflect the net County share of reported reimbursements or recoveries transferred to this account from the Clearing Account.

Line I. Received from other counties. Enter here funds received from another county. This would include remittances for apportioned share of a reimbursement recovered by such other county on a case formerly chargeable to the county reporting. If any amounts are entered on this line, an explanation should be made on the face of the form or in an attached statement.

Line J. Other. This line is provided to show any necessary adjustment not previously made, the effect of which is to increase the balance of County funds or State funds, or both, actually in the accounts as reported up to this point. For example, if in a previous month the amount of funds actually received from any source had been understated, the difference would be added here in the proper columns to adjust the accounts. If any amounts are entered on this line, an explanation should be made on the face of the form or in an attached statement.

Line M. Specify. This line may be used to report a single entry of deduction from funds if appropriate explanation is reported. Use the next line if more than one adjustment is reported.

Line N. As per attached statement. This line may be used to report composite entry of adjustments explained in detail in a separate statement.

Line P. Estimated expenditures for Old Age Assistance. This represents an estimate of what is expected to be spent for the following month. In arriving at the figures for this item, use the respective entries appearing on line D as the basis. To this amount add probable increased expenditures for new cases and other cases, less possible decreases. The remaining figure should be rounded to the nearest $100. In normal operations this amount may require adjustment only when the present balance is too high or when the previous estimate proved to be too low.

Line Q. Estimated Expenditures for Disability Assistance. The entry in the "total" column represents an estimate of what is expected to be spent in the following month. Use basis for estimating as described for line P.

Line R. Net Balance at End of Month. The amounts shown on this line should accurately reflect the actual cash balance in the Assistance Account at the end of the month. It should be verified by comparison with the

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cash balance shown in the bank statement after reconcilement for outstanding checks.

Attention is directed to the fact that this form bears certificates to be signed and sworn to by the Secretary-Treasurer and Director.

## INSTRUCTIONS FOR FORM ODA-6

This form is used to report only strict credits for items previously charged on Form ODA-4 as disbursements. Such credits include the following with respect to direct assistance payments, restricted assistance payments, and funeral payments for both Old Age Assistance and Disability Assistance:

(a) Checks drawn but not issued;

(b) Checks drawn and issued but returned undelivered and subsequently cancelled;

(c) Checks drawn and issued but not cashed;

(d) Checks drawn and issued but not presented for payment after a reasonable time and which cannot be traced;

(e) Cash restitutions for checks unlawfully issued;

(f) Cash restitutions for checks unlawfully converted;

(g) Partial credits or bookkeeping credits for checks drawn or reported drawn in excess of authorized amounts;

(h) Whole or partial credits of checks drawn and issued, representing funds not required by client, which can be allocated specifically to a particular check.

Form ODA-6 is not to be used for reporting cash recoveries from recipients or on their behalf which are applicable generally to such recipient's entire account, nor for accounting adjustments applicable to the County, but not the State, or vice versa. The former are reimbursements and are to be reported on Forms ODA-12, OA-12, and DA-12; the latter are to be reported on Form ODA-5 under "Adjustments".

All items should be listed clearly in the following order on Form ODA-6.

First, by month of issue, progressing from the oldest month to the most recent month, excepting funeral items;

Second, within each monthly group in numerical order (i.e., by case registration number).

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A column is provided to show the surname of the payee as a means of identification additional to the case registration number and the warrant or check number shown in other columns. In the case of funeral items and credits of assistance payments mailed to trustees, both the name of the client and of the payee or trustee should be shown.

In cases where the direct assistance grant exceeded $55.00 and included non-matchable funds, the credit, whether whole or partial, shall be applied first against that portion of the payment which exceeded $55.00. This will be accomplished by entering in the non-matchable column an amount equal to the total credit, or that portion of the original check which represented non-matchable funds, whichever is lesser, before any entry is made in the matchable column. Payment is understood to mean the <u>total</u> payment for the month to the recipient regardless of number of checks issued.

The form should be prepared in two major sections covering the O.A.A. and D.A. programs respectively, similar to the procedure required covering Form ODA-4. For each major section separate sub-sections should report the credits as follows:

A - OAA - Institutional payments credited.

B - " - Non-institutional Payments "

C - " - Restricted Payments "

D - " - Burial " "

E - " - Indicate Total "

F - DA - Institutional Payments "

G - " - Non-institutional " "

H - " - Restricted " "

I - " - Burial " "

J - " - Indicate Total "

In sub-sections A, B, F, and G indicate the figure one (1) in the final column if the credit entered represents a full credit or results in a complete credit of a total monthly payment. For each sub-section total the entries in the final column and note such totals in the space indicated for the respective sub-sections on Form ODA-6A. Totals should be indicated in the money columns for all parts, such totals to be forwarded to the respective entries column IV Form ODA-6A.

All credits should be classified in the respective sub-sections of Form ODA-6 in accordance with the original billing. If the credit is to be applied to a non-institutional payment or to institutional payments made prior to July 1, 1952, the credit should be considered and reported in sub-sections

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"B" or "G". Credits for items billed as institutional payments for months after July 1, 1952 should be reported in sub-sections "A" or "F". The general rule should be to apply the credit and accomplish application of the credit in the same manner as the original billing.

## Instructions for Form ODA-6A

This form replaces Form ODA-6B and Form OA-6B. It is a summary of Assistance Refunds and Credits reported on Form ODA-6 and allocates the shares of such credits due the County, State, and Federal accounts in the same proportion as originally charged. The method for computing County, State and Federal shares is explained in the instructions for Form ODA-4A. Section I, parts A - E, reports in total for the various classifications the OAA credits listed on Form ODA-6; Section II, parts F - J, reports in total the various classifications of DA credits listed on Form ODA-6; Section III summarizes the totals in Sections I and II, and is the source of the entry to be made on Form ODA-5, line F. Section IV is for the use of the State Bureau.

## Instructions for Form ODA-12

This form replaces the temporary Form ODA-12 and Form OA-12. The form is designed as a settlement sheet for Assistance recoveries for the month, and is prepared in three parts. Part I reports Old Age Assistance recoveries. The entries for each case will be forwarded from Form OA-12 (Previous Form OA-12A). Part II reports Disability Assistance recoveries. Individual Form DA-12 reports will be required monthly. Part III summarizes the totals of the two programs and is the source of the County entry in line "G" of Form ODA-5.

## Instructions for Form OA-12
[Previously Form OA-12A]

The form number of Form OA-12A shall be changed to Form OA-12 beginning with the month of July 1952. Existing copies of Form OA-12A may be used in reporting individual old age assistance recoveries.

Resulting variations in participation by the three levels of government in the old age assistance program, and changes in Federal matching formula have all added to the difficulties involved in the distribution of old age assistance recoveries. The Bureau has had under study for some time a number of proposals providing for simplification. Pending approval of a simplified formula the welfare boards must continue to report each recovery on an individual form.

Form OA-12 [formerly Form OA-12A] must be submitted for each old age assistance recovery. The first section of this form reports the assistance payments by type of charge and source of funds. The second section of the report is used to calculate the distribution percentage. The third section of the form reports the allocation of the recovery to the State and County Accounts. The final section of the form is reserved for use of the State Bureau in calculating the amount of the recovery due the Federal agency.

In order that copies of Form OA-12A printed prior to 7-51 may be utilized for the reporting of reimbursements with respect to assistance payments made after September 30, 1948, the following instructions will apply. These instructions supersede the "Special Instructions" which appear in the lower lefthand corner of the form.

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## Special Instructions Form OA-12A
## Report and Allocation of Reimbursements

Line 3 Enter the total of all amounts paid as direct assistance since April 1, 1936, excluding however all portions in excess of $40.00 for any one month prior to October 1, 1946, portions in excess of $45.00 for any one month from September 30, 1946 through September 30, 1948, portions in excess of $50.00 for any one month from September 30, 1948 through September 30, 1952 and portions in excess of $55.00 for any one month after September 30, 1952.

Line 4 Multiply $.625 by the number of months from October 1946 through September 1948; multiply $1.25 by the number of months from October 1948 through September 1952 and multiply $1.875 by the number of months from October 1952 for which the grantee received a direct assistance payment in any amount. The computation of the adjustments for special federal participation should be reported in the upper left corner* of the report as follows:

| | | | | |
|---|---|---|---|---|
| 10/46 thru 9/48 | _____ | x $ .625 | = | $_____ |
| 10/48 thru 9/52 | _____ | x 1.25 | = | $_____ |
| 10/52 to date | _____ | x 1.875 | = | $_____ |
| Total (to line No. 4) | | | | $_____ |

Line 5 Enter the total of all amounts paid as restricted assistance (in accordance with Ruling No. 9, revised) plus all portions of direct assistance in excess of $40.00 for any one month prior to October 1, 1946, portions in excess of $45.00 for any one month from October 1946 through September 1948; portions in excess of $50.00 for any one month from October 1948 through September 1952, and portions in excess of $55.00 for any one month after September 1952.

*(Sample entry: For a case in which assistance was paid each month from September 1948 to October 1952 inclusive).

| | | | | |
|---|---|---|---|---|
| 1 | x | $ .625 | = | $ .62 |
| 48 | x | 1.25 | = | 60.00 |
| 1 | x | 1.875 | = | 1.88 |
| | | | | $62.50 |

## Instructions for Supplement 1, Form OA-12

This form must be used in conjunction with Form OA-12 in reporting recoveries in which payments made after July 1, 1952 included institutional payments. The form is designed to include in items 1 thru 5 information usually reported in the related entries on Form OA-12, formerly Form OA-12A. This form must be attached to the related Form OA-12.

## Instructions for Form DA-12

This form reports and allocates the individual Disability Assistance recoveries. The form is in three sections- the first section reporting the assistance payments and source of funds; the second section allocates the recovery, and the final section is a summary and the source for entry forwarded to Form ODA-12.

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## DRAWING AND ENDORSEMENT OF ASSISTANCE CHECKS

At no time shall any check for assistance be drawn payable to any person other than the qualified recipient, nor jointly or in the alternative with any other person, with the exception of such payments as are made for burial purposes in accordance with the specific language of Title 44:7-13, Revised Statutes and with the exception of payments made in accordance with the provisions of Ruling No. 9. Nor shall any check be drawn to the order of any recipient known to be dead.

In connection with the drawing of checks for assistance it is to be noted that specific limitations on amounts of grant have been set forth in Ruling No. 3.

Proof that the recipient has received payment authorized by the welfare board is his signature as endorsement on the check issued in his name. Where his signature does not appear or where there is doubt as to whether the endorsement which appears is his, the validity of the payment is not established and the payment is subject to exception on audit.

In view of the above, each welfare board shall cause to be maintained a card file of usual signatures of recipients. This file shall be kept up to date and new signature cards shall be obtained whenever it appears that the recipient's signature has changed noticeably with increasing age or disability. In connection with the drawing of checks for assistance it is important that the client's name be written on the face of the check in conformity with the signature found on the signature card and in the case record. All checks shall be examined promptly each month after their return from the bank and endorsements thereon shall be compared with the signatures set up in the signature card file to verify the accuracy of endorsements.

In addition to bringing to light unsatisfactory endorsements, routine examination of checks will frequently indicate from the fact the check has been cashed in a distant place, that a client has moved, unknown to the welfare board. Sometimes it will be learned that the check was deposited in a bank account of which the welfare board had no knowledge or that it was paid to a building and loan association or other investment which had not been declared. Habitually tardy cashing of checks should also be a matter warranting follow-up since presumably every client is in immediate need of the assistance granted him.

It has been found that certain problems arise in the case of those clients who are unable to write their own names and must use a cross or mark for signature. Under New Jersey law a mark is a valid signature, provided there is proof that the mark was actually made by the person whose signature it purports to be, and that such person intended the mark to be his signature. It is possible for the necessary proof of these factors to appear on the check itself, if the mark is expressly described as the signature of the payee and if there is an identifiable witness to the making of the mark and to its description. Such a witness is satisfactorily identified if he makes his own signature, if he describes himself as witness, and if there appears on the check his address or other data by which he can be located when and if needed to establish proof of the payment.

The Attorney-General has ruled that one witness is sufficient for an endorsement by mark if the foregoing elements are all present. In

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order to insure proper endorsements, it will be found helpful to have printed metter on the back of assistance check as follows:

N O T I C E

This check will not be honored unless properly endorsed. If the payee named on the face of the check is able to write his own name, it should be written on the first line below exactly as written on the face of the check. If unable to write except by mark [x], the mark must be made by the payee in the presence of a person serving as witness who will write the payee's name opposite the mark and sign his own name and address in the space provided.

His/Her

_____

_____ _____Payee
Mark

_____ Witness

Address of Witness:_____

In order to afford recipients, who make their endorsement by "mark" the same protection as other clients, it is recommended that effort be made to have such recipients utilize wherever possible the same witness to their marks each month. This will cause no undue difficulty in most cases, since it will be possible to arrange for a person living in the recipient's home to provide this service.

If the signature of such witness is obtained on the recipient's signature card, this may be compared with the check endorsement upon return of checks from the bank in the same manner as for recipients who have endorsed their checks by signature.

Where a client may use more than one witness to his mark over a period of time, it is suggested that the signatures of more than one witness be obtained on the signature card, the signatures of any of these witnesses appearing on the checks being regarded as indicating that payment was properly received by the client.

The county welfare board shall review the circumstances surrounding payment of any check not bearing the authorized endorsement of the payee. In this connection

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instances will be observed where the endorsement on the check differs substantially from the endorsement on the signature card by reason of some temporary disability of the recipient such as acute illness or serious mental strain. Wherever there is doubt as to the validity of any endorsement personal contact with the recipient shall be established to verify the validity of endorsement. If it appears that because of some temporary disability the endorsement on the check differs radically from the signature card, the welfare board shall obtain affidavit from the recipient in which the recipient states that such check was received, cashed and used for his own purposes.

## RECORDING IN WELFARE BOARD MINUTES

In order to give validity to authorization of assistance payments by the welfare board and in order to make proper and adequate audit possible all actions of the board shall be individually recorded each month in the minutes of the board meeting. The formal procedure and content of the minutes shall be presented in accordance with Ruling No. 22.

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# CHAPTER IV

## REQUISITION AND DISBURSEMENT OF FUNDS FOR ADMINISTRATION

Every quarter the State Division will allot to each county welfare board its proper proportion of funds received from the Federal Government for administration, such proportion to be determined as provided in Title 44:7-27. Requisition for such allotment will be made on the State's standard bill (Form 100) which will be prepared by the State Division and mailed to the county for signature and affidavit.

Title 44:7-24 provides that payments of county funds for administration "shall be made monthly by the treasurer of the county upon the requisition of and to the secretary-treasurer of the county welfare board". It is therefore suggested that immediately after the first of each month, the director of welfare shall prepare an estimate of the amount of funds needed for administrative expenditures accruing and payable during such month.

The secretary-treasurer of the welfare board shall be authorized to requisition the Board of Chosen Freeholders for the county's share of the estimated amount so required, such authorization being noted in the minutes as in the case of assistance funds. The requisition shall be prepared on the county's standard form showing the estimate of the full amount required for the month, and deducting balances (including the federal subsidy) available to apply against such estimate. The requisition to the county for the difference, should be made in the following form:

"For funds required for allocation to administrative expenses of the _____County Welfare Board for the month of _____, 19___, as provided in Title 44:7."

The respective advances from the county and state (allotment of earned federal grant for administration) shall be deposited to the Administration Account against which checks for administrative expenditures will be drawn. In making such disbursements the following procedure will be observed:

A. Actual payment for any authorized expenditure shall be ordered by the county welfare board only on verified voucher submitted therefore.

B. All expenditures shall be duly authorized by the county welfare board and noted in the minutes.

C. All disbursements and payments shall be made by check, signed by the Director and Secretary-Treasurer and drawn on the Administration Account.



(Revised August, 1947)

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# INSTRUCTIONS FOR FORMS OA-15 and OA-16

Forms OA-15 and OA-16 together constitute required reporting of administrative expenditures to the State Bureau. Form OA-15 and Form OA-16 as revised are now both monthly statements of the administration account and shall be submitted to the State Bureau not later than the fifth working day of the month following the month for which they are prepared.

Form OA-15 is so contructed that it will serve as an accounting statement. The items to be reported are self-explanatory. The report is made up of four sections, respectively reporting opening balance, additions, deductions, and closing balance; and provides three money columns, Total, State and County. The Welfare Board is required to report information only in the Total column the State and County columns being for use of the State Bureau only.

Form OA-16 is so constructed that it can be prepared directly from the cash-journal "Administration Account Record of Cash Receipts and Disbursements", with certain additions as follows:

The columns "Date", "Name and Description", "Check Number", "Salaries and Wages, New Equipment, Insurance and Bonds", "Travel Expense", "Office Expense", with appropriate sub-columns for amount and account number, and "Miscellaneous" with appropriate sub-columns for amount and account number which appear on Form OA-16, correspond with similarly titled columns in the cash-journal, and the totals of each classification should be copied therefrom. It should be noted that Form OA-16 lists expenditures for salaries and wages, new equipment, insurance and bonds in the same column. The form as revised will report gross expenditures in all columns. Effective February, 1947, a copy of each payroll will be forwarded with Form OA-16 to the State Bureau. The gross amount of the payroll forwarded should agree with the amount reported in the appropriate column on Form OA-16. Any difference between the payroll total and the amount entered on Form OA-16 must be explained in a separate statement to be attached to the payroll.

Cash credits or cash refunds will not be reported on Form OA-16 since the report is designed to report gross expenditures.

Expenditures listed on Form OA-16 in the "Office Expense" column, Account No.63, will require the use of the account letter only, since all items listed are Office Expense classifications. For example: a disbursement to the New Jersey Bell Telephone Company will be listed in the Office Expense column for the amount of the bill and chargeable to "a". Expenditures under the heading of "Miscellaneous", Account No. 64, will be listed in the same manner.

Medical fees and expenses necessary to determine eligibility or continuing eligibility will be matchable and shall be identified as 64M; all other expenditures made by the agency to defray medical expenses and other obligations incurred by or on behalf of clients will be non-matchable and shall be identified as 64E-N.

Form OA-15, item "D - Refunds" will be itemized in Schedule A of the report. The following information must be reported in Schedule A for each credit or refund: the date the refund was received, and month the original disbursement was reported in the books of account and on Form OA-16, the description, check number, and amount of the original expenditure on Form OA-16, and the amount of the refund deposited during the current month.

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# CHAPTER V

## RECEIPTS AND DISBURSEMENTS IN THE CLEARING AND TRUST ACCOUNTS

### Clearing Account Receipts and Disbursements

The Clearing Account has been designed and shall be maintained as a control account of all funds received for any client's account or to be credited to any client's account. The primary purpose of this account is described by its name as a record of funds held temporarily, i.e., pending decision authorizing specific disposition of each receipt.

Clearing Account receipts are funds received from any source except the following items which by their nature are readily identified:

Funds received from the State Treasurer.
Funds received from the County Treasurer.
Reimbursement apportionments received from another county.
Refunds or rebates of true administrative expenses previously disbursed from the Administration Account.

Clearing Account disbursements, constituting all payments for the account of or to any client from a previous receipt, may be made only after approval of the voucher and authorization for payment has been given by the welfare board and properly recorded in the minutes. Disbursement to clients of funds received from relatives after the board meeting may be made on blanket authorization from the Welfare Board subject to formal approval at a subsequent meeting. All disbursements and payments shall be made by check, signed by the director and secretary-treasurer, or, at the option of the welfare board, by the director only. Such option shall be expressed in a resolution and adopted by the welfare board at the annual re-organization meeting and duly recorded in the minutes of the board each year.

Entry for the disbursement of funds reimbursed to the State and County may be made in a lump sum for the above classification rather than a listing of the individuals comprising the recoveries in which case posting to the individual ledger shall be made from Form ODA-12.

The Secretary-Treasurer's monthly report to the welfare board, properly noted in the minutes shall include a summary of the Clearing Account by reporting the previous balance plus the receipts by source, less the disbursements by object, and the final balance.

Form OA-3A shall be prepared and filed in the case record immediately upon receipt of any funds to be deposited in the Clearing Account. This statement shall show the date, source and amount received. Similar statements on Form OA-3A shall be prepared also supporting all disbursements from this account and filed in the case record.

Each month the welfare board shall forward to the State Bureau an accounting of the Clearing Account on Form OA-22. This form is prepared directly from the cash-journals; the classification of receipts and disbursements called for on the report correspond with the required columnar headings in the cash-journal. This report shall be submitted to the State Bureau on or before the fifth working day of the month following the transactions recorded.

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## Trust Account Receipts and Disbursements

The Trust Account shall be maintained as a control account of funds transferred from the Clearing Account following duly authorized determination. The funds to be maintained in this account are funds deposited for the use of the client or to be held for the payment of any bills outstanding at the time of the client's death.

The account is designed primarily to segregate the funds of the client from which no immediate disbursement is anticipated. Accordingly the account is to be used only if the client is living, except in rare instances when prompt settlement of deceased client's estate is not possible. In such cases it is recommended that the funds be transferred from the Clearing to the Trust Account pending final distribution.

The Trust Account disbursements are funds paid to or for the account of a living client or funds transferred to the Clearing Account for payment of bills after the client's death. Disbursements shall be made only after approval of the voucher and authorization for such payment has been given by the welfare board and properly recorded in the minutes. All disbursements shall be made by check signed by the director and secretary-treasurer, or, at the option of the welfare board, by the director only. Such option shall be expressed in a resolution and adopted by the welfare board at the annual reorganization meeting and duly recorded in the minutes of the board each year.

The welfare board's minutes shall include a summary of Trust Account activity which will reflect the opening balance, plus the receipts by source, the disbursements by object, and the final balance.

The welfare board shall report the activity in this account to the State Division on Form OA-23. This report is prepared directly from the cash-journal, "Trust Account - Record of Cash Receipts and Disbursements." The classification of receipts and disbursements called for on the report form correspond with the columns similarly titled on the cash-journal form. This form shall be prepared at the close of each month and one copy submitted to the State Division on or before the ~~fifteenth~~ day of the month following the transactions recorded.

It is suggested that the welfare board conduct the following test check of items reported on Form OA-22 and OA-23 before submittal to the State Division:

1) The opening balance must be in agreement with the prior month's closing balance, unless the difference is fully explained by foot note;

2) The entry on Form OA-22, line 11, must agree with the amount entered on Form OA-23, Line I;

3) The sum of the entries on Form OA-22, lines 18, 25, 26 and 27 must equal the amount entered on Form OA-23, line B.

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## Controls of Client's Subsidiary Account Balances

It is the policy of the State Division to conserve the assets of clients and to reserve the funds of recipients for any expenses that cannot be met from the regular assistance grants. However, experience has shown that $300.00 will usually care for the recipient's extraordinary expenses while living, expenses of the last illness, and burial costs.

In connection with this policy it is suggested that the Director of Welfare conduct regular examination of the individual clearing and trust accounts to determine the cases that should be brought to the Welfare Board's attention.

As a guide to the specific types of cases the Director of Welfare shall have the Welfare Board review, it is suggested that particular attention be directed to the following:

All accounts that have credit balances of more than $300.00;

All accounts to the credit of a deceased recipient;

Accounts in which the Welfare Board has reported full reimbursement and the client's case has been discharged from the assistance rolls;

Accounts that represent reimbursement or collection against a specific assistance check.

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# CHAPTER VI

## OTHER FINANCIAL RECORDS AND REPORTS

At the close of each month, reconciliations shall be made of cash balances in banks as reported by the statements of such banks, in relation to each of the four principal accounts: Assistance Account, Administration Account, Clearing Account, and Trust Account. The statements of such reconciliations shall be prepared in clear and legible form and shall be retained as permanent records in the office of the welfare board, readily available at any time in connection with any examination or audit of accounts. Checks outstanding more than three months should be investigated and action taken as warranted. Checks outstanding more than six months shall have stop payment notice issued and checks credited.

### Trial Balances

Trial balances of all accounts shall be run monthly, after posting; and in the last month of each fiscal quarter, two trial balances shall be run, one after posting but before closure, and one after closure. The statements of such trial balances shall be prepared in clear and legible form and shall be retained as permanent records in the office of the welfare board readily available at any time in connection with any examination or audit of accounts.

### Vouchers

All disbursements from the Administration Account shall be supported by vouchers, of uniform design within each county as adopted by the welfare board, and all vouchers of more than $5.00 shall be supported by affidavit. The voucher shall be executed by the claimant, except that all salary items, if supported by a formal payroll statement which is filed as a permanent record, need not be further supported by individual sworn vouchers. In the latter case the voucher shall include both salary checks and check or checks representing deductions made for each payroll period covered. In counties not covered by Civil Service, one voucher shall be drawn each pay period listing the individual, gross salary deductions, and net salary and totalled accumulatively. Check numbers covering the payroll shall be noted thereon also.

All disbursements from the Clearing Account shall be supported by vouchers, of uniform design within each county as adopted by the welfare board for use in connection with the Administration Account. If the disbursement is in any one of the following classes, no sworn voucher is necessary, but a voucher shall be signed by the Director of Welfare or authorized deputy:

Cash payments direct to the client himself;*
Burial payments;
Transfers to the Trust Account;
Transfers to the Assistance Account;
Transfers to the Administration Account;
Remittances to the State Treasurer;
Remittances to the welfare boards of other counties;
Disbursements of $5.00 or less.

* A number of payments of this type may be reported on a single voucher provided the following information is noted for each individual payment; Case number, name, description of disbursement, check number and amount. The voucher in this instance will show more than one number.

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All other disbursements from the Clearing Account, without exception, shall be supported by a sworn voucher, executed by the claimant.

All disbursements from the Trust Account shall be supported by voucher of the same form as above, subject to the same limitations and exceptions as described for the Clearing Account. That is, disbursements made to the client himself, or transfers to the Clearing Account, will be supported by an unsworn voucher, signed by the Director of Welfare or his authorized deputy. All other disbursements of more than $5.00 shall be supported by a sworn voucher, executed by the claimant.

All such vouchers may be numbered in accord with the numbering of the checks issued in payment, or, if otherwise numbered, the check number shall be entered thereon. Such vouchers shall be kept filed in numerical order in the office of the county welfare board as permanent records readily available at any time in connection with any examination or audit of accounts.

## Handling of Petty Cash

Petty cash funds shall be maintained on the imprest system. Therefore at any time after the fund is set up, the sum of the cash and receipted bills (of items paid) must agree with the original amount of the fund.

At such time as it appears necessary to replenish the fund it will be necessary to draw a check on the Administration Account for all or a portion of the amount of the items that have been paid from the fund. The proper recording of the check payable to the petty cash fund is further accomplished by actually charging such accounts as are indicated by the petty cash vouchers or bills.

## Clients' Assets

A receipt book system shall be maintained by a responsible person, preferably the bookkeeper, who will issue a receipt for all assets of whatever nature, including cash, checks, insurance policies, deeds, stocks, bonds, etc., received from and for the account of recipients of Old Age Assistance.

Two sets of receipts will be employed, the original in each set being perforated. The first set will be issued either by the case worker at such time as cash or other resources might be given to him either in the field or in the office, or by an office employe, other than the bookkeeper, who has been designated by the director as being initially responsible for any assets received through the mail or other sources, other than those received by the case worker. This receipt will be prepared in duplicate, the original being given to the client or other person giving the asset and the duplicate being retained in the employe's book.

The second set, issued by the bookkeeper, shall also be in duplicate, the original will be given to the employe, who will attach this receipt to the copy retained in his book, or other person submitting the asset. The duplicate copy of this set remains in the bookkeeper's book.

All receipts shall be pre-numbered, each set independently, and a record kept of the particular books given to case workers or other employes. The receipt books shall be made a part of the audit examination.

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The welfare boards shall maintain an inventory or register of all liquid or negotiable assets of clients coming within their control. This record shall show as a minimum the following information: 1) case number, 2) serial number of asset, 3) type of asset, 4) value, and 5) income. The following will serve as a sample of proper entries:

| Case No. | Number | Type | Value | Income | Remarks |
|---|---|---|---|---|---|
| 3 | 6432 | First Nat'al Bank Deferred Account | $121.00 | None | |
| 302 | 91743 | 3 Shares Common Stock Eastern Utility Co. | $90.00 | 5% | Par Value |
| 1610 | 82391 | Bond Public Service | $250.00 | 6% | Matures 9-1-46 |
| 1739 | 2 | Promissory Note Jones & Company | $400.00 | X | 6% Interest Payable with Principal |
| 1741 | 89121 | Savings Account Trust Company | $128.00 | 1% | |
| 1924 | 21876B | Postal Savings Acct. | $18.00 | 2% | Book held Not Assigned |

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# CHAPTER VII

## FORM AND OPERATION OF CASH-JOURNALS

The accounting system here outlined does not require the maintenance of a general journal. However, record of cash receipts and disbursements with respect to the Assistance, Administration, Clearing, and Trust sections of the ledger accounts will be maintained in cash-journal form for each such section. The cash-journal forms are intended to establish uniformity in the recording of receipts and disbursements by all counties and no variation from the sample forms shall be made without the approval of the State Bureau.

### Assistance Section - Cash-Journal

Assistance Account: Record of Cash Receipts and Disbursements

All assistance receipts and disbursements of the county welfare board are recorded in chronological order on this cash-journal form. The cash balance, which can be determined currently by subtracting cash disbursements from cash receipts, represents the amount of unexpended assistance funds which should be on deposit. This figure shall be reconciled monthly with the appropriate bank statement.

The record is self-balancing, i.e., the sum of the "Receipts" column, the "Assistance Disbursements-Control" column, and the "Debit" column of the "General" section should equal the sum of the "Disbursements" column, the "Adjustments to Assistance Disbursements-Control" column, and the "Credit" column or the "General" section. This test-check should be made monthly before posting to the General Ledger.

The advances for assistance received each month from the State and County Treasurers are entered in the "Cash Receipts" [Dr.] and "General" [Cr.] columns, and the titles of the ledger accounts to be credited are stated in the "Account" column with the numbers of such ledger accounts being stated in the "Folio" column, after the entry has been posted to the general ledger. All other receipts, except refunds for overpayments or improper payments, and also cancellations of checks for assistance and burial payments, are entered in "Cash Receipt" [Dr.] with the corresponding credit in the "Control-Total" column under "Adjustments to Assistance Disbursements", and are then distributed to the respective "State and County participation" columns.

In order that the cash balance may be readily available in the cash-journal, the opening entry each month shall be "Balance Forwarded" in the "Name" column, with such balance entered in the "Cash Receipts" [Dr.] column and "General" [Cr.] column. The title to be entered in the "Account" column for this credit is "Cash-Assistance". This credit in the "General" column should be posted directly to the General Ledger. Such posting should be made to account #2 "Cash-Assistance" and should have the effect of closing out this account. However, formal closure by ruling is not made. All general ledger accounts 1 to 14 and the assistance cash-journal will report individual accounting transactions for old age and disability assistance.

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The total of assistance payments, including disbursements for burial from public funds (Form ODA-4A) are recorded each month in the "Cash Disbursements" (Cr.) column and in the column "Assistance Disbursements - Control Total", with distribution to the appropriate columns for State and County participation.

Transactions which do not involve cash items also are entered in this journal, primarily utilizing the "General" section. This contemplates such entries as those recording the amount appropriated by the county, monthly closing entries, and account closures at the end of the appropriation period. Such entries do not preclude the use of columns other than those in the "General" section where appropriate, for example, correction of a prior error of entry or of posting. Errors of entry should not be erased at any time. If not posted to the General Ledger, they may be lightly ruled out and correctly entered; but if posted, they should be corrected by journal entry. All journal entries, regardless of character, should be fully explained in the "Description" column.

Daily posting shall be made to the General Ledger of those amounts appearing in the "General" section of the cash-journal. At the end of each month, the several columns shall be totalled. The totals appearing in the cash columns shall be posted directly to the General Ledger Account No. 2. The individual entries appearing in the assistance disbursement columns and in the adjustments to the assistance disbursement columns shall be posted to the respective General Ledger Accounts. In completing these entries the posted amount shall be identified by program in the General Ledger Accounts, the posting reference in the cash-journal should indicate the account number and a check mark. The account number indicating that the OAA transaction has been posted while the check mark will indicate that the DA transaction has been posted. The net totals of the "Receipts" and "Assistance Disbursements" columns are debit entries. The net totals of the "Disbursements" and "Adjustments to Disbursements" columns are credit entries.

In order to provide information which will be useful in preparing a statement of charges for each type of expenditure, a summary analysis of gross assistance disbursements by type of expenditure must be maintained for both Old Age and Disability Assistance. The cash-journal form will be used and monthly totals for disbursements entered under the following column headings: 1) Institutional Payments, 2) Non-institutional Payments, 3) Restricted Payments, 4) Burial Payments, and 5) Total Expenditures from Assistance. The Summary Analysis will also include a section for Allocation of Charge as follows: Federal, Institutional and Non-Institutional, Total State, and Total County participation.

The source of the above assistance expenditures and allocation of charge will be taken from the respective entries appearing on Form ODA-4A.

As stated above, the Summary Analysis will record gross expenditures, a separate summary to be maintained for each program. It is suggested, however, that the individual counties will derive additional benefit from the summaries if they are maintained in three sections, i.e., the first section to record gross disbursements as above outlined, the second section to record the credits from Form ODA-6A, and the third section to record the difference between sections 1 and 2, or the net expenditures.

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## Illustrative Journal Entries

The following are examples of opening, operating, and closing entries, expressed in journal form, which are made in the "Assistance Account-Record of Cash Receipts and Disbursements", and which are posted therefrom to the General Ledger:

### Opening Entry

Non-requisitioned Appropriation - Old Age Assistance
Non-requisitioned Appropriation - Disability Assistance

County Appropriation - Assistance

To record the total appropriation for assistance authorized by the County Board of Chosen Freeholders for the calendar year of _____.

### Operating Entries

Cash - Assistance

State of New Jersey - Advances for Assistance

To record advances by the State of New Jersey of Federal and State shares of estimated expenditures for assistance for the month of _____.

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Cash - Assistance
Non-requisitioned Appropriation - Old Age Assistance
Non-requisitioned Appropriation - Disability Assistance

To record funds received from the County Treasurer for the payment of the county's share of assistance for the month of _____.

Assistance Disbursements - Control and Subsidiary Accounts
Cash-Assistance

To record gross expenditures for assistance and burials for the month of _____.

Cash - Assistance
Adjustments to Assistance Disbursements - Control and Subsidiary Account

To record cancellations and overpayment refunds applicable to assistance and burial payments.

Cash - Assistance
Transfers from Clearing Account - County Participation Collections Received from Other Counties - County Participation

To record the county's share of collections transferred from the clearing account and received from other counties.

## Monthly Adjusting and Closing Entries

Adjustments to Assistance Disbursements - Control and Subsidiary Accounts

Assistance Disbursements - Control and Subsidiary Accounts

To transfer cancellations and overpayment refunds to the appropriate assistance account.

State of New Jersey - Advances for Assistance
County Appropriation - Assistance

Assistance Disbursements - Control and Subsidiary Accounts

To close the "State Participation" accounts to the State of New Jersey advance account and close the "County Participation" accounts to the county appropriation account.

Transfers from Clearing Account - County Participation
Collections Received from Other Counties - County Participation
County Appropriation - Assistance

To close the county's share of collections into the county appropriation account.

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## Annual Closing Entries

County Appropriation - Assistance

Non-requisitioned Appropriation - Old Age Assistance
Non-requisitioned Appropriation - Disability Assistance

To close accounts reflecting assistance appropriation balances which revert at the close of the appropriation year.

To be used if County Balance is returned to the County Treasurer.

Non-requisitioned Appropriation - Assistance
Cash Assistance

To close the county portion of the cash assistance account reverting to the county's general fund at the close of the appropriation year.

Upon completion of the annual closing entries the following accounts may have remaining balances to be forwarded to the succeeding appropriation year:

| Debit Balances | equal to | Credit Balance |
|---|---|---|
| Cash-Assistance | | State of New Jersey - Advances for Assistance |
| | | Non-requisitioned Appropriation-Old Age Assistance |
| | | Non-requisitioned Appropriation-Disability Assistance |

## Administration Section-Cash Journal

Administration Account - Record of Cash Receipts and Disbursements

All administrative receipts and disbursements of the county welfare board are recorded in chronological order on this cash-journal form. The cash balance, which can be determined currently by subtracting cash disbursements from cash receipts, represents the amount of unexpended administration funds which should be on deposit. This figure shall be reconciled monthly with the appropriate bank statement.

The record is self-balancing, i.e., the sum of the "Receipts" column, the "Administrative Expenses - Total Control" column, and the "Debit" column of the "General" section, should equal the sum of the "Disbursements" column and the "Credit" column of the "General" section. This test-check should be made monthly before posting to the General Ledger.

All receipts, including refunds of payments and of overpayments are entered in the "Cash Receipts" (Dr.) and "General" (Cr.) columns, and the titles of the ledger accounts to be credited are stated in the "Account" column with the numbers of such ledger accounts being stated in the "Folio" column.

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It is to be noted that all cash credits or refunds will be reported directly to the general ledger account for which the credit was recovered. It will sometimes be necessary to report two or three credit entries in the General section for a single refund item since certain items must be credited to the control accounts and the individual expense account. The bookkeeper must mark all credit entries covering refunds as non-add items, except in the credit item reported in the General section to be posted to account number 54, Administration Expenses Total Control.

In order that the cash balance may be readily available in the cash-journal, the opening entry each month shall be "Balance Forwarded" (in "Name" column), with such balance entered in the "Cash Receipts" (Dr.) column and "General" (Cr.) column. The title to be entered in the "Accounts" column for this credit is "Cash-Administration". This credit in the "General" column should be posted to the General Ledger. Such posting should be made to account #51 "Cash-Administration", and should have the effect of closing out this account. However, formal closure by ruling is not made.

Disbursements are entered in this record from the approved vouchers, showing date, name, description of item, voucher and check numbers, in the respective columns provided, and with entry of the amount in the "Cash Disbursements" and the "Total Control" columns, together with entry in the proper columns for the subsidiary expenditure accounts to be charged.

Whenever current deductions are made from payrolls for hospitalization insurance, savings bonds, withholding tax, pension funds, etc., employee checks will be drawn for salary less deductions, with a single additional check being issued wherever practical for each category of deduction to the order of the appropriate person or organization.

The withholding tax will be deducted from each employee's check and in counties where the amount withheld during one month amounts to $100.00 or more, a check for the current month's taxes shall be issued to the depository authorized by the Secretary of the Treasury to receive deposits of withheld taxes, such check being made payable to _____National Bank, Account Withheld Taxes. A receipt will be issued by the depository for the amount of each such payment made. In counties where the tax withheld for the month does not total $100.00, payment to the Collector of Internal Revenue will be made on a quarterly basis.

Entries in the cash journal for all deductions mentioned above will be as follows: Cash credit column will report the net amount of checks paid while the "Control Total" column and the "Salaries and Wages" column will be debited with the gross amount of salaries and wages earned and reported on the payroll. In the General section credits will be reported for each of the following items as may be required:

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a. 70. Reserve for retirement or pension fund deductions.
b. 71. Reserve for hospitalization insurance.
c. 72. Reserve for withholding tax.
d. 73. Reserve for savings bonds.

When the check or checks for payment of the various payroll deductions are issued, the amount of the check or checks will be credited to Cash Disbursements and debited (in the General section of the cash-journal) to the various reserve accounts mentioned above.

If the payment of pension or retirement deductions includes payments on or for the account of employees on military leave, the payment may be included in the check covering the amount reported on the regular payroll provided an entry has been reported as a debit in the Control Total column and in the Miscellaneous (64M) expense column, and as a credit to the reserve for retirement or pension deductions to be reported in the General section of the cash-journal.

Transactions which do not involve cash items also are entered in this journal, primarily utilizing the "General" section. This contemplates such entries as those recording the amount appropriated by the county, monthly closing entries, and account closures at the end of the appropriation period. Such entries do not preclude the use of columns other than those in the "General" section where appropriate, for example, correction of a prior error of entry or of posting. Errors of entry should not be erased at any time. If not posted to the general ledger, they may be lightly ruled out and correctly entered; but if posted, they should be corrected by journal entry. All journal entries, regardless of character, should be fully explained in the "Description" column.

Daily posting shall be made to the General Ledger of those amounts appearing in the "General" section of the cash-journal. Daily posting should also be made to the appropriate subsidiary object-classification accounts in the General Ledger of those amounts appearing in the columns "Office Expense-Control" or "Miscellaneous - Control" under "Administrative Expenses-Debits". At the end of each month the several columns shall be totalled and posted directly to the general ledger and subsidiary accounts as identified by column titles. The net totals of the "Receipts" and "Administrative Expenses" column are debit entries. The net total of the "Disbursements" column is a credit entry.

Illustrative Journal Entries

The following are examples of opening, operating, and closing entries, expressed in journal form, which are made in the "Administration Account-Record of Cash Receipts and Disbursements", and which are posted therefrom to the General Ledger:

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## Opening Entry

Nonrequisitioned Appropriation - Administration
  County Appropriation - Administration

To record the total appropriation for administration authorized by the County Board of Chosen Freeholders for the calendar year of _____.

## Operating Entries

Cash Administration
  Nonrequisitioned Appropriation - Administration

To record county funds received from the County Treasurer for the payment of administrative expenses.

Administration Expenses - Control and Subsidiary Accounts
  Cash - Administration

To record administrative expenditures for the month of _____.

Administration Expenses - Control
  Salaries and Wages - Subsidiary
  Cash - Administration
  Reserve for Pension or Retirement Deductions
  Reserve for (Hospitalization, Savings Bonds, and Other)

To record Salary and Wage expenditures for the first (second)half of___.

Cash - Administration
  Earned Federal Grant for Administration

To record the county's share of the earned subsidy received from the State Treasurer for the quarter ended _____.

## Monthly Adjusting and Closing Entry

Earned Grant for Administration
  County Appropriation - Administration

To transfer the earned federal grant for administration to the county appropriation account.

County Appropriation - Administration
  Administrative expenses - Control and Subsidiary Accounts

To close the balances in the county administration expense accounts to the county appropriation account for administration.

## Annual Closing Entries

To be used if balance is returned to the County Treasurer.

Nonrequisitioned Appropriation - Administration
  Cash - Administration

To close the balance of administration funds which revert to the County's general fund at the close of the appropriation year.



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County Appropriation - Administration
Non-requisitioned Appropriation - Administration

To close accounts reflecting administration appropriation balances which revert at the close of the appropriation year.

Upon completion of the annual closing entries, the following accounts may have remaining balances to be forwarded to the succeeding appropriation year:

| Debit Balances | | Credit Balance |
|---|---|---|
| | equal to | |
| Cash - Administration | | Non-requisitioned Appropriation - Administration |

## Clearing Account Section - Cash Journal

The cash-journal for the Clearing Account consists of a "Record of Cash Receipts" and a "Record of Cash Disbursements". Each of such records requires the double-spread of a columnar journal, and the respective records are therefore maintained in separate sections of the same journal volume.

### Clearing Account - Record of Cash Receipts

The purpose of this form is to provide a daily record, in cash journal form, of collections by source, for posting to the General Ledger and subsidiary accounts, and for the monthly preparation of the report "Statement of Assistance Clearing Account".

The date, case number, name of client, and description of receipt are entered for each individual item as received, showing in the proper column a total of the receipt, and showing in the following columns the distribution of the source or sources of such receipt. Columns are provided for the various recurring types of receipts, and a general column is provided for "Other" receipts which are to be identified as to source. The master receipt number must be entered for all collections in the description column or in a separate column.

In making distribution of each receipt to source column, the following interpretations shall be carefully observed:

| Column | Interpretation |
|---|---|
| Fraternal Insurance | Includes benefits of any kind, whether for death, sickness, accident, etc., and refunds of dues or assessments, which become available by reason of client's membership, or the membership of client's spouse, in a fraternal organization. The receipt shall be classified in this column regardless of whether the welfare board makes the collection direct from the fraternal order, or from the client, his relatives, or other person. |

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| | |
|---|---|
| Other Life Insurance | Includes payments of any kind, whether for death, sickness, accident, disability, etc., refunds of premiums, dividends, endowments, surrender values, etc., paid by an insurance company in which the client's life is insured. Industrial group insurance is included but not fraternal benefits. The receipt shall be classified in this column regardless of whether the welfare board makes the collection direct from the insurance company, or fr the client, his relatives, or other person. |
| Old Age & Survivor's Insurance | Includes payments received from the Social Security Board for reimbursement of public funds advanced for burial by the Welfare Board on behalf of clients eligible for Old Age and Survivor's Insurance. |
| Real Estate | Includes collections of rent, proceeds of sale, considerations for releases and quit-claim deeds, or other payments arising out of any settlement, compromise, or other tran action directly relating to real estate of which the client is owner or in which he has a direct interest. |
| Client's Inheritance | Includes any funds which become available to or for the client from the estate of another person who is deceased. Funds which become available to or for the client through his being beneficiary of insurance (other than fraternal benefits for a deceased spouse) on the life of any person, shall be included he |
| Cash and Bank Accounts | Includes funds which come from any account (other than the welfare board's Trust Accoun of which the client was owner or part-owner, in any bank, whether open or closed. Include also cash owned by the client which was not banked, for example, cash found on the person or in the home at time of death. Any cas payment made to the welfare board by the client himself, the immediate source of whic is not identified, should also be included here; but if the source is known, the entry should be made in the appropriate column or in the column "Other" with explanation. |
| Securities | Includes collections of principal, interest, dividends, proceeds of sale, etc., with respect to any stocks, bonds, mortgages, promissory notes, and other securities not else where classified, owned by the client. (Proceeds of stock participation certificates, etc.,in a closed bank, which represent an ac count the client formerly had in such bank, should not be included here, but under "Cash and Bank Accounts".) |

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| | |
|---|---|
| Cash Contributions by Relatives and Friends | Includes any cash payments made to the Welfare Board by rolatives and friends during the lifetime of the client, which payments are current contributions to the cost of the client's support and have no direct connection with any matter of fraternal benefits, insurance, real estate, etc. Cash payments made by relatives and friends after the death of the client, and which are not properly enterable in one or more of the other columns, should not be entered here, but in the column "Other", with explanation. |
| Accident Recoveries | Includes recoveries effected by the client or on his behalf from the party or parties responsible for an accident in which the client suffered injury. This does not include accident benefits paid by an insurance company or fraternal organization in which the client himself has a policy or membership entitling him to such benefit. |
| Transfers from Trust Account | Includes only funds transferred to the "Clearing Account" from the "Trust Account" for purposes of disbursement and distribution. |
| Other | Includes any collection, the source-character of which does not come under any of the preceding columns, or any part of a collection which cannot be otherwise classified. |

Receipts are posted currently as credits to the individual-ledger clearing account for each grantee affected, (when such posting is made, the case number should be entered in "Folio" column on the cash-journal record as a cross-check). The total of the balances appearing in individual clearing accounts should be in agreement with the balance appearing in the General Ledger account "Collections for Distribution-Control Account" (#120), after posting at the end of each month.

At the end of the month, posting of the "Total" column on the cash-journal record is made to the General Ledger accounts as follows:

Debit: Clearing Account - Cash (#100)

Credit: Collections for Distribution - Control Account (#120)

For the purpose of maintaining a summary analysis of the receipts by source which can be readily totalled for any given period, this same cash-journal form will be used, maintaining a separate sheet thereof to which will be posted the monthly totals for receipts by classification, in lieu of maintaining General Ledger accounts for this purpose.

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Clearing Account - Record of Cash Disbursements

The purpose of this form is to provide a daily record, in cash-journal form, of all clearing-account disbursements, by purpose, for posting to the General Ledger and subsidiary accounts, and for the preparation of the monthly report "Statement of Old Age Assistance Clearing Account".

All clearing account disbursements are entered on the cash-journal form, from the vouchers approved for payment by the county welfare board, when such payments are made. The date, case number, name of client, description (name of payee), voucher number and check numbers are entered for each individual item as disbursed, showing in the proper column the total of such disbursement by purpose.

Because of the variety of transactions which will operate through the Clearing Account, proper classification of disbursements is of special importance, and the following interpretations must be carefully observed:

a) Deductions for Living Clients - includes only amounts paid out to the client or for the client, if the client is living at the time payment is made. If the client is living, the disbursement should be entered in this group regardless of whether the case is active or inactive;

b) Deductions for Deceased Clients - includes only amounts paid out when the client is deceased at the time payment is made, regardless of whether the obligation is incurred before or after death;

c) Refunds to Assistance Account - includes only amounts being refunded to the Assistance Account to be reported as adjustments on Form OA-6 or Form OA-6A (i.e. "cash credits"), regardless of whether the client is living or deceased, and the case active or inactive;

d) Net Reimbursements - Distribution - includes only amounts reported as net reimbursement on Form OA-12, regardless of whether the client is living or deceased, and the case active or inactive.

The interpretations of the several columns within each of the above major classifications are as follows:

| Column | Interpretation |
|---|---|
| **Deductions for Living Clients** | |
| Cash to Client | Includes any amount paid directly to the client himself. |
| Medical | Includes any disbursement for professional service rendered to the client by a physician dentist, nurse or other licensed practitioner administering to health needs; for cost of |

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| Column | Interpretation |
|---|---|
| | drugs, prescriptions, special foods, eyeglasses, trusses, and other commodities and supplies of a medical or surgical character; and for cost of care or treatment in a nursing home licensed or approved under Ruling #18, or in a hospital, clinic or dispensary. |
| Other Bills (Client's) | Includes any disbursement to satisfy bills other than medical for services and commodities purchased by or for the client, such as rent, board, utilities, taxes, mortgage interest, property repairs, or other debts owed by the client. |
| Transfer to Trust Account | Includes only funds transferred from the "Clearing Account" to the "Trust Account", to be held for the later use and benefit of the client and other later disposition. |
| Other | Includes any disbursement, made while the client is living, the purpose of which is not properly enterable in one of the preceding columns. Each entry should be explained briefly in the "Purpose" column. Amounts transferred to the Assistance Account for cash credits, or amounts credited to net reimbursement, are not entered here. |
| Deductions for Deceased Clients | |
| Burial | Includes any disbursements to a funeral director, cemetery association, etc., covering the cost of burial of the deceased client. Do not include here disbursements for monuments, death certificates, or other items not a direct part of the total cost of interment or cremation. |
| Medical | Same as "Medical" above. |
| Other Bills (Client's) | Same as "Other Bills (Client's)" above. |
| Cash to Survivors - Non-Surplus | Includes any funds released to a surviving spouse, child or other relative, when there has not been full reimbursement on the case |
| Cash to Survivors - Surplus | Includes any funds released to a surviving spouse, child, or other relative, or to heirs, executors, or administrators, when there has been full reimbursement on the case. |

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| Column | Interpretation |
|---|---|
| Transfer to Trust Account For Survivors - Non-Surplus | Includes any funds transferred to the Trust Account for the use and benefit of a surviving spouse, child, or other dependent, when there has not been full reimbursement on the case. |
| Transfer to Trust Account for Survivors - Surplus | Includes any funds transferred to the Trust Account for the use and benefit of a surviving spouse, child, or other dependent, when there has been full reimbursement on the case. |
| Transfer to Trust Account Other | Includes any funds of deceased clients transferred to the Trust Account for later distribution as reimbursement, etc. pending settlement of client's estate. |
| Other | Includes any disbursement, made after the death of the client, the purpose of which is not properly enterable in one of the preceding columns. Each entry should be explained briefly in the "purpose" column. Amounts transferred to the Assistance Account for cash credits, or amounts credited to net reimbursement, are not entered here. |
| Refunds to Assistance Account | |
| Purpose | Includes any amounts being refunded to the Assistance Account to effect "cash credit" for disbursements previously made from the Assistance Account, where funds have been collected and are available for such credit Each entry is to be explained briefly in the "purpose" column. |
| Amount | |
| Net Reimbursements - Distribution | Includes the total net State share of reimbursements for the month, as remitted by check to the State Treasurer, and as reflected on Form OA-12. |
| Remittances - State | |
| Remittances - Other Counties | Includes the total net share due other counties from net reimbursements for the month, as remitted to such other counties by check, and as reflected on Form OA-12. |
| Transfer to County Assistance Cash | Includes the reporting county's total net share of reimbursements for the month, as transferred by check to the Assistance Account for credit to county funds, and as reflected on Form OA-12. |

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Disbursements are posted currently to the individual client clearing-account debits. When such posting is made, the case number should be entered in the "Folio" column on the cash-journal record as a cross check.

At the end of the month, the cash-journal record is totalled and posting of the column "Total" is made to the general ledger accounts as follows:

Debit: Collections for Distribution - Control Account (#120)

Credit: Clearing Account - Case (#100)

For the purpose of maintaining a summary analysis of the disbursements by purpose which can be readily totalled for any given period, this same cash-journal form will be used, maintaining a separate sheet thereof to which will be posted the monthly totals for disbursements by classifications, in lieu of maintaining general ledger accounts for this purpose.

Illustrative Journal Entries

Operating Entries

The following are examples of operating entries presented below in journal form. These entries are made in the cash-journal; the description is not required but posting reference should be noted.

Clearing Account - Cash
    Collections for Distribution - Control and Subsidiary Accounts

To record funds received from clients or for the accounts of clients for disbursement, distribution, or conversion into trust accounts during the month of _____.

Collections for Distribution - Control and Subsidiary Accounts
    Clearing Account - Cash

To record clearing account funds disbursed, distributed, or otherwise transferred during the month of _____.

Upon completion of the annual closing entries the following accounts may have remaining balances to be forwarded to the succeeding appropriation year:

| Debit Balance | Equal to | Credit Balance |
|---|---|---|
| Clearing Account - Cash | | Collections for Distribution |

Trust Account Section - Cash-Journal

Trust Account - Record of Cash Receipts and Disbursements

The purpose of this form is to provide a daily record, in cash-journal form, of funds transferred from the Clearing Account and deposited in the Trust Account to the credit of the individual trust accounts of the clients

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affected, of interest, if any, that may be credited to such trust account by the bank, of disbursements made from the individual trust accounts to or for the clients, and of transfers of funds back to the Clearing Account. This record will be used for posting to the individual trust accounts and to the general ledger accounts.

Each item deposited in the Trust Account is entered in this record showing the date, case number, name of client, description, and the amount in the appropriate columns, namely, "Transfers from Clearing Account", "Interest on Trust Account", and "Total".

During the month, the amounts entered under "Transfers from Clearing Account" and "Interest on Trust Account" are posted currently to the individual-ledger trust accounts for the respective clients affected, as credits. When such posting is made, the case number should be entered in the "Folio" column on the cash-journal record as a cross-check.

At the end of the month, the total of the column "Total - Debit Cash" is posted to the General Ledger as follows:

Debit: Funds on Trust Deposit (#150)

Credit: Clients' Trust Accounts - Control Account (#160)

Disbursements from the Trust Account are made to or for the client, or to the Clearing Account for other distribution, during the client's lifetime. However, after the client's death, no disbursements should be made of funds in the Trust Account, except by transfer to the Clearing Account.

Each disbursement is recorded, showing the date, case number, name of client, description (name of payee), voucher number, check number, and the amount which is entered in the appropriate columns for cash disbursements, namely, "Released to Client", "Medical", "Other", "Transfers to Clearing Account", and "Total".

In classifying disbursements from the Trust Account, the column "Released to Client" shall include only such amounts as are paid out to the client himself; the column "Medical" shall be interpreted in the same manner as defined for the "Clearing Account" and the column "Other" shall include all other disbursements made for the client, apart from "Medical". The column "Transfers to Clearing Account" is self-explanatory.

During the month, the amounts entered under "Cash Disbursements" are posted currently to the individual-ledger trust accounts for the respective clients affected, as debits. When such posting is made, the case number should be entered in the "Folio" column on the cash-journal as a cross-check.

At the end of the month, the total of the column "Total - Cr. Cash" is posted to the General Ledger as follows:

Debit: Clients' Trust Accounts - Control Account (#160)

Credit: Funds on Trust Deposit (#150)

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The analysis of receipts and disbursements as shown in the cash-journal will be used in the preparation of the "Statement of Old Age Assistance Trust Account" to be submitted monthly.

For the purpose of maintaining a summary analysis of the receipts by source and the disbursements by purpose, which can be readily totalled for any given period, this same cash-journal form will be used, maintaining a separate sheet thereof to which will be posted the monthly totals of receipts and disbursements, in lieu of maintaining General Ledger accounts for this purpose

## Operating Entries

Examples of operating entries are presented below in journal form. These entries are made directly from the cash-journal; it is not necessary to record the description of the entry but the notation of the posting reference should be made.

Funds on Trust Deposit
    Clients' Trust Accounts - Control Account

To record funds deposited in trust account during the month of _____.

Clients' Trust Accounts - Control Account
    Funds on Trust Deposit

To record amounts disbursed from Clients' Trust Accounts, including transfers to the Clearing Account, during the month of _____.

Upon completion of the annual closing entries the following accounts may have remaining balances to be forwarded to the succeeding appropriation year:

| Debit Balance | equal to | Credit Balance |
|---|---|---|
| Funds on Trust Deposit | | Clients' Trust Accounts |

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# CHAPTER VIII

## INDIVIDUAL LEDGER ACCOUNTS

The requirements for individual ledger accounts will be as follows:

### Assistance Account

Individual ledger accounts or records, in support of assistance disbursements, and which would reflect cumulatively or otherwise the total assistance paid to each client, are not required. Any county welfare board which presently maintains such individual ledger records may continue or discontinue same at its discretion.

### Clearing Account

Individual-ledger records for each client represented by funds in the Clearing Account are required. Such record shall be maintained on a ledger sheet.

The purpose of this form is to reflect separately for each client collections by source and disbursements by purpose, the balance representing the welfare board's accountability for collections, exclusive of Trust accounts.

These individual accounts are posted currently from the cash-journals "Clearing Account - Record of Cash Receipts" and "Clearing Account-Record of Cash Disbursements", posting being made as follows:

Credits: Post Clearing Account receipts by source from "Clearing Account - Record of Cash Receipts".

Debits: Post Clearing Account disbursements by purpose from "Clearing Account - Record of Cash Disbursements".

The aggregate total of the "Individual Clearing Account" balances must agree with the balance of "Collections for Distribution - Control Account" (#120), after all postings are completed at the end of the month.

### Trust Account

Individual-ledger records for each client represented by funds in the Trust Account are required. Such records shall be maintained on a ledger sheet.

The purpose of this form is to reflect the trust receipts, disbursements, and balance for each individual client for whom the county welfare board maintains a trust account.

These individual accounts are posted currently from the cash-journal "Trust Account - Record of Cash receipts and disbursement", posting being made as follows:

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Credits: From cash receipts columns, "Transfers from Clearing Account" and "Interest on Trust Accounts".

Debits: From cash disbursements columns "Released to Client", "Medical", "Other", and "Transfers to Clearing Account".

The aggregate total of the "Individual Trust Accounts" balances must agree with the balance of "Clients' Trust Accounts - Control Account" (#160), after all postings are completed at the end of each month.

## Administration Account

Individual ledger records for each employee representing salary earned and listing various deductions and the net salary received are required.

The purpose of this individual ledger sheet is to have the necessary information available for employee and employer to file returns in connection with income tax.

It is recommended that a ledger sheet with sufficient columns be used to show the gross salary, victory and withholding tax, war bonds, pension fund, hospitalization insurance, etc., and the net salary received each pay period. This record will be kept current from January 1, 1943. The Internal Revenue "Statement of Income Tax Withheld on Wages" Form W-2, is compiled from those individual ledger sheets.

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# CHAPTER IX

## CHART OF LEDGER ACCOUNTS

The chart of general ledger accounts to be used by the county welfare boards is presented below. The account numbers which are to be uniformly employed for purposes of reference and posting are indicated. Detailed description and instruction with respect to each account will be found in Chapter X.

If in any county there shall appear to be need for additional general ledger or subsidiary accounts, such accounts shall be installed only after consultation with the State Bureau and agreement upon the numbering, titling, character and operation. However, any subsidiary records or summaries of a supplementary nature, which do not affect the General Ledger accounts, may be maintained at the discretion of the county welfare board.

### Assistance Section

#### Fund Accounts - Debits

#1. Non-requisitioned Appropriation - Old Age Assistance
#1A. " " " - Disability Assistance
#2. Cash - Assistance

#### Grants and Appropriations - Credits

#3. State of New Jersey - Advances for Assistance
#4. County Appropriation - Assistance
#5. Transfers from Clearing Account - County Participation
#6. Collections Rec'd. from Other Counties - County Participation

#### Operating Accounts

##### Expenditures - Debits

#7. Assistance and Burial Disbursements - Control Account
#8. Assistance and Burials - State Participation (includes Federal)
#9. Assistance and Burials - County Participation

#### Adjustment Accounts - Credits

#12. Adjustments to Assistance and Burial Disbursements - Control Account
#13. Assistance and Burial Checks Cancelled and Overpayments Refunded - State Participation (includes Federal)
#14. Assistance and Burial Checks Cancelled and Overpayments Refunded - County Participation

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## Administration Section

### Fund Accounts - Debits

#50. Non-requisitioned Appropriation - Administration
#51. Cash - Administration

### Grants and Appropriations - Credits

#52. County Appropriation - Administration
#53. Earned Subsidy Grant for Administration

### Operating Accounts

#### Expenditures - Debits

#54. Administration Expenses - Total Control
#55. Salaries and Wages
#56. Traveling Expenses
#57. (See a/c #72)
#58. (Not assigned)
#59. (Not assigned)
#60. (Not assigned)
#61. Insurance and Bond Premiums
#62. New Equipment
#63. "Office Expense Group"
#63A. Telephone and Telegraph
#63B. Printing and forms
#63C. Letterheads, Envelopes and Other Office Supplies
#63D. Postage and Expressage
#63E. Rental of Office Equipment
#63F. Repair and Maintenance Office Equipment
#63G. Sundry Office Expense
#64. "Miscellaneous Group"
#64A. Rental - Space
#64B. Heat, Light and Water
#64C. Janitor Service
#64D. Expenses of Board Members
#64E. Medical Services and Other Services on Behalf of Clients
#64F. Collection Costs and Other Legal Expenses
#64G. Auditing
#64H. Publications and Periodicals
#64I. Memberships and Subscriptions
#64J. Surplus Commodity Distribution
#64K. Other
#64M. Pensions for Employees On Military Leave
#64N. Conference Expenses



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70. Reserve for Retirement or Pension Fund Deductions.
71. Reserve for Hospitalization Insurance.
72. Reserve for Withholding or Victory Tax.
73. Reserve for Savings Bonds.

## Clearing Account Section

### Clearing Accounts

Debit

#100. Clearing Account - Cash

Credit

#120. Collections for Distribution - Control Account

NOTE: An individual subsidiary account is maintained for each client; and a subsidiary analysis of receipts and disbursements is maintained in the cash-journal.

## Trust Account Section

### Trust Accounts

Debit

#150. Funds on Trust Deposit

Credit

#160. Clients' Trust Accounts - Control Account

NOTE: An individual subsidiary account is maintained for each client and a subsidiary analysis of receipts and disbursements is maintained in the cash journal.



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# CHAPTER X

## DESCRIPTION OF LEDGER AND SUBSIDIARY ACCOUNTS

The general ledger and subsidiary accounts as shown in the Chart of Accounts are described below, stating the purpose of each account, explaining the debit and credit entries and the contra entries for each debit and credit, indicating the nature of the balance in the accounts, and describing the disposition of the balances upon periodic or fiscal closing.

### Assistance Section

#### Fund Accounts - Debits

1. Non-requisitioned Appropriation - Old Age Assistance

Purpose

The purpose of this debit balance account is to reflect the amount of County funds appropriated and available for requisitioning for old age assistance payments [including burial payments from public funds].

Debits

The account is debited with the amount appropriated by the County Board of Chosen Freeholders. Unexpended cash balances which revert to the County general funds at the close of the appropriation period also are debited to this account when the cash is transferred.

Credits

The account is credited with the amounts of the periodic requisitions on the County Treasurer for funds as and when the funds are received.

Contra Accounts

The contra account for debits is the appropriation account [#4. County Appropriation - Assistance.] The contra account for credits is the cash account [#2. "Cash - Assistance".]

Balances

The balance in the account represents appropriated funds for old age assistance available for requisitioning. The balance, upon closing at the end of the appropriation period, is cleared by crediting this account and debiting the appropriation account. This account is not involved in monthly closings.

1A. Non-requisitioned Appropriation - Disability Assistance

Purpose

The purpose of this debit balance account is to reflect the amount of County funds appropriated and available for requisitioning for disability assistance payments [including burial payments from public funds].

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Debits

The account is debited with the amount appropriated by the County Board of Chosen Freeholders. Unexpended cash balances which revert to the County general funds at the close of the appropriation period also are debited to this account when the cash is transferred.

Credits

The account is credited with the amounts of the periodic requisitions on the County Treasurer for funds as and when the funds are received.

Contra Accounts

The contra account for debits is the appropriation account [#4. County Appropriation - Assistance.] The contra account for credits is the cash account [#2. "Cash - Assistance".]

Balances

The balance in the account represents appropriated funds for disability assistance available for requisitioning. The balance, upon closing at the end of the appropriation period, is cleared by crediting this account and debiting the appropriation account. This account is not involved in monthly closings.

2. Cash - Assistance

Purpose

The purpose of this debit balance account is to reflect the amount of State and County funds on deposit and available for disbursement for assistance payments [including burial payments from public funds.]

Debits

The account is debited with funds advanced by the State for the State and Federal share of assistance payments, with receipts from the County Treasurer on requisition, with adjustments resulting from cancelled checks and refunds of overpayments or improper payments, with amounts transferred from the Clearing Account, and with the County's portion of collections received from other counties.

Credits

The account is credited with the amounts disbursed for assistance payments [including burial payments from public funds].

Contra Accounts

The contra accounts for debits are #1. "Non-requisitioned Appropriation - Old Age Assistance", #1A. "Non-requisitioned Appropriation - Disability Assistance", #3. "State of New Jersey - Advances for Assistance", #5. "Transfers from Clearing Account - County Participation", #6. "Collections Received from Other Counties - County Participation", and #12. "Adjustments to Assistance Disbursements - Control Account". The contra account for the credits is #7. "Assistance Disbursements - Control Account".

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Balances

The balance in this account represents the unexpended amount of State advances and County funds in the custody of the county welfare board which is available for disbursement for assistance [including burial payments from public funds]. If and when the balance is returned to the State or County Treasurer, at the close of the appropriation period or at any other time that might be directed, the account is closed by a credit to the cash account and a debit to the applicable accounts for State Advances [#3] and/or Non-requisitioned County Appropriation [#1], Non-requisitioned County Appropriation [#1A]. The account is not involved in monthly closings.

## Grants and Appropriations - Credits

### 3. State of New Jersey - Advance for Assistance

Purpose

The purpose of this credit balance account is to reflect the amount of funds advanced by the State to the County Welfare Board to provide for the payment of the Federal and State share of assistance, [including burial payments from public funds.]

Credits

The account is credited, upon receipt, with the amount of funds advanced by the State to the County.

Debits

The account is debited, at the monthly closing, with the net amount of the State's share [includes Federal share] of assistance costs [including burial payments from public funds.]

Contra Accounts

The contra account for the credits is #2. "Cash - Assistance", for funds advanced by the State. The contra account for the debits is #7. "Assistance Disbursements - Control Account", and the subsidiary "State Participation" account for assistance and burial costs [#8], after monthly closing of the "Adjustments to Assistance Disbursements" accounts.

Balances

The balance in the account, after monthly closing, represents the amount of State funds in the custody of the County Welfare Board, advanced for assistance payments[including burial payments from public funds]. The balance in the account"Cash - Assistance", after monthly closing, should equal or exceed the balance appearing in this "Advance" account.

### 4. County Appropriation - Assistance

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Purpose

The purpose of this credit balance account is to reflect the amount appropriated by the County Board of Chosen Freeholders to provide for the County share of expenditures for assistance [including burial payments from public funds].

Credits

The account is credited with the amount appropriated by the County Board of Chosen Freeholders for assistance. At the close of each monthly accounting period, this account will be credited with the balance appearing in the following accounts: #5 "Transfers from Clearing Account - County Participation" and #6, "Collections Received from Other Counties - County Participation".

Debits

At the close of each monthly accounting period, the net balances appearing in the "County Participation" account for assistance and burial disbursements [#9], after monthly closing of the "Adjustments to Assistance Disbursements" accounts [#14] are charged to this appropriation account.

Contra Accounts

The contra accounts for the credits are: the "Non-requisitioned Appropriation" - Old Age Assistance account [#1]; and "Non-requisitioned Appropriation" - Disability Assistance account [#1A]; and the two collection accounts [#5 and #6]. The contra accounts for the debits are the accounts named above as being involved in the monthly closings. At the end of the appropriation period, any balance which reverts to the general funds of the County is recorded as a charge to this account and as a credit to the proper "Non-requisitioned Appropriation" account.

Balances

The balance in this account reflects the unexpended amount of the original appropriation for assistance. Any balance remaining at the end of the calendar year, however, will be closed out in accordance with the instructions in the paragraph above.

5. Transfers from Clearing Account - County Participation

Purpose

The purpose of this credit balance account is to record the amount of the County's share in net collections made from clients, as and when this share becomes available for use as County funds.

Credits

The account is credited with amount transferred from the Clearing Account. The credit is entered only as funds are actually transferred and made available for purposes of the program. [Such credit corresponds with county share shown on Form ODA-12].

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Debits

The account is debited upon monthly closing by transfer of the balances to the account "County Appropriation - Assistance", #4.

Contra Accounts

The contra account for the credits is #2. "Cash - Assistance". The contra account for the debits is #4. "County Appropriation - Assistance".

Balances

The balance in this account, prior to monthly closing, is the cumulative amount of funds transferred from collections during the course of the current month. No balance should remain in the account after the monthly closing.

6. Collections Received from Other Counties - County Participation

Purpose

The purpose of this credit balance account is to reflect receipts from other counties representing the receiving county's share of collections effected by other counties.

Credits

The account is credited with amounts received from other counties as participating interest in collections effected by such counties.

Debits

The account is debited upon monthly closing by transfer of the balance to the account "County Appropriation - Assistance", #4.

Contra Accounts

The contra account for the credits is #2. "Cash - Assistance".
The contra account for the debits is #4. "County Appropriation - Assistance".

Balances

The balance in this account, prior to monthly closing in the cumulative amount of funds received from other counties during the course of the current month, and represents the receiving county's participating interest in collections made by such other counties. No balance should remain in this account after monthly closing.

Operating Accounts - Debits

7. Assistance and Burial Disbursements - Control Account

Purpose

The purpose of this debit balance account, with its related subsidiary accounts [#8 and #9], is to reflect disbursements for assistance burial payments, and assistance payments made to trustees from public funds. The subsidiary account for State participation in assistance including burials is account #8 and for County participation in assistance including burials account #9.

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Debits

The account is debited with disbursements for old age and disability assistance, burials, and restricted payments and with amounts charged to the subsidiary "County Participation" account [#9] as a result of disallowances made by the State.

Credits

The credits to the account are the credits to the subsidiary "State Participation" accounts [#8] resulting from disallowances made by the State; and also the monthly closings: first, of the checks and overpayments refunded, and, second, by transfer of the net balance to "County Appropriation - Assistance" for "County Participation" accounts, and to the State of New Jersey - Advances for Assistance" for "State Participation" accounts. Any reclaim of amounts previously disallowed is reflected in both the control and subsidiary accounts by reversal of the adjusting entries made at the time of disallowance.

Contra Accounts

In the case of disallowances made by the State, and for any subsequent reclaim of amounts so disallowed, the contra entries for debits or credits, as the case may be, to the subsidiary "State Participation" account, are corresponding credits or debits to the subsidiary "County Participation" account. All entries to the subsidiary accounts also should be reflected in the control account. The contra account for the debits arising from Old Age and Disability Assistance and Burial Disbursements is #2. "Cash - Assistance". The contra accounts for the monthly closing credits are those named above as being involved in the monthly closings.

Balances

The balance in the account, prior to monthly closing, is the cumulative amount of assistance disbursed during the course of the current month. No balance should remain in the account after monthly closing. The total of balances in subsidiary accounts [#8 and #9] should equal the balance in the control account at all times. The balances in the subsidiary accounts are closed monthly by postings of the amounts used in closing the control account.

## Assistance and Burial Disbursements - Subsidiary Accounts

8. Assistance and Burial Disbursements - State Participation [includes Federal]

9. Assistance and Burial Disbursements - County Participation

These accounts are merely subsidiary to "Assistance Disbursements-Control Account", [#7] and reflect the respective State and County shares, apportioned to direct assistance or to burial cost as the case may be, of all entries in such control account for assistance and burial disbursements and adjustments and reclaims with respect thereto.

12. Adjustments to Assistance and Burial Disbursements - Control Account

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Purpose

The purpose of this credit balance account, with its related subsidiary accounts [#13 and #14], is to accumulate the amount of adjustments to assistance disbursements resulting from cancellations of checks and refunds of overpayments and improper payments.

Credits

The account is credited with assistance checks cancelled and overpayments and improper payments refunded [i.e. all credits, including "cash credits", on Form ODA-6].

Debits

The debits to the account are the monthly closings, when the balance in the account is transferred to the credit of "Assistance Disbursements - Control Account", #7, with balances in the subsidiary accounts transferred to the credit of the related subsidiary disbursement accounts.

Contra Accounts

The contra account for credits is "Cash - Assistance", #2. The contra account for debits, on monthly closing, is "Assistance Disbursements - Control Account", #7, with related subsidiary accounts.

Balances

The balance in the account prior to monthly closing, is the cumulative amount of credit adjustments, during the course of the current month, involving assistance disbursement accounts. No balance should remain in the account after monthly closing. The total of balances in subsidiary accounts [#13 and #14] should equal the balance in the control account at all times.

Adjustments to Assistance and Burial Disbursements - Subsidiary Accounts

13. Assistance and Burial - Checks Cancelled and Overpayments Refunded - State Participation

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14. Assistance and Burial - Checks Cancelled and Overpayments Refunded - County Participation

These accounts are merely subsidiary to "Adjustments to Assistance and Burial Disbursements - Control Account", [#2], and reflect the respective State and County shares, apportioned to direct assistance or to burial cost as the case may be, of all entries in such control account for assistance and burial checks cancelled or for overpayments with respect thereto which are refunded.

## Administration Section

### Fund Accounts - Debits

50. Non-requisitioned Appropriation - Administration

Purpose

The purpose of this debit balance account is to reflect the amount of County funds appropriated and available for requisitioning for administration.

Debits

The account is debited with the amount appropriated by the County Board of Chosen Freeholders for administration. Unexpended cash balances which revert to the county general funds at the close of the appropriation period also are debited to this account when the cash is transferred.

Credits

The account is credited with the amounts of the periodic requisitions on the County Treasurer for administration funds as and when the funds are received.

Contra Accounts

The contra account for debits is the appropriation account [#52. "County Appropriation - Administration"]. The contra account for credits is the cash account [#51. "Cash - Administration"].

Balances

The balance in the account represents appropriated funds for administration available for requisitioning. The balance, upon closing at the end of the appropriation period, is cleared by crediting this account and debiting the appropriation account. This account is not involved in monthly closings.

51. Cash Administration

Purpose

The purpose of this debit balance account is to reflect the amount of State and County funds on deposit and available for disbursement for administration and to control funds to be paid as a result of payroll deductions.

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**Debits**

The account is debited with receipts from the County Treasurer on requisitions and with receipts from the State for the county's share of earned administrative subsidy. The account is debited with all administrative receipts of cash refunds or cash credits.

**Credits**

The account is credited with the amounts disbursed for administration expenses, and the amounts charged to the various reserve accounts.

**Contra Accounts**

The contra accounts for debits are: #50. "Non-requisitioned Appropriation - Administration" and #53. "Earned Federal Grant for Administration". The contra account for the credits are #54. "Administration Expenses - Total Control Account" or account 70-73 in the case of payment resulting from payroll deductions.

**Balance**

The balance in this account represents the unexpended amount of County funds, payroll deductions reserved for payment, and the additional unexpended balance of funds in the custody of the county welfare board which is available for disbursement for administration, and State advances from the earned administrative subsidy in the custody of the county welfare board which is available for disbursement for administration. If and when the balance is returned to the County Treasurer, at the close of the appropriation period, the account is closed by a credit to the cash account and a debit to the Non-requisitioned County Appropriation (#50). The account is not involved in monthly closings.

Grants and Appropriations - Credits

**County Appropriation - Administration**

**Purpose**

The purpose of this credit balance account is to reflect the amount appropriated by the County Board of Chosen Freeholders to provide for the county share of expenditures for administration.

**Credits**

The account is credited with the amount appropriated by the County Board of Chosen Freeholders for administration. At the close of each month, this account will be credited with the balance appearing in account #53. "Earned Federal Grant for Administration".

**Debits**

At the close of each month, the net balance appearing in account #54. "Administration Expenses - Total Control Account" is charged to this appropriation account.

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Contra Accounts

The contra accounts for the credits are: the "Non-requisitioned Appropriation" account (#50) and the account "Earned Federal Grant for Administration" (#53). The contra account for the debits is the account "Administration Expenses - Total Control Account" named above as being involved in monthly closing. At the end of the appropriation period, any balance which reverts to the general funds of the County is recorded as a charge to this account and as a credit to the "Non-requisitioned Appropriation" account.

Balance

The balance in this account reflects the unexpended amount of the original County appropriation for administration. Any balance remaining at the end of the calendar year, however, will be closed out in accordance with the instructions in the paragraph above.

53. Earned Federal Grant for Administration

Purpose

The purpose of this credit balance account is to record the amount of the earned subsidy for administration, as and when received from the State.

Credits

The account is credited with the amount of the subsidy for administration allotted by the State Division and received by the county welfare board.

Debits

The account is debited upon monthly closing by transferring the balance to the account "County Appropriation - Administration" (#52). (The appropriation made for administration by the County Board of Freeholders is calculated on a basis which anticipates receipt of subsidy by the county welfare board and which contemplates that such subsidy shall be used currently as an addition to county funds appropriated.)

Contra Accounts

The contra account for credits is "Cash - Administration" (#51). The contra account for debits is "County Appropriation - Administration (#52).

Balance

The balance in this account, prior to monthly closing, is the cumulative amount of the earned subsidy for administration received during the course of the current month. No balance should remain in the account after the monthly closing.

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## Operating Accounts-Debits

### 54. Administrative Expenses - Total Control Account

**Purpose**

The purpose of this debit balance account, with its related subsidiary accounts (all accounts numbered 55 through 69 inclusive as may now be or may hereafter be assigned), is to reflect the total expenditures for administrative expenses.

**Debits**

The account is debited with disbursements for administration.

**Credits**

The credits to the account are amounts resulting from cancelled checks or overpayments refunded, which are credited direct as and when they occur in certain instances. (See explanation "Administration Section - Cash Journal".) At the close of the monthly accounting period, the balances in the control and subsidiary accounts are closed out.

**Contra Accounts**

The contra account for debits is "Cash - Administration" (51). The contra accounts for the credits are "Cash - Administration" (#51) for expenditure adjustments resulting from cancelled checks, etc.; and, upon monthly closing, "County Appropriation - Administration" (#52).

**Balances**

The balance in the account, prior to monthly closing is the cumulative amount of net administrative costs during the course of the current month. No balance should remain in the account after monthly closing. The balances in the subsidiary accounts are closed monthly by postings of the amounts used in closing the control account.

**Administration Expenses - Subsidiary Accounts**

These subsidiary accounts will be kept in order to provide a record of administrative expenditure by schedule classifications of the annual budget, and by subsidiary object-classifications of expenditures within each such schedule. Since it is not practical to maintain in the cash-journal form a sufficient number of columnar headings to cover all desired object-classifications, some postings will be made direct to the subsidiary ledger accounts as and when the expenditures occur, while others will be accumulated in the cash-journal during the month and only the monthly total will be posted to the ledger account. Instructions in this connection are hereafter indicated.



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55. Salaries and Wages

This account will be debited monthly by the cumulative total for this classification shown in the cash-journal. Any sums paid to the Board's legal counsel on the basis of an annual salary or retainer should be charged to this account rather than 64F - Collection Costs and Other Legal Expenses. Any allowance made to the Board's legal counsel as compensation for the services and expenses of his personal office and staff should be charged to account 63G. - Sundry Office Expense.

56. Traveling Expenses

This account will be debited monthly by the cumulative total for this classification shown in the cash-journal. Charges shall include: mileage for privately owned cars, bus and car fare, gasoline and oil, repairs and maintenance to Welfare Board cars.

57. (See 72 Reserve for Withholding Tax)

58. (Number not presently assigned)

59. (Number not presently assigned)

60. (Number not presently assigned)

61. Insurance and Bond Premiums

This account includes expenditures for insurance on automobiles, compensation insurance, surety bond premiums, etc., but should not include any insurance premiums paid on account of a client. Insurance expenditures for clients should be charged to 64F - Collections Cost and Other Legal Expenses.

62. New Equipment

This account will be debited with the purchase of new automobiles, as well as new office equipment whenever such expenditures occur.

63. Office Expenses - Control (Subsidiary Control Account)

This subsidiary control account will be debited monthly by the cumulative total for the column "Office Expense Control" in the cash journal. The total of the balances in subsidiary accounts 63a to 63g inclusive should equal the balance in this account.

63a. Telephone and Telegraph
63b. Printing and Forms
63c. Letterheads, Envelopes, and Other Office Supplies
63d. Postage and Expressage
63e. Rental of Office Equipment
63f. Repair and Maintenance - Office Equipment
63g. Sundry Office Expense



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64. Miscellaneous Expenses - Control (Subsidiary Control Account)

This subsidiary control account will be debited monthly by the cumulative total for the column "Miscellaneous Control" in the cash journal. The total of the balances in subsidiary accounts 64a to 64n inclusive should equal the balance in this account.

64a. Rental - Space
64b. Heat, Light, and Water
64c. Janitor Service
64d. Expenses of Board Members
64e. Medical Services and Other Services on Behalf of Clients.
This subsidiary account includes doctor bills, nurses' fees, medical supplies, nursing or boarding home care, and other related expenses paid on account of clients, living or deceased.
64f. Collection Costs and Other Legal Expenses
This subsidiary account should be charged with all expenditures on behalf of clients or their estates incident to the preservation and recovery of assets. Charges shall include: legal counsel and court fees, sheriff and surrogate fees, insurance premiums, taxes, real estate repairs, etc. When legal counsel is paid an annual salary or retainer, such expenditures should be charged to Account 55 - Salaries and Wages and not to 64F. When legal counsel so paid is also given an allowance as compensation for the services and expenses of his personal office and staff, such allowance should be charged to account 63G. - Sundry Office Expense, and not to 64F or 55.
64g. Auditing
64h. Publications and Periodicals
64i. Memberships and Subscriptions
64j. Surplus Commodity Distribution
64k. Other
64m. Pensions for Employees on Military Leave
64n. Conference Expenses

70. Reserve for Retirement or Pension Fund Deductions.

71. Reserve for Hospitalization Insurance.

72. Reserve for Withholding Tax

73. Reserve for Savings Bonds

Purpose
The purpose of the above credit balance accounts is to reflect various deductions made from payrolls, to be held or disbursed on or for the account of Welfare Board employees.



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Credits

The accounts will be credited with the amount of deductions made from gross salary on or for the account of employees. The entry will agree with related columnar heading on regular semi-monthly payrolls.

Debits

The account will be debited with the amount of payment on or for the account of employees.

Contra Accounts

The contra account for credits is Administrative Expense-Total Control Account (54) (Salaries and Wages Account (55)). The contra account for debits is Cash-Administration (52)

Balance

The balance in this account will report the amount of Payroll deductions collected but held undistributed.

## Clearing Account Section

100. Clearing Account - Cash

Purpose

The purpose of this debit balance account is to reflect the total amounts of funds collected from client, or for the account of clients, and the clearing of such funds through: (1) disbursement to or for the account of the affected client; (2) transfer to a trust account established for the client; (3) disbursement, in the event of the death of the client, for expenses incident to the last illness, burial, and for the use of surviving dependents or other proper beneficiaries; (4) disbursement for direct costs incurred in effecting collection; (5) disbursement for obligations agreed to be satisfied as a condition of collection; (6) net reimbursement to the State and to participating Counties for assistance previously granted; (7) distribution of residuary balance to the client's administrator, executors, heirs, or other lawful beneficiaries and distributees; (8) such other disbursements as may be lawful and proper.

Debits

This account will be debited with the amounts currently received from clients, or for the account of clients. This will include amounts intended for transfer to individual trust accounts, and amounts transferred from individual trust accounts to this account for disbursement and/or distribution. At no time will this account reflect bank balances of individual clients in so-called "joint accounts" and "joint and surviving accounts" unless and until such time as the funds shall actually come into the custody and possession of the county welfare board. An analysis of the receipts in this account by source will be maintained in the cash-journal "Clearing Account - Record of Cash Receipts". (See instructions covering that form.)

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Credits

This account is credited with amounts disbursed for the account of or to clients, transferred to individual trust accounts, paid to surviving dependents, distributed as net reimbursements to State and Counties, residuary surpluses distributed to heirs, etc. An analysis of the disbursements and distributions by purpose will be maintained in the cash-journal "Clearing Account - Record of Cash Disbursements". (See instructions covering that form.)

Contra Accounts

The contra accounts for the debits and credits are "Collections for Distribution - Control Account" (#120), and the appropriate subsidiary individual-ledger accounts for each client affected. Transfers between the Clearing Account and the individual trust accounts are explained in the Trust Section (See accounts #150 and #160 below).

Balance

The balance in this account represents the amount of funds, exclusive of established individual trust accounts, held in trust by the county welfare board pending disbursement, transfer, or final distribution. The balance is forwarded in the account upon fiscal closing.

120. Collections for Distribution - Control Account

Purpose

The purpose of this credit balance account is to reflect the total liability for the amount of undistributed collections, exclusive of established individual trust accounts, in the custody of the county welfare board; and to serve as a control of the subsidiary individual-ledger accounts for the individual clients involved.

Credits

The account is contra to "Clearing Account - Cash"(#100), and will be credited with all items for which that account is debited. The subsidiary individual-ledger accounts will be credited with the appropriate amounts applicable to the respective clients.

Debits

The account will be debited with the disbursements from "Clearing Account - Cash" and the appropriate subsidiary individual-ledger accounts will be debited with the appropriate amounts applicable to the respective clients.

Contra Accounts

The contra account for the credits and debits is "Clearing Account-Cash" (#100).

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Balance

The balance in this account represents the amount of undistributed collections, exclusive of established individual trust accounts, in the custody of the county welfare board, and will be forwarded in the account upon fiscal closing. The balance in the control account will agree with the balance in "Clearing Account - Cash". The total of the balances appearing in the individual-ledger client accounts should be in agreement with the balance appearing in the control account after posting at the end of each month.

## Trust Account Section

150. Funds on Trust Deposit

Purpose

The purpose of this debit balance account is to reflect the total amount of funds on deposit by the county welfare board in individual trust accounts for clients, from whom or for whom funds have been collected, which funds it is determined are to be held for purposes not contemplating any reasonable immediate distribution. Such individual trust accounts are established only by the transfer of funds from "Clearing Account - Cash".

Debits

The account will be debited with the amounts currently deposited by the transfer of funds from "Clearing Account - Cash", and with the amount of interest, if any, credited by the bank in which such account is maintained. An analysis of the deposits by source will be maintained in the cash-journal "Trust Account - Record of Cash Receipts and Disbursements". (See instructions covering that form.)

Credits

This account is credited with the amounts disbursed to or for the clients and with the amounts transferred by check to "Clearing Account - Cash", for final distribution. An analysis of the disbursements and transfers by purpose will be maintained in the cash-journal "Trust Account - Record of Cash Receipts and Disbursements". (See instructions covering that form.)

Contra Accounts

The contra accounts for the debits and credits are "Clients' Trust Accounts - Control Account" (#160), and the subsidiary individual-ledger accounts for each client affected.

Balance

The balance in this account represents the amount of funds deposited by the county welfare board to be held in trust for individual clients. The balance is forwarded in the account upon fiscal closing.

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## 160. Clients' Trust Accounts - Control Account

### Purpose

The purpose of this credit balance account is to reflect the total accountability for funds deposited by the county welfare board to be held in trust for individual clients.

### Credits

The account is contra to "Funds on Trust Deposit" and will be credited with all items for which that account is debited. The subsidiary individual-ledger accounts will be credited with the appropriate amounts applicable to the respective clients.

### Debits

The account will be debited with the amounts for which the account "Funds on Trust Deposit" has been credited, and the appropriate subsidiary individual-ledger accounts will be debited with the amounts applicable to the respective clients.

### Contra Accounts

The contra account for the credits and debits is "Funds on Trust Deposit", [#150].

### Balances

The balance in this account represents the amount of funds on deposit, which the county welfare board is holding in trust to the credit of individual clients and not in contemplation of any reasonably immediate disbursement or distribution. The balance will be forwarded in the account upon fiscal closing. The balance in the control account will agree with the balance in the account "Funds on Trust Deposit". The total of the balances appearing in the individual client accounts should be in agreement with the balance appearing in the control account after posting at the end of each month. Also, the balances appearing in the individual client accounts should be in agreement with the balances appearing in the related bank passbooks, if the funds are on deposit in a "savings" or "interest" account.

### Recipient Ledgers

All county welfare boards must maintain a recipient's ledger covering the monthly payments advanced in each case of disability assistance. It is recommended that a recipient's ledger be maintained also covering the monthly payments advanced for old age assistance.

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

BUREAU OF ASSISTANCE

REGULATION #
Ruling #13

ISSUED: July 24, 1944
(Date)

REV.:
(Date)

Supplement #1, 8/8/49

TITLE: Contacts with Relatives

SUBJECT:

STATUTORY REFERENCE: R.S. 44:7-19

Irving Engelman, Chief
Bureau of Assistance

Approved:

By:

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State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

July 24, 1944

RULING NO. 13

## CONTACTS WITH RELATIVES

Requirements for the budgeting of relatives of old age assistance clients and for determining ability to support on the part of legally responsible relatives are set forth in Ruling No. 3, Determination of Need and Budgeting Procedure. The nature of information on relatives which should be made a matter of record is indicated in Ruling No. 1, Case Recording. This discussion of relatives will therefore be limited to a consideration of the nature and frequency of contacts with relatives.

### Reasons for Contact of Relatives

The primary purpose in establishing contact with relatives is to secure support or contributions to the person making application for public aid, since the law itself directs the county welfare board to verify need on the part of the applicant and to determine the ability and willingness of relatives and others to aid in his support. But other reasons appear why it is necessary that effective contacts with relatives should be established if "assistance adequate to provide for the reasonable maintenance and well-being" of clients is to be made available.

Relatives are often able to be helpful in formulating and carrying through a plan for the general welfare of the client. Relatives should be given the opportunity to assume all or a share of such responsibility, the welfare board worker acting as adviser. Relatives should also be encouraged to provide the many small services for clients which the welfare board cannot readily supply, e.g. washing and mending clothes, housecleaning, marketing, help with business and property matters, provision of reading material, recreation, friendly visits, transportation to church, to clinics, physicians, and other places. Even relatives who live at a distance can share in the well-being of their aged relative by writing to him regularly, remembering birthdays, anniversaries, etc.

Particular consideration to the service needs of clients should be given by the worker when clients live as lone persons, or are housebound because of physical or mental condition. Such small services on the part of relatives tend to hold family relationships intact and encourage a sense of continuing responsibility by the relatives even though it has been necessary that a public agency assume some measure of financial responsibility.

### Legally Responsible Relatives Living in the State

It is expected that a home visit shall be made and all legally responsible relatives in the State will be interviewed personally on all initial applications for old age assistance. The same procedure shall be followed on all reapplications i.e. cases in which previous applications

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were withdrawn or denied by the county welfare board and in all reopened cases where a period of more than six months has elapsed from the previous application or case closing. In cases where the reapplication or case reopening occurs within six months of the previous denial or case closing the personal interview of legally responsible relatives may be omitted at the discretion of the welfare board provided adequate up-to-date information on the circumstances of such relatives is already a matter of record with the county welfare board.

In investigations for continuance it is expected that all legally responsible relatives in the State shall be interviewed personally by the appropriate county welfare board at intervals not exceeding twelve months, with the following exceptions:

1) Relatives who are contributing to the support of the client or whose economic status appears to be subject to material change shall be interviewed at each six-month interval and more frequently in all instances where circumstances indicate the desirability of additional contacts;

2) Where the county welfare board has definite information concerning the continued inability of a legally responsible relative to contribute, the annual personal contact may be omitted. Such cases should probably be limited, however, to instances where verification shows that relatives are receiving support from public or private relief, where the relatives are dependent on other relatives for support, or where unemployed daughters are dependent on their husbands and the household income continues to be marginal. In no event however, shall any legally responsible relative remain unvisited for a period of more than two years.

## Legally Responsible Relatives Outside the State

All legally responsible relatives living in other states shall be contacted on all new applications, reapplications and cases reopened. Initially this contact shall be by correspondence, except in those instances where there are special problems such as strained family relationships, health problems, problems of housing or resources which require personal interview. In these latter instances the special problem involved shall be outlined to the appropriate out of state agency which shall be requested to make personal contact. Where correspondence fails to develop adequate data, a local social agency shall also be requested to make personal contact.

Contacts with legally responsible relatives out of state at the time of investigation for continuance shall be made with the same frequency as provided for legally responsible relatives living in New Jersey. However, all such contacts shall be handled by correspondence unless, as indicated above, special problems are involved or the information received through correspondence is not adequate. In such instances requests to out-of-state agencies for personal interview shall be made.

The above statement of policy is essentially in accord with suggestions received from other states regarding out-of-state investigations. It is believed that strict adherence to the procedure outlined will encourage favorable working relationships with out-of-state agencies.

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## Non-Legally Responsible Relatives

Careful consideration must also be given to the advisability of establishing contact with non-legally responsible relatives, especially brothers, sisters and grandchildren, since these relatives frequently will be both able and willing to assist with cash contributions, goods and services for the client.

In general, it is expected that non-legally responsible relatives who have rendered financial aid or other service or have indicated interest in the applicant and all adult grandchildren shall be contacted on all new applications and on all reapplications and cases reopened after a lapse of more than six months from the previous denial or closing. The special circumstances existing in each case will determine the frequency of contact with such relatives after the initial contact on application, reapplication or reopening.

Contacts with non-legally responsible relatives should be made personally within the county, by interview or correspondence out of county as circumstances indicate, and by correspondence out of state unless special problems call for a request to an agency for personal interview.

## Approach to Relatives: Personal Interview

In making investigations to determine need for public aid, the social worker must approach many varying types of personalities, frequently seeking information on the most intimate details of family life. These factors make the nature of the approach to both clients and relatives of prime importance if good working relationships are to be established.

A clear and patient interpretation of the provisions for old age assistance, of the services available and the limitations of the program should be given almost invariably at an initial interview. This provides a factual basis for discussion of the relative's circumstances and his ability and willingness to contribute to the client in cash, kind or services.

Relatives should be consulted about the client's individual problems such as his medical needs, a change in housing or boarding arrangement, his personality difficulties or the lack of a recreational outlet. This type of approach encourages participation in planning and at the same time demonstrates to relatives the sincere interest of the welfare board and the worker in the client's general welfare.

At subsequent contacts any misunderstanding of regulations or of the relatives' responsibilities should be clarified. Any changes in the client's situation should be discussed carefully in detail and, of course, the relatives' current circumstances should be reviewed. Interviews should not be considered futile because no promise of aid is secured. Each contact should be regarded as an opportunity to gain knowledge of the client and his family, to reinterpret the aims of the program, and to encourage closer family ties generally.

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## Approach to Relatives: Direct Correspondence

Personally dictated letters to relatives have been found to produce far better results than form letters or elaborate questionnaires. It is therefore suggested that individual letters be prepared whenever it is determined to contact relatives directly by correspondence.

Letters to relatives should ordinarily be expressed in simple language which sets forth briefly the situation affecting the applicant and requests in specific terms the data necessary to complete a recommendation concerning action to be taken. In the drafting of letters to relatives it should be borne in mind that the welfare board is not only seeking contributions to the client's support, but also endeavoring to enlist the cooperation of the relative in planning for the client's welfare and in meeting his total needs. It goes without saying that letters to relatives should reflect the genuine interest of the agency in the client as an individual.

## Inquiries to Other Agencies

In making inquiries of agencies in other counties and other states for personal visits to relatives, it is suggested that individually prepared letters in duplicate be used which include as a minimum 1) accurate, current and complete names and addresses of persons to be interviewed, and where necessary directions for reaching given addresses; 2) a brief but pertinent summary of the client's situation and any significant data on family relationships and problems presented by the client; and 3) a definite request for any particular information desired, e.g., insurance data, verification data, information on property or indebtedness, willingness of a relative to provide a home for client, etc.

This type of letter will enable the other agency's worker to approach the relative with an intelligent grasp of the problems involved and with definite knowledge of the scope of the interview requested.

When writing to out-of-state agencies recognition should be given to the fact that the agency in the other state will probably not be familiar with the detailed provisions of the New Jersey program. Sufficient explanation should be made to enable the agency to make proper interpretation during the interview with the relative, and to guide the agency in the type of report desired by the county welfare board. The need for budget data, assignment of insurance, signature of spouse on the Agreement to Reimburse are examples of the type of request which would call for additional explanation. An OA-9 enclosed with such a letter may often help the cooperating worker.

## Replies to Inquiries

The prompt preparation of complete reports in answer to inquiries is an important agency function which directly affects relationships between agencies and, indirectly the quality of service rendered to clients of the agencies involved.

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The content of reports on relatives should conform to the requirements of Ruling No. 1, Case Recording, and Ruling No. 3, Budget Manual. Specific attention is drawn to the need for verified income and expenditures and the preparation of a summary budget when required by Ruling No. 3, Part II, Section 14, Contributions from Legally Responsible Relatives.

In order to assure competent handling of inquiries certain administrative procedures should be observed as follows:

1. Maintenance of a simple filing system which will expedite clearance of all inquiries and routing of previous material with the current inquiry to the case worker.

2. A definite plan for prompt assignment of inquiries to case workers, for follow-up control of outstanding reports, and for review of completed reports to assure adequacy of content.

3. Insistence on completion of reports within 30 days. In those rare instances where this is found to be impossible, the inquiring agency should be notified of the cause of the delay.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Approved May 18, 1945
Reeve Schley, Acting Commissioner

Ruling Series.
No. 13 - Insert in Handbook under section "Rulings and Bulletins".
Destroy page 4 of Ruling No. 13, revised July 24, 1944.

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State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

August 8, 1949

SUPPLEMENT NO. 1 TO RULING NO. 13

Section 44:7-19, R.S., places upon the Director of Welfare the responsibility for obtaining and compelling support by "relatives and other persons chargeable by law for the support of" an applicant for Old Age Assistance, with the added proviso that "....where it shall appear that the child or children of an applicant for old age assistance was abandoned and deserted and said applicant failed to support and maintain said child or children during its or their minority, the court of common pleas may revoke the order of the director of welfare or reduce the amount of said order against such child or children, in proportion to the actual support and maintenance rendered by said applicant to the child or children sought to be held....."

It is to be noted that the statute provides for ameliorating or excusing the obligation of a child (but not of a spouse), but it places the responsibility for making such determination in the court itself rather than in the director of welfare or in the welfare board. An administrative officer or agency cannot usurp this function and should not assume to do so.

In any situation where it has been formally determined by judicial process that a spouse or child of an applicant or recipient of old age assistance is legally excused and relieved of the obligation to support by reason of abandonment, desertion and non-support on the part of such applicant or recipient, such spouse or child shall thereafter be viewed and considered as a non-legally responsible relative, rather than a legally responsible relative, with respect to other administrative requirements of the program, such as visitation and reinvestigation procedures. At the same time it must be remembered that certain property rights arising out of a husband-wife or parent-child relationship, such as rights of inheritance, dower, curtesy, and survivorship, continue in full legal force and effect. The existence of such rights and their effect on the present or future economic situation of the client must be fully examined and properly accounted for at all times.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Ruling Series.
Supplement No. 1 to Ruling No. 13. Insert in Handbook under section "Rulings and Bulletins".

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

BUREAU OF ASSISTANCE

REGULATION # _____
Ruling #14

ISSUED: _____
(Date)

REV.: June 20, 1951
(Date)

TITLE: Temporary Grants

SUBJECT: _____

STATUTORY REFERENCE: R.S. 44:7-12
R.S. 44:7-18

Irving Engelhardt, Chief
Bureau of Assistance

Approved:

By: _____

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

RULING NO. 14 Revised June 20, 1951

# TEMPORARY GRANTS

CITATION OF STATE LAW

1. Title 44, Section 7-12, R.S., provides as follows:

"....the director of welfare shall be empowered to make temporary grants of old age (or disability) assistance as hereinafter provided subject to revision, continuance or discontinuanee by the welfare board at its next subsequent meeting".

Title 44, Section 7-18, R.S., further provides that:

"When immediate need is apparent and the evidence of eligibility immediately available is satisfactory to the director of welfare, he may issue a temporary grant of old age (or disability) assistance pending completion of such investigation".

INTERPRETATION

2. The cited sections of the law are hereby interpreted as giving the director of welfare authority, where there is clear evidence of initial or continuing eligibility, to issue a grant to meet the client's needs prior to formal board action. The statute does not confer authority on the director to disburse assistance funds to any individual whose eligibility has not been established by competent evidence. The temporary grant is a substitute for a regular grant of assistance only to the extent that it is issued to meet need when eligibility has been established but payment would otherwise be delayed pending formal board action.

All grants, whether temporary or regular, require establishment of eligibility in all respects. Therefore, before a temporary grant is made, supportive evidence of an acceptable character must be available with respect to all statutory requirements of eligibility.

Once having assumed responsibility for issuing a temporary grant, the director of welfare thereby assumes a special responsibility to expedite further investigation, if any is required. At the same time he assumes the statutory obligation to have the formal record of the case completed, and to present such record of the case to the welfare board at its next subsequent meeting so that the board may take formal action with respect to the application.

PURPOSE OF TEMPORARY GRANT PROCEDURE

3. The purpose of the temporary grant procedure is to facilitate and expedite initial payments of assistance to eligible applicants, and to make additional payments available to recipients, under certain special circumstances herein defined, when such payments are necessary in advance of formal board action. It is the intent of this ruling that the director of welfare shall exercise his authority to the fullest extent in making prompt initial payments to eligible applicants through the temporary grant procedure.

In exercising his authority to issue temporary grants, the director of welfare shall observe the principles and regulations presented below.

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NEW OR REOPENED CASES

4. An applicant shall be considered eligible for an initial payment through the temporary grant procedure as soon as the director can secure and evaluate evidence that

(a) the applicant meets the age requirement according to instructions in Ruling No. 17;

(b) the applicant meets the residence requirement according to instructions in Ruling No. 5;

(c) the applicant is in need as defined in Ruling No. 3, Budget Manual. Such determination of need includes determination of the evaluated responsibility of all legally responsible relatives, except that if

(1) any responsible relative lives more than ten miles beyond county limits, and

(2) active measures have been initiated to secure information about the ability of such relative to support, and

(3) knowledge of the ability of such relative to support cannot be secured immediately by direct contact, and

(4) there is affirmative evidence that such relative, although known to be or believed to be able to contribute, is not in fact contributing,

then the lack of a completed evaluation for such relative shall not be a bar to the issuance of a temporary grant to an applicant who is found eligible in all other respects.

(d) the applicant for old age assistance has accepted the reimbursement provision of the statute by execution of the Agreement to Reimburse. Joinder by a spouse is also necessary as required in Ruling 10 except that if

(1) the spouse lives out of the state and there is no evidence of ownership of real estate by client or spouse, and a report of the spouse's willingness to sign the Agreement to Reimburse has not been received within 28 days from date of application, or

(2) the spouse's whereabouts are unknown to the applicant and cannot be ascertained by the applicant or the agency within 28 days from date of application,

then the lack of his or her signature shall not be a bar to the issuance of a temporary grant to an applicant who is found eligible in all other respects. When a temporary grant is issued under either of the above exceptions full compliance with regulations in Ruling No. 10 must be met at the time of formal board action, either by presentation of evidence that the spouse has signed the Agreement to Reimburse, or by recommendation to the board for a waiver

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4. (d) (Cont'd.)

of the spouse's signature based on specific evidence that waiver is in order.

BUDGET ITEMS - TEMPORARY GRANT

5. All basic and necessary special circumstance requirements together with available resources shall be considered and accounted for in compiling the budget in accordance with Ruling No. 3, Budget Manual.

AUTHORIZATION AND DURATION OF TEMPORARY GRANT

6. Prior to authorization of any temporary grant payment the director shall require that a case record be prepared including the appropriate case record forms in accordance with Ruling No. 1. If the full summary report cannot be completed, a statement incorporating the evidence of eligibility on which authorization for payment is based shall be prepared.

A temporary grant shall be authorized as of the earliest date that eligibility can be established in accordance with section 4 of this Ruling.

When the temporary grant is issued prior to the board meeting in that month, the grant shall be prorated to cover the period between the date of issue and the end of the month. The formula for proration shall be the number of days remaining in that month (including the day of issue) divided by 30. The case shall then be presented to the board for formal action in the same month.

When the temporary grant is issued subsequent to the board meeting in that month, the grant shall be prorated in an amount to meet requirements from the date of issue to the end of the <u>following</u> month. The authorization shall direct the manner of payment as follows:

(a) when the period to be covered is <u>less</u> than 5 weeks the payment shall be made by issuance of a single check;

(b) when the period to be covered is 5 weeks or more, payment shall be made in two installments, the first installment in the amount needed to meet requirements for the balance of the current month to be issued immediately, and the second installment of the remainder of the amount authorized to be issued at the end of the current month.

Authorization shall be made by the personal signature of the director or deputy director in the appropriate section of Form PA-3C.

The case shall then be presented to the board for formal action at the next regular or special meeting of the board.

Refer to Ruling No. 22, Welfare Board Minutes, and Ruling No. 12, Accounting Manual, for procedures in presenting temporary grant cases for board action.

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REPORTING TO STATE BUREAU

7. Reporting of temporary grant cases (new and reopened) is accomplished by procedures under Ruling No. 4, Report on Receipt and Disposition of Applications.

Form OA-14, Social Data Card, shall be forwarded to the Bureau at the end of the month in which the temporary grant is made.

CONDITIONS OF STATE AND FEDERAL MATCHING

8. State and federal matching will be available for any temporary grant issued in compliance with the regulations of this Ruling.

TEMPORARY GRANTS - ACTIVE CASES

9. (a) A temporary grant for an active case is defined as an extra or additional amount which the director of welfare shall authorize to be paid to an approved recipient within a given month, where the authorization occurs after the last regular or special board meeting in such month.

(b) Where the payment of an extra or additional amount to an approved recipient within a given month occurs before the last regular or special board meeting in such month, the amount so paid will be directed to the board's attention for action at such meeting. It thereby becomes merely a factor in change of grant for such month duly authorized by regular board action. Such an adjustment is therefore not within the definition of a "temporary grant" for purposes of this regulation, and should not be considered as such in any statistical or accounting reporting.

(c) A temporary grant for an active case as defined above, shall be issued only to a recipient who meets any of the following criteria:

(1) is in need of additional funds immediately because an unforeseen change in shelter arrangements makes it necessary to pay for nursing care, board, house or room rent, or moving expenses, in advance.

(2) has inadequate funds to meet expenses for the balance of the current month because

(a) a person or persons with whom expenses have been shared has removed from the client's home, or
(b) client is a victim of catastrophic event such as fire, flood, accident or robbery, or
(c) there has been a sudden loss of income from other sources.

EFFECTIVE DATE

These regulations ahll be effective July 1, 1951.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

Approved: June 20, 1951
Elmer V. Andrews, Deputy Commissioner, Director Division of Welfare

Ruling Series.
No. 14 Insert in Handbook under section "Rulings and Bulletins".
Destroy Ruling No. 14 dated May 18, 1945.

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

BUREAU OF ASSISTANCE

REGULATION #_____
Ruling #16

ISSUED: November 1, 1950
(Date)

REV.:_____
(Date)

TITLE: Persons Released from Institutions for the Mentally Ill, the Mentally Deficient, and the Epileptic

SUBJECT:_____

STATUTORY REFERENCE: R.S. 44:7-5

Irving Engelman, Chief
Bureau of Assistance

Approved:

By:_____

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

November 1, 1950

RULING NO. 16

PERSONS RELEASED FROM INSTITUTIONS FOR THE MENTALLY ILL, THE MENTALLY DEFICIENT, AND THE EPILEPTIC

1. Purpose of Regulations.

The purpose of these regulations is

(a) to clarify the status, with respect to eligibility for Old Age Assistance, of persons who have been confined to institutions for the mentally ill, the mentally deficient, and the epileptic; and

(b) to establish special procedures governing patients in state institutions for the mentally ill, the mentally deficient, and the epileptic, for whom it is desired to initiate an application for Old Age Assistance prior to discharge from the institution.

2. Classification of persons released from Mental Institutions.

Different institutions may employ different classifications and different terminology in relation to patients released or otherwise permitted to reside, whether for a limited or indeterminate period, outside the physical confines of the institutions. However, the classifications and definitions which are directly relevant to a determination of eligibility for Old Age Assistance are as follows:

(a) Persons Discharged. A person discharged from a mental institution is one whose release is absolute, characterized by a severance of legal relationship between the patient and the institution. A discharged patient is not necessarily "cured". Conversely the discharge of a cured patient must sometimes be delayed pending arrangements for a suitable social and economic situation in which he can be released.

(b) Persons Released without Discharge. Patients not formally discharged may sometimes be released from a mental institution for limited or indefinite periods or for special purposes, and permitted to reside outside the physical confines of the institution. Such arrangements vary as to purpose, legal basis, characteristics, and degree of continuing control and supervision on the part of the institution. Such arrangements may be referred to as "parole", "visit", "furlough", "leave of absence", "release", "conditional release", "holiday", "family care", "boarding care", "convalescent care",

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and similar descriptive phrases. All such arrangements are, however, to be distinguished from discharge by the fact that the patient still retains a legal relationship to the institution.

3. Factors Relating to Eligibility for Old Age Assistance.

(a) Persons Discharged. Persons discharged from mental institutions are to be considered as resuming their former status in the community. If such persons are in need at the time of their discharge from the institution, or become needy following such discharge, they are fully entitled to apply for old age assistance in exactly the same manner and at the same place as other needy aged persons in the community, and they should be found eligible or ineligible on the same basis as other needy persons who apply for old age assistance.

(b) Persons Released without Discharge. Persons released from mental institutions without formal discharge, and who retain a legal relationship to the institution in that they are subject to readmission without a new order of commitment, are not eligible for old age assistance.

4. Purpose of Special Referral Procedure.

The purpose of the special referral procedure established in sections 5 through 10 of this Ruling is to provide an orderly method whereby the social service staffs of the state mental hospitals can work cooperatively with the staffs of the county welfare boards to

(a) expedite the applications for old age assistance of persons ready for discharge from such hospitals;

(b) facilitate the movement of such persons from the institution to the community;

(c) assure that public funds for current support will be promptly available to such persons if needed.

The establishment of this special procedure shall not be interpreted as relieving persons formerly patients in state mental hospitals from fulfilling any of the conditions of eligibility required of applicants who were not patients, nor as imposing on such persons any conditions of eligibility additional to or different from those required of applicants who were not patients.

5. Selection of Persons for Referral.

The medical directors of the State Hospitals shall select for referral only those patients who meet all of the following requirements:

(a) the person is eligible for discharge from the hospital;

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(b) the person is deemed able to adjust satisfactorily to community living without close professional supervision or treatment related to his mental condition;

(c) the person is 65 years of age or over;

(d) the person has voluntarily agreed to take up residence in a home selected and approved by the social service staff of the Hospital as suitable for his satisfactory adjustment;

(e) the hospital, through consultation with the patient and members of his family and collateral investigation by its social service staff, has made all reasonable efforts to accomplish the patient's return to the community, but has found that this cannot be done because the patient has insufficient resources available to him to meet his living costs as a member of the community;

(f) legal discharge of the patient and actual placement in the home agreed upon has been delayed only because of the reason stated in subsection (e) above, and the patient is therefore believed to be eligible for public assistance.

6. Method of Referral.

The Hospital will prepare Form OA-28, Referral Sheet, in duplicate, retaining one for its files and forwarding one to the county welfare board of the county in which the referred patient would, in the absence of such referral, be entitled to apply for old age assistance at the time of his discharge. Such county of entitlement shall be the county in which the hospital social service staff has arranged for the referred patient, with his consent, to take up residence upon discharge; except that if such arrangement has been made in a licensed nursing home or other institution, establishment, or home purporting to furnish nursing care, it shall be the county in which the patient has legal settlement or, if county of legal settlement is lacking, the county in which the patient last resided at time of last commitment to the Hospital.

It is understood, as a basic principal of operation, that each hospital will, so far as possible consistently with the environmental requirements of the patient and the patient's own desires, endeavor to reestablish the patient in or near the community in which he was settled at the time of commitment, and that patients for whom this is not possible or practical will be encouraged and assisted to locate in appropriate settings throughout the State. It will be a specific policy on the part of the hospital's social service staffs to avoid concentrations of discharged patients in the county in which the institution is located or in any other single county area.

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7. Registration of Application.

Upon receipt of the referral Form OA-28, the receiving county welfare board shall immediately register an application for old age assistance with respect to the individual referred.

8. Investigation and Processing of Application.

The application so registered shall be promptly assigned for investigation and other processing in the same manner as any other application, but such processing shall include arrangements between the case worker of the welfare board and the case worker of the Hospital social service staff for a joint discussion with the patient. The discussion may be arranged at the Hospital, at the welfare board office, at the prospective home for the patient, or at any other suitable place as the case workers shall jointly determine. The case workers will jointly interpret to the patient the requirements, facilities and limitations of the old age assistance program, the nature and suitability of the proposed home, and the nature and significance of other public and private resources and welfare services that will be available to the patient as a member of the community. In the light of such interpretation, they will consult with the patient concerning his desire to proceed with his application for old age assistance. If it is determined that he wishes to proceed, they will assist him in preparing a formal written record of his application on Form OA-1, and in executing all other written records or documents that may be necessary, except any documents which affect directly the real or personal property rights of the patient. The welfare board case worker shall thereafter be responsible for the prompt processing of such application, to result in a final determination of eligibility or ineligibility by the county welfare board, as in the case of any other application.

9. Disposition of Application.

(a) If it is determined at the time of the joint interview referred to in section 8, or at any subsequent time prior to a final determination of eligibility or ineligibility, that the patient does not wish to proceed with his application, the application shall be reported as voluntarily withdrawn.

(b) If it is determined, at any time subsequent to the initial registration of the application, but before any final determination of eligibility or ineligibility or any voluntary withdrawal, that the applicant has died, or that the Hospital has decided that the patient will not be discharged, or that the plan for community placement has been shifted to another county, the application shall be reported as dismissed.

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(c) If it is determined, in the absence of a voluntary withdrawal or authorized dismissal of the application, that the applicant is ineligible, the application shall be denied. A written notice of denial, explaining the reason or reasons for ineligibility, shall be sent to the applicant as in all other cases, and a second copy of such notice shall be sent to the Hospital, attention social service staff.

(d) If it is determined that the applicant is eligible for old age assistance, the application shall be approved. A written notice of approval shall be sent to the applicant as in all other cases, and a second copy of such notice shall be sent to the Hospital, attention social service staff. The notice shall state the amount of the regular monthly grant that will be allowable if and when the client is discharged from the institution and takes up residence in the place agreed upon, but shall explain further that the actual amount of the initial payment will be adjusted in such manner as to enable the client to meet his budgeted monthly expenses in advance, beginning as of the date of his discharge from the institution.

10. Further Processing of Approved Applications.

Immediately following the approval of an application, as referred to in section 9, the welfare board case worker shall consult with the Hospital case worker to ascertain and arrange all final details for the client's discharge from the institution; for completing, immediately following such discharge, the client's execution of the agreement to reimburse and any other necessary documents relating to real and personal property rights; and for making the initial assistance payment available to him at that time. Thereafter the relationships between the client and the welfare board will be conducted as in all other cases without being conditioned on any further routine service by the Hospital.

11. Continuing Service by Hospital Staff.

The social service staff of the Hospital may continue to visit with and consult with the former patient from time to time, as may be arranged between the client and the Hospital case worker. Such service will be focused on the client's mental health and will have no concern with his management of his affairs or his utilization of his old age assistance grant. If any question of mental health or adjustment should arise, the Hospital staff will report its findings in writing to the county welfare board and the case workers of the two agencies will jointly consult and formulate plans and recommendations for appropriate action.

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12. Applicability of Procedure to Institutions Other than State Hospitals.

The procedure described in sections 5 through 10 is established specifically to govern relationships between the county welfare boards and the State Mental Hospitals. It does not apply directly to relationships with local mental hospitals and other institutions. There will be no objection to the use of Form OA-28 or adaptation thereof, as a referral form to expedite relationships between the county welfare board and such other institutions. However, all principles included in this Ruling will have to be observed in working out relationships with other mental institutions and in developing plans for specific cases referred from such institutions.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

Approved: October 25, 1950
Elmer V. Andrews, Deputy Commissioner
Director Division of Welfare

Ruling Series.
No. 16 - Insert in Handbook under section "Rulings and Bulletins".
Destroy Ruling #16 issued under date of August 28, 1947.

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State of New Jersey
DEPARTMENT OF INSTITUTIONS AND AGENCIES
TRENTON 8

BUREAU OF ASSISTANCE
148 West State Street

February 6, 1953

It has come to the attention of the Bureau of Assistance that questions have arisen regarding procedures for referral to the Disability Assistance program of persons ready for discharge from State institutions.

At the direction of the Commissioner, the Bureau is presently engaged in restudying Ruling No. 16, Persons Released from Institutions for the Mentally Ill, The Mentally Deficient, and the Epileptic and plans to hold discussion meetings with the superintendents and social service staffs of the several institutions in connection with any new policy statement that may be developed.

This is to advise you that for the present Ruling No. 16 is to be followed for persons referred for Disability Assistance as well as for Old Age Assistance.

As an aid to the social service staffs of the institutions it is recommended that the following information be added to institutional copies of Ruling No. 16, in section 5, Selection of Persons for Referral:

"(c) the person is 65 years of age or over if applying for Old Age Assistance; or

"the person is at least 18 years of age and less than 65, and appears to meet the following definition of a disabled person: 'A permanently and totally disabled person shall mean a needy person who, by reason of a permanent physical or mental defect, disease or impairment other than blindness, is disabled to the degree that prevents him from performing the essential elements of a useful occupation existent in the community and within his competence.' In addition, the person must not be in need of care in an institution for the mentally ill, mentally deficient or the tubercular."

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February 6, 1953



All other instructions regarding referral procedure, responsibility of the social service department of the institution for selection of the home for the person being discharged, and the cooperative working arrangement between the institution and the county welfare board, shall apply in relation to both the Old Age and Disability Assistance programs.

Very truly yours,

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

MPD/MCR/d

Approved: 2/2/53

Sanford Bates, Commissioner
Department Institutions & Agencies

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# State of New Jersey

## DEPARTMENT OF INSTITUTIONS AND AGENCIES

TRENTON 8

BUREAU OF ASSISTANCE
148 West State Street

February 6, 1953

Attached hereto for your information is a copy of a letter issued by the Bureau of Assistance clarifying certain questions of procedure in connection with institutional patients who are ready for discharge, and for whom the social service staff of the institution seeks to establish eligibility for public assistance as a source of maintenance for the individual when reestablished in the community.

Primarily, your attention is called to the fact that the detailed procedure heretofore established in the Bureau's Ruling No. 16, relating to the Old Age Assistance program, is applicable also to the Disability Assistance program. Thus, patients under 65 years of age who are ready for discharge (including patients previously released on parole or on the "family care" plan who are deemed to be sufficiently adjusted or stabilized so that they may be officially discharged) may, if they are considered permanently and totally disabled, be referred for Disability Assistance in the same manner as patients 65 years of age and over have heretofore been referred for Old Age Assistance.

It is the purpose of the Department that every opportunity shall be utilized consistent with good social practice and the physical and mental well-being of the patient, to release from institutions persons for whom the intensive treatment or protective environment of the institution is no longer essential. The institutions are urged to utilize in this connection the opportunities afforded by the Old Age and Disability Assistance programs in providing maintenance for carefully selected individuals, and incidentally reduce overcrowding in our institutions.

Very truly yours,

DEPARTMENT INSTITUTIONS AND AGENCIES

Sanford Bates

Sanford Bates, Commissioner

SB:4

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# State of New Jersey

## DEPARTMENT OF INSTITUTIONS AND AGENCIES

TRENTON 8

BUREAU OF ASSISTANCE
148 WEST STATE STREET

February 3, 1955

TO: COUNTY WELFARE DIRECTORS

RE: Referral of Patients from State Mental Hospitals
(Ruling No. 16)

This is to advise you that consultations have been in progress between the Division of Welfare and the Division of Mental Hygiene and Hospitals, to clarify policy and to consider a broader policy in relation to the eligibility for assistance of certain persons released from State mental hospitals. The form of revised policy which is contemplated is still in the stage of discussion and negotiation, and this Bureau does not expect that any change of policy which would materially affect the obligations and procedures of the County Welfare Boards, will become official until there has been adequate opportunity, as is customary, for review and comment on draft material.

In the meantime the current policy and procedure provided in Ruling No. 16, Persons Released from Institutions for the Mentally Ill, The Mentally Deficient, and The Epileptic, continues in full force and effect in all respects.

If through misunderstanding you receive referrals from a State hospital for persons whose institutional status appears to be other than that authorized by Ruling No. 16 (i.e. patient ready for official discharge), it will be appropriate for you to inform the State hospital of your inability to accept such a referral, and to interpret the reasons therefor.

We are scheduling this matter for discussion with you at the next regular meeting of county welfare directors on Friday, February 25, 1955.

Very truly yours,

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Irving Engelman

Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved: 2/4/55
Elmer V. Andrews
Director of Welfare

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

BUREAU OF ASSISTANCE

REGULATION # _____
Ruling #17

ISSUED: March 24, 1954
(Date)

REV.: _____
(Date)

TITLE: Assistance to Residents of Non-Profit or Charitable Homes

SUBJECT: _____

STATUTORY REFERENCE: R.S. 44:7-5

Harry Engelhardt, Chief

Bureau of Assistance

Approved:

By: _____

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

March 24, 1954

RULING NO. 17

ASSISTANCE TO RESIDENTS OF NON-PROFIT OR CHARITABLE HOMES

Citation of Law

1. This Ruling is issued pursuant to Title 44:7, Revised Statutes of New Jersey, as amended, and relates to eligibility for Old Age and Disability Assistance on the part of persons who voluntarily choose to reside in certain private institutions herein referred to as non-profit or charitable homes.

General Interpretation of Statutory Provisions

2. The amendments to R.S. 44:7 which were accomplished by Chapter 212 of the Laws of 1953, when coupled with Article VIII, Section III, paragraph 3 of the New Jersey Constitution,* are interpreted as having the following general purposes:

(a) to remove the statutory disqualification which heretofore excluded from eligibility for Old Age and Disability Assistance persons who resided in private institutions not classified as medical institutions;

(b) to impose a statutory disqualification which hereafter excludes from eligibility for Old Age and Disability Assistance persons who reside in non-medical private institutions which are not approved and certified pursuant to chapter 212 of the Laws of 1953;

(c) to express a legislative intent that assistance payments may be made to persons who voluntarily choose to reside in certified private institutions, only to the extent that such persons are determined to be needy persons and otherwise eligible according to the same standards, criteria, limitations and obligations as are applicable to other persons;

(d) to preclude the county welfare board from any obligation, or from assuming any obligation, to disburse public funds, directly or indirectly, to or for the use of any private non-medical institution (as distinguished from disbursements of assistance funds to needy eligible persons, in amounts which may or may not enable such persons to purchase the services of private non-medical institutions).

Definition of Non-Profit or Charitable Homes

3. The phrase "non-profit or charitable homes" is defined to include all establishments, by whatever name known, which

(a) are not licensed or subject to license as hospitals; and

* "No donation of land or appropriation of money shall be made by the State or any county or municipal corporation to or for the use of any society, association or corporation whatever."

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(b) provide board and lodging to four or more persons unrelated to the operator or operating authority; and

(c) are operated by a person, corporation, association or fraternal organization not for profit, within the meaning of chapters 1, 2 and 14 of Title 15, R.S., or by a religious corporation or association within the meaning of Title 16 R.S.

Such establishments are hereafter referred to in this Ruling as the "Home" or "Homes".

General Principles

4. The following general principles are declared to be in definition of the intent and purposes of this Ruling and shall themselves have the force and effect of rule and regulation:

(a) Any individual who believes himself to be eligible for assistance is afforded full opportunity to apply for such assistance. Even if he is clearly ineligible, he has the right, if he chooses, to have his application officially received and officially reviewed by the public assistance agency.

(b) The right and opportunity to apply for assistance is afforded to the individual who believes himself to be eligible; it does not include a right of vendors to or creditors of such individual to apply for themselves or on his behalf.

(c) No individual is eligible for public assistance unless he is officially determined to be a "needy person", according to the official standards of the responsible public agency. "Need" is not synonymous with "absence of income". Any individual, who is in fact provided with all goods and services necessary for a minimum subsistence compatible with decency and health, is not in need of public assistance unless it can be demonstrated that he has an obligation, enforceable at law or in equity at the instance of the provider, to pay for all or some portion of the goods and services so provided, and that he lacks the resources to make such payment.

(d) There are detailed provisions of statute law and official regulations, other than the "need" requirement, which govern and limit eligibility for public assistance, such as provisions relating to residence, reimbursement requirements, budget and allowance limitations, etc., which affect all persons applying for or receiving public assistance, and which may render them ineligible to receive such assistance or may limit the amount or kind of assistance they may receive. All such provisions apply to persons resident in Homes in the same way they apply to persons not resident in Homes.

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(e) Any private institution has the right to determine and maintain its own rules, standards, fees, etc., governing the ad ission to and continued residence of persons in its establishment, and no interference with such right is intended by these regulations.

(f) Any private institution, and any individual seeking the services of such institution or persons acting on the individual's behalf in seeking such services, have the right freely to arrange and agree with one another, whether by written contract or otherwise, and no such arrangement or agree ent is or shall be impaired or controlled by these regulations so long as the arrangement or agreement does not contemplate or result in the filing of an application for public assistance.

(g) The public assistance agency is not responsible and does not assume responsibility for obligations incurred by an applicant for or recipient of public assistance. However, beginning at the time an individual is officially determined to be eligible for public assistance, the agency takes his current obligations into consideration in determining the amount of assistance he may receive.

(h) The public assistance agency is not responsible and does not assume responsibility to compensate, directly or indirectly, any person or agency for the value of goods and services voluntarily furnished or donated to an applicant for or recipient of public assistance.

Receipt of Applications

5. Effective immediately, the county welfare boards shall receive and register applications for Old Age and Disability Assistance from any person claiming to be eligible who

(a) is already resident in a Home; but the processing of such application shall be governed by section 17 below;

(b) is planning to enter a Home; but the processing of such application shall be governed by section 18 below;

Requests from Recipients

6. Effective immediately, the county welfare boards shall promptly consider the eligibility for continued assistance of a recipient who hereafter enters or plans to enter a Home; but the determination of eligibility for continued assistance shall be governed by section 19 below.

Determination of Needy Person

7. No person who has entered or is about to enter a Home will be considered a "needy person" eligible for assistance, unless he has entered or is about to enter such Home pursuant to an approved "pay-as-you-go" agreement as defined below. If an individual has entered or is about to enter a Home under any arrangement other than an approved "pay-as-you-go" agreement, it will be presumed that pursuant to such arrangement (whatever its terms and whether or not reduced to writing) the Home will continue to provide

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for the individual's care and maintenance so long as the individual in fact re ains in the Home, and such individual is therefore not a "needy person" eligible for public assistance.

"Pay-as-you-go" Agreement Defined

8. A "pay-as-you-go" agreement means an agreement between the Home and the individual having the following elements:

(a) the agreement is stated in writing and was reduced to writing within the following time limits:

(1) in the case of an individual admitted to the Home prior to July 1, 1953, at or about the date of admission;

(2) in the case of an individual admitted to the Home on and after July 1, 1953, but before April 1, 1954, within 30 days following April 1, 1954;

(3) in the case of an individual admitted to the Home on and after April 1, 1954, within 30 days following such admission.

(b) the agreement obligates the individual to pay a stipulated amount of money per diem, per week or per month on a continuing basis, in return for board, lodging and care to be furnished by the Home;

(c) the periodic amount so stipulated may be subject to change from time to time, but only in accordance with general rules applicable to all other "pay-as-you-go" residents in the Home;

(d) the amount so stipulated may be greater or less than the authorized maximum public assistance allowance for such service, but it shall be understood that in the event it becomes necessary for the resident to apply for public assistance, the public assistance agency will not thereafter take into consideration any obligation greater than the authorized maximum public assistance allowance for such service;

(e) neither the resident nor other person on his behalf has contributed, paid or donated any lump sum amount of money or property additional to the periodic amount, and no one is obligated to make or procure any such contribution, payment or donation, except for specified extra services, unless the payment represents merely a convenience deposit to be held in trust by the Home for the resident's use and the unused portion of which is owned by and returnable to the resident at any time on his request;

(f) any agreement by the resident to make a testamentary disposition in favor of the Home shall not be construed to be in violation of element (e);

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(g) if the Home, under its own rules and practices, affords "life-care contracts" to some admittees; it must be demonstrated that the individual (if he applies for public assistance) was unwilling, unable, or ineligible to purchase a "life-care contract";

(h) if the Home, under its own rules and practices, affords "free" care to some admittees, it must be demonstrated that the individual (if he applies for public assistance) was not within the class or classes eligible for "free" care.

(i) the agreement is authorized by and consistent with the charter, by-laws, and published rules of admission of the Home.

Authorized Allowances

9. (a) A needy individual otherwise eligible for public assistance who resides in a Home under an approved "pay-as-you-go" arrangement will be afforded the following maximum budgetary allowances relating to payments by him to the Home:

(1) for board and lodging, without identified personal services: the same maximum as applies in the case of commercial boarding homes (currently $65 per month);

(2) for board and lodging, plus identified personal services: the same maximum as applies in the case of commercial boarding homes offering personal services (currently $80 per month);

(3) for board and lodging, plus professionally supervised nursing care in a licensed infirmary section: the same maximum as applies in the case of proprietary licensed nursing homes (currently $150 per month).

[Nursing care in a licensed infirmary section is authorized and will be recognized only when the individual is suffering from an illness or physical condition necessitating such care and has been certified by competent medical authority as a patient requiring such care. All procedures relating to "patient care", which are set forth in other Bureau regulations, shall apply.]

(b) Budgetary allowances for clothing, personal incidentals, and for special circumstance requirements will be allowed for residents of Home to the same extent and according to the same rules as apply in the cases of residents of commercial boarding homes or of proprietary licensed nursing homes, whichever is appropriate.

Determination of Amount of Need

10. A "pay-as-you-go" resident of a Home will be recognized as a needy person eligible for public assistance when his total income and resources, from all sources, is insufficient to enable him to meet whichever of the following obligations is lesser:

(a) his continuing obligation to the Home under the existing contract with the Home, plus additional allowances permitted by 9(b) above;

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(b) the amount of obligation to the Home allowable under the budgetary limitations referred to in 9(a) above, plus additional allowances permitted by 9(b) above.

Limitation on Duration of Eligibility in Certain Cases

11. In the case of a Home which offers life-care contracts to some residents (in addition to "pay-as-you-go" contracts to other residents), a resident who has been granted public assistance will cease to be eligible for such assistance when the total of all payments made to the Home by him or on his behalf shall equal the total of the minimum fee for a life-care contract which was in effect at the time of admission to the Home. This rule shall not be interpreted to render ineligible, nor to limit the period of eligibility, of any person who resides in the Home under an approved "pay-as-you-go" arrangement, merely because some residents are afforded "free" care for life, if the person applying for or receiving public assistance is not within the class or classes eligible for "free" care.

Property and Reimbursement Requirements

12. Statutory provisions and official regulations relating to assignment of property and the execution of an agreement to reimburse, which affect applicants for public assistance generally, shall equally affect residents of Homes who apply for public assistance.

Burial and Funeral Limitations

13. Statutory provisions and official regulations relating to burial and funeral arrangements and cost limitations, which affect recipients of public assistance generally, shall equally affect residents of Homes who receive public assistance.

Residence Requirements

14. Statutory provisions and official regulations relating to "residence" eligibility of applicants for public assistance generally, shall equally affect residents of Homes who apply for public assistance. Specifically:

(a) Applicants who lacked one year of continuous residence in New Jersey immediately prior to admission to the Home will be ineligible for Old Age Assistance and Disability Assistance, unless they shall have lived in the Home for one full year at their own or family expense in which event they will be the responsibility of the county in which the Home is located.

(b) Applicants for Old Age Assistance and Disability Assistance will be the responsibility of the county in which they were resident at the time of admission to the Home, unless they shall have lived in the Home for one full year at their own or family expense in which event they will be the responsibility of the county in which the Home is located.

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Evidence of Certified Home

15. An individual residing in a Home, even though eligible in all other respects ( including the requirements of sections 7 and 8 of this Ruling) is ineligible to receive assistance payments unless the Home has been approved and certified by the Department pursuant to chapter 212 of the Laws of 1953. Evidence of Department certification shall be determined by

(a) inspection of an official certificate of approval which should be available at the Home; or

(b) clearance by telephone or letter with the Bureau if the Home does not appear on any regularly published list of approved homes and cannot show the evidence referred to in (a).

Evidence of Compliance with Section 8 (i)

16. All Homes are being requested to file with the Bureau copies of charters, by-laws and rules governing admissions, specimens of all forms of contract offered to admittees, and other pertinent information. The Bureau will, as soon as practical, publish to the county welfare boards a summary list which will permit ready identification of Homes which are offering admissions on an approved "pay-as-you-go" basis. Pending such publication, the county welfare boards will clear with the Bureau by letter or telephone concerning any Home whose status is unknown.

Processing Applications by Residents of Homes

17. (a) When an application for assistance is made by a person already resident in a Home, investigation of eligibility shall proceed in the same manner and to the same extent as in all other cases, but specifically including investigation of compliance with sections 7 through 16 of this Ruling.

(b) If it is found that the applicant is a resident of the Home pursuant to an approved "pay-as-you-go" agreement, a copy of such agreement shall be secured and retained as part of the case record.

(c) If it is found that the applicant is a resident of the Home under some arrangement other than an approved "pay-as-you-go" agreement, the application shall be denied. The stated cause for denial in such cases shall be classified as "Other Resources of Applicant" (item 13 on Forms OA-8 and DA-8), unless the application is denied, dismissed or withdrawn for some other cause.

(d) If the applicant is found eligible for assistance, the assistance payment shall reflect budgetary recognition of his obligation to the Home from the date on which he is officially determined to be eligible.

Processing Applications by Persons About to Enter Homes

18. (a) When an application for assistance is made by a person who is seeking assistance for the purpose of enabling him to enter a Home, investigation of eligibility shall proceed in the same manner and to the same extent as in all other cases, but specifically including investigation of compliance with sections 7 through 16 of this Ruling.

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(b) If it is found that the applicant is about to become a resident of the Home pursuant to an approved "pay-as-you-go" agreement, a copy of such agreement shall be secured and retained as part of the case record, and regulation 17(d) shall apply.

(c) If it is found that the applicant is about to become a resident of the Home under some arrangement other than an approved "pay-as-you-go" agreement, regulation 17(c) shall apply, unless the applicant's plan for entering the Home is abandoned or deferred. In that event, the applicant's current eligibility (related to his living arrangement outside the Home) shall be determined, and the application granted or denied accordingly.

(d) If the applicant is granted assistance related to a living arrangement outside the Home, and thereafter enters the Home, all of section 19 below shall apply.

Processing Requests by Recipients for Continued Assistance Upon Admission to Home

19. (a) Whenever hereafter a person already receiving assistance enters a Home or plans to enter a Home, and requests continuance of assistance, immediate reinvestigation of eligibility shall proceed in the same manner and to the same extent as in all other cases, but specifically including investigation of compliance with sections 7 through 16 of this Ruling.

(b) If it is found that the recipient has become or will become a resident of the Home pursuant to an approved "pay-as-you-go" agreement, a copy of such agreement shall be secured and retained as part of the case record.

(c) If it is found that the recipient has become or will become a resident of the Home under some arrangement other than an approved "pay-as-you-go" agreement, the assistance grant shall be terminated and the case closed. The stated cause for closing in such cases shall be classified as "Admitted to voluntary (private) institution" (Item 04 on Form OA-13), unless the case is closed for some other cause.

(d) If the recipient is found eligible for continued assistance, the assistance payment shall reflect budgetary recognition of his obligation to the Home from the date of his admission thereto.

General Notification to Homes

20. The Bureau is transmitting a copy of this Ruling to each establishment presently known to or believed by the Bureau to be operating as a non-profit or charitable Home. Additional copies to such establishments, or to other establishments not presently known to the Bureau, will be furnished at any time on request.

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Prior Regulations Superseded

21. The provisions of this Ruling are intended to supersede and nullify any provisions of earlier Bureau regulations which declare or imply that persons residing in private non-medical institutions are ineligible for assistance solely by reason of such residence.

DEPARTMENT INSTITUTIONS AND AGENCIES

M. P. Dowdell II

Marc P. Dowdell, Chief
Bureau of Assistance

MPD:IEC

Approved: 3/24/54
Elmer V. Andrews
Director of Welfare

Ruling Series No. 17. Insert in Handbook under section "Rulings and Bulletins".

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

BUREAU OF ASSISTANCE

REGULATION # _____
Ruling #20

ISSUED: July 1, 1941
(Date)

REV.: _____
(Date)

Supplement #1, 1/10/51
Supplement #2, 12/10/51

TITLE: Confidential Nature of Records

SUBJECT: _____

STATUTORY REFERENCE: R.S. 44:7-6
R.S. 44:7-33

Irving Engelhardt, Chief
Bureau of Assistance

Approved:

By: _____

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State of New Jersey
Department Institutions and Agencies
Division of Old Age Assistance

July 1, 1941

RULING NO. 20

## CONFIDENTIAL NATURE OF RECORDS

### Citation of Federal Law and Regulation

The Federal Social Security Act as amended requires that approved State plans for public assistance must "provide safeguards which restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of" Old Age Assistance, Aid to the Blind, and Aid to Dependent Children. (Social Security Act, Section 2(a) (8), 204 (a) (8), and 1002 (a) (9). Pursuant to this requirement, the Social Security Board has promulgated a statement of policy and standards dated May 7, 1941.

### Resolution by State Board of Control

Pursuant to the Federal requirements above-cited, the State Board of Control of Institutions and Agencies, on July 1, 1941 adopted a Resolution as follows:

> "Whereas, the requirement of the Federal Social Security Act and the policy and standards promulgated by the Social Security Board with respect to the use and disclosure of confidential information are in accord with established and existing administrative practice in New Jersey and are necessary for the proper and efficient administration of assistance and welfare programs, be it
>
> Resolved that the Commissioner of Institutions and Agencies shall make and publish such rules and regulations as appear necessary and proper to provide safeguards which restrict the use or disclosure of information concerning applicants, recipients, and other persons applying for or receiving services and benefits coming under the jurisdiction of the Department and of the county welfare boards, and, through the executive and administrative authority vested by law in the Commissioner and in the executive heads of the Division of Old Age Assistance, the State Board of Children's Guardians, the Commission for the Blind, and the county welfare boards, to maintain and enforce such rules and regulations and to take advisable and necessary action with respect to any violation."

### Citation of State Law

Section 44:7-6, Revised Statutes of New Jersey, provides as follows:

> "Said division(State Division of Old Age Assistance) shall prescribe, subject to the approval of the commissioner ..... the manner and form of all reports and records, and such additional rules and regulations as are necessary and proper

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for carrying out the provisions of this chapter ..... All rules and regulations made by the State division under this chapter shall be binding upon the county welfare boards, as county bureaus of old age assistance."

Section 44:7-33, Revised Statutes, provides as follows:

"Any person who knowingly violates any provision of this chapter for which no penalty is specifically provided shall be guilty of a misdemeanor and shall be punished by a fine of not more than one thousand dollars, or imprisonment for not more than one year, or by both such fine and imprisonment."

Regulations

Pursuant to the cited requirements and authority, and in contemplation of the penalties provided, the following regulations are adopted:

1. No officer or employee of the State Division and no member, officer, or employee of any county welfare board, except as authorized by these regulations, shall produce or disclose to any unauthorized person any confidential information as herein defined.

2. The information which is to be regarded as confidential and protected from disclosure shall include (a) names and addresses, including lists thereof; (b) information contained in applications, reports of investigation, reports of medical examinations, correspondence, and other records concerning the condition or circumstances of any person from whom, or about whom information is obtained, and including all such information whether or not it is recorded; and (c) records of evaluations of such information.

3. Disclosure of such records or information is hereby authorized, within the discretion of the Director of Welfare and in such manner as he may prescribe, in the following cases, provided that no such disclosure shall be made, directly or indirectly, other than in the course of administration of the lawful duties of the Board:

(a) Relevant and necessary information may be disclosed in connection with the clearance of applications and cases with social service agencies, banks, insurance companies, other financial institutions, bureaus of vital statistics, other public and private institutions, and otherwise as may be required in the process of determining age, residence, citizenship, resources, economic and social history and need of the client, etc. Disclosure of such records and information, when restricted to that which is essential for such investigation and clearance, is directly authorized by the applicant in filing application.

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(b) Information necessary to procure or promote some service or other benefit for the client may be made available as required to agencies, whether public or private, institutions or other persons from whom or through whom such service or benefit is sought to be made available.

(c) All records, of whatever character, shall be available at all times to the auditors or other fiscal officers charged with auditing or examining the accounts of the Welfare Board on behalf of the County or State, as reasonably required for the purposes of such audit or examination, to the representatives of the State Division and the Department of Institutions and Agencies, and to the auditors or other qualified persons representing the Social Security Board.

4. The furnishing of any list of names or addresses or both, for purposes not directly involved in the administration of the lawful duties of the Welfare Board, directly or indirectly, is specifically prohibited; but this shall not preclude furnishing information, by list or otherwise, to overseers of the poor, municipal departments of public welfare, or other municipal, State or Federal agencies lawfully charged with the administration of public welfare functions or services, for the purposes of such administration only, and therefore restricted to the area or class served by such agency.

5. The protection of confidence and privilege runs to the client or other person from whom or concerning whom the information was acquired. Therefore, whenever the privilege is waived by the client or other person, such information may be disclosed to the extent authorized by the waiver.

6. If any confidential information or records available to the Welfare Board, or testimony as to confidential matters by any member of the staff, shall be requested or shall be sought to be required in any proceeding, including any judicial proceeding, not expressly authorized in this Ruling, the matter shall be immediately referred to the State Division for determination and advice.

7. Nothing herein shall be construed to preclude the necessary and proper disclosure of records or information in the course of any fair hearing or in the course of any other formal proceeding provided for in Titles 30 and 44 of the Revised Statutes and in the Federal Social Security Act; nor shall anything herein be construed to prohibit the publication of any statistical data or other information not relating to or not identified with any particular person.

8. The Director of Welfare in each county will be responsible for the strict observance of these regulations by all members of his staff, and will be responsible to assure himself, in whatever manner the circumstances may require in particular situations, that any cooperating agency or person to whom information is made available as authorized herein, will preserve the confidential character of the information and will restrict its use to the legitimate purposes for which it is made available.

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9. In order that there may be due notice of these regulations to those public authorities and agencies which routinely have custody of or access to confidential records or lists of persons applying for or receiving public assistance and welfare services, copies thereof are being transmitted to the executive head of each appropriate agency, division and bureau within the Department of Institutions and Agencies; to the members of each county welfare board and the Director of each such board; to the Director and Secretary of each County Board of Chosen Freeholders; and to the County Treasurer, County Clerk, and Register of Deeds and Mortgages, if any, of each county.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Approved July 1, 1941
William J. Ellis, Commissioner

Ruling Series
No. 20 Insert in Handbook under section "Rulings and Bulletins".

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# State of New Jersey

## DEPARTMENT OF INSTITUTIONS AND AGENCIES

TRENTON 8

BUREAU OF ASSISTANCE
148 West State Street

January 27, 1951

We attach hereto a copy of Supplement No. 1 to Ruling 20, which has been issued as of January 10, 1951 and is now effective. Additional copies are being forwarded under separate cover for appropriate distribution to staff members.

The issuance of this regulation was made necessary by a direct Federal requirement, in order to secure the receipt of Federal matching funds for the current quarter for all categorical programs. An identical statement has been issued by the Board of Child Welfare and the Commission for the Blind.

Very truly yours,

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

MPD:EM

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

January 10, 1951

SUPPLEMENT NO. 1 TO RULING NO. 20

JUDICIAL SUBPOENA OF TESTIMONY AND RECORDS

The following regulations are issued in supplementation of Ruling No. 20, and particularly to clarify Section 6 thereof:

1. Whenever the county welfare board or any officer or employee thereof is called upon to appear as a witness, to produce records of the agency as evidence, or both, in any judicial or quasi judicial proceeding where the purposes are not directly connected with the administration of old age assistance, the following procedure shall be strictly observed:

(a) The person or records, or both, shall not appear or be produced except in response to a subpoena legally issued.

(b) No records shall be produced unless specifically called for by the subpoena, and no records shall be produced beyond the terms of the subpoena.

(c) Immediately upon the receipt of any such subpoena, notification shall be given to the Bureau.

(d) Upon being called upon to testify or produce agency records before a judicial officer or other officer under whose authority the subpoena has been issued, the officer or employee of the Welfare Board, personally or through counsel as provided, shall make a statement substantially as follows:

"Under the terms of the Federal Social Security Act, information concerning applicants and recipients of assistance must be restricted to purposes directly connected with the administration of assistance. The authorities of the Federal Government have advised that this includes a requirement of non-disclosure of such information in response to subpoena. If a disclosure is made of this information, either by personal testimony or by production of records, this is considered non-conformance with Federal requirements and may subject the State to loss of Federal financial participation in the assistance program."

2. In no instance is it intended that any officer or employee of the county welfare board shall place himself in contempt of court through refusal to follow the orders of a court. However, the above action shall be taken in all instances, and a report of the results thereof shall be entered in the case record and forwarded immediately to the Bureau.

DEPARTMENT INSTITUTIONS AND AGENCIES

Approved: January 10, 1951
Elmer V. Andrews, Deputy Commissioner
Director Division of Welfare

Marc P. Dowdell, Director
Bureau of Assistance

Ruling Series.
Supplement #1 to Ruling #20. Insert in Handbook under section "Rulings and Bulletins".

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

December 10, 1951

SUPPLEMENT NO. 2 TO RULING NO. 20

AMENDMENT OF FEDERAL LAW GOVERNING CONFIDENTIALITY OF RECORDS

There has been considerable interest and concern about the precise nature and effect of the so-called "Jenner amendment" to the Revenue Act of 1951, which limits the authority of the Federal Security Agency to withhold matching funds because of violation of the Agency's requirements relating to "confidentiality" of records.

For your information, the Revenue Act of 1951 (Public Law 183, 82d Congress), approved on October 20, 1951, contains the following provisions affecting titles I, IV, X, and XIV of the Social Security Act.

> Sec. 618. Prohibition Upon Denial of Social Security Act Funds.-- No State or any agency or political subdivision thereof shall be deprived of any grant-in-aid or other payment to which it otherwise is or has become entitled pursuant to title I, IV, X, or XIV of the Social Security Act, as amended, by reason of the enactment or enforcement by such State of any legislation prescribing any conditions under which public access may be had to records of the disbursement of any such funds or payments within such State, if such legislation prohibits the use of any list or names obtained through such access to such records for commercial or political purposes.

You will recognize that the amendment does not affect or impair in any way this Bureau's existing requirements concerning confidentiality of records as set forth in Ruling No. 20 and Supplement No. 1. Such Ruling and Supplement are accordingly hereby declared to continue in full force and effect.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

Approved: December 7, 1951
Elmer V. Andrews, Deputy Commissioner
Director, Division of Welfare

Ruling Series.
Supplement No. 2 to Ruling No. 20. Insert in Handbook under section "Rulings and Bulletins".

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

BUREAU OF ASSISTANCE

REGULATION # _____
Ruling #21

ISSUED: April 29, 1949
(Date)

REV.: _____
(Date)

Supplement #1, 4/29/49
Supplement #2, 4/29/49

TITLE: Matching of Administrative Expenditures

SUBJECT: _____

STATUTORY REFERENCE: R.S. 44:7-27

Irving Engelman, Chief
Bureau of Assistance

Approved:

By: _____

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State of New Jersey
Department Institutions and Agencies
Division of Old Age Assistance

April 29, 1949

RULING NO. 21

MATCHING OF ADMINISTRATIVE EXPENDITURES

Under New Jersey law, administrative expenditures incurred by the county welfare board are financed from county funds, as made available by the Board of Chosen Freeholders, except for subsidies which become available out of "any funds received by the state from the federal government for administrative costs of old age assistance." The statute directs that any federal funds so received "shall be ratably shared by the State division and the several county welfare boards in proportion to their respective annual approved expenditures for administration of old age assistance."

Matching funds to any county welfare board for claimed administrative expenditures are therefore available only if the expenditure, with respect to which matching is claimed, is:

(a) permissible and validly authorized and disbursed under State law, and

(b) approved by the State division, and

(c) of a nature which the federal agency recognizes as "essential to the efficient administration of the particular program; reasonably related to the provision of financial assistance in the particular category; for purposes other than assistance; and not chargeable to another program."

In general, matching will be available for all expenditures made by the county welfare boards which fall within the object-classification appropriations designated as administrative-matchable in the annual County Welfare Board Budget as approved, provided the broad principles stated above are met. In the case of some kinds of administrative expenditures, however, these basic principles need to be implemented by more detailed conditions governing State and federal approval for matching.

As the need for such implementation arises, regulations will be issued as a series of supplements to this Ruling. Each of such supplements will consist of the particular conditions, procedures, or other limitations governing the availability of matching for a specified class or kind of administrative expenditure.

Supplements 1 and 2, are attached hereto and are hereby promulgated.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Approved: March 24, 1949
Sanford Bates, Commissioner

Ruling Series.
No. 21 - Insert in Handbook under section "Rulings and Bulletins".

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# State of New Jersey

## DEPARTMENT OF INSTITUTIONS AND AGENCIES

TRENTON 8

BUREAU OF ASSISTANCE
148 West State Street

May 29, 1951

The Department of Civil Service has recently revised its policy concerning leave of absence for military training and extended active duty with the armed forces for State employees.

In this connection, the provisions of Supplement #1 of Ruling No. 21 dated April 1, 1949 are hereby revised and amended in accordance with the Civil Service Circular #18 dated April 11, 1951, copy of which is attached. To the extent that the provisions of the attached circular are in conflict with and supplementary to the provisions of Supplement #1 dated April 1, 1949, the provisions of Civil Service Circular #18 as revised will govern.

This circular is to be attached to Ruling #21 as an amendment to Supplement #1, Ruling #21.

Very truly yours,

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

MPD:MDC

Approved: May 24, 1951
Elmer V. Andrews, Deputy Commissioner
Director Division of Welfare

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State of New Jersey
Department Institutions and Agencies
Division of Old Age Assistance

April 29, 1949

RULING NO. 21

SUPPLEMENT NO. 1

SALARIES AND WAGES: TIME AND LEAVE REGULATIONS

1. Employees of county welfare boards are entitled to leaves of absence and other time-off, without loss of pay, to the extent specified in Regulation #4 of this Supplement.

2. Expenditures for salaries and wages to employees, with respect to periods of leave of absence and other time-off that come within the limitations of Regulation #4 of this Supplement, will be approved for administrative matching, if the amounts of such payments and the employees to whom paid are otherwise in conformity with the requirements of Ruling No. 11.

3. Expenditures for salaries and wages to employees, with respect to absences or time-off without leave, or with respect to leaves of absence and other time-off in excess of the limitations of Regulation #4 of this Supplement, or in amounts or to persons not authorized under Ruling No. 11, will be disallowed for administrative matching.

4. (a) Sick Leave with Pay

(1) Definition. - Sick leaves means the absence of an employee from duty because of illness, accident, maternity leave during the period of actual incapacitation as shown by a physician's certificate, exposure to contagious disease, necessary attendance upon a member of the immediate family seriously ill, or death in the immediate family.

(2) Amount. - One day per month during the remainder of the first calendar year of employment and fifteen days annually thereafter. The unused portion of sick leave is accumulative, without limit as to permanent employees, but with a limit of fifteen days to be taken in any one calendar year by temporary employees. Seasonal or part-time employees, whether permanent or temporary, shall receive sick leave on a pro-rated basis.

(3) Computation. - Accumulated sick leave shall be computed on the basis of the number of days actually earned.

(4) Proof. - The county welfare board may, in its discretion, require such reasonable proof as it deems necessary.

(b) Vacation Leave

(1) Coverage. - Annual vacation leave shall be allowed to permanent employees, whether full-time, part-time or seasonal, and may be allowed, at the discretion of the welfare board to temporary employees ona uniform basis, to the extent hereafter specified.

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(2) Duration. - Not less than one working day per month of service during the balance of the first calendar year of employment; not less than twelve working days annually thereafter; and not less than sixteen working days annually after twenty years of service. Working days, as used herein in relation to vacation leave, refers to days of the week excluding Saturday, Sunday, and holidays.

At the discretion of the county welfare board, administrative personnel of the grades Administrative Supervisor, Deputy Director, and Director, may, by resolution, be granted leave up to one calendar month for vacation. Seasonal or part-time employees, whether permanent or temporary, may be granted vacation leave, at the discretion of the county welfare board, pro-rated on the basis for full-time employees.

Annual vacation leave in excess of the minimums heretofore stated, but not in excess of 16 working days for employees of less than 20 years service, and one calendar month for employees of more than 20 years service, may be allowed at the discretion of the county welfare board by resolution so authorizing, provided, however, that such vacation allowance in excess of the required minimums shall not be in excess of vacation allowances granted by the Board of Chosen Freeholders of such county to other county employees of similar grades and positions.

(3) When to be taken. - Vacation leave must be taken during the current calendar year except that, at the discretion of the welfare board but with the consent of the employee, it may be accumulated and carried forward into the following calendar year and no longer.

(4) Vacation for veterans. - A returning veteran shall be entitled to full vacation time for the calendar year of return and for the year preceding, provid' the latter can be taken during the year of return.

(5) Computation. - Accumulated vacation leave shall be computed on the basis of the number of days actually earned.

(c) Leave Without Pay

(1) Reasons for granting. - Leave without pay may be granted, at the discretion of the welfare board, to a permanent employee for any reason considered good by the board, and to a temporary employee for reasons of personal hardship and marriage only. In all cases a letter of request from the employee setting forth the reasons why leave is desired and the dates for the commencing and terminating of the leave, shall be submitted to the county welfare board. No leave of absence without pay shall become effective without prior approval of the county welfare board or of the county director of welfare.

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(2) Length of Leave. - The maximum time limit for a period of authorized leave of absence without pay, or for the total of successively authorized periods of leave of absence without pay, is one year, for permanent employees. The maximum time limit for any one period of authorized leave of absence without pay for a temporary employee is fifteen days, and such leave may not be consecutively renewed or extended.

(3) Military leave Without Pay. - Any permanent employee who enters the military or naval service in time of war, including service in the United States Merchant Marine, W.A.C., Women's Reserve of the Naval Reserve, or similar organization, shall, upon his request, be granted leave of absence for the period of such service and three months thereafter. In case of service connected illness or wound, the employee is allowed three months after recovery to return to his position, up to a maximum of two years after discharge. All rights, privileges, and benefits formerly enjoyed and accrued during service are retained, except compensation.

(d) Leave Without Pay for Educational Purposes

(1) Leave of absence without pay shall be granted to permanent employees who are veterans desiring to further their education under the G I Bill of Rights or other Federal authorization providing educational opportunities for veterans. A veteran employee desiring leave for educational purposes shall request such leave in advance, specifying the institution which he is to attend, the date of matriculation, the course or courses to be taken, and the probable length of attendance.

(2) Leaves of absence to veterans for educational purposes as above shall be approved for the period of training up to one school year and such leaves shall be renewed on request until the veteran employee has completed his educational work under the G I Bill of Rights or other Federal authorization. If any veteran employee on leave hereunder is released from the institution whichhe is attending or discontinues such attendance for any reason, his authorized leave of absence will terminate automatically and he must return to duty within thirty days of such release therefrom or discontinuance of his educational work. Failure to return within such period will result in the loss of status and separation from the service.

(3) Leaves of absence for non-veterans for further educational training may be granted, at the discretion of the county welfare board, on the merits of the individual case in the same manner as any other leave of absence without pay, except that the limitation of one year otherwise applicable to leaves of absence without pay shall not apply to leaves of absence without pay for educational purposes.

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(e) Leave With Pay as Result of Disability

(1) Definition. - Leave with pay as result of disability refers to leave granted, with full pay or with part pay, to an employee who is disabled by injury incurred in the performance of his duty or by illness as a direct result of or arising out of his employment. Such leave is separate from and in addition to normal sick leave, and any leave with pay granted as a result of disability as thus defined shall not be charged against the employee's normal sick leave.

(2) Extent and Duration. - Leave of absence as a result of disability may be granted with full pay, with reduced pay, or with full pay for a certain period and reduced pay thereafter, but such leave is limited to a maximum of one year unless similar disability or injury in private industry would entitle the employee to compensation for a longer period under the Workmen's Compensation laws, in which case payments as provided under such laws may be paid.

(3) Fiscal Limitations. - All disability leave with pay or part pay granted under this section shall be contingent upon the availability of sufficient funds appropriated to the county welfare board which are legally useable for this purpose. Where disability leave with pay or with part pay is granted to an employee with respect to a certain period of absence, and the employee subsequently recovers an award under the Workmen's Compensation laws which includes pay or part pay with respect to the same period, restitution shall be required of the employee to the extent necessary to avoid duplication or augmentation of pay for the same period.

(4) Proof. - The county welfare board must satisfy itself by reasonable proof that the disability exists and must be prepared to furnish to the State division or to the Department of Civil Service such medical or other proof as they may require. Medical proof will be required in all cases of claims arising out of illness alleged to be a direct result ofor arising out of the employment.

(f) Special Leave With or Without Pay

(1) Military Conventions. - Accredited representatives of organizations listed below shall be given leaves of absence with pay to attend New Jersey State or National conventions of such organizations, including reasonable allowance for travel time:

United States Spanish American War Veterans
Disabled American Veterans of the World War
Veterans of Foreign Wars
Indian War Veterans
American Legion
Jewish War Veterans of the United States
Catholic War Veterans of the United States
Womens Overseas Service League
29th Division Association
Reserve Officers Association of the United States
American Veterans of World War II

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(2) Training Pay. - Leaves of absence with pay, in addition to regular vacation allowances, shall be granted to employees who are members of the National Guard, Naval Militia, or New Jersey Guard, while on field training or other duty ordered by the Governor. Employees who are members of the organized reserve of the Army of the United States, United States Naval Reserve, or Marine Corp Reserve, or affiliated organizations, shall be entitled to full pay while engaged in field training for a period of two weeks. Attendance at a service school, as part of the training program, will constitute field training. Whenever field training or attendance at a service school requires the participant to remain for a period longer than two weeks, he shall receive the difference between his county salary and his Federal base pay for a period of thirty days after the first two weeks' tour of duty. Whenever an employee is called to extended active duty, no additional leave with pay or part pay shall be granted except only the vacation leave to which he is normally entitled.

(3) Official Conventions, Conferences, etc. - Time, including reasonable travel time, required for attendance at conferences, conventions, meetings, training institutes, etc., officially arranged or sponsored by the Department of Institutions and Agencies, the Division of Old Age Assistance, or the county welfare boards, shall be considered as time on duty and no employee whose attendance is required or authorized shall suffer any loss of pay by reason of such attendance nor shall the time, including reasonable travel time, required for such attendance be counted as a period of absence.

(4) Other Conferences, Conventions, etc. - In the case of State, regional, or national conferences, conventions, or committee meetings of the organizations listed below, or similar professional organizations, leave of absence without pay shall be granted to any employee desiring to attend at his own expense, and leave of absence with pay may be granted, at the discretion of the Welfare Board, to all employees directed or authorized by the Board to attend. Period of authorized leave of absence with pay for such purpose shall in any event be not greater than the period of actual attendance plus reasonable travel time.

American Public Welfare Association
National Conference of Social Work
New Jersey Welfare Council
New Jersey Association of County Welfare Directors

(g) Holidays and Overtime

(1) Definition. - Holidays as referred to in this section include legal holidays as fixed by statutes, these being January 1, February 12, February 22, Good Friday, May 30,

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July 4, Labor Day, October 12, General Election Day, November 11, Thanksgiving Day, Christmas Day, and wherever any such day falls on a Sunday, the following day; religious holidays; additional holidays as established from time to time by gubernatorial proclamations; additional days which may be established from time to time by rule, proclamation, or order in a given locality as holidays for public employees in that locality.

(2) Effect. - No employee shall suffer any loss of pay by reason of absence from duty on any holiday as above defined.

(3) Overtime. - Overtime as referred to in this section means the officially required performance, by any permanent or temporary employee, of extra services entirely outside of the regularly prescribed hours of duty, and which services are independent of the regular routine duties of the employee so assigned.

(4) Compensatory Time Off. - When by reason of official business an employee is required to work on a holiday as above defined, or to work overtime as above defined, he is entitled to compensatory time off.

(5) Overtime Pay. - Whenever the allowance of compensatory time off is not possible or practicable by reason of shortage of available personnel or other operating conditions, then overtime pay in lieu thereof may be allowed, on the specific recommendation of the director of welfare and specific approval thereof by the Welfare Board, duly entered in its Minutes, provided that such overtime pay shall be at an hourly rate which shall not exceed one and one-half times the rate determined by dividing the employee's regular semi-monthly compensation by 87.

(h) Records

(1) Each county welfare board shall maintain, for each employee, an individual leave record showing all sick, vacation, military and other leaves of absence, with and without pay, accumulated by and granted to such employee, and all absences without leave taken by such employee.

(2) Such records shall be maintained at all times on a current basis, and shall be available at all times for examination and use by State and Federal auditors in verifying the accuracy of payroll records and in establishing that payroll disbursements have been in conformance with the leave regulations promulgated in this Supplement.

DEPARTMENT INSTITUTIONS AND AGENCIES

Approved: April 29, 1949
Sanford Bates, Commissioner

Marc P. Dowdell, Director
Bureau of Assistance

Revision Approved: July 19, 1950
Elmer V. Andrews, Deputy Commissioner
Director Division of Welfare

Ruling Series.
Supplement #1 to Ruling #21. Insert in Handbook under section "Rulings and Bulletins".

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Attach as amendment to Supplement 1, Ruling 21, Bureau of Assistance, Dept. Insts. and Agencies

STATE OF NEW JERSEY
DEPARTMENT OF CIVIL SERVICE
TRENTON

C.S. Circular
Number 18
Revised

April 11, 1951

LEAVE FOR MILITARY TRAINING AND EXTENDED ACTIVE DUTY WITH ARMED FORCES FOR STATE EMPLOYEES.

The Governor has given his approval to the following regulations which are hereby adopted by the Department of Civil Service for the encouragement and continued participation of State employees in our national security programs.

I. Military field training or attendance at service schools.

A. Any employee with permanent status, and any employee having temporary status with one year or more of continuous service, who is required to undergo military field training or attendance at service schools for a prescribed period (two weeks or less) during any fiscal year shall be granted leave of absence with pay.

B. Whenever such military field training or attendance at service schools requires the participant to remain for a period longer than the prescribed two weeks during any fiscal year, such employees shall receive the difference between their State pay and their military pay* for the remainder of such time, provided, however, that such additional time of training or service school attendance is not in excess of one calendar month during any fiscal year.

C. Should additional military field training or attendance at service schools in excess of that granted in A. and B. above be required in the same fiscal year, military leave without pay for such additional period shall be granted.

D. Unused vacation leave shall be granted and may be used before military leave without pay becomes effective.

NOTE: Any employee having temporary status with less than one year of continuous service shall be granted only earned and unused vacation leave and a leave of absence without pay.

II. Extended active military service.

A. Any employee with permanent status entering extended active military service with the armed forces shall be granted:

1. One month's extra salary in the form of military leave with pay.

2. Military leave without pay for the balance of his period of service.

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3. The members of the National Guard and Naval Militia shall receive the difference between their State pay and military pay*, in accordance with Revised Statutes 38:12-4 and 38:12-5.

4. Earned and unused vacation leave. Such leave may be used by the employee before military leave without pay becomes effective.

B. Any employee having temporary status with one year or more of continuous service who enters extended active military service with the armed forces:

1. Shall be granted one month's extra salary in the form of military leave with pay.

2. Shall be granted earned and unused vacation leave.

3. Shall not be granted leave of absence without pay and will be recorded as having "resigned."

NOTE: Any employee having temporary status with less than one year of continuous service, shall not be granted one month's extra salary in the form of military leave with pay, and shall not be granted a leave of absence without pay but shall be recorded as having "resigned." He shall, however, be granted earned and unused vacation leave.

* Military pay, as used in these regulations, means all the monies an officer or enlisted man or his dependents receive from the Federal treasury by reason of his military service, including base pay, longevity pay, flying or specialist's pay, and allowances received for commutation of quarters and subsistence.

It is suggested that county and municipal authorities conform to the above policy with respect to their employees.

Lester H. Clee
President

Distribution C

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State of New Jersey
Department Institutions and Agencies
Division of Old Age Assistance

RULING NO. 21 April 29, 1949

SUPPLEMENT NO. 2

## REGULATIONS GOVERNING MATCHABILITY OF EXPENDITURES FOR TRAVEL AND SUBSISTENCE

1. Employees of county welfare boards, and members of such boards, are entitled to compensation by way of reimbursement for actual costs of travel and subsistence incurred in the performance of their official duties. The exercise of discretion in allowing such compensation, and the establishment of limitations and procedures governing such allowances, are fundamentally the responsibility of the county welfare board.

2. Expenditures for travel and subsistence compensation, to or on behalf of employees and board members, will be approved for administrative matching, if the amounts and purposes of such expenditures and the procedures by which they are authorized and disbursed, are in conformity with the regulations of this Supplement, and if they are otherwise in conformity with the requirements of Ruling #12.

3. Expenditures for travel and subsistence compensation, to or on behalf of employees and board members, which are validly authorized and disbursed by the county welfare board but which are, as to amount, purpose, or procedure of authorization and disbursement, not in conformity with the regulations of this Supplement, shall be charged and accounted for as non-matchable administrative expenditures.

4. (a) Allowances for Private Automobile

(1) Allowances to board and staff members for necessary travel on official business in a privately-owned automobile operated by the person making the claim shall be at a mileage rate, to be established by the county welfare board, not exceeding 7¢ per mile, or on the basis of any alternative formula which is related objectively to the actual or approximate travel performed by the claimant.

(2) If a mileage rate is established, it shall apply equally to board members and staff members. Compensation based on a mileage rate may be further limited, at the discretion of the county welfare board, by a monthly or quarterly ceiling, but uniform compensation at a flat rate per month, per quarter, or in the case of board members per meeting, will not be matchable.

(3) Any formula alternative to a mileage rate, as referred to in 4 (a) (1), shall be submitted to the State Division for consideration and approval.

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(b) Allowances for Meals

(1) Allowances to board and staff members for meals purchased by them while on authorized travel outside the county shall be based on actual cost, but not in excess of $8.00 per diem.

(2) Allowances to staff members for "supper money", while on duty within the county, shall be made only when duties require work of an overtime nature extending the actual hours worked in such day to 9 or more.

(3) Direct expenditures by the welfare board to pay for the serving of meals at luncheon or dinner meetings of the board, staff, or committees thereof which are held for the actual conduct of business related to the administration of old age assistance, will be matchable; and allowances to board and staff members to compensate for meals individually paid for by them at such meetings will be matchable; but expenditures or allowances for dinners or functions arranged by the county welfare board, but not involving the actual conduct of business related to the administration of old age assistance, will not be matchable.

(c) Allowances for Lodging

(1) Allowances to board and staff members for lodging shall be made only when the claimant is on authorized overnight travel outside the county, which travel, except in the case of unforeseen emergencies, shall have been authorized in advance by the county welfare board and so recorded in its official minutes. Emergency authorization shall be given by the Director of Welfare.

(2) Allowances for lodging shall be based on actual cost, as established by receipted bills to be attached to the claim voucher but not in excess of $6.00 per diem.

(d) Allowances for Transportation

(1) Allowances to board and staff members for transportation shall be based on actual cost. Transportation as used in this section refers to all necessary official travel on railroads, air lines, boats, street cars, busses, taxicabs, and other usual means of conveyance, other than transportation in a private automobile as referred to in 4 (a).

(2) Allowances for transportation under this section, if related to travel outside the State, shall be made only when such travel outside the State, except in the case of unforeseen emergencies, shall have been authorized in advance by the county welfare board and so recorded in its official minutes. Emergency authorization shall be given by the Director of Welfare.

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(e) Allowances for Incidental Expenses

(1) Allowances to board and staff members for other expenses incidental to travel, or incidental to conduct of official business outside the office, such as registration fees, baggage charges, garage expense, essential telephone and telegraph charges, etc., shall be based on actual cost, subject however to the limitation that only those expenses shall be recognized which are usual and essential to the ordinary comforts of a traveler, or reasonably necessary to the conduct of official business.

(2) Allowances for incidental expenses shall be supported by an itemized identification by the claimant.

(f) Conventions, Conferences, etc.

(1) Allowances for travel and subsistence in connection with attendance at conferences, conventions, committee meetings, training institutes, etc., may be made only if the time required for such attendance is permissible under section 4(f) (3) or 4(f) (4) of Supplement #1 of this Ruling.

(2) If attendance at conferences, conventions, etc., involves time and expense extending over more than one calendar day, such attendance, except in the case of unforeseen emergencies shall have been authorized in advance by the county welfare board and so recorded in its official minutes. Emergency authorization shall be given by the Director of Welfare.

(g) Vouchers

(1) All claims by board and staff members for the reimbursement of travel and subsistence expenses shall be submitted on the regular form of administrative expense voucher established by the county welfare board concerned, but such voucher shall be itemized.

(2) Travel and subsistence expense vouchers shall be supported by attaching thereto all receipts, bills, or other evidences of specific items of expenditure, which it is practicable under the circumstances for the claimant to obtain.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Approved: April 29, 1949
Sanford Bates, Commissioner

Ruling Series.
Supplement #2 to Ruling #21. Insert in Handbook under section "Rulings and Bulletins".

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

BUREAU OF ASSISTANCE

REGULATION #_____
Ruling #22

ISSUED: May 1, 1950
(Date)

REV.: _____
(Date)

Supplement #1, 6/20/51 (Rev.)
Supplement #2, 8/23/51 (Rev.)

TITLE: Welfare Board Minutes

SUBJECT: _____

STATUTORY REFERENCE: R.S. 44:7-11
R.S. 44:7-23

Irving Engelman, Chief
Bureau of Assistance

Approved:

By: _____

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State of New Jersey
Department Institutions and Agencies
Division of Old Age Assistance

May 1, 1950

RULING NO. 22

# WELFARE BOARD MINUTES

Maintenance of Official Minutes Required.

1. Each county welfare board shall maintain formal Minutes of the proceedings of all regular and special meetings.

Legal and Administrative Significance of Minutes.

2. The maintenance of Minutes is legally and administratively essential to:

(a) serve as the official and permanent record of all action duly authorized by the Board and of all policy decisions, whether of general or special nature, established by the Board for the governing of staff operations;

(b) establish the validity of executive acts of the Director and ministerial acts of staff members in carrying out the Board's authorizations and policies;

(c) provide an official medium for monthly reporting to the State Division of those transactions on individual cases which are necessary for the Division to accomplish the audit and approval of monthly fiscal settlements and requisitions for advances of state and federal funds for assistance payments.

Responsibility for Preparation of Minutes.

3. Section 44:7-11, R.S. provides that the director of welfare "shall be the clerk of the county welfare board". This is interpreted to mean that

(a) the director of welfare is legally charged with the responsibility of preparing and maintaining the Minutes, or directing and supervising their preparation and maintenance; and

(b) the official character and correctness of the Minutes is attested by the signature of the director of welfare.

General Requirements for Content of Minutes.

4. Subject to the specific requirements established in this Ruling, the Minutes shall be prepared in whatever style and form the director of welfare, with the approval of the Board, shall determine; but they shall be so prepared as to include at least the following general categories of matters and information:

(a) time and place of meeting;

(b) roll call - identification of members and other persons in attendance and the establishment of a legal quorum;

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(c) action on previous Minutes - approval or correction of Minutes of the previous meeting;

(d) disposition of applications - record of official determinations by the Board on all applications presented for consideration, including new applications, reapplications, reopened and transferred cases;

(e) disposition of current cases - record of official determinations by the Board on all current cases presented for consideration, including continuance authorizations, changes in amount of grant, closings, and burial allowances;

(f) statistical reports - record of any regular or special statistical tables or analyses submitted for the Board's information and study by the director of welfare on his initiative or at the Board's request;

(g) financial reports - record in summary form of receipts, disbursements, and net final balances during the preceding month, for the Assistance, Administrative, Clearing and Trust Accounts, respectively; and record of any other regular or special fiscal tables or analyses submitted for the Board's information and study by the director of welfare on his initiative or at the Board's request;

(h) fund requisitions - authorizations for the secretary-treasurer to requisition from state and county treasurers specified amounts of funds for assistance and administration;

(i) administrative, clearing, and trust account disbursements - approvals and authorizations for payment of itemized administrative bills, and approvals and authorizations for payment of itemized disbursements from clearing and trust accounts;

(j) asset and recovery transactions - record of transactions authorized, and intermediate decisions and instructions for executive guidance developed by the Board, in matters affecting assigned assets and claims for recovery;

(k) personnel transactions - record of all personnel actions accomplished, proposed, or discussed, including appointments, leaves, separations, suspensions, promotions, salary changes, reclassifications, reassignments, etc;

(l) special statutory determinations - record of all determinations in individual cases for which the statute requires special review or hearing by the Board, including authorizations for assistance to cover special nursing care (Ruling #18), authorizations for assistance to

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persons not residing in New Jersey (Ruling #5), authorizations for restricted payments (Ruling #9), and authorizations for waiving spouse's signature on reimbursement agreement (Ruling #10);

(m) communications - record of the receipt and disposition (where appropriate) by the Board of all communications addressed officially to the Board or otherwise requiring Board attention, including published material and specially-directed communications from the Division;

(n) policy determinations - record of discussions and decisions on all matters of general or special policy brought up for consideration by the Board;

(o) adjournment.

Requirement for Specified Transaction Schedules.

5. In order to facilitate the Division's use of the Minutes for the purpose stated in section 2(c) above, and to expedite the processing of monthly fiscal settlements and requisitions, certain designated transactions shall be made a part of the Minutes in schedule form as specified and described below. The required Schedules shall be:

| | |
|---|---|
| Schedule I: | Disposition of Pending Applications. |
| Schedule II: | Record of Cases Closed. |
| Schedule III: | Changes in Amount of Grant. |
| Schedule IV: | Grants Formally Continued Without Change. |
| Schedule V: | Burial and Funeral Claims. |
| Schedule VI: | Cancellations and Credits to Assistance. |
| Schedule VII: | Reimbursements. |
| Schedule VIII: | Special Statutory Determinations. |
| Schedule IX: | Transactions Subsequent to Board Meeting. |
| Schedule X: | Pre-Control of Assistance Payments Total. |

Preparation of Transaction Schedules

6. No special printed forms are required for the preparation of the transaction schedules. Where the number of items permits, two or more schedules may be entered on a single page, provided each schedule is identified by number and title. Each schedule shall, however, be prepared in conformity with the appropriate sample schedule which is attached and in compliance with the instructions appearing on such sample. All the schedules except IX and X may be prepared, if desired, in advance of the Board meeting, and then corrected, if necessary, following the Board meeting. When so used, the schedules will serve

(a) as a prepared agenda, in part, for the meeting, and

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(b) when corrected, as an integral part of the Minutes, satisfying the requirements of sections 4(d), 4(e), 4(j) in part, and 4(l) of this Ruling, and eliminating in whole or in part any need for additional narrative entries in the Minutes on the matters so covered.

Transmittal of Minutes to Division

7. A copy of the Minutes of each regular and special meeting of the county welfare board, prepared in the manner provided in this Ruling, shall be transmitted to the State Division on or before the fifth working day of the month following that in which the meeting was held.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Ruling Series.
No. 22 - Insert in Handbook under section "Rulings and Bulletins". Destroy Bulletin No. 11 issued July 3, 1940.

SCHEDULE I

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DISPOSITION OF PENDING APPLICATIONS

---

SPECIAL INSTRUCTIONS

Cases are to be listed in the appropriate section of this Schedule if

the application was pending at the end of the previous month, or
the application was first received this month
and
the application was officially disposed of by the Board this month.

In cases in which temporary payment was made this month before Board meeting, and later a regular grant approved by the Board, the total of both payments will be entered in the "Amount" column.

In cases in which a regular grant was first approved by the Board this month, and later an additional temporary payment was made after Board meeting, only the regular payment will appear in the "Amount" column, and the additional payment will be reflected in Schedule IX, Section C.

The cases listed in each section should be in numerical order but within each section the arrangement of cases may, at the discretion of the county, be by blocks according to type of disposition, e.g., all "approved" cases, and all "denied", "withdrawn", and "dismissed" cases respectively blocked together. In that event, "Disposition" can be eliminated as a separate column, and the kind of disposition can be shown by block heading, or in the column "Amount or Reason".

The column "Previous Number" will have no applicability in Section A. In all other sections it should be used for all cases in which the applicant had a previous case number in another county. This will apply, of course, to all cases in Section D.

The column "Disposition" should have only one of four possible entries: approved, denied, withdrawn, or dismissed.

"approved" means that the individual was found eligible for assistance and a grant was approved with payment to begin this month (in which event the amount is entered in the "Amount" column), or a grant was approved to begin at a deferred date not in this month (in which event zero amount is entered in the "Amount" column). Note X-7715.

"denied" means that the individual was found ineligible for assistance for stated cause. The cause should be entered in the "Reason" column, and should be stated as one of the causes listed in Section D of Form OA-8. This may be done either by a clear abbreviation of the narrative cause as stated on Form OA-8, or by using the code number for the cause as it appears on that Form, or both.

"withdrawn" means that at any time before Board action the individual voluntarily requested, either orally or in writing, that no further action be taken on his application.

"dismissed" means that, in the absence of a voluntary withdrawal, further action on the application is terminated for other cause as for example, when the individual dies or cannot be located.

Additional columns may be used, at the discretion of the county, to show address, worker, amounts or codes needed for local controls, or similar brief identifying data useful for local purposes.

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Ecks County Welfare Board Month of January 1950

SCHEDULE 1

DISPOSITION OF PENDING APPLICATIONS

The following pending applications were presented for consideration by the Board, and dispositions voted as listed:

| Case Number | Previous Number | Name | Disposition | Amount or Reason |
|---|---|---|---|---|
| Section A: New Applications: Total Number 6 | | | | |
| X-7699 | | Hannah Gibbs | Approved | $25.50 |
| X-7700 | | Austin F. Connon | Denied | Age requirement |
| X-7703 | | Willis Packard | Withdrawn | Client's request |
| X-7705 | | William Baker | Approved | $49.00 |
| X-7706 | | Mary E. Field | Denied | No need |
| X-7715 | | Rachel Stoss | Approved | $00.00 |
| Section B: Reapplications: Total Number 4 | | | | |
| X-3940 | Q-325 | Marie C. Davies | Denied | Disposed of assets |
| X-4713 | | Edward R. Lyons | Approved | $51.25 |
| X-7219 | | Kate E. Hart | Approved | 44.75 |
| X-7447 | | Clark Steward | Dismissed | Died before decision |
| Section C: Reopened Applications: Total Number 3 | | | | |
| X-5205 | | Josephine Baker | Approved | $31.25 |
| X-5614 | D-4801 | Harold Bishoff | Denied | Institutional Care |
| X-6117 | | Eliz. C. Allen | Withdrawn | Client's request |
| Section D: Transferred In: Total Number 2 | | | | |
| X-7701 | G-908 | Spencer C. Lane | Approved | $37.50 |
| X-7702 | Q-510 | Elmer Corson | Approved | 46.75 |

Section E: Summary: Total Dispositions 15

Approved 8* . . . . . $286.00

Denied 4**

Withdrawn and Dismissed 3***

* This number, added to number of new temporary grants on Schedule IX, should agree with Form OA-8, item 4.

** Should agree with Form OA-8, item 5.

*** Should agree with Form OA-8, item 6.

See Special Instructions on next page for this form.

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Ecks County Welfare Board — Month of January, 1950

## SCHEDULE II

The following current cases were ordered closed by the Board for the reasons indicated:

| | Case Number | Name | Amount Of Last Billing | Month of Last Payment Recd. | Remarks |
|---|---|---|---|---|---|
| Section A: | Deaths: | Total Number 4 | | | |
| | X-5195 | Charles E. Young | $41.00 | Nov. '49 | Died 12-16-49 |
| | X-5964 | Thomas Naylor | 62.75 | Nov. '49 | Died 12-19-49 |
| | X-6209 | Marie Marks | 135.50 | Dec. '49 | Died 1- 6-50 |
| | X-7690 | Anna Hutton | 68.75 | None | Died 12-29-49 |
| Section B: | Transferred Out: | Total Number 1 | | | |
| | X-5604 | Robert A. Derry | 25.50 | Dec. '49 | Trfd. to D-1920 |
| Section C: | Other Reasons: | Total Number 2 | | | |
| | X-5806 | Albert Schloer | 41.00 | Oct. '49 | Employed |
| | X-6107 | Clara E. Allen | 93.00 | Dec. '49 | Pub. Institution |

Section D: Summary

Total Closings 7* Amount $467.50

Transferred Out 1*

Death and Other Reasons 6*

* These numbers, added to the related number of administrative closings on Schedule IX, should agree with Form OA-8, items 29, 29a, and 29b, respectively.

### SPECIAL INSTRUCTIONS

Cases are to be listed in the appropriate section of this Schedule if

the individual was listed for payment for the previous month, or
the individual was carried as "active without payment" for the previous month and
the individual is found to be, presently and for an indeterminate period ahead, ineligible for further assistance payments.

Cases in which a formal closing was accomplished this month by administrative action of the Director of Welfare after Board meeting, should not be listed in this Schedule, but will appear in Schedule IX, Section A.

The cases listed in each section should be in numerical order, double-spaced.

In the column "Month of Last Payment Rec'd" the entry should be the last month for which the individual actually received a check that was cashed, rather than the last month for which the individual was listed for payment.

In Section C, the specific reason for the finding of loss of eligibility should be entered in the Column "Remarks". The reason should be stated as one of the causes listed on Form OA-13. This may be done either by a clear abbreviation of the narrative cause, or by using the code number for the cause as it appears on that Form, or both.

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Ecks County Welfare Board — Month of January, 1950

SCHEDULE III

CHANGES IN AMOUNT OF GRANT

---

The following current cases were ordered by the Board to be changed in amount of grant as indicated:

| Case Number | Surname | From | To | Case Number | Surname | From | To |
|---|---|---|---|---|---|---|---|
| X-3999 | Farler | $74.75 | $89.75 | X-4214 | Vansant | $49.50 | $44.50 |
| X-4004 | Buechell | 32.25 | 40.00 | X-4278 | Murphy | 45.75 | 56.00 |
| X-4008* | McCloe | 66.00 | 63.00 | X-4291 | Hays | 58.00 | 88.00 |
| X-4056* | Brothers | 55.00 | 51.75 | X-4293* | Lyons | 72.25 | 63.25 |
| X-4134 | Voorhees | 39.50 | 46.50 | X-4337 | Steiner | 52.25 | 52.25 |
| X-4201 | Harris | 38.00 | 38.00 | X-4881 | Gross | 19.00 | 21.00 |
| X-4205 | Poker | 30.00 | 00.00 | X-7691 | Brewer | 49.50 | 24.00 |
| X-4209 | Bridge | 00.00 | 30.00 | X-7693 | Leedom | 18.25 | 12.00 |
| Total this column this page | | $335.50 | $359.00 | Total this column this page | | $364.50 | $361.00 |

SPECIAL INSTRUCTIONS

Cases are to be listed in numerical order, two columns, double-spaced, twenty-five cases in each column, unless the county desires space for the entry of additional data useful for local purposes such as address, district worker, reason for change, or other amounts or codes needed for local controls. In the latter event, a single-column listing may be used, to consist of twenty-five, or any other fixed number of cases on a page, provided the number of cases per page is indicated.

Cases presented to the Board this month for formal continuance of assistance, with a change in grant, are to be included in this listing, but indicated by an asterisk (*) following the case number. Note X-4008, X-4056, and X-4293.

Cases presented to the Board for a decrease from the preceding month, plus an increase of exactly the same amount for the current month, resulting in no change in net payment, are to be included in this listing. Note X-4201 and X-4337.

Cases presented to the Board for change from payment status to "active without payment" status, and vice versa, are to be included in this listing. Note X-4205 and X-4209.

All changes in amount of grant, including adjustments of nursing home cases, are to be listed in this schedule.

The money-column totals at the foot of each page should be added to reflect grand totals on the final page of the Schedule, or may be carried forward cumulatively.

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Bucks County Welfare Board — Month of January 1950

SCHEDULE IV

GRANTS FORMALLY CONTINUED WITHOUT CHANGE

The following current cases were presented to the Board, after reinvestigation with formal recommendation for continuance of assistance, and were voted to be continued without change:

| Number | Surname | Amount | Number | Surname | Amount |
|---|---|---|---|---|---|
| X-680 | Cooper | $37.25 | X-4673 | Reid | $36.00 |
| X-1809 | Bair | 67.25 | X-4714 | Nemme | 41.50 |
| X-2884 | Brown | 57.75 | X-4822 | McCue | 29.50 |
| X-3111 | Terry | 41.25 | X-4950 | Lany | 60.50 |
| X-3773 | Westhall | 47.50 | X-5926 | Gravatt | 32.25 |

Summary of Continuances Approved:

Number of continuances included in Schedule III (marked *)..... 3

Number of continuances in this Schedule..... 10

Total continuances this month..... 13

SPECIAL INSTRUCTIONS

Cases are to be listed in numerical order, two columns, single-spaced, forty cases in each column.

Additional columns may be used, at the discretion of the county to show address, district, worker, or other amounts or codes needed for local controls.

Only cases which have been fully reinvestigated, and which are recommended for continuance with no change in budget allowances or in net amount of grant are to be listed in this schedule.

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Bucks County Welfare Board — Month of January, 1950

SCHEDULE V

BURIAL AND FUNERAL CLAIMS

The following burial and funeral claims were presented for consideration by the Board, and allowances voted as indicated:

| Case Number | Surname | Total Claim | Allowance by Board From Clearing | Allowance by Board From Assistance | Remarks |
|---|---|---|---|---|---|
| X-5195 | Young | $200.00 | $125.00 | $75.00 | Insurance |
| X-5964 | Naylor | 200.00 | - | 200.00 | - |
| X-7690 | Hutton | 250.00 | - | - | Family Resp. |
| X-7698 | Kone | 130.00 | 130.00 | - | Death Benefit |
| | Totals | $780.00 | $255.00 | $275.00 | |

SPECIAL INSTRUCTIONS

All funeral claims officially presented to the Board are to be listed in this Schedule, regardless of whether or not any allowance from public funds is contemplated and regardless of whether or not any payment from funds available to the Board is approved.

The amount to be entered in the column "Total Claim" is the full amount of the funeral director's bill, rather than the net amount which the Board is requested to pay. Therefore in some cases the total of allowances will not equal the amount of the claim, and in some cases there may be a complete disallowance of the claim. Such matters are explained in the "Remarks" column. Note X-7690.

The entries in the "Remarks" column may be abbreviated, but should be sufficient to indicate the source of funds allowed to be paid from the Clearing Account, and to account for any difference between the total of approved allowances and the amount of the total claim submitted.

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Bcks County Welfare Board — Month of January 1950

# SCHEDULE VI

## CANCELLATIONS AND CREDITS TO ASSISTANCE

The following cancellations and credits to assistance payments, for entry on Form OA-6 or OA-6A for January, were directed by the Board:

Section A: Assistance Checks Cancelled.

| Case Number | Surname | Months or Amount | Remarks |
|---|---|---|---|
| X-1846 | Dee | Nov. & Dec. | Hospitalized |
| X-1921 | Brown | December | Not needed |
| X-5195 | Young | December | Died 12-16-49 |
| X-5806 | Schloer | Oct.-Dec.,incl. | Employed |
| X-5964 | Naylor | December | Died 12-19-49 |
| X-7690 | Hutton | December | Died 12-29-49 |
| X-7697 | Young | December | Burial payment revoked. |

Section B: Cash Credits to Assistance Payments.

| | | | |
|---|---|---|---|
| X-6209 | Marks | $72.00 | Nursing home refund |
| X-7690 | Hutton | 15.95 | Decedent's cash |
| X-7692 | Jones | 120.00 | OASI burial refund |

SPECIAL INSTRUCTIONS

In Section A, the entry of amounts of the checks cancelled is not essential for use of the Schedule by the State Division, but such entry may be made, if desired by the county, in an additional column.

In Section B, the entry of months to which the cash credit will apply is not essential for use of the Schedule by the State Division, but such entry may be made, if desired by the county, in an additional column.

Under certain circumstances, the same case may appear in both Section A and Section B. Note X-7690.

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Ecks County Welfare Board — Month of January, 1950

SCHEDULE VII

REIMBURSEMENTS

The following net reimbursements were approved for acceptance by the Board and directed to be entered for distribution on Form OA-12 for January:

| Case Number | Surname | Amount | Remarks |
|---|---|---|---|
| X-71 | Morris | $182.00 | Balance insurance |
| X-910 | Munro | 918.00 | Balance property |
| X-1440 | Krammar | 500.00 | Inheritance |
| X-4114 | Scott | 318.50 | Accident Recovery |
| X-5107 | Servis | 201.18 | Securities |

SPECIAL INSTRUCTIONS

The "Remarks" column may be used, if desired by the county, for a more detailed statement of the total transaction from which the net reimbursement results, where this will serve to eliminate duplicate narrative recording in the main body of the Minutes. However, the entries in the "Remarks" column of this Schedule will not always be a complete substitute for detailed narrative recording in the main body of the Minutes, particularly where the net reimbursement is merely the end result of an involved series of receipt and disbursement transactions, or of a negotiated series of settlements, etc., the full details of which were reported to and discussed by the Board. All such detailed reporting and discussion should be recorded by narrative elsewhere in the Minutes, in compliance with section 4(j) of the Ruling.

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Ecks County Welfare Board Month of January, 1950

SCHEDULE VIII

SPECIAL STATUTORY DETERMINATIONS

The following matters being brought before the Board for special review as required by statute, and the Director reporting to the Board that an investigation of the relevant facts and circumstances was made and representing to the Board that the determinations hereinafter stated are in conformity with statutory requirements and the regulations of the State Division, the Board, accepting and approving the reports and recommendations of the Director, voted the following determinations:

| Case Number | Surname | Ruling Reference | Determination | Schedule Reference |
|---|---|---|---|---|
| X-4278 | Murphy | 5 | Continuance of assistance while in Pennsylvania approved. | III |
| X-4205 | Poker | 5 | Continuance of assistance while in Florida disapproved. Grant suspended but not closed pending further report. | III |
| X-3773 | Westhall | 9 | Restricted payment for total grant, pursuant to plan reported by Director. | IV |
| X-4987 | Scoles | 9 | Restricted payment for $45 only of each monthly payment, pursuant to plan reported by Director. | - |
| X-7699 | Gibbs | 10 | Waiver of spouse's joinder on OA-10 authorized. | I |
| X-4713 | Lyons | 18 | Special nursing status approved. | I |
| X-4291 | Hays | 18 | Special nursing status approved. | III |

SPECIAL INSTRUCTIONS

All cases in which the Board was called upon to make special determinations pursuant to Rulings 5, 9, 10 and 18, are to be reported in this Schedule.

No special order of listing is required, but all matters relating to any one of the specified Rulings shall be grouped together.

In most instances cases listed in this Schedule will also appear in some other Schedule. This should be indicated in the column "Schedule Reference".

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Ecks County Welfare Board — Month of January, 1950

SCHEDULE IX

TRANSACTIONS SUBSEQUENT TO BOARD MEETING

The following transactions were accomplished by direction and authority of the director of welfare subsequent to the Board meeting for January, subject to report and ratification by the Board at the meeting for February:

Section A: Administrative Closings: Total Number 2

| Case Number | Name | Am't. of Last Billing | Month of Last Payment Recd. | Reason for Closing |
|---|---|---|---|---|
| X-752 | Jean Beaucoup | $25.00 | Dec. '49 | Died 1-15-50 |
| X-910 | Ida Clare | 52.50 | Dec. '49 | Trfd. to Q-5010 |

Section B: Temporary Grants (New or Reinstated Grants): Total Number 3

| Case Number | Previous Number | Name | Amount | Date of Payment | Class |
|---|---|---|---|---|---|
| X-4215 | | Ed. R. Moore | $28.25 | 1-24-50 | Reap. |
| X-7713 | | John Doaks | 33.00 | 1-29-50 | New |
| X-7714 | D-5000 | Jane Brick | 30.00 | 1-26-50 | Trfd. In. |
| | | Total Amount | $91.25 | | |

Section C: Temporary Changes in Grant

| Case Number | Surname | From | To | Net Increase | Net Decrease |
|---|---|---|---|---|---|
| X-402 | Walker | $61.00 | $105.00 | $44.00 | - |

Section D: Other Administrative Adjustments in Grants

/Enter in this section, using the same columnar headings as Section C, all necessary corrections of Board action previously entered incorrectly, or any other changes or adjustments subsequent to Board action which require immediate attention. All entries in this section should be kept to a minimum. Footnote or marginal comment should be used to explain transactions not otherwise self-explanatory./

Summary, Sections C and D: Net Amount of Increase $44.00 or Decrease _____.

SPECIAL INSTRUCTIONS

This Schedule will be prepared at the close of the month's business, and a copy will be transmitted to the State Division as an annex to the official Minutes for that month. Another copy will be retained for formal presentation to the Board at the succeeding month's meeting, as a report of accomplished transactions to be ratified or otherwise dealt with in the discretion of the Board. The Minutes for the succeeding month will include a narrative entry establishing that Schedule IX for the preceding month was reported and showing the Board's disposition thereof.

Any case appearing in Section A of this Schedule should not thereafter appear in Schedule II of the following month.

Any case appearing in Section B of this Schedule should not thereafter appear in Schedule I of the following month, but may appear in Schedule II or III for the following month, whichever is appropriate.

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Ecks County Welfare Board — Month of January, 1950

SCHEDULE X

PRE-CONTROL OFASSISTANCE PAYMENTS TOTAL

| | | Number of Active Cases | Amount of Assistance |
|---|---|---|---|
| A. | Total gross assistance cost previous month | 1415* | $70,750.00 |
| B. | Deductions | | |
| (a) | Cases closed - Schedule II | 7 | 467.50 |
| (b) | Administrative closings - Schedule IX | 2 | 77.50 |
| (c) | Net change Schedule III (if net decrease) | - | - |
| (d) | Net change Schedule IX, Sections B and C (if net decrease) | - | - |
| (e) | Others (explain) | - | - |
| | Total Deductions | 9 | 545.00 |
| C. | Sub-Totals | 1406 | 70,205.00 |
| D. | Additions | | |
| (a) | New cases approved - Schedule I | 8 | 286.00 |
| (b) | Emergency grants - Schedule IX, Section A | 3 | 91.25 |
| (c) | Net change Schedule III (if net increase) | - | 20.00 |
| (d) | Net change Schedule IX, Sections B and C (if net increase) | - | 44.00 |
| (e) | Others (explain) | - | - |
| | Total Additions | 11 | 441.25 |
| E. | Total gross assistance cost this month | 1417** | 70,646.25 |

* Should agree with Form OA-8, item 26.
** Should agree with Form OA-8, item 30.

SPECIAL INSTRUCTIONS

The entries and computations on this Schedule relate to gross assistance payments, exclusive of burial payments from assistance funds, and without adjustment for credits, refunds, or recoveries.

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

Revised June 20, 1951

SUPPLEMENT NO. 1 TO RULING NO. 22

In order to establish a uniform procedure covering minute and statistical reporting of applications which may be disposed of (from the pending case load) and of cases which may be closed (from the active case load) by administrative decision, the following instructions will apply.

The director of welfare is hereby authorized to make administrative disposition of applications which are to be submitted with a report of withdrawal or a recommendation for dismissal.

The director of welfare may also be authorized and empowered (by resolution of the county welfare board stated in the Minutes) to make administrative disposition of pending applications which are to be submitted with a recommendation for denial, and of active cases which are to be submitted with a recommendation for closing.

All administrative dispositions will be reported as decisions for the month in which such administrative determination is made, even though the disposition may not be formally submitted to the board until the following month.

The reporting of such administrative dispositions to the State office and to the board will be accomplished by entering such items on Schedule IX. Administrative closings will be entered in Section A of Schedule IX. Administrative denials and dismissals, and withdrawals, will be entered in an additional section of this Schedule to be identified as Section E "Administrative Denials and Dismissals and Withdrawals".

(In the event the Welfare Board, upon considering the items entered in Section A or E of Schedule IX for the preceding month, should disapprove or alter any such administrative disposition, a new Form OA-7 and related registration procedures will have to be prepared for the application so affected, in order that the case may be re-entered in the statistical count as a pending application.)

Section E of Schedule IX should report the case number, name, type of disposition and date, and the reason application was not approved. The total of all applications denied, as reported both in Schedule I and in Section E of Schedule IX, should be accounted for, by type of application, on line five of Form OA-8. The total of all applications withdrawn, as reported both in Schedule I and in Section E of Schedule IX, should be accounted for, by type of application, on line six of Form OA-8. The total of all applications dismissed, as reported both in Schedule I and Section E of Schedule IX, should be accounted for, by type of application, on line seven of Form OA-8. All applications disposed of both by board decision and by administrative decision, as reported on

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lines five, six and seven of Form OA-8 should be accounted for in Section C of Form OA-8, by classified reason application was not approved.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

Approved:
Elmer V. Andrews, Deputy Commissioner
Director Division of Welfare

Ruling Series.
Supplement No. 1 to Ruling #22. Insert in Handbook under section "Rulings and Bulletins". Destroy Supplement No. 1 to Ruling #22 issued March 6, 1951.

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

August 23, 1951

## SUPPLEMENT NO. 2 (TEMPORARY) TO RULING NO. 22

In order to provide uniformity in Minute recording covering Welfare Board transactions the following instructions are issued:

Effective August 1951 welfare board Minutes shall include separate series of Schedules I to Schedule X for the Old Age Assistance Program and for the Disability Assistance Program respectively. General Instructions as set forth in Ruling No. 22 will apply to both sets of Schedules.

Schedule VII for the Old Age Assistance transactions is titled, "Reimbursements". Schedule VII for Disability Assistance transactions shall be titled, "Recoveries".

For convenience in use of the Minutes at the State and County offices, Minutes shall be assembled in the following sections (each of such sections, if of more than one page, to be stapled separately):

1. Minute recordings as presented in narrative form, statistical reports, financial reports, asset and recovery transactions reported to the Board, personnel transactions, communications, policy determinations, special reports, etc. (order of these items within the section immaterial ).

2. Schedule I to Schedule X covering Old Age Assistance transactions.

3. Schedule I to Schedule X covering Disability Assistance transactions.

4. Schedules relating to programs or activities of the Board other than Old Age and Disability Assistance.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

Ruling Series:
Supplement No. 2 (Temporary) to Ruling No. 22. Insert in Handbook under section "Rulings and Bulletins"

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

BUREAU OF ASSISTANCE

REGULATION #_____
Ruling #24

ISSUED: _____
(Date)

REV.: June 20, 1951
(Date)

TITLE: Notice of Agency Decisions

SUBJECT: _____

STATUTORY REFERENCE: R.S. 44:7-18

Irving Engelman, Chief
Bureau of Assistance

Approved:

By: _____

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

Revised June 20, 1951

RULING NO. 24

NOTICE OF AGENCY DECISIONS

Citation of Law

1. Section 18 of Title 44, Chapter 7, R.S., provides that "when the county welfare board receives an application for old age (or disability) assistance, an investigation and record shall promptly be made of the circumstances of the applicant.....When immediate need is apparent and the evidence of eligibility immediately available is satisfactory to the director of welfare, he may issue a temporary grant of old age (or disability) assistance pending completion of such investigation. Upon the completion of such investigation the county welfare board shall decide whether the applicant is eligible for and should receive old age (or disability) assistance under this chapter, the amount of assistance, the manner of paying it, and the date on which the assistance shall begin. It shall notify the applicant of its decision in writing."

Interpretation

2. For administrative purposes this is interpreted to mean that each applicant and recipient (except, however, any individual who has died or cannot be located) shall receive written notice of every agency decision which relates to his eligibility, or the disposition of his application, or a change in the amount of his assistance payment. The term agency decision includes any decision made by executive authority of the director of welfare, as well as any decision made initially by the board itself, or any change made by formal action of the board with respect to a previous executive decision.

In addition, any applicant who voluntarily withdraws his application shall receive written confirmation that his request for withdrawal has been officially recognized by the agency.

Purpose of Ruling

3. This ruling, issued pursuant to the cited statutory provision and administrative interpretation, is intended to:

a. prescribe the minimum content for all such written notifications; and

b. establish rules relative to the transmittal of such notifications.

Basic Information

4. All written notifications of agency decisions shall state in clear, simple language the following basic information:

a. the date of the decision;
b. the nature of the decision;
c. the reason for the decision;

Additional Information

5. Since agency decisions vary with the type of situation under consideration, additional explanatory information which contains the elements listed below shall be provided as a minimum:

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Approved Applications - Initial Temporary Grant

a. Approved Applications - Initial Payment by Temporary Grant
Notification to applicants who are determined to be eligible and to whom initial payment is being issued immediately shall include the following:

(1) a statement of the agency's determinations as to eligibility and amount of assistance,

(2) an explanation of the amount of assistance, the manner of payment, and the period for which the temporary payment(s) is (are) planned to meet the individual's requirements.

(3) a statement that:

(a) changes in the individual's finances or other circumstances will require a reconsideration of his eligibility, and
(b) his assistance may be affected accordingly.

(4) a statement that the individual will receive notification of any decision affecting his eligibility or amount of assistance.

Approved Applications - Initial Payment Deferred

b. Approved Applications - Initial Payment Deferred
Notification to applicants who are determined to be eligible but for whom initial payment is not to be issued until a later date shall include the following:

(1) a statement of the agency's determinations as to eligibility and amount of assistance,

(2) an explanation of the amount of assistance, the manner of payment, the approximate date of the initial payment, and the reason for deferring initial payment to such date,

(3) a statement that:

(a) changes in the individual's finances or other circumstances will require a reconsideration of his eligibility, and
(b) his assistance may be affected accordingly.

(4) a statement that the individual will receive notification of any decision affecting his eligibility or amount of assistance.

Approved Transfers

c. Approved Applications - Inter-county Transfers
Notification to individuals whose applications have been approved as transfers from other counties in New Jersey shall include the following:

(1) a statement that the individual has been found to be a resident of this county for purposes of assistance, and

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c. (2) therefore, future determinations of eligibility and future payments of assistance will be made by this county welfare board rather than by the welfare board of the county of previous residence.

Denials

d. Denials

Notifications to individuals whose applications have been denied shall include the following:

(1) a statement of the explicit reason for ineligibility,

(2) advice concerning the individual's right to reapply whenever he believes that his circumstances have changed with respect to the stated cause of ineligibility.

Adjustments in Grants

e. Adjustments in grants

Notifications to recipients whose grants have been adjusted shall include the following:

(1) a statement of the amounts of both previous and new grants,

(2) an explanation of the reason for the adjustment,

(3) an identification of the payment, or payments, with which the adjustment will take effect.

Continuances Without Adjustments

f. Continuances without adjustment (Optional)

Where the county welfare board, at its option, adopts the practice of sending notifications to recipients whose eligibility has been reconsidered formally for continuance without change in assistance, minimum information to be included shall state:

(1) the recipient's eligibility for assistance continues, and

(2) the amount of his assistance.

Closings

g. Closings

Notifications to recipients whose cases have been closed shall include:

(1) a statement of the ineligibility of the recipient,

(2) the explicit reason for closing,

(3) the effective date of closing,

(4) a statement of the individual's right to reapply whenever he believes that his circumstances have changed with respect to the stated cause for closing.

In addition, in all cases in which the recipient is under an obligation to repay, whether such obligation results from a contractual arrangement (agreement to reimburse) or by reason of fraud or mistake, the notification shall include;

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g. (5) a statement of the total amount of assistance which the recipient received from the welfare board and that this amount represents a debt to be repaid if and when ability to pay exists, and

(6) where known assets are involved, pertinent advice to the client concerning the future handling and disposition of such assets, or,

(7) in lieu of (5) and (6) a statement that another notification will be sent within sixty days which will give the amount of assistance received from the county welfare board together with pertinent advice concerning the future handling and disposition of known assets.

Withdrawals

h. Withdrawals

While withdrawals by applicants do not require board decisions, the agency should officially recognize the applicant's action through written notification. Such a notification shall include:

(1) a statement that the applicant's decision to withdraw his application has been recognized and recorded by the agency and that no further action is being taken on his application,

(2) a statement that the applicant has the right to reapply at any time he believes that he is eligible.

Dismissals

i. Dismissals

Notification to persons whose applications are disposed of by dismissal shall include:

(1) an explanation of the reason for dismissal,

(2) a statement that the applicant has the right to reapply at any time he believes he is eligible.

Enclosures

6. When enclosures are submitted with notifications of agency decisions, specific mention of this fact shall be made.

Transmittal of Notifications

7.(a) Written notification of applications approved by the director of welfare (for initial payment by temporary grant) shall accompany such initial payment.

(b) Written notification of all other approved applications, and of denials, dismissals and closings shall be transmitted within five working days of the decision.

(c) Notifications of adjustments in grants, or approvals of continuance of assistance without change in grant (optional), shall be sent not later than the date of issue of the appropriate checks and may accompany such checks.

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7.(d) Written confirmation of withdrawn applications, shall be transmitted within five working days of the applicant's request for withdrawal.

Preparation of Forms

8. Notifications may be prepared in mimeographed or printed form with sufficient space provided for the insertion of pertinent information. However, nothing in this ruling is to be construed as requiring the use of printed or mimeographed forms; individually composed letters may be used in all or in selected cases, as the local agency finds appropriate, so long as the minimum information as required by this ruling is included.

Illustrative Notifications

9. The attached illustrative suggestions include the minimum information required by this ruling. They may be revised in any way deemed suitable so long as the minimum information set forth herein as required is included.

Other Notifications to Applicants and Recipients

10. The specific requirements of sections 4, 5, and 7 of this Ruling relate only to those written notifications which are intended to make known to the applicant or recipient a conclusive agency decision concerning his eligibility, the disposition of his application, or the amount of his assistance payment. It is recognized that it frequently becomes necessary, in the process of arriving at a conclusive agency decision, for the director of welfare to make administrative decisions which are tentative, alternative, or prospective in character, and to communicate such decisions to the client. Examples are:

a letter to an applicant or recipient requesting his decision on a stated issue, and indicating how the agency decision will be or may be affected by his decision;

a letter to an applicant or recipient informing him that a certain recommendation for decision will be presented to the board at a stated meeting, and affording him opportunity to show cause why such recommendation is unwarranted or to take action which would warrant a change in the recommendation;

a letter to a recipient informing him that his payment has been temporarily suspended or withheld for stated cause, and advising him what further action by him or by the agency or both is necessary in relation to a final decision;

any notification of the character referred to in section 8 of Ruling #25.

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All such "other notifications", as referred to in this section, shall make full explanation of the circumstances in direct and simple language, so that the applicant or recipient will understand what further action, if any, is required on his part, and what further action will be taken or considered by the agency. Such notifications shall be sent as promptly as possible in relation to the circumstances giving rise to the decision. Where it becomes necessary to send such a notification to a recipient of assistance, it shall be sent within one month of the date on which he last received an assistance payment.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

Approved:
Elmer V. Andrews, Deputy Commissioner
Director Division of Welfare

Ruling Series,
No. 24 - Insert in Handbook under Section "Rulings and Bulletins".
Destroy Ruling No. 24 issued March 1, 1951.

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ILLUSTRATION NO. 1 - APPROVED APPLICATION (Initial payment by temporary grant - one payment)

Registration No. _____ Date _____

Mr.
Dear Miss
Mrs.

Based on information we now have, which may not be complete, you have been found eligible for _____ assistance.

Enclosed is a check for $_____ for the period beginning today until _____ 19___. You will receive the next payment by check for $_____ on or about _____ 19___ and each month thereafter. Any question you may have about these amounts should be discussed with your case worker.

It will be necessary to review your eligibility from time to time. Any change in your circumstances may require a change in your assistance payment.

You will be informed by letter whenever a change in your assistance payment is necessary, or if there is a decision that you are no longer eligible.

Enclosed you will find;

Very truly yours,

_____ COUNTY WELFARE BOARD

_____, Director

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ILLUSTRATION NO. 2 - APPROVED APPLICATION (Initial payment by temporary grant - in two payments)

Registration No. _____ Date _____

Mr.
Dear Miss
Mrs.

Based on information we now have, which may not be complete, you have been found eligible for _____ assistance.

Enclosed is a check for $_____ for the period beginning today until _____ 19___. You will receive the next payment by check for $_____ on or about _____ 19___ for the period from that date until _____ 19___. Thereafter you will receive a check for $_____ on or about the first of each month. Any question you may have about these amounts should be discussed with your case worker.

It will be necessary to review your eligibility from time to time. Any change in your circumstances may require a change in your assistance payment.

You will be informed by letter whenever a change in your assistance payment is necessary, or if there is a decision that you are no longer eligible.

Enclosed you will find:

Very truly yours,

_____ COUNTY WELFARE BOARD

_____, Director

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ILLUSTRATION NO. 3 - APPROVED APPLICATION (Initial Payment Deferred)

Registration No. _____ Date _____

Mr.
Dear Miss
Mrs.

This is to inform you that you have been found eligible to receive _____ assistance.

You will receive the first payment of $_____ on or about _____ 19___. Payment is not being made until that time because _____.

Thereafter you will receive a check in the amount of $_____ on or about the first of each month. Any question you may have about these amounts should be discussed with your case worker.

It will be necessary to review your eligibility from time to time. Any change in your circumstances may require a change in your assistance payment.

You will be informed by letter whenever a change in your assistance payment is necessary, or if there is a decision that you are no longer eligible.

Enclosed you will find:

Very truly yours,

_____ COUNTY WELFARE BOARD

_____, Director

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ILLUSTRATION NO. 4 - APPROVED APPLICATION (Inter-county Transfer)

Registration No. _____ Date _____

Dear Mr. / Miss / Mrs.

At a meeting on _____ 19___, the _____ County Welfare Board found that you are a resident of this county for purposes of _____ assistance. Therefore, future decisions about your eligibility and future payments of assistance will be made by this county welfare board rather than by the welfare board of the county of your previous residence.

You have been granted assistance in the amount of $_____ beginning with a payment to be issued by check on or about _____ 19___.

As you already know, it will be necessary to review your eligibility from time to time. Any change in your circumstances may require a change in your assistance payment.

Enclosed you will find:

Very truly yours,

_____ COUNTY WELFARE BOARD

_____, Director

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ILLUSTRATION NO. 5 - DENIAL

Registration No. _____ Date _____

Dear Mr. / Miss / Mrs.

This is to inform you that you have been found ineligible for _____ assistance because:

You have the right to reapply whenever you believe your circumstances have changed with respect to the stated cause for ineligibility.

Enclosed you will find:

Very truly yours,

_____ COUNTY WELFARE BOARD

_____, Director

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ILLUSTRATION NO. 6 - ADJUSTMENT IN GRANT (Change in regular monthly amount)

Registration No. _____ Date _____

Mr.
Dear Miss
Mrs.

This is to inform you that your monthly assistance payment has been changed from $_____ to $ _____ because

This change starts with the check which (is enclosed) (you will receive on or about _____ 19__), and future monthly payments will continue to be in the same new amount unless you are advised of a further change.

Very truly yours,

_____ COUNTY WELFARE BOARD

_____, Director

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ILLUSTRATION NO. 7 - ADJUSTMENT IN GRANT (for one month only)

Registration No. _____ Date _____

Mr.
Dear Miss
Mrs.

This is to inform you that your assistance payment for this month has been changed from $_____(1) to $_____(2) because (3)

This change applies only to the check which (is enclosed) (you will receive on or about _____ 19__). Thereafter future monthly payments will be in the amount of $_____(4) until you are advised of a further change.

Very truly yours,

_____ COUNTY WELFARE BOARD

_____, Director

(1) Insert here the actual amount of total payment for previous month.
(2) Insert here the actual amount of total payment for this month.
(3) Word explanation so that client will understand how much extra money has been made available to meet one or more special requirements.
(4) Insert here the exact amount of the regular monthly grant, exclusive of non-recurring adjustments for special requirements.

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ILLUSTRATION NO. 8 - CONTINUANCE WITHOUT ADJUSTMENT

Registration No. _____ Date _____

Dear Mr. / Miss / Mrs.

At a meeting on _____ 19___, the _____ County Welfare Board found that you continue to be eligible for _____ assistance. Your assistance payment will still be in the amount of $_____.

You will be informed by letter if any change in your assistance payment is necessary, or if there is a decision that you are no longer eligible.

Enclosed you will find:

Very truly yours,

_____ COUNTY WELFARE BOARD

_____, Director

---

ILLUSTRATION NO. 9 - CLOSING (Because of Loss of Eligibility)

Registration No. _____ Date _____

Dear Mr. / Miss / Mrs.

This is to inform you that you are no longer eligible for _____ assistance because

Therefore, you received your last assistance check on _____ 19___.

You have the right to reapply whenever you believe that your circumstances have changed with respect to the stated cause for closing.

According to our records, you received _____ assistance payments* in the total amount of $_____. According to law, this represents a debt to be repaid by you or your estate at any time that ability to pay exists. (Or an explanation that a statement of the assistance received will be mailed within 60 days.)

(Provide here pertinent advice to the client concerning the future handling and disposition of any known assets.)

Enclosed you will find:

Very truly yours,

_____ COUNTY WELFARE BOARD

_____, Director

*In any case for which partial reimbursement has already been received insert here the phrase: ", less repayment already received,"

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ILLUSTRATION NO. 10 - CLOSING (Because of Inter-County Transfer)

Registration No. _____ Date _____

Mr.
Dear Miss
Mrs.

The _____ County Welfare Board has been notified that your application as a resident of _____ County has been acted upon by the _____ County Welfare Board.

Therefore at a meeting on _____ 19___ the _____ County Welfare Board ordered your assistance grant from this county discontinued.

According to our records you received _____ assistance payments* in the total amount of $_____ from the _____ County Welfare Board. According to law, this represents a debt, without interest, to be repaid by you or your estate at any time that ability to pay exists. (Or an explanation that a statement of the assistance received will be mailed within 60 days.)

(Provide here pertinent advice to the client concerning the future handling and disposition of any known assets, particularly any transfer of assets to the custody of another county welfare board.)

Very truly yours,

_____ COUNTY WELFARE BOARD

_____, Director

* In any case for which partial reimbursement has already been received insert here the phrase: ", less repayment already received,"

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ILLUSTRATION NO. 11 - WITHDRAWAL

Registration No. _____ Date _____

Mr.
Dear Miss
Mrs.

In your (letter or interview) of _____ 19___, you stated that you wished to withdraw your application for _____ assistance.

This is to inform you that we have officially noted your withdrawal and will therefore take no further action on your application.

You have the right to reapply at any time you believe that you are eligible.

Enclosed you will find:

Very truly yours,

_____ COUNTY WELFARE BOARD

_____, Director

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ILLUSTRATION NO. 12 - DISMISSAL

Registration No. _____ Date _____

Dear Mr. / Miss / Mrs.

On _____ 19___ we registered your name as an applicant for _____ assistance. This is to notify you that the application has been dismissed as of _____ 19___ because *

You have the right to reapply at this office at any time if you believe you are eligible and wish to have your eligibility considered.

Enclosed you will find:

Very truly yours,

_____ COUNTY WELFARE BOARD

_____, Director

* Situations (other than death or inability to locate applicant) in which disposition by dismissal is appropriate:

1. Applicant fails to advise welfare board of decision to continue with application within stipulated time limit after first interview.

2. Applicant fails to reply to acknowledgment by welfare board of his initial request for assistance by mail or phone or referral within stipulated time limit.

3. Application registered by referral on assumption person was authorized to act for individual concerned but first contact with individual reveals he does not wish to apply.

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

BUREAU OF ASSISTANCE

REGULATION # _____
Ruling #25

ISSUED: October 15, 1952
(Date)

REV.: _____
(Date)

TITLE: Policy and Procedure on Prompt Disposition of Applications

SUBJECT: _____

STATUTORY REFERENCE: R.S. 44:7-18

Irving Engelman, Chief
Bureau of Assistance

Approved:

By: _____

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

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October 15, 1952

RULING NO. 25

POLICY AND PROCEDURE ON PROMPT DISPOSITION OF APPLICATIONS

Citation of Law

Federal

1. Federal Law. -- Title I, Sec. 2(a) (9) of the Federal Social Security Act, relating to Old Age Assistance, effective as of July 1, 1951, and Title XIV, Sec. 1402(a) (10), relating to Aid to the Permanently and Totally Disabled, effective October 1, 1950, require that "a State plan must.....provide that all individuals wishing to make application for.....assistance shall have opportunity to do so, and that [such aid] shall be furnished with reasonable promptness to all eligible individuals."

Title I, Sec. 2(a) (4), effective as of July 1, 1951 and Title XIV, Sec. 1402(a) (4), effective October 1, 1950, require that "a State plan must.....provide for granting an opportunity for a fair hearing.....to any individual whose claim.....is not acted upon with reasonable promptness."

State

2. State Law. -- Section 18 of Title 44:7, R.S., requires that "when the county welfare board receives an application for old age [or disability] assistance, an investigation and record shall promptly be made of the circumstances of the applicant," and provides further that "where an application is not acted upon.....within thirty days after the filing of the application,.....the applicant may appeal, etc."

Interpretation

3. Federal Interpretation. -- The Social Security Administration has promulgated* the following general interpretation of the cited provisions of the Federal Act:

Federal

> "The purpose.....is to clarify.....and to emphasize the intent of the act that each individual who wishes to claim assistance .....shall be assured the right to.....obtain action on his claim without undue delay.....State agencies (are) required to .....establish standards for evaluating and methods of controlling the length of time expended during the application process .....A standard of reasonable promptness will need, of course, to set forth the period of time that the State agency has found to be necessary for processing an uncomplicated application and issuing a payment to an eligible claimant. To set a standard that would make allowances for unusual delays would seem to defeat the purpose of these amendments. The State should be able, however, in case of delay beyond the usual time standard, to show that the reasons for delay were valid and that they resulted either from circumstances wholly within the claimant's control or from some administrative or other emergency that could not reasonably have been avoided."

Pursuant to this interpretation the Social Security Administration has required that**

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* Handbook of Public Assistance Administration, section 2320,10/1/50.
** Handbook of Public Assistance Administration, section 2331,11/14/51.

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"State plans must

1. Specify a time period to serve as a standard of reasonable promptness for completing the application process in all but exceptional cases. If the period established as the standard.....for old age assistance.....is longer than 30 days, and for aid to the permanently and totally disabled longer than 60 days, the submittal must be accompanied by (a) a statement justifying the necessity for the longer period, and (b) a statement as to the action the State proposes to take to remedy any hindering conditions, and when it will put such action into effect.

2. Provide for informing claimants (a) of the agency's standard of promptness so that each may know the time period within which he should expect action on his claim, and (b) of his right to request a hearing on the basis of the promptness requirement if action is not taken within the specified period to furnish assistance or notify him of his ineligibility."

State

4. State Interpretation. -- The Bureau of Assistance recognizes and adopts the above interpretation of the Social Security Administration as to the extent to which a standard of reasonable promptness in disposing of applications should be assured to each applicant, and finds that the provisions of State law authorize the promulgation by the Bureau of rules, regulations and procedures sufficient to satisfy the requirements of the Federal Act and the cited interpretation thereof.

Formal Standards of Reasonable Promptness

5. The maximum period of time normally essential to process an application between the date of application (as defined in Temporary Series-County Series No. 3, section 7.) and the date of effective disposition (as defined in regulation 6 below) is

(a) thirty days for old age assistance; and

(b) sixty days for disability assistance.

Each county director of welfare shall arrange operational procedures and establish appropriate operational controls within his staff organization to expedite the processing of applications and assure the maximum possible compliance with these standards.

Date of Effective Disposition Defined

6. "Date of effective disposition", as used in the preceding regulation, means:

(a) in the case of an approved application, the date on which first payment is issued to the applicant, or the date on which written notice of approval is sent to him, whichever is earlier.

(b) in the case of a denied application, the date on which written notification, informing the applicant of his lack of eligibility and the reasons therefor, is sent to him.

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(c) in the case of a withdrawn application, the date on which written notification, confirming to the client that the agency has taken cognizance of his voluntary withdrawal, is sent to him.

(d) in the case of a dismissed application, the date on which written notification, informing the applicant of the dismissal and the reasons therefor, is sent to him; or, with respect to an applicant who died or for whom an application was erroneously registered without his knowledge, the date on which the decision to dismiss the application is determined by the Director of Welfare or by the Welfare Board, whichever is earlier.

Exceptions from Normal Standards

7. It is recognized that there will be exceptional cases where the proper processing of an application cannot validly be completed within the 30 day period for old age assistance or the 60 day period for disability assistance, specified in regulation 5 as the normal standard of reasonable promptness. Where substantially reliable evidence either of eligibility or ineligibility is still lacking at the end of thirty days (for old age assistance) or sixty days (for disability assistance), the application shall be continued in pending status in preference to an arbitrary or hasty disposition based on insufficient evidence. In each such case, however, the local agency shall be prepared to demonstrate that the delay resulted from one of the following:

(a) circumstances wholly within the applicant's control, or

(b) a determination to afford to an applicant, whose proofs of eligibility have been inconclusive, further opportunity to develop additional evidence of eligibility before final action on his application, or

(c) an administrative or other emergency that could not reasonably have been avoided, or

(d) circumstances wholly outside the control of both the applicant and the local agency.

Notification

8. When the final disposition of an application for old age assistance is delayed beyond 30 days, or an application for disability assistance is delayed beyond 60 days, written notification shall be sent to the applicant at or before the expiration of such period, such notification to contain information as follows:

(a) if the reason for delay comes within the description of 7(a) or 7(b), the applicant shall be infomed what information he should furnish or what action he must take, and shall be notified that his application will be denied unless he furnishes the information or takes the action within a time specified to make possible the agency's final decision within an additional period of 30 days.

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(b) If the reason for delay comes within the description of 7(c) or 7(d), the applicant shall be informed of the reason for delay and the time within which he may expect to receive either a notice of final action or further advice from the agency.

Local Agency Control

9. In order to focus administrative attention on the exceptional cases and to assist in the identification of hindering conditions which may be subject to administrative correction, each director of welfare shall arrange for the maintenance of control records which will disclose at any time the identity of all old age assistance applications which have been in pending status for more than 30 days, and all disability assistance applications pending for more than 60 days, and the reasons therefor. Such records shall be adequate to make possible the preparation of a report of such information at any time that it might be requested by the Welfare Board or the State Bureau.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

Approved: 10-22-52
Elmer H. Andrews,
Deputy Commissioner in Charge of Welfare

Ruling Series.
No. 25 - Insert in Handbook under Section "Rulings and Bulletins". Destroy Ruling No. 25 issued June 20, 1951 and Supplement No. 1 to Ruling No. 25 issued August 9, 1951.

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

BUREAU OF ASSISTANCE

REGULATION #

Ruling #26

ISSUED: July 15, 1952
(Date)

REV.:
(Date)

Supplement #1, 12/29/52
Supplement #2, 9/23/53

TITLE: Authorization for Payments for Cortisone and ACTH

SUBJECT:

STATUTORY REFERENCE: R.S. 44:7-12

Irving Engelman, Chief

Bureau of Assistance

Approved:

By:

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County Welfare Board Ruling Series No. 26
Municipal Budget Manual 2.300AA

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

TO COUNTY WELFARE BOARDS AND MUNICIPAL DEPARTMENTS OF WELFARE

CORTISONE AND ACTH

There are an increasing number of requests for consideration of authorizing payment for cortisone [cortone] and ACTH when recommended by physicians for Old Age Assistance, Disability Assistance or General Assistance recipients.

The Bureau of Assistance has some question about the advisability of the use of public funds to provide these drugs. However, for the next six months [June through November 1952] the Bureau of Assistance will authorize payment for cortisone [cortone] and ACTH if the following procedure is observed:

1. Medical Request for Authorization

Whenever a physician wishes to prescribe cortisone or ACTH for a recipient of Old Age Assistance, Disability Assistance or General Assistance it will be necessary for him to complete the attached form, "Request for Authorization", in triplicate.

2. Agency Procedure

Upon receipt of the attached form the local agency will complete the section indicated on the "Request for Authorization" form and forward two copies to the Bureau.

3. Bureau Approval

Upon receipt of "Request for Authorization" from the attending physician the local agency shall submit such request, in duplicate, to the Bureau of Assistance, attention of Medical Consultant. The Medical Consultant will review the request and advise the county or municipality whether use of cortisone or ACTH for the client is or is not authorized by returning one of the authorization forms with the above notation indicated thereon.

4. Period of Authorization: Reauthorization

a) Initial authorization will be given for a maximum period of three months only.

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b) If the physician anticipates continuation of the treatment beyond three months it will be necessary for him to prepare a second "Request for Authorization". This will be forwarded to the local agency and will follow the same procedure as above.

5. Instructions for Physician

A copy of these instructions shall be made available by the local agency to any physician who prescribes or inquires about prescribing cortisone or ACTH for a recipient of Old Age Assistance, Disability Assistance or General Assistance.

6. Extension of Experimental Period by Bureau

It is hoped that before the end of the first months of the experimental period the Bureau of Assistance will be in a position to formulate a permanent policy for approval of the use of cortisone and ACTH. In any event, the local agencies will be advised at least one month in advance of any change in policy. This will provide time to secure reauthorization, or to initiate other arrangements for provision of the drug to eliminate the possibility of interruption of needed treatment.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

Approved: 7/15/52
Elmer V. Andrews, Deputy Commissioner
Director Division of Welfare

Notice to County Welfare Boards: Insert in Handbook under section "Rulings and Bulletins" - Ruling No. 26.

Destroy any copies of letter dated February 13, 1951, addressed to Essex County Welfare Board, regarding the use of cortisone for recipients of Old Age Assistance.

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

Revised 12/23/52

# AUTHORIZATION FOR USE OF CORTISONE, HYDRO-CORTONE, OR ACTH

1. Request (authorization) (re-authorization) for use of (Cortisone) (Hydro-cortone) (ACTH) for _____ (Last Name) _____ (First Name) _____ (Initial)
of _____ (Address), _____ (Age)

   a. Use of drug requested for a period of _____ (Three months maximum), from _____ (Date)
   to _____ (Date).

2. SPECIFIC diagnosis for which treatment with Cortisone, Hydrocortone, or ACTH is requested.

   _____

   _____

3. Average daily dosage _____

4. Check method(s) used to arrive at above diagnosis:
   ( ) X-ray, ( ) Laboratory Studies, ( ) Clinical Evaluation, ( ) Consultant

   _____ (M.D.) (D.O.)
   (Name of Physician)

   _____
   (Address)

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

(TO BE COMPLETED BY LOCAL AGENCY)

1. Cost of drug (per bottle of 40 tablets, each tablet 25 mg.) _____. Total Cost of drug for estimated period of treatment _____

   (If drug purchased is for injection or in bottles of lesser quantity than 40 tablets or tablets are less than 25 mg. each, please give details as to amount of drug in bottle or vial, dose and cost per bottle or vial.)

   _____ of _____
   (Signature of Representative) (Local Agency)

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

(TO BE COMPLETED BY MEDICAL CONSULTANT, STATE BUREAU OF ASSISTANCE)

Authorization is hereby given for the use of the above indicated drug from _____ (Date) to _____ (Date) at a total cost of _____.

_____ (Date)

_____ M.D.
(Signature of Medical Consultant)
Medical Administrative Consultant
Bureau of Assistance

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State of New Jersey
DEPARTMENT OF INSTITUTIONS AND AGENCIES
TRENTON 8

BUREAU OF ASSISTANCE
148 WEST STATE STREET

December 29, 1952

TO COUNTY WELFARE BOARDS AND MUNICIPAL DEPARTMENTS OF WELFARE

County Welfare Board Ruling Series No. 26 and Municipal Budget Manual 2.300AA issued 7/15/52, authorized payment for cortisone and ACTH under specified procedure until November 1952.

This is to extend the authorization under the same procedure through June, 1953. However, certain revisions have been made in the authorization form which is submitted to the Bureau by the local agency. A sample of the revised form is attached and is to be duplicated as needed by the agency.

Please attach this letter and sample revised form as a supplement to Ruling Series No. 26 or to Municipal Aid Regulation 2.300AA, as appropriate.

Very truly yours,

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Marc P. Dowdell

Marc P. Dowdell, Director
Bureau of Assistance

Approved 12/29/52
Elmer V. Andrews
Deputy Commissioner in Charge of Welfare

Ruling Series - Supplement #1 to Ruling No. 26
Municipal Aid Regulations - Supplement #1 to 2.300AA

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# State of New Jersey

## DEPARTMENT OF INSTITUTIONS AND AGENCIES

TRENTON 8

BUREAU OF ASSISTANCE
148 WEST STATE STREET

September 23, 1953

To County Welfare Boards and Municipal Departments of Welfare:

Under date of December 29, 1952 you received a supplement, in the form of a circular letter, to County Welfare Board Ruling Series No. 26 and Municipal Budget Manual 2.300AA. This supplement extended authorization for payment for cortisone and ACTH under specified procedure through June 1953 and provided a sample revised authorization form.

This is to advise that the current policy and procedure are to continue in effect until further notice.

Please attach this letter as a supplement to Ruling Series No. 26 or to Municipal Aid Regulation 2.300AA, as appropriate.

Very truly yours,

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Chief
Bureau of Assistance

MPD:MCRw

Approved: 9/23/53
Elmer V. Andrews,
Director of Welfare

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

BUREAU OF ASSISTANCE

REGULATION #_____
Ruling #28

ISSUED: _____
(Date)

REV.: June 1, 1953
(Date)

Supplement #1, 5/7/54
Supplement #2, 4/26/55

TITLE: Allowances for Visiting Nurse Service

SUBJECT: _____

STATUTORY REFERENCE: R.S. 44:7-12

Irving Engelhardt, Chief
Bureau of Assistance

Approved:

By: _____

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County Welfare Board Ruling Series No. 28
Municipal Budget Manual 2.300A
Revised June 1, 1953

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

TO COUNTY WELFARE BOARDS AND MUNICIPAL DEPARTMENTS OF WELFARE

Temporary Regulations for Allowances for Visiting Nurse Service

Effective May 1, 1953 and to continue until May 1, 1954, unless otherwise changed by direction from the Department, allowance for fees for visiting nurse service to recipients of Disability Assistance, Old Age Assistance and General Assistance shall be made at the prevailing rate charged by the particular visiting nurse association but not to exceed $3.00 per visit.

"Prevailing rate" means the lowest amount charged by the association, to any individual or agency purchasing the service, as representing full payment for the service.

It is the intent of this ruling that all public assistance agencies shall pay no more than necessary for the required services, and in no event more than the temporary maximum specified above. Full advantage shall be taken of any situation where visiting nurse services are available at a cost less than the $3.00 maximum.

County Welfare Boards and Municipal Departments of Welfare will destroy any existing copies of a letter dated February 20, 1951, in which the maximum allowance for visiting nurse service was set at $2.10 per visit.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Marc T. Dowdell, Director
Bureau of Assistance

Approved: 6/1/53
Elmer V. Andrews
Deputy Commissioner in Charge of Welfare

County Welfare Boards: Insert in Handbook under section "Rulings and Bulletins" - Ruling No. 28. Destroy Ruling No. 28, issued 5/14/53

Municipal Welfare Departments: Insert in Municipal Budget Manual 2.300A. Destroy 2.300A issued 5/14/53.

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

County Welfare Board Ruling Series No. 28
Supplement No. 1
Municipal Budget Manual 2.300A

TO COUNTY WELFARE BOARDS AND MUNICIPAL DEPARTMENTS OF WELFARE

Temporary Regulations for Allowances for Visiting Nurse Service

The temporary regulation issued 6/1/53 regarding allowable rates for Visiting Nurse visits expired 5/1/54. This is to advise that this regulation is hereby extended in full force and effect until May 1, 1955.

Payment for Visiting Nurse visits shall be made at the lowest rate charged by the particular association to any individual or agency purchasing the service, but not to exceed $3.00 per visit.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Chief
Bureau of Assistance

Approved: 5/7/54
Elmer V. Andrews
Director of Welfare

County Welfare Boards: Insert in Handbook under section "Rulings and Bulletins"- Ruling No. 28, Supplement No. 1

Municipal Welfare Departments: Insert in Municipal Budget Manual 2.300A

MPD/MCRd

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

County Welfare Board Ruling Series No. 28
Supplement No. 2

Municipal Budget Manual 2.300A

April 26, 1955

TO: COUNTY WELFARE BOARDS AND MUNICIPAL DEPARTMENTS OF WELFARE

RE: Regulations for Allowances for Visiting Nurse Service

This is to advise you that the regulation issued 6/1/53 regarding allowable rates for visiting nurse service is hereby extended until further notice.

Payment for visiting nurse visits shall be made at the lowest rate charged by the particular association to any individual or agency purchasing the service, but not to exceed $3.00 per visit.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Irving Engelman

Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved: 4/27/55
Elmer V. Andrews
Director of Welfare

County Welfare Boards: Insert in Handbook under section "Rulings and Bulletins" - Ruling No. 28, Supplement No. 2.

Municipal Welfare Departments: Insert in Municipal Budget Manual 2.300A.

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

BUREAU OF ASSISTANCE

REGULATION # _____
Bulletin #8

ISSUED: March 20, 1936
(Date)

REV.: _____
(Date)

TITLE: Power of Subpoena

SUBJECT: _____

STATUTORY REFERENCE: R.S. 44:7-20

Irving Engelhardt, Chief
Bureau of Assistance

Approved:

By: _____

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State of New Jersey
Department Institutions and Agencies
Division of Old Age Assistance

March 20, 1936

BULLETIN NO. 8

POWER OF SUBPOENA

Your attention is directed to Section 14 of Chapter 31, P. L. 1936, which gives the Directors of Welfare power to subpoena individuals and records. Formerly this power was vested only in the County Adjustor.

Consideration should be given to the judicious use of this power in all cases where there is a reasonable suspicion that all pertinent information has not been divulged during the course of a normal investigation. It should be particularly helpful where it is difficult to obtain essential information and, where grants are already being paid, in cases where there is some evidence, or it is strongly suspected, that the assistance allowed is being used for purposes other than that for which it is intended.

It is suggested that the power of subpoena be employed only in extraordinary cases when all reasonable efforts to interview the desired person have failed.

DEPARTMENT INSTITUTIONS AND AGENCIES

J. E. Alloway
Director of Old Age Assistance

By Marc P. Dowdell
Assistant Director

JEA:E

Bulletin Series
No. 8. Insert in Handbook under section "Rulings and Bulletins".

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

BUREAU OF ASSISTANCE

REGULATION #

Bulletin #13

ISSUED: (Date)

REV.: Feb. 1, 1949 (Date)

Supplement #1, 1/10/45

TITLE: Cooperation with Other Public Agencies

SUBJECT:

STATUTORY REFERENCE: R.S. 44:7-34

Irving Engelman, Chief

Bureau of Assistance

Approved:

By:

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State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

Revised February 1, 1949

BULLETIN NO. 13

# COOPERATION WITH LOCAL PUBLIC AGENCIES

The Old Age Assistance law limits grants to the needs of the eligible individual, contemplating that the needs of non-eligible needy persons who may be in the same household will be provided by other public agencies charged with responsibility for such other persons. The law likewise directs that "no recipient of old age assistance, while receiving the same, shall receive any other assistance from the State or any political subdivision thereof except for medical and surgical care".

It is essential that the highest degree of active cooperation and understanding exist between the county welfare board and other public welfare agencies in the community.

It is anticipated that action on applicants referred by municipal officials to the welfare board will proceed promptly, and thereafter the Board advise the Local Director of Welfare in writing of action taken in order that there may be no duplication of assistance or service.

Attention is directed also to the fact that the Social Security Board will, under the usual limitations approve matching of old age assistance grants made to a qualified aged person for the full month in which such person becomes 65 years of age. The State law is interpreted also to permit such payments and the Division is anxious that the county welfare boards make full use of this privilege.

## Referral by County Welfare Board

An indispensable tool in the proper administration of the Old Age Assistance law is the practice of making prompt referral to other agencies of all situations which, while directly affecting the aged applicant, are properly under the jurisdiction of an agency other than the welfare board. It is important that every member of the staff be mindful of this policy and make it effective in operation.

There are many cases where, because of the presence of other needy persons in the household, assistance and service must be provided concurrently by the welfare board together with one or more other agencies. In such cases the plan by which the several agencies participate should be worked out jointly.

## Social Service Exchanges

Social service exchanges and central indexes, where they exist, provide a most helpful method of facilitating the prompt interchange of information among welfare agencies. Through such exchange access may be gained to

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January 10, 1945

Supplement to Bulletin No. 13

Under date of December 29, 1944 the Division of Commerce and Municipal Aid, Department of Economic Development, issued the following directive which applies to the regulation attached to Bulletin No. 13 as issued on July 1, 1944 by the Municipal Aid Division.

Will you kindly see that all copies of this bulletin in your possession are edited in accordance with the directive quoted below:

"4.501 - Subject 'Old Age Assistance':

Page 4, item 5(b) is no longer effective after January 1, 1945 and this paragraph shall be deleted from the text of the regulation. This change of policy means that the State will not reimburse municipalities for the cost of general hospitalization furnished to persons over 65 years of age and otherwise considered eligible for Old Age Assistance."

Very truly yours,

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

MPD-MEC

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

BUREAU OF ASSISTANCE

REGULATION #

Bulletin 14

ISSUED: (Date)

REV.: July 20, 1950 (Date)

Supplement #1, 7/16/51
Supplement #2, 8/23/51
Supplement #3, 7/27/54

TITLE: Monthly Statistical Report Form OA-8
(Instructions for Preparation)

SUBJECT:

STATUTORY REFERENCE: R.S. 44:7-6
R.S. 44:7-18

Irving Engelman, Chief

Bureau of Assistance

Approved:

By:

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

Revised July 20, 1950

BULLETIN NO. 14

# INSTRUCTIONS FOR PREPARATION OF MONTHLY STATISTICAL REPORT, FORM OA-8

Effective in the month of July, 1950, the county welfare board will file the monthly statistical report, Form OA-8 as revised 7-50. This report consists of the minimum statistical information on Old Age Assistance believed to be necessary for administrative purposes and for information required by the Federal Security Agency. Form OA-8 shall be sent to the State Bureau not later than the tenth of the month following that for which the report is submitted.

## SECTION A - APPLICATIONS REGISTERED

Enter in this section the number of applications pending at the beginning of the month and the additional number received during the month. All applications which have been registered in accordance with the requirements of Ruling No. 4 should be included in the count even though the applicant subsequently withdraws his application or proves upon investigation not to be eligible.

Item 1. Pending from last month. -- Enter here the total number of applications previously received which had not been disposed of by the end of the preceding month and which were therefore still pending disposition at the first of the month covered by the current report. All such applications should be distributed to the appropriate columns as follows:

Column "NA" - New applications -- Enter here the number of applications received from individuals who never previously applied for old age assistance in any county of the state.

Column "RA" - Reapplications -- Enter here the number of applications received from individuals who previously were denied assistance or whose former applications were dismissed or voluntarily withdrawn in any county of the state.

Column "RO" - Reopened applications -- Enter here the number of applications received from individuals who formerly received old age assistance and whose allowances were discontinued for cause by the welfare board in any county of the state. Do not include in this item individuals from whom payments were withheld temporarily but whose cases were never formally closed.

Column "TR" - Transferred cases -- Enter here the number of applications registered for individuals who at the time of such registration were in active status as approved recipients in another county, and who were referred to the reporting county for acceptance without interruption in payment of assistance. If there was interruption in

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payment and the case was closed by the county of previous residence for reason other than transfer, the application should be classified as a "reopened application" and entered in column "RO". If, at the time of registration in the reporting county, an application was pending in another county but had not yet been approved, the application in the reporting county should be classified as a "reapplication" and entered in column "RA". Do not include in this item applications from individuals previously receiving assistance from another State and who were referred for acceptance pursuant to a reciprocal agreement or upon attainment of statutory residence eligibility in New Jersey; such applications should be classified and entered as "NA", "RA", or "RO", as the case may be, depending on the individual's previous record as an applicant or recipient in New Jersey.

Column "Total" - Total Applications -- Enter here the sum of the entries in the four preceding columns.

Item 2. Applications registered this month. -- Enter here the total number of applications registered during the current month, making columnar distribution according to the definitions stated above for Item 1. This will include any applications which, although actually received in a preceding month, were, through error or oversight, not registered during the month of receipt and were therefore not included in the count shown in Item 1.

Item 3. Total applications to be accounted for. -- Enter here the sums of items 1 and 2, by columns.

## SECTION B - DISPOSITION OF APPLICATIONS

This section will show the disposition of the total number of applications reported in Section A. Columnar distribution should be made as indicated according to the classification of each case as reported on OA-7 at the time of registration unless subsequently corrected.

Item 4. Approved. -- Enter here the total number of applications which were approved during the month, as defined in Ruling #22 and as so reported in Schedules I and IX of the Minutes.

The number reported in this item should be checked with the number of social data cards (Form OA-14) submitted for individuals accepted during the month.

Item 5. Denied. -- Enter here the number of applications which were denied during the month, as defined in Ruling #22 and as so reported in Schedule I of the Minutes.

Item 6. Withdrawn. -- Enter here the number of applications reported to the Board this month as withdrawn, as defined in Ruling #22 and as so reported in Schedule I of the Minutes.

Item 7. Dismissed. -- Enter here the number of applications which the Board this month directed to be dismissed, as defined in Ruling #22 and as so reported in Schedule I of the Minutes.

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Item 8. Total. -- Enter here the sums of all applications disposed of during the month.

Item 9. Pending at end of month. -- Enter here the total number of applications that remain open for consideration and disposition at the end of the month.

## SECTION C - ANALYSIS OF APPLICATIONS CLEARED BUT NOT APPROVED FOR ASSISTANCE

This section comprises a subsidiary classification of applications denied, withdrawn, and dismissed as reported in Items 5, 6 and 7. The tabulation should be made by principal reason, precedence being given to reasons for denial or withdrawal in the following order:

(1) Ineligible because of age requirement. (Item 14)
(2) Ineligible because of residence requirement. (Item 15)
(3) Ineligible because of need requirement. (Items 10, 11, 12, and 13 in order listed)
(4) Ineligible because of institutional care requirement. (Item 16)
(5) Ineligible for other known cause. (Items 17, 18, 19 and 23 in order listed)

Item 10. Applicant has sufficient earnings. -- Enter here the number of applications denied and volunatrily withdrawn because applicant was employed and earning sufficient to maintain himself.

Item 11. Applicant has sufficient savings. -- Enter here the number of applications denied and voluntarily withdrawn because applicant had sufficient savings available for his current maintenance or because he had sufficient income from savings plus other investments to maintain himself.

Item 12. Applicant has sufficient income from OASI. -- Enter here the number of applications denied and voluntarily withdrawn because applicant is eligible for or receiving OASI benefits which are sufficient, with or without other resources, for the applicant's support. Consider the applicant's monthly benefits whether as a retired worker or as the wife, widow, or parent of a worker insured under the Federal Old-Age and Survivors Insurance program.

Item 13. Other resources of applicant. -- Enter here the number of applications denied and voluntarily withdrawn because of the availability to the applicant of a resource or combination of resources, sufficient for his maintenance, which is not principally earnings, savings, or OASI benefits. Include denials based on the ability of legally responsible relatives to support, and on support voluntarily made available by other persons or agencies.

Item 14. Ineligible, age requirement. -- Enter here the number of applications denied and voluntarily withdrawn because applicant was found to be less than sixty-five years of age, or failed to present satisfactory evidence that his age was sixty-five years or more.

Item 15. Ineligible, residence requirement. -- Enter here the number of applications denied or voluntarily withdrawn because applicant was found to have insufficient sate residence, or failed to present satisfactory evidence of sufficient state residence.

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Item 16. Ineligible, institutional care requirement. -- Enter here the number of applications denied and voluntarily withdrawn because the applicant was found to be in need of institutional care not included within the old age assistance program and available to him under some other statutory provision or private facility.

Item 17. Ineligible, disposed of assets. -- Enter here the number of applications denied and voluntarily withdrawn because the applicant assigned, transferred or otherwise disposed of assets in order to qualify for old age assistance.

Item 18. Ineligible, reimbursement requirement. -- Enter here the number of applications denied and voluntarily withdrawn because of unwillingness or refusal on the part of applicant and/or spouse to complete the execution of an agreement to reimburse, or to complete the assignment of insurance or other personal assets, or to meet any other property condition required as collateral security for the reimbursement agreement.

Item 19. Refused to comply with other agency requirement. -- Enter here the number of applications denied and voluntarily withdrawn because the applicant failed or refused to comply with any requirement (other than one of the requirements included in items 10 - 18 inclusive) specified as a condition of grant by the State Bureau or by the welfare board. All cases classified in this item must be individually identified on the reverse side of the form, showing name, registration number, and explanation of the requirement involved.

Item 20. Application withdrawn voluntarily, reason unknown. -- Enter here the number of applications voluntarily withdrawn by the applicant, the principal reason for such withdrawal being unknown.

Item 21. Application dismissed because of death. -- Enter here the number of applications dismissed because of the death of the applicant before completion of any other disposition.

Item 22. Application dismissed for other reason. -- Enter here the number of applications dismissed for any reason other than death of the applicant. All cases classified in this item must be individually identified on the reverse side of the form, showing name, registration number, and explanation of the reason for dismissal.

Item 23. Other. -- Enter here the number of applications denied, withdrawn, or dismissed for any cause not otherwise classified in items 10 - 22 inclusive. All cases classified in this item must be individually identified on the reverse side of the form, showing name, registration number, and explanation of the type of disposition and the reason therefor.

Item 24. Total. -- Enter here the sum of Items 10 to 23, inclusive.

## SECTION D - SUMMARY OF CASE LOAD

This section comprises a summary report of case load at the beginning of the month and at the end of the month, with proper accounting for cases added and cases closed during the month.

Item 25. Cases continued from last month. -- Enter here Item 29 of the preceding month, total cases open at end of month.

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Item 26. Individuals added this month. -- Enter here the number of applications approved for assistance during the month of the current report.

Item 27. Total cases open during the month. -- Enter here the sum of Items 25 and 26, which will represent the total number of different cases which were open at any time during the month.

Item 28. Cases closed during the month. -- Enter here the total number of individuals (approved recipients) whose cases were closed during the month as defined in Ruling #22 and as so reported in Schedules II and IX of the Minutes. The number entered in this item should be checked with the number of social data cards (Form OA-13) submitted for cases closed. They will be classified as follows:

(a) Transferred to another county. -- Enter here the number of cases closed by reason of transfer to another county.

(b) Other. -- Enter here the number of cases closed for reason other than transfer to another county.

Item 29. Total cases open at end of month. -- Enter here Item 27 less Item 28. The total figure so entered will be further classified as follows:

(a) Received payment. -- Enter here the total number of cases for which checks were drawn and entered on Form OA-4. Do not enter in this item any case for which a check was not actually drawn.

(b) Received no payment. -- Enter here the number of cases which were active during the month but for which no checks were drawn.

## SECTION E - AMOUNT OF ASSISTANCE

Report in this section the total number of recipients, the total amount of direct assistance payments, and the average payment per recipient for the month.

## SECTION F - AMOUNT OF FUNERAL PAYMENTS

Report in this section the number of deceased persons for whom funeral payments from assistance funds were authorized, the total amount of such funeral payments from assistance funds, and the average payment per case.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

Approved: July 19, 1950
Elmer V. Andrews, Deputy Commissioner
Director Division of Welfare

Bulletin Series.
No. 14. Insert in Handbook under section "Rulings and Bulletins". Destroy Bulletin No. 14, previously revised June 4, 1945.

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

July 16, 1951

SUPPLEMENT NO. 1 TO BULLETIN NO. 14

INSTRUCTIONS FOR PREPARATION OF
SEMI-ANNUAL STATISTICAL REPORT ON O.A.S.I. RECIPIENTS

Effective in the month of August 1951, the Social Security Administration is requiring all State agencies to submit a semi-annual statistical report on concurrent receipt of O.A.A. and O.A.S.I. Such reports are required for the month of February and August in each year. The first report must be filed for the month of August 1951.

The report is designed to show the effect that the 1950 amendments in the Social Security Act have had on the O.A.A. case load and cost. Information assembled periodically will be useful in measuring future trends and will be useful for budgetary purposes.

The report must be assembled and submitted by the State Agency on the basis of State-wide totals. Since the information to be reported cannot be prepared in the State Bureau it is necessary to require the submission of sufficient data by the county welfare boards to complete the report. Such data is as follows:

I. the total number of cases which, for the month of the report, are listed for payment of O.A.A. on Form OA-4 and are also O.A.S.I. beneficiaries;

II. the total amount of O.A.A. payments billed, for the month of the report, for the cases included in the count;

III. the total amount of O.A.S.I. benefits receivable, for the month of the report, by the cases included in the count.

The data described in I, II and III, above shall be entered on the reverse side of Form OA-8 for the month of the report in the following manner:

| Number of O.A.A. Recipients Receiving OASI Benefits | Total Amount of | |
|---|---|---|
| | Assistance Payments to Cases in Col. I | OASI Benefits to Cases in Col. I |
| I | II | III |
| _____ | $ _____ | $ _____ |

The county welfare board is not required to file with the State Bureau an inventory list or detailed information about the cases included in the count, but such information shall be available in the county office, to be accomplished in the following manner:

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July 16, 1951

SUPPLEMENT NO. 1 TO BULLETIN NO. 14



a. Each county welfare board shall establish, as of August 1951, an inventory list or card index of all O.A.A. recipients receiving O.A.S.I. This inventory, whether in list or card index form, should show the case name and number, and amount of O.A.S.I. benefits receivable by each client. The inventory should be so designed that it can and will be kept current by making changes in the amount of awards, deleting cases closed, and adding O.A.A. cases (if also receiving O.A.S.I.) as they are opened or reopened.

b. This inventory will serve as the direct source of information for items I and III above.

c. In each month for which the semi-annual report must be prepared, all cases appearing in the inventory (as adjusted for that month) shall be identified on the welfare board's copy of Form OA-4 by a check mark (✓) preceding the item. After identifying such cases, a total should be made of O.A.A. payments billed for the cases so identified, and such total will be the amount required for entry as item II above.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

pproved: July 16, 1951
lmer V. Andrews, Deputy Commissioner
irector Division of Welfare

ulletin Series.
upplement No. 1 to Bulletin No. 14. Insert in Handbook under section "Rulings and Bulletins".

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

August 23, 1951

SUPPLEMENT NO. 2 TO BULLETIN NO. 14

Effective in the month of August 1951, the County Welfare Board will file the following monthly statistical reports:

Form OA-8 (7-50) for Old Age Assistance
Form DA-8 (8-51) for Disability Assistance

Both reports consist of the minimum statistical information necessary for administrative purposes and for information required by the Federal Security Agency. Form OA-8 and Form DA-8 shall be sent to the State Bureau not later than the fifth working day of the month following the month of the report.

General instructions contained in Bulletin No. 14 dated July 20, 1950 shall apply to both statistical reports except as follows:

a. For purposes of administrative recording in dealing with classification of applications, only the activity as related to a single program should be considered. (If an individual who had previously been an applicant for Old Age Assistance subsequently filed an application, for the first time, for Disability Assistance, the latter application should be coded NA without considering the other program status.)

b. Delete the words "old age" which appear in the explanatory text for "Column NA" and "Column RO" under Item 1.

c. Delete the words "Form OA-14" appearing in the second paragraph of Item 4.

d. The explanatory text for Items 10 to 13, and 19 to 24, apply to both Form OA-8 and Form DA-8.

e. The explanatory text for Items 14 to 17 of Form OA-8 apply to Items 15 to 18 of Form DA-8.

f. Item 19 of Form OA-8 has been deleted from Form DA-8 and a new Item added. This Item 14 of Form DA-8 is "Ineligible, applicant not permanently and totally disabled". Enter here the number of applications denied or withdrawn because the applicant was officially determined by a Review Team to be not permanently or totally disabled within the terms of the program definition.

g. The reference to minimum age requirement in the explanatory text for Item 14 (OA-8) will be understood to read "eighteen" instead of "sixty-five" in relation to Item 15 of DA-8.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

Ruling Series:
Supplement #2 to Bulletin #14.
Insert in Handbook under "Rulings and Bulletins".

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# State of New Jersey

DEPARTMENT OF INSTITUTIONS AND AGENCIES
TRENTON 8

BUREAU OF ASSISTANCE
148 West State Street

August 5, 1954

TO: COUNTY WELFARE DIRECTORS

Re: Supplement No. 3 to Bulletin No. 14

Attached are three copies only of Supplement No. 3 to Bulletin No. 14, modifying the instructions in Supplement No. 1.

You will note that these special instructions are for the report for August 1954 only, and will enable you to plan your work accordingly.

If you have questions, please confer with the Bureau by telephone or letter, through Mr. Poinsett.

Very truly yours,

DEPARTMENT INSTITUTIONS AND AGENCIES

M. P. Dowdell

Marc P. Dowdell, Chief
Bureau of Assistance

MPD:IEC

Approved: 8/3/54
Elmer V. Andrews,
Director of Welfare

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

July 27, 1954

SUPPLEMENT NO. 3 TO BULLETIN NO. 14

Special Instructions for Preparation of Semi-Annual Statistical Report on O.A.S.I. Recipients for August 1954 only

For the month of August 1954 ONLY, the following additions to the instructions provided in Supplement No. 1 to Bulletin No. 14 (dated 7/16/51) are to be observed:

Cases receiving O.A.S.I. benefits concurrently with O.A.A. payments are to be identified for the Bureau as follows:

1. Prepare an inventory list showing the registration numbers and names of all recipients receiving O.A.S.I. benefits.

2. Show the amount of the O.A.A. grant for each recipient.

3. Show the amount of O.A.S.I. benefit for each recipient.

4. Show the appropriate code letter for each recipient to indicate the type of benefit, using the following code:

| If the Person is | Code |
|---|---|
| the primary beneficiary, i.e., the insured worker | P |
| the spouse (wife or husband) of a retired primary beneficiary | S |
| the widow or widower of a deceased primary beneficiary | W |
| the parent of a deceased primary beneficiary | X |

5. The inventory list should be prepared in a sufficient number of copies so that three copies can be submitted to the Bureau, and the Welfare Board will retain at least one and as many additional copies as are desired for local use.

6. The preparation of this inventory is in lieu of the identification of O.A.S.I. recipients on Form OA-4 by check mark, as called for by item (c) of Supplement No. 1 to Bulletin No. 14.

7. The three copies of the inventory for Bureau use shall be submitted to the Bureau as promptly as possible after completion of August business.

The purpose of this special inventory is in connection with the possibility of Congressional action to increase O.A.S.I. benefit rates effective in September or October.

DEPARTMENT INSTITUTIONS AND AGENCIES

MPD:IEC

Approved: 8/3/54
Elmer V. Andrews,
Director of Welfare

Marc P. Dowdell, Chief
Bureau of Assistance

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

BUREAU OF ASSISTANCE

REGULATION # Bulletin #20

ISSUED: _____ (Date)

REV.: May 27, 1940 (Date)

Supplement #1, 12/20/45

TITLE: Instructions for Preparation of Social Data Cards (OAA)

SUBJECT: _____

STATUTORY REFERENCE: R.S. 44:7-18

Irving Engelhardt, Chief
Bureau of Assistance

Approved:

By: _____

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State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

Originally issued June 23, 1936
Revised June 20, 1937
Revised December 20, 1939
Revised May 27, 1940

# BULLETIN NO. 20

## INSTRUCTIONS FOR PREPARATION OF SOCIAL DATA CARDS FOR INDIVIDUALS ACCEPTED FOR OLD AGE ASSISTANCE

Effective in the month of July, 1940, a social data card (Form OA-14, revised 6-40) is to be filled out for each person granted old age assistance by the County Welfare Board.

The worker who makes the investigation shall routinely make out this card and submit it as part of the completed case record. It should be filled out only after the investigation has been completed and all pertinent facts are available. The information recorded on the card is to be as of the date of investigation unless otherwise specified.

After the individual cards are completed, the total number should be checked with Item 4 of the statistical report (Form OA-8) and the cards forwarded to the State Division with other case material for the month.

Item A. County

Item B. Registration Number

Item C. Name of applicant -- Enter the name of the applicant giving surname first.

Item D. Address -- Enter mailing address of applicant, specifying house number, street, city, town or village. When necessary for identification in rural areas, give RFD number.

Item E. Sex -- Check one.

Item F. Race -- Check one.

Race: White

Race: Negro -- A person of mixed white and Negro blood is to be classified as a Negro, no matter how small the percentage of Negro blood. Both black and mulatto are to be checked as Negro, without distinction.

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Race: Other -- If applicant is neither white nor Negro, specify to what race he belongs, as Mexican, Indian, Chinese, Japanese, Filipino, Hindu, Korean, Hawaiian, Malay, Siamese, Samoan, and "all other". Any mixture of white and non-white should be reported according to the non-white parent. Mixtures of colored races should be reported according to the race of the father.

Item G. Date of Birth -- Enter the month, day and year of birth as obtained upon investigation. If the exact year is unknown, enter estimated year and mark "estimated".

Item H. Place of Birth -- If applicant was born in the United States give the state or territory in which born. If he was born in the United States but the state of birth is unknown, enter "United States, state unknown". If he was born abroad of American parents enter both the birthplace and "American citizen". If he was born at sea of American parents, enter "at sea, American citizen".

If applicant was not born in the United States, give the country of birth. If A European country of birth, give the name according to post-war boundaries. If there is uncertainty as to how to classify European birthplace in terms of post-war territorial readjustments, enter the name of country and also province or state in which the person was born as "Alsaco-Lorraine" or "Bohemia". If country of birth is unknown, enter "foreign-born, country unknown". If place of birth is unknown, enter "unknown".

Item I. Date of this application -- Enter date on which applicant filed application with the Welfare Board. This item refers to the application now being investigated and does not refer to the date of any previous application which the applicant may have filed and which may have been accepted or rejected. Give month, day and year in the order indicated.

Item J. Month and year for which first payment is approved, following this application -- Enter the month for which first payment, following this application, is approved by the Welfare Board. This item should show the month for which it is intended that old age assistance shall be granted even if the check is retained in the county office and later credited.

Item K. Monthly payment approved for $ _____ -- Enter the exact monthly amount of old age assistance officially approved, as $18.50. This entry should represent the first full monthly payment; if the first payment covers only a partial month, do not enter this partial payment.

Item L. Status of case -- Check one.

Status of Case: New: Never previously applied for old age assistance. Check if this individual never previously applied for old age assistance.

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Status of case: New: Application formerly denied or withdrawn -- Check if any application from this applicant was formerly denied or withdrawn and if old age assistance was NEVER approved for this individual in any county of the state.

Status of case: Transferred from another county -- Check if this individual was transferred to your county from another county in the state without interruption in old age assistance payments. Where there has been interruption in the payment, the case should be reported as reinstated.

Status of case: Reinstated: Case last closed prior to this year -- Check if a grant of assistance was approved previously for this individual in any county of the State, his grant having been discontinued before the beginning of the calendar year, and who is now reinstated to old age assistance rolls.

Status of case: Case last closed within this year -- Check if old age assistance has been approved previously for this individual in any county, his case having been officially closed in a previous month of the current calendar year, and who is again reinstated to old age assistance rolls.

Item M. Marital Status of applicant at time of investigation -- Check one.

Marital status: Single -- Check if applicant has never been married.

Marital status: Widowed -- Check if applicant's spouse is dead. A change in marital status, prior to death of spouse, does not affect this entry. For example, if a man and his wife were divorced and the wife died prior to the man's application for old age assistance, the correct entry is widowed.

Marital status: Divorced or legally separated -- Check if applicant is divorced or legally separated; do not check unless legal action has been taken and the divorce or separation is a matter of public record.

Marital status: Separated -- Check if applicant and spouse have agreed to live apart, but are not legally separated. Include if applicant is a deserting person or if his spouse has deserted. Do not report individual as separated if there have been no domestic difficulties and spouse is living at a place of employment, such as an institution, or with a family employed as a domestic, or in an institution receiving care, or in another town.

Marital status: Married: Living with spouse who does not receive old age assistance -- Check if applicant is legally married or has an established common law marriage and spouse does not receive old age assistance. This item does not refer to the spouse who has been receiving old age assistance but temporarily is not receiving it, as, for example, while away on a visit.

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Marital status: Married: Living with spouse who receives grant of old age assistance -- Check if applicant is legally married or has an established common law marriage and is living with spouse who receives a separate grant of old age assistance. Specify case number of spouse.

Marital status: Married: Living with spouse whose application for old age assistance is pending -- Check if applicant is legally married or has an established common law marriage and is living with spouse who has made application for old age assistance and final action on the application has not been taken. Specify case number of spouse.

Marital status: Married: Not living with spouse -- Check if spouse is living elsewhere such as in an institution, place of employment, with children, other relatives or friends for reasons other than domestic difficulties. If applicant and spouse are separated because of domestic difficulties resulting in divorce, separation or desertion "Marital status: Divorced or legally separated" or "Marital status: Separated" should be checked.

Item N. Public or private assistance received by applicant: Was applicant receiving assistance within thirty days prior to investigation? -- This question pertains either to assistance received in the name of the applicant or to assistance received in the name of another member of the household but which is intended to include the needs of the applicant. It does not include assistance received by another member of the household in which the applicant is not intended to share.

For the purpose of this schedule, a household is defined as a family group or a group of related or unrelated persons living together who share a common income which may be earned by one member of the group or which may result from the pooling of income from several members. Unmarried children and other relatives if they are considered as a part of the family group as an economic unit and not as a spearate family unit, should be considered as members of the household even though they pay a definite amount for board and room instead of sharing a common family income. Boarders and lodgers who are not married to members of the household and who pay a definite amount for services received should not be considered as members of the household.

Federal Surplus Commodities or other commodities which are the product of Federal work projects are not to be considered as aid for the purposes of this classification.

If the applicant has received assistance within thirty days prior to the investigation, even though the case was considered inactive or closed at the time of the investigation, check each form of assistance received, according to the following instructions:

Care in voluntary (private) institution for aged -- Check if within thirty days prior to investigation applicant was living in a non-profit incorporated institution, such as a Masonic, Hebrew or other denominational home supported in whole or in part by gifts or endowments.

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Care in other voluntary (private) institution -- Check if applicant was living in a non-profit incorporated institution other than a home for the aged such as a private hospital or sanatorium. Specify kind of institution.

Assistance from a voluntary (private) agency (not in institution)-- Check if applicant was receiving assistance from a private or semi-private, non-profit, incorporated agency, such as the Family Welfare Society, but was not living in an institution.

Care in public institution -- Check if applicant was living in an institution supported in whole or in part by public funds. Included in this item will be county and municipal almshouses, county welfare houses, municipal lodging houses, mental hospitals, general or special hospitals supported in whole or in part by public funds. Specify the type of institution in which the applicant resided.

Works Program Wages -- This item includes projects operated by the Works Progress Administration (including the National Youth Administration), by the Civilian Conservation Corps, and by the Public Works Administration.

One of the following two items is to be checked, if wages were received by the applicant or by a member of the household in which applicant lives on any Works Progress Administration or Public Works Administration project or from the Civilian Conservation Corps, or from any project financed from the works program fund and operated by any of the following Federal agencies: Department of Agriculture (entomology, plant quarantine, forest service, public roads, soil conservation, etc.) Department of Commerce; Department of Interior (Puerto Rico, Reclamation, etc.); Department of Labor; Navy Department (yards and docks); Resettlement Administration; Rural Electrification, Treasury Department, Veterans' Administration, War Department (engineers and quartermaster) and others that might be authorized by the President.

Individual loans granted by the Resettlement Administration to farm families for the purchase of capital goods such as live stock, farm equipment, repairs, feed and seed are not to be included in checking this item. Grants by the Resettlement Administration to needy farm families for their subsistence which are not to be repaid are to be entered below under: "Other Assistance".

Received by applicant -- Check if the works program wages were received in the name of the applicant.

Received by member of household -- Check if the works program wages were received in the name of a member of the applicant's household. (See definition of household above.) If the applicant or any member of his household received an allotment from the wages of a person enrolled in the C.C.C., check this item since the wages from which the allotment was taken were not earned by the applicant.

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General Public Assistance -- One of the following two items is to be checked, if applicant was receiving any form of general public assistance. Such assistance includes all forms of public, non-institutional assistance generally known as outdoor relief or temporary unemployment relief. It includes work relief if earned on a work relief project which is not part of the Federal works program. It does not include special types of aid such as Aid to the Blind, or statutory aid to service and ex-service men. It does not include medical care received at a hospital or any other form of institutional care.

General public assistance: Granted prior to application for old age assistance -- Check if general public assistance as above defined was received by the applicant before filing of the present application for old age assistance.

General public assistance: Granted pending approval for old age assistance -- Check if general public assistance as above defined was granted by the relief agency after this application for old age assistance was made and pending approval for old age assistance.

Other Assistance -- Check and specify any other form of assistance included in the above items such as Aid to Blind and statutory aid to service and ex-service men. Grants by the Resettlement Administration to needy farm families which are not to be repaid should be entered here.

If applicant was not receiving assistance within thirty days prior to this investigation, had he received any of the above types of assistance within two years prior to this investigation? -- This question is to be answered only if the applicant was NOT receiving assistance within thirty days prior to investigation. Check "no" if the applicant had received no public or private assistance within the two years prior to this investigation. Check "yes" if he had received any form of public or private assistance within the two years prior to this investigation. Check "unknown" if determination could not be made regarding receipt of assistance by the applicant within the specified two-year period.

Item O. Living arrangements to be effective when first payment is received -- Check one.

Alone -- Check if applicant on receipt of old age assistance is to live alone live alone in a house or apartment or in a furnished room, cooking his own meals or eating away from the place in which he rooms.

In household group with relatives: With spouse only -- Check if applicant is to live with spouse only, regardless as to whether they are to live in apartment, house, room, or rooming house.

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In household group with relatives: With spouse and others (relatives or non-relatives) -- Check if applicant is to live with both spouse and other persons who may be relatives or non-relatives regardless of whether or not applicant and spouse are to cook their own meals or are to eat with others in the household. Checking of this item should not be affected by which member of the household owns the home, if it is owned, or by which member is the head of the household.

In household group with relatives: With other relatives, without spouse -- Check if applicant is to live in a household group with other relatives, but without spouse, regardless of whether or not he is to have his meals with the household group.

In household group not with relatives, eating at same table -- Check if applicant is to live in a household group of persons who are not relatives and is to have his meals with them.

In voluntary institution, incorporated not for profit -- Check if applicant is to live in an incorporated non-profit institution, such as a denominational private home for the aged. Give name of institution as it appears in articles of incorporation.

In proprietary or unincorporated institution or in lodging house (ten or more lodgers) -- Check if applicant is to live in a lodging house or in an institution privately owned and operated for the benefit of proprietor but not incorporated. A lodging house is defined by the United States Bureau of the Census as a household in which there are ten or more lodgers. In counting the number of persons exclude as lodgers persons who take their meals in an unincorporated institution or in a lodging house but do not sleep there.

Other (specify) -- Specify any other living arrangement not included in the above categories which is to be effective when first payment is made.

Item P. Income of applicant to continue during any part of the period in which old age assistance is to be received -- This item is intended to show the forms of relatively fixed income, WHETHER RECEIVED IN THE FORM OF CASH OR NOT, which may be counted upon by the applicant for any part of the period for which old age assistance is to be received.

None -- Check if applicant will not have any income other than his old age assistance. The item should not be checked where relatives or friends make cash contributions to the maintenance of the applicant nor in cases where the applicant lives with relatives or friends who make contributions to his maintenance whether in cash or by reason of supplying such items as clothing, shelter, food, medical attention, etc.

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Veteran's Pension -- Check if a veteran's pension from a public agency is received by the applicant. The term "veteran's" is used broadly to include soldiers and sailors; the term "pension" refers only to a regular grant given to ex-service veterans of the United States forces (Army, Navy or Marine Corps, on an honorary basis.) This item does not include a temporary aid granted from statutory funds to service and ex-service men on the basis of need. Such aid should be considered as "public assistance" and entered below in Item Q.

Employee's Pension -- Check if applicant receives any pension from an industrial organization, from any governmental department, or from any other organization which formerly employed the applicant.

Annuity or Income from Trust Fund or Insurance Policy -- Check if applicant receives REGULAR INCOME, monthly, quarterly or at other stated internals from a trust fund or insurance policy. Do not check if person has received a lump sum settlement from an insurance policy.

Income from Invested Capital (savings account, bonds, stocks) -- Check if applicant receives regular payments in dividends or otherwise from stocks or bonds, or interest on a savings account, or is making regular withdrawals from a savings account for his maintenance.

Net Income or Rent from Real Property -- Check only if applicant actually receives NET income from property. Do not check if applicant owns the property in which he lives and rents no part of it or if his propertyis a potential source of income but does not yield any income at the time applicaation is approved and indications are that it will not be a source of income. Net income represents the amount received after deductions are made for carrying charges, such as interest on mortgage, insurance, principal and interest payments to the Home Owner's Loan Corporation and to building loan association, taxes, assessments, and water rents. Check the item if the applicant owns his home and rents part of it for an amount in excess of carrying charges.

Income from Earnings (including net income from small business) Earnings may be in the form of cash or in kind. Check if applicant is to receive any regular wages, however small, or net income for business, for any part of the period for which old age assistance is to be received. Wages in the form of goods such as free rent in return for services of applicant, as janitor, should be considered as income. If applicant receives money payment in return for furnishing board and room or other service to relatives, friends or others, and if this payment represents a profit, the item should be checked; this item should also be checked if applicant receives board or room in return for rendering some specific service.

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Net Income from Sale of Farm Produce -- Check if applicant receives any net income from the sale of farm produce during any part of the year, the amount of which can be predicted with a fair degree of certainty and which does not represent only a small uncertain amount.

Regular Contributions From Relatives or Friends -- Check if applicant is to receive definite contributions from relatives or friends continuously or at regular intervals in return for which he renders no service. THE ITEM SHOULD BE CHECKED IF THE APPLICANT LIVES WITH RELATIVES OR FRIENDS AND THE LATTER PROVIDE HIM WITH ANY PORTION OF HIS MAINTENANCE: ROOM, FOOD, CLOTHING, MEDICAL ATTENTION, ETC. Sporadic gifts should not be included, however.

Old-Age Retirement Benefits -- Check if applicant is to receive monthly benefits as a retired worker insured under the Federal Old-Age and Survivors Insurance program, or as the wife (not widow) of an insured worker.

Survivors Old-Age Benefits -- Check if applicant is to receive monthly benefits as the survivor of a worker insured under the Federal Old-Age and Survivors Insurance program. Include widows' or parents' benefits. Do not include lump-sum death payments.

Other -- Check and specify other forms of income that can be counted on regularly.

Item 9. Other public or private assistance approved for applicant to be received simultaneously with old age assistance during any part of the period for which old age assistance is to be received -- The purpose of this item is to show any form of public or private agency assistance that may be received by the applicant simultaneously with old age assistance.

None -- Check if applicant is to receive no form of public or private assistance other than old age assistance

Public Assistance (specify kind) -- Check if applicant is to receive any assistance in cash from a public welfare agency other than a welfare board. That applicant may receive such assistance simultaneously with old age assistance only for medical and surgical care. The item should not be checked if the applicant is receiving or is to receive medical care at a hospital or in other public institution.

Assistance from a Voluntary (private) Agency -- Check if assistance from a private or semi-private, non-profit, incorporated agency has been approved for the applicant. Such assistance does not include care in a private hospital or any other form of care that he may receive from any other private institutions.

Unknown -- Check if at the time of investigation it is uncertain whether the applicant will receive other public or private assistance.

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Item R. Other Public or Private Assistance approved in Household of Applicant for any member of the household other than the applicant, and excepting lodgers, to be received simultaneously with old age assistance during any part of the period for which old age assistance is to be received -- The purpose of this item is to show all forms of public or private assistance that are to be received simultantously with old age assistance by any member of the applicant's household other than the applicant himself. For definition of household see Item N. Boarders and lodgers who are not related to members of the household and who pay a definite amount for services received should not be considered members of the household. Each form of public or private assistance received should be checked.

None -- Check if no other public or private assistance is to be received by any member of the applicant's household.

Public Assistance: Aid to Dependent Children -- Check if aid to dependent children has been approved for one or more members of the applicant's household.

Public Assistance: Aid to Blind -- Check if aid to blind has been approved for a member of the applicant's household. The item should be checked only if the aid consists of material aid given regularly and not merely services such as instructions, aid in selling goods made by the blind person, etc.

Public Assistance: General Public Assistance -- Check if general public assistance has been approved for any member of the applicant's household other than the applicant himself. General public assistance is defined for the purpose of this item as in Item N.

Public Assistance: Another grant of Old Age Assistance -- Check if grant of old age assistance has been approved for another member of the household. Give name and relationship to the applicant.

Public Assistance: Works Program Wages -- Check if any member of the household is certified for work on a project operated under the Works Program as defined in Item N.

Public Assistance: Other -- Check and specify any other type of public assistance which has been approved for any member of the household, such as statutory aid to service and ex-service men or a regular grant from public funds for special forms of health service to children in the household. Do not check if some member of the household is receiving care at a hospital or in some other public institutions.

Assistance from a voluntary (private) agency -- Check if assistance from a private or semi-private, non-profit, incorporated agency, such as the Family Welfare Society, has been approved for any member of the applicant's household other than the applicant. Such assistance does not include care in a private hospital or in some other private institution.

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Unknown -- Check if at the time of investigation it is uncertain whether any member of the applicant's household other than the applicant will receive any other form of public or private assistance.

Item S. Birthplace of applicant's father -- If applicant's father was born in the United States, give the state or territory in which born. If he was born in the United States but the state of birth is unknown enter "United States, state unknown". If applicant's father was not born in the United States, give the country of his birth. If country of birth is unknown, enter "Foreigh-born, country unknown". If place of birth is unknown, enter "Unknown".

Birthplace of applicant's mother -- Same as above

Item T. Number of living children -- Enter in this item the number of applicant's children who are living at the time of this investigation and who have reached their sixteenth year. The entry made in this item should include ONLY living children who have attained the age of sixteen whether they are living in New Jersey or elsewhere and without regard to whether their present whereabouts are known or not.

Total Number of responsible relatives -- Enter in this item total number of the applicant's legally responsible relatives, including the applicant's spouse, parents, if living, living children included in the preceding item, and all grandchildren who have attained their sixteenth year.

Item U. Financial assets of applicant -- Enter in this item all real and personal property assets of the applicant as determined at the time of this investigation.

Financial assets of applicant: Net value of real estate (assessed value, less liens)-- Enter here the assessed value of any or all of the applicant's real property, less all indebtedness and liens standing against that property. Indebtedness will include mortgages, accumulated unpaid interest on mortgage and any other lien that may have been established against the property. Where property is owned jointly by husband and wife the net value of the property should be entered in this item for each of them. Where property is owned jointly with a person other than the applicant's spouse, entry should be made only of the applicant's share in ownership.

Financial assets of applicant: Value of investments other than insurance and open bank account -- Enter here the total value of applicant's assets except real property insurance and open bank account. This item will comprise such assets as mortgages, mortgage certificates, stocks, bonds, building and loan shares, notes, etc. In determining the value of investments employ their market value at the time of this investigation. This observation applies particularly to stocks and bonds and building and loan shares owned by the applicant. Accounts in CLOSED banks should be included in this item. However, when such accounts have been determined to be valueless they should be omitted entirely from this item. Do not include any debts owing the applicant unless there appears definite likelihood of their being collected.

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Financial assets of applicant: Amount of Life Insurance, including Fraternal Benefits -- Enter in this item the face value of all insurance on the applicant's life whether held and paid for by the applicant himself, by a legally responsible relative or by any other person. Disability or accident insurance should not be included. The value of death benefits payable by a fraternal organization should be entered in this item without regard to relationship of the person to whom payable.

Financial assets of applicant: Amount of open bank account -- Enter in this item the amount of money on deposit in any open bank account or accounts in the name of the applicant or jointly in his name with any other person.

Note -- The signature of the investigator who obtained the data recorded on this form and the date when the investigation was completed should be entered in the lower right hand corner of the form on the lines indicated.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

MPD:W

Bulletin Series
No. 20. Insert in Handbook under section "Rulings and Bulletins". Cancel Bulletin No. 20, previously issued, December 20, 1939.

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State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

December 20, 1945

SUPPLEMENT TO BULLETIN NO. 20

Effective in the month of January, 1946, an additional entry will be made on the social data card (Form OA-14, revised 6-40) prepared for each person granted old age assistance by the county welfare board. This entry will be a code identification of the reason for opening or re-opening the case in accordance with the classification of such reasons set forth below.

The entry will consist of that combination of letters and numerals which identifies the appropriate reason for opening or re-opening the case as shown in the table. For example, a case opened because of the lay-off of a son with whom the applicant has been making his home would be coded as A2b(2); a case opened because of transfer from another county under Ruling 8 would be coded as C. The entry will be made in ink on the face of the social data card (Form OA-14), in the bottom margin immediately under the words "Do not fill in columns....."

In classifying cases according to the following table, if it appears that more than one of the listed reasons for opening has existed within the six months immediately preceding approval of assistance, the first pertinent reason listed in the table determines the classification, except for transfered cases under Section C. It is recognized that in some instances use of the reason listed first in the table will result in giving precedence to a factor that in the particular case may have been of lessor economic significance. Generally, however, the order of precedence as listed is significant and its use will serve to eliminate the variation that would otherwise occur because of differing interpretations as to the most important reason for opening.

TABLE OF CLASSIFICATIONS

Section A. Change in economic circumstances during last 6 months - Classify according to the proper items below all cases in which the recipient's requirements increased or his resources diminished during the six month's immediately preceding approval of assistance. For purposes of this section, a loss of income from an assistance agency is not to be regarded as a change in economic circumstances.

1. Discontinuance of unemployment benefits to person in home - Cases in which the recipient lost support or income because unemployment compensation paid to him or another person in the home was discontinued within six months before approval of assistance.

2. Loss of employment or decreased earnings of:

a. Recipient

(1) Illness or disablement - Cases in which the recipient lost employment or suffered a decrease in earnings as a result of his own illness or disablement, if the loss or decrease in earnings occurred within six months immediately preceding approval of assistance even though the onset of illness or disablement occurred earlier.

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(2) Lay-off, discharge, or other reason - Cases in which the recipient lost employment or suffered a decrease in earnings for any reason other than his own illness or disablement. A case in which the recipient voluntarily quit his employment would be in this category.

b. Other Persons in Home -

(1) Illness or disablement - Cases in which a wage earner in the home other than the recipient lost employment or suffered a decrease in earnings because of that wage earner's illness or disability, if the loss or decrease in earnings occurred within six months immediately preceding approval of assistance, even though the onset of illness or disablement occurred earlier.

(2) Lay-off, discharge, or other reason - Cases in which a wage earner in the home other than the recipient lost employment or suffered a decrease in earnings for any reason other than the illness or disablement of that wage earner. This will include cases where the wage earner was laid off, discharged, retired for age, or where he quit voluntarily.

3. Loss of a wage earner in home by death or absence - Cases in which the recipient lost support or income because a wage earner living in home with the recipient died or left the home within six months immediately preceding approval of assistance.

4. Discontinuance of allowance, pension or other payment connected with military service, received by person in home - Cases in which an allowance or any other payment to person in the home as a dependent of a member of the armed forces has been discontinued within six months immediately preceding approval of assistance. If a relative living outside the home has withdrawn support because his allowance as a dependent of a member of the armed forces has been discontinued, the case should be classified in item 6.

5. Depletion of savings or other resources - Cases in which the recipient has had no source of income within six months of the date of approval but did have savings or other assets that were exhausted or reduced within the six months' period.

6. Loss or decrease of contributions from relatives outside home - Cases in which the needs of the recipient have been met wholly or in part through contributions from relatives outside home, and such contributions are discontinued or reduced.

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7. Other change in economic circumstances (including increased need without change in resources) - Cases in which the recipient has lost within six months a source of income other than those specified in items 1 - 6, such as loss of income from investments, real property, pensions, etc. This item will also include cases in which the total requirements of the recipient have increased without a corresponding increase in resources.

Section B. No material change in economic circumstances during last 6 months - Classify according to proper items below cases in which the recipient had no substantial decrease in resources or increase in requirements during the preceding six months.

1. Change in law or agency policy - Cases in which the recipient became eligible because of a change in the law or in the eligibility provisions of State or local administrative policy, if such change occurred within six months immediately preceding approval of assistance.

2. Attained technical eligibility - Cases in which the recipient has been in need and has had no material change in economic circumstances for more than six months, but only within the last six months has fulfilled some technical condition of eligibility, such as age or residence. Such cases may or may not have received other assistance during the six months' period.

3. Other - Cases in which there has been no material changes in the recipient's economic circumstances within the last six months and to which items 1 and 2 above are not applicable. For example, a recipient may have been needy and eligible over an extended period but may have postponed applying by living below minimum standards for assistance.

Section C. Transfered from another county - Classify in this section all cases in which the recipient's grant was approved by the reporting county following acceptance as an inter-county transfer under Ruling No. 8. All inter-county transfers should be so classified regardless of the applicability of any other category above.

In the case of a temporary grant made under Ruling No. 14, where Form OA-14 (social data card) is not available to be submitted with the material for the month in which the temporary grant is made, a paper slip containing the case number and code identification of reason for opening shall be attached to the form OA-7 (index card) and authorization report for each such case.

With the inauguration of the system of reporting reasons for opening as set forth in this supplement, Bulletin 14A dated September 12, 1945 and modifying letters dated November 8 and 28, 1945 are discontinued, and the monthly preparation of Form OA-8A by the county welfare boards as provided in letter dated September 14, 1945 is likewise discontinued. Hereafter Form OA-8A will be prepared by the State Division from the individual case classifications

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reported in the manner provided in this supplement, and the Division will transmit to each county welfare board monthly the full report of totals affecting that county in addition to such state-wide figures as may be compiled for general distribution.

The county welfare boards will continue to prepare Form OA-8C for monthly transmittal to the Commission for the Blind, as provided in letter dated September 21, 1945, but the interpretation of classifications on such form will be governed by the definitions and instructions contained in this supplement.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Approved December 20, 1945
Sanford Bates, Commissioner

Bulletin Series.
No. 20 - Insert in Handbook under section "Rulings and Bulletins" as Supplement to Bulletin No. 20.
Destroy Bulletin No. 14-A dated September 12, 1945.

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

BUREAU OF ASSISTANCE

REGULATION #_____
Bulletin #24

ISSUED: _____
(Date)

REV.: December 3, 1943
(Date)

TITLE: Preparation of Social Data Cards;
Cases Closed

SUBJECT: _____

STATUTORY REFERENCE: R.S. 44:7-18

Irving Engelhardt, Chief

Bureau of Assistance

Approved:

By: _____

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State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

Revised December 3, 1943

BULLETIN NO. 24

# INSTRUCTIONS FOR SOCIAL DATA CARDS: CASES CLOSED

Effective in the month of July, 1943, a revised Social Data Card, Form OA-13 revised 7-43, is to be filled out for each case closed by action of the County Welfare Board.

When completed, the total number of cases closed should be checked with the number of cases closed shown on the monthly statistical report, Form OA-8, and the cards forwarded to the State Division together with other case material for the month.

Item A. County

Item B. Registration Number

Item C. Date of closing case - Enter the month and year on which the case was closed officially by action of the Welfare Board. This date is not necessarily the date on which payment actually ceased but rather the day on which the Welfare Board took formal action of closing. If, however, payment is continued beyond the date of formal closing, the case should not be recorded as closed until the month for which last payment was made.

Item D. Name of individual - Enter the name of the client, giving surname first.

Item E. Reason for closing (check principal reason):

Not eligible for original grant - Check if case was closed because reinvestigation has shown that original grant should not have been made since applicant had sufficient assets, legally responsible relatives were able to support, residence requirements had not been met, or because there were other reasons making applicant ineligible. Include both cases of intentional fraud on the part of the applicant and cases of honest mistakes in which the individual unintentionally gave information which was found subsequently to be incorrect.

Death - Enter date of client's death giving month, day and year.

Admitted to public institution - Check and specify the kind of institution, as general hospital, State hospital, welfare house, etc.

Admitted to voluntary (private) institution - Check if admitted to a private, non-profit incorporated institution, such as a Masonic, Hebrew or other denominational home.

Became self-supporting by reason of:

Employment - Check if client, after being approved for a grant of assistance, became self-supporting by reason of earnings.

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Other resources of recipient - Check if client, after being approved for a grant of assistance, became self-supporting by reason of income from resources other than earnings, including investments, Old Age Survivors Insurance, etc., but excluding any items which follow.

Relatives became able to support by reason of:

Employment of spouse - Check if employment of spouse increased resources of client to such an extent that the case was closed.

Other resources of spouse - Check if recipient's case was closed because increased resources, excluding earnings, became available to his spouse.

Employment of other members of household - Check if the employment of other persons in the home increased the resources of client to such an extent that the case was closed.

Other resources of other members of household - Check if case was closed because of increased income from resources, other than earnings, of persons in the home other than the client or his spouse. This item should include not only aid from persons in the home whose ability to contribute has increased, but also aid from persons who without any change in circumstances have assumed more responsibility for support.

Receipt of allowances or other payments to dependents of persons in the Armed Services by any person in home - Check if allowances or other payments to dependents of persons in the Armed Services received by any person in the home increased the resources of client to such an extent that the case was closed. Include here allowances under the Servicemen's Dependents Allowance Act, death gratuities and military insurance.

Increased support from persons outside of home - Check if case was closed because relatives outside the home became able to support the client or assumed his support.

Receipt of other public or private aid in household - Check one of the two following items if case was closed because of the receipt of other public or private aid. Workmen's Compensation and Unemployment Compensation are not to be considered in this item. Such resources should be entered in "Relatives became able to support by reason of: Other resources of spouse" or "Relatives became able to support by reason of: Other resources of other members of household".

By recipient or spouse - Check if case was closed because recipient or spouse is to receive work program earnings or another grant of assistance, public or private, under name of recipient or spouse. This item should be checked only if the recipient would be eligible for old age assistance if he were not approved for the new type of aid. Specify type of aid.

By other member of household - Check if case was closed because the recipient is to be included in an assistance payment made in

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the name of another person in the household other than spouse or is to benefit from work program earnings of such person. Specify type of aid.

Refusal to comply with established regulations - Check if the recipient refused to comply with the requirement that Agreement to Reimburse be executed, insurance be assigned, or with any other requirement that the Welfare Board may have made regarding the assignment or control of assets, or other requirements.

Moved out of county - Check one of the following:

To another county within State - Check if recipient moved to another county within the State after being approved for a grant of assistance. Name the county to which removal was made.

To another state - Check if recipient moved to another state after being approved for a grant of assistance.

Other - Check and specify reason for closing if the case was closed for any reason not listed above.

Item F. Total number of months for which this individual received old age assistance - Enter the total number of months for which the individual actually received old age assistance in any county of the State. Each month for which assistance was received, either for all or part of a month, should be counted as one month. For example, if an individual received assistance for seven full months and part of another month, the correct entry is "8 months".

If the case was closed previously and reopened, all months and parts of months for which the individual received old age assistance should be counted in making this entry. In determining the number of months during which old age assistance was received only those months should be counted for which a check was drawn and actually paid to the recipient. Months for which the Welfare Board drew checks and subsequently took credit for those checks should not be included.

Note - The signature of the person filling out this form and the date on which the form is prepared should be entered at the bottom of the form on the lines indicated.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

MPD:W

Bulletin Series.
No. 24. Insert in Handbook under section "Rulings and Bulletins".
Destroy Bulletin No. 24, dated May 25, 1943.

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

BUREAU OF ASSISTANCE

REGULATION # _____
Bulletin #30

ISSUED: August 23, 1939
(Date)

REV.: _____
(Date)

TITLE: Instructions for Use of Pamphlet ODA-9

SUBJECT: _____

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

Irving Coyle, Chief
Bureau of Assistance

Approved:

By: _____

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State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

August 23, 1939

BULLETIN NO. 30

INSTRUCTIONS FOR USE OF PAMPHLET GUIDE FOR APPLICANTS AND RECIPIENTS (FORM OA-9)

The pamphlet guide for applicants and recipients as formerly in use (Form OA-9) has been revised and republished to reflect the various changes in law and practice that have become effective since April 1st, 1936, and is now available for general use and distribution by the county welfare boards.

In order that there may be uniformity of policy among the county welfare boards in the use of this form, the following rules are suggested:

1. It is desired that every applicant and recipient shall be fully informed of the general conditions affecting the Old Age Assistance program, and to that end Form OA-9 should be freely distributed to applicants at the intake desk, in response to inquiries by mail, etc.

2. In order that every person now receiving old age assistance may be fully informed, Form OA-9 shall be sent to every active recipient as an enclosure with the regular assistance checks to be issued as of September 30, 1939.

3. In order that every person hereafter receiving old age assistance may be fully informed, and in order that every person denied old age assistance may be routinely informed of his right to fair hearing (as required by regulations of the Social Security Board.), Form OA-9 shall be sent as an enclosure with every notification of decision on new, reopened or reinstated applications, whether such decision be grant, denial or withdrawal, beginning with such decisions for the month of September, 1939, and thereafter routinely every month.

4. It is desired that Form OA-9 shall be utilized freely by the investigators in their discretion, for the purpose of bringing information regarding the program to the attention of relatives, references, friends, and other persons concerned in any case.

5. It is desired that Form OA-9 shall have general distribution not only among applicants and recipients, but also among interested persons and organizations in the public at large. It is therefore intended that no restrictions shall be placed upon the distribution of this form, but copies may be furnished freely to municipal departments of welfare, other social agencies, other interested organizations and individuals, etc., on any occasion when the opportunity to make such distribution presents itself.

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6. It is to be observed that Form OA-9 does not purport to be a complete statement of all the law bearing on the administration of old age assistance, nor a technically exact statement of any portion of the law. It is at best a brief outline or summary of the more important aspects of law and practice which are of primary interest to applicants and recipients, and prepared as a matter of general information. No statement appearing in the form is to be regarded as conferring any right not otherwise established specifically in the law and official regulations, and no general statement appearing in the form may be relied on as a basis for deciding any individual case to which such statement, because of special circumstances, may not be applicable.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Approved August 22, 1939
William J. Ellis, Commissioner

Bulletin Series
No. 30 - Insert in Handbook under section "Rulings and Bulletins."

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

BUREAU OF ASSISTANCE

REGULATION #
Bulletin #31

ISSUED: December 7, 1945
(Date)

REV.:
(Date)

Supplement #1, 4/15/47
Supplement #2, 5/5/47

TITLE: O.A.S.I. Information

SUBJECT:

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

Laura Eglauer, Chief
Bureau of Assistance

Approved:

By:

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

December 7, 1945

BULLETIN NO. 31

## OLD AGE AND SURVIVORS INSURANCE

Information concerning Old Age andSurvivors Insurance claims is made available to public assistance and private welfare agencies who work concordantly with the Bureau of Old Age and Survivors Insurance in recognizing certain conditions and requirements governing release of such information by the Bureau. Friendly and constructive relationships between the field offices of the Social Security Board and the county welfare boards have been established through the development of cooperative techniques and procedures.

Requests for information from welfare agencies should be limited to the minimum consistent with the agency's responsibility for determining eligibility for public aid. Referrals and requests for information should be made only where the agency is unable to obtain satisfactory information from the client himself. In most instances it is expented that the client can show his award certificate or notice of disallowance which is received after his claim is acted upon by the Old Age and Survivors Insurance Bureau.

### Requests for Information on Claims Filed

When the county welfare board has information that a claim for Old Age and Survivors Insurance benefits has been filed but the claimant cannot produce his award certificate, disallowance letter or other satisfactory evidence of the status of his claim, the welfare board should submit a request for information on Form OA-20 in triplicate to the local field office of the Social Security Board serving the territory in which the claimant lives. If the claim has already been acted upon by the Board, the appropriate part of Form OA-20 will be filled in, one copy returned to the welfare board, and the remaining original and copy retained by the local field office. If the claim has been filed but not acted upon, notation to that effect will be entered on a copy of the form which will be returned to the county welfare board. The field offices will notify the welfare board later of final action on the claim.

It will be noted that this revised form does not require the signature of the claimant, the Social Security Board being satisfied that the authority given the welfare boards to request information regarding resources or income by the applicant on Form OA-1 is satisfactory authorization. The words "months of entitlement" as used on this form mean, in general, the first month for which the claimant's eligibility is established; in some instances the initial payment may cover preceding months during which the claim was pending.

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The date of birth will be filled in on Form OA-20 by the Bureau of Old Age and Survivors Insurance only when that date has been verified. Accordingly, if included on the form, it may be accepted as verification of age by the county welfare board.

The field offices of the Bureau of Old Age and Survivors Insurance in New Jersey are located at Atlantic City, Bayonne, Bridgeton, Camden, Elizabeth, Jersey City, Newark, Passaic, Paterson, Perth Amboy, and Trenton. Some of these offices also maintain an itinerant service, that is, have established stations throughout the territory covered by the office, open for specified periods to receive claims and requests for information. The location and hours when representatives of the Bureau of Old Age and Survivors Insurance are available at these stations may be obtained by referring to the local field office.

## Referrals for Filing of Original Claims

In addition to cases in which the welfare board will desire information on claims already filed, there will be occasions when applicants for Old Age Assistance should be referred to the local field office of the Bureau of Old Age and Survivors Insurance to file an original claim. In these cases, Form OA-20 mentioned above may be used, the Welfare Board giving the applicant three copies. If the applicant files a claim with the Bureau, the field office will make a notation to this effect on one copy of the form and return it to the county welfare board, later notifying the welfare board when formal action on the claim is taken.

If no claim is filed because the person is obviously not entitled to benefits, all three copies of the form will be returned to the county welfare board with an explanation of the applicant's ineligibility. If it should occur that the person is apparently eligible for benefits but does not wish to file a claim, all copies will be returned to the welfare board with a statement regarding his eligibility and unwillingness to file a claim.

## Requesting Information for Other Agencies

Other public or private welfare agencies who request claims information through the county welfare boards, may be notified that such inquiries should be made directly to the local field office of the Board. It is no longer necessary for other welfare agencies to channel their requests through a public assistance agency. Form OA-21, revised 6/44, is accordingly disconnected.

## Voluntary Furnishing of Information by Local Field Office

If at any time the local field office has information that a person receiving Old Age and Survivors Insurance benefits is also receiving Old Age Assistance or Aid to the Needy Blind, and there is doubt that the welfare board knows about the receipt of Old Age and Survivors Insurance benefits, the welfare board will be notified by the local field office on a voluntary basis. There is no provision made for the supplying of such voluntary information to any agency other than those operating under the Social Security Act.

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Referral of Persons Who May Be Eligible by County Welfare Boards

If an applicant for or recipient of public assistance appears to be eligible for old age and survivors insurance benefits, he should be referred to the field office servicing the area in which he lives. Such referrals should not be indiscriminate but based insofar as possible upon a review of the wage earner's work history. The county welfare board staff will find that "AHandbook on Federal Old Age and Survivors Insurance" published by the Social Security Board in 1941, contains material which will be helpful in selecting those applicants or recipients who warrant referral to the field office.

It should be emphasized that the above procedures do not eliminate the desirability of informal contacts with the local field offices of the Social Security Board with which mutually advantageous relationships have been established throughout the State. It is the desire of the State Division that such contacts involving problems of a special or general nature should continue and be encouraged.

A copy of Form OA-20 is to be filed as part of this Bulletin. Additional copies of such form may be secured from the Division as required.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Approved December 7, 1945
Sanford Bates, Commissioner

B ulletin Series:
No. 31 - Insert in Handbook under section "Rulings and Bulletins".
Destroy Bulletin No. 31 dated June 28, 1944.
Supplement 2 to Bulletin No. 31 dated October 27, 1944 is still up to date and continues in force

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State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

April 15, 1947

SUPPLEMENT TO BULLETIN NO. 31

REIMBURSEMENT OF BURIAL EXPENSES THROUGH OLD AGE AND SURVIVORS INSURANCE

The Social Security Board's regulations affecting lump-sum death benefits under the Old Age and Survivors Insurance program have been revised to provide as follows:

"OASI Lump-Sum Death Payments--Equitable Entitlement
State and Local Governmental Units

States or local governmental units that pay the burial expenses of recipients of assistance (whether the categorical programs or otherwise) may file claim for reimbursement from the Bureau of Old-Age and Survivors Insurance providing certain basic requirements are met.

1. The recipient of assistance (hereafter referred to as the deceased wage earner) must have been fully or currently insured under the Old-Age and Survivors Insurance program.

2. The wage earner must have died after December 31, 1939.

3. (a) In the case of a wage earner whose death occurred prior to December 31, 1946, there must be no widow, widower, child, grandchild, or parents surviving.

   (b) In the case of a wage earner whose death occurred after December 31, 1946 (Social Security Act Amendments of 1946), there must be no widow or widower surviving.

4. Payment of a part or all of the burial expenses of the deceased wage earner must have been made by the State or local government without receipt or expected receipt of reimbursement from some other source.

5. An application must be filed by an authorized official no later than the second anniversary of the death of the wage earner.

Explanation of Conditions of Entitlement

1. Insured Status of Individual--A wage earner is "fully insured" if he has been paid $50 or more in employment covered by the Social Security Act in at least half the number of calendar quarters as there are between January 1, 1937, and the quarter in which he died. In no case can a worker become fully insured unless he has been paid $50 in wages in each of at least six calendar quarters. This minimum of six calendar quarters applies in the case of persons who reach age 65 before January 1, 1940, and most of those who are 24 years of age or younger. A wage earner will have died "currently insured" if he worked in covered employment approximately half of the last three years of his life.

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2. Death After December 31, 1939--A lump-sum death benefit is payable only where the insured individual died after December 31, 1939, and leaves no survivor immediately eligible for monthly payments at the time of his death.

3. Death Between December 31, 1939 - December 31, 1946--If the wage earner died before January 1, 1947, the lump-sum payment may go to the widow, widower, child, grandchild, or parent in the order named. Where the wage earner is not survived by any such relative, the lump sum may be paid to "any person" "equitably entitled" including State or local governmental agencies, who has paid the burial expenses.

   Death After December 31, 1946--In the case of a wage earner who died after this date, the lump sum may be paid to a widow or widower if they were living together when the wage earner died. If no widow or widower survives, or if the surviving widow or widower was not living with the wage earner at the time of his death, the lump sum will be paid to the person or persons (including State or local governmental agencies) who pay the burial expenses.

4. Payment of Burial Expenses Without Reimbursement from Some Other Source- Although payment may be made to the agency or agencies that have paid the burial expenses, it will not be made to any agency that has been or may later expect reimbursement from other sources. However, if burial expenses were paid with the proceeds of assigned insurance (legal or equitable title to which was held by the State or local agency), the agency is considered as not having received reimbursement for the funeral expenses, and therefore may collect the lump-sum benefit.

5. Filing of Application (a)--The application must be filed no later than the second anniversary of the death of the wage earner, on Form OA-C8 entitled "Application for Lump-Sum Death Payment." The application forms are available at and are filed with the appropriate local field office of the Social Security Administration.

   (b) Any authorized official of a State or local governmental unit may file an application on its behalf. A statement by the official on the application under "Remarks" that he is authorized to file for the lump-sum death payment is acceptable evidence of his authority.

   (c) Additional information and assistance may be obtained at any local field office of the Social Security Administration."

The policy of the Social Security Administration as outlined above means that in the cases of certain Old Age Assistance clients who have received Old Age and Survivors Insurance benefits while living, the county welfare board will be eligible for reimbursement from the Old Age and Survivors Insurance funds for all or a portion of any sum which it may expend to meet the burial costs of such persons.

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Accordingly, the county welfare boards should file claim for such reimbursement in any case where the following requirements are met:

1. The deceased was protected as the primary wage earner under the Old Age and Survivors Insurance program;

2. The client died without survivors immediately eligible for monthly benefit payments ( i.e., spouse or parent over sixty-five, or children under eighteen);

3. The client died without a surviving spouse who was living with the decedent at time of death;

4. The welfare board assumed all or any part of the cost of burial.

It is to be observed that a lump sum death payment can be made available directly to the welfare boards only in the case of primary wage earners who are not survived by any relatives in the relationship of widow, widower, child or parent, who would be immediately eligible for monthly benefit payments. Even if there are no such relatives eligible for monthly benefit payments, if there is a widow or widower surviving who was living with the wage earner at time of death, then such widow or widower has the exclusive right to receive the lump sum death benefit in preference to any other relative, friend or public agency assuming burial cost.

Therefore, in any case of the death of an old age assistance recipient who is apparently entitled to a lump sum death benefit, if such recipient is survived by a widow or widower who was living with him at the time of death, an inquiry as to the availability of funds for burial through the lump sum payment to such widow or widower should be made before any funds are advanced by the county welfare board towards the burial.

The lump sum death payment is based on the total cost of burial, but not to exceed six times the monthly benefit paid to the wage earner during his lifetime. Furthermore, the lump sum death payment is limited to the proportion of the actual sum available for payment to the total cost of burial. Thus, if total burial costs are $200, of which relatives or friends paid $50.00 to supplement a payment of $150 by the Welfare Board, and the maximum lump sum death benefit available is only $100, the Welfare Board would receive only three-fourths of the available death payment or $75.00.

Procedure for Filing Claim

Claim should be filed on Form OA-C8, Application for Lump-Sum Death Payment, which may be obtained from the local offices of the Social Security Board. In filing a claim, the welfare board should insert the following statement under "Remarks" on Form OA-C8:

> "Application is also made for the State's share of the lump-sum death payment in accordance with the blanket authority furnished by the State to the Social Security Board."

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This procedure will avoid the necessity of making an application from both County and State and will permit reimbursement to be handled in the usual manner. The authorization instruction furnishing blanket authority to the county welfare boards is now on file in the local offices of the Social Security Board.

In the event that costs of burial were met jointly by the welfare board and another person or organization, two separate claims should be filed, which claims will be pro-rated by the Social Security Board as outlined above.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Bulletin Series.
Supplement to Bulletin No. 31. Insert in handbook under sections "Rulings and Bulletins".
Destroy Supplement No. 2 to Bulletin No. 31 dated October 27, 1944.

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State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

May 5, 1947

SUPPLEMENT NO. 2 TO BULLETIN NO. 31

OLD AGE AND SURVIVORS INSURANCE PAYMENTS FOR INSTITUTIONAL PATIENTS

Since a significant number of Old Age Assistance recipients are being continuously discharged to public institutions, and since an increasing number of such clients are recipients of monthly benefits under the Old-Age and Survivors Insurance program, it has become important to clarify policy and procedure with regard to the continuing receipt of such benefits by clients who are committed to mental institutions.

We are advised that under the regulation of the Bureau of Old-Age and Survivors Insurance, benefits in behalf of incompetent adults may be paid to a guardian-in-fact. A person wishing to serve as guardian-in-fact makes application to receive benefits in behalf of the incompetent adult, and the Bureau of Old-Age and Survivors Insurance makes the determination as to who shall serve as payee. Wherever a suitable relative is available to act as guardian-in-fact, the Bureau of Old-Age and Survivors Insurance selects the relative. In the absence of a suitable relative, a director of a county welfare board or a superintendent of a mental hospital might be appointed as guardian-in-fact upon filing an application. Applications may be filed at a field office.

Accordingly, it is suggested that whenever Old Age Assistance recipients, who are also recipients of monthly OASI benefits, are committed to mental institutions, the county welfare board should proceed in accordance with the following principles:

1. If the order of commitment entered by the committing court takes cognizance of the patient's OASI income, and specifies that such income shall be paid to the county treasurer or to the institution treasurer for contribution to the cost of the patient's maintenance, the county welfare board will assert no conflicting interest. In such cases the welfare board will not ordinarily have to exercise any further responsibility with respect to the OASI benefits, unless and until any request is made to the welfare board to participate in the client's funeral expenses at time of death, in which event the welfare board will inquire into the matter of entitlement to a lump-sum death payment.

2. If the order of commitment does not take cognizance of the patient's OASI income, the County Director of Welfare should immediately notify the Bureau of Old-Age and Survivors Insurance concerning the recipient's incompetence and commitment, and should apply for appointment as guardian-in-fact.

3. If the Bureau should select a relative of the patient to serve as guardian-in-fact, i.e. as payee of the monthly benefits, the relative so designated should be interviewed to determine his plans for utilizing this income toward the cost of the patient's maintenance at the institution, or toward other special or incidental needs of the patient, or both. A full report concerning the relative's plans

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in this connection, with whatever recommendations may seem appropriate, should be directed to the attention of the committing court, through the County Adjuster, in order that the court may amend the order of commitment or take other appropriate action.

4. If the Bureau should select the County Director of Welfare to serve as guardian-in-fact, i.e. as payee of the monthly benefits, the funds received should be credited to a trust account for the client concerned and utilized, in the discretion of the Welfare Board, for any or all of the following purposes, desirably in the order of preference indicated unless circumstances make a different order of preference appropriate;

(a) Payments to or on behalf of the client for personal incidentals and other special requirements while a patient at the institution;

(b) Payments incident to the conservation and protection of the patient's estate, if any, such as payment of life insurance premiums, expenses of maintaining real property, etc;

(c) Payment of burial costs and other terminal expenses at time of death;

(d) Reimbursement for old age assistance extended;

(e) Payments to the county treasurer or institution treasurer, as the case may be, with respect to the charge for maintenance at the institution.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Bulletin Series.
Supplement No. 2 to Bulletin No. 31. Insert in Handbook under sections "Rulings and Bulletins".

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

BUREAU OF ASSISTANCE

REGULATION #_____
County Series #3

ISSUED: February 15, 1952
(Date)
REV.: 8/18/54, 9/17/54, 10/54,
(Date)
1/55, 3/55

TITLE: Disability Assistance-Temporary Instructions

SUBJECT: _____

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

Irving Engelhardt, Chief
Bureau of Assistance

Approved:

By: _____

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

REVISED MAR 1955
REVISED JAN 1955
REVISED OCT 1954
REVISED SEP 17 1954
REVISED AUG 18 1954

Disability Assistance
Temporary Instructions
County Series No. 3

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

Disability Assistance
Temporary Instructions
County Series No. 3

February 15, 1952

Explanation

1. The development of further instructional material and revisions in certain forms and procedures are completed to the point where it is advisable to consolidate County Series No. 1 and No. 2 together with the new material.

Effective Date of Instructions

2. All copies of County Series No. 1 and No. 2 shall be destroyed at once and the policies and procedures contained in this regulation and attachments shall be effective immediately.

Resolutions by State Board of Control

3. The State Board of Control, at its meeting on July 24, 1951 adopted the following Resolution directing the establishment of a Disability Assistance program and fixing certain policies which are to govern:

"BE IT RESOLVED by the New Jersey State Board of Control of Institutions and Agencies:

"1. As provided in Section 5, Chapter 139, P.L. 1951, the following general policies are adopted for the guidance of the Commissioner in issuing rules and regulations concerning assistance for needy persons, eighteen years of age and older, who are permanently and totally disabled.

"2. Assistance shall be granted to needy persons as determined in accordance with State-wide standards common to this and other categories of public assistance.

"3. Such needy persons must also have a physical or mental impairment, disease or loss, other than blindness, which is not likely to improve, and which precludes them from engaging in useful occupations such as holding jobs or homemaking.

"4. The operating plan shall include detailed determination of permanent and total disability by professional staff in the employ of the Department.

"5. Provisions shall be made for fair hearings for dissatisfied applicants and recipients.

"6. Detailed regulations conforming to Federal requirements and Revised Statutes 44:7 as amended and supplemented, shall be developed by the Bureau of Assistance in consultation with the Deputy Commissioner for Welfare and shall be issued when satisfactory to the Commissioner and be binding upon all county welfare boards in administering this program."

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At its meeting on January 22, 1952, the State Board of Control adopted the following amended Resolution superseding a Resolution dated September 25, 1951:

"Be it resolved by the State Board of Control that the following basic policies are prescribed with respect to the program of Permanent and Total Disability Assistance authorized by L. 1951, c. 139, and that the Commissioner shall direct the Division of Welfare, Bureau of Assistance, to develop and maintain such regulations and procedures as may be necessary and proper to effectuate these policies:

"1. The definition of a permanently and totally disabled person, for purposes of eligibility for Disability Assistance, shall be:

A permanently and totally disabled person shall mean a needy person who, by reason of a permanent physical or mental defect, disease or impairment other than blindness, is disabled to the degree that prevents him from performing the essential elements of a useful occupation existent in the community and within his competence.

"2.(a) There shall be no finding of permanent and total disability by reason of a mental defect, disease or impairment unless the diagnosis has been made by a psychiatric diagnostic group composed of qualified psychiatrists, clinical psychologists and psychiatric social workers.

"(b) Persons who are psychotic and who, in the opinion of the psychiatric diagnosic group, require in-patient care or treatment in an institution for mental disease, shall be referred for such care and shall be ineligible for disability assistance. There shall be no presumption that a psychosis is permanent. Moreover, it shall be presumed that any person suffering from a diagnosed psychosis which is permanent and total requires care and treatment in a mental institution. No person shall be found eligible for disability assistance, based on a diagnosis of psychosis, unless the psychiatric diagnostic group finds specifically that (1) the psychosis is permanent and (2) the individual does not require care and treatment in a mental institution. The totality of the disability must be determined with the aid of qualified psychiatric social workers.

"(c) Persons who are mentally deficient and who, in the opinion of the psychiatric diagnostic group require care, treatment or training in an institution for the mentally deficient, shall be referred for such care. All institutions and agencies within the Department, and all officers thereof, are directed to facilitate and expedite in every way possible the admission to an appropriate institution of every person so referred. Mental deficiency may be presumed to be permanent. The totality of the disability must be determined with the aid of qualified psychiatric social workers. When institutionalization is not indicated, mentally deficient persons shall be granted disability assistance provided they are otherwise eligible.

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"3. Until many complex problems, relating to the financing of care for indigent and medically indigent persons in general (voluntary) hospitals, can be resolved, the limitations with respect to such care that are presently effective in the old age assistance program shall continue, and shall apply also to the disability assistance program.

"4. There shall be developed, based on competent technical advice and consultation, a definition and appropriate standards for identifying and certifying "public medical institutions". At such time as any institution operated by any county or municipality of this State may be so identified and certified, payments of disability assistance shall then be initiated to or on behalf of applicants otherwise eligible who are patients in such institutions."

Effective Date of Program

4. The program of Disability Assistance became officially effective on August 1, 1951. No payments of assistance shall be made to any person unless and until such person has been determined to be eligible in all respects pursuant to the standards and procedures specified in these instructions.

Effect of O.A.A. Regulations

5. All official rules and regulations now in effect for the Old Age Assistance program shall apply to the Disability Assistance program, except as otherwise specified in these series of instructions.

Method of Registration

6. Every application for Disability Assistance shall be registered and reported to the State Bureau, using the separate numbering system specified in Supplement No. 1 (Temporary) to Ruling No. 1. Existing Form OA-7 will be used for the registration indexing of Disability Assistance applications as well as Old Age Assistance applications.

Intake Procedures [Note: Applies to both O.A.A. and D.A.]

7. Pursuant to the reinterpretation of the definitions of "inquiry", "application", and "authorized agent", as provided in Ruling No. 25, Supplement No. 2, the following procedures shall apply to the registration of applications for both Old Age and Disability Assistance. These instructions shall be substituted for those issued in Ruling No. 4.

The determination to register an application and assign an official registration number shall be governed by the personal decision of the client himself (unless he is apparently incompetent to decide, see Section 14 below; or he claims to be "blind", see Section 19 below).

A. Application or Inquiry by Personal Interview

1) If the client or his authorized agent requests information about assistance in person at the agency* office, or from a worker outside the office, and after discussion of the eligibility requirements and the services available,

* As used hereafter in these instructions the word "agency" means the county welfare board, unless otherwise indicated.

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he arrives at an affirmative decision to apply, such action shall be considered an application, shall be registered as of the date of the interview and assigned a registration number. The client shall complete Form ODA-1, with the aid of the agency's representative. (Refer to Supplement No. 1 (Temporary) to Ruling No. 1 for detailed instructions.)

2) If after discussion of the program the client or his authorized agent decides that he does not wish to apply, no application shall be registered, and such action shall be treated as an "inquiry" and record made accordingly. (See Section 8 below.) Such a client shall be given an ODA-9.

3) If the client or his authorized agent, following interpretation of the program, wishes to defer his decision in order to discuss the situation with his relatives, or to secure other information before executing ODA-1, no application shall be registered and no investigation initiated pending the client's further decision. A reasonable time limit shall be set while the registration is considered to be in suspension and the client instructed to notify the agency within that period of his final decision (ten days is suggested as a reasonable time limit).

4) Unless and until the client advises the agency that he wishes to proceed with an application, the interview shall be treated an an "inquiry" and record made accordingly.

5) If, following an initial personal interview, the client, or his authorized agent notifies the agency by letter or telephone that he has decided to apply, the application shall be registered and a registration number assigned as of the date of such statement, and arrangements shall be made for completion of Form ODA-1 as promptly as possible.

6) If the client advises the agency in person of his decision to apply, Form ODA-1 shall be completed and the apolication registered at once.

7) In the event that the client or his authorized agent notifies the agency, following an initial interview, that he does not wish to apply, or in instances where no further word is received by the agency, the interview shall continue to be treated as an "inquiry" and such additions made to the original record as may be appropriate.

B. Inquiry by Letter or Telephone

1) When the client himself inquires about assistance by letter, a prompt reply shall be directed to him providing interpretive information (including an ODA-9)

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and instructing him to either call at the office for an interview or to request a representative to call at his home to discuss an application for assistance. He shall be informed that the agency will take no action until he has replied, and that if he does not reply within the time limit stipulated, the agency will consider that he does not wish to proceed with an application. Record of such correspondence shall be entered as an "inquiry".

2) If this procedure results in a personal interview in the agency office, steps to be taken are the same as in A. above.

3) When the initial interview with the client is by telephone, arrangements shall be made for a personal interview in the agency or elsewhere as promptly as possible and record of the occasion made as an "inquiry". The client shall be afforded opportunity for a personal interview within three days of the telephone inquiry, if he desires, or else on the earliest working day thereafter mutually agreed upon. At the time of such personal interview the procedures outlined in A. above shall govern.

4) In the event that the client fails to keep an appointment for the initial interview, he shall be advised by letter of a new appointment date and instructed that failure to keep the second appointment, without explanation, will be an indication to the agency that he is not interested in applying for assistance at this time. Such letter shall include an ODA-9.

If the client fails to keep the second appointment date, the record shall remain in the status of "inquiry".

C. Referrals and Other Inquiries not Made by the Prospective Applicant.

1) Inquiry by personal interview or telephone. When a person other than the client concerned calls at the agency or telephones and inquires about assistance on behalf of a specific individual for whom he is not an authorized agent, he shall be informed about the program(s) and provided with available written interpretive material. It shall be explained that it is agency policy to communicate directly with the individual concerned regarding his wish to apply. (See 3) immediately below regarding method of communication.)

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2) Inquiry by letter.
When a person other than the client or his authorized agent, inquires about assistance by letter, the letter shall be acknowledged promptly informing the person that the agency is communicating directly with the prospective applicant.

3) Method of communication.
In the situations described in either 1) or 2) above, a written communication shall be forwarded to the person in whose behalf the inquiry came, providing interpretative information (including copy of ODA-9) and requesting him to notify the agency within a reasonable time limit if he wishes an appointment for an interview to discuss an application for assistance. Such communication shall be considered and recorded as an "inquiry" unless and until there is an interview with the client and he decides to proceed with an application.

Record of Inquiries

[Note: Applies to both O.A.A. and D.A.]

8.A. Any inquiry related to Old Age or Disability Assistance by or on behalf of a prospective applicant, whether by interview, correspondence, or telephone, which does not immediately result in an affirmative decision by the applicant or his authorized agent, to proceed with an application, shall be recorded on an index card, of the same size but different color than other cards in the master index for registered applications. The index card shall contain the name and address (if available) of the person on whose behalf the inquiry was made, the name and address (if available) of the person making the inquiry, the date of the inquiry, and a brief summary of the nature of the request. If sufficient information is obtained to warrant a narrative report that cannot be stated in full on the card itself, such report should be prepared.

B. In any situation in which the inquiry may result in a decision to apply within a specifiedttime limit, the record of inquiry shall be held in a follow-up file until determination is made that the individual concerned is or is not applying for assistance.

C. If the inquiry results in an application, the record of inquiry shall immediately be made part of the official case record relating to such application.

D. If the inquiry does not result in an application, the index card shall be filed alphabetically in the master index with notation of all action to that point and cross reference to any narrative report or correspondence on file.

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E. Narrative reports and correspondence on inquiries shall be filed appropriately. In the event of any subsequent inquiry or application, earlier material shall be collated with the reports and other material relating to the subsequent action.

Case Record Forms

[Note: Applies to both O.A.A. and D.A.]

9. Existing Forms OA-2A, OA-2B, and OA-3A are in the process of revision so as to be adapted to the needs of both the Old Age Assistance and Disability Assistance programs, and to implement certain changes of policy in the standards for case recording that have developed out of operating experience. However, the new case recording forms in their entirety will not be available for some time. Therefore, for the time being, the recording of intake interviews, investigation findings and verifications, special social and medical data, and chronological narrative will be accomplished on the following forms, in the manner specified below, for both Old Age Assistance and Disability Assistance cases:

A. Form OA-2A (Revised 7-50) - for the entry of all data specified on such form, excluding however the following items: "Father's Name", "Mother's Name", "Verification of Citizenship".

B. Form OA-2B (Revised 7-50) - for the entry of all data specified on such form, excluding however the item "Social Security Account Number".

C. Form ODA-2D, Parts I and II - This is a new form, designed for the Examining Physician's Report in Disability Assistance cases only and to provide a bill head for the physician to submit to the agency. A copy of the form will be found as an attachment hereto. This form will be prepared by the physician, and sent back to the agency for transmission to the Review Team. (See Section 12 for further instructions.)

D. Form ODA-2D, Part III - entitled Social Data Summary, shall be completed by the case worker both for Old Age and Disability Assistance cases. A copy of the form, and detailed instructions, will be found as attachments hereto.

E. Form OA-3A (Revised 7-50) - for the entry of any relevant social, financial, or medical data not otherwise appearing on the preceding forms, and for the entry of chronological narrative recording.

F. Forms PA-3a, b, and c - for use as prescribed in Ruling No. 1.

G. Forms ODA-26, 26A, 26B and ODA 27, 27A, for use in Certification and Recertification of "Patient Status" as instructed in Sections 15, 16 and 17.

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Plan for Application Interview (Intake)

10. A. Prompt Consideration of Referrals

The county welfare board shall promptly review all "referrals" received from municipal departments of welfare, and all other referrals otherwise reported by any public or private agency to determine

[Note: Applies to both O.A.A. and O.D.A.]

1) individuals apparently able to visit the agency office alone or when accompanied,

2) individuals apparently unable to visit the agency office.

B. Scheduling Appointments

1) Office appointments shall be scheduled as promptly as possible for all persons apparently able to visit the agency office. These clients shall be notified in writing at least 3 days in advance of the appointment date. A suggested form letter (No. 1.) for such notification is attached.

2) Appointments shall similarly be scheduled for interviews in the home for all clients apparently unable to visit the agency office. A suggested form letter (No. 2.) for such notification is attached.

3) See page 29, Section 16.c and page 41, Section B. 17c for exceptions to above procedures.

C. General Scope of Application Interview

1) The application interview shall be directed toward

interpreting the program and the services of the agency to the client in such a way as to enable him to decide whether or not he wishes to apply;

securing as much factual data as is possible relevant to determination of eligibility; and

securing completion and execution of the Application Form (ODA-1) if he decides to apply.

2) It is recognized that these three objectives are not independent of one another, and must to a large extent proceed concurrently and overlap in the course of interview. However, in no event shall the execution of Form ODA-1 be undertaken as the first step or objective of the interview.

Establishing Eligibility

11. The eligibility requirements and the methods used to determine eligibility shall be interpreted to and discussed with the client, or his authorized agent, during the initial interview.

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Eligibility for Disability Assistance shall be determined for each application. This determination shall include investigation and verification of each of the eligibility factors cited below. Investigation and verification shall proceed on the basis of considering the applicant himself as the primary source of information. When it is necessary to obtain supplementary or corroborative data which he cannot immediately furnish or readily obtain himself, the usual procedures and methods of collateral investigation operative in the Old Age Assistance program shall apply, subject to special instructions as follows:

A. Permanent and Total Disability

The determination of permanent and total disability shall be made by physicians and qualified medical social workers employed by the Bureau of Assistance. Such determinations shall be based on initial findings by an examining physician and on social data reported by the agency's case worker. (For procedural instructions see Section 12, 20, 21)

1) "Permanent and total disability", as it is defined for purposes of assistance in the State of New Jersey, is as follows:

A permanently and totally disabled person shall mean a needy person who, by reason of a permanent physical or mental defect, disease or impairment, other than blindness, is disabled to the degree that prevents him from performing the essential elements of a useful occupation existent in the community and within his competence.

2) The phrase "permanently and totally disabled" is not synonymous with the following:

a. Disability, total or partial, for purposes of veterans' benefits; for purposes of certain insurance contracts; for purposes of Workman's Compensation; for purposes of various employees retirement systems, both public and private; for purposes of recovering damages in an action of law; for purposes of benefits under the New Jersey Temporary Disability Benefits Law, or similar wage-loss replacement plans;

b. Invalidity or invalidism;
c. Incapacity;
d. Chronic illness;
e. Unemployment or unemployability.

3) Interpretation of "permanence".

a. The term "permanent" refers to a medically determined physical or mental defect, disease or impairment to which the concept of the word "cure" cannot be applied or which will not likely respond substantially or be improved by any therapeutic procedure which is known, available and not medically contraindicated.

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(1) The permanent defect, disease or impairment may be congenital or acquired by injury, accident or disease.

(2) It may be physical or mental; organic or functional; static or progressive; prone to remissions and exacerbations; single or multiple. It may be obvious or may be discerned only by thorough medical examination and investigation.

(3) Permanence is established if the condition is usually or commonly accepted as being irreversible.

(4) It must be of major importance and such that it will probably continue throughout the lifetime of the individual. Permanence does not rule out the possibility of rehabilitation.*

b. To substantiate a finding of "permanence", objective evidence of the disease, defect or impairment must be adequately and completely described in such a manner that another physician would reasonably accept the diagnosis, or, from the description, would accept the concept of "permanence" without examining the patient.

(1) Objective physical findings, diagnostic studies, laboratory studies, reports from recognized specialists, reports indicating final diagnoses or summaries from hospitals or clinics, reports on patient's work tolerance or capacity, etc. may be accepted as material supporting or demonstrating the existence of a defect, disease or impairment.

(2) The opinion of the examining physician that a defect, disease or impairment exists cannot, in itself, be accepted as medical evidence.

c. No condition likely to improve substantially or be completely arrested or "cured" within 6 months shall be considered permanent, unless one of the following descriptions is applicable:

(1) If the condition is one in which the healing process is characterized by significant tissue alterations, as in tuberculosis and Hansen's Disease, then a permanent impairment exists.

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* From a purely medical viewpoint, the term "rehabilitation" is usually applied to denote the use of all those medical measures which expedite recovery. We use the term "rehabilitation" in its broadest sense to mean "restoration of the handicapped to the fullest physical, mental, social, vocational, and economic usefulness of which he is capable".

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(2) If the condition is usually considered to be self-limited or readily responsive to therapy, the concept of permanence does not apply unless therapy is contra-indicated or unavailable.

(3) If there is an absence of some part of the body, whether congenital or due to disease or accident, the person has a permanent defect.

4) Interpretation of "totality".

a. The word "total" refers to the disability and means inability to engage in a useful occupation. It involves such social considerations as age, education, experience, training, work history, activities required of the patient in his home or on the job, living and working conditions, interests, native capacities and abilities, the extent to which he has adjusted to his defect, disease or impairment, and the availability of training and educational facilities. His remaining abilities and capacities must be considered as they relate to the medical findings and the types of activities the individual is competent to perform, considering the above social factors and his defect, disease or impairment.

b. A disability is not "total" if the individual is able and has skill to engage in another occupation.

(1) The occupation must be one EXISTENT IN HIS COMMUNITY. If existent in the community but not available to the individual, he is UNEMPLOYED.

(2) If the occupation the individual is able and has the skill to engage in DOES NOT exist in his community, he is "totally" disabled.

5) Interpretation of "permanent and total".

a. A person is "permanently and totally disabled", within the meaning of this definition, only when the permanent defect, disease or impairment other than blindness prevents him from performing the essential elements of a useful occupation (including homemaking) EXISTENT IN THE COMMUNITY, and which is WITHIN HIS COMPETENCE.

(1) A useful occupation (including homemaker) implies useful to persons other than the client. Any work aimed at adding wealth to the economy or rendering service to others is a useful occupation. Thus, homemaking is a useful occupation when it is performed in a household that includes one or more persons other than the one performing the homemaking duties. Consequently, a person who performs the homemaking function for himself and others

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would not be permanently and totally disabled even though he might be disabled for employment outside the home. Contrariwise, a person living by himself and able to care only for himself is not engaged in a useful occupation, since no service to or for others is being performed; such a person, therefore, if disabled for any other useful occupation as the result of a permanent defect, disease or impairment, would be permanently and totally disabled.

b. If an individual is properly found to be permanently and totally disabled, this finding is not invalidated by the fact that:

(1) the person is undergoing medical or surgical treatment for the purpose of arresting, improving, or ameliorating the permanent defect, disease or impairment; or

(2) the person is undergoing a course of rehabilitation or

(3) the person is engaged in therapeutic employment which had been planned by a physician as occupational therapy incident to rehabilitation.

B. Age - In determining eligibility for Disability Assistance there shall be proof that the applicant has reached his eighteenth (18) birthday and has not passed his sixty-fifth (65) birthday. (Refer to New Jersey Manual of Administration, Part II 2210-2217.)

C. Residence - The residence requirement for Disability Assistance is the same as for Old Age Assistance and proof shall be established in accordance with Ruling No. 5. In the case of applicants already receiving General Assistance, or other public assistance within this State, available agency records concerning residence may be cited as sufficient proof.

D. Financial Need - Financial need shall be determined in accord with the standards of assistance and budgeting procedures prescribed in the Budget Manual (Ruling No. 3), and the special budgeting procedures prescribed in Sections 15, 16, and 17 of this regulation. Financial need may be temporary or of indeterminate duration, and may exist for a single item of assistance such as medical care only, or for any combination of allowable items. For the present, the financial need of the eligible disabled or aged person only will be met through the D.A. or O.A.A. program, the needs of persons other than the client himself will be budgeted as part of the client's need only to the extent authorized in Section 17, H.2) c. (3) on page 46 of these instructions.

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E. Responsible Relatives.- The standards for evaluating the responsibility of relatives, as prescribed in the Budget Manual, shall apply, and the procedures for enforcing the responsibility of relatives shall be followed as in the Old Age Assistance program.

F. Institutional Status.- See sections 15, 16, 17, and 18.

G. Transfer of Property.- Whenever investigation indicates that a person applying for assistance has transferred or assigned any property, whether real or personal, prior to application, the motive for and circumstances surrounding such transfer and assignment shall be sought and a determination made as to whether such transfer or assignment was made for the purpose of qualifying for assistance.

1) If it is determined that there was no intent to defraud the agency and that the transfer or assignment of the property was a normal transaction for adequate consideration, such transfer or assignment shall not make the applicant ineligible.

2) If the transfer or assignment is found to have been made for the purpose of qualifying for assistance the applicant is ineligible, and will remain ineligible unless and until the property itself or its equivalent value is returned to him.

3) If the transfer or assignment is found to have been made without the receipt of adequate consideration by the client, but with no evidence of intent to qualify for assistance, it shall be recognized that the applicant may have legal rights to secure the return of the property or the payment of adequate consideration. In such event, this shall be considered a potential resource, and the applicant shall be expected to comply with agency requirements governing the liquidation of potential resources, as a condition of eligibility.

H. Duplication of Program.- The person may not, while receiving Disability Assistance, also receive Old Age Assistance, Blind Assistance, Aid to Dependent Children (Home Life Assistance) for his own needs, General Assistance (Municipal Aid) for his own maintenance needs, nor any other financial assistance from the State or any other political subdivision thereof except for medical and surgical care.

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I. Resources - Liquidation, Assignment and Reimbursement

1) Chapter 24, Public Laws of 1952 amends Section one of Chapter 139, Public Laws of 1951, with the result that the provisions of R.S. 44: 7-14 and 15 have become applicable to Disability Assistance after July 1, 1952.

2) Therefore, as of July 1, 1952, all persons seeking Disability Assistance shall be required to execute an agreement to reimburse (Form ODA-10) as a condition to receiving assistance, in the same manner and under the same procedures as in Old Age Assistance.

3) Until further instructions are issued the requirements for liquidation and assignment of assets, and reimbursement from assets as provided in the Budget Manual and/or in the Ruling Series for Old Age Assistance, shall apply.

4) In cases already accepted and presently receiving Disability Assistance, in which the requirements of 2) and 3) above have not been met, the county welfare board shall assure compliance with the requirements by each such recipient prior to issuance of any assistance payment after June 30, 1952.

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J. Special Factors for Intake Interview Interpretation.- The following special factors shall be interpreted to and discussed with the client at initial interview as the individual situation may require:

1) Continuance of General Assistance.- If the client is a person currently receiving General Assistance, he shall be assured that he may expect to continue to receive such assistance until his eligibility for Disability Assistance is determined, so long as he continues to meet the eligibility requirements for General Assistance.

2) Referral to General Assistance.- If the client is in immediate need but is not currently receiving any form of public assistance, he shall be referred to the appropriate municipal department of welfare to apply for General Assistance until his eligibility for Disability Assistance can be determined.

3) Budgeting Standards.- Every client shall be afforded an explanation of the basic elements of budgeting policy and procedure which will govern the amount of assistance he will receive, if found eligible. This explanation should embrace the following:

a. nature of allowances for basic requirements;
b. nature of allowances for special requirements;
c. deduction of all income, including evaluations of relatives' responsibility, from total allowances;
d. computation of needs on a monthly basis (4 1/3 weeks);
e. adjustment of grant as needs change;
f. responsibility of client to report changes in his circumstances.

4) Payment Procedures.- Every client shall be afforded an explanation of the prevailing payment procedures, including

a. total monthly allowance in single cash amount, issued by check;
b. proration and date of issue of initial payment;
c. date of issue of regular monthly payments;
d. medical care procedures.

5) Fair Hearing.- Every client shall be afforded an explanation of his right to fair hearing and his attention shall be directed to the written statement on the reverse of the application form (ODA-1) and in the ODA-9 pamphlet.

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Arrangements for Initial Medical Examination

12. The arrangements for initial medical examination of any applicant for Disability Assistance shall be made by the applicant himself, or those acting on his behalf, in the following manner:

A. Evidence of Need

In the case of any person who has specifically applied for Disability Assistance, as soon as there is reasonable evidence satisfactory to the agency indicating that the applicant is probably a needy person, he shall be furnished with a copy of Form ODA-2D, Parts I and II to take to his attending physician, or other physician of his own choice, for completion. (See subsection C. below). For purposes of initiating the medical examination any individual who is already receiving financial assistance for maintenance needs from a public agency shall be presumed to be in need.

It is not intended that the arrangements for medical examination will be initiated routinely as part of the intake interview in every case, particularly when there is reasonable doubt whether the applicant is a needy person or eligible in other respects, but the arrangements for medical examination should be initiated as promptly as possible whenever it appears certain or probable that final disposition of the application will require such examination.

B. Preparation of Form ODA-2D, Examining Physician's Report

1) The agency will insert by typewriter the information required in the heading of Part I of Form ODA-2D, viz, name and address of physician, date, identification of county, name and address of applicant, and registration number. A carbon will be used, so that the same information will automatically be reproduced on the beginning page of Part II of the Form.

2) The Form should be inserted in an unstamped envelope, addressed to the physician, with another stamped envelope self-addressed to the agency, enclosed therein. This should be given to the applicant, with instructions to take it to his physician as promptly as possible.

C. Selection of Physician

1) Because it is important that the initial medical examination report should be prepared, whenever possible, by a physician who has the most intimate and most current knowledge of the client's physical and mental condition, the applicant shall be encouraged to take Form ODA-2D, Parts I and II to his current attending physician. If the applicant's most recent physical examination or treatment has been at a clinic, he shall be encouraged to return to the clinic to have the examining physician at such clinic complete the form.

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2) If the applicant has no attending private or clinic physician and asks the agency to designate one, each county welfare board will establish its own plan for dealing with the situation, on a basis which will avoid any appearance of partiality in making referrals or recommending particular physicians. Such a plan would desirably take into consideration the use of available clinics. It will also be desirable to consult with the county Medical Advisory Committee (if any) or with the president of the County Medical Society, in this connection.

D. Allowable Fees

The initial medical examination will be paid for by the agency direct to the physician, as a matchable administrative expense, at a fee of $5.00 if the examination is done at the physician's office or in a hospital, and $7.50 if it is done at the patient's home. No fees in excess of these rates are to be allowed or paid; no additional amounts for special services or diagnostic aids are to be allowed or paid except as specifically authorized by the Bureau. [See Section 13].

E. Payment of Physician's Bill

1) The physician's bill is not to be paid until the bill form (Part I of ODA-2D) has been returned to the agency by the Bureau, with authorization for payment.

2) In any situation in which an application is disposed of by withdrawal or death, or the person is found to be ineligible for reasons other than disability after the medical examination has been made and prior to submission of the case to the Bureau, the county welfare board is authorized to pay the physician's bill from administrative funds.

Special Diagnostic Services

13. Whenever the Bureau requests the county welfare board to secure special diagnostic reports to assist Review Teams in determining permanent and total disability, the following procedures shall be observed:

A. Report from Opthalmologist

When a report is requested from an opthalmologist, the agency shall help the client arrange an appointment with a physician whose name appears on the list of qualified and certified opthalmologists issued by the Commission for the Blind. Such report will be made on Form AB-5 (Eye Physician's Report), and should be supplemented by further data on the physician's letterhead if he finds the Form inadequate to provide a complete report.

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B. Report from Specialist in Orthopedics, Neurology or Internal Medicine

When orthopedic, neurological (does not include psychiatric or psychological evaluations), or internal medicine consultations are requested, the client should be referred to established clinics in these specialties at one of the local general hospitals if readily available. If no clinic is available, the agency should help the client arrange an appointment with a certified specialist whose name appears on the list appended hereto.

Such specialists shall be requested to submit their reports on their own letterheads. Reports of special diagnostic findings are not to be made on Form ODA-2D, Part II.

Note: In using the list entitled "Certified Specialists of the American Board of Psychiatry and Neurology", it will be necessary when making the appointment to determine from the physician whether he will provide a neurological examination for the client. Some physicians on this list limit their practice to psychiatric patients.

C. Report from other Medical Specialists

If a consultation is requested in a medical specialty not appearing on the lists referred to in A. and B. instructions will be included by the Bureau on Form DA-2a, Record of Action.

D. Psychiatric and/or Psychological Diagnoses

See Section 14, below for instructions.

E. Maximum Fees

The schedule of maximum allowable fees for special diagnostic services, (other than examination by the Psychiatric Diagnostic Group, as provided in Section 14.) is appended to these instructions and such fees are not to be exceeded. The costs of such special diagnostic services will be paid by the agency direct to the physician, as a matchable administrative expense.

F. Recommendations for Special Treatment

1) There will be instances in which the Bureau will, after determination that the client is permanently and totally disabled, recommend on Form DA-2a that certain special treatment services would benefit the client. Such recommended treatments may be made available to the client within the limitations of existing regulations for medical care.

2) Again, Form DA-2a may contain recommendations for change in client's living arrangements to alleviate discomfort or to provide more adequate care and supervision.

3) The agency shall discuss the recommendations under 1) and/or 2) above with the client and offer to assist him in following such medical and/or social recommendations.

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Applications of Incompetent Persons for Old Age or Disability Assistance

14. Persons who are mentally incompetent, whether by reason of psychosis or mental deficiency, are not per se ineligible for Old Age or Disability Assistance. They may prove, on investigation, to be ineligible because of existing living arrangements in a prohibited institutional setting, or because of diagnosed need for care and treatment in a mental institution. They will also be unable to receive cash payments, even if otherwise eligible, unless arrangements are made for payment to a legal guardian or authorized custodian as specified in section 27 of this Series No. 3.

Responsibility of Welfare Board

The welfare board, as a part of the process of determining eligibility of any applicant for Old Age or Disability Assistance, is required by statute to determine whether the applicant is in need of prolonged care in a mental institution.(See R.S.44:7-5(d).)

The welfare board, as a part of the process of determining eligibility of any applicant for Old Age or Disability Assistance, is required by statute to determine the "nature of assistance which any person shall receive, the manner of providing it, and the conditions upon which it is granted...." (See R.S.44:7-12.) Such determinations necessarily include identification of any individual who, in the considered judgment of the welfare board, is of questionable competency to execute necessary legal documents, or whose fitness to receive cash assistance on his own behalf and to otherwise plan for and manage his own affairs is in question, so that special arrangements for providing assistance to such person in an effective manner may be employed.

Responsibility of Bureau

In order that the making of such determinations shall be accomplished under uniform principles and practices, the Bureau, as authorized and directed by statute, establishes rules for identifying such persons, for registering applications on their behalf, and for providing assistance to such persons under special arrangements.

Identification of Incompetent Applicant

A. Initial Identification of Incompetent Applicant

1. Applicant Represented by Legal Guardian

Whenever a prospective applicant for Old Age or Disability Assistance has been adjudicated mentally incompetent, and is represented by a legal guardian, the agency shall, upon proof of such appointment, recognize the guardian as full representative of the client for all purposes.

Criteria for Mental Incompetency

2. Criteria for Probable Mental Incompetency

Any person who applies for assistance in his own behalf shall be presumed to be competent, and this presumption may be relied on by the agency unless and until there is strong evidence to the contrary. However, when in the course of an initial interview the applicant for Old Age or Disability Assistance appears unable to give a coherent, oriented and

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consistently responsible account of his circumstances, the following factors shall be noted and reported on Form ODA-2D, Part III, Social Data Summary, Section 7, Social Evaluation:

a. Client's inability to give simple identifying information such as the date (day, month, and year), his correct name, address, names of members of his family, names of persons with whom he lives or has frequent association. During the course of the interview reference should be made to these previously directed questions and the consistency of the response noted.

b. Client's undue hesitancy to give simple identifying information such as, his correct name, address, names of members of his family, names of persons with whom he lives or his frequent associates.

c. Client's inability to recall logically simple factual information related to his economic status, his education, his employment history (if any), and his medical history, i.e., when did he become ill or incapacitated? Was he hospitalized, where? What treatment did he receive?

d. Client's insistence on relating irrelevant information which may be stated in extravagant, fantastic or bizarre terms.

e. Client's bizarre habits or behavior as observed by the interviewer or reported by persons having intimate knowledge of the client through continuous or regular association with him.

Identification of Other Incompetents

3. Identification of Other Incompetents.

There will be instances in which a client who is not mentally incompetent, is nevertheless, according to evidence available to the agency, inadequate to manage his own expenditures without close supervision or direction. In the judgment of the agency it may be advisable to consider providing assistance to such client through a third person (appointed custodian) rather than through unrestricted cash payments.

It is within the authority and discretion of the welfare board to identify persons falling within this class, and to impose special conditions and restrictions on the manner of providing assistance to or for such persons.

Filing of Application

B. Initiation of Application

If, after considering the client's responses according to the criteria stated above, there is reasonable doubt of the client's mental competency, the worker may have the client, if he is physically able and willing, execute Form ODG-1. If not, the form may be completed and executed by any one of the following (acting

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as an authorized agent only for purposes of initiating the application) in the order of preference indicated: 1. a relative with whom the client is living; 2. any relative by blood or marriage; 3. a staff member of any institution or facility in which he is receiving care; 4. a staff member of any public or private welfare agency of which he is a client; 5. a physician or attorney of whom he is a patient or client.

When the ODG-1 is completed and executed by a person other than the applicant himself, it shall contain the signature of such other person and an explanation of the relationship or capacity in which he signs.

Procedures Thereafter

C. Procedures following Registration of Application for Incompetent Persons

1. Old Age Assistance

a. Mentally Incompetent Persons

1) When on the basis of information available the agency cannot reach a specific determination as to the need for care in a mental institution, or the person's mental competency to handle his own affairs, the agency may secure a professional opinion by referral to a mental hygiene clinic, to a psychiatrist, or to a physician qualified to certify to a person's condition for purposes of commitment to a mental institution.* However, in no event shall assistance be denied on the ground that the person is in need of care in a mental institution unless such finding is supported by a professional opinion.

2) Such professional opinion shall be obtained on Form ODG-29 and become a part of the case record.

3) The cost of securing such professional opinion is a matchable administrative expense. See attachment No. 7 for allowable fees.

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* By statute (R.S.30:4-29) a physician who is qualified to certify for commitment to a mental institution "...must be of reputable character, duly licensed to practice medicine in this State and holding a degree of doctor of medicine, a permanent resident of this State, and shall have been in the actual practice of his profession for at least five years." The law (R.S. 30:4-32) further states "No physician who is a relative, either by blood or marriage, of the patient, or director, chief executive officer or proprietor of any institution for the care and treatment of the insane to which it is proposed to commit any patient, or who is professionally employed as a resident physician at a regularly paid salary by the management thereof or who is financially interested therein, shall be qualified to certify as to the patient's insanity."

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4) When it is determined that an applicant for Old Age Assistance is in immediate need of care in an institution for mental disease because of psychosis, the application shall be denied. Responsibility for initiating commitment procedures shall rest first with the family, next with any public or private agency from which the client is already receiving assistance, or with the appropriate municipal official if client is not receiving assistance.

5) When it is determined that an applicant for Old Age Assistance should have care in an institution for the mentally deficient, arrangements for admission to such an institution shall be initiated, but until admission actually occurs, the client shall be considered eligible for Old Age Assistance, if eligible in all other respects, but assistance shall not be paid until arrangements have been made for payment to a legal guardian or to an authorized custodian as specified in section 27 of this Series No. 3.

6) When it is determined that an Old Age Assistance applicant is not in need of care in a mental institution, but is incompetent to manage his own affairs, the application shall not be denied on grounds of incompetency, but assistance shall not be paid until arrangements have been made for payment to a legal guardian or to an authorized custodian as specified in section 27 of this Series No. 3.

Other Incompetent Persons

b. Other Incompetent Persons

The data secured during an initial investigation regarding a client's personal habits is frequently heresay, and a determination by the agency that a person is incompetent to manage his own expenditures even though apparently mentally competent, should not be made unless there is substantial evidence to support such a determination.

As a general policy it is recommended that such a client be given an opportunity to demonstrate his ability to manage an unrestricted cash payment. If, after several months' experience the agency believes that the client's best interests would be served by the intervention of a third party to receive and supervise the assistance payments, the procedure for appointment of an authorized custodian given in section 27 shall be instituted, provided that

1) the client shall be given an opportunity to participate in the selection of the custodian, and

2) if, at a later date he requests a change of or elimination of the custodian, his request shall be granted if upon investigation the request is found to be for valid cause.

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Old Age Assistance Resident of Institution

c. Application for Old Age Assistance for Individual Resident in or Entering Public or Private Medical Institution.

1) In applications for which the staff or attending physician has completed a Certification of Patient Status (Form ODA-26 or 27 as required) and such certification is substantiated by the data on Form ODA-2D, Part III, Social Data Summary, the welfare board may consider this sufficient evidence that the applicant is not in need of care and treatment in a mental hospital.

2) However, when Form ODA-2D, Part III indicates a history of mental condition, or the data does not substantiate the certification of the physician on Form ODA-26 or 27, the welfare board may wish to secure a professional opinion as provided in 1, a, of this subsection before reaching a determination as to the applicant's competency.

Disability Assistance

2. Disability Assistance

a. Mentally Incompetent Persons

1) Proof of Legal Guardian

When the individual has been adjudicated as mentally incompetent and is represented by a legal guardian, the agency shall include with the record to the Bureau, proof of the adjudication in the form of a copy of the Court's order. A brief summary or description of the character of the circumstances or evidence upon which the Court's determination was based, should also be made part of the record if this does not appear in the court order itself and is otherwise available.

2) Procedures for Persons without Legal Guardian

Whenever there is evidence, based on the observation of the caseworker during the initial interview, or on information supplied by persons having knowledge of the client, or on entry by the examining physician in the section of Form ODA-2D, Part II, entitled "Psychiatric Evaluation," indicating either psychosis, mental deficiency or any other mental defect, disease or impairment, the agency shall proceed as follows:

a) Obtain Any Available Records

Determine whether diagnostic records are already available in a mental hygiene clinic, mental

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institution, or from any psychiatric and/or psychological expert who has examined the applicant in the past. If such records exist they shall be obtained and forwarded with the record to the Bureau.

b) No Diagnostic Records Available

If no such diagnostic records are available the agency shall forward the record to the Bureau as instructed in section 21, and the procedures outlined below in this section shall apply.

c) Psychiatric Examination

(1) When the material submitted on a Disability Assistance application suggests the existence of a mental defect, disease or impairment, the Medical Service Section of the Bureau will decide whether a final determination can be reached on the basis of data submitted, or whether the applicant should have a current psychiatric evaluation. When it is decided that a current examination is necessary, the instructions to the county will be included on Form DA-2a, Record of Action.

(2) The Department has established Psychiatric Diagnostic facilities for examination of Disability Assistance cases through the diagnostic clinic at Menlo Park. The Bureau assumes the cost of examinations made through this facility.

Optional arrangement:
If the county welfare board wishes to arrange for psychiatric examinations through existing local facilities it may do so if

(a) the clinic or other facility is specifically approved by the Department to provide the service; and

(b) the welfare board assumes the cost of the examinations (subject to administrative matching).

(3) Upon receipt of instructions that a psychiatric examination is required, the agency shall arrange for an appointment directly with Menlo Park or other approved local facility, and at the time of the examination shall make available to the Psychiatric Diagnostic Group the case record material returned by the Medical Service Section including Form CDA-2D, Parts II and III and any additional medical and/or diagnostic records available.

(4) As a result of the examination the Psychiatric Diagnostic Group shall return the record to the Medical Service Section of the Bureau together with a report of findings covering the following points:

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(a) whether the mental defect, disease or impairment is or is not permanent;

(b) whether the applicant, as a result of such impairment is or is not totally disabled;

(c) whether or not the applicant needs in-patient care, treatment or training in a mental institution;

(d) whether the applicant does or does not possess sufficient mental competence to handle his financial affairs without the intervention of a third person (legal guardian or appointed custodian); and

(e) any indicated recommendations for treatment.

(5) The Medical Service Section will then make a determination on "permanence" and "totality" and will advise the county welfare board of any further action required, and of other recommendations or pertinent data.

Other Incompetent Persons (DA)

b. Other Incompetent Persons (DA)

In Disability Assistance the question of mental competency is determined for the agency by the Bureau under the foregoing procedures. However, there may arise instances when the agency considers it advisable to identify a person who has been found mentally competent, as nevertheless inadequate to manage his own expenditures without close supervision or direction. In such a situation the instructions in A, 3 and C, b, of this section 14 shall apply.

Disability Assistance Resident of Institution

c. Application for Disability Assistance from Individual Resident in or Entering Public or Private Medical Institution.

1) In applications for which the staff or attending physician has completed a certification of Patient Status (Form ODA-26 or 27 as required) and such certification is substantiated by the findings on Form ODA-2D, Part II, Report of Examining Physician, and the data on Part III, Social Data Summary, the Medical Service Section will consider this sufficient evidence that the applicant is not in need of care and treatment in a mental hospital.

2) However, when Form ODA-2D, Parts II and III, indicate a history of a mental condition, or the data does not substantiate the certification of the physician on Form ODA-26 or 27, the Medical Service Section will require psychiatric diagnostic evaluation under the procedures described above.

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## 15. ELIGIBILITY OF RESIDENTS OF INSTITUTIONS

(Note: Applies to both O.A.A. & D.A.)

### A. Citation of Laws

1) Federal - Social Security Act amendments of 1950 to section 6 of title I, section 1006 of title X and section 1406 of title XIV.

2) State - Chapter seven of title 44 as supplemented and amended by chapter 139, Laws of 1951 and chapter 24, Laws of 1952.

Chapter 11 of title 30 as amended by chapter 211, Laws of 1952.

### B. Explanation of Laws

Eligibility in Public Institutions

1) The assistance provisions of both federal and state law bar payments of Old Age and Disability Assistance to needy persons otherwise eligible if they are residing in public institutions generally, but permit such payments to patients in eligible public medical institutions (other than institutions or hospitals for tuberculosis or mental disease, or any institution in which the person is being cared for or treated as the result of a diagnosis of tuberculosis or psychosis.)

Federal matching of grants in such cases is conditioned on the establishment by the State agency of definitions and standards by which public medical institutions can be identified and distinguished from other public institutions, and definitions and standards by which patient status can be identified and distinguished from other types of institutional residence such as custodial care only.

Eligibility in Private Institutions

2) Under state law (Chapter 24, P.L. 1952) as of July 1, 1952, a person residing in a private institution is not eligible for assistance unless he is a patient (but not as the result of a diagnosis of tuberculosis or psychosis) in an eligible private medical institution (i.e. any approved private medical institution, excluding however institutions for tuberculosis or mental disease and institutions coming within the definition of a hospital to which payment or distribution of funds is permitted to be made by counties or municipalities of this State pursuant to any provision of chapter five of Title 44 of the Revised Statutes.)

### C. Intent of State Law

It is the intent of Title 44:7, Revised Statutes that Old Age and Disability Assistance recipients shall be cared for,

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so far as possible, in their own or other suitable family homes. It is clear however, that certain recipients require care and services which they cannot obtain except where established standards of management are adhered to and special personnel and equipment available. The law recognizes these situations and provides for payments to clients who are patients in specified public and private medical institutions which meet the standards established by the Department of Institutions and Agencies, provided a special resolution is passed by the welfare board approving payment in an institution, and written approval is given by the Bureau of Assistance.

D. Definition of Terms

The following definitions have been established by law or by the Department to meet the requirements of the law:

Institution Defined

1) Institution

An "institution" means and includes

a. any establishment or facility licensed or approved by, or found to be subject to license or approval by the Department of Institutions and Agencies;

or

b. any group living arrangement, whether in single or multiple dwellings, whether public or private, whether incorporated or unincorporated, whether for profit or non-profit, operated at the direction of or under the management of an individual or individuals, corporation, society, association, fraternal or sectarian auspices, in which food and shelter are furnished on a continuous basis to persons unrelated to the operator, and in which the personal lives of the residents are substantially limited by a discipline established and enforced by the operating authority.

No establishment or facility or group living arrangement shall be deemed to be an institution within the meaning of (a) above unless it has been actually licensed by the Department of Institutions and Agencies or has been officially determined by the Department to be subject to license.

No establishment or facility or group living arrangement shall be deemed to be an institution within the meaning of (b) above unless and until it has been formally found and determined to be such by either the County Welfare Board of the county in which it is located, or by the Bureau of Assistance.

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**Examples of Institutions**

Under the terms of the above definition the following are institutions:

(1) Any asylum, home, sanitarium, sanitorium retreat, hospital, nursing home, convalescent home, or any other establishment or facility licensed, certified, or approved by the Department of Institutions and Agencies to receive, care for or treat persons who are insance, suffering from mental disorders, or who are crippled, convalescent or infirm, or who are in need of obstetrical or other medical or nursing care.

(2) Any unlicensed establishment which operates under a name or title that includes any term such as hospital, nursing home, convalescent home or rest home, or which by advertisement or any other means holds out to the public that it is equipped to provide medical, nursing or convalescent care.

(3) Any unlicensed establishment known as a home for the aged and/or infirm, operated by any individual, society, association, corporation, or under fraternal or sectarian auspices.

(4) Any unlicensed establishment known as a mission or retreat in which food and shelter are furnished on a continuous basis to the residents.

(5) Any penal or correctional institution.

(6) Public or private hospitals of any kind.

(7) Any boarding house or home in which two or more of the boarders, unrelated to the operator, are "patients" as defined in Chapter 211, P.L. 1952.

(8) Any family home in which two or more persons, unrelated to the family, are "patients" as defined in Chapter 211, P.L. 1952.

(9) Rehabilitation centers or infirmaries providing in-living facilities.

**Examples of Facilities Not Within the Meaning of "Institution"**

Under the terms of the above definition the following are not institutions:

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(1) Hotels, motels, tourist courts or rooming houses.

(2) Apartment houses, cooperative residences or cooperative residence colonies.

(3) Boarding houses or homes in which not more than one person, unrelated to the operator, is a "patient" as defined in Chapter 211, P.L. 1952.

(4) A family home in which not more than one person, unrelated to the family, is a "patient" as defined in Chapter 211, P.L. 1952.

(5) Any family home in which all members are related to each other by blood or marriage, regardless of the number of occupants.

Eligible Public Medical Institutions

2) Eligible Public Medical Institution

An eligible public medical institution is any institution within this State which is certified by the Department of Institutions and Agencies as an approved public medical institution.

Eligible Private Medical Institution

3) Eligible Private Medical Institution

An eligible private medical institution is any establishment within this State which is licensed under Chapter 11, Title 30, Revised Statutes (except hospitals to which payment or distribution of funds is permitted to be made by counties or municipalities of this State pursuant to any provision of Chapter 5, Title 44, Revised Statutes), or otherwise certified by the Department of Institutions and Agencies as an approved private medical institution.

Patient Defined

4) Patient

Chapter 211, P.L. 1952, defines a patient as follows: ".... a patient is a person who is suffering from an acute or chronic illness or injury, or who is crippled, convalescent or infirm, or who is in need of obstetrical or other medical or nursing care. Infirm is construed to mean that the individual is in need of assistance in bathing, dressing or some type of supervision."

E. Certification of Institutions, Evidence of Certification

Evidence of Certified Public Medical Institution

1) Eligible Public Medical Institution

Classification and certification of public medical institutions, or sections thereof, is the responsibility of the Department, exercised throught the Division of Licensing and Inspection.

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2) Eligible Private Medical Institution

Clients residing in or who wish to enter a nursing or convalescent home, or the infirmary section of an incorporated home for the aged and infirm, or any other private institutional facility, are not eligible to receive assistance payments unless evidence of Department license or approval is determined by

a. inspection of a posted license or Permit to Operate in a nursing or convalescent home; or

b. inspection of a letter of approval in an incorporated home;

c. clearance by telephone or letter with the Bureau if the institution does not appear on regularly published lists of licensed or approved institution, or cannot show the evidence described in a. or b. above.

(Note: Applies to O.A.A. & D.A.)

16. PROCEDURES FOR "PATIENT" CARE IN PUBLIC MEDICAL INSTITUTION

A. Right to Apply

Right to Apply

Any individual living in the certified or non-certified section of a public medical institution, or who lives in the community and plans to enter the certified section of such institution, has the right to apply for Old Age or Disability Assistance if he believes he meets the eligibility requirements for the respective assistance program.

Registration

B. Registration of Applications

An application for assistance may be registered regardless of where the client is living at the time he applies, but if he wishes to receive assistance as a "patient" in a public medical institution his eligibility must be completely established, and he must be resident in the certified medical section of such institution prior to the receipt of assistance payments. (See sub-section H. 4) ).

Application Interview

C. Plan for Application Interview

1) Residents in Public Medical Institution

When the welfare board receives an inquiry from or on behalf of an individual who is already a resident in a public medical institution, the individual shall be advised of the date on which a representative of the welfare board will call to interpret the assistance program (D.A. or O.A.A. as appropriate), and to assist him in filing an application if he decides to apply. Otherwise follow the procedure set forth in section 7 of this regulation.

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Non-Resident

2) Individuals Who Wish to Enter Public Medical Institution

When an inquiry or application is received from or on behalf of an individual who is not a resident in a public medical institution, the procedures provided in section 7 of this regulation apply.

Identification of Patient Status

D. Identification of "Patient Status"

1) Applicants for Assistance

Whenever an application is registered for an individual resident in or who plans to enter a public medical institution, the welfare board shall require completion of Form ODA-27 Identification of Patient Status in Public Medical Institution, by the superintendent and the staff physician of such institution as evidence that the applicant meets all three of the following criteria for patient status:

Criteria of Patient Status

a. An individual who is admitted to a public medical institution (other than an institution for tuberculosis or psychosis), or to a certified section thereof, because of illness (other than tuberculosis or psychosis) and for whom there is planned continuing medical treatment, including nursing care, directed toward improvement in health, or for whom palliative medical measures are required though improvement in health or recovery cannot be expected.

b. An individual who is in fact receiving professional medical treatment;

c. An individual who is free to leave at the conclusion of treatment, or at any other time upon his own decision.

2) Recipient of Assistance

Whenever an individual who is already receiving assistance is to enter a public medical institution and continue to receive assistance, the welfare board shall require completion of Form ODA-27.

Action when ODA-27 is NOT Completed

3) Action when Form ODA-27 is NOT Completed

a. In any instance where the staff physician is unable or unwilling to certify on Form ODA-27 that the individual does not require care and treatment for active tuberculosis, or care in a mental institution the welfare board shall deny the application, or discontinue any case already receiving assistance if the client is to remain in the institution or is to enter the institution even though ineligible for assistance.

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b. If the staff physician fails to complete Form ODA-27 for an applicant or recipient who wishes to leave a public institution and receive assistance in other than a public or private medical institution the welfare board shall

(1) refer such a D.A. case to the State Review Team for either initial determination of eligibility or review of continuing eligibility as appropriate;

(2) in an application for O.A.A. secure additional medical opinion as to the need for prolonged care and treatment in an institution for tuberculosis or mental illness. If the medical opinion confirms the need for such care the application shall be denied. Responsibility for further action in regard to the plan for care and treatment for tuberculosis or mental condition shall rest first with the family, next with any public or private agency from which the client is already receiving assistance, or with the appropriate municipal official if he is not receiving assistance;

(3) in the case of an O.A.A. recipient secure an additional medical opinion within 30 days as to the need for care and treatment in an institution for tuberculosis or mental illness. If the additional medical opinion confirms the need for such care the client becomes ineligible for assistance beyond payment for the current month, or beyond the date of admission to an institution for tuberculosis or mental illness whichever is earlier. Responsibility for further action in regard to the plan for care shall be the same as in (2) above.

Filing of Evidence of Patient Status

E. Filing of Form ODA-27

1) Form ODA-27 must accompany case material submitted to the State Review Team on any D.A. application.

2) The Form ODA-27 shall be filed in the official case record of any applicant or recipient of assistance who is resident in a public medical institution before payments of assistance are issued to him.

3) It is recommended that a second copy of Form ODA-27 be completed for retention by the institution in its files.

Case Record Entries

F. Case Record Entries re: Certification of Institution and Patient Status

1) Applicants

In completing Form ODA-2D, Part III, Social Data Summary for new applications from individuals resident in or about to enter a public medical institution, there shall

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be entered in Section 5, Living Arrangements, sub-section 2) Type of home, a statement that the entire institution has been certified as a public medical institution, or that the applicant is or will be cared for in the certified section of the institution, whichever is appropriate.

Sub-section f) will be checked and the institution identified

2) Recipients

If a recipient of assistance is to enter a public medical institution and continue to receive assistance, appropriate statements concerning certification of the institution and verification of patient status shall be included in the narrative report covering the new living arrangements.

Initial Medical Examination in D. A.

G. Special Procedures by Program

1) Disability Assistance-Initial Medical Examination

a. Resident in Institution

When an applicant for Disability Assistance is already a resident in a public medical institution, Form ODA-2D, Part II Report of Examining Physician, shall be prepared by a staff physician of the institution without fee for such examination and/or report.

b. Non-resident

When an applicant for Disability Assistance is not a resident of such institution but plans to enter one, the normal procedure for the initial medical examination as provided in Section 12 of this regulation applies.

Special Examination

c. Cost of Special Medical Examination

Any subsequent special medical examination required by the State Review Team in connection with initial determination of eligibility for either a resident or non-resident applicant is a matchable administrative expense as set forth in Section 13 of this regulation.

Certification of Need for Nursing Care D.A.

2) Certification of Need for "Patient" Care for

a. Recipient of Disability Assistance (non-resident)

When an individual is already receiving Disability Assistance outside a public medical institution but

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plans to enter such an institution, a completed Form ODA-27 will constitute certification of the need for patient care as well as identification as patient.

Such a case does NOT require further review by the State Review Team for purposes of establishing eligibility to receive D.A. payments after entering the institution.

O.A.A. b. Applicant or Recipient of Old Age Assistance

In the case of an applicant for or recipient of Old Age Assistance (regardless of whether or not he already resides in the institution) a completed Form ODA-27 will constitute certification of need for patient care as well as identification as patient.

c. Form ODA-26 which is used for such certification for persons entering private medical institutions shall not be used for either D.A. or O.A.A. clients in or entering public medical institutions.

H. Procedures for Budgeting and Payment for Patients in Public Medical Institution

Nursing Care Rate Public Medical Institution 1) "Patient" Care Rate in Public Medical Institution

a. Determination of Rate

The maximum allowable monthly rate which a recipient may pay for care in a public medical institution, regardless of the source or sources of such payment, shall be one-twelfth the annual per capita cost established for the particular institution, or the maximum allowable rate established for care in private institutions, whichever is less.

b. Content of "Allowable Rate"

"Allowable rate" shall include in every case payment for room, board, laundry, nursing care and personal attendance, and medical care including physician's services, medication and medical supplies, and any special laboratory, diagnostic, x-ray or therapeutic services provided by the institution in accordance with required standards of the Department for certification as a public medical institution.

Budget Allowances 2) Budget Allowances

a. Recurring Allowances

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Recurring allowances to recipients in public medical institutions shall include

(1) the appropriate allowable rate for "patient" care;
(2) personal incidentals;
(3) insurance premiums for policies assigned to the welfare board.

b. Non-recurring Allowances

Allowances for clothing and for special circumstance items other than insurance premiums, shall be provided in accord with Ruling No. 3, Budget Manual, on the basis of actual costs incurred, as verified by bills or other appropriate evidence.

3) Payment of Assistance

Initial Payments

a. Initial Payment to Applicant

The initial payment of assistance to applicants resident in or entering a public medical institution shall be made in accord with the principal of "advance payment" and the procedures of Ruling No. 14, Temporary Grants where applicable.

b. Payment to Receipient Entering Public Medical Institution

The principle of "advance payment" shall also apply in respect to the payment made to a recipient at the time he enters a public medical institution. Such adjusted payment shall be made in accord with sections 9 and other appropriate section of Ruling No. 14.

Starting Date of Payment

4) Date of Payment

The starting date for an initial payment of assistance to an applicant, or for the first payment to a recipient after he enters such institution shall be determined as follows:

a. If the applicant is a resident in a certified public medical institution, or in the certified medical section of an institution at the time his application is registered, the initial payment shall start with the earliest date on which satisfactory evidence of eligibility is established in accord with the provisions of Ruling No. 14.

b. If the applicant is residing in a non-certified (domiciliary) section of such institution at the time his application is registered, the initial payment shall start with the date on which he is transferred to the certified section if his eligibility in all other respects has been established

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prior to that date, or as of the date his eligibility is established if accomplished after he is transferred to the certified medical section.

c. If the applicant is not a resident in a certified public medical institution at the time his application is registered, the initial payment shall start with the date on which satisfactory evidence of eligibility is established whether such date is prior or subsequent to entry into the institution.

d. If an applicant is a resident in a certified public medical institution, or in the certified medical section of a public institution, during the period in which his application is pending, and moves to a non-certified section or leaves the institution prior to the determination of eligibility the application shall be denied.

Payment to Client

5) Method of Payment

a. Grants of assistance to patients in public medical institutions shall be by check drawn to the order of the client.

b. Whenever cash income (including contributions from relatives or others) is available to the recipient to meet a portion of the cost of patient care (allowable rate) the institution will generally be expected to arrange for collection of such portion from the recipient or from the source from which the income is due and payable to the recipient. However, in instances where for good reason this method proves impractical, or in which the institution is unable or unwilling to collect such cash income, the welfare board shall accept responsibility for collecting such income for the recipient.

Termination of Payment

6) Termination of Payment; Refunds

a. Payments of assistance to a recipient who is a patient in a public medical institution shall be continued only so long as the recipient continues in "patient status" and is otherwise eligible for either D.A. or O.A.A.

Refunds by Public Medical Institution

b.

(1) When a recipient dies or ceases to be in "patient status" (i.e. leaves the institution, or is moved from the certified to a non-certified section of the institution), prior to the last day of the month, or of other period for which he has paid for board and care in advance, the institution shall refund the unearned portion of such payment. The refund shall be calculated as follows:

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that percentage of the amount allowed the recipient by the welfare board (for board and care in advance) which the number of unearned days bears to 30 (unearned days calculated from the day immediately following the date of death or removal).

Paid to Welfare Board

(2) The institution shall pay the refund to

a. the welfare board when the recipient dies or when he loses "patient status" but remains in the institution, or in any instance where the recipient becomes ineligible to receive assistance whether in or out of the institution;

Paid to Recipient

b. the recipient if he leaves the institution but continues to be eligible to receive assistance outside the institution. In this situation it is the responsibility of the welfare board to make appropriate adjustment in budget and payment to meet need in the recipient's new living arrangement, taking into account as an available resource the amount refunded to him by the institution.

Refund of Client's Funds to Welfare Board

7) Refund of Funds Belonging to Recipient

a. Deceased Recipient

The institution shall also refund to the welfare board any other funds belonging to a deceased recipient (and not subject to any prior claim or lien by the institution) which were in his possession, or in the custody of the institution at the time of his death.

Patient Index

I. "Patient" Index

1) Index

For purposes of ready identification of all cases in "patient" status for the use of both the local office and Bureau representatives, the welfare board shall maintain a separate card index with the following minimum sub-divisions:

a. Patients in public medical institutions.

b. Patients in private medical institutions.

c. Patients in family homes, other than own home.

d. Patients in own home.

This index shall be kept up to date so that at any given time current information will be available.

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Special Resolution

## J. Special Resolution by County Welfare Board

### 1) Statutory Requirement

Whenever assistance is to be paid to a client who is living in other than a family home (i.e. public or private institution) the law requires special review and resolution by the county welfare board.

### 2) Method

The statutory requirement shall be accomplished by including on Schedule VIII of the official Minutes of the Board the case of any individual who is to receive assistance while a resident of a public or private medical institution.

Bureau Approval

## K. Written Approval by Bureau of Assistance

### 1) Statutory Requirement

It is also a statutory requirement that the Bureau approve in writing the payment of assistance to individuals in living arrangements other than a family home.

### 2) Method of Approval

a. A Bureau representative will review all cases listed each month on Schedule VIII in the office of the welfare board and will issue written approval with respect to each such case where it is determined that the provisions of this regulation have been met.

b. Where there has been an omission or defect in procedural requirements only, the Bureau representative will note an exception or condition. It will be the responsibility of the welfare board to remedy or eliminate the exception or condition within 30 days, and resubmit the case to the Bureau representative for official approval.

c. Where there has been an omission or defect in substantive requirements under this regulation, or where for any other reason the eligibility of the individual to receive assistance is in question, the Bureau representative will report the facts to the Bureau. Upon review of the facts the Bureau will advise the welfare board by letter of its approval or disapproval and of the conditions, if any, to be accomplished which would make approval possible.

### 3) Effect on Payment

Bureau approval prior to payment of assistance to individuals in public or private medical institutions

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is not required. However, any payments so issued will be subject to audit exception if no written approval finally results.

## L. Change of Residence in Relation to "Patient" Care

### 1) Change of County Residence

Change of County Residence

Subsections (b) and (c) of Title 44:7-30 R.S. have direct bearing on the status of cases where a change of residence from one county to another within this state is directly related to a plan for entering an institution or similar facility for custodial or curative care. In accordance with this statutory direction, the following rules are established:

Application in County Where Living

a. A person seeking to apply for assistance shall have his application received and registered by the county in which he is actually living at the time of application, even though he may already be or is about to become a "patient" in a public or private institution at the time of such application.

Investigation of County Residence

b. The county receiving the application shall complete all action thereon and shall be responsible for any payments of assistance to be made, unless in the course of investigation it shall be found

(1) that the applicant originally moved to such county for the primary purpose of receiving care as a "patient" in a public or private medical institution, or in a family home (boarding home) with unrelated persons, and that the cost of such care has been continuously financed in whole or in part by any public assistance agency or private charitable agency of another county; or

(2) that the applicant originally moved to such county for the primary purpose of receiving care as a "patient" in a public or private medical institution or in a family home (boarding home) with unrelated persons, less than one year prior to the date of application for assistance.

Disposition of Application

c. If either of the two situations described in a. or b. above are found to exist, the county which received the application shall dispose of the application by dismissal, notify the county in which the applicant was a resident at the time of entering the institution or boarding home to receive "patient" care, of its action, and transfer to such county all case record material.

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Responsibility and Action by County of Origin

d. The county of prior residence shall immediately register an application and assume responsibility for completion of investigation, as required, and for action and payment.

e. In the instance of a recipient of assistance who moves to another county for the primary purpose of receiving "patient" care in a private medical institution or family home (boarding home) with unrelated persons, the county of origin shall retain responsibility for assistance payments so long as he continues in the status of "patient" and the recipient spouse, if any, of such person, who moves for the purpose of accompanying the patient, shall also continue to receive assistance payments from the county of origin even though not himself in "patient" status, so long as the "patient" continues in that status.

When Freezing of Residence Does Not Apply

f.

(1) In no case shall "freezing of residence" apply to a client whose move from one county to another is related to plans for special care in his own home or the home of either responsible or non-responsible relatives.

(2) Responsibility for assistance payments to clients receiving assistance while residents of any public medical institution shall rest with the welfare board of the county in which the institution is located. For example, a client receiving assistance in County A. is found eligible for and is admitted for "patient" care to a public medical institution in County B. The case will thereupon be transferred by County A. to County B. under the provisions of Ruling No. 8.

Consultation Between Counties

g. All directors of welfare shall advise and consult to the fullest extent that circumstances permit, with the director of welfare of any other county to which an applicant or recipient has moved or is about to move for the purpose of effecting any plan for "patient" care within the scope of this regulation, even though no actual transfer of the case under Ruling 8 is involved.

Change of State Residence

2) Change of State Residence

For purposes of this regulation allowances for "patient" care may be made to clients outside the State of New Jersey only under the following circumstances:

a. The individual is a recipient living in another state for whom continuation of assistance from New Jersey has already been approved under the provisions of Ruling No. 5.

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(1) When such a recipient becomes in need of prolonged "patient" care and the cooperating agency in the other state recommends care in a private medical institution (nursing home, or infirmary of an incorporated home or similar establishment) such agency shall provide assurance that the institution is

a) approved for the use of assistance clients in that state,

b) forward a completed copy of Form ODA-26,

c) provide information as to the rate charged by the institution and what the rate includes. *

Assistance shall be granted in accord with the provisions of Section 17.G. and may be continued so long as the recipient remains in "patient" status, and eligible under Ruling No. 5.

(2) When such a recipient requires temporary "patient" care in a general hospital and welfare board is requested to provide for the cost of such care, the cooperating agency shall

a) certify that the hospital is a licensed or approved public or private medical institution,

b) forward a physician's statement covering the diagnosis and treatment given, or to be given,

c) state the perdiem ward rate of the particular hospital, and the rate (if any) paid by the public assistance agency for its clients.

The allowance for such temporary "patient" care shall be no more than the perdiem ward rate of the hospital, or the rate allowed by the cooperating agency, or $15.00 a day, whichever is the lowest rate.

b. Recipients who are living in New Jersey who move to another state for the purpose of receiving prolonged "patient" care in a public or private medical institution are ineligible for assistance payments from New Jersey. *

Likewise, recipients who go to another state for the purpose of obtaining medical treatment in an insti-

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tution, hospital, clinic or from a physician or specialist may not receive allowances to cover the cost of such treatment.*

* Note: In rare instances a situation may arise in which the medical recommendations for essential treatment cannot be provided in New Jersey. In those rare instances the facts may be presented in writing to the Bureau for consideration prior to completing any arrangement for care or treatment out of the State.

c. Recipients who are living in another state and for whom continuation of assistance has been approved under Ruling No. 5, or who wish to move to another state to receive "patient" care in the home of a relative, or in the home of unrelated persons, may receive allowances for such care in the same manner and under the same budgeting procedures as provided in sub-section H.2) of Section 17.

(Note: Applies to both O.A.A. and D.A.)

## 17. PROCEDURES FOR "PATIENT" CARE IN PRIVATE MEDICAL INSTITUTIONS (OTHER THAN GENERAL HOSPITALS) AND FAMILY HOMES

### A. Right to Apply

Right to Apply

Any individual who is already a resident in a licensed or approved private medical institution, or who wishes to enter such institution for care and treatment, has the right to apply for the program for which he believes he qualifies; except that any resident of such instituion who at time of admission contracted for life care by payment of a lump sum, is not eligible for Old Age or Disability Assistance.

### B. Intake Procedures

Intake Procedures

The procedures as set forth in Section 7, apply, except that when the welfare board receives an inquiry from or on behalf of an individual who is already a resident of a private medical institution, the individual shall be advised of the date on which a representative of the welfare board will call to interpret the assistance program (D.A. or O.A.A, as appropriate) and to assist him in filing an application if he decides to apply.

### C. Identification of "Patient Status"

Identification of Patient Status Private Institutions

1) Whenever an applicant for or recipient of assistance (whether or not he is already a resident of a private medical institution) wishes to receive assistance while a "patient" in such institution, identification of "patient status" shall be accomplished by having Section A. of Form ODA-26, Certification of Patient Status in Private Medical Institution, completed by the attending physician, and Section B. completed by the superintendent or operator of the institution.

2) In the case of a recipient of D.A. who plans to enter a private medical institution, no further review by the State Review Team of the permanent and total disability factor is required.

3) In any instance where the physican is unable or unwilling to certify in Section A. of Form ODA-26 that

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the client does not need care for active tuberculosis, or care in a mental institution, the procedures in Section 16. D. 3) shall apply.

Filing of Evidence of Patient Status

D. Filing of Evidence of "Patient" Status

See Section 16. E. The same procedures apply, except that Form ODA-26 is used instead of ODA-27.

Case Record Entries

E. Case Record Entries

1) Applicants

In completing Form CDA-2D, Part III, Social Data Summary, for new applications from individuals resident in or about to enter a private medical institution, there shall be entered in Section 5, Living Arrangements, sub-section 2) Type of Home, a statement that the institution has been licensed, or is operating under Permit, or that applicant will reside in an approved infirmary section of the particular private institution.

Sub-section d. or e. will be checked and completed as appropriate.

2) Recipients

If a recipient of assistance is to enter a private medical institution and continue to receive assistance, appropriate statements concerning certification of the institution and verification of "patient" status shall be included in the narrative report covering the new living arrangements.

Initial Medical Examination in D.A.

F. Initial Medical Examination - Disability Assistance

In respect to applicants for D.A. who are residents in or who plan to enter a private medical institution, the initial medical examination shall be made in accord with the provisions of Section 12.

G. Procedures for Budgeting and Payment for "Patients" in Private Medical Institutions.

Allowable Rate Private Institutions

1) "Patient Care" Rate in Private Medical Institution

The maximum allowable monthly rate which a recipient may pay for care in a private medical institution, regardless of the source or sources of such payment, shall be $135 until September 1, 1952. After September 1, 1952 the maximum allowable rate will be $150.

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Note: This new rate is established as the result of urgent representations that costs cannot be met within the present limitation of $135 a month. The Department is reluctantly acceding to the request to increase the maximum to $150 a month temporarily, with the understanding by all concerned that at the end of a year the situation will be reevaluated and the maximum lowered if that seems possible at that time.

2) Content of "Allowable Rate"

"Allowable Rate" shall include in every case payment for room, board, laundry, nursing services, simple cathartics,

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rubbing alcohol, a reasonable amount of dressings, and customary medicine chest supplies as needed.

Budget Allowances

3) Budget Allowances

a. Recurring Allowances

Recurring allowances to recipients in private medical institutions shall include

(1) "patient" care rate as required, up to $150.00;

(2) personal incidentals;

(3) insurance premiums for policies assigned to the welfare board; and

(4) shelter costs where required (Ruling No. 3, Shelter Section, paragraph 7).

b. Non-recurring Allowances

Non-recurring requirements shall be recognized and allowances may be made as follows:

(1) Clothing, according to Section 210,5 of Ruling No. 3;

(2) physician's visits, if the institution is not owned and operated by a physician or does not have a resident physician, and

(3) prescriptions and pharmaceutical supplies, as incurred, on the basis of actual costs as verified by bills or other appropriate evidence;

(4) special circumstance items other than insurance premiums, or items in (2) and (3) of this subsection, in accord with provisions of Ruling No. 3.

Pinehaven Sanitarium Special Instructions

4) "Patient" Care Rate and Special Recurring Medical Service Allowance for Pinehaven Sanitarium Only.

Until further notice the following special instructions shall apply to Pinehaven Sanitarium only:

a. Allowable Rate

The allowable monthly rate to be paid by any recipient now resident in or entering Pinehaven Sanitarium shall be the maximum of $150 per month, regardless of the source or sources of payment.

NOTE: After Sept. 1, 1952, the allowable monthly rate shall be the maximum of $150 per month.

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b. Special Medical Service Allowance

In addition, the budget of each such recipient shall include a recurring allowance for medical services (to cover physician's services, all medications and prescriptions, pharmaceutical supplies and any special laboratory, diagnostic, x-ray or therapeutic services provided by the institution) in the amount of $28.00 per month.

c. In the case of any patient who receives service for only a portion of a calendar month, the "maximum allowable rate," as referred to in a. above, shall be prorated, but the capitation amount for medical service, as referred to in b. above, shall be allowed in full for each month, during any portion of which the assistance client is a patient in Pinehaven Sanitarium.

Payment of Assistance

5) Payment of Assistance

Follow the same principles and procedures provided for public institutions. See Section 16, G. 3), 4) and 5).

Termination of Payment and Refunds

6) Termination of Payment and Refunds

Follow the same principles and procedures provided for public institutions. See Section 16. H. 6) and sub-sections.

Refund of Funds Belonging to Client

7) Refund of Funds Belonging to Client

Follow the same principles and procedures provided for public institutions. See Section 16. H. 7).

H. Procedures for "Patient" Care in Family Home

"Patient" Care in Family Home General Statement of Eligibility

1) General Statement of Eligibility

The Department of Institutions and Agencies defines a boarder as "an active individual who needs no service other than shelter and food."

An individual who is a "boarder" as defined above, may receive payments of assistance in the home of related or unrelated persons. However, no individual who is a "patient" as defined in Section 15. D. 4), shall receive assistance in the home of related or unrelated persons unless

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a. the home is a boarding home in which not more than one individual, unrelated to the operator, is a "patient" (regardless of the source of such "patient's" support); or

b. the home is a family home in which not more than one individual, unrelated to the family, is a "patient" (regardless of the source of such "patient's support); or

c. the home is a family home in which all members are related to each other by blood or marriage, regardless of the number of occupants.

"Patient" Care Rate

2) "Patient" Care Rate in Family Home

a. Whenever a client who is a "patient" lives

(1) in the home of unrelated persons; or

(2) in the home of related persons, provided neither the head of the household nor the housewife is a parent spouse or child of the client

(3) the allowable monthly rate for "patient" care shall be up to $60.00 (regardless of the source or sources of such payment) when the client requires any one, or combination of, but no more personal service in addition to shelter and food than the following services:

a) Preparation, supervision and service of a therapuetic diet.

b) Assistance in selection, care and repair of clothing.

c) Assistance in travelling in the community.

d) Supervision of general health (calls doctor if necessary.)

e) Arranges for shaves and hair cuts.

f) Assistance at meal times.

g) Assistance in dressing.

h) Assistance in bathing.

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b. Whenever a client who is a "patient" lives in either of the situations described in a. (1) and (2) above requires services beyond those enumerated above, or is room-bound, chair-fast or bed-fast and requires nursing service and medical supervision, the allowable monthly rate shall be up to $90.00 (regardless of the source or sources of such payment).

c. Inclusion of a recurring allowance for nursing care* may be considered for a client living in his own home, or in the home in which the head of the household or the housewife is a parent, spouse or child of the client provided that:

(1) it is demonstrated that the arrangement will provide adequate care, and

(2) that the nursing service, whether full or part time, is to be performed by a person unrelated to the client who is hired for such purpose, and

(3) that the total of all recurring allowances whether for basic or special circumstance requirements, is not greater than would be involved if the client were purchasing "patient" care in private medical institution at the maximum allowable "patient" rate.

For the present there shall be no allowance for nursing services provided the client by a member of client's family living in the household unless such person has inadequate means of support. In such instance an allowance to meet the deficit in such family member's budget, based on Budget Manual standards, may be included in the client's budget as special circumstance requirement.

Budget Allowances

3) Budget Allowances

a. Recurring Allowances in Other Than Own Home

The recurring allowances for "patient" living in either of the two situations described in 2) a. or b. above, shall include

(1) the appropriate allowance for "patient" care within the specified maxima,

* The Department Budget Manual Committee is currently considering methods for providing a standard allowance for the special circumstance item of "nursing care" when required by a recipient in his own home or the home of legally responsible relatives. It is anticipated that such a standard will be included in the Budget Manual by September 1, 1952.

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(3) insurance premiums for policies assigned to the welfare board,

(4) clothing, unless the provisions of 210.5 of Ruling No. 3, Budget Manual, apply,

(5) transportation to clinic if required regularly.

b. Non-recurring Allowances

Non-recurring allowances for special circumstance requirements other than insurance premiums shall be limited to

(1) expenses incident to handicap limited to purchase, repair and maintenance of any essential prosthetic device;

(2) transportation, such as ambulance to and from hospital or moving from one home to another,

(3) physician's visits and prescribed medications and medical supplies,

(4) clothing according to Section 210.5 of Budget manual.

Allowances to cover any of the non-recurring requirements shall be made on the basis of cost as verified by bills or other appropriate evidence.

In the event that the client requires a special circumstance allowance not included in a. or b. such need may be submitted to the Bureau for consideration and special approval as the need arises.

c. Budget Allowances in Own Home

(1) Recurring Allowances

The recurring allowances for an individual receiving "patient" care in his own home shall be made in accord with the provisions of Ruling No. 3, Budget Manual, for any basic or special circumstance items authorized so long as the total cost of maintaining such "patient" is not greater than would be involved if client were in a private medical institution (See G.1 of this Section 17.).

(2) Non-recurring Allowances

The same special circumstance requirements specified as allowable for "patient" care in family home other than own home shall apply to "patient" care in own home.

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Termination of Payment; Refunds

4) Termination of Payment; Refunds

The same principles and procedures apply as provided for individuals receiving "patient" care in public or private medical institutions. (See Section 16. H. 6).

Certification of Need for Patient Care

5) Certification of Need for "Patient" Care

a. In Family Home, other than Own Home

(1) Whenever an individual is to receive "patient"* care in the home of unrelated persons or of related persons as limited in 2) a. (2) above, and his requirements for personal service do not exceed those enumerated for the maximum rate of $60.00, the certification of his need for such "patient" care may be accomplished by a complete statement in the case record of the reasons for such service. The narrative statement shall also include an evaluation of the facilities provided in the home and the ability of the operator, or head of household, to provide the required personal service.

(2) If the client is to receive "patient" * care and requires personal service as enumerated for the maximum rate of $90.00, the certification of his need for such care shall be made by the attending physician on Form ODA-26b, Certification for Patient Care in Family Home

b. In Own Home

Certification of the need for "patient" care for a client living in his own home shall be made by the attending physician on Form ODA-26b.

Filing of Evidence of Need for "Patient" Care

6) Filing of Form ODA-26b

Whenever the client's situation requires use of Form ODA-26b, the form shall be prepared in duplicate. One copy shall be filed in the case record before payments of assistance at the "patient" care rate are made. The duplicate shall be given to the operator, or head of the household to provide information regarding client's condition and kind of care required.

Special Resolution

7) Special Resolution; Bureau Approval; "Patient" Index

a. Special Resolution

Patient Index

As there is no statutory requirement for a special resolution on cases of clients receiving assistance in family homes, the cases of "patients" in family

*"Patient" as defined in Sec. 15

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home arrangements will not be listed on Schedule VIII of the Board Minutes.

Bureau Approval

b. Bureau Approval

Likewise, there is no statutory requirement for written approval by the Bureau of Assistance for these cases. However, the Bureau through its representative will from time to time, specially review such cases in respect to the specific requirements of this regulation.

"Patient" Index

c. "Patient" Index

See Section 16. I.

d. Change of Residence

See Section 16 L. page 38

18. ELIGIBILITY IN PRIVATE GENERAL HOSPITALS

Eligibility in Private General Hospitals

(Note: Applies to both O.A.A. & D.A.)

Under Chapter 24, P.L. 1952, any hospital to which payment or distribution of funds is permitted to be made by counties or municipalities of this State pursuant to any provision of Chapter five of Title 44 of the Revised Statutes, shall not receive payments from or on behalf of assistance clients receiving care in such hospital. Therefore, until further notice the following rules will apply:

A. No application for D.A. or O.A.A. shall be officially registered or otherwise accepted from a person residing in a private, general (voluntary) hospital, unless the application is made in contemplation of the person's leaving the institution as soon as assistance can be made available;

B. Requests for assistance for either program by or on behalf of persons residing in private, general (voluntary) hospitals shall be treated as inquiries and referrals only;

C. When a recipient of assistance is admitted to a private, general (voluntary) hospital the welfare board may

1) continue such case on the rolls as "active no payment" (suspended status); or

2) may continue such case on the rolls provided no checks drawn during the period are delivered to the client while in the institution. The Accounting Manual (Ruling No. 12, Chap. III, p. 1, c) provides for the accumulation of not more than two months checks, and payment of all or any part of such checks as the client's needs indicate, upon his release from the institution at the discretion of the welfare board.

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Applications from Persons with Visual Disability

## 19. APPLICATIONS FROM PERSONS WITH VISUAL DISABILITY

(Note: The provisions of this section have been reviewed and approved by the State Commission for the Blind.)

### A. Effect of Blindness on Eligibility for Disability Assistance

1) Interpretation

According to statute, a needy person is eligible for Disability Assistance if he is permanently and totally disabled by reason of a physical or mental defect, disease or impairment other than blindness. It follows that if the person is disabled only by reason of blindness as defined in the Blind Assistance Law (less than 20/200 vision in better eye with refraction, or field limitation reduced to 20 degrees) he is not eligible for Disability Assistance. If, however, a person has physical or mental conditions (in addition to blindness) which make him permanently and totally disabled, then he may be found to be eligible for Disability Assistance notwithstanding the fact that he is also blind.

2) Choice of Program

A person who is believed to be blind (as defined in law) and who has physical or mental disabilities in addition to blindness, is entitled to choose whether he shall apply initially for Blind Assistance or Disability Assistance.

### B. Intake Procedures

In order to facilitate the granting of assistance to needy persons with visual disabilities, the following procedures shall be observed:

1) When the person requesting assistance states that he is blind or that lack of vision is his primary disability, he shall be given information about the eligibility requirements for and the services provided by both Disability and Blind Assistance and shall be informed of his right to elect the program for which he wishes to apply.

(Note: If the person applying is a resident of a public medical institution, is blind and has additional disabilities requiring institutional care, it is important to inform him that residents of public medical institutions are ineligible at the present time for Blind Assistance, but may be eligible for Disability Assistance.)

2) If the person decides to apply for Disability Assistance, and following registration, the examining physician's report (Form ODA-2D, Part II) indicates a primary or major diagnosis involving an eye defect, disease or impairment, the agency shall, prior to submission of the record to Review Team, obtain an ophthalmological report on Form AB-5 (Eye Physician's Report) from a qualified and certified ophthalmologist whose name appears on the list issued by the Commission for the Blind. The agency shall prepare a duplicate of Form AB-5 and shall transmit both original and copy to the Bureau together with the usual Form ODA-2D, Parts I, II and III.

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C. Procedures following Bureau Review

1) When the Bureau determines that the person is blind, but is not permanently and totally disabled by reason of disabling condition other than blindness, the application will be disapproved; the welfare board shall deny the application and advise the person promptly about applying for Blind Assistance. Both copies of Form AB-5 will be returned by the Bureau to the welfare board. The original of Form AB-5 shall be used in relation to the application for Blind Assistance and the duplicate retained in the Disability Assistance record.

2) If the Bureau determines that the person is permanently and totally disabled, whether or not he is legally blind, the application will be approved for Disability Assistance.

3) If the Bureau determines that the person is neither blind nor permanently and totally disabled, the application will be disapproved for Disability Assistance. In such instance, the person should be advised to apply for General Assistance if he is not already receiving this form of assistance.

4) In any case approved under 2), above, or disapproved under 3), above, the Bureau will report the status of the application to the Commission for the Blind and make available to them the duplicate Form AB-5, Eye Report. This will enable the Commission to register the person and consider the possibility of eye care, surgery or special services. With respect to any approved application for Disability Assistance that is so reported, the county welfare board will in due course be informed by the Commission of any special service initiated for such person.

Determination of Permanent & Total Disability - A State Function

20.A. LEGAL REQUIREMENT

By law the determination of the permanent and total disability factor of eligibility is a direct responsibility of the State. This responsibility is directly vested in the Bureau of Assistance.

B. Organization of Medical Service Section

A Medical Service Section has been established in the Bureau, headed by a Medical Administrative Consultant and a Medical Social Service Consultant who will be referred to jointly as the Administrative Review Team. The Administrative Review Team has final responsibility for the determination of permanent and total disability.

1) Under the supervision of the Administrative Review Team there are Medical Review Teams, each composed of a physician and a qualified medical social worker, who will hold regular sessions in the Bureau of Assistance, 148 W. State Street, Trenton, to review applications for Disability Assistance submitted by the county welfare boards.

2) All notices to county welfare boards concerning permanent and total disability will be issued by the Medical Service Section whether the individual case decision is made initially and authenticated by a Medical Review Team, or after review and authentication by the Administrative Review Team.

3) The determinations will be classified as Approved, Disapproved, Undetermined. [See Section 22, below for interpretation of these classifications.]

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Transmittal of Records

## 21. TRANSMITTAL OF RECORDS

### A. Transmittal by County Welfare Board to Bureau

1) As soon as Forms CDA-2D, Parts I, II and III (Examining Physician's Report and Social Data Summary) are completed, these forms together with any additional medical diagnostic reports available, or required by these instructions, shall be stapled together for transmittal to the Bureau of Assistance, attention of Medical Service Section.

In no instance shall a case be submitted for initial determination of permanent and total disability unless both the Examining Physician's Report and the Social Data Summary provide current information. "Current" shall mean within three months of the date of submission. If for some reason these reports were executed more than three months prior to submission to the Bureau, the client shall be required to obtain a current Form CDA-2D II from his physician, and the agency shall attach to Form CDA-2D III a narrative report, reciting any significant changes in client's social situation since the form was completed.

2) Records transmitted on a given date shall be listed by case number and name on an inventory sheet prepared in duplicate. One copy shall be attached to the records sent to the Bureau; the duplicate shall be retained by the county as its control.

**The inventory shall be made on plain bond paper with a heading to read:**

**"_____County Welfare Board Date_____**

**Disability Assistance Records Transmitted to Bureau of Assistance."**

### B. Return of Records to Agency

1) The Medical Service Section of the Bureau will prepare a similar inventory and attach to cases returned to the county welfare board on a given date, without regard to the date the individual records were received or the county inventory(s) on which they were listed.

2) Attached to each case will be two copies of Form DA-2a, Record of Action, containing the determination of eligibility by the Medical Service Section and any necessary instructions regarding county action.

In a few instances the Bureau will wish to hold the record for consultation with other State agencies. In such instance, Form DA-2a and Part I of Form CDA-2D will be sent to the agency authorizing payment of the physician if the case has been approved or disapproved.

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Agency Procedure After Bureau Action

22. AGENCY PROCEDURE AFTER BUREAU ACTION

Upon receipt of records from the Bureau the agency shall:

A. General Instruction - Examine the Forms DA-2a for the action of the Bureau and for specific instructions regarding agency action.

B. Cases Approved - Check the records received to determine those approved cases for which full records have been returned and those for which only Forms DA-2a's and ODA-2D Part I, have been forwarded. Also examine DA-2a's for classification of Group I and II.

1) Group I - Case so classified is considered to have a permanent impairment that is totally disabling and irreversible. However, if at some future date the medical and social information indicates to the agency that there may be a question about the permanency or totality of the client's disability, the case should be resubmitted to the Bureau for redetermination. Up to date medical and social information on which the agency has based its request shall accompany such resubmission.

2) Group II Case so classified is considered to have a permanent impairment which, although totally disabling at the time of determining initial eligibility, is such that the condition may be arrested or substantially ameliorated or a remission may occur. Cases potentially rehabilitable will also fall in this group. For a case so classified, the Bureau will indicate a future review date on Form DA-2a.

The agency will establish and maintain a control file for approved cases classified in Group II, so that the expiration dates of certifications for such cases will be observed with respect to redetermination of status. In Group II cases the Form DA-2a will also indicate the nature and extent of additional information to be submitted by the agency at the time the case is to be reviewed by the Medical Service Section of the Bureau.

3) Initial Payment - For cases approved in either Group I or Group II the agency shall complete determination of eligibility in other respects, if necessary, and will issue an initial payment of assistance on the earliest possible date in accord with the provisions of Ruling No. 14, Temporary Grants.

a. When an application has been approved for a client who is receiving assistance from a municipal department of welfare, or from any other public or private agency, the county welfare board shall ascertain the date which marks the end of the current payment period of the referring agency, and shall issue the initial payment of assistance as of that date, pro-rating the amount of assistance if a partial month is involved as instructed in Ruling No. 14.

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b. When an application has been approved for a client who is found to be mentally incompetent and a legal guardian or authorized custodian is to be appointed, initial payment shall be issued in accordance with Section 14-E above. 27 below.

4) Payment of Physician - Whenever Form DA-2a is checked in item 7, authorizing payment of the examining physician, the agency shall forward payment to the physician from administrative funds. Signature of Medical Consultant must also appear on Part I of Form ODA-2D.

C. Cases Disapproved

1) Notification of Client - In all cases for which Form DA-2a are received, either with or without the complete record, on disapproved applications the agency shall notify the client promptly of his ineligibility on the disability factor and advise him of any other categorical program or general assistance for which he may be eligible. If he is already receiving assistance from a public or private agency he shall be advised that such agency is being notified of his ineligibility for Disability Assistance.

2) Payment of Physician - Proceed as in B.4) above.

D. Cases Undetermined

1) Examine Form DA-2a to determine:

a. Whether the applicant is to be examined by the Psychiatric Diagnostic Group; in such instance follow procedure given in Section 14, of this Series No. 3.

b. Whether further medical and/or social information is required by the Bureau for the initial determination of eligibility; if so, the agency shall obtain the required information promptly and resubmit the case to the Bureau. /All cases resubmitted pursuant to "b" shall be entered on the inventory sheet and previously outlined procedure will then be followed./

2) Payment of Physician - If authorization for payment of physician is given on Form DA-2a, detach Part I of Form ODA-2D and forward payment to the physician. /If the Bureau's request for information relates to an incomplete report from the examining physician, authorization for payment will not be given./ Signature of Medical Consultant must also appear on Part I of Form ODA-2D.

Notice of Disposition to Referring Agency /Note: Applies to both O.A.A. and D.A./

23. NOTICE OF DISPOSITION TO REFERRING AGENCY:

In any case initially referred by, or known to be receiving assistance from a municipal department of welfare or other public or private agency, notice of disposition of the case shall be sent to the referring agency in the following manner:

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A. No Application Filed

If after thorough interpretation of the categorical assistance program for which the person was referred, he definitely states he does not wish to apply, notice of such fact shall be sent to the referring agency, including the reason if known.

B. Approved Applications

If an application for categorical assistance is approved, notice to the referring agency shall be sent in advance of the first payment of assistance, giving the date of such payment.

C. Applications Denied, Dismissed or Withdrawn

If the application is denied, dismissed or withdrawn, the referring agency shall be notified and shall be advised of the reason for denial or dismissal, and, wherever known, of the reason for any voluntary withdrawal by the applicant.

Whenever the application is one in which the permanent and total disability factor has been reviewed by the Bureau, the referring agency shall also be advised of any recommendations of the Medical Service Section for medical care or social change for the client as given on Form DA-2a.

D. Applications for Persons Found Mentally Incompetent

In cases in which an otherwise eligible person has been diagnosed as mentally incompetent and a legal guardian is to be appointed before payments of assistance are made, the referring agency shall be notified of the situation and advised that further notice will issue as soon as the legal guardian is appointed.

Review of Continuing Eligibility (Note: Applies to both O.A.A. and D.A.

## 24. REVIEW OF CONTINUING ELIGIBILITY

A. Semi-annual Review

The county welfare board shall reconsider the eligibility of each recipient at least every six months. The reinvestigation shall include review of the following eligibility requirements which are subject to change:

Need

1) Need - including reevaluation of the ability of legally responsible relatives to support, according to the provisions of Ruling No. 13, and Ruling No. 3, Budget Manual.

Residence

2) Residence - effect on eligibility of any change in recipient's residence since last review which was not known to the welfare board.

Institutional Status

3) Institutional Status

a. Redetermination that recipient is living in an eligible private or public medical institution whenever he is living in an institutional facility. (For method of determination see Section 15 E.)

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b. Reevaluation of the possible need of a non-institutional recipient for prolonged care and treatment in an institution in relation to his eligibility to continue to receive assistance.

Patient Status

4) Patient Status

Redetermination that any recipient for whom assistance was approved as a "patient" in a public or private medical institution continues in "patient status", and does not require care for active tuberculosis, nor care in a mental institution.

a. Public Medical Institution

Redetermination of "patient status" in a public medical institution will be accomplished by securing from the institution a completed Form ODA-27A, Recertification of Patient Status, plus appropriate statements in the narrative report concerning the recipient's health and the care he is receiving as noted by the agency representative.

b. Private Medical Institution

Redetermination of "patient status" in a private medical institution will be accomplished by securing from the staff or attending physician a completed Form ODA-26A, Recertification of Patient Status, plus appropriate statements in the narrative report concerning the recipient's health and the care he is receiving as noted by the agency representative.

c. Loss of "Patient Status"

Whenever the staff or attending physician is unable or unwilling to certify on Form ODA-27A for a recipient in a public medical institution, or on Form ODA-26A for a recipient in a private medical institution that the recipient does not require care for active tuberculosis or care in a mental institution, the procedures outlined in Section 16.D.3) shall apply.

If the staff or attending physician finds the recipient no longer in need of "patient" care he is ineligible for assistance payments beyond the current month if he remains in the public or private medical institution.

d. In Family Home

Redetermination that recipient continues in "patient status" in his own, or other family home shall be made by the agency representative and be reported in the record. Where there is evidence that the recipient requires less care than formerly, or that he now requires more care, the attending physician shall be consulted, and appropriate action taken in accord with his recommendations.

5) Age - (In Disability Assistance)

See New Jersey Manual of Administration, Part II 2216 - 2217.

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6) Competency Status

Reevaluation of the "competency status" of the recipient. (Refer to section 14). Ordinarily a client who has been accepted as competent will be presumed to continue in that status, unless and until there is evidence of a substantial character which the agency, in its discretion, deems sufficient to require a reconsideration of the client's status.

Conversely, a client who has been previously determined to be incompetent will be presumed to continue in that status, unless and until there is new evidence supporting a recommendation for reconsideration.

Official review of this factor on a routine basis every six months is not required. Where the need for specific reevaluation is indicated the criteria and procedures provided in sections 14 and 27 shall apply.

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B. Interim Reviews

1) At any time that information becomes available which indicates that the recipient may no longer be eligible, or that his assistance needs have decreased, a reinvestigation shall be promptly initiated, and in no event shall assistance be continued for more than 30 days without initiation of such reinvestigation.

2) At any time that the agency obtains facts establishing that the recipient is no longer eligible, or that his assistance needs have decreased, the grant shall be discontinued or payment revised within the same calendar month.

3) Likewise, all requests of the recipient relating to a change in his assistance needs shall receive prompt consideration, and never later than 30 days from the date of such request.

C. Redetermination of Permanent and Total Disability (Disability Assistance Cases Only)

1) Cases which have been classified as Group II shall be resubmitted to the Bureau for redetermination of the disability factor as of the first of the month indicated as the review month on Form DA-2a. Payments to such cases after the indicated review month which have not been resubmitted will be subject to audit exception.

2) The original Forms ODA-2D, Parts II and III, DA-2a(s), and all other diagnostic reports or summaries previously submitted shall be sent to the Bureau, together with an interim medical and social data report, and any additional specific medical information requested on the DA-2a at time of initial determination.

3) The interim medical and social report shall present the current situation as nearly as is practical, and in no event shall the data reported be less current than three months prior to date of resubmission to the Bureau. The interim report shall cover the following outline:

a. Note all medical services which the client has had since the previous determination of permanent and total disability, including services by physician, clinic, hospital, visiting nurse, or any other medical or nursing agency or facility.

b. Describe any medical treatment and identify whether it was for the disease, defect or impairment for which permanent and total disability assistance was granted, or whether it was for a new medical condition.

c. Obtain an abstract or summary from the individual or hospital giving any of the above treatments and transmit to the Bureau with the record at time of review.

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d. Describe any change in the social factors since the application was reviewed.

(1) Has the family group changed?

(2) Has patient changed his living arrangements?

(3) Is he receiving more or less help from other members of his family, neighbors, etc.?

(4) Is he able to give more or less service to other members of his family, etc.?

(5) Has there been any change in his occupational status?

4) Payments of assistance will continue unless and until the county welfare board is advised by the Bureau that the client no longer meets the State requirement of permanent and total disability.

5) If the Bureau determines that the client is no longer eligible, and the individual continues to be in financial need, the welfare board shall immediately notify the client that the assistance payment for the current month will be the last payment of Disability Assistance he will receive.

6) If such an ineligible recipient of Disability Assistance has reached his 65th birthday he shall be advised to and promptly assisted in applying for Old Age Assistance.

7) Other such recipients shall be advised to apply for General Assistance to the municipal department of welfare and to present the notification from the welfare board when they apply. A copy of the notification letter shall be sent to the appropriate municipal department of welfare at the same time the recipient is notified.

I. & T. Factor Reapplications and Reopened Cases

25. DETERMINATION OF PERMANENT AND TOTAL DISABILITY IN REAPPLICATIONS AND RE-OPENED CASES

In reapplications and reopened D.A. cases the following procedures shall be observed in respect to determination of permanent and total disability:

Previously Approved by Bureau

A. Cases Previously Approved by Bureau

1) If less than six months have elapsed since the last official action of the welfare board, and the applicant had previously been found permanently and totally disabled by the Bureau, the application need not be resubmitted to the Bureau regardless of the nature of the previous disposition by the welfare board (approved, denied, dismissed, withdrawn); except that

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If the latest approval of the Bureau placed the case in Group II and the indicated review date occurred during the period the case has been inactive, or such date falls within a month of the reapplication date, the case shall be submitted for review prior to approval of the application by the county welfare board. Submit original Forms ODA-2D II,III and a current interim medical and social report,etc.

2) If more than six months but less than twelve months have elapsed since the last official action of the welfare board, and the applicant had previously been found permanently and totally disabled by the Bureau in either Group I or II, the case shall be submitted for review prior to approval of the application by the county welfare board. Submit original Forms ODA-2D II, III and a current interim medical and social report.

3) If more than twelve months have elapsed since the last official action of the welfare board and the applicant had previously been found permanently and totally disabled by the Bureau as either Group I or II, the client shall be required to obtain a current Examining Physician's Report (ODA-2D II). The agency shall prepare a current Social Data Summary. These two current reports, togetner with previous ODA-2D II and III shall be submitted to the Bureau for determination of the permanent and total disability factor.

Cases Not Previously Approved by Bureau

B. Cases Not Previously Approved by Bureau

In any reapplication from a person whose earlier application had been denied, dismissed or withdrawn prior to determination of permanent and total disability, or in a case in which the previous action of the Bureau was "disapproved" or "undetermined" the reapplication shall be submitted to the Bureau with the following material as appropriate to the particular situation:

1) Any previously completed Examining Physician's Report (ODA-2D II) and/or Social Data Summary (ODA-2D III);

2) Any additional medical or social data requested on a previously undetermined case;

3) A current Examining Physician's Report (ODA-2D II) when none was previously completed, or if the previous report was made more than three months prior to date of submission to the Bureau;

4) A current Social Data Summary (ODA-2D III) when none was previously completed or if the previous Summary was prepared more than twelve months ago.

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If a Social Data Summary (ODA-2D III) was prepared less than twelve months ago and was complete in all respects, an interim social report shall be prepared to submit with the previous Social Data Summary.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

Approved: 3/5/53
Elmer V. Andrews
Deputy Commissioner in Charge of Welfare

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Referrals from State Board of Child Welfare

## 26. PROCEDURES FOR PERSONS REFERRED FOR DISABILITY ASSISTANCE BY THE STATE BOARD OF CHILD WELFARE

### A. General Statement

The State Board of Child Welfare has instructed its twelve district offices regarding referral to county welfare boards of persons known to them who may be eligible for Disability Assistance.

The following procedures shall be observed by the county welfare boards in relation to such referrals:

Home Life Assistance

### B. Application from Member of Home Life Assistance Family

1) The district office of the State Board of Child Welfare will inform any member of an HLA family over age 18 (except parolees from institutions for mental defectives or the mentally ill) who appears to be eligible for Disability Assistance how to apply to the appropriate county welfare board.

No direct referral will be made by the State Board of Child Welfare, but a letter will be sent to the county director of welfare to advise him that the person has been informed of his possible eligibility and where to apply if he is interested.

2) Upon receipt of such a letter the welfare board shall consider it an inquiry until there is an affirmative decision by the person concerned that he wishes to apply. (See Section 7.C.).

3) If the person decides to apply his application shall be registered and eligibility determined as in any other application.

Referral of Child Under Care, Custody or Guardianship

### C. Referral of Child Under Care, Custody or Guardianship of State Board of Child Welfare

The district office of the State Board of Child Welfare will refer directly to the appropriate county welfare board any child between the ages of 18 and 21 who appears to be eligible for Disability Assistance by reason of a physical or mental defect, disease or impairment.

The following cooperative inter-agency procedures shall be observed:

Intake

1) General Referral

If the child is able to go to the welfare board office to apply, a State Board of Child Welfare representative will

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make an appointment with the welfare board for an application interview. The welfare board shall confirm the appointment by written notice to the child concerned and the normal application procedures shall apply.

2) Physically Disabled Child

If the child is too physically disabled to apply at the welfare board office, the State Board of Child Welfare representative will request an appointment for a home application interview and will arrange to be present during the interview.

3) Mentally Disabled Child

If the child is mentally disabled, the State Board of Child Welfare worker will request an appointment either at the welfare board office or in the child's home as circumstances require, and will arrange to be present during the interview to assist in filing the application and supply any information which the child may be unable to supply.

In accord with Section 14. of these instructions the application may be executed by the child, if he is able, by relatives with whom he is living, or by the State Board of Child Welfare representative on his behalf.

Determination of Eligibility of Mentally Disabled Child

D. Determination of Eligibility of Mentally Disabled Child

1) When an application is filed for a mentally disabled child, the district office of the State Board of Child Welfare will provide the welfare board with copies of any medical, psychological and psychiatric reports available in its files which pertain to the disability. If complete reports are not so available, the welfare board is to be advised of the dates and places such examinations were given. The welfare board shall then obtain copies of such reports direct from the examiner.

2) In any case where a mentally disabled child requires a physical or psychiatric examination (including examination by the Psychiatric Diagnostic Group) the arrangements for such examination shall be made by cooperation of the two agency representatives. The State Board of Child Welfare representative will be responsible for transportation arrangements to and from the examination.

Guardianship for Eligible Mentally Incompetent Child

E. Guardianship for Eligible Mentally Incompetent Child

1) When as the result of final diagnostic evaluation by the Bureau, the child is found to be incompetent to handle his own affairs, the welfare board will proceed as provided in Section 27.

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2) Particular attention is directed to the exception cited in Sec. 27 & Sub-sec. B.b ~~1-Sec.-14,-sub-section-E.3~~) regarding payment to a parent, or other person ~~or-relative~~ acting in loco parentis for children between 18 and 21 wherever applicable.

3) In those cases in which there is no parent or ~~relative~~ other person acting in loco parentis and payment of Disability Assistance must be delayed until a legal guardian is appointed, the district office of the State Board of Child Welfare shall be notified. In such instance the State Board of Child Welfare will continue the child under the appropriate State Board of Child Welfare program and will cooperate with the county welfare board in the guardianship proceedings until a guardian has been appointed by the court, or until the child reaches his twenty-first birthday, whichever is earlier. In no event can the State Board of Child Welfare continue its jurisdiction after a child reaches age twenty-one. It is incumbent upon the welfare board to see that the necessary proceedings are initiated promptly.

Notification of Decision

F. Notification of Decision

The county welfare board shall notify the district office of the State Board of Child Welfare of the final decision, according to procedures in Section 23., on the application of any member of a Home Life Assistance family or of any child referred by the State Board of Child Welfare. In addition, in these cases, a copy of the client's monthly budget for any approved case shall be included with the notice.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

Approved: 6/17/53
Elmer V. Andrews
Deputy Commissioner in Charge of Welfare

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## 27. METHODS OF PAYING ASSISTANCE TO INCOMPETENT PERSONS

(Note: Applies to both Old Age Assistance and Disability Assistance)

### A. Introduction

In public assistance the principle of money payments is based on the concept of affording every needy person the fullest opportunity to plan for himself. It presumes that the individual is physically and mentally able to direct his personal affairs.

However, it is recognized that some individuals, otherwise eligible, cannot be effectively provided for through the issuance of cash payments, either because they are legally barred from endorsing checks or because otherwise inadequate to manage their own affairs.

The purpose of this regulation is to specify appropriate methods for providing assistance to incompetent persons under varying circumstances. The term "incompetent person", for purposes of this regulation, includes any person who has been

Incompetent Person Defined

1. adjudicated incompetent and for whom a legal guardian has been appointed by the court;

2. adjudicated incompetent but for whom a legal guardian has not been appointed;

3. classified as incompetent as the result of professional diagnostic procedures;

4. any person not in the above classes who is evaluated as mentally incompetent under procedures specified in sections 14 and 24 of this Series No. 3;

5. any person not in the above classes who while not evaluated as mentally incompetent has been evaluated as inadequate to manage his own affairs under procedures as specified in section 14 and 24 of this Series No. 3.

Choice of Methods

### B. Choice of Methods for Providing Assistance for Incompetent Persons

The Bureau authorizes assistance to be provided for incompetent persons by whichever of the following methods is determined to be appropriate according to the provisions of this regulation:

1. Payment to a legal guardian,

2. Payment to a parent, or other person acting in loco parentis in the case of an incompetent minor (18-21 years), or

3. Payment to an authorized custodian.

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The varying circumstances and the detailed methods which are authorized as appropriate are as follows:

Legal Guardian

a. Payment to a Legal Guardian

1) When a legal guardian has been appointed by a court of competent jurisdiction assistance payments must be made to such guardian.

2) When an assistance client has been adjudicated incompetent, payment to a legal guardian only is authorized (unless the client is a minor).

3) Payments to a legal guardian are subject to Federal participation.

4) Payments shall be drawn to the order of "_____ (Name of guardian) guardian for _____ (Name of recipient)," unless the guardian directs, in writing, that the checks be drawn to the order of the client.

5) In instances where it is determined that a legal guardian must or should be appointed, the agency shall

(a) advise those acting on the client's behalf that the appointment of a guardian is required, and determine the ability of such persons to finance the guardianship proceedings, and

(b) if those acting for the client are unable to finance the proceedings, the agency shall itself initiate the necessary steps, referring the matter to counsel.

The costs of guardianship proceedings will be assumed by the agency as a matchable administrative expense. If the client should be found ineligible for other cause prior to completion of the guardianship appointment, the proceedings shall be terminated immediately.

Incompetent Minor

b. Payment on Behalf of an Incompetent Minor

1) When persons in the age group 18-21 are found eligible for Disability Assistance, and have been adjudicated incompetent, or have been so classified by professional diagnostic procedures, payment may be made to a parent, or other person acting in loco parentis with whom the client lives, or who exercises responsibility for and supervision of the minor. Such payments may be continued only until the minor's twenty-first (21st) birthday.

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2) Payments shall be by check drawn to the order of the parent or other authorized person "for _____ (Name of recipient) a minor."

3) Such payments on behalf of minors are subject to Federal participation.

4) In instances where there is no parent or other person acting in loco parentis and the minor has been adjudicated incompetent the payments must be made to a legal guardian.

5) When no such person is available and the minor has been classified as incompetent by professional diagnostic procedures, payments may be made to a legal guardian or to an authorized custodian (See c below).
NOTE: Payments to an authorized custodian who is not a parent or other person acting in loco parentis are not subject to Federal participation.

6) If the minor will shortly attain age twenty-one, and there are no persons in the stipulated relationship, the agency should consider the advisability of initiating guardianship proceedings at once, and shall make payment to an authorized custodian in the interim.

Authorized Custodian

c. Payment to an Authorized Custodian

1) This method is authorized when

(a) the client has been classified as incompetent by professional diagnostic procedures and the welfare board in its discretion has decided not to seek appointment of a legal guardian; or

(b) during the period when the appointment of a legal guardian is pending; or

(c) during a period when the legal guardian is no longer assuming the responsibility of guardianship and appointment of another guardian is pending; or

(d) when the client has been determined to be mentally competent by the welfare board and/or by professional diagnostic procedures, but the welfare board in its discretion has decided that the client is nevertheless inadequate to manage his expenditures without supervision by a third person; or

(e) in the case of an incompetent minor as provided in b, 5) and 6) above.

2) Payments made by this method are not subject to Federal participation.

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3) When this method is used the following procedures shall be observed:

Selection of Custodian

(a) Selection of Authorized Custodian

The director of welfare, acting with the approval of the welfare board, shall select and authorize an appropriate person to serve as custodian to receive assistance payments and to supervise their use for an incompetent client.

Such authorized custodian shall be selected from the following classes of persons in the order of preference indicated:

(1) a relative with whom the client lives;
(2) any other interested and responsible individual with whom the client lives; or who lives in close proximity to and has frequent association with the client;
(3) a relative by blood or marriage who has demonstrated an interest in client's welfare and from whom it is practical to expect supervision of the client's affairs even though such relative lives apart from the client;
(4) a staff member of an institution or facility in which the client is receiving care;
(5) a member of the staff of a private or public welfare agency (other than the welfare board), or
(6) in instances when no one in any of the above classes is available, the welfare board caseworker serving the area in which the recipient lives at any given time, provided the welfare board is willing to have a caseworker serve in this capacity, and the caseworker is willing to accept such responsibility.

Whenever able, the client shall be given an opportunity to participate in the selection of an authorized custodian.

Appointment

(b) Appointment of Authorized Custodian

(1) The director of welfare shall prepare a letter formally designating the person selected as "authorized custodian for _____ (Name of recipient)" to receive assistance payments to be expended on behalf of the recipient. A copy of such letter shall be retained in the case record.

(2) The designated person shall sign a statement, prepared in duplicate, wherein he accepts responsibility as "authorized custodian" and agrees to

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render an accounting with respect to disbursements made on the recipient's behalf if and when requested by the director or the recipient.
(NOTE: If the authorized custodian is a welfare board case-worker, the accounting shall be accomplished by chronological entries in the case record on a monthly basis.) One copy of statement of acceptance of responsibility shall be filed in the case record, the other to be given to the custodian for his records.

(3) The welfare board shall approve the appointment of the authorized custodian by special resolution, recorded in the minutes.

(4) Whenever it becomes necessary to slect and appoint a new authorized custodian to replace one previously appointed, the procedures provided in (a) and (b) shall be observed.

Payment Procedure

(c) Payment Procedure

Payment under this method shall be made by check drawn to the order of "_____, authorized custodian for _____" except in the situation described
(Name of recipient)
in B, c, (d), page 66, above, in which case the check shall be drawn to the joint order of "_____, authorized custodian and_____."
(Name of recipient)
The custodian shall endorse the check, and obtain the recipient's endorsement where the joint order method is used, and expend the funds thus made available on the recipient's behalf.

Duties of Custodian

(d) Duties of Authorized Custodian

(1) An authorized custodian serves without compensation at the pleasure of the director of welfare.

(2) An authorized custodian who wishes to be released from his responsibilities shall give the director of welfare at least ten days notice in writing. In the event of an emergency which makes it impossible for him to fulfill his responsibilities for a period of time, he shall confer with the director of welfare immediately so that other arrangements can be made to assure continued assistance to and supervision of the recipient.

(3) An authorized custodian shall see that the assistance payment is used to provide shelter, food and other specified requirements for the recipient, and that the recipient's obligations to vendors of goods or services are paid by whatever method seems advisable to the custodian and acceptable to the vendor.

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(4) The authorized custodian shall report promptly to the welfare board any change in the recipient's circumstances, or special needs which arise, particularly in respect to medical care or the plan for living arrangements. However, such reports from the custodian shall not be in substitution for determination of continuing eligibility and general supervision of the recipient's requirements by the welfare board.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

Approved: 4/19/54
Elmer V. Andrews
Director of Welfare

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APPOINTMENT LETTER: SAMPLE NO. 1
(For persons able to visit office)

Dear _____:

Your name has been referred to us by _____ as a person who may be eligible for _____ Assistance.

You are requested to come to this office on _____ (day) _____, 19__ at _____ o'clock at which time we will discuss with you the requirements and services of _____ Assistance and assist you in filing an application. Please notify this office by return mail or telephone if for any reason you cannot keep this appointment.

[Insert address and phone]
[number of welfare board ]
[office if it does not ]
[appear in letterhead ]

_____
Director

_____
County Welfare Board

APPOINTMENT LETTER: SAMPLE NO. 2
(For persons unable to visit office)

Dear _____:

Your name has been referred to us by _____ as a person who may be eligible for _____ Assistance.

A representative of this office plans to visit you on _____ (day) _____, 19__ in the _____ to discuss with
(morning or afternoon)
you the requirements and services of _____ Assistance, and to assist you in filing your application. Please notify this office by return mail or telephone if for any reason this appointment is not convenient.

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

# INSTRUCTIONS FOR COMPLETING FORM ODA-2D, PART III, SOCIAL DATA SUMMARY (JANUARY 1952)

## INTRODUCTION

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

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

b) data which is basic in determining allowances for compilation of the assistance budget;

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

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

Form ODA-2D, Part III is printed as a work sheet folder for the worker's use at the time of the interview with the client. The form is also printed in pads made up of alternate bond and onion skin copies.

The intent of the Bureau was that the information should be transferred from the work sheet copy by typing on the padded copies, and the work sheet then destroyed. However, examination of the padded copies received from the Division of State Use indicates possible stenographic difficulty in obtaining a legible onion skin carbon copy. Therefore, use of the onion skin as a "Temporary Copy" is optional. If the onion skin is <u>not</u> used the work sheet copy shall be retained as the case folder copy for Disability Assistance cases, and the typed "Official" or bond copy shall be transmitted to the Medical Review Team.

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

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

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

ADDRESS

The address entered here shall be the place where client is actually making his home on the day Form ODA-2D, Part III is completed. If this address is not identical with the living arrangement described in section 5, mark with asterisk (*) and indicate in foot-note at bottom of page the permanent address if known.

1. Economic Status

This section covers the information previously recorded in narrative under "Assistance from other Agencies", and also the data usually given in answer to the question "How did client manage prior to application?" The data should be as complete as possible because in Disability Assistance applications a history of long dependency on others or of institutionalization may have significance in relation to recommendations by the Review Team for referral of the individual for rehabilitation services.

a) Public Assistance - Identify as General Assistance (GA), Old Age Assistance (OAA), Disability Assistance (DA), Aid to Dependent Children (HL or DCD), Blind Assistance (AB).

b) Assistance from private agencies - Identify by name of agency.

Note: The brief data in (a) and (b) should include information secured through Social Service Exchange Clearance when clearance has been made.

c) Other source of support prior to application - Indicate briefly support in cash or kind provided by relatives, friends, or income other than earnings from employment.

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d) Current income - If there is income, specify whether earnings, cash contributions from relatives, friends, OASI, other retirement plans, annuity, compensation, private agency, etc., which appear on Form PA-3C, Budget Statement.

e) Partial Maintenance - Identify the budgetary item provided, such as food, shelter or clothing, and state by whom, such as son, granddaughter or landlord, etc.

2. Education

a) Check the client's ability to speak, read and write English. Inability to speak English may be caused by a language difficulty or a physical and/or mental defect as well as lack of education.

b) Same as (a) applied to a non-English speaking person who may be literate in his native language, or to an English-speaking person who knows additional languages. Consider and specify each item.

c) Consider and circle American equivalent when client has been educated in another country.

d) Note other training and enumerate attendance at vocational schools or specialized apprenticeships. This section is particularly important as it will elicit information which will materially assist in consideration of the client's potential rehabilitation. Latent and unused skills may be retained or serve as a basis for acquiring new skills.

e) Special skills are those in addition to those used in customary employment.

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

Hobbies must be considered in planning rehabilitation. They too are potentials for retraining. A client may have a hobby of sewing, woodcarving, gardening or painting, etc. All possibilities should be noted.

3. Employment History

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

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b) Ever in paid employment - Paid employment refers to any full or part-time work for which applicant received salary or wages. This question is to be answered for every applicant regardless of age or present physical or mental condition. This includes the applicant whose normal occupation is checked as "Homemaker" who may have been employed in the past and have skills which can be redeveloped by rehabilitation services. The fact that the individual has never had paid employment may also be significant to the Review Team.

c) Normal occupation - This refers to what the individual considered his usual work prior to onset of disability or retirement. Normal occupation may or may not have involved the receipt of earnings, wages or salary.

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

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

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

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

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

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

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d) List of Employments - Whenever possible list employments for the last 10 years of work even though the applicant may not have worked for some time. The type of work should be a specific job description not a general term like "factory worker." Complete second column by entering word "Full" or "Part." Give dates of entering and leaving the job as nearly as possible. The column "Highest Weekly Wage Rate" refers to base pay, exclusive of overtime. "Reasons for leaving" should be brief, such as "to accept another job", "general lay-off", "reached age limit", "became ill", "accidentally injured", etc.

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

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

Number hours worked - enter Total hours for the week including overtime.

Gross earnings - include regular and overtime pay.

Place - check whichever is appropriate.

Kind of Employment - specify type of self-employment.

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

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

g) Physical Activities and Working Conditions - When this section is to be checked, the information will have to be selected by careful discussion with the applicant as to the requirements of his normal occupation. The case worker is not concerned with the applicant's ability to perform the activities listed nor his degree of tolerance to the working conditions. The information sought is the specific activities and conditions which are significant requirements or elements in the nature of the normal occupation, including that of "homemaker." The case worker may find it necessary to ask leading questions to high light the specific physical activities and working conditions in the applicant's mind.

4. Pertinent Medical History

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

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

Summaries or abstracts of hospital records should not be routinely requested but when the treatment has been extensive and such medical reports are readily available the agencies should forward them to the Review Team. However, in instances of probable mental disease, defect or impairment any existing clinical or institutional diagnostic records must be obtained and forwarded. (See Temporary Instructions - County Series No. 3).

a) Hospital - Enter verified dates of admission and discharge and the final diagnosis (hospital discharge diagnosis) in both general and special hospitals (public or private), such as mental, tuberculosis and childrens' hospitals. The necessary information can normally be secured by telephone.

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

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

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

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

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

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

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

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

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

5. Living Arrangements

In this section it is important to describe the living arrangements which represent the permanent plan for client following approval of assistance. If such arrangements are incomplete indicate if possible the type of arrangement which is anticipated and explain progress of plan under 2) Type of Home.

Check one of the lettered items which describes the type of living arrangement in which client will live or continue to live. If a), b), or c) is the item shecked, the sub-headings 1), 2), and 3) must be completed as follows:

1) Persons in home

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

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

If c) is checked identify the landlord by name and state the number of other roomers and family members residing there.

2) Type of home

Provide here details which are pertinent to client's convenience and comfort, and which will be necessary in determining allowances for the budget. These details should include the number of rooms occupied, whether the home is a single dwelling, apartment, etc., and the location of client's bedroom within the home in relation to the floor.

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3) Utilities and Facilities

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

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

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

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

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

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

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

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

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

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Deficiencies in furnishings - Client's room should contain a bed and chair comfortable for him, adequate bed clothes for cold water, a bedside table to accommodate the articles he uses habitually, a closet or locker for his clothes and belongings, and at least one drawer in dresser. There should be a light which client can turn on if he is able to do anything for himself. Worker should note in this item only omissions or inadequacies in any of these facilities. It is not necessary to record the facilities which are present.

Deficiencies in housekeeping standards - Client's room should be light, ventilated by at least one window which can be opened readily and which is screened in summer. The room entrance should have a door which can be closed for privacy. Client and his bedding should be clean. The room and the home generally should meet reasonable standards of cleanliness and neatness. If client is bed or chair-fast the articles he needs for personal comfort and recreation should be arranged to allow him to reach them easily. Worker's comments should indicate only conditions which do not meet above standards. It is not necessary to record data about standards which are satisfactory.

d) Licensed Nursing Home - If this item is checked give the name and address of the licensed nursing home.

e) Private Institution - identify the institution and check either "medical" or "domiciliary" according to the list issued by the Department classifying private, incorporated homes.

f) Public Medical Institution - this item should be checked only when the client is to remain in a county or municipal institution which has been specifically approved by the Department as a "public medical institution".

g) Other - check and describe any living arrangement which cannot be classified in any one of the preceding items.

6. Extent of Activity and Self-Help

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

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

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

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

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

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

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

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

Describe here any homemaker duties the client performs such as cooking, cleaning, marketing or care of children, indicating whether such activities are those duties which are customary for the client or assumed because of client's inability to accept outside employment due to physical or mental disability.

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

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Immediate Family - refers to those living within the same unit as client.

Neighbors or relatives - refers to persons who live outside client's living unit but come in to give client service(s).

Boarding Nursing Home or Institutional Staff - refers to convalescent homes or any other form of congregate living arrangement which purports to furnish some service.

Visiting Nurse - may include a public health nurse, a school nurse, Board of Health nurse, a nurse from a specialized agency or a nurse from an industrial or insurance nursing service.

Other Service(s) - given client may be from a church, fraternal, social, welfare of voluntary organization, and may vary from taking client to the clinic at intervals such as the Red Cross Motor Corps service, or visiting for morale purposes, such as reading to client, marketing or weekly cleaning done by a neighbor, etc.

A client may receive service(s) from several sources. These sources may give service of different frequency during the day or week. The service may also vary in extent; therefore describe as accurately as possible.

A client may be fed by his Immediate Family, bathed daily with the help of Neighbors or Relatives, receive service from the Visiting Nurse in changing his surgical dressing twice a week, and receive service from the Red Cross Motor Corps for clinic visits.

Another client might receive the same amount of service from his Immediate Family, his Relative(s) and Neighbor(s), but only have his medication checked once a week by the Public Health Nurse and receive a weekly visit from lodge or club friends who play cards with him for a couple of hours.

7. Social Evaluation

The case worker is required to report factual data in this Section relating to the appearance, behavior, attitude and personality of the applicant.

a) The factual data reported shall be identified as obtained from a relative, nurse, etc., or from personal observation of the worker. Examples of the kind of data which is pertinent would include a factual description of a person's disfigurement which might be a detriment in securing employment, or a factual description of the person's

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difficulty in walking or moving, or a factual description of accelerated breathing after physical exertion. Again, a woman may be physically able to do some work outside the home but have such annoying and persistent personality traits or eccentric behavior that she cannot hold a job. Or, a person may have developed such a hopeless attitude about his condition and remaining capacities that a psychiatric consultation will be indicated before considering Rehabilitation. A factual description of appearance, behavior, and attitude will portray some aspects of personality which will assist in evaluation. The client's idea of his limitations and the services he may receive from others or give others not heretofore noted shall be reported in this section. The case worker should remember, however, that it is his function to report facts, not to make recommendations or draw conclusions.

In this Section the worker will also record the data indicating that the client may be mentally incompetent according to the criteria defined in sub-section entitled "Applications for Mentally Incompetent Persons" in Temporary Instructions - County Series No. 3.

b) This section should be used to report factual information which the worker considers important but for which no direct question has been asked elsewhere on the form. Examples of such information would include the fact that client's disability occurred suddenly under unusual circumstances. This should be reported because it indicates the degree of adjustment client has or has not made. Client may have received care and assistance from his relatives all his life, or the present disability may have been gradual in onset. It may be significant that client is interested in retraining but lives in an isolated area where transportation is a problem. His willingness and the practicality of moving him would have important bearing on referral for rehabilitation.

8. Rehabilitation Services

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

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9. Additional Social Data

This section provides for the recording of data which previously appeared on Forms OA-1 and OA-2A or had to be recorded in the narrative.

a) Give date of marriage or date divorce granted.

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

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

b) Self-explanatory.

c) Self-explanatory.

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

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

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

MPD:R:We

Approved: January 24, 1952
Elmer V. Andrews, Deputy Commissioner
Director Division of Welfare

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STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
DIVISION OF WELFARE -- BUREAU OF ASSISTANCE
TRENTON 3

**Transmittal Record for Disability Determinations**

FROM: _____ COUNTY WELFARE BOARD

DATE: _____

| CASE NO. | NAME | DISPOSITION | | | |
|---|---|---|---|---|---|
| | | APPROVED | DISAPPROVED | UNDETERMINED | NO ACTION |
| | | | | | |

THIS IS A SAMPLE FORM ONLY

*INSTRUCTIONS*

TO: COUNTY WELFARE BOARD

1. Prepare in triplicate. Submit original and 1 carbon to Bureau of Assistance.
2. Under each name in column 2 identify any medical or diagnostic records (other than Form ODA-2D - Parts I, II, III) which are being submitted.
3. The County Welfare Board makes no entry in columns under Disposition.

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Form DA-2a
(February 1954)

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

MEDICAL SERVICE SECTION
RECORD OF ACTION
(Determination of Permanent and Total Disability)

REGISTRATION NO. _____

_____ County Welfare Board

Client _____
(Last Name) (First) (Middle)

Address _____ Birthdate _____
(Street) (Town)

1. Findings on permanent and total disability:

a. [ ] Approved: [ ] Group I [ ] Group II Review Date _____

b. [ ] Disapproved: [ ] Neither permanent nor total
[ ] Permanent, not total
[ ] Total, not permanent
[ ] Other

c. Primary Diagnosis _____

_____

_____

Secondary Diagnosis _____

_____

d. [ ] Undetermined

2. Additional information is required:

a. [ ] to provide adequate data for initial determination of permanent and total disability

b. [ ] for redetermination of eligibility of a Group II case
(Submit at time of review date indicated)

[NOTE: The entries recorded above are subject to any specific instructions on the reverse side.]

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3. MEDICAL REVIEW TEAM

Record referred to Administrative Review Team for:

[ ] Mental disease, defect or impairment

[ ] Factor of residence in public or private institution

[ ] Visual defect other than "defined blindness"

[ ] Diagnosis of tuberculosis

[ ] Rehabilitation referral

[ ] Employment referral

[ ] Review and disposition

[ ] Group I

[ ] Formerly Approved, now Disapproved

[ ] Other

SIGNIFICANT COMMENTS FOR ADMINISTRATIVE REVIEW TEAM:

Date _____ _____ _____ M.D.

Medical Social Work Consultant Medical Consultant

- - - -

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

## CERTIFIED SPECIALISTS OF THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY -- STATE OF NEW JERSEY

ATLANTIC CITY
Naame, John M.....1616 Pacific Avenue

BAYONNE
Frank, Herman I.....804 Avenue C

BELLEVILLE
Strassburger, Paul.....330 Washington Avenue, 9

CAMDEN
Carlander, Oswald R.....130 N. Broadway, 2
Haines, Keith E.....300 S. Broadway, 3

EAST ORANGE
Briggs, Henry.....144 S. Harrison Street
Eck, Daniel B.....144 S. Harrison Street
Stearns, Thornton.....312 S. Harrison Street

ELIZABETH
Taranto, Michael.....610 Salem Avenue

ENGLEWOOD
Rothschild, Carl Eliot.....275 Grand Avenue

HACKENSACK
Merliss, Harry.....972 Main Street
Neville, Robert J.....547 Main Street

JERSEY CITY
Bergen, Marshall.....100 Bentley Avenue, 4

LONG BRANCH
Halbstein, Bernard Mark.....138 Bath Avenue
Lehmann, Otto.....138 Bath Avenue

MONTCLAIR
Nicola, Toufick.....96 Gates Avenue
Smith, Jarvis M.....198 Valley Road

MORRISTOWN
Maxwell, Carl Arthur.....139 South Street
Wichman, Heins.....5 Community Place

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**NEWARK**

Cordasco, Peter.....517 Roseville Avenue, 7
Devlin, Arthur D.....533 Mt. Prospect Avenue, 4
Ein, William Bernard.....31 Lincoln Park, 2
Eisenberg, David S.....31 Lincoln Park, 2
Firtel, Saul Ira.....1060 Broad Street, 2
Flanagan, John J.....173 Roseville Avenue, 7
Harris, Leonard.....299 Clinton Avenue, 8
Kessler, Henry H.....53 Lincoln Park, 2
Kruger, William.....31 Lincoln Park, 2
Lohman, Herman.....32 Johnson Avenue, 8
Szerlip, L.....43 Shephard Avenue, 8
Willner, Philip.....852 S. 11th Street, 8

**ORANGE**

Smith, Harold W.....179 Lincoln Avenue

**PASSAIC**

Ciccone, Roy R.....57 Passaic Avenue
Yachnin, Samuel C.....127 Prospect Street

**PATERSON**

Goldenberg, Raphael R.....588 E. 27th Street, 4
Ruoff, Andrew Christian, III.....660 Broadway, 4
Schwartzberg, Fred I.....522 Broadway, 4

**PERTH AMBOY**

Wiesenfeld, Paul C.....138 Market Street

**PLAINFIELD**

Weigel, Elmer Peter.....727 Watchung Avenue

**SOUTH ORANGE**

Hansen, Harold T.....153 Irvington Avenue
Keats, Sidney.....222 N. Wyoming Avenue

**TRENTON**

Deitz, Joseph R.....915 West State Street, 8
Ernest, Richard B.....240 West State Street, 8
Finegan, Paul J.....200 West State Street, 8
Peterson, Walter R.....312 West State Street, 8
Thurm, Arthur Stanley.....533 West State Street, 8

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CERTIFIED SPECIALISTS OF THE
AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY -- STATE OF NEW JERSEY
(This list shall be used only when neurological consultation is requested)

ASBURY PARK
Dengrove, Edward.....314 Grassmere Avenue-Interlaken
Pietra, Raul.....601 Grand Avenue

ATLANTIC CITY
Hamburger, Werner.....1616 Pacific Avenue

BOGOTA
Buckley, Paul J.....159 Palisade Avenue

CAMDEN
Becker, Charles Frederick.....620 Benson Street
Denbo, Elic Alexander.....596 Benson Street
Hager, George W., Jr.....S.W. Cor. 8th & Market Streets
Hussong, Wallace B.....225 N. 7th Street, 2
Yaskin, H. Edward.....575 Stevens Street

CEDAR GROVE
Ginsberg, Leon.....Cedar Grove
Hamilton, Samuel Warren.....Cedar Grove
Payne, Guy.....Cedar Grove
Rich, Wallace Edward.....Cedar Grove
Smith, Henry Greene.....Cedar Grove

EAST ORANGE
Robie, Theodore Russell.....144 Harrison Street

ELIZABETH
Baruch, Rudolf Jacob.....202 Stiles Street
Senerchia, Fred Ferdinand, Jr.....457 Union Avenue
Vinciguerra, Michael.....604 Westminster Avenue

ENGLEWOOD
Crowley, Ralph Manning.....24 & 269 Maple Street
Evans, J. Lawrence, Jr.....240 E. Palisade Avenue
Miranda-Rivera, Angel Neftali.....100 Hugenot Avenue

FAIRLAWN
Geller, Joseph J.....28 & 362 Owen Avenue

GLEN ROCK
Thompson, Walter Anderson.....37 Fulton Street, Newark, N.J. and
714 Ackerman Avenue, Glen Rock, N.J.

GREYSTONE PARK
Collins, Laurence Martin.....Greystone Park
Crandell, Charles Archie.....Greystone Park
Fuller, Earl William.....Greystone Park
Longley, William Harding, Jr.....Greystone Park

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HACKENSACK
- Sandler, Samuel Abraham.....254 Union Street

HOBOKEN
- Zitani, Alfred Marius.....937 Washington Avenue

LYONS
- Baganz, Crawford Norbert.....Veterans Administration Hospital
- Bell, Joseph L.....U.S.Veterans Administration Hospital
- Birnbaum, Leo.....Veterans Administration Hospital
- Freeman, Leslie Sherwood.....Lyons VA Hospital
- Hirschfeld, Gerhard Rudi.....Veterans Administration Hospital
- Pauncz, Arpad.....U.S.Veterans Administration Hospital
- Revitch, Eugene.....Lyons VA Hospital
- Roecker, Roland Drew.....Veterans Administration Hospital
- Rosenblum, Marcus Phillip.....Veterans Administration Hospital
- Shapiro, Louis M.....Veterans Administration Hospital
- Szafir, Paul.....Veterans Administration Hospital
- White, Paul.....Veterans Administration Hospital

MENLO PARK
- Brancale, Ralph.....Menlo Park

MONTCLAIR
- Gilman, Leonard C.....6 S. Fullerton Avenue
- Shlionsky, Herman.....47 S. Park Street
- Van Amberg, Robert Joseph.....25 Trinity Place
- Warne, Merna Mary.....32 Pleasant Avenue

MORRISTOWN
- Ivey, Evelyn P.....3 Community Place

MOUNTAIN LAKES
- Curry, Marcus Albert.....Box 445 Mountain Lakes

NEWARK
- Chandler, Jennie S.....20 Wash. Place
- Chernus, Jack.....61 Lincoln Park
- Ehrlich, William.....31 Lincoln Park, 2
- Englander, Charles.....41 Hillside Avenue
- Flicker, David Jonas.....82 Clinton Avenue, 5
- Furst, William.....188 Clinton Avenue
- Gehl, Raymond Harold.....114 Lyons Avenue
- Goldberg, Bernard Robert.....76 Clinton Avenue, 5
- Gorten, Manfred L.....669 Elizabeth Avenue, 8
- Kesselman, Samuel R.....107 Clinton Avenue
- Kinley, John William.....111 Clinton Avenue, 2
- Loeser, Lewis Henry.....188 Clinton Avenue, 5
- Novak, John Goodman.....111 Clinton Avenue, 2
- Ross, Ira Stanley.....190 Clinton Avenue, 5
- Sobin, Julius.....24 Waverly Avenue
- Stern, Morton M.....24 Girard Place, 8

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NEW BRUNSWICK
Borrus, Joseph Cavitt.....105 Carroll Place

PASSAIC
Bronner, Alfred.....47 Burgess Place
Morrow, Joseph Lloyd.....197 Passaic Avenue

PATERSON
Portuin, Floyd.....434 Park Avenue, 4
Wassing, Hans.....695 Broadway, 4
Zigarelli, Joseph F.....275 E. 18th Street, 4

PLAINFIELD
Colley, Arthur Truman.....1044 Park Avenue
Hoffman, Harry.....805 Park Avenue

POINT PLEASANT
Hoffman, Harry Frederick.....P.O.Box 482, West Point Pleasant

RED BANK
Baker, Elsworth Frederick.....58 Reckless Place
Pignataro, Frank P.....342 Broad Street

SEA GIRT
Woolley, Herbert C.....211 Sea Girt

SKILLMAN
Guertin, Diomede.....N.J.State Village for Epileptics

SUMMIT
Cogan, Samuel.....VA Hospital, Lyons, N.J.
Kline, Nathan S.....155 Summit Avenue

TEANECK
Weiss, Samuel Aaron.....786 Palisade Avenue

TRENTON
Barry, R. Grant.....908 West State Street, 8
Bird, Ivan F.....1213 Hamilton Avenue, 9
Davis, John Evan.....State Hospital
English, Harrison F.....160 W. State Street, 8
Fine, Sydney Gene.....200 E. State Street
Garber, Robert Slocum.....Station A, Zone 8
Hirschfield, Bernard Abram.....375 W. State Street, 8
Magee, Harold S.....N.J.State Hospital, 8
Pittman, Allen R.....N.J.State Hospital, 8
Robinson, Douglas Hill.....N.J.State Hospital, 8
Schub, Rosa Brind.....N.J.State Hospital, 8
Spradley, Jeems Brutus.....395 W. State Street, 8

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VINELAND
Kotzin, Isadore.....128 N.Broad St., Philadelphia, Pa.

WEEHAWKEN
Reznikoff, Leon.....10 Columbia Terrace
Sherman, Albert.....68 Clifton Terrace

WYCKOFF
Rooks, Wendell H.....Christian Sanatorium

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## CERTIFIED SPECIALISTS OF THE AMERICAN BOARD OF INTERNAL MEDICINE -- STATE OF NEW JERSEY

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Albright, Louis Francis.....601 Grand Avenue
Barnett, Robert W.....601 Grand Avenue
Bornstein, Paul K.....601 Grand Avenue

**ATLANTIC CITY**

Andrews, Clarence Ladelle.....1616 Pacific Avenue
Davidson, Harold Stern.....117 S. Illinois Avenue
Read, Hilton Shreve.....5407 Atlantic Avenue
Scanlan, David Ward.....15 S. Illinois Avenue
Shavelson, Irving Chanin.....1616 Pacific Avenue
Stewart, Sloan Giffin.....43 S. N. Carolina Avenue
Whims, Clarence Bernard.....5407 Atlantic Avenue

**BAYONNE**

Grieco, Emil Henry.....19 W. 22nd Street
Rosenthal, Alfred E.....79 W. 32nd Street

**BLOOMFIELD**

Heineken, Theodore Stanley.....17 Park Place
Kolodin, Abraham.....185 Broad Street

**BRIDGETON**

Sussman, Irvin.....214 E. Commerce Street

**BROWNS MILLS**

Newcomb, Marcus Ward.....Browns Mills

**CALDWELL**

Hicks, Alfred M.....29 Hatfield Street

**CAMDEN**

Crist, Walter Allen.....211 N. 5th Street
Eynon, Harold Korb.....538 Cooper Street
Halbeisen, William A.....511 Cooper Street
Hollinshed, Ralph King.....Cooper Hospital
Kain, Thomas Michael.....403 Cooper Street
Murray, E. N.....130 N. Broadway
Rosenberg, Hyman.....318 Cooper Street
Sharp, Reuben Lore.....719 Cooper Street
Snape, William J.....573 Stevens Street
Stein, Joseph M.....414 Cooper Street

**COLLINGSWOOD**

Driscoll, Charles Dennis.....475 White Horse Pike
Nitshe, Jr., G. A.....320 Richey Place

**EAST ORANGE**

Carroll, William Edward.....470 Park Avenue
Goodman, II, Rowland D.....265 S. Harrison Street
Klein, Andrew John.....94 Hawthorne Avenue
Smith, Nelsen Matthews.....144 S. Harrison Street

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**ELIZABETH**

Hoch, Samuel Morris.....240 Hillside Road, 3
Labow, Joseph Joel.....757 N. Broad Street, 3
Livengood, Horace Rutherford.....587 Westminster Avenue
Smith, J. James.....811 N. Broad Street
Weissberg, Jonas.....470 Jefferson Avenue, 4
Weissberg, William W.....800 N. Broad Street, 2

**ENGLEWOOD**

Barlow, George Barton.....157 Engle Street
Driggs, Marshall Fletcher.....242 Engle Street
Jenkins, Alvah R.....40 Armory Street
Kennedy, Paul Augustin.....147 Tenafly Road
Roberts, Charles Dewees.....151 E. Palisade Avenue

**FORT DIX**

Ashley, Jr., John Dewitt.....General Hospital
Sullivan, Jr., Benjamin Hardy.....Station Hospital

**GLEN RIDGE**

Davis, William Anthony.....270 Ridgewood Avenue

**HACKENSACK**

Friedman, Abraham I.....405 State Street
Knowles, George Milton.....The Royal Court - 5 Pangborn Place
Reich, Samuel B.....286 Union Street

**HADDONFIELD**

Coburn, Jr., Henry Clay.....352 Hickory Lane

**HAMMONTON**

Cutler, Milton.....554 Bellevue Avenue

**JERSEY CITY**

Cangemi, Vito Francis.....50 Glenwood Avenue
Dolganos, Moses.....268 Palisade Avenue, 7
Frank, Nathan.....180 Bowers Street, 7
Gorenberg, Harold.....55 Bentley Avenue, 4
Grossman, Harold W.....2553 Boulevard
Jaffin, Abraham Ezra.....41 Emory Street, 4
Kooperstein, Samuel I.....191 Palisade Avenue
Landshop, Charles Andrew.....50 Glenwood Avenue, 6
Leevy, Carroll M.....543 Bergen Avenue
Perkel, Louis Leo.....2801 Hudson Boulevard, 6
Schneider, Harry M.....89 Gifford Avenue
White, Thomas Joseph.....50 Glenwood Avenue, 6

**LIVINGSTON**

Wakely, Jr., William E.....47 Virginia Avenue

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LYONS
Balter, Abraham M.....VA Hospital

MADISON
Failmezger, Theodore Richard.....125 Green Avenue

MAPLEWOOD
Dennison, Jr., Alfred D.....601 Ridgewood Road

METUCHEN
Morris, Carlyle.....Spring Street & Lake Avenue

MONTCLAIR
Eichler, Bernard B.....221 Midland Avenue
Ewing, Harvey M.....31 Trinity Place
Gullord, Edward George.....21 Trinity Place
Halprin, Harry.....145 Union Street
Klostermyer, Louis Leon.....Mountainside Hospital
Mabey, J. Corwin.....Claremont & Midland Avenues

MORRIS PLAINS
Patton, Paul B.....5 Winding Way Road

MORRISTOWN
Abraham, Albert.....139 South Street
Lathrope, George Haines.....20 Elm Street
Rosenberg, Alvin A.....22 High Street

MOUNT HOLLY
Viteri, Luis E.....214 Main Street

NEWARK
Applebaum, Irving Loren.....31 Lincoln Park
Becker, Marvin C.....299 Clinton Avenue
Bernstein, Arthur.....89 Lincoln Park, 5
Borsher, Irving P.....306 Ridge Street, 4
Carrol, Wilfred.....51 Ingraham Place, 8
Cheskin, Louis J.....31 Lincoln Park, 2
Donnelly, John H.....634 S. 20th Street
Echikson, Joseph I.....31 Lincoln Park, 2
Fischman, Harold H.....326 Avon Avenue, 8
Gardam, Joseph William.....16 Longfellow Avenue
Gilbert, Samuel M.....144 Clinton Avenue, 5
Goldberg, Harold H.....814 S. 10th Street
Gray, John W.....142 Clinton Avenue, 5
Green, Henry.....89 Lincoln Park
Greenfield, Herbert.....31 Lincoln Park, 2
Greifinger, William.....22 Vassar Avenue
Grunt, Louis.....190 Clinton Avenue
Katzin, Eugene M.....50 Baldwin Avenue, 8
Kaufman, Jerome George.....299 Clinton Avenue, 8
Klein, Jr., Edward Caffron.....73 Lincoln Park, 2

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## CERTIFIED SPECIALISTS OF THE AMERICAN BOARD OF INTERNAL MEDICINE -- STATE OF NEW JERSEY

NEWARK (Cont'd.)

Klosk, Emanuel.....89 Lincoln Park, 5
Kraemer, Manfred.....234 Roseville Avenue, 7
Leff, William Arthur.....299 Clinton Avenue, 8
Levine, Burton.....31 Lincoln Park
Levison, William.....75 Lincoln Park
Lieb, Saul.....90 Treacy Avenue, 8
Miller, Ralph.....32 Johnson Avenue
Nussbaum, Harvey E.....695 Clinton Avenue, 8
Nyiri, William Anthony.....863 S. 12th Street, 8
Parent, Sol.....89 Lincoln Park, 5
Parsonnet, Aaron Ephim.....3 Madison Avenue, 8
Saslow, Benjamin.....102 Shanley Avenue, 8
Schaaf, Royal S.....425 Mt. Prospect Avenue
Silberner, Herbert B.....299 Clinton Avenue
Skwirsky, Joseph.....37 Randolph Place, 8
Welkind, Allen Abraham.....299 Clinton Avenue
Willey, F. Parker.....153 Roseville Avenue
York, Jack Sigmund.....63 Baldwin Avenue

NEW BRUNSWICK

Reitman, Norman.....155 Livingston Avenue
Rowland, John Henry.....159 New Street
Stein, William.....177 Livingston Avenue
Toy, Calvert Rogers.....22 Kirkpatrick Street

NEWTON

McCall, Jesse.....49 High Street

NUTLEY

Sevringhaus, Elmer Louis.....Hoffman-La Roche, Inc., 10

PARK RIDGE

Alexander, Stewart F.....108 Pascack Road

PASSAIC

Budd, J. Reuben.....230 Lexington Avenue
Ehrenfeld, Irving.....185 Lexington Avenue
Goldstein, Oscar E.....120 Passaic Avenue
Herman, Isadore.....119 Quincy Street
Keith, Theodore R.....159 Passaic Avenue

PATERSON

Cohen, Julian.....592 E. 29th Street, 4
Leach, John Edward.....274 Carroll Street
Notkin, Meyer.....559 Broadway, 4
Shapiro, Louis Gershon.....375 Broadway, 1

PERTH AMBOY

Kluft, Jack M.....280 Hobart Street
Margaretten, Edward.....280 Hobart Street

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## CERTIFIED SPECIALISTS OF THE AMERICAN BOARD OF INTERNAL MEDICICINE -- STATE OF NEW JERSEY

PLAINFIELD
- Deutsch, Nathan Solomon.....223 E. Fifth Street
- Gannon, Joseph Martin.....149 Crescent Avenue
- Lyerly, James Miller.....815 Park Avenue
- Schwartz, Samuel Harold.....916 Park Avenue
- Wallach, Bernard.....74 Watchung Avenue, North Plainfield
- Williams, Leonard David.....726 Watchung Avenue

POINT PLEASANT
- McDonald, Andrew Wellington.....Richmond & Forman Avenues

PRINCETON
- Rampona, Joseph Mercer.....272 Nassau Street
- Smith, DeWitt Hendee.....245 Nassau Street
- Welch, William Joseph.....245 Nassau Street

RED BANK
- Feldman, Joel.....64 W. Front Street
- Perrine, Cornelius C.....668 River Road

RIDGEFIELD
- Kritzler, Robert A.....88 Ridgewood Avenue

ROSELLE
- Shulman, Philip.....308 Chestnut Street

ROSELLE PARK
- Townsend, Leslie Melvin.....420 Chestnut Street

RUTHERFORD
- Black, LeRoy Walton.....33 W. Passaic Avenue

SHORT HILLS
- Tansey, Jr., W. Austin.....169 Hobart Avenue

SOUTH ORANGE
- Baum, Lewis F.....406 Centre Street
- Pois, John.....67 Scotland Road
- Silver, Albert M.....89 Lincoln Park

SPRING LAKE
- Sewell, Stephen.....320 Passaic Avenue

SUMMIT
- Boyer, Paul Kenneth.....129 Summit Avenue
- Brethwaite, Samuel Henry.....129 Summit Avenue
- Chambers, John H.....7 Kent Place Boulevard
- Diefendorf, Herbert W.....129 Summit Avenue
- Holt, Evelyn.....261 Springfield Avenue
- Murray, Norman L.....129 Summit Avenue

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## CERTIFIED SPECIALISTS OF THE AMERICAN BOARD OF INTERNAL MEDICINE -- STATE OF NEW JERSEY

**TEANECK**
Scales, Harold L.....805 Red Road

**TITUSVILLE**
Hess, George A.....River Road

**TRENTON**
Carabelli, Amilcare Albert.....306 Hamilton Avenue
Corrigan, Patrick Henry.....1720 S. Broad Street
Finkle, Lester J.....495 W. State Street, 8
Kaplan, Harry A.....186 W. State Street, 8
Kinczel, John A.....971 S. Broad Street, 10
Miller, Raymond Everett.....192 W. State Street, 8
Pessel, Johannes P.....224 W. State Street, 8
Swern, Nathan.....399 W. State Street, 8
Williams, Harry David.....829 W. State Street, 8

**VENTNOR**
Gleason, James F.....7 S. Oxford Avenue
Murray, Clifford Kinnaird.....5901 Ventnor Avenue

**WEEHAWKEN**
Justin, Arthur William.....41 Fulton Street
Marshall, Frank A.....2202 Palisade Avenue

**WEST ENGLEWOOD**
Gresser, Newton Hillel.....West Englewood

**WESTFIELD**
Demarest, Gerald B.....505 E. Broad Street

**WESTWOOD**
Levitas, Irving M.....199 Fairview Avenue

**WOODBURY**
Sherman, Fuller Gustavus.....204 Delaware Street

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

## SCHEDULE OF MAXIMUM DIAGNOSTIC FEES
## SPECIALIST CONSULTANTS - DISABILITY ASSISTANCE

The following are the maximum medical fees to be allowed when special diagnostic services are requested by Medical or Administrative Review Teams. In no instance are these maximum fees to be exceeded.

### X-RAY AND INTERPRETATION

#### SKULL

| | |
|---|---|
| Skull | $15.00 |
| Neck Cervical vertebrae | 10.00 |

#### CHEST

| | |
|---|---|
| Chest survey film anterior, posterior, lateral | 10.00 |
| Special chest study for pulmonary, cardiac, rib fractures, barium swallow, stereoscopic, etc. (at least 2 films) | 15.00 |
| Esophagram study and chest survey film | 15.00 |
| Bronchogram Lipiodol | 25.00 |
| Angio cardiogram with preliminary films | 40.00 |
| " " without " " | 25.00 |
| Dorsal spine | 10.00 |

#### ABDOMEN

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

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## LABORATORY EXAMINATIONS

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

## SPECIAL TESTS

| | |
|---|---|
| Basal Metabolism | 5.00 |
| Spinal fluid | 10.00 |
| Gastric content | 10.00 |
| Myelogram procedure (complete diagnosis) | 35.00 |

## EXAMINATIONS

| | |
|---|---|
| General Medical and report | 5.00 |
| " " re-examination | 3.00 |
| Specialists examination and report | 10.00 |
| When cardiac report, together with electro-cardiograph examination and interpretation is necessary, the following fee is in addition to that paid specialists for examination and report | 5.00 |
| Neurological examination | 10.00 |
| Psychiatric examination | 10.00 |
| When physical examination by a specialist is necessary at home of a client because of the degree of disability, an additional fee of | 5.00 |
| Psychological evaluation | 10.00 |

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

Approved: October 1, 1951

Elmer V. Andrews, Deputy Commissioner
Director Division of Welfare

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Form ODA-27

Revised 7/1/52

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

CERTIFICATION OF PATIENT STATUS
IN PUBLIC MEDICAL INSTITUTION

From: _____
(Name of Institution)

TO: _____ County Welfare Board

Name of Patient _____ County Registration No. _____
(First) (Middle (Last)

THIS IS TO CERTIFY THAT:

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

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

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

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

5. if the individual dies, or leaves, or is moved from the certified to a non-certified section prior to the last day of any calendar month, or of other period for which payment has been received in advance, the institution will refund the unearned portion of such payment, the refund to be calculated as follows: that percentage of the amount allowed the individual by the welfare board (for board and care in advance) which the number of unearned days bears to 30 (unearned days calculated from the day immediately following the date of death or removal.);

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

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

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

_____

Date _____ Superintendent _____
(Name of Institution)

_____
(Address)

(over)

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# STAFF PHYSICIAN'S STATEMENT

This is to certify that I have examined the above named individual and find her/him to be in need of continuous medical treatment and nursing care because of the following disease(s), defect(s), or impairment(s):

DIAGNOSIS: Primary _____

_____

_____

Secondary: _____

_____

_____

I further certify that in my opinion this individual

( ) does not require care and treatment for active tuberculosis;

( ) does not require care and treatment for a mental disease, defect or impairment in an insitution for the mentally ill or mentally deficient.

Date _____

_____
Staff Physician

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Form ODA-27A

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

# RECERTIFICATION OF PATIENT STATUS

# IN PUBLIC MEDICAL INSTITUTION

From: _____
(Name of Institution)

To: _____ County Welfare Board

County Registration No. _____

Name of Patient _____
(First) (Middle) (Last)

THIS IS TO CERTIFY THAT:
the above named individual continues to receive medical treatment and nursing care in the certified medical section of this institution.

Date _____

_____
Superintendent

THIS IS TO CERTIFY THAT:
the above named individual continues to need medical treatment and nursing care for the following disease(s), defect(s) or impairment(s):
DIAGNOSIS: Primary _____

_____

_____

Secondary: _____

_____

_____

I further certify that in my opinion this individual
( ) does not require care and treatment for active tuberculosis;

( ) does not require care and treatment for a mental disease, defect or impairment in an insitutiton for the mentally ill or mentally deficient.

Date _____

_____
Staff Physician

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

Form ODA-26
Revised 7/1/52

# CERTIFICATION OF PATIENT STATUS IN PRIVATE MEDICAL INSTITUTION

TO: _____ County Welfare Board  Registration No. _____

Patient _____ Age: _____ Sex _____
(First) (Middle) (Last)

Last Address _____ Martial Status ___ Religion ____

Nearest Relative _____ Relationship _____

Address _____

A. STATEMENT OF ATTENDING PHYSICIAN

THIS IS TO CERTIFY THAT:

the above named individual requiries medical treatment and nursing care for the following disease(s), defect(s) or impairment(s):

DIAGNOSIS: Primary _____

_____

_____

Secondary: _____

_____

_____

I further certify that in my opinion this individual

( ) does not require care and treatment for active tuberculosis;

( ) does not require care and treatment for a mental disease, defect or impairment in an institution for the mentally ill or mentally deficient.

RECOMMENDATIONS:

Medical (including special diets, activity limitations, medications and dressings) _____

_____

_____

_____

Nursing Care _____

_____

_____

Date _____

_____
(Signature of Physician

(over)

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## B. STATEMENT OF INSTITUTION

THIS IS TO CERTIFY THAT:

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

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

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

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

5. if the individual dies, or leaves, or is moved from the certified to a non-certified section prior to the last day of any calendar month, or of other period for which payment has been received in advance, the institution will refund the unearned portion of such payment, the refund to be calculated as follows: that percentage of the amount allowed the individual by the welfare board (for board and care in advance) which the number of unearned days bears to 30 (unearned days calculated from the day immediately following the date of death or removal.);

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

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

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

_____

Date _____ Superintendent _____

(Name of Institution)

_____

(Address)

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Form ODA-26A

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

# RECERTIFICATION OF PATIENT STATUS

# IN PRIVATE MEDICAL INSTITUTION

From: _____
(Name of Institution)

County Registration No. _____

TO: _____ County Welfare Board

Name of Patient _____
(First) (Middle) (Last)

THIS IS TO CERTIFY THAT:
the above named individual continues to receive medical treatment and nursing care in the certified medical section of this institution.

Date: _____

_____
Superintendent

THIS IS TO CERTIFY THAT:
the above named individual continues to need medical treatment and nursing care for the following disease(s), defect(s) or impairment(s):
DIAGNOSIS: Primary: _____

_____

_____

Secondary: _____

_____

_____

I further certify that in my opinion this individual
( ) does not require care and treatment for active tuberculosis;

( ) does not require care and treatment for a mental disease, defect or impairment in an institution for the mentally ill or mentally deficient.

Date: _____

_____
(Attending Physician)

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

Form ODA-26B

# CERTIFICATION FOR PATIENT CARE IN FAMILY HOME

TO: _____ County Welfare Board  Registration No. _____

Patient _____ Age: _____ Sex: _____

Last Address _____ Marital Status: _____ Religion _____

Nearest Relative _____ Relationship _____

Address _____

## A. STATEMENT OF ATTENDING PHYSICIAN

THIS IS TO CERTIFY THAT:

the above named individual requires medical treatment and nursing care for the following disease (s), defect (s) or impairment (s):

DIAGNOSIS: Primary _____

_____

_____

Secondary: _____

_____

_____

I further certify that in my opinion this individual

( ) does not require care and treatment for active tuberculosis;

( ) does not require care and treatment for a mental disease, defect or impairment in an institution for the mentally ill or mentally deficient.

RECOMMENDATIONS: (Medical and Nursing, including special diets, activity limitations, medications and dressings) _____

_____

_____

_____

In my opinion the above patient does not require nursing care beyond that which can be provided in a family home.

Date: _____

_____
(Signature of Physician)

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

Temporary Instructions - County Series No. 3 Attachment No. 13 (Rev. 3/55)

## CERTIFIED PUBLIC MEDICAL INSTITUTIONS AS OF MARCH 1955

The Department of Institutions and Agencies has certified the following as public medical institutions:

A. FACILITIES PROVIDING CARE FOR THE CHRONICALLY ILL

| Name | Section | Beds Authorized |
|---|---|---|
| Bergen Pines County Hospital | Chronic Disease | 124 |
| Burlington County Welfare Home | Infirmary | 66 (intensive care)<br>52 (limited care) |
| Camden County General Hospital | Chronic Disease | 290 |
| Crest Haven-Cape May County | Infirmary | 66 |
| Cumberland County Farm | Infirmary | 50 |
| Hudson County Hospital for Geriatric Care | First Floor<br>Second Floor<br>Third Floor | 35<br>44<br>38 |
| Hudson County Welfare Home | Infirmary | 92 (intensive care)<br>50 (limited care) |
| Ivy Haven (Newark) | Infirmary | 70 |
| Jersey City Medical Center | Geriatric Unit | 78 |
| Lawrence H. Rogers Hospital of the Frederick W. Donnelly Memorial Hospitals (Trenton) | Walsh & Geraghty Bldgs.<br>First Floor, Main Bldg. | 120 (intensive care)<br>130 (limited care) |
| Middlesex County Hospital for Chronically Ill | Infirmary | 60 |
| Monmouth County Welfare House (Briar Hill) | Infirmary | 100 |
| Morris County Welfare House | Infirmary | 136 |
| Passaic County Welfare Home (Hope Dell) | Infirmary | 117 |
| Salem County Welfare Home | Infirmary | 32 |
| Warren County Welfare Home (Warren Haven) | Infirmary | 72 |

(Over)

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March 1955 Revision of Attachment No. 13,
Certified Public Medical Institutions, to
County Series No. 3

B. FACILITIES FOR TREATING ACUTE ILLNESS

| | |
|---|---|
| Bergen Pines County Hospital | Medical & Surgical Flrs. |
| Essex County Hospital (Belleville) | |
| Irvington General Hospital | |
| Jersey City Medical Center | Hospital Division |
| Harrison S. Martland Medical Center (Newark) | All sections except Convalescent Hospital |

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

Temporary Instructions - Co. Series No. 3 — Attachment 14

## PRIVATE MENTAL INSTITUTIONS

The following institutions have been licensed by the Department of Institutions and Agencies as private mental institutions and persons residing therein are ineligible for payments of Old Age or Disability Assistance.

| | | |
|---|---|---|
| Bergen County | Christian Sanatorium | Midland Park |
| Essex County | Mt. View Rest, Inc. | Livingston Ave., Roseland |
| Mercer County | Glenwood Sanatarium | 2301 Nottingham Way, Trenton |
| | Tenacre Foundation | The Great Road, Princeton |
| | Sylvan Nursing Home | Grand & Central Ave., West Trenton |
| Somerset County | Belle Meade Sanatorium | Belle Meade |
| Union County | Fair Oaks | 19 Prospect St., Summit |

The following have been licensed by the Department as private institutions for the mental deficient and persons residing therein are ineligible for payments of Old Age or Disability Assistance.

| | | |
|---|---|---|
| Atlantic Co. | Hallowell School | Ventnor Parkway, Atlantic City |
| Camden County | Bancroft School | 437 Kings Highway East, Haddonfield |
| Cape May Co. | Sea Isle Hospital and Training School | 48th St., Sea Isle City |
| | Bayside Training School | Beesley's Point |
| | Frosch Training School | 118 - 43rd St., Sea Isle City |
| Cumberland Co. | The Bickett School | West Landis Ave., Vineland |
| | Miss Francis Mitchell | R.D.#1, Wheat Road, Vineland |
| | The Training School | Vineland |
| Essex County | School of Individual Teaching and Home Care | 49 Lenox Place, South Orange |
| Monmouth Co. | Dorethy Hall School | 315 Eighth Ave., Belmar |

Persons residing in the following licensed private tuberculosis hospital are ineligible for payments of Old Age or Disability Assistance:

| | | |
|---|---|---|
| Burlington Co. | Deborah Sanatorium | Browns Mills |

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

Form ODG-29
4/54
Attachment #15

# REPORT OF MENTAL EXAMINATION

_____ County Welfare Board  Registration No._____

Client_____  Birthdate_____

Address_____

TO EXAMINING PHYSICIAN OR CLINIC:

This client is being referred to you for examination in order that you may furnish a professional opinion which will enable this agency to make official determinations on the specific questions stated below. It is requested that you express, in so far as your examination permits you to do so, your professional conclusions with respect to each of the following questions and, under the heading "Diagnostic Findings" etc., summarize the character, scope and findings of the examination in support of such conclusions.

1. In your opinion is the client affected by a mental condition of any kind which can be professionally identified and diagnosed? ☐ Yes ☐ No

If yes, state specific diagnosis_____

_____

2. In your opinion, does the client require immediate in-patient care, treatment or training in a hospital for mental illness or in an institution for mental deficiency? ☐ Yes ☐ No ☐ Inapplicable

3. In your opinion, is the client mentally capable of handling his financial affairs without close supervison or direction by another person? ☐ Yes ☐ No ☐ Inapplicable

4. Do you find evidence of any physical condition which in your opinion requires further evaluation or professional medical attention?

Explain:_____

_____

DIAGNOSTIC FINDINGS AND PROFESSIONAL CONCLUSIONS WHICH SUBSTANTIATE ABOVE OPINIONS AND DIAGNOSIS:

Date_____  _____
(Signature and Professional Title)

(Use reverse side if further space is needed)

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

BUREAU OF ASSISTANCE

REGULATION #_____
Manual of Administration

Sections ISSUED: 7/1/52, 3/5/53, 10/2/52
(Date)

REV.:_____
(Date)

TITLE: Policy and Procedure, OAA, DA, GA

SUBJECT:_____

STATUTORY REFERENCE: 44:7-6

Irving Engelhardt, Chief

Bureau of Assistance

Approved:

By:_____

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

000068

TRANSMITTAL LETTER

MANUAL SERIES NUMBER 2

March 5, 1953

TO: County Welfare Boards
Municipal Assistance Boards

The Bureau is forwarding herewith copies of additional material to be added to the Manual of Administration as follows:

| Title | Page Numbers |
|---|---|
| Part II The Individual and Public Assistance | |
| (a) Preliminary Statement | 2000.1-2000.16 |
| (b) The Application Process | 2010-2024 |

This transmittal letter and accompanying material is being issued for distribution to each staff member who has been assigned a Manual copy. In distribution the new material please see that each person receives the copy which bears the serial number corresponding to the serial number assigned to him.

Instructions and Superseded Items

The Manual material listed above supersedes the following earlier policy material:

Old Age and Disability Assistance

Supplement No. 2 to Ruling No. 25, Principles and Definitions in the Application Process, issued 9/26/51 - obsolete; to be removed from "Handbook", Ruling Series.

General Assistance

No similar material previously issued.

Very truly yours,

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

Approved: 3/5/53
Elmer V. Andrews
Deputy Commissioner in Charge of Welfare

MPD:MCRdj

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

TRANSMITTAL LETTER

MANUAL SERIES NUMBER 1

October 31, 1952

TO: County Welfare Boards
Municipal Assistance Boards

For some time the Bureau of Assistance has recognized the desirability of greater standardization in methods of issuing policy and procedural instructions, and the need for codification of all such material in a logical, systematic form for the use of the staffs of county welfare boards and municipal departments of welfare. The Bureau is therefore engaged in preparing a comprehensive Manual of Administration and is ready at this time to issue some initial material.

The project of transposing all current policy and instructions for the three assistance programs (General Assistance, Disability Assistance, Old Age Assistance) will be a continuing one over an extended period. The plan is to issue each Part or Section of a Part as it is completed, and to advise you as each such portion is issued concerning its effect on previous policy and instructions.

We hope that you will find the Manual more helpful in administering the programs than the present complicated series of rulings, bulletins, regulations and directives. The Bureau will welcome suggestions if you find ways in which you believe the material could be improved either in format or content.

The first portion of material for the Manual of Administration, Bureau of Assistance, is officially released herewith, and includes the following:

| | Title | Page Numbers |
|---|---|---|
| (a) | General Table of Contents (Temporary) | -- |
| (b) | Table of Contents for Introduction | -- |
| (c) | Information on the Manual | 0000 - 0080 |
| (d) | Determination of Eligibility Factors | 2200.1 - 2200.42 |
| (e) | Age and Initial Eligibility | 2210 - 2217 |
| (f) | Social Service Exchanges | 2880 - 2889 |

This transmittal letter and accompanying material is being issued to each county welfare board in a sufficient number of copies to permit individual distribution to all executive and supervisory staff, and to all case work staff. The Bureau is maintaining a record of the serial numbers issued to each county, and future material will be distributed accordingly. Each county director of welfare is asked to maintain, in turn, a record of the

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serial numbers assigned to individual staff members, and to hold each such staff member responsible for the maintenance in good order of the Manual copy assigned to him.

With respect to municipal departments of welfare, this material is being initially distributed on the basis of one copy for each participating municipality. However, each municipal director of welfare is requested to inform the Bureau by letter if additional copies are desired, specifying the number of copies and the positions of the staff members to whom such additional copies will be issued. Thereafter, the Bureau and the municipal director will maintain control records of the serial number assignments in the same manner as described above for county offices.

Instructions on Superseded Items

The Manual material listed above as items (d), (e), and (f) supersedes the following earlier material as indicated:

Old Age and Disability Assistance

Ruling No. 17, Verification of Age, issued 6/1/48 -- obsolete; to be removed from "Handbook".

Bulletin No. 3, Sources of Evidence of Age, issued 6/2/48 -- obsolete; to be removed from "Handbook".

Ruling No. 23, Social Service Exchanges, issued August, 1950 -- obsolete; to be removed from "Handbook".

Bulletin No. 13, Cooperation with Local Public Agencies, revised 2/1/49 -- Last paragraph, under heading Social Service Exchanges, is obsolete; to be crossed out and replaced by the following pen-and-ink insertion "(See Social Service Exchanges, items 2880 - 2889, Manual of Administration)."

General Assistance

Regulation 4.501, as revised 7/1/44 -- On page 2, under (2) Referral, the fourth paragraph entitled Documentary Evidence is obsolete; to be crossed out and replaced by the following pen-and-ink insertion "(See Determination of Eligibility Factors, items 2200.1 - 2200.42, Manual of Administration.)"

Very truly yours,

DEPARTMENT INSTITUTIONS AND AGENCIES

M. P. Dowdell

Marc P. Dowdell, Director
Bureau of Assistance

MPD:IEC

Approved: 10-28-52
Elmer V. Andrews
Deputy Commissioner in Charge of Welfare

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STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
DIVISION OF WELFARE

# MANUAL OF ADMINISTRATION

## (BUREAU OF ASSISTANCE)

000068

MANUAL NUMBER_____

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

Manual of Administration

Bureau of Assistance

Old Age Assistance, Disability Assistance, and General Assistance

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(TEMPORARY)


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0000 INFORMATION ON THE MANUAL

0010 NATURE OF MANUAL

The Manual of Administration for the Old Age Assistance, Disability Assistance, and General Assistance programs is the official medium for the policy and procedure developed by the New Jersey Department of Institutions and Agencies to carry out the Old Age and Disability Assistance Law as well as the General Public Assistance and Legal Settlement Laws.

0020 USE OF MANUAL

Since the Manual of Administration is designed for the use of agency staff, each staff member should know the form of the Manual and the material which it contains so that he can use it easily and effectively.

0021 Devices for Increasing Usefulness of Manual

Several devices for increasing the usefulness of the Manual for the staff member have been utilized. They include the General Table of Contents, Tables of Contents for Parts, Table of Contents for Chapters, Subject Index, Appendix, Annotations, Coding, Page Identification, and Cross References.

0021.1 General Table of Contents

The General Table of Contents (in the beginning of the Manual) presents the major divisions of classified and codified material in the order in which they appear in the Manual.

0021.2 Tables of Contents for Parts

The Tables of Contents for each Part of the Manual list in detail the particular information contained within a designated Part.

0021.3 Tables of Contents for Chapters

Wherever necessary, additional Tables of Contents will be furnished for Chapters of Parts.

0021.4 Subject Index

The Subject Index at the back of the Manual presents alphabetically the subjects dealt with in the Manual and the exact place where information about a specific subject may be found. The Subject Index will be issued once a year in revised form.

The Subject Index should be kept current by listing Chapter titles and corresponding code numbers as new or revised Manual material is received during the year.

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0021.5 Appendix

The Appendix which follows the Subject Index contains bulky or lengthy reference material, such as laws, resolutions of the State Board of Control, charts, bibliographies, and the like.

0021.6 Annotations

Annotations are additions to the primary text of the Manual, such as illustrations, elaborations, or comments. They are distinguished from the regular material through the use of separate colored pages.

Annotations are to be inserted immediately after the regular material of the Manual to which they relate. They do not change the context of the material to which they are added.

0021.7 Coding

The Coding of Manual material is designed to facilitate reference by specific identification of the classified material. The key to the coding is as follows:

0021.71 Part - - The first major breakdown of Manual material is by Parts. Each Part is designated by a Roman Numeral, an appropriate title for the particular subject matter contained within it, and a separate series of Arabic numbers in the thousands. Example, Part I - Legal Framework of Public Assistance, 1000 - 1999; Part II - The Individual and Public Assistance, 2000 - 2999, etc. It will be noted that the first digit of the thousands corresponds to the Roman numeral of the Part. The Roman numeral for the Part appears on the left side and the title of the Part on the right side at the top of each page under the words "Manual of Administration."

0021.72 Chapter - - The major breakdown of the Part is by Chapters which are identified both by an appropriate title and the second digit or hundred number of the appropriate thousand series. Example, the first Chapter of Part I is "1000 The Community - Creator of Public Assistance," with subsequent Chapters running through to 1900 if necessary. The identification of the Chapter appears under the identification of the Part and includes the appropriate number range, title, and the date of issuance. Each Chapter begins on a new page to facilitate ease of reference and revision.

0021.73 Section - - The major breakdown of the Chapter is by Sections which are identified both by an appropriate title and by the third digit or tens of the series. Example, the first Section of the last Chapter of Part II is "2910 Complaints and Fair Hearings," with succeeding Sections running through 2990 if necessary.

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0021.74 Sub-Section - - The major breakdown of the Section is by Sub-Sections which are identified by an appropriate title and the fourth digit in the series. Example, Sub-Sections may run from - - - 1 through to - - - 9.

0021.75 Item - - The major breakdown of the Sub-Section is by Items which are identified by an appropriate title and decimals running in sequence. Example, - - - - .1

Additional breakdowns are identified by additional digits after the decimals or by alphabetical or numerical offsets.

0021.8 Page Identification

Each page will be identified in the upper right hand corner by appropriate numbers corresponding to the material presented on that particular page. Thus, the first page of the Introduction with material ranging from 0000 - 0021.4 is identified by the number "0000 - 0021.4" in the upper right hand corner above the words "Manual of Administration."

0021.9 Cross References

The caption "Cross References" will appear with proper identification under material which is related to other pertinent material(s) of the Manual. The caption will generally contain the coding numbers and the title of the cross referenced material.

0030 RESPONSIBILITY OF STATE AGENCY FOR EFFECTIVE USE OF MANUAL

The Manual of Administration should be used consistently and responsibly by staff of every county welfare board and municipal department of welfare in the State. The Bureau of Assistance, through official channels, will observe whether policy is being used, how valid it is in actual operation, and whether a particular policy should be initiated, revised, or deleted. This responsibility of the Bureau of Assistance is discussed at length in Part VI on "State Supervision of Local Administration 6000 - 6999."

0040 REQUIREMENTS AND RECOMMENDATIONS

The Manual of Administration will present both requirements of public assistance laws and recommendations.

0041 Requirements

Requirements include:

1. Provisions of applicable laws and statutes which set forth conditions to be met by the client and the administrative requirements to be met by the governmental agency as the basis for public assistance programs.
2. Policies.
3. Procedures and essential reports and forms.

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0041.1 Policy Defined

Policy is the law of conduct controlling agency staff in accomplishing their responsibilities for the program. Policy is limited by law and is effective only as it is consistent with law.

0041.2 Procedure Defined

Procedure encompasses the actual operating methods of agency staff in using policy. Procedure may be either required or recommended.

0041.3 Mandatory Nature of Policy and Procedure

Policy and required procedure are mandatory by intent of law and are binding on agency and staff. They are generally recognizable by the use of such words as "shall," "must," "required," and the like.

0042 Recommendations

Recommendations are those suggestions which are not required by law or established policy.

0042.1 Discretionary Nature of Recommendations

Recommendations are discretionary, optional, or advisory in effect. They are recognizable by the use of such words as "may," "can," or similar descriptive context which clearly distinguishes their character.

0050 METHOD OF ISSUANCE OF MANUAL

The Manual of Administration is a loose-leaf, mimeographed document which will be issued by the Bureau of Assistance in installments as portions are finished. Portions marked with asterisks indicate material in the process of development which have not been issued. Revision of Manual material will follow as needed.

0060 DISTRIBUTION OF MANUAL

Each copy of the Manual will be numbered before distribution is effected. A designated number of copies will be distributed to the agencies by the Bureau of Assistance to enable each member of the administrative and case work staffs to have his own complete Manual. In addition, portions of Manual material will be distributed to other staff members relative to their special field. It will be the responsibility of the agency to distribute its supply of Manuals promptly to staff.

Inquiries by the agency relative to the distribution of the Manual shall be directed to the Bureau of Assistance.

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0070 MAINTENANCE OF MANUAL

Each numbered set of manual material shall be kept in a standard, loose-leaf ring binder, and the binder shall bear the corresponding number.

All new or revised material shall be inserted at once in the proper place in the Manual. All material which becomes obsolete and is so designated by the Bureau of Assistance shall be removed from the Manual. One administrative copy of obsolete material shall be kept by the agency. It is recommended that the agencies receiving copies of the Manual assign responsibility for keeping them up to date to one person.

0071 Transmittal Letters - Manual Series

A letter known as the "Transmittal Letter - Manual Series" accompanies each piece of Manual material issued by the Bureau of Assistance. The transmittal letters are in the same general form and include such information as the date and number of the transmittal letter; a list of pages or forms being sent with appropriate identification; specific instructions about insertion and/or removal of pages; the dates of issuance and effectiveness and such comments on the transmitted material which may be necessary.

0080 OTHER ASSISTANCE PUBLICATIONS

In addition to releasing Manual material, the Bureau of Assistance will also issue monographs, handbooks, or pamphlets on subjects not suitable for inclusion in the Manual.

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2000.1 PRELIMINARY STATEMENT

2000.11 BASIC NEEDS OF INDIVIDUALS

The individual needs certain basic securities for himself and his dependents in order to achieve healthy and independent living in the community. Among these securities are: physical and mental health, protection from crime, fire and other catastrophies, adequate housing, education, and money to live on.

Most individuals are able to obtain financial security through their own efforts. However, some individuals need help from outside sources, particularly when illness, unemployment, death, or other misfortunes strike. Insecurity is even more persistent for individuals who are very young or old, chronically ill, disabled, not regularly employed, and so forth.

2000.12 THE COMMUNITY DISCHARGES RESPONSIBILITY THROUGH PUBLIC SERVICES

The community recognizes that the welfare of the individual is essential to the welfare of the community as a whole. Therefore, it has created such services as public education, employment services, protective services, social insurance, and public assistance as part of a broad national system of social security.

The community has also created other services through private measures.

[Cross Reference: 1000* The Community - Creator of Public Assistance]

2000.13 PUBLIC ASSISTANCE DEFINED

Public assistance is a financial resource created by law to supplement the resources of the individual in need.

2000.131 DISTINGUISHING CHARACTERISTICS OF PUBLIC ASSISTANCE

Public assistance has the following distinguishing characteristics:

1. It is established by law.

[Cross Reference: Part I* Legal Framework of Public Assistance]

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2000.131 (Contd)

2. It is part of an over-all governmental organization and administration.

[Cross Reference: 0200* Public Welfare Organization in New Jersey
0400* Federal Security Agency]

3. It is accountable to the over-all governmental unit and to the community for what it is and how well it is serving the public.

[Cross Reference: Part III* Financial Administration
Part IV* Statistical Reporting and Records
Part VI* State Supervision of Local Administration]

4. It is financed by public funds.

[Cross Reference: Part III* Financial Administration]

5. It is administered by public employees.

[Cross Reference: Part II* The Individual and Public Assistance
Part VII* The Staff Member and Personnel Administration]

2000.14 PUBLIC ASSISTANCE LAWS

The conditions of eligibility for aid in publicly supported programs are specified basically in law, and interpreted and elaborated by specific administrative policy and procedure. Such specification is directed toward inclusion of all persons meeting the eligibility requirements as well as consideration of their eligibility under uniform application of the law by the administrative authority.

2000.15 BASIC PRINCIPLES OF ADMINISTRATION

To accomplish the purpose of the public assistance laws, the Bureau of Assistance develops policy and procedure based on the following principles of administration.

1. Opportunity to Apply

Any person believing himself eligible shall be assured an opportunity to apply for assistance.

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2000.15 (Contd)

2. Decision to Apply

The decision to apply rests with the person or his authorized agent.

3. Recognition of Individual and His Problem

The individual requesting help shall be recognized as a person who is seeking a solution to a problem. It is the responsibility of the agency to help him in identifying the problem, to explain to him whether the problem does or does not come within the scope of the agency's function, and to inform him of other appropriate services and resources in the community which are available.

4. Client Self-Directing

The client shall direct his affairs insofar as he is physically and mentally able. This principle is based on the fact that economic dependency does not deprive a needy person of his civil rights nor does it release him from his normal duties as a responsible member of the community.

5. Opportunity to Withdraw

An applicant shall be assured an opportunity to withdraw his application at any point between his request for assistance and determination of his eligibility or ineligibility by the agency.

The decision to withdraw rests with the individual or his authorized agent.

6. Client Primary Source of Information

The client shall be considered the primary source of information about himself and his circumstances in determining his eligibility for assistance. Secondary sources of information are used as required.

7. Prompt Consideration and Notification

Each application shall be considered promptly and impartially. Subsequently, each applicant shall be notified promptly in writing of the decision on his eligibility.

These principles hold also for a recipient when any change in his circumstances indicates a change in his requirements or status.

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2000.15 (Contd)

8. Uniform Basis for Determining Need

Assistance payments to eligible persons shall be determined on a uniform basis through the budgetary method and established standards.

9. Assistance to All Eligible Persons

Assistance payments shall be made to all eligible persons so long as any such payments are made in the state.

10. Assistance by Money Payments

Assistance shall be granted in the form of money payments through checks to the recipient, his legal guardian, or, under certain specified conditions, to other persons on the recipient's behalf.

11. No Duplication of Assistance

A recipient shall receive assistance payments from only one public assistance program at any particular time.

12. Adherence to Law and Regulation

There shall be strict adherence to law and complete conformity with administrative regulation. Requirements other than those established by law or pursuant thereto shall not be imposed on any person as a condition of receiving assistance.

13. Review of Agency Action

The client shall have the right to request a review of agency action or inaction whenever he believes that he has not been given full consideration under law.

14. Confidential Nature of Information

Information about the client and his circumstances shall not be disclosed except to those persons and agencies entitled to such information by law or regulation.

2000.16 PUBLIC ASSISTANCE IN NEW JERSEY INCLUDES FIVE PROGRAMS

There are five public assistance programs in New Jersey. Four of them provide for specific groups or categories of needy individuals- the aged, the blind, the permanently and totally disabled, and dependent children. These categorical programs include Old Age Assistance, Aid to the Blind, Aid to the Permanently and Totally Disabled (Disability Assistance), and Aid to Dependent Children (Home Life Assistance). The fifth is General Assistance which provides for those needy persons who do not qualify for categorical assistance.

[Cross Reference: 0100* Public Welfare in New Jersey]

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## 2010 DEFINITIONS

### 2011 Definition of the Application Process

The application process is the means by which an individual's request for assistance for himself or his dependents is initiated, considered, and brought to an official disposition.

The application process includes all activity relating to an application for assistance. The application process begins with the individual's first statement to the agency that he wishes to receive assistance and contin[illegible] in effect until there is an official disposition.

### 2012 Other Official Terms

The official definitions of other terms used in the application process are as follows:

#### 2012.1 Applicant

An applicant is an individual who has made an affirmative decision to apply for public assistance and whose application has not been officially disposed of by the agency.

The term "applicant" also includes the individual on whose behalf such a decision is made by his authorized agent in order to initiate an application for assistance as stated below in 2012.2 and 2012.21.

#### 2012.2 Authorized Agent

An authorized agent may be a legally appointed guardian or an individual who has been empowered in writing to act on behalf of an applicant. Without such legal or written authority, the person who claims to be acting on behalf of a prospective applicant shall be considered only an inquirer, informant, or referring party. The sole exception to this policy occurs with respect to persons alleged to be mentally incompetent as cited below in 2012.21.

#### 2012.21 Authorized Agent for Persons Alleged to be Mentally Incompetent

If the person is alleged to be mentally incompetent, the agency may accept any one of the following in the order of preference indicated to act as his authorized agent for the sole purpose of initiating an application for assistance:

a. A legally appointed guardian,

b. A relative by blood or marriage,

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2012.21 (Contd.)

c. A staff member of an institution or facility in which the person is receiving care,

d. A staff member of a public or private welfare agency of which the person is a client, or

e. A physician or attorney of whom the person is respectively a patient or client.

2012.3 Recipient

A recipient is an applicant who has been found eligible for an initial payment of assistance. The individual retains his status as a recipient until it has been officially determined that he is no longer eligible.

2012.4 Client

The word "client" is a general term for any person who is applying for or receiving assistance when it is not necessary to particularize the individual's status.

2012.5 Inquiry

An inquiry is a request for information in which the inquirer:

a. Does not identify a specific individual as desiring assistance; or

b. Cannot identify himself as an authorized agent for a specific individual; or

c. Delays in making an immediate decision to apply; or

d. Decides not to make an application.

2012.6 Application

An application is an affirmative oral or written statement by which an individual requests assistance following an interpretation of the program.

2012.61 Reapplication

A reapplication is a similar statement by an individual whose previous application was rejected and who requests reconsideration of his current eligibility.

2012.62 Reopened Case

A reopened case relates to the statement of a former recipient who requests reconsideration of his current eligibility.

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## 2012.7 Disposition of Application

The disposition of an application is the official determination by the agency that one of the following actions is appropriate:

### 2012.71 Approved

Approved means that the applicant has been determined to be eligible for assistance.

### 2012.72 Rejected

Rejected is an inclusive term for the following actions: denied, dismissed and withdrawn.

### 2012.721 Denied

Denied means that the applicant has been determined to be ineligible for assistance for a specific reason.

### 2012.722 Dismissed

Dismissed means official recognition that eligibility cannot be determined because:

a. The applicant died or moved to another jurisdiction within New Jersey during the application process; or

b. The applicant cannot be located; or

c. The application was registered in error.

### 2012.723 Withdrawn

Withdrawn means that the applicant or his authorized agent decided not to pursue his application further and requested orally or in writing that the agency terminate its activity on the case.

[Cross Reference: 2100* Initial Eligibility]

## 2012.8 Assistance Payment

An assistance payment is the money amount authorized by the agency and issued in the form of a check to a recipient, his legal guardian or, under certain conditions, to other persons on the recipient's behalf.

[Cross Reference: 2400* Initial Payments]

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## 2020 RESPONSIBILITIES IN THE APPLICATION PROCESS

### 2021 Old Age Assistance and Disability Assistance

#### 2021.1 Federal Requirements for State Plans

Under the Federal Social Security Act, it is required that every approved state plan for the administration of categorical assistance shall:

"1. Provide that no person shall be refused the opportunity to apply....

"2. Provide for prompt and efficient carrying out of the application process.

"State plans must

"1. Specify a time period to serve as a standard of reasonable promptness for completing the application process in all but exceptional cases.

"2. Provide for informing claimants (a) of the agency's standard of promptness so that each may know the time period within which he should expect action on his claim, and (b) of his right to request a hearing on the basis of the promptness requirement if action is not taken within the specified period to furnish assistance or notify him of his ineligibility.

"3. Provide for a determination of eligibility or ineligibility with respect to each application, subject to an applicant's right to decide not to pursue his application further.

"4. Provide that assistance shall be paid to each eligible applicant, and that assistance shall not be withheld from an eligible person so long as any payments are being made under the specific category.

"5. Establish a basis for review of action on applications by providing for the maintenance of identifiable records concerning all applications.

"6. Provide applicants with a basis for taking appropriate steps to express dissatisfaction with agency action or failure to act by:

"a. Establishing procedures for notifying applicants in writing that assistance has been authorized in a stated amount, or that it has been denied, giving the reason for denial.

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2021.1 (Contd)

"b. Establishing methods of notifying each applicant in writing of his rights to a fair hearing and the method by which he can obtain a hearing.

"7. Provide for statistical reporting to the [Federal] Bureau of Public Assistance of applications."

2021.2 Responsibilities of State Bureau in Application Process - OAA and DA

Pursuant to statutory authority, the Department of Institutions and Agencies, through the State Bureau of Assistance, establishes policy and procedure on the application process for OAA and DA and supervises the operation of and compliance with the policy and procedure so established. The Bureau establishes and supervises such policy and procedure on a basis of conformity with the cited Federal requirements.

2022 General Assistance

The Department of Institutions and Agencies has both the statutory authority and responsibility to prescribe policy and procedure on the application process for GA to the same extent as it has for categorical assistance. This authority and responsibility have been vested in the Bureau of Assistance.

2023 Responsibilities of Agency - OAA, DA, and GA

The agency has the responsibility in the application process to:

a. Receive applications;

b. Interpret the purpose and eligibility requirements of a particular program and indicate the applicant's rights and responsibilities under its provisions;

c. Make known to the applicant appropriate resources and services both within the agency and the community, and, if necessary, assist him in using them;

d. Assist the applicant in exploring his eligibility for assistance;

e. Consider with the applicant his budgetary requirements in relation to his available income and resources;

f. Determine and report initial eligibility promptly;

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2023 (Contd)

g. Assure the prompt issuance of initial payments to eligible persons and prompt notification to ineligible persons; and

h. Account to the Bureau of Assistance for all applications.

2024 Responsibilities of the Applicant

As a participant in the application process, the applicant has the responsibility to:

a. Explain the problem which brought him to the agency and what he thinks the agency should do to help him meet the problem;

b. Assist the agency, within his capacity to assist, in securing evidence that corroborates his statements; and

c. Report promptly any change affecting his circumstances.

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## 2200.1 PRELIMINARY STATEMENT

This Chapter presents policy and procedure for the determination of all eligibility factors and detailed instructions for each eligibility factor other than need.

The information to determine the factors of eligibility shall be secured in so far as possible from the client and from evidence in his possession or accessible to him. In some instances, it will be necessary for the agency to secure the required information.

The following general policy and procedural statements shall govern the determination of all eligibility factors.

## 2200.2 SOURCES OF EVIDENCE

The client's statements regarding his eligibility are evidence. However, for purposes of public assistance, the client's statements must be consistent with surrounding circumstances. If his statements are incomplete or questionable, they shall be substantiated by corroborative evidence from other pertinent sources.

### 2200.21 Documentary Sources

Documentary sources of evidence present factual information recorded at some previous date by a disinterested party and filed as part of a record. They are usually in the form of certificates, records, legal papers, insurance policies, licenses, bills, rent receipts, etc.

### 2200.22 Non-Documentary Sources

There will be instances in which documentary evidence cannot be secured, or, even when documentary evidence is secured, it may be incomplete or questionable. In these instances, non-documentary evidence in the form of factual statements from reliable sources may be secured.

## 2200.3 EVALUATION OF EVIDENCE

The evidence secured must be evaluated before a decision can be made. In other words, evidence must be analyzed and weighed against certain criteria in order to determine its value as proof.

### 2200.31 Criteria for Evaluating Evidence

The following criteria shall be observed by the agency in evaluating evidence to be used in the determination of eligibility.

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2200.311 Authenticity of Evidence

Authenticity of evidence is tested through evaluation of the source, originating circumstances, date, form of presentation, etc.

2200.312 Freedom From Bias

Evidence is tested for freedom from bias through consideration of the purpose for which the original information was recorded and the degree of bias that may have entered into such a record. For example, evidence to be deemed free from bias for purposes of public assistance is that evidence which has not been influenced at the time of its preparation by consideration of qualifying for assistance.

2200.313 Relevancy

Relevancy of evidence is tested through evaluation of the relatedness of the evidence to the particular factor being determined. For example, a receipt for real estate taxes may furnish evidence of a person's ownership of property, but may not in and of itself be proof of residence.

2200.314 Consistency

Consistency of evidence is tested through evaluation of the agreement of two or more sources of evidence, including client's statements. If evidence is not in agreement, the conflict must be resolved and a logical decision made as to the relative weight of the evidence.

2200.4 RECORDING OF EVIDENCE

No evidence shall be considered by the agency in the determination of eligibility unless it has been recorded in the case record.

2200.41 Recording of Documentary Evidence

The recording of documentary evidence shall include the source of such evidence, identifying information about it, the facts verified, and a statement that the agency representative personally examined the evidence.

When evidence is received by letter, the recording shall present identification of the source of the information, a description of the document, and a condensed statement of pertinent facts said to be in the document.

2200.42 Recording of Non-Documentary Evidence

In recording non-documentary evidence, the agency representative shall state the various sources of verification explored as well as the pertinent facts which are being used to verify eligibility.

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2210 AGE AN ELIGIBILITY FACTOR SPECIFIED IN LAW

Age is specified in law as an eligibility factor for all public assistance programs except GA. However, legal age requirements vary from program to program as indicated below.

2210.1 Old Age Assistance

To be eligible for OAA, the person must have attained the required age of 65 years.

2210.2 Disability Assistance

To be eligible for DA, the person must have attained the minimum required age of 18 years but be less than the maximum required age of 65.

2210.3 Special Aspects of Age in General Assistance

Since age is not a requirement for GA, a needy aged person 65 years old or more not receiving OAA, or a needy disabled person between 18 and 65 years of age not receiving DA, is not barred by reason of age from applying for or receiving GA if he is otherwise eligible.

2211 DETERMINATION OF AGE

It is necessary in all public assistance programs except GA to determine whether the person meets the legal age requirements of a particular form of assistance before a decision of eligibility can be made. The determination of attained age is a satisfactory basis for initiating assistance payments to those individuals otherwise eligible whose exact date of birth cannot be determined. In those instances when the year of birth can be determined but not the exact month or day of birth, the arbitrary date of July 1 shall be assumed to be the month and day of birth.

2211.1 Old Age Assistance

To be eligible for OAA, there must be a determination that the applicant is 65 years old or more.

2211.2 Disability Assistance

To be eligible for DA, there must be a determination that the applicant is at least 18 years of age, but less than 65.

2211.3 General Assistance

While the person's age need not be determined for GA, it is recommended that whenever evidence of age is readily available it should be secured and recorded for purposes of future reference.

(Cross Reference: 2200.1 Preliminary Statement)

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## 2212 EVIDENCE OF AGE

Evidence of age is necessary in all public assistance programs except GA to determine whether the applicant is of the required age. The applicant shall support his statement that he is of eligible age by presenting one acceptable record of age. No further search need to be made if one such record is available. However, if the record initially available does not support the applicant's statement, effort shall then be made to secure other evidence. In selecting the source and procedure to be used, the reliability and accessibility of the evidence applicable to the particular situation shall be considered.

As a general rule, records shall be used which are at least one year old.

## 2213 EVALUATION OF EVIDENCE OF AGE

The factor of age shall be determined through evaluation of acceptable evidence of age. In this evaluation, it must be kept in mind that the different sources of evidence vary in reliability.

### 2213.1 Criteria in Evaluation of Evidence of Age

The following specific criteria will govern in determining the relative reliability of evidence of age.

a. The time at which the record was made. Greater reliability is placed on older records.
b. The opportunity which the person, agency, institution, etc., making the statement had to secure such knowledge.
c. The reason for stating the age at the particular time.
d. The interest of the person, agency, or institution in furnishing the information.

The final responsibility for deciding on the relative weight of evidence is vested in the agency.

(Cross References: 2200.3 through 2200.314 Evaluation of Evidence Consistency)

## 2214 SOURCES OF EVIDENCE OF AGE

Acceptable evidence of age may be secured from the sources suggested below.

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## 2214.1 VITAL STATISTICS RECORDS

### 2214.11 Birth Certificate of Applicant

A properly authenticated birth certificate issued at the time of the applicant's birth or as a delayed certificate gives conclusive evidence of age.

### 2214.111 Applicants Born in New Jersey

An applicant born in New Jersey may secure a birth certificate from the Bureau of Public Health Statistics, Division of Vital Statistics and Administration, New Jersey Department of Health, Trenton. However, an applicant will generally find it more convenient to apply for his birth certificate directly at the proper municipal bureau of vital statistics. An applicant may obtain his copy without cost if he indicates that the information is to be used in his application for public assistance.

### 2214.112 Applicants Born Outside of New Jersey

An applicant born outside of New Jersey but in the United States may obtain a birth certificate by writing the division of vital statistics of the State Health Department in the proper state. Exceptions to this are the cities of Baltimore, Boston, New York, and the District of Columbia which keep the original records in the Municipal Bureau of Vital Statistics. Massachusetts is also an exception in that its Division of Vital Statistics is part of its Department of State.

### 2214.113 Inadequate or Inconsistent Information on Birth Certificates

A birth certificate will sometimes fail to show the given name of the applicant or will show an entirely different name. In these instances, the agency shall make every effort to clear up the inadequacy or inconsistency through other sources of evidence. If the inadequacy of the original certificate cannot be conclusively resolved, the agency shall weigh all available evidence and decide whether or not the certificate corroborates the age of the applicant. All the determining factors entering into the decision shall be recorded in detail in the case record.

### 2214.114 Corrections to Birth Certificate

Birth certificates which may have been changed in accordance with Chapter 174, New Jersey Laws of 1938, shall be carefully evaluated. This regulation provides that corrections to birth and marriage certificates may be made "by the person who made the original report ... or by any other person having personal knowledge of the matters sought to be corrected which other person shall state such matters on his oath."

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2214.114 (cont'd) The New Jersey Bureau of Public Health Statistics incorporates in its transcription both the original and corrected records, together with the name of the person making such a correction. A corrected record shall not be accepted as conclusive proof of age without additional substantiating evidence.

When municipal records cannot be examined personally, a copy of both the original and corrected records shall be requested.

2214.115 Records of Delayed or Unrecorded Births

Chapter 21, New Jersey Laws of 1942, provides that unrecorded births may be recorded "by any person who has definite knowledge of the facts concerning the birth or by the person whose birth is being recorded, provided substantiating documentary proof is submitted and noted upon the certificate by the person before whom the affidavit is taken." An applicant is able in this way to record his birth upon submitting substantiating documentary proof.

In requesting birth certificates from the Bureau of Public Health Statistics, the agency shall request the date when the certificate was filed. The agency shall seek additional evidence if the filing date of the birth certificate is less than three years before the time of application.

2214.12 Birth Certificate or Death Record of Another Person

The birth certificate or death record of a person other than the applicant may indirectly help in determining the applicant's age. For example, the birth certificate of a child generally shows the age of the parent and is considered adequate evidence of the age of both the parent and child. Even if the parent's age is not given, it may be assumed that he was not less than 15 years old at the time of the birth of the first child. Other information given by the applicant in conjunction with these data may help to determine that he is even older than shown by the document submitted.

Similarly, the death record of a child which gives the child's age at the time of death may enable the agency to determine the applicant's age.

2214.13 Marriage Certificates

The ages of the contracting parties and the date of marriage will be presented in an authenticated marriage certificate. Information from these records are available in the same way as original birth records. Consideration may have to be given to the fact that certain persons understate or overstate age at the time of marriage due to the difference in the ages of the couple.

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2214.2 CHURCH RECORDS

Evidence of age may be secured from various church records, such as baptismal, membership, First Communion, Confirmation, marriage, and the like.

2214.21 Baptismal Records

An original baptismal certificate or transcript of church records duly certified by the custodian of such records is usually acceptable as conclusive evidence of age.

2214.3 RECORDS OF FOREIGN BORN APPLICANTS

Foreign born applicants may have their age determined through records which resulted from their immigration, such as passports, immigration records, naturalization records, etc.

2214.31 Passports

An applicant may have in his possession a passport which shows his age. If the passport is unavailable, inquiry may be made regarding the applicant's application for a passport to the United States Department of State, Washington, D. C.

2214.32 Immigration Records

Before July 1, 1924, each immigrant was required to declare his age when he entered this country. Since that date, each immigrant must support his declared date of birth with documentary proof.

Information regarding immigration records is usually available from the Immigration and Naturalization Service in the district of entry. The United States Department of Labor at Washington, D.C., may be used also to locate immigration records. Requests for this information shall include the following data:

a. The exact spelling of the immigrant's name as used at the time of arrival in this country,
b. The date and port of entry,
c. The name of the ship, and
d. Any other available identifying information.

2214.33 Applications for Citzenship

Age may frequently be determined through documents issued in connection with applications for citizenship. Papers covering declaration of intention to become a naturalized citizen may state the person's age at the time of declaration. When no age is given, the person can be considered as having been at least 18 years old at the time of declaration.

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## 2214.34 Naturalization Papers

Naturalization papers usually give the age of the naturalized person. Even if no age is given, the person can be considered to have been at least 21 years of age at the time of naturalization unless he derived his citizenship through the naturalization of someone else. For example, naturalization papers issued for a parent frequently list the names and ages of the children under 21 at the time.

If naturalization papers are unavailable, the proper court of naturalization shall be contacted for information.

At times the United States Department of Labor at Washington, D.C., will be able to furnish naturalization records. A request for such material shall include the following information:

a. The name of the person as spelled at the time of naturalization,
b. The location of the court issuing the naturalization certificate, and
c. The date of naturalization.

## 2214.4 CENSUS RECORDS, FEDERAL AND STATE

### 2214.41 Federal Census Records

Evidence of age may be secured from federal census records only after other evidence is not available from state and local records. Requests for information are to be filed with the Bureau of the Census, Department of Commerce, Washington, D.C., on the form furnished for this purpose, with all pertinent identifying information, such as the applicant's address at the time of the census.

The fee charged for each search of the federal census records is a proper administrative cost.

### 2214.42 State Census Records

Evidence of age may be secured from the census records of New Jersey taken on a state-wide basis during 1905 and 1915. The state census records show the age and name of every member of the families enumerated. In requesting information from the New Jersey State Library, Trenton, where census records are kept, it is essential that the address of the applicant at the time of the census be given.

## 2214.5 OTHER DOCUMENTARY SOURCES

### 2214.51 School Records

Evidence of age may be secured from school records in which the applicant's age or years of attendance are given.

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## 2214.52 MILITARY SERVICE RECORDS, FEDERAL AND STATE

Government records of enlistment with and discharge from the armed forces ordinarily state the age of the person who has experienced military service.

### 2214.521 Federal Military Service Records

An applicant who served with the armed forces of the United States may have in his possession certain records of his military service which present evidence of age. If these records are not available, then the United States Department of Defense shall be contacted for information.

In requesting information from this source, the following information should be given as a minimum:

a. The full name of the person,
b. The dates of service, i.e., enlistment and discharge,
c. The places of enlistment and discharge,
d. Organization and rank, and
e. The approximate date and place of birth.

### 2214.522 State Military Service Records

An applicant who served with the State Militia or the National Guard will also have certain records of his local military service. If these are not available, then the office of the State Adjutant-General, Department of Defense, Trenton, shall be contacted.

## 2214.53 COURT RECORDS

Evidence of age may be secured from various records maintained by different county, state, or federal courts of law. Some examples of court records are legal commitments, adoption records, divorce records,etc.

### 2214.531 Legal Commitments

Records of legal commitments of the mentally ill or delinquent maintained by the county courts in New Jersey will present the applicant's age.

### 2214.532 Adoption Records

An applicant who was adopted before his twenty-first birthday may obtain evidence of his age from the adoption decree granted through the proper County Court.

### 2214.533 Divorce Records

Records of divorce or legal separation indicate the age of the applicant at the time of the event. Requests for information on divorces may be made to the Clerk, Superior Court, State House, Trenton, N. J.

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2214.533 (cont'd) Any discrepancy in the name of the applicant as shown in such records should be cleared up through other sources of evidence.

2214.54 EMPLOYMENT RECORDS

Records resulting directly or indirectly from employment, such as records maintained by employers, labor unions, the Federal Security Agency, etc., may give evidence of age.

2214.541 Employment Records in Private Industry

Employment records maintained by former employers in private industry may show the age of the applicant at the time of his employment.

In weighing evidence from this source, consideration shall be given to the common tendency of persons to state age incorrectly in order to secure employment in that older persons misrepresent themselves as younger while younger persons misrepresent themselves as older.

2214.542 Civil Service Records, Federal and State

a. Federal Civil Service Records

Federal civil service records generally show the age of the applicant before and during the time of his employment. Such records are kept for a comparatively short time by the United States Civil Service Commission, Washington, D. C. It may also be helpful to contact the United States Pension Board.

b. State Civil Service Records

State civil service records will similarly show the age of the applicant. Such records are available at the New Jersey Civil Service Department, Trenton.

2214.543 Labor Union Records

Records on file with a labor union such as the American Federation of Labor or the Congress for Industrial Organization will show the age of the applicant at the time of his admission to membership.

2214.544 Social Security Records - Old Age and Survivors Insurance

In order to secure employment in covered industry, the working individual must have his age recorded by the Federal Security Agency in respect to Old Age and Survivors Insurance. In using this source, the agency shall submit a request for information on revised Form OA-20 in triplicate to the local field office of the Social Security Agency serving the area in which the applicant lives.

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## 2214.55 RECORDS OF PUBLIC AND PRIVATE WELFARE AGENCIES

Records kept by public and private welfare agencies will generally show the age of the applicant at the time of agency contact.

Any record which may have been made in anticipation of referral to public assistance shall be carefully examined.

## 2214.56 TOWN AND COUNTY HISTORIES AND GENEALOGIES

Histories and genealogies maintained by some communities and counties are sources of evidence of age.

## 2214.57 VOTING RECORDS

Enrollment or registration records of voting districts will generally show the age of the applicant. However, the fact that age is not always stated correctly at the time of enrollment shall be considered.

## 2214.58 BANK AND POSTAL SAVINGS RECORDS

Evidence on age may be secured from bank and postal savings records where the applicant may have been required to give his age as a means of identification when he opened his account.

## 2214.59 FRATERNAL ORGANIZATION RECORDS

Records of fraternal organizations may present the age of members at the time of admission to membership. Such records are often maintained by the local chapters of the fraternal organizations.

## 2214.6 RECORDS OF HOSPITALS, CLINICS, AND INSTITUTIONS

### 2214.61 Medical Records of Hospitals, Clinics and Institutions

### 2214.611 Hospital Records of Birth

An authenticated hospital record of birth is acceptable as conclusive evidence of age.

### 2214.612 Other Medical Records of Hospitals, etc.

Other medical records of hospitals, clinics and medical institutions will generally show the age of the applicant at the time of his admission for emergency or continued care. However, the fact that the applicant himself may not have given the information must be considered.

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2214.62 Records of Non-Medical Institutions

Records maintained by such non-medical institutions as welfare houses, almshouses, orphanages, jails, prisons, reformatories, etc., will generally show the applicant's age at the time of his admission.

2214.7 PHYSICIANS' AND MIDWIVES' RECORDS

Frequently, the records of the family physician and/or midwife who were in attendance at the time of birth will provide the date of birth and the name of the applicant.

Other records of physicians such as patient file records will provide additional evidence of age. However, the value of the evidence presented in these records depends upon the age of the record.

2214.8 PERSONAL RECORDS

The applicant may have any number of the above sources of evidence in his possession or readily accessible to him. In addition, he may have other sources of evidence of which he is the sole possessor, such as the Family Bible, other family records, insurance policies, licenses of various sorts, award letters, etc.

It is recommended that personal records submitted by the applicant or by another person in his behalf be returned to the owner after they have served their purpose.

2214.81 Family Bible

Evidence of age may be obtained from the applicant's Family Bible in which successive entries of birth have been made. The reliability of these entries is open to question if they appear to be of recent origin or to have been tampered with. Their reliability is increased if the particular entry for the applicant and the Bible can be determined to be of considerable age or when the information on the applicant appears in chronological order of the entries on other family members.

2214.82 Other Family Records

Other family records which may furnish evidence of age include birthday books, old diaries, old letters, embroidered samplers, family pictures with dates and ages, prizes with dates and ages, dated newspaper clippings, and the like.

2214.83 Insurance Records

Current, lapsed, cash-surrendered, or paid-up insurance policies in the applicant's possession will show his age at the time of issuance.

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2214.83 (cont'd) In evaluating the evidence secured from insurance records, it shall be kept in mind that people frequently understate their age for insurance purposes.

2214.84 Licenses of Various Sorts

Licenses of various sorts, such as fishing, hunting, boating, driving, vending, professional, and the like will generally present evidence of age.

2214.85 Award Letters

The applicant's letter of award for Old Age and Survivors Insurance Benefits from the Federal Security Agency is acceptable evidence that the person is past 65 years of age.

Award letters by other federal agencies such as the United States Veterans Administration may also include information on the applicant's age.

2214.9 AFFIDAVITS

Evidence of age presented in affidavit form by reliable and disinterested persons are considered the least desirable source of evidence. Affidavits may be used, however, when efforts to secure evidence from other sources have failed or have produced inconclusive data. In these instances, affidavits shall be taken under oath from a person who has objective, factual knowledge of the applicant's age. The affidavit shall show the circumstances under which the affiant has known the applicant and the factual basis for his statements in regard to the applicant's age. It is essential that the affidavit indicate more than mere opinion.

2214.91 Example of Valid Affidavit

The following example indicates the nature of a valid affidavit:

> The affiant states that he believes the applicant to be over 65 years of age since he (the affiant) himself, now aged 50, was married in 1927 at the age of 25 at the applicant's home, and his best man, also 25, was the youngest of the applicant's three sons.

(Cross References: 2200.2 Sources of Evidence through 2200.22 Non-Documentary Evidence)

2215 AGE AT TIME OF APPLICATION

The person who believes that he is eligible or who wants to have his eligibility considered has the right to apply for public assistance at any time. However, an application for OAA or DA may be denied on the basis of age if it is filed more than 60 days before the require age is attained.

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2215.1 Old Age Assistance

If an individual files an application for OAA more than 60 days before his sixty-fifth birthday, his application may be denied. On the other hand, an individual may file an application for OAA within 60 days before his sixty-fifth birthday and be approved for assistance if otherwise eligible.

However, no OAA payment shall be issued until the person has attained his sixty-fifth birthday.

2215.2 Disability Assistance

The application of an individual who files for DA more than 60 days before his eighteenth birthday may be similarly denied. On the other hand, an individual may file an application for DA within 60 days of his eighteenth birthday and be approved for assistance if otherwise eligible. It is recommended, however, that an individual who is within 60 days of his sixty-fifth birthday be encouraged to apply for OAA rather than DA.

No DA payment shall be issued to any applicant before his eighteenth birthday nor after his sixty-fifth birthday.

2215.3 General Assistance

An individual may file an application for GA at any time and receive payment if eligible, regardless of his age.

2216 CLIENT'S AGE AND INITIAL ELIGIBILITY FOR ANOTHER PROGRAM

The age of a GA or DA client who receives assistance over a period of years shall be considered in relation to his eligibility for another program.

2216.1 DA Client on Attaining Age 65

A DA client who has attained the age of 65 is no longer eligible for DA.

Therefore, he shall be given an opportunity to apply for OAA sufficiently in advance of his sixty-fifth birthday so that his OAA application can be completed in time to permit uninterrupted payments of assistance.

2216.2 GA Client on Attaining Age 65

When it appears from available information that a GA client has attained or is about to attain the age of 65, he shall be advised to apply for OAA. If he fails to apply for OAA, he shall no longer be eligible for GA.

If he applies for OAA, he shall continue to receive GA until he is found eligible for OAA at which time his GA payments shall cease. In the event

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2216.2 (cont'd) that he is found ineligible for OAA because of a technical reason, such as age, residence, etc., but is still in need of assistance he shall be eligible to continue to receive GA.

2216.21 Disabled GA Client on Attaining Age 18

When it appears from available information that a disabled GA client has attained or is about to attain the age of 18, he shall be advised to apply for DA. If he fails to apply for DA, he shall no longer be eligible for GA.

If he applies for DA, he shall continue to receive GA until he is found eligible for DA at which time his GA payments shall cease. In the event that he is found ineligible for DA because of a technical reason, such as age, residence, factor of permanent and total disability, etc., but is still in need of assistance, he shall be eligible to continue to receive GA.

(Cross References: 2215 through 2215.3 Age at Time of Application General Assistance)

2217 PROCEDURAL CONTROLS FOR IDENTIFYING AGE

The agency shall establish and maintain proper administrative controls relating to the age of recipients in order to accomplish the procedures required by Items 2216.1, 2216.2 and 2216.21.

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## 2880 PRELIMINARY STATEMENT

At present, numerous confidential exhanges called either social service exchanges or central indexes are serving the various health and welfare agencies of New Jersey.

While it is recognized that the applicant and/or recipient is the primary source of information, the confidential exchange is also recognized by the Bureau of Assistance as a community resource which may be utilized by the agency to supplement or clarify the information received from the individual or to provide other cooperating agencies with pertinent information.

## 2881 DEFINITION OF SOCIAL SERVICE EXCHANGE

The social service exchange or central index is that community resource which maintains a confidential registry or index of social case records of member agencies. It enables agencies to exchange information and to develop cooperative services.

### 2881.1 Purpose of Social Service Exchange

Since its inception during the 1870's, the social service exchange has had as its general purpose service to other social agencies in order that they might coordinate their social work resources more effectively, and also avoid confusion and duplication of service in working with a particular individual and/or his family unit.

These purposes are realized through the maintenance of a central file in which are registered the names, addresses, and certain other identifying information of individuals and/or families known to social agencies that are members of the exchange. One of the chief functions of the exchange is to report the presence or absence of a case record to an inquiring member agency.

## 2882 STANDARDS FOR SOCIAL SERVICE EXCHANGE

Before becoming a member of a social service exchange, the agency shall determine whether the exchange will be useful to it.

An exchange, to be useful to the agency, must:

a. Operate under the standards of efficiency, ethics, and the like established by the Association of Social Service Exchanges of New Jersey;

b. Operate at least throughout the county; and

c. Have the majority of significant health and welfare agencies as actively participating members.

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## 2883 RESPONSIBILITIES OF MEMBER AGENCIES

As soon as an agency becomes a member agency of a social service exchange, it enters into a relationship in which it must assume definite responsibilities. Among these are:

a. To develop, put in writing, and use policy and procedure relative to the exchange. Such policy and procedure shall specify:

1. The type of case it expects to register;

2. When it will register a case;

3. The general plan of follow-up, reregistration, cancellation, and protection of information; and

4. The policy toward inter-agency relationships.

b. To take an active interest in the policy and mangement of the exchange.

Agencies generally contact the exchange when they have questions or complaints about specific registration problems, such as delayed or inaccurate reports. While these discussions are important, even more important are the discussions with the exchange on matters of general policy.

c. To register consistently and promptly in accordance with the policy and procedure established by the agency.

d. To give as complete information as required.

e. To respect the confidentiality of information secured from other agencies.

f. To ensure that staff members understand the function of the exchange, and the policy and procedure of the agency on the use of the exchange.

## 2884 PROCEDURE ON USE OF SOCIAL SERVICE EXCHANGE

The agency shall establish procedures on:

### 2884.1 Selecting Cases for Registration

The agency shall be selective in registering cases with the exchange to the extent of registering only those cases for which an application form has been prepared.

### 2884.2 Timing Registrations

Cases shall be registered at the point that an investigation is undertaken.

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2884.3 Providing Additional Data

The agency shall have a plan for providing the exchange with additional identifying information on currently registered cases. Data on change of address are especially important.

2884.4 Reregistering Active Cases

Active cases shall be reregistered for continuous notification service in accordance with the plan provided by a particular exchange. Generally, a definite period of time, such as two years, must be considered in reregistering cases.

2884.5 Cancelling Registrations

Cases which have been registered with an exchange shall be cancelled:

a. When case records have been destroyed or otherwise have become unavailable.

b. When the agency record does not contain sufficient data to be of value to another agency.

2884.51 Recommendations

The fact that a case has been inactive any given number of years should not be the sole basis for cancellation. Dates shall be considered in relation to the content of the record.

Cancellation of useless registrations is essential to both the exchange and the agency because it prevents the expensive accumulation of unnecessary exchange records and because it saves time in replying to inquiries on which no significant information is available.

Case records should be reviewed for cancellation on receipt of a request from another agency for information and at the point of closing.

2885 SECURING INFORMATION FROM OTHER AGENCIES

It is expected that the agency will contact the agencies registered on a case when it is considered that the information may be directly related to its responsibility for the case.

The agency shall clearly indicate what it wants to know about the case registered by another agency, and why the information is important. This makes it possible for the agency contacted to select pertinent information. It also helps agencies to interpret and clarify their respective functions.

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2885.1 Methods for Follow-Up of Registrations

These methods are used to follow-up registrations:

a. Telephone communication. This method may be used when essential information is needed at once.

b. Written requests for information. This method is preferable because the requests become an authentic part of the case record.

c. Inter-agency conference. This may be the best method when extensive cooperative planning between agencies is required.

2886 REPORTING TO INQUIRING AGENCIES

The agency shall operate within certain specifications on the release of confidential information to inquiring agencies.

[Cross Reference: 2820* Safeguarding Information]

2887 PASSING ON INFORMATION

It is accepted practice that no agency passes on information received from another agency to a third agency. It is assumed that member agencies of the social service exchanges used by public assistance agencies will follow this practice.

2888 FILING SOCIAL SERVICE CLEARANCE OR NOTIFICATION SLIPS

Social service clearance and/or notification slips returned to the agency from the exchange shall be filed in each case record.

2889 RECORD OF REGISTRATIONS

The agency shall keep a record of the number of registrations as a basis for auditing and approving bills submitted by the exchange.

[Cross Reference:

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

BUREAU OF ASSISTANCE

Municipal Aid
REGULATION # 0.001

ISSUED: -
(Date)

REV.: _____
(Date)

TITLE: Law

SUBJECT: Affidavits

STATUTORY REFERENCE: R.S. 44:8-119
R.S. 44:8-140

Irving Englauer, Chief
Bureau of Assistance

Approved:

By: _____

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TITLE : LAWS

SUBJECT: AFFIDAVITS

Chapter ~~28~~ 156, Section ~~5d~~ 138, P. L. ~~1941~~ 1947, requires that in all municipalities of the State receiving State aid "each applicant for relief shall make an affidavit to the correctness of his or her statement in his or her application for relief." A form suitable for the purpose is appended. The MAA NJR-1 form, used in connection with the New Jersey Relief Plan, includes an affidavit so that a special affidavit is not required when such forms are used.

The Director of Welfare must call to the attention of the applicant Section ~~17~~ 140, Chapter ~~130~~ 138, of the Laws of ~~1940~~ 1947, which provides that it is a misdemeanor for a person applying for relief to make a false statement. Should fraud be disclosed, he shall determine whether to make proper charges before the Courts.

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

Att.

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Att. 0.001

*S P E C I M E N*

STATE OF NEW JERSEY

MUNICIPAL AID ADMINISTRATION

## FORM OF AFFIDAVIT

STATE OF NEW JERSEY )
)--SS: AFFIDAVIT
COUNTY OF _____)

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

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

Sworn to and subscribed before me

_____
(Signature)

this _____ day of _____, 194 .

_____

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

_____

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

BUREAU OF ASSISTANCE

Municipal Aid
REGULATION # 0.002

ISSUED: _____
(Date)

REV.: _____
(Date)

TITLE: Laws

SUBJECT: Political Activities

STATUTORY REFERENCE: R.S. 44:8-126
R.S. 44:8-117

Irving Engelman, Chief
Bureau of Assistance

Approved:

By: _____

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TITLE : LAWS

SUBJECT: POLITICAL ACTIVITIES

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

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

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

REGULATIONS AND REQUIREMENTS

Campaign Contributions

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

Political Action

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

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Political Action (Cont'd)

5. No Director of Welfare or other employee of a Welfare Department may engage in political activity within the limits of the municipality within which he is employed by:

   a. Making political speeches,

   b. Making available for political purposes the names of those receiving public assistance,

   c. Participating in house-to-house or other types of political canvassing,

   d. Checking of voter's lists,

   e. Holding office in a political club within the municipality,

   f. Participating in political activity on election day, except for the purpose of casting his or her personal ballot,

   g. Preparing, mailing or distributing campaign literature or materials,

   h. Doing clerical work connected with the political campaign in behalf of any candidate, group of candidates or party.

6. No official or employee of a municipality may order, request or permit a member of the Welfare Department of such municipality to assist or engage in such political activity as is prohibited by Section 5 of these regulations and requirements.

7. No Director of Welfare or other employee of a Welfare Department may engage in any type of political activity, whether herein specifically enumerated or not, if the purpose is to influence the political action of any other person, or in any way to exploit recipients of relief for political purposes.

8. No member of a Local Assistance Board may order or request a Welfare Director or other employee of a Welfare Department to grant or withhold public assistance for political reasons.

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Discrimination in Treatment of Members of the Welfare Department

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

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

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

BUREAU OF ASSISTANCE

Municipal Aid
REGULATION # 0.003

ISSUED: _____
(Date)
REV.: July 1, 1947
(Date)

TITLE: Laws

SUBJECT: Legal Settlement

STATUTORY REFERENCE: R.S. 44:8A-2
44:8A-3

Irving Engelman, Chief
Bureau of Assistance

Approved:

By: _____

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0.003
Rev. 7/1/47

TITLE : LAWS

SUBJECT: LEGAL SETTLEMENT

Section I - General
Section II - Local Settlement Procedure
Section III - State Settlement Procedure

## Section I - GENERAL

One of the most important parts of the State laws relating to public assistance is Section 44:8A-2 of Chapter 357, P. L. 1941. This section reads as follows:

> "Immediate public assistance shall be promptly rendered to any needy person by the director of welfare of that municipality where the person is found at the time of application, subject to determination and adjustment of responsibility as hereinafter provided."

The law specifically states that any person, if in need, shall be given immediate assistance by the director of welfare of the municipality in which he is living at time of application. It is plain, therefore, that the intent of the law is that assistance shall be granted with the same promptness to resident and non-resident alike.

When the following procedures set up by the Department of Economic Development are properly followed, it is possible for municipalities to meet the needs of non-resident cases with minimum effort and at little or no municipal expense. The only difference in the handling of resident and non-resident cases lies in these procedures which were established to enable municipalities giving assistance to non-resident cases to recover all or part of the funds spent for such assistance - depending upon the type of settlement case aided.

## Section II - LOCAL SETTLEMENT PROCEDURE

DEFINITIONS:

"Responsible Municipality" - the municipality in which the needy person has legal settlement.

"Servicing Municipality" - the municipality in which the needy person lacks legal settlement, but wherein he is living at time of application for public assistance.

POLICY:

Reimbursement - The responsible municipality shall reimburse the servicing municipality for all costs of assistance granted, as provided by law.

PROCEDURE:

When the director of welfare has determined that an applicant for assistance has local legal residence in another municipality, he shall proceed as follows:

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1. A "Notice" (form UM-1) shall immediately be sent, by REGISTERED MAIL, to the director of welfare of the responsible municipality.

   Note: The responsible municipality is liable for the cost of all assistance granted from the day after the "Notice" is mailed.

2. The director of welfare of the responsible municipality receiving the "Notice" shall investigate the residence information contained therein, and:

   (a) IF HE ACCEPTS RESPONSIBILITY, he shall send an "Acknowledgment" (form UM-2) by registered mail, to the servicing municipality.

   (b) IF HE DENIES RESPONSIBILITY he shall send a "Protest" (form UM-3), by registered mail, to the servicing municipality - not later than 30 days after he has received the "Notice".

3. Referral to State. When the director of welfare of the servicing municipality receives the "Protest" (if he is still convinced that the case belongs to the municipality to which he sent the "Notice"), he shall send a "Reference" (form UM-4) to the Department of Economic Development, by registered mail, not later than 40 days after the "Notice" was mailed, or

   If the director of welfare of the servicing municipality does not receive any reply from the director of welfare to whom he sent a "Notice", he shall send a "Reference" to the Department of Economic Development not later than 40 days after the "Notice" was mailed.

   In either case a copy of the "Reference" should also be sent to the municipality of alleged responsibility. The case will be reviewed by the Department of Economic Development and the municipality declared "responsible" will be so notified.

   Note: At least 32 days should be allowed to pass before sending a "Reference", as the director of welfare of the responsible municipality is granted 30 days from date of receipt of notice to either acknowledge or protest responsibility.

## Section III - STATE SETTLEMENT PROCEDURE

POLICY:

Authority - Ch. 357, Laws of 1941, as amended by Ch. 120, P. L. 1947, vests in the Commissioner of the Department of Economic Development the sole authority for resettling persons who lack settlement in this State. (See Section 37)

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Reimbursement - The Department of Economic Development will reimburse any municipality for assistance granted to non-State residents, to the extent of eighty (80) per cent of the "allowed" total cost, provided the local welfare administration adheres to its regulations.

If a municipality fails to notify this Department within twenty (20) days after the first grant of public assistance to a person lacking legal residence in this State, such case will NOT be considered as reimbursable under Sec. 35, Ch. 357, P. L. 1941, and assistance rendered will be totally at the expense of the municipality.

Persons without legal residence in this State who refuse to return, or who are not returned, to their place of legal settlement in another state after a municipality, THROUGH THIS ADMINISTRATION, has received written authorization for their return, shall be considered, after a period not exceeding thirty (30) days from the date of the authorization to return, as NOT in need of public assistance. All assistance granted after the expiration of such period will be disallowed by this Department and the municipality granting such assistance will be denied reimbursement for such case under this regulation and under the provisions of law, until settlement is gained, unless special approvals are given for extenuating cases.

Classification - All cases properly referred to this Department shall be considered as PENDING during the period the State is attempting to effect resettlement in some other state and shall continue to be classified as PENDING for a period not exeeding thirty (30) days after receipt of authorization for removal.

All cases which cannot be resettled by the State shall be classified as IMPOSED.

LOCAL PROCEDURE:

Records - The municipal welfare office shall obtain and record complete data as to:

(a) date of entry into New Jersey.
(b) family composition.
(c) periods of residence (street addresses) within New Jersey.
(d) periods of residence (street addresses) outside of State.
(e) birth dates.
(f) marital status.
(g) separate residence history of persons from whom non-resident may take derivative settlement.
(h) information re: employment, references, relief status, etc., which would aid in verification of legal settlement in the state of presumed legal residence.

Case records, including face sheets, ledger sheets, relief orders, and all other pertinent records must be identified with large block print or stamp "NON-STATE RESIDENT". Failure to do so will preclude any reimbursement to the municipality.

Referral - All non-resident cases shall be referred, not later than twenty (20) days after acceptance, to the Department of Economic Development through the use of form NR-1. This form shall be prepared in quadruplicate and ALL COPIES sent to the Municipal Service Bureau.

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STATE PROCEDURE:

Notification - Upon receipt of a properly executed form NR-1, the Municipal Service Bureau shall proceed to negotiate with the State of presumed settlement to obtain an authorization to remove the non-resident. Such case shall immediately be classified as PENDING NON-RESIDENT. Original of form NR-1 shall be kept by the Municipal Service Bureau, one copy sent to the DED Finance Division, one copy to Comptroller's Field Auditor and one copy returned to the municipality to indicate that the case has been accepted and is "allowed" for reimbursement.

Disposition - When authorization for return to some other state is received, the Department of Economic Development shall immediately notify the local director of welfare who shall proceed to remove the non-resident and assume all administrative responsibility for said removal. The local director of welfare shall be notified in writing, as no person shall be removed to another state without written authorization from this Department.

Should the Department of Economic Development be unable to resettle a non-resident case, it shall notify the local director of welfare by the use of form NR-2, executed in quadruplicate. The local director of welfare shall complete all copies of the form and return ALL FOUR COPIES to the Municipal Service Bureau. If the information entered on the form by the local director of welfare meets with the approval of the Department of Economic Development, the director of welfare will be so notified and one copy of form NR-2 will be returned to him to serve as an authorization to carry the case as an IMPOSED NON-RESIDENT case.

TRANSPORTATION:

Costs - Transportation costs, incurred in the removal or resettlement of a non-resident to another state wherein legal settlement is recognized, are reimbursable to the extent of eighty (80) per cent by this Department, provided funds are available for the purpose and further provided that when the cost of transporting any non-resident person or case is to exceed fifty ($50.) dollars, approval must be obtained from the Municipal Service Bureau prior to effecting final arrangements for said removal.

Method - Plans should be made to obtain the most economical type of transportation within the bounds of decency. Every effort should be made to obtain reduced fares.

Proper notification shall be sent by the local director of welfare to the state welfare authority of the state which has accepted responsibility for the case so that satisfactory arrangements for reception and placement of case may be made at the point of destination.

Convoy - When non-residents (such as children, aged, ill) are incapable of assuring their own safe movement to their destination, sufficient precautions shall be taken by the local director of welfare to guarantee safe arrival. Where possible, the assistance of the Travelers Aid Society (or similar agency) should be solicited to arrange for the complete itinerary and disposition of the case at minimum travel rates.

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The Department of Economic Development will not reimburse any municipality for transportation costs incurred by a local welfare department employee acting as a convoy to a case being resettled, unless specific approval has been obtained prior to such an arrangement.

MONTHLY RELIEF REPORT:

Data regarding non-state resident cases shall be entered on the "Monthly Inventory" form NJR-6 Rev. in the same manner as for resident cases, except that in column 2 of section A imposed cases are designated as "1", and pending cases as "2".

BILLING PROCEDURE:

Vouchers - Request for reimbursement for the cost of assistance extended to non-state residents shall not be included in the regular monthly financial repor (form MAA-100), but shall be billed separately on a N. J. Form 100 covering disbursements for each calendar month. The total allowable expenditure for non-state residents, including allowed transportation costs, must appear on the face of the voucher. This total should then be adjusted to eighty (80) per cent State reimbursement. Vouchers shall bear the signature of the director of welfare and be sworn to by the Chief Financial Officer.

Lists - There shall be attached to the voucher a listing of all non-state resident cases granted assistance, with the grants segregated as to type of assistance, setting forth complete information such as case name, number, address, amount and period for which assistance was extended. Complete information regarding transportation will also be required and shall include case name, number, legal residence, destination and cost. The invoice is to be audited by the Comptroller's Field Auditor prior to submittal to the Department of Economic Development.

Forms - Sample forms are attached: NR-1; NR-2; UM-1; UM-2; UM-3; UM-4.

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

BUREAU OF ASSISTANCE

Municipal Aid
REGULATION # 0.004

ISSUED: - (Date)

REV.: (Date)

TITLE: Laws

SUBJECT: Removal of Persons to Place of Legal Settlement Within this State

STATUTORY REFERENCE: R.S. 44:8A-31

Irving Engelhardt, Chief

Bureau of Assistance

Approved:

By:

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TITLE : LAWS

SUBJECT: REMOVAL OF PERSONS TO PLACE OF LEGAL SETTLEMENT WITHIN THIS STATE

When a Director of Welfare of a responsible municipality or the Director of Municipal Aid shall order, pursuant to either Section 18(a) or 25 of Chapter 357, Laws of 1941, the return of a case to the place of legal settlement, the Director of Welfare of the municipality where the case is found must accomplish the return of the case within a period of thirty days from the date of the mailing of the order unless (1) said Director, prior to the expiration of said period, shall submit to the Director of Municipal Aid a certificate issued by a physician stating that removal would endanger the health of one or more persons sought to be moved,[1/] or (2) a certificate over his own signature to the effect that application has been made to the Court of Common Pleas for an order of removal pursuant to Section 31, Chapter 357, Laws of 1941, or (3) the Director of the responsible municipality shall grant an additional period of time for removal. If (1) or (2) is complied with, the Director of Municipal Aid may grant an additional period or periods within which to move said case.

If a Director of Welfare fails to move a case within thirty days, or within such extensions as may be allowed by this regulation, the authorization to return shall expire and the municipality of which he is Director of Welfare shall not be reimbursed for public assistance granted until such time as the case shall be returned to the place of legal settlement pursuant to a new authorization obtainable in the same manner as the original, and no State reimbursement will be allowed for such case during that period.

When a responsible municipality authorizes the return of a case, it shall reimburse the municipality granting assistance from the day after the statutory NOTICE was sent or the date of acknowledgment, whichever is first, until the expiration of the time for removal allowed by this regulation.

1/ The physician's certificate must give an exact diagnosis of the ailment and state the length of time required for treatment before removal can be undertaken.

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This regulation is designed to answer a problem which in the past has provided considerable administrative difficulty between municipalities.

This Administration believes that too often municipal Directors of Welfare have exercised their statutory prerogative of ordering the return of cases for which they are responsible, in the hope that they would not return and would thereby continue to be the enforced obligation of the municipality in which they were residing. This practice cannot be too strongly deprecated.

This Administration believes the Director of Welfare should consider FIRST the interests of relief recipients from the viewpoint of employment prospects, health and social conditions and such other considerations which have a vital bearing on the welfare of the persons involved. Only after all the facts of each case have been carefully weighed should a decision be made to request return to the place of legal settlement.

This regulation 0.004 governs cases ordered to be returned by the Director of Welfare of a responsible municipality. No regulation is necessary when the Director of Welfare of the municipality where the case is found orders return under Section 18(b), Chapter 357, Laws of 1941, since the municipality of legal settlement is responsible as long as the case is serviced for it at the request of its Director.

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

BUREAU OF ASSISTANCE

Municipal Aid
REGULATION # 1.003

ISSUED: -
(Date)

REV.: _____
(Date)

TITLE: Reimbursement

SUBJECT: Relief Bank Account

STATUTORY REFERENCE: R.S. 44:8-138

Irving Engelman, Chief
Bureau of Assistance

Approved:

By: _____

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TITLE : REIMBURSEMENT

SUBJECT: RELIEF BANK ACCOUNT

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

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

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

BUREAU OF ASSISTANCE

Municipal Aid
REGULATION # 1.006

ISSUED: _____
(Date)
REV.: August 1, 1954
(Date)

TITLE: Reimbursement

SUBJECT: Aid Granted to Persons Engaged in Labor Disputes

STATUTORY REFERENCE: R.S. 44:8-168

Irving Engelman, Chief
Bureau of Assistance

Approved:

By: _____

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1.006
Republished - 8/1/54

TITLE : REIMBURSEMENT

SUBJECT : AID GRANTED TO PERSONS ENGAGED IN LABOR DISPUTES

1. State financial reimbursement will not be allowed to any municipality for public assistance grants to persons (and/or their dependents) during the time such persons are engaged in labor disputes in consequence of which they have left their employment.

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2. State aid will be allowed to any participating municipality, however, for grants of public assistance to persons (and/or their dependents) during the time they are unable to work because of labor disputes, provided such persons:

(a) are not participating, financing or directly interested in the dispute;

(b) do not belong to a grade or class of workers participating or interested in the dispute.

Assistance granted under these circumstances would only be in the form of supplementation of Unemployment Compensation benefits.

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The policy of this Department therefore parallels the laws relating to the granting of U.C. benefits. A person applying for public assistance must necessarily prove that application has been made for U.C. benefits. Evidence in a person's possession may in most instances indicate whether the person is eligible to receive such benefits, or if not receiving such benefits, the reasons therefor. U.C. benefit status will, in such instances determine whether the person is, or is not, to be classified as a striker.

POLICY (GENERAL)

Chapter 156, P.L. 1947 (R.S. 44:8-168), Definitions, reads " 'public assistance' means assistance rendered to needy persons not otherwise provided for under the laws of this State, where such persons are willing to work but are unable to secure employment due either to physical disability or inability to find employment, and includes what is commonly called 'emergency relief' ". It may, therefore, be inferred that strikers are excluded from the provisions of the act.

Application for public assistance shall be made to the Municipal Director of Welfare in accordance with the provisions of Chapter 156, P.L. 1947, (R.S. 44:8-121) by "a person . . . for himself or his dependents". The law does not contemplate nor imply that an applicant may be represented by another person, group or association.

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POLICY (MUNICIPAL)

Any assistance granted shall be on the basis of "need" predicated on a complete investigation and evaluation of all income and resources. Members of organized groups pay dues presumably for benefits which may accrue to them during periods of unemployment occasioned by labor disputes; therefore, the labor organization shall be considered to be a resource which shall be checked and verified before any grants are allowed.

Any complaints regarding the denial or withholding of public assistance shall be made by the applicant or recipient to the Local Assistance Board in writing. The Local Assistance Board shall be responsible for all local policy consistent with State laws.

REPORTING

Any aid granted to a person (and/or his dependents) engaged in a labor dispute and included in commitment reports shall be properly identified with the words "Labor Dispute" in Section A, Column #20 of form NJR-6.

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Division of Commerce & Municipal Aid
Official Regulation

Republished - Aug. 1, 1954 by
Department of Institutions and Agencies
Division of Welfare - Bureau of Assistance

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

BUREAU OF ASSISTANCE

Municipal Aid
REGULATION # 2.000A

ISSUED: -
(Date)
REV.: August 7, 1947
(Date)

TITLE: General Administration

SUBJECT: Financial Procedure for Municipalities taken over by the Department of Economic Development and Controlled by the State in Accordance with the Provisions of Chapter 156.

STATUTORY REFERENCE: P.L. 1947
R.S. 44:8-134

Irving Engelhardt, Chief.
Bureau of Assistance

Approved:

By:

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TITLE : GENERAL ADMINISTRATION

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

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

REPORTS

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

HANDLING OF FUNDS

MUNICIPAL RESPONSIBILITY FOR RELIEF COST

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

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

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

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

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

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

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RECEIPT OF INVOICES
RECONCILIATION
CHECK & APPROVAL

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

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

AUDITING

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

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

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

INVOICE SUBMITTALS
TO STATE MUNICIPAL AID ADMINISTRATION

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

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

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

COST OF LOCAL ADMINISTRATION
STATE, MUNICIPAL RESPONSIBILITY
HANDLING OF FUNDS

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

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

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

Att. (3)

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

BUREAU OF ASSISTANCE

Municipal Aid
REGULATION # 2.001

ISSUED: - (Date)

REV.: (Date)

TITLE: General Administration

SUBJECT: "Approved" or "Authorized" Vendors

STATUTORY REFERENCE: R.S. 44:8-124

Irving Engelman, Chief

Bureau of Assistance

Approved:

By:

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TITLE : GENERAL ADMINISTRATION

SUBJECT: "APPROVED" OR "AUTHORIZED" VENDORS

No lists of vendors are to be promulgated from which reputable vendors in the community are excluded.

Relief orders are not to be addressed to specifically designated vendors (except in the case of shelter items), physicians, etc., UNLESS the recipient is permitted to make a free choice and signs a statement to that effect, or approval is secured from the Municipal Aid Administration.

Each vendor must agree with the municipal Director of Welfare to furnish relief recipients articles essential to the maintenance of health, for the amounts indicated upon written orders issued by such authority, and not to supply recipients of relief with cigars, cigarettes, tobacco, soft drinks, alcoholic beverages, candy, food for pets or livestock, motor fuel or motor oil, nor to honor any relief orders either in whole or part for cash.

Relief orders issued by a municipal Director of Welfare must be addressed either to "any authorized vendor" or "any vendor", as the case may be. Orders shall be serially numbered when printed. Orders submitted for payment shall bear the signature of the Director of Welfare, the recipient and the vendor. Rubber stamps may not be used unless countersigned by a duly authorized person.

When milk is delivered to relief recipients the Director of Welfare should make certain that 10% is deducted from vouchers, as allowed by the Milk Control Board.

Reimbursement to municipalities will be contingent upon strict compliance with these regulations.

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

BUREAU OF ASSISTANCE

Municipal Aid
REGULATION # 2.100

ISSUED: -
(Date)

REV.: _____
(Date)

TITLE: General Administration

SUBJECT: Local Assistance Boards

STATUTORY REFERENCE: R.S. 44:8-112a

Irving Engelhardt, Chief
Bureau of Assistance

Approved:

By: _____

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Title : GENERAL ADMINISTRATION

Subject : Local Assistance Boards:

QUALIFICATIONS FOR DIRECTORS OF WELFARE

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

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

Minimum qualifications for directors of welfare:

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

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

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

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

6/15/52

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

BUREAU OF ASSISTANCE

Municipal Aid
REGULATION # 2.101

ISSUED: -
(Date)

REV.:
(Date)

TITLE: General Administration

SUBJECT: Local Assistance Boards

STATUTORY REFERENCE: R.S. 44:8-115

Irving Engelmann, Chief
Bureau of Assistance

Approved:

By:

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TITLE : GENERAL ADMINISTRATION

SUBJECT: LOCAL ASSISTANCE BOARDS

LAW

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

CERTIFICATION

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

DUTIES OF THE BOARD

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

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

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

1. Conduct hearing of "pressure" groups and other organizations interested in relief matters.

2. Accept and act upon complaints relating to the administration of public assitance submitted to the Board in writing, prior to its meeting.

3. Make recommendations as to the adequacy in number and qualifications of administrative personnel.

4. Review proolem cases with the Director of Welfare.

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DUTIES OF BOARD (Cont'd)

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

DIRECTOR OF WELFARE

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

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

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

BUREAU OF ASSISTANCE

Municipal Aid
REGULATION # 2.102

ISSUED: -
(Date)

REV.:
(Date)

TITLE: General Administration

SUBJECT: Appointments: Director of Welfare

STATUTORY REFERENCE: R.S. 44:8-117

Irving Engelman, Chief
Bureau of Assistance

Approved:

By:

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TITLE : GENERAL ADMINISTRATION

SUBJECT : APPOINTMENTS: DIRECTORS OF WELFARE

I. POWER OF APPOINTMENT:

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

II. QUALIFICATIONS: APPROVAL - STATE AID:

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

III. VACANCIES:

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

> "Temporary appointments; acts of appointee binding. Wherever duties are imposed by law upon any officer or employee of a municipality, and no person is by law authorized to perform such duties when such officer or employee is temporarily absent, disabled or disqualified, the officer or board having the authority to fill any vacancy in any such office or employment may designate some person to act in place of any such officer or employee during his temporary absence, disability or disqualification. * * * *
>
> The acts of any person so designated shall in all cases be legal and binding as if done and performed by the officer or employee for whom such designated person is acting."

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

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

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

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

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

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

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

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

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

IV. SALARIES:

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

V. OFFICE: DESIGNATION AND HOURS:

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

VI. ADDITIONAL POWERS: DIRECTOR OF WELFARE:

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

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

BUREAU OF ASSISTANCE

Municipal Aid
REGULATION # 2.300A

ISSUED: _____
(Date)

REV.: April 1954
(Date)

TITLE: Administration

SUBJECT: General Assistance Allowances

STATUTORY REFERENCE: R.S. 44:8-111

_____, Chief
Bureau of Assistance

Approved:

By: _____

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2.300A (2.300 Revised)
Jan. 1, 1952

TITLE : ADMINISTRATION

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

I. STATE POLICY:

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

II. BUDGETS:

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

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

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

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

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

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III. INCOME:

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

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

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

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

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

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

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

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

2. the roomer or boarder should be requested to make arrangements to live elsewhere.

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IV. RESOURCES:

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

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

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

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

Old Age Assistance - Parent, spouse and child.

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Aid to Blind - Parent, spouse and child.

Disability Assistance - Parent, spouse and child.

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

The capacity of the legally responsible relative living outside of the assistance household to contribute to the support of the recipient must be determined. The following income table shall be used to determine the ability of such responsible relative to contribute. Any income available which is in excess of the exemption indicated represents the ability of the relative to support the assistance recipient.

| Family Unit Size | Annual Amount Gross Income | Monthly Amount Gross Income |
|---|---|---|
| 1 | 2340 | 195 |
| 2 | 3300 | 275 |
| 3 | 3900 | 325 |
| 4 | 4500 | 375 |
| 5 | 5100 | 425 |
| 6 | 5700 | 475 |
| 7 | 6240 | 520 |
| 8 | 6720 | 560 |

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

Extraordinary Expenses of the Legally Responsible Relatives. The following types of extraordinary expenses shall be considered, in the manner specified, as affecting the legally responsible relative's capacity to support the recipient.

1. Extraordinary Occupational Expenses

a. Unusual Traveling Expenses Incident to Employment.
When a person spends more than 7% of his monthly basic exemption for traveling incident to his employment, and when such expenses are not reimbursed by his employer, the agency shall add the verified amount of the traveling expenses over 7% to his monthly basic exemption.

b. Mandatory payroll deductions over which a person has no control.
When a person has involuntary payroll deductions (such as withholding taxes, pension plan payments, retirement fund, check-off etc.) in an amount that is more than 10% of his monthly basic exemption, the agency shall add the verified amount of the involuntary payroll deductions over 10% to his monthly basic exemption.

c. Employment or Professional Expenses.
When a person, in order to maintain his present employment or in order to maintain the qualifications for his employment, has unusual expenses for special clothing, or for equipment necessary for his occupation or has definite expenses that are in the form of payments to an established organization, (such as professional dues, union dues, business occupations etc),

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in an amount more than 1% of his monthly basic exemption, the agency shall add the verified monthly amounts of such employment expenses over 1% to his monthly basic exemption.

2. Medical Obligation

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

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

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

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

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

4. Accrued and Unpaid Obligation Pursuant to a Judicial Order or Decree. When the amount of any accrued and unpaid obligation pursuant to a judicial order or decree, equals or exceeds the monthly capacity to support, the relative shall be deemed incapable of providing support to the recipient for the period that would be necessary to liquidate the obligation at a monthly rate equal to the amount of his monthly capacity to support.

5. When a legally responsible relative has an indebtedness (other than one already recognized in 1, 2, 3 and 4) that is being liquidated in accordance with a planned arrangement that specifies the amounts and dates of such payments, (proof must be submitted), the monthly amount of such payments shall be added to his monthly basic exemption. (Payments for a mortage indebtedness on a home in which the person is living are already recognized and allowed for in the schedule of exemptions and are not to be duplicated here. Payments on account against running charge accounts in

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department stores and other retail stores for food, fuel, clothing and other non-durable consumption items are not considered as an indebtedness within the meaning of this section).

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

7. All other debts or the refinancing of any existing debts, that are incurred by a legally responsible relative after the initial evaluation of his capacity to support shall not be recognized unless as authorized in sections 2,3,4 and 6.

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

V. FOOD ALLOWANCES:

The method of budgeting food grants shall be strictly in accordance with the manner outlined in the standard schedule. Monetary standards have been determined for the food needs of individuals according to their ages, sex, activity and living arrangements. The standard allowance for food as outlined in the schedule is to be considered as a requirement.

VI. HOUSEHOLD NECESSITIES:

A monthly allowance for household necessities (which included such items as soaps, household cleaning supplies, laundry supplies, etc.) may be budgeted on a per person basis, for those persons maintaining, or sharing in the maintenance of a household, as follows: ] Rev. 1/54

| | | |
|---|---|---|
| Person living alone..... | $1.90 | |
| 2 person family..... | 1.25 per person | |
| 3 or more person families.... | 1.00 per person | |

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

VII. SHELTER:

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

Where the general assistance recipient is a person, personally and legally obligated to pay a stipulated rental charge for identified premises, payment of rental being to an owner who is not a legally responsible relative, the authorized allowance for shelter shall be an amount equal to the actual rent paid, as verified. ] Rev. 1/54

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Premises owned and occupied by applicant:

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

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

Rev. 1/54

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

VIII. FUEL FOR HEATING (Coal, Wood, Coke, Oil, Kerosene):

Fuel shall be included in the general assistance budget based on the standard of one room per person as set forth in the fuel schedules. Coal, Coke, Oil, Kerosene and Wood may be ordered or purchased only if no "free wood" is available from local wood yards, tracts or other independent sources.

It may be more economical and advisable under certain circumstances to order a specific fractional or whole ton, which grant may be in excess of that allowed on the schedule. If so, a suitable adjustment must be made in the succeeding month and in no instance shall the combined grants or budgetary figures for two (2) months exceed the accumulation of scheduled allowances.

IX. FUEL FOR LIGHTING AND COOKING (Electric, Gas or Kerosene):

There may be included in the general assistance budget, allowances for either gas or electric service governing needs for cooking, baking, lighting or ironing as the individual case or specific condition may require. No amount shall be figured when or where service is unavailable. Budget allowances or direct grants shall be based on the scheduled figures classified by family group. Gas and electric may be granted or allowed under a joint figure. Each service may only apply for needs to be incurred or for current service and old or past accounts and obligations shall not be honored.

Grants listed as "normal" are those to be used in budgeting and granting this phase of assistance and "maximums" are used only in case of sickness or other extenuating circumstances.

Light and ironing are included in the electric figures. Cooking and baking are included in the gas figures. Where electric or gas refrigeration is used allow $1.50 per month for any size family in addition to any allowances that are otherwise granted for utilities.

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X. VARIABLE NEEDS:

Emergency needs recognized as variable and conducive to the protection and well-being of a person or persons are: Clothing, Medical Care, Hospitalization, Dental Care, Medical Supplies, Household Equipment, Moving, Eyeglasses, Beds, Bedding, Stoves and similar items and services.

Since these needs are unpredictable and emergent in character, they are to be treated independent of the basic budget figures.

The means and use of community resources, clinics, private charitable organizations, public agencies (Municipal, County, State and Federal) should be exhausted before granting any of the variable and non-recurrent needs.

Clothing:

While clothing is to be provided on an "as needed" basis, it shall be recognized as a basic requirement for all persons applying for and receiving general assistance. The clothing needs of an applicant and his family shall be considered and discussed with him at the point of application and thereafter whenever the need arises. In some instances an applicant who has income may be found to be eligible for supplementary assistance or for a clothing allowance only, because of the immediate need for clothing. ] Rev. 1/54

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

Special Diets:

Grants as stipulated in the schedule are allowed in addition to food grants only upon recommendation and certification from a physician. If a physician prescribes specific foods and does not authorize an increase in grant the special foods shall be purchased with the regular food order.

Physicians' Services:

The authorized maximum allowances for physicians' services are:

Office Visit - $3.00

Home Visit - $4.00: When more than one patient is seen on the same home visit, $1.00 additional may be allowed for each additional patient, with a maximum of $6.00 allowed for any one visit.

Distance Visit-$5.00: For visits to patients living more than 5 miles from the nearest physician.

Night Visit - $5.00: For night visits on calls received after 11:00 p.m. ]Rev. 4/54

No additional allowances are authorized for medications, drugs or supplies dispensed by the physician himself. Allowances are <u>not authorized</u> for services rendered by a municipal physician employed on a salary basis.

The allowance limitations stated above do not apply to fees for diagnostic services or other specialized services by recognized medical specialists. When such services are recommended for a client, a request for approval may be submitted to the Bureau of Assistance.

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Medical Supplies and Appliances:

Medicines, drugs and sick room supplies shall be provided only on a physician's prescription. (In respect to ACTH and Cortisone see special instructions in Regulation 2.300AA.)

Applicances and prosthetic devices such as trusses, artificial limbs, etc., shall be provided only on a physician's order, and shall not be paid for until approved as satisfactory by the physician. Applicances shall be obtained at reasonable cost. Rev. 1/54

If there appears to be a possibility of physical restoration as part of a vocational rehabilitation program, the individual should be referred to the State Rehabilitation Commission. A sample application blank for this purpose is attached. Additional copies may be secured from the Bureau of Assistance upon request.

Visiting Nursing Service:

Such service is limited to persons receiving other forms of general assistance. Written orders must be issued and each order shall be limited to eight (8) visits, after which service must be reauthorized. Original order must be supported by a doctor's certificate authorizing nursing service. Maximum allowances shall be at a rate not to exceed that paid by other assistance categories in the immediate county area.

Dental Care:

Treatment for toothache will be allowed at two dollars ($2.00) per extraction and three dollars ($3.00) per filling. All other oral treatment, x-rays, vincents, dentures, etc., may be allowable provided a recommendation has been made by a doctor or recognized clinic that such care will be conducive to the health of the recipient. The total cost in any given case shall not exceed fifteen dollars ($15.00) and any excess must have prior approval from the Bureau of Assistance.

Eyeglasses:

Glasses may be purchased when they will result in employment and removal of recipients from assistance rolls; permit continuance of school work by children in an assistance family; prevent an individual from becoming a permanent dependent; or relieve a definite impairment of health. The need for glasses must be supported by a certificate from a licensed practitioner. Expenditures for glasses, including the refraction by an optometrist, are allowable up to a $10.00 maximum. When the cost is to exceed $10.00, as in cases of cataracts or other unusual conditions, the excess rate must be referred to the Bureau of Assistance for approval.

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Boarding and Nursing Home Care:

Room and Board - Maximum Monthly Allowances

Adults

1. When a client is living in an arrangement in which he is paying his prorata share of the expenses of the household and may or may not be doing part of the work as a normal member of the family group or when the client is living in the home of a parent, spouse or child he does not have a room and board arrangement. In all such situations, the client's budget shall be itemized in accordance with the standard authorized allowances.

2. Allowances for room and board (as defined in paragraph 3) and for room and board with personal services (as defined in paragraph 4) shall be made only when both situations as specified in paragraphs a. and b. exist.

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

b. That the allowances for room and board with or without personal services shall be granted only when the client is in the home of an unrelated person or in the home of related persons provided neither the head of the household nor the housewife is a parent, spouse or child of the client. Rev. 1/54

3. When a client is paying or arranging to pay a flat rate for room and board without additional personal service, the monthly allowance shall be the contract amount agreed upon between the client and the proprietor but shall not exceed $65 per month.

4. When it is necessary for a client because of an infirmity or a physical handicap to purchase in addition to room and board one or more of the following personal services such as:

Assistance with dressing
Assistance with bathing
Assistance at meal time
Assistance with shaving
Assistance in care and repair of clothing

or other similar personal services, the monthly allowance for room and board plus such personal service as verified shall not exceed $80.

5. Whenever a client is purchasing a room and board living arrangement, with or without personal services, appropriate allowances for clothing and for necessary special circumstance items shall be provided to the client. Under such arrangements, the allowable added cost, if any, of a prescribed therapeutic diet is recognizable as a special circumstance item. Allowable added costs for therapeutic diets are provided on page 9 Special Diets.

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County Welfare Board Ruling Series No. 28
Municipal Budget Manual 2.300A
Revised June 1, 1953

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

TO COUNTY WELFARE BOARDS AND MUNICIPAL DEPARTMENTS OF WELFARE

Temporary Regulations for Allowances for Visiting Nurse Service

Effective May 1, 1953 and to continue until May 1, 1954, unless otherwise changed by direction from the Department, allowance for fees for visiting nurse service to recipients of Disability Assistance, Old Age Assistance and General Assistance shall be made at the prevailing rate charged by the particular visiting nurse association but not to exceed $3.00 per visit.

"Prevailing rate" means the lowest amount charged by the association, to any individual or agency purchasing the service, as representing full payment for the service.

It is the intent of this ruling that all public assistance agencies shall pay no more than necessary for the required services, and in no event more than the temporary maximum specified above. Full advantage shall be taken of any situation where visiting nurse services are available at a cost less than the $3.00 maximum.

County Welfare Boards and Municipal Departments of Welfare will destroy any existing copies of a letter dated February 20, 1951, in which the maximum allowance for visiting nurse service was set at $2.10 per visit.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Marc F. Dowdell, Director
Bureau of Assistance

Approved: 6/1/53
Elmer V. Andrews
Deputy Commissioner in Charge of Welfare

County Welfare Boards: Insert in Handbook under section "Rulings and Bulletins" - Ruling No. 28. Destroy Ruling No. 28, issued 5/14/53

Municipal Welfare Departments: Insert in Municipal Budget Manual 2.300A. Destroy 2.300A issued 5/14/53.

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Children

In foster homes $40.00.

Exception: In the case of a feebleminded child committed through the County Adjuster to a State institution but awaiting placement therein, and receiving care in a private institution, the maximum allowance for board and care is $150.00, plus allowances for physician's visits, medical supplies ordered by the physician and not normally supplied by the institution, clothing and necessary special circumstance items. Rev. 1/54

Care in Licensed Nursing Home

Maximum of $150.00 plus allowances for physician's visits, medical supplies ordered by the physician and not normally supplied by the nursing home, clothing and necessary special circumstance items.

Ice:

Allowances for ice may only be made where the necessity exists. The recommended allowance during June, July, August and September is $1.00 per week.

Moving:

Moving expenses equal to the actual cost may be allowed in cases of eviction, dispossession or legal resettlement; when more economic quarters are available; or the present quarters are detrimental to the health of the community or assistance recipient. Whenever possible, municipal trucks must be engaged for this purpose; when it is necessary to engage private movers, estimates must be obtained.

Insurance:

Life insurance may be carried by assistance recipients and the premiums included in the relief budget. However, all policies are subject to immediate adjustment through the Life Insurance Adjustment Bureau.

Insurance carried by the head of the family may not exceed five hundred dollars ($500.00); the spouse or other members of the family over eighteen years of age three hundred and fifty dollars ($350.00); and on children under eighteen years of age the insurance shall not exceed two hundred and fifty dollars ($250.00).

Household Equipment:

Bedding, cooking utensils, cooking or heating stoves and other household equipment necessary in an emergency to safeguard the health of an assistance recipient or the community shall be considered allowable expenditures up to twenty dollars ($20.00). Any grant in excess thereof must be submitted to the Bureau of Assistance for prior approval.

Burials:

Revised Statutes, 44:1-157 states that "When a person shall die in a municipality without leaving money or other means sufficient to defray his funeral expenses, the overseer of the poor of the municipality** shall employ some person to provide for andsuperintend the burial of the deceased person, and the necessary

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and reasonable expenses as fixed by the governing body chargeable therewith shall be paid by it upon the order of the overseer."

However, the Bureau of Assistance will allow burial expenses for a member of an active or reopened general assistance case provided the cost does not exceed two hundred dollars ($200.00).

Rev. 1/54

If the deceased was a recipient of assistance at the time of death and was insured in an insufficient amount to defray the cost of burial, the amount of the insurance may be supplemented from public funds up to, but not exceeding, two hundred dollars ($200.00).

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Revised 6/1/53

State of New Jersey
DEPARTMENT INSTITUTIONS AND AGENCIES

MONTHLY FOOD ALLOWANCES

| FAMILY MEMBERS AGE & ACTIVITY | FAMILY SIZE ALONE | 2 | 3 | 4 or more |
|---|---|---|---|---|
| Infant - 3 years | | $13.75 | $12.60 | $11.45 |
| 4 - 9 years | | 19.60 | 18.00 | 16.35 |
| 10 - 15 years | | 27.10 | 24.85 | 22.60 |
| Girls: 16 - 18 years | | 24.55 | 22.50 | 20.45 |
| Boys: 16 - 18 years | | 32.40 | 29.70 | 27.00 |
| Adult: Minimal Activity | $27.45 | 24.40 | 22.40 | 20.35 |
| Adult: Moderate Activity | 30.30 | 26.95 | 24.70 | 22.45 |
| Adult: Strenuous Activity | 35.70 | 31.75 | 29.10 | 26.45 |

(Fresh Milk included in the above allowances.)

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Definitions:

Family Size - Total number of people for whom marketing and food preparation is done in common. This number will, in some instances, not be identical with shelter unit.

Activity Groups as defined on page 8a shall be used for this section.

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Food allowances away from home. All meals in restaurant $45.00 monthly.

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State of New Jersey
DEPARTMENT OF INSTITUTIONS AND AGENCIES

8/15/52

## DEFINITION OF ACTIVITY GROUPINGS

Adult - Minimal Activity

a. Refers to any person who is performing the household tasks for a family of not more than two persons or

b. refers to any person whose employment is 8 hours or less per week or

c. refers to any person who has been declared to be eligible for assistance for the permanently and totally disabled program (except as in moderate activity - c.) or

d. refers to any person who is chairfast or bedfast.

Adult - Moderate Activity

a. Refers to any person who is performing the household tasks for a family of 3 - 5 members or

b. refers to any person who is employed for more than 8 hours per week and such employment requires only moderate muscular effort as in clerical work, clerking in a store, as a seamstress or tailor, as a factory worker, either sitting or standing, or

c. refers to any person who has been declared to be eligible for assistance for the permanently and totally disabled but who is undergoing a planned program of physical and/ or vocational rehabilitation.

Adult - Strenuous Activity

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

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

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## SPECIAL DIETS

Therapeutic Diet - a diet necessary for a diagnosed physical condition. Diet must be prescribed and certified by a physician. Current concept is that the therapeutic diet should adhere as closely as possible to a normal diet. Few of any special foods are needed. Therapeutic diets should be subjected to periodic medical review. It is the responsibility of the physician to determine the beneficial effects of the therapeutic diet and to indicate the continuance of the therapeutic diet. When a physician prescribes a therapeutic diet for which there is no monthly allowance listed, the local office shall consult the Bureau of Assistance for advice on the necessary monthly monetary allowance.

Food allowance for therapeutic diet is the difference in the cost of the therapeutic diet and the cost of the regular diet. Add therapeutic diet allotment to the appropriate food allowances of client.

| Type of Diet | Additional Monthly Allowances |
|---|---|
| Bland Low Residue (All ulcer diets) | $5.20 |
| Diabetic | 7.40 |
| High Vitamin, High Caloric, High Protein (Malnutrition, Tuberculosis, Anemic) | 5.20 |
| Low Sodium | 2.85 |
| Nursing Mother | 8.60 |
| Pregnancy | 3.30 |
| Low Fat, High Protein | 6.25 |

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# COAL AND FUEL GRANTS
# FOR NEW JERSEY ASSISTANCE

Standard of One Room Per Person - Each Household

October to April inclusive

## FURNACE HEATING

Tonnage Allowable Monthly

| Number of Rooms | Rough Tons |
|---|---|
| 1 | - |
| 2 | 1/2 |
| 3 | 3/4 |
| 4 | 3/4 |
| 5 | 1 |
| 6 | 1¼ |
| 7 | 1½ |

## STOVE HEATING (Including Range)

Tonnage Allowable Monthly

| Number of Rooms | Rough Tons |
|---|---|
| 1 | 1/4 |
| 2 | 1/2 |
| 3 | 3/4 |
| 4 | 3/4 |
| 5 | 1 |
| 6 | 1¼ |
| 7 | 1½ |

8 or more - Same Allotments as 7 persons in 7 Rooms. If cooking is done with Stove and no Gas Grant is given allow additional 1/4 ton per month.

Notes:

1. Grant figures are based on the standard of one room - per each individual in household - not including bath, halls, closets, etc.
2. If a family occupies more rooms than the total number of persons in household - do not grant fuel in excess of amounts scheduled for its specific size.
3. If a family occupies less rooms than total number of persons in household - do not grant fuel as listed for family size.
4. Allow for hot water heating service where imperative - one-fifth ton per month or 1½ tons per season.
5. Households of 5-6-7 persons living in two story one-family houses of 5-6-7 rooms respectively may receive grant 5 per cent greater than listed if imperative.
6. Ten per cent (10%) additional may be allowed for Warren, Sussex and northern parts of Passaic and Morris Counties.
7. Ten per cent (10%) less may be allowed for homes heated with hot water system.
8. Equivalents for each ton of Coal. Oil - 150 gallons, Wood - 1½ cords. Coke - 1 ton. Kerosene - 150 gallons.

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## KEROSENE

Grants for New Jersey General Assistance Recipients

Heating: Generally the equivalent to one ton of coal is 150 gallons of kerosene. However, to simplify the determination of grants and as an aid or reference in budgeting, the following schedule may be used to decided advantage.

| Standard Room Per Person | Heating Units | MONTHLY Normal Grant | MONTHLY Maximum Grant |
|---|---|---|---|
| 2 (1) | 1 | 50* Gals. | 70 Gals. |
| 3 | 1 | 70 " | 90 " |
| 4 | 1 | 90 " | 110 " |
| 5 | 2 | 110 " | 150 " |
| 6 or more | 2 | 120 " | 160 " |

*Maximum for portable heater.

All grants listed as normal are those to be used in budgeting and granting fuel. The maximums are to be used only in cases of sickness or under extenuating circumstances. Allowances in excess of those noted in the standard schedule are improper.

COOKING: Kerosene (and, under certain circumstances, gasoline) may be a necessary fuel for cooking in lieu of gas service. The following schedule shall govern the determination of monthly budget amounts or grants. Figures to include oil for lighting.

| Cases - Persons | MONTHLY Normal Grant | MONTHLY Maximum Grant |
|---|---|---|
| 2 Persons | 8 Gals. | 10 Gals. |
| 3-4-5-6 | 12 " | 15 " |
| 7 to 12 | 16 " | 20 " |

Allowances in excess of those noted in the standard schedule are improper.

An additional allowance may be considered for water heating, particularly in cases including children or instances of sickness or other extenuating conditions entailing increased consumption due to bathing, etc. There may be considered in such cases an additional four (4) gallons monthly.

If kerosene is used for light exclusively, figure four (4) gallons monthly.

Special rates for kerosene purchases should be arranged with dealers.

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## ELECTRIC GRANT

### FOR NEW JERSEY GENERAL ASSISTANCE RECIPIENTS

Allowance in Various Sectors to Cover - Municipalities Serviced by Respective Utility Companies

For Lighting-Ironing-Etc.

| | ATLANTIC CITY ELECTRIC | | JERSEY CENTRAL P. & L. | | MILLVILLE ELECTRIC CO. | | NEW JERSEY P. & L. CO. | | PUBLIC SERVICE G. & E. | | ROCKLAND ELECTRIC CO. | | SOUTH JERSEY P. & L. Co. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Normal Budget - Monthly<br>SUMMER - April to Sept. - Incl. | Norm. Grant | Max'm. Grant | Norm. Grant | Max'm. Grant | Norm. Grant | Max'm. Grant | Norm. Grant | Max'm. Grant | Norm. Grant | Max'm. Grant | Norm. Grant | Max'm. Grant | Norm. Grant | Max'm. Grant |
| 1-2 Persons | $1.20 | $1.45 | $1.55 | $1.85 | $1.45 | $1.75 | $1.40 | $1.70 | $1.35 | $1.60 | $1.65 | $2.00 | $1.95 | $2.35 |
| 3-6 Persons | 1.50 | 1.80 | 1.95 | 2.35 | 1.80 | 2.15 | 1.70 | 2.05 | 1.65 | 2.00 | 1.90 | 2.30 | 2.20 | 2.65 |
| 7 or over | 1.80 | 2.15 | 2.35 | 2.80 | 2.15 | 2.60 | 2.05 | 2.45 | 1.90 | 2.30 | 2.20 | 2.65 | 2.45 | 3.00 |
| WINTER - October to March - Incl. | | | | | | | | | | | | | | |
| 1-2 Persons | 1.50 | 1.80 | 1.95 | 2.35 | 1.80 | 2.15 | 1.70 | 2.05 | 1.65 | 2.00 | 1.90 | 2.30 | 2.20 | 2.65 |
| 3-6 Persons | 1.95 | 2.35 | 2.50 | 3.00 | 2.35 | 2.80 | 2.20 | 2.65 | 2.00 | 2.40 | 2.35 | 2.80 | 2.55 | 3.00 |
| 7 or over | 2.40 | 2.90 | 3.00 | 3.60 | 2.90 | 3.50 | 2.70 | 3.25 | 2.25 | 2.70 | 2.75 | 3.30 | 2.90 | 3.50 |

ALL COMPUTATIONS HAVE BEEN ROUNDED OUT TO AMOUNTS DIVISIBLE BY FIVE

The NORMAL BUDGET is proposed as the General Budget Allowance.
Add Water Pump $1.50 Monthly
Deduct for Apartments 15% from Normal Budget.

To permit for FLEXIBILITY and allow for SPECIAL CASES grants may be 20% above Normal or Maximum amount indicated; in ALL individual cases - but not in excess thereof.

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## GAS GRANT

### FOR NEW JERSEY GENERAL ASSISTANCE RECIPIENTS

Allowance in Various Sectors to cover - Municipalities Serviced by Respective Utility Companies

For Cooking and Baking

| | ATLANTIC CITY GAS CO. | | CUMBERLAND COUNTY GAS CO. | | ELIZABETHTOWN GAS CO. | | JERSEY CENTRAL P. & L. CO. | | PEOPLES GAS CO. | | PERTH AMBOY GAS & LIGHT CO. | | PUBLIC SERVICE GAS & LIGHT CO. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Normal Budget - Monthly<br>SUMMER - April to Sept. - Incl. | Norm. Grant | Max'm. Grant | Norm. Grant | Max'm. Grant | Norm. Grant | Max'm. Grant | Norm. Grant | Max'm. Grant | Norm. Grant | Max'm. Grant | Norm. Grant | Max'm. Grant | Norm. Grant | Max'm. Grant |
| 1-2 Persons | $1.85 | $2.30 | $2.20 | $2.70 | $1.70 | $2.10 | $2.30 | $2.90 | $2.20 | $2.70 | $2.10 | $2.60 | $1.80 | $2.20 |
| 3-6 Persons | 2.45 | 3.00 | 3.05 | 3.80 | 2.20 | 2.70 | 3.10 | 3.90 | 3.05 | 2.80 | 2.75 | 3.40 | 2.30 | 2.90 |
| 7 or over | 3.15 | 4.00 | 3.90 | 4.90 | 2.80 | 3.50 | 4.00 | 5.00 | 3.90 | 4.90 | 3.50 | 4.40 | 2.85 | 3.60 |
| WINTER - October to March - Incl. | | | | | | | | | | | | | | |
| 1-2 Persons | 1.70 | 2.10 | 2.00 | 2.50 | 1.60 | 2.00 | 2.10 | 2.60 | 2.00 | 2.50 | 1.95 | 2.40 | 1.65 | 2.00 |
| 3-6 Persons | 2.25 | 2.80 | 2.80 | 3.50 | 2.05 | 2.60 | 2.85 | 3.60 | 2.80 | 3.50 | 2.55 | 3.20 | 2.15 | 2.70 |
| 7 or over | 3.00 | 3.60 | 3.70 | 4.60 | 2.60 | 3.30 | 3.70 | 4.60 | 3.70 | 4.60 | 3.25 | 4.00 | 2.65 | 3.30 |

The Normal Budget is proposed as the General Budget Allowance.

To permit for FLEXIBILITY and allow for SPECIAL CASES grants may be 25% above Normal or Maximum amount indicated; in ALL individual cases - but not in excess thereof.

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

County Welfare Board Ruling Series No. 28
Supplement No. 1
Municipal Budget Manual 2.300A

TO COUNTY WELFARE BOARDS AND MUNICIPAL DEPARTMENTS OF WELFARE

Temporary Regulations for Allowances for Visiting Nurse Service

The temporary regulation issued 6/1/53 regarding allowable rates for Visiting Nurse visits expired 5/1/54. This is to advise that this regulation is hereby extended in full force and effect until May 1, 1955.

Payment for Visiting Nurse visits shall be made at the lowest rate charged by the particular association to any individual or agency purchasing the service, but not to exceed $3.00 per visit.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Chief
Bureau of Assistance

Approved: 5/7/54
Elmer V. Andrews
Director of Welfare

County Welfare Boards: Insert in Handbook under section "Rulings and Bulletins"- Ruling No. 28, Supplement No. 1

Municipal Welfare Departments: Insert in Municipal Budget Manual 2.300A

MPD/MCMd

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

County Welfare Board Ruling Series No. 28
Supplement No. 2

Municipal Budget Manual 2.300A

April 26, 1955

TO: COUNTY WELFARE BOARDS AND MUNICIPAL DEPARTMENTS OF WELFARE

RE: Regulations for Allowances for Visiting Nurse Service

This is to advise you that the regulation issued 6/1/53 regarding allowable rates for visiting nurse service is hereby extended until further notice.

Payment for visiting nurse visits shall be made at the lowest rate charged by the particular association to any individual or agency purchasing the service, but not to exceed $3.00 per visit.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Irving Engelman

Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved: 4/27/55
Elmer V. Andrews
Director of Welfare

County Welfare Boards: Insert in Handbook under section "Rulings and Bulletins" - Ruling No. 28, Supplement No. 2.

Municipal Welfare Departments: Insert in Municipal Budget Manual 2.300A.

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2.300A
Revised 3/1/44

TITLE : ADMINISTRATION

SUBJECT: MUNICIPAL WELFARE HOMES

1. POLICY:

The Municipal Aid Administration will recognize the care of persons who are referred to Municipal Welfare Homes by Directors of Welfare as a form of continued Public Assistance, in accordance with the provisions of Chapter 130, P. L. 1940, Section 7.

The cost of such care is considered as allowable for reimbursement purposes under the general requirements for municipalities participating in State aid and pursuant to the qualifications herein enumerated.

2. MUNICIPAL POLICY & ELIGIBLE CASES:

(a) The purpose of this program shall be predicated on the best social interests of the individuals referred to municipal welfare homes for service and care in lieu of that usually provided by private nursing homes. Preservation of self respect should be a guiding factor in determination of all referrals. Referrals should include persons incapacitated by age, illness or accident who do not require hospital treatment but need specialized attention or care not readily available in private homes. Possibilities of physical and social adjustment or rehabilitation alone shall determine length of stay in the home. No person referred to a welfare home shall be required to take a pauper's oath under this program.

(b) The Local Assistance Board shall by resolution adopted at a regular meeting authorize that aid granted in a welfare home is a form of continued public assistance in accordance with Section 7, Chapter 130, P. L. 1940.

(c) Each case shall be referred by the Director of Welfare, after eligibility for continued assistance has been established in accordance with the regulations of the Municipal Aid Administration. A proper case record shall be maintained for each case.

(d) Welfare Homes shall meet all provisions of law and any standards which the M.A.A. may promulgate.

3. REIMBURSEMENT:

(a) Cases referred to a municipal welfare home on an individual case basis, for which payment is made by a municipality to the municipality operating same, are limited to the per diem rates (including medical or special care) in accordance with the classified maximums hereinafter mentioned. No "extras" shall be considered as allowable.

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REIMBURSEMENT (Cont'd)

(b) Cases referred to a welfare home operated by a municipality, with costs charged against an appropriation therefor, are limited to the per diem rates hereinafter classified, or to the rates charged to private "guests", or to the rates charged other municipalities, whichever rate or rates are lower. Furthermore, reimbursement annually shall not be computed on commitments in excess of the actual operating costs for services rendered to "allowed assistance cases". This maximum annual allowance shall be equal to the proportion such services bear to the total services for all "non-paying cases". To compute this proportion, (1) revenues (private and from other municipalities) shall be deducted from total operating costs and; (2) services (private and for other municipalities) shall be deducted from total services. Thereupon the proportion that "allowed assistance" services bear to the net (2) "non-paying" services shall be applied to the net (1) expenditures to produce the maximum costs allowable.

Class #1 - ~~$2.00~~ 3.00 Per Diem

NON-AMBULATORY - Definitions: Chronically ill, incapacitated, crippled, injured and aged persons who are bedridden and require regular nursing and medical service. This classification shall include wheel chair cases and persons with a "six months terminal prognosis".

Class #2 - ~~$1.50~~ 2.00 Per Diem

SEMI-AMBULATORY - Definition: Persons referred to the welfare home for post-hospital convalescent care for a period not exceeding ninety days.

Class #3 - ~~$1.00~~ 1.50 Per Diem

AMBULATORY - Definition: Persons referred to welfare homes who are aged, senile, unattached and who primarily require only supervised congregate care.

4. NON-ELIGIBLE CASES - EXCEPTIONS:

(a) State aid will not be considered as allowable for any case otherwise provided for under the laws of this State, i.e., Old Age Assistance, State Board of Children's Guardians and Blind Assistance.

(b) Tuberculosis and other contagious disease cases are non-reimbursable.

(c) Cases which can be committed to County or State institutions are non-reimbursable.

(d) Specific exceptions: Persons over sixty-five years of age shall be considered as allowable cases for reimbursement purposes, subject to the following qualifications:

Non-Ambulatory - Those cases that cannot be placed in private nursing homes which would make them eligible for Old Age Assistance.

Semi-Ambulatory - Post-hospital convalescents, for the period from Old Age Assistance application to acceptance date, but not exceeding a pending period of ninety days.

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NON-ELIGIBLE CASES - EXCEPTIONS (Cont'd):

Ambulatory - Cases referred to the county welfare boards for Old Age Assistance, from the date of application to date of acceptance or rejection, but not for a pending period exceeding ninety days.

Those rejected by OAA for "technical" reasons, i.e., proof of age, etc., are allowable beyond the ninety day period provided individual M.A.A. approvals are obtained. Persons whose case histories or medical records justify continued institutional care, thereby precluding ultimate acceptance by OAA, need not be referred to the county boards, and will be considered as allowable upon individual case reviews and approvals of the M.A.A.

5. PROCEDURE:

(a) Referral: The referral of a case by the Director of Welfare shall serve as an authorization.

(b) Reports: Cases and costs shall be included in the monthly (NJR-6) report in the same manner as other assistance cases. All such cases shall be identified with the initials W.H. under "other", column 10, Section A of report. Opposite each name note classification, i.e., NA, SA or A, and state age.

(c) Invoicing: Direct payments mentioned under item 3a shall be invoiced (Form MAA-100) in the same manner as other payments.

Charges against municipal appropriations mentioned under item 3b may be invoiced (MAA-100) as of the month of care or relief commitment, provided the invoiced amounts do not exceed actual payments made currently against such appropriations. A final annual audit shall be made of all commitments and charges by the Comptroller's Auditor pursuant to the provisions of item 3b. to determine whether adjustments for excesses are necessary.

All invoices (MAA-100) shall be accompanied by form MAA H-1 properly prepared and endorsed. Forms shall have typed in large letters WELFARE HOME CASES and title of home. All cases shall be properly identified with the respective classification, i.e., NA, SA or A, and age.

(d) Refunds: Full payment private cases are non-allowable. Refunds or part payment for other cases shall be reported as a deduction on the MAA H-1 form if credited to the General Revenue Account. If credited to the Special Relief Account they shall be reported as refunds in the usual manner.

(e) The cases listed on the form MAA H-1 shall be endorsed by the MAA Municipal Service Agent as approval for reimbursement based upon his review of such cases. An original approval of a case will validate all subsequent submittals, within the limits of this regulation.

This program will become effective March 1, 1944 in any municipality which submits, or has submitted, a copy of the Local Assistance Board resolution to the State Director.

Municipal Aid Administration
Official Regulation

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2.300A
Eff. 7/1/48

TITLE : ADMINISTRATION

SUBJECT : MUNICIPAL WELFARE HOMES

This regulation is an amendment to, and shall become a part of, Regulation 2.300A (Rev. 3/1/44). Its purpose is to amend the rates allowed for reimbursement purposes, as enumerated under Section 3 (b) of the aforesaid regulation.

The rate listed as Class #1 - "$2.00" per diem for non-ambulatory cases shall be revised to read "$3.00" per diem.

The rate listed as Class #2 - "$1.50" per diem for semi-ambulatory cases shall be revised to read "$2.00" per diem.

The rate listed as Class #3 - "$1.00" per diem for ambulatory cases shall be revised to read "$1.50" per diem.

This amendment to the regulation shall become effective on July 1, 1948.

Official Regulation
DIVISION OF COMMERCE & MUNICIPAL AID
DEPARTMENT OF ECONOMIC DEVELOPMENT

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

2.300 A
Amendment
eff. 1/1/53

TO: ALL MUNICIPAL WELFARE DIRECTORS

SUBJECT: Amendment of Municipal Aid Regulation 2.300 A regarding Municipal Welfare Homes.

Effective January 1, 1953, section 4 of Regulation 2.300 A (Revised 3/1/44) is amended in its entirety to read as follows:

"4. NON-ELIGIBLE CASES

State aid will not be allowed to any municipality with respect to claims for costs of care in a municipal welfare home to or on behalf of

(a) any individual receiving Old Age Assistance, Disability Assistance, Blind Assistance, or allowances for maintenance under any program of the State Board of Child Welfare;

(b) any individual, apparently entitled to apply for categorical assistance under any of the programs mentioned in subsection (a), who has not so applied;

(c) any individual who, having applied for categorical assistance under any of the programs mentioned in subsection (a), has had such application denied, withdrawn, or dismissed for a reason or reasons related to the "needs" factor;

(d) any individual who has been diagnosed as having psychosis, or tuberculosis or other contagious disease, and is in the municipal welfare home as a result thereof;

(e) any individual who does not qualify as a needy person."

The purpose of this amendment is to clarify policy relating to the availability of State matching for persons over sixty-five who are recipients of General Assistance.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Chief
Bureau of Assistance

Approved: 2/18/53
Sanford Bates, Commissioner

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

Municipal Aid

BUREAU OF ASSISTANCE

REGULATION # 2.300AA

ISSUED: July 15, 1952
(Date)

REV.: _____
(Date)

TITLE: Administration

SUBJECT: Authorization for Payment for Cortisone and ACTH

STATUTORY REFERENCE: R.S. 44:8-111

Irving Englander, Chief
Bureau of Assistance

Approved:

By: _____

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# State of New Jersey

## DEPARTMENT OF INSTITUTIONS AND AGENCIES

TRENTON 8

BUREAU OF ASSISTANCE
148 WEST STATE STREET

September 23, 1953

To County Welfare Boards and Municipal Departments of Welfare:

Under date of December 29, 1952 you received a supplement, in the form of a circular letter, to County Welfare Board Ruling Series No. 26 and Municipal Budget Manual 2.300AA. This supplement extended authorization for payment for cortisone and ACTH under specified procedure through June 1953 and provided a sample revised authorization form.

This is to advise that the current policy and procedure are to continue in effect until further notice.

Please attach this letter as a supplement to Ruling Series No. 26 or to Municipal Aid Regulation 2.300AA, as appropriate.

Very truly yours,

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Chief
Bureau of Assistance

MPD:MCRw

Approved: 9/23/53
Elmer V. Andrews
Director of Welfare

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

TO COUNTY WELFARE BOARDS AND MUNICIPAL DEPARTMENTS OF WELFARE

CORTISONE AND ACTH

There are an increasing number of requests for consideration of authorizing payment for cortisone [cortone] and ACTH when recommended by physicians for Old Age Assistance, Disability Assistance or General Assistance recipients.

The Bureau of Assistance has some question about the advisability of the use of public funds to provide these drugs. However, for the next six months [June through November 1952] the Bureau of Assistance will authorize payment for cortisone [cortone] and ACTH if the following procedure is observed:

1. Medical Request for Authorization

Whenever a physician wishes to prescribe cortisone or ACTH for a recipient of Old Age Assistance, Disability Assistance or General Assistance it will be necessary for him to complete the attached form,"Request for Authorization", in triplicate.

2. Agency Procedure

Upon receipt of the attached form the local agency will complete the section indicated on the "Request for Authorization" form and forward two copies to the Bureau.

3. Bureau Approval

Upon receipt of "Request for Authorization" from the attending physician the local agency shall submit such request, in duplicate, to the Bureau of Assistance, attention of Medical Consultant. The Medical Consultant will review the request and advise the county or municipality whether use of cortisone or ACTH for the client is or is not authorized by returning one of the authorization forms with the above notation indicated thereon.

4. Period of Authorization: Reauthorization

a) Initial authorization will be given for a maximum period of three months only.

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b) If the physician anticipates continuation of the treatment beyond three months it will be necessary for him to prepare a second "Request for Authorization". This will be forwarded to the local agency and will follow the same procedure as above.

5. Instructions for Physician

A copy of these instructions shall be made available by the local agency to any physician who prescribes or inquires about prescribing cortisone or ACTH for a recipient of Old Age Assistance, Disability Assistance or General Assistance.

6. Extension of Experimental Period By Bureau

It is hoped that before the end of the first months of the experimental period the Bureau of Assistance will be in a position to formulate a permanent policy for approval of the use of cortisone and ACTH. In any event, the local agencies will be advised at least one month in advance of any change in policy. This will provide time to secure reauthorization, or to initiate other arrangements for provision of the drug to eliminate the possibility of interruption of needed treatment.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

Approved: 7/15/52
Elmer V. Andrews, Deputy Commissioner
Director Division of Welfare

Notice to County Welfare Boards: Insert in Handbook under section "Rulings and Bulletins"-Ruling No. 26.

Destroy any copies of letter dated February 13, 1951, addressed to Essex County Welfare Board, regarding the use of cortisone for recipients of Old Age Assistance.

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

Revised 12/23/52

# AUTHORIZATION FOR USE OF CORTISONE, HYDRO-CORTONE, OR ACTH

1. Request (authorization) (re-authorization) for use of (Cortisone) (Hydro-cortone) (ACTH) for _____ (Last Name) _____ (First Name) _____ (Initial)
   of _____ (Address), _____ (Age)
   a. Use of drug requested for a period of _____ (Three months maximum), from _____ (Date)
   to _____ (Date).

2. SPECIFIC diagnosis for which treatment with Cortisone, Hydrocortone, or ACTH is requested.

   _____

   _____

3. Average daily dosage _____

4. Check method(s) used to arrive at above diagnosis:
   ( ) X-ray, ( ) Laboratory Studies, ( ) Clinical Evaluation, ( ) Consultant

   _____ (M.D.) (D.O.)
   (Name of Physician)

   _____
   (Address)

---

(TO BE COMPLETED BY LOCAL AGENCY)

1. Cost of drug (per bottle of 40 tablets, each tablet 25 mg.) _____. Total Cost of drug for estimated period of treatment _____

   (If drug purchased is for injection or in bottles of lesser quantity than 40 tablets or tablets are less than 25 mg. each, please give details as to amount of drug in bottle or vial, dose and cost per bottle or vial.)

   _____ (Signature of Representative) of _____ (Local Agency)

---

(TO BE COMPLETED BY MEDICAL CONSULTANT, STATE BUREAU OF ASSISTANCE)

Authorization is hereby given for the use of the above indicated drug from _____ (Date) to _____ (Date) at a total cost of _____.

_____
(Date)

_____ M.D.
(Signature of Medical Consultant)
Medical Administrative Consultant
Bureau of Assistance

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

BUREAU OF ASSISTANCE

Municipal Aid
REGULATION # 2.301

ISSUED: _____
(Date)

REV.: January 1, 1948
(Date)

TITLE: Standards

SUBJECT: Hospitalization

STATUTORY REFERENCE: R.S. 44:8-111

Irving Engelman, Chief
Bureau of Assistance

Approved:

By: _____

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2.301
Rev. 1/1/48

TITLE : STANDARDS

SUBJECT : HOSPITALIZATION

The reimbursable allowance for hospitalization is ~~$7.50~~ $10.00 a day, and is limited to in-patients who are currently receiving some type of general public assistance or otherwise eligible under these regulations. ~~An additional 50¢ a day is allowed for maternity cases, AFTER the birth of the child.~~

All in-patient cases must be referred to the local Welfare Office within 72 hours after admittance to the hospital. In-patient cases receiving care for a period exceeding 90 days must be referred to this Division for special approval.

~~Reimbursement for tonsillectomies is limited to $15.00 a case, regardless of duration of hospital stay or treatment given.~~ Operating room, anaesthetic, X-ray, ambulance and similar "extra" charges are not reimbursable in addition to the regular ~~$7.50~~ $10.00 a day allowance. It is further provided, however, that no municipality shall be allowed a per diem rate for reimbursement purposes in excess of the private ward patient per diem charge for any hospital, if such hospital charges its private ward cases less than $7.50 per diem.

Hospital charges to be considered reimbursable must be financed in accordance with one of the following methods:

A: Cases committed to private hospitals, on an individual case basis, for which payment is made by the municipality upon receipt of bills.

B: Cases committed to private hospitals and charged against a municipal budget appropriation. (Reimbursement will be limited annually to that part of the appropriation which the municipality has ACTUALLY PAID to the hospitals. In cities where appropriations are made for more than one hospital, reimbursement will be limited to the aggregate of actual payments made against these appropriations).

C: When cases are committed to a hospital owned and supported by the municipality, reimbursement will be limited to in-patient care of regular public assistance recipients, and the "allowed" rate shall not exceed the "per diem ward operating cost" if less than ~~$7.50~~ $10.00 per day.

PROCEDURE

Application and referral for hospitalization must be made to the local welfare agency within 72 hours of admittance to the institution, and authorization by letter, order or other form of WRITTEN NOTICE, secured within 7 days of date of admittance. This authorization must be properly signed and endorsed by a local welfare authority, on an individual case basis.

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

The recording and accounting of cases and commitment costs must be made each month for ALL CURRENT charges, i.e., cases receiving hospital care during that particular month, not accrued or accumulated costs from previous months. However, any case carried over to the succeeding month as a result of the 7 day period mentioned above (allowed for investigation) may be committed in the latter month. Any case delayed in acceptance due to extenuating circumstances may be committed in the calendar month succeeding admittance application, if approved by the State field representative or the Trenton office, but this qualification shall not modify the 72 hours referral and application provision.

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REPORTING

Each month the municipality in rendering its Monthly Inventory (NJR-6 rev.) report must include the total hospitalization costs.

INVOICING FOR REIMBURSEMENT

Direct payments for hospitalization made on an individual case basis, must be invoiced on Form DED-100 in the same manner as regular items of public aid.

When no direct payment is made (because of municipal hospital budget appropriation), the charges may be invoiced as of the month of commitment, always provided that the amount invoiced must not exceed the annual ACTUAL PAYMENTS made by the local treasurer. All invoices (DED-100) must be accompanied by Form H-1, properly prepared and endorsed.

No credit is allowed for hospitalization costs in the following types of cases:

a. Where costs are collectable through civil suit;

b. Traffic cases;

c. Police cases, e.g., indicted or convicted persons, transients, inebriates, vagrants, itinerants, etc.;

d. Compensable cases;

e. Persons insured directly, or when costs are recoverable through insurance of others;

f. Deceased persons with death benefits sufficient to cover burial and all or part of hospitalization;

g. Delivery cases, when income during pregnancy is sufficient to anticipate prospective cost;

h. Persons capable of meeting the obligation on "time payment" basis;

i. Contagious disease cases where isolation hospitals are available;

j. Cases of veneral disease;

k. ~~Persons receiving or eligible to receive grants from OAA or SBCW.~~

l. "Single phase" cases (not current assistance recipients), UNLESS:

1. Application for public assistance is made by the head of the family, or a responsible member, within 72 hours of admittance, and in accordance with State regulations;

2. Application is accepted after thorough investigation as to resources of responsible relatives, personal assets, income, insurance adjustment, settlement and all other requirements of eligibility;

3. Need is predicated on STANDARD ASSISTANCE BUDGET, as established by the State.

OUT-OF-STATE HOSPITALIZATION

Not allowable for reimbursement purposes, except on submittal to and approval from the Trenton office.

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

Municipal Aid

BUREAU OF ASSISTANCE

REGULATION # 2.301A

ISSUED: Eff.January 1, 1953
(Date)

REV.: _____
(Date)

TITLE: Standards

SUBJECT: Hospitalization (Supplement to 2.301)

STATUTORY REFERENCE: R.S. 44:8-111

Irving Engelhardt, Chief
Bureau of Assistance

Approved:

By: _____

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2.301 A
Eff. 1/1/53

TITLE: STANDARDS

SUBJECT: HOSPITALIZATION

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

The first sentence of the regulation is amended by changing the figure $7.50 to read $10.00.

The second sentence of the regulation ["An additional 50¢ a day is allowed for maternity cases, AFTER the birth of the child"] is cancelled and deleted.

The first sentence of the third paragraph of the regulation ["Reimbursement for tonsillectomies is limited to $15.00 a case, regardless of duration of hospital stay or treatment given"] is cancelled and deleted.

The remainder of the third paragraph of the regulation is amended by changing the figure $7.50 to read $10.00, wherever it appears.

In the fourth paragraph of the regulation, subsection "C" is amended by changing the figure $7.50 to read $10.00.

Under the heading "INVOICING FOR REIMBURSEMENT" on page 2, subsection k. ["Persons receiving or eligible to receive grants from O.A.A. or S.B.C.W."] is cancelled and deleted.

The change in reimbursable allowance maximum from $7.50 to $10.00 is effective as of January 1, 1953, <u>with respect to hospital care furnished to the patient on and after that date</u>. Hospital care furnished prior to January 1, 1953, even though not committed or paid until after that date, will be reimbursable under the former matching ceiling of $7.50 per diem.

All other provisions of Regulation 2.301 (Rev. 1/1/48) shall remain effective without change.

Official Regulation 2.301 A (Eff. 1/1/53)
Destroy Regulation 2.301 A dated 1/1/48.

Approved: 4/15/53
Elmer V. Andrews,
Deputy Commissioner in Charge of Welfare

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

BUREAU OF ASSISTANCE

Municipal Aid
REGULATION # 2.500

ISSUED: -
(Date)

REV.: _____
(Date)

TITLE: Municipal Aid Administration

SUBJECT: Standards and Regulations, New Jersey Relief Plan

STATUTORY REFERENCE: R.S. 44:8-111

Irving Engelman, Chief
Bureau of Assistance

Approved:

By: _____

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# MUNICIPAL AID ADMINISTRATION

## STANDARDS AND REGULATIONS

## NEW JERSEY RELIEF PLAN

## GENERAL FOREWORD

### USE OF FORMS MANDATORY

Use of the New Jersey Relief Form 3-A (Semi-Monthly Income Statement) IS MANDATORY in all municipal welfare offices participating in State aid.

Use of the New Jersey Relief Form 3 OR New Jersey Relief Form 3-B (Authorization and Case Review Card) also IS MANDATORY.

The Municipal Aid Administration will furnish free a supply of these forms sufficient to cover the local case load at the date of installation of the New Jersey Relief Plan, and will accept orders for future municipal requirements at cost.

Other forms now in existence may be used as long as your supply lasts.

It will not be possible, of course, for all municipalities to adopt the New Jersey Relief Plan and forms simultaneously, but it is already in operation in several municipalities, and the Municipal Aid Administration will supervise installations elsewhere in the order in which requests for this service are received.

The procedures under the New Jersey Relief Plan, outlined in the following regulations, explain the routines necessary for the operation of the local relief agency, and indicate the most efficient use of the Basic Forms. Success will be measured in terms of the percentage of the agency's work carried on under the established routine, which means set standards of performance and sufficient records to make visible the results secured.

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The importance of good records cannot be emphasized too strongly.

The New Jersey Relief Plan provides good records. It fixes a standard method of figuring budgets and applying incomes to these budgets. It makes visible the allowances granted, and establishes a standard method of setting up budget deficits.

The Plan makes possible a systematic semi-monthly review of each case BEFORE relief is extended. This assures individual case treatment as a matter of routine, and a "follow up" of the procedure decided upon at the time the case was accepted. It also is an aid to the possible reemployment or rehabilitation of the persons in the case.

The Plan provides for individual allowances to meet special conditions with these special grants recorded and made visible, together with the reasons why they have been extended.

The Plan does NOT limit the amount of relief to be extended, nor the type of service.

Under the operation of the New Jersey Relief Plan great opportunity is afforded for individual case treatment. Basic records also are available for use in the preparation of referrals to other Agencies, thus eliminating the necessity of frequent and time-consuming interviews with the relief recipients involved.

The New Jersey Relief Plan, its forms and procedures, has been worked out and perfected in consultation with, and with the approval of, a committee of local Directors of Welfare appointed by the State League of Relief Directors.

No change will be made in either the forms or procedures without the approval and consent of this committee. The program embraced by the New Jersey Relief Plan is thus assured of continuity, and local Directors of Welfare may install it in their offices, in the confidence that it will continue in operation indefinitely.

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# NEW JERSEY RELIEF PLAN

## BASIC FUNCTIONS FOR THE OPERATION OF THE AGENCY

## P L A N "A"

(1) APPLICATION FOR RELIEF

(2) VISIT TO THE HOME OF THE APPLICANT

(3) ESTABLISHING ELIGIBILITY - VERIFICATION OF RESOURCES

(4) AUTHORIZATION OF RELIEF

(5) ISSUING THE RELIEF ORDERS

(6) RECORDING RELIEF EXPENDITURES

(7) RECONCILING BILLS PRESENTED BY VENDORS

(8) REFERRALS TO OTHER AGENCIES

(9) REPORTS FOR LOCAL AND STATE AGENCIES

BASIC FORMS USED IN THE OPERATION OF THE AGENCY

NJR 1 CASE DATA FORM

NJR 2 RESOURCE FORM

NJR 3 AUTHORIZATION AND CASE REVIEW CARD

NJR 3A SEMI-MONTHLY INCOME STATEMENT

NJR 4 LEDGER

NJR 5 COMMITMENT RECORD

NJR 6 TRIAL BALANCE

NJR 7 APPLICATION REGISTER

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BASIC STEPS TO BE TAKEN IN THE OPERATION OF THE LOCAL RELIEF OFFICE

PLAN "A"

1. APPLICATION FOR RELIEF

Persons applying for relief will be given an appointment for an office interview, at which time they will present a statement of the income received in the case for the four weeks preceding the date of application.

At the time the appointment is made the applicant will also be given a slip showing the information which he will be required to supply when he calls for the office interview.

The case worker will explain, BEFORE the signature of the applicant is taken, the limitation of the laws under which relief is given and the penalty for making false statements for the purpose of obtaining relief.

If the income shown on the INCOME STATEMENT, FORM NJR 3A, is not sufficient to meet the needs of the family, the worker will take sufficient information on CASE DATA FORM NJR 1 and RESOURCE FORM NJR 2 to establish the apparent eligibility. The applicant will be told to return home and await the visit of the case worker, at which time all persons in the case must be present unless at work or at school.

2. VISIT TO THE HOME OF THE APPLICANT

The interview in the home should take place within twenty-four hours after the application was made at the relief office. This interview should not be hurried, as it is important that the person applying for relief understands the procedure necessary to establish his need for relief. He should be told that it is necessary for the relief office to contact previous employers, relatives and other persons given as references, in order to make sure there are no resources available which have not been used. It is sometimes possible in talking with the family to show the persons in the case that a better use of funds which are available will meet the need and make it unnecessary to extend relief.

Make clear to members of the family the importance of registering with the employment office, and also the benefits to be obtained from assignment to National Youth Administration, or Civilian Conservation Corps by persons who are eligible.

3. ESTABLISHING ELIGIBILITY - VERIFICATION OF RESOURCES

All statements of the applicant as to income or other resources should be verified to establish their accuracy and to assure the full use of all available and potential resources.

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If the applicant or members of the family have insurance policies which may be adjusted, follow the instructions for adjustment given by the Service Agent of the Municipal Aid Administration.

There should be a notation in each case record to show that the resources have been checked, for failure to make a thorough review of potential income may result in extending relief to meet the need which could be met by income from other sources. Resources to be reviewed are outlined in a separate memorandum (2.600).

The case is classified at the time of opening, and a code is placed at the top of the card to show the classification and the factors which contribute to the need for assistance.

4. AUTHORIZATION OF RELIEF

When the case is accepted, AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3, is prepared from the information on CASE DATA FORM NJR 1 and RESOURCE FORM NJR 2 and the budget is set up in line with the standards of the agency. The income shown on SEMI-MONTHLY INCOME STATEMENT, FORM NJR 3A, is applied to the budget, in whole or part, and the difference between the budget and the income is the BUDGET deficit, meaning the amount of relief which may be granted by the agency. Relief to be extended is authorized on the AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3 and the card is routed to the clerk who writes the relief orders. When the order is written, the card is filed on the desk of the case worker.

5. ISSUING THE RELIEF ORDERS

All relief orders are numbered when printed, and are made up in duplicate or triplicate. The original is signed by the Director and given to the client, the duplicate is used to prepare the financial records of the agency, and the triplicate is used to verify bills presented by vendors.

When the "Stamp Plan" is used, the "Stamp Voucher" is authorized in the same manner as relief orders and is written from the authorization on the AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3.

Relief orders for food given to the client at the time the case is accepted should be issued from the date of acceptance to the next regular distribution day. (The 1st and 16th of the month.) Other dates may be used for semi-monthly contacts with the clients, and to avoid confusion in the offices, orders may be issued to the clients over a five-day spread, each 15 days.

6. RECORDING RELIEF EXPENDITURES

The records used for this purpose are LEDGER FORM NJR 4, COMMITMENT RECORD, FORM NJR 5, and TRIAL BALANCE, FORM NJR 6. The procedure for recording

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the expenditures is as follows:

NJR 4 LEDGER

From the copies of the orders issued, the amount of the order is recorded on the ledger sheet covering the recipient to whom the order is issued. The income in the case is also shown on the ledger and is transcribed from the AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3 at the close of the month.

NJR 5 COMMITMENT RECORD

At the close of the day the copies of the orders are arranged in numerical sequence and listed on this form, and the amount of each order is shown under the column covering the commodity for which the order was issued.

In order to establish the accuracy of the daily records, a "control figure for the day" is established by listing the amount of each order on the adding machine and the total of the adding machine tape is the "control" against which all financial records must balance.

An alternate method of compiling this record is suggested by adding together the amount of the orders on given commodities and showing the total for the day in the column covering the commodity for which the orders were issued.

NJR 6 TRIAL BALANCE

At the close of the month, the total amount of relief given each case for the month and the amount of income in the case are transcribed from the LEDGER FORM NJR 4, to this form.

The total of the TRIAL BALANCE, FORM NJR 6 must balance with the total of the COMMITMENT RECORD FORM NJR 5.

7. RECONCILING BILLS PRESENTED BY VENDORS

When the vendor returns the relief order for payment, it must have been signed by the relief recipient or person designated to sign for the recipient and also by the vendor extending the service.

Vendor's bills are submitted for payment in accordance with the State and local regulations governing payment of bills.

Under this plan all "outstanding relief orders" will be visible and may be followed up to determine why they have not been presented for payment by the vendors.

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Mark the date the order was returned for payment and the "Voucher No." of Vendor's name on the COMMITMENT RECORD, FORM NJR 5 in designated column. In the larger offices this information may be shown on the triplicate copy of the order.

8. REFERRALS TO OTHER AGENCIES

SURPLUS MARKETING ADMINISTRATION FOOD STAMP PLAN

These will be issued to persons on relief in accordance with the regulations of the Federal Surplus Commodities Division.

REFERRAL TO WORK PROJECTS ADMINISTRATION, CIVILIAN CONSERVATION CORPS and NATIONAL YOUTH ADMINISTRATION

When a case is accepted for relief and contains an employable person who is to be referred to these agencies, the regulations of the agency to which the person is referred should be followed. When the Relief Director and/or Overseer of the Poor is also the Referral Officer, the referral slips will be prepared from the information on the CASE DATA FORM NJR 1, RESOURCE FORM NJR 2 and the AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3. This transcription may be made by a clerk or typist so that the case worker is relieved of the detail incident to the referral. In addition, the recipient is not required to repeat information which has been previously given.

REFERRAL TO OTHER AGENCIES

In referring persons to the State Board of Child Welfare, Old Age Assistance, Blind Commission or other agency, a slip should be given them showing the address of the office at which they are to make application. The slip is to be returned to the Relief Agency signed by a representative of other agency to show that application or referral has been made.

REFERRAL TO EMPLOYMENT OFFICE

Every effort should be made to return to work the persons temporarily in need through referral to employment agency, and all employable persons on relief must show an identification card indicating they are currently registered with the State Employment Office before the initial relief order is issued. As the date of registration is recorded on the AUTHORIZATION CASE REVIEW CARD, it will not be necessary for the case worker to review the employment cards of employable persons in the case each 15 days.

9. REPORTS FOR LOCAL AND STATE AGENCIES

THE MONTHLY STATE REPORT MUNICIPAL AID ADMINISTRATION S-6 will be prepared from the following records:

| | | |
|---|---|---|
| SECTION A | APPLICATION REGISTER | FORM NJR 7 |
| SECTION B | TRIAL BALANCE SHEET | FORM NJR 6 |

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2.300



9. REPORTS FOR LOCAL AND STATE AGENCIES (Cont'd)

| | | |
|---|---|---|
| SECTION C | APPLICATION REGISTER | FORM NJR 7 |
| SECTION D | TRIAL BALANCE SHEET | FORM NJR 6 |
| SECTION E | COMMITMENT RECORD | FORM NJR 5 |
| SECTION F | AS REQUESTED BY MAA | |
| SECTION G | TRIAL BALANCE SHEET | FORM NJR 6 |
| SECTION H | TRIAL BALANCE SHEET | FORM NJR 6 |
| SECTION J | MUNICIPAL FISCAL OFFICER | |

ADDITIONAL FUNCTIONS IF NEED FOR RELIEF CONTINUES

a. Relief recipient is required to show each 15 days his need for continued assistance by presenting SEMI-MONTHLY INCOME STATEMENT, FORM NJR 3A filled in and signed by all persons in the case 16 years of age and over, showing income or stating "no income". This contact with the recipient is made, and income reported on the statement is reviewed in relation to the budget, BEFORE further relief is extended, All deductions from income to cover carfare, lunch or other allowances must be shown on the back of the SEMI-MONTHLY INCOME STATEMENT, FORM NJR 3A.

b. In addition to the semi-monthly contact, which it is recommended be made in the office, a visit to the home of the recipient is made each month.

c. If further relief is to be authorized, the routine is outlined under No. 4 of this memorandum above. Order numbers are shown on the AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3, and card is filed on the desk of the case worker.

OFFICE HOURS

In order to carry on the administration of relief in an orderly, systematic manner and with economy of operation, it is desirable to set apart certain hours to receive relief applicants and recipients.

Relief recipients should be given a day to call, semi-monthly, and required to come on the day and at the time stated if they are in need of further relief. The time set should be specified on the SEMI-MONTHLY INCOME STATEMENT, FORM NJR 3A, and appointments spaced so that recipients will not all call at the same time.

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

BUREAU OF ASSISTANCE

Municipal Aid
REGULATION # 2.550

ISSUED: - (Date)

REV.: (Date)

TITLE: Municipal Aid Administration

SUBJECT: New Jersey Relief Plan Modified for the One Man Office

STATUTORY REFERENCE: R.S. 44:8-111

Irving Engelhardt, Chief
Bureau of Assistance

Approved:

By:

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2.550

# NEW JERSEY RELIEF PLAN, MODIFIED

## FOR USE IN THE ONE MAN OFFICE

Relief history has shown the need of recording certain social and financial data on each case in order to evaluate the eligibility of persons to receive Public Assistance both at the time of application and semi-monthly thereafter.

The method of granting relief has been simplified by the Municipal Aid Administration under Plan "A" and the forms necessary to properly administer relief have been reduced to the following:

NJR 1 CASE DATA FORM (Affidavit Included)
NJR 2 RESOURCE FORM
NJR 3 AUTHORIZATION AND CASE REVIEW CARD
NJR 3A SEMI-MONTHLY INCOME STATEMENT
NJR 4 LEDGER
NJR 5 COMMITMENT RECORD
NJR 6 TRIAL BALANCE
NJR 7 APPLICATION REGISTER

In the smaller offices, where the functions of the agency are usually carried out by the Director with the possible assistance of a clerk-typist, IT IS NOT NECESSARY TO USE ALL THESE FORMS. When one person is handling all the records of the agency, there is no reason for separate records and the CASE REVIEW CARD has been designed to include the data necessary for evaluating eligibility, and TO MAKE VISIBLE ON ONE RECORD the following:

a. Social data as to composition of the case and the characteristics of persons in the case,

b. The budget set up at the time of application,

c. The action taken on the case and reason,

d. The special needs and reason, i.e., health needs and diagnosis,

e. The semi-monthly income in the case, source and person contributing,

f. The budget deficit - against which all relief is charged BEFORE the relief order is written,

g. The authorization for relief in detail - this serves as ledger entry,

h. Actions taken in the case by other agencies - referrals, etc.,

i. Date of home visit, date of distribution of commodities and date income from employment was checked.

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CLASSIFICATION OF CASE

The case is classified at the time of opening, and code is placed at the top of the card to show the classification and the factors which contribute to the need for assistance.

BASIC FUNCTIONS FOR THE OPERATION OF THE AGENCY
( NEW JERSEY PLAN "MODIFIED".)

(1) APPLICATION FOR RELIEF

(2) VISIT TO THE HOME OF THE APPLICANT

(3) ESTABLISHING ELIGIBILITY - VERIFICATION OF RESOURCES

(4) AUTHORIZATION OF RELIEF

(5) ISSUING THE RELIEF ORDERS

(6) RECORDING RELIEF EXPENDITURES

(7) RECONCILING BILLS PRESENTED BY VENDORS

(8) REFERRALS TO OTHER AGENCIES

(9) REPORTS FOR LOCAL AND STATE AGENCIES

BASIC FORMS USED IN THE OPERATION OF THE AGENCY

NJR 2 RESOURCE FORM

NJR 3A SEMI-MONTHLY INCOME STATEMENT

NJR 3B AUTHORIZATION AND CASE REVIEW CARD *

NJR 5 COMMITMENT RECORD

NJR 6 TRIAL BALANCE

NJR 7 APPLICATION REGISTER

* Combines NJR 1 - 3 - 4

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BASIC STEPS TO BE TAKEN IN THE OPERATION OF THE LOCAL RELIEF OFFICE
( NEW JERSEY RELIEF PLAN "MODIFIED" )

1. APPLICATION FOR RELIEF

Persons applying for relief will be given an appointment for an office interview, at which time they will present a statement of the income received in the case for the four weeks preceding the date of application.

At the time the appointment is made the applicant will also be given a slip showing the information which he will be required to supply when he calls for the office interview.

The worker will explain, before the signature of the applicant is taken, the limitation of the laws under which relief is given and the penalty for making false statements for the purpose of obtaining relief.

If the income shown on the SEMI-MONTHLY INCOME STATEMENT, FORM NJR 3A is not sufficient to meet the needs of the family, the case worker will take sufficient information on AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3B and RESOURCE FORM NJR 2 to establish the apparent eligibility. The applicant will be told to return home and await the visit of the case worker to the home, at which time all persons in the case must be present unless at work or at school.

2. VISIT TO THE HOME OF THE APPLICANT

The interview in the home should take place within twenty-four hours after the application was made at the relief office. This interview should not be hurried as it is important that the person applying for relief understands the procedure necessary to establish his need for relief. He should be told that it is necessary for the relief office to contact previous employers, relatives and other persons given as references, in order to make sure there are no resources available which have not been used. It is sometimes possible in talking with the family to show the persons in the case that a better use of funds which are available will meet the need and make it unnecessary to extend relief.

The case worker should make clear to members of the family the importance of registering with the employment office, and also the benefits to be obtained from accepting assignment to National Youth Administration or Civilian Conservation Corps by persons who are eligible.

3. ESTABLISHING ELIGIBILITY - VERIFICATION OF RESOURCES

All statements of the applicant as to income or other resources should be verified to establish their accuracy and to assure the full use of all available and potential resources.

If the applicant or members of the family have insurance policies which

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may be adjusted, follow the instructions for adjustment given by the Service Agent of the Municipal Aid Administration.

There should be a notation in each case record to show that the resources have been checked, as failure to make a thorough review of potential income from the sources listed may result in extending relief to meet the need which could be met by income from other sources. Resources to be reviewed are outlined in a separate memorandum.

4. AUTHORIZATION OF RELIEF

The Case Review Card was designed to eliminate duplication of records, and to accomplish this purpose the budget, income and budget deficit are shown on the back of the card.

The authorization of relief and relief order number are shown on the card. The authorization serves as a ledger entry and no further record is necessary.

The AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3B is filed on the desk of the Director.

5. ISSUING THE RELIEF ORDERS

All relief orders are numbered when printed, and are made up in duplicate or triplicate. The original is signed by the Director and given to the relief recipient, the duplicate is used to prepare the financial records of the agency, and the triplicate is used to verify bills presented by vendors.

When the "Stamp Plan" is used, the "Stamp Voucher" is authorized in the same manner as relief orders and is written from the authorization on the AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3.

Relief orders for food given to the relief recipient at the time the case is accepted should be issued from the date of acceptance to the next regular distribution day - the 1st and 16th day of the month. Other dates may be used for semi-monthly contacts with the relief recipients, and to avoid confusion in the offices, orders may be issued to the relief recipients over a five day spread, each 15 days.

6. RECORDING RELIEF EXPENDITURES

As the authorization on the CASE REVIEW CARD, FORM NJR 3B is the LEDGER no additional entries are required to record the amount of relief extended to each relief cases.

NJR 5 COMMITMENT RECORD

At the close of the day the copies of the orders are arranged

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in numerical sequence and listed on this form, and the amount of each order is shown under the column covering the commodity for which the order was issued.

In order to establish the accuracy of the daily records, a "control figure for the day" is established by listing the amount of each order on the adding machine and the total of the adding machine tape is the "control" against which all financial records must balance.

An alternate method of compiling this record is suggested by adding together the amount of the orders on given commodities and showing the total for the day in the column covering the commodity for which the orders were issued.

NJR 6 TRIAL BALANCE

At the close of the month, the total amount of relief given each relief recipient for the month, and the income in the case are both transcribed from the AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3B to this form.

The total of the TRIAL BALANCE, FORM NJR 6 must balance with the total of the COMMITMENT RECORD FORM NJR 5.

7. RECONCILING BILLS PRESENTED BY VENDORS

VENDORS' BILLS

When the vendor returns the relief order for payment, it must have been signed by the relief recipient or person designated to sign for the relief recipient, and also by the vendor extending the service.

Mark the date the order was returned for payment and the "Voucher No." or the vendor's name on the COMMITMENT RECORD FORM NJR 5, in designated column.

Vendors' bills are submitted for payment in accordance with the State and local regulations governing payment of bills.

Under this plan all "outstanding relief orders" will be visible and may be followed up to determine why they have not been presented for payment by the vendors.

8. REFERRALS TO OTHER AGENCIES

SURPLUS MARKETING ADMINISTRATION - FOOD STAMP PLAN

These will be issued to persons on relief in accordance with Federal regulations.

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8. REFERRALS TO OTHER AGENCIES (Cont'd)

REFERRAL TO WORK PROJECTS ADMINISTRATION, CIVILIAN CONSERVATION CORPS AND NATIONAL YOUTH ADMINISTRATION

When a case is accepted for relief and contains an employable person who is to be referred to these agencies, the regulations of the agency to which the person is referred should be followed. When the Relief Director and/or Overseer of the Poor is also the Referral Officer the referral slips will be prepared from the information on the AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3B and the RESOURCE FORM NJR 2. This transcription may be made by a clerk or typist so that the case worker is relieved of the detail incident to the referral, and the relief recipient is not required to repeat information which has been previously given.

REFERRAL TO OTHER AGENCIES

In referring persons to the State Board of Child Welfare, Old Age Assistance, Blind Commission or Other Agency, a slip should be given them showing the address of the office at which they are to make application. The slip is to be returned to the Relief Agency signed by a representative of the agency to show that application or referral has been made.

REFERRAL TO EMPLOYMENT OFFICE

Every effort should be made to return to work the persons temporarily in need, through referral to employment agency, and all employable persons on relief must show an identification card indicating they are currently registered with the State Employment Office BEFORE the initial relief order is issued.

As the date of registration is recorded on the AUTHORIZATION CASE REVIEW CARD, FORM NJR 3B, it will not be necessary for the case worker to review the EMPLOYMENT CARDS of all EMPLOYABLE PERSONS IN THE CASE EACH 15 DAYS.

9. REPORTS FOR LOCAL AND STATE AGENCIES

The MONTHLY STATE REPORT MUNICIPAL AID ADMINISTRATION S-6 will be prepared from the following records:

| | | |
|---|---|---|
| SECTION A | APPLICATION REGISTER | FORM NJR 7 |
| SECTION B | TRIAL BALANCE SHEET | FORM NJR 6 |
| SECTION C | APPLICATION REGISTER | FORM NJR 7 |
| SECTION D | TRIAL BALANCE SHEET | FORM NJR 6 |
| SECTION E | COMMITMENT RECORD | FORM NJR 5 |

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

BUREAU OF ASSISTANCE

Municipal Aid
REGULATION # 2.600

ISSUED: -
(Date)

REV.:
(Date)

TITLE: Administration

SUBJECT: Steps to be Taken in Establishing the Amount of Relief Grants

STATUTORY REFERENCE: R.S. 44:8-111

Irving Engelman, Chief
Bureau of Assistance

Approved:

By:

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## STEPS TO BE TAKEN IN ESTABLISHING THE AMOUNT OF RELIEF GRANTS

### SETTING UP THE BUDGET

The accepted practice for measuring the amount of relief to be allowed is to set up a monthly budget covering the items which the agency recognizes as CONSTANT NEEDS or current requirements; food, shelter, fuel for cooking, heating, lighting and household supplies. Milk is included as a constant need and allowed in accordance with instructions issued by the State.

All constant needs are included in the budget even when shelter, fuel, etc., are received free in return for service. The need is set up in the budget, and the method of meeting it is shown as "indirect income", as outlined later in this memorandum.

In addition to CONSTANT NEEDS the agency recognizes VARIABLE NEEDS as mandatory when need of them exists. These needs cannot be estimated in advance and are therefore not included in the budget, but are allowable when the case worker covering the case reports that they exist.

VARIABLE NEEDS include clothing, shoes, shoe repair, dentistry, household equipment, moving, insurance, ice, health service, carfare, lunches, and incidentals for employed persons.

SPECIAL DIETS AND OTHER SPECIAL ALLOWANCES are shown as separate items, under VARIABLE NEEDS, and reason is indicated for extending them.
EXAMPLE: - Special Diet - T.B. Condition

### PERSONS TO BE INCLUDED IN THE BUDGET

In setting up the budget include as part of the family group, all persons who are living at home, Boarders may be included. (See 2.300 page 3). Do not include roomers. All income received by persons in the family is counted and applied to the budget, as outlined later in this memorandum. All persons in a family group are considered as one case, and the family

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budget figured as a unit. †

When two families on relief, related or unrelated, are living together, the budget to cover both families is also figured as one unit.

RECORDING OF ALL RESOURCES AND VERIFICATION THEREOF

Care should be takin in recording the family history on CASE DATA FORM NJR 1, and RESOURCE FORM NJR 2 or SEMI-MONTHLY INCOME STATEMENT, FORM NJR 3A, to DETAIL all information necessary to a complete check of resources which, if properly used, may meet the need of the family in whole or part. Often the failure to include a fact, which seems unimportant, will obscure a "lead" which may uncover a resource not deliberately hidden by the applicant, but not mentioned because he did not think it had "money value".

For the convenience of case workers there is attached hereto an outline of resources which should always be reviewed, and re-checked at stated intervals when cases are continued on relief from month to month.

VERIFICATION OF RESOURCES

The method of verifying resources should be determined after consultation with local employers and agencies so that a cooperative plan of contacts may be worked out which will fit in with the routine of the offices of the employer, other agencies and of the relief agency.

It is suggested, however, that a form letter be used, for verifying wages reported by relief applicants. Such a form would reduce paper work to a minimum. Careful follow-up should be made to see that replies are received, and the reply to the original inquiry should be initialled by the case worker handling the case to make certain that the information as reported will be used.

Social Security slips and pay envelopes may be used if available, to verify earnings, but should not be accepted if undated; relief history shows that in many instances they have been accepted as evidence of "current" income, when a later check disclosed they applied to some previous period.

APPLICATION OF INCOME TO THE BUDGET - ESTABLISHING THE BUDGET DEFICIT

It should be remembered that relief is extended to meet human needs, and the only consideration is INCOME AVAILABLE in relation to TOTAL NEED.

† Persons benefiting from State Board of Child Welfare, Old Age Assistance, or Blind Commission grants are to be considered separate and independent of the "relief household" in accordance with the regulations of those agencies, and then assessed a proportionate share of the budgetary needs while that part of the family receiving "public assistance" is to be budgeted on a pro rata basis (2.300 - page 1).

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The policy of granting relief to supplement income may be determined locally. It is, however, good practice for the agency to meet the PARTIAL NEED of employed persons as it encourages them to accept part time or occasional employment, and thus relieves the agency of at least a portion of the cost of relief.

Frequently, income from "full time" employment must be supplemented. Low wages cannot be increased by denying relief to persons with insufficient funds to meet their need. In such cases relief should be extended and the sub-standard wages reported to the Department of Labor, as it is not the function of the relief agency to determine what is a fair return for work performed.

A semi-monthly interview with the recipient should be arranged, as it provides an opportunity to discuss the best use of available income.

Limitations of the laws under which relief is extended should be fully explained to relief recipients so they will understand that relief is only given to meet such needs as cannot be met from other sources and that ALL income must be applied to the budget, BEFORE relief is extended.

At this interview the CASE HEAD should present a complete semi-monthly statement of income, signed by all persons in the case 16 years of age and over, showing full details of income, or stating "no income". It is well for the case worker to inquire at this time if any of the employables in the case are working, even if reporting "no income"; people may report "no income" and be technically correct if they have not received their first pay check.

Before establishing the budget deficit it is necessary to review some of the factors which have a bearing on the use of the reported income.

Budgets are established on KNOWN NEEDS for a calendar month, but as income is not in all instances known for the same period it may be classified in two groups:

a. REGULAR INCOME

Known monthly income insufficient to meet the needs of the relief recipients.

b. IRREGULAR INCOME

Fluctuating income due to irregular work assignments, assistance from relatives, roomers, etc.

At the beginning of the month, REGULAR, KNOWN INCOME, is always allocated to the budget, even if it has not been received when the recipient calls and presents his semi-monthly statement. In such a case the family must use this income so that it fits in with the relief budget whether "pay day" and "relief day" come together or not.

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Regular income may be derived from Work Projects Administration, Civilian Conservation Corps, National Youth Administration, and categorical agencies, as well as from private employment.

In the case of applicants with regular income it is desirable to withhold relief until the second payment of the month is due. This is done not only in the interest of economy, but to encourage the relief recipient to increase his earnings through personal effort.

These earnings must be utilized by the recipient in accordance with the budget set up for him, but if they prove insufficient to meet his needs he is free to call at the relief office and present the facts to the case worker covering his case.

The case worker must always take anticipated income into account BEFORE authorizing relief, but if an applicant has no resources whatever it is obvious he cannot live on anticipated income and may be given a short food order to carry him through to the next pay day.

No hardship is caused by such an arrangement, and it guards against any over-expenditure of the budget.

As an applicant for relief is given sufficient means to carry him to his next pay day he is able to apply IRREGULAR INCOME to his future needs in much the same way as regular income.

Income is applied to the monthly budget as follows:

FIRST RELIEF PERIOD OF THE MONTH

The statement presented by the relief recipient at the beginning of the relief month must show ALL income received in the preceding 15 days, during which period it is remembered his needs have been met either by personal income - or that of his family - or relief.

The income received may have been regular or irregular, but it is applied to the budget, and on the basis of the resultant showing, assistance is granted for the first 15 day period of the relief month.

SECOND RELIEF PERIOD OF THE MONTH

At the end of this first 15 day period the relief recipient calls and presents another income statement, made up in exactly the same way as the one prior and, following the same procedure as before, relief is granted for the second half of the relief month.

In all cases income must be properly applied to the budget BEFORE relief is extended.

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When income received during any half-monthly period is in excess of needs for the next ensuing period, relief should be cut off, but it should be made clear to the applicant that he is free to come back when, and if, his needs require it. (Excess income should not be applied to any period except the one next following, as this may create the impression that relief is a permanent and continuing service. On the other hand, removal of a case, followed by reinstatement as soon as need appears, banishes any fear the recipient may have that if he goes off relief there will be a long delay in getting back).

VARIABLE NEEDS

When "variable needs" are allowed, their cost should be itemized on the back of the income statement, and their total deducted from income; to establish the budget deficit the balance, or net income, is applied to the "constant needs".

As a rule, children living at home must contribute their entire earnings to the family support, and the full amount of these earnings is taken into consideration when the relief budget is being established. However, in the DISCRETION of the Welfare Director, reasonable allowances may be made for children's carfare, lunches, clothing, and certain personal needs.

In no case should the contribution of the child be less than two-thirds of his earned income.

Payment of arbitrary board in the home is not recognized.

EARNINGS OF HUSBAND AND WIFE

The actual cost of carfare, lunch and other necessary expenses may be exempted from the personal income of husband and wife, and the balance used in computing the relief budget.

All exemptions and allowances of course, should be recorded in detail on the back of the income statement.

REVIEW IN ORDER TO ESTABLISH ELIGIBILITY

After the budget has been established all resources are re-checked to make certain that every available item of income is being applied to the relief budget. This fixes the budget deficit or amount of relief which may be extended in whole or part according to the policy of the agency.

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A review also is made of eligibility requirements and the possibility of referral to other agencies, as follows:

1. SOCIAL SERVICE EXCHANGE

Each case applying for relief should be cleared through the Exchange if there is one located in the area.

THE FUNCTIONS OF THE EXCHANGE INCLUDE:

a. Registration of cases so they may be identified and eliminate duplication in service and grants between agencies.

b. Advising the participating agencies of all inquiries made on the case subsequent to the date it was registered.

The information obtained by the Exchange should be shown in the case record, and the SOCIAL SERVICE CLEARANCE OR NOTIFICATION SLIP attached to and made part of the record.

When the case has been identified by the Social Service Exchange and information is given the agency that other agencies are servicing the case, the RELIEF AGENCY should immediately contact these agencies in order to eliminate duplication of service. Unless this is done the full value of clearing through the Exchange is lost.

2. NEW JERSEY EMPLOYMENT SERVICE

No case should be accepted until all employable persons have first registered with the New Jersey Employment Service and obtained Social Security Cards.

NOTE: Before accepting a case, a check should be made of the occupational fitness of all persons in it in relation to employment opportunities in the area to see if employment can be found.

3. UNEMPLOYMENT COMPENSATION

The relief applicant should present evidence that he has made application for Unemployment Compensation.

Each case should be checked with the slips furnished by the State, and on file in the local agency. These slips report the amount of benefits extended by the Unemployment Compensation Commission. Local Welfare Directors should also compute Unemployment Compensation Commission benefits due.

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4. RESIDENCE AND LEGAL SETTLEMENT

Information secured at both the Intake Interview and Home Investigation as to residence in the State and City must be verified by inspection of rent and utility payments, school and public records, or other acceptable proof. If this inspection shows insufficient length of residence to establish legal settlement arrangements should be made to resettle the case.

It is understood, of course, that after the application has been taken, and pending determination of settlement, emergency service is given in accordance with State laws and regulations.

All settlement referrals must be in writing, and copies kept on file for follow-up in case prompt replies are not received.

P. L. 1941, Chapter 357, Section 36, provides that:

"Any person applying for public assistance who refuses to return to another state wherein he has legal settlement after proper authorization therefor has been obtained shall upon acceptance of public assistance be guilty of a misdemeanor."

5. AGENCY RESPONSIBLE FOR CARE - BENEFITS FROM OTHER AGENCIES

Every case should be examined carefully to establish - if possible - eligibility for Old Age Assistance, State Board of Child Welfare, Blind Commission, etc. If eligibility seems probable the relief applicant should be given the name and address of the proper agency IN WRITING, and instructions as to how to get there.

The applications for agency benefit should be made before relief is extended, but temporary assistance is to be given pending a final decision by the agency.

FEDERAL AGENCIES

It is not mandatory under the law for the Welfare Director to make use of the

National Youth Administration
Work Projects Administration
Civilian Conservation Corps

before extending relief, but it is highly desirable, as in addition to lowering the cost of relief, acceptance provides work for persons who are employable.

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a. NATIONAL YOUTH ADMINISTRATION & WORK PROJECTS ADMINISTRATION

All cases containing an employable person should be required to make application to one of these agencies.

When the Welfare Director is also Referral Officer, or both persons are in the same office, this referral should be automatic and part of the routine of the Intake Division, and the forms prepared from the CASE DATA FORM NJR 1, RESOURCE FORM NJR 2 and SEMI-MONTHLY INCOME STATEMENT, FORM NJR 3A.

When Work Projects Administration wages need supplementation, however, care should be taken not to grant assistance on account of "short pay" as Work Projects Administration workers can make up lost hours; if they receive aid from two agencies at the same time they may get more than relief standards specify.

In all such cases check with the Work Projects Administration to verify statements of relief recipient.

b. CIVILIAN CONSERVATION CORPS

Assignment to Civilian Conservation Corps is optional on the part of the persons eligible. The relief agency should, however, instruct the case workers to "sell" the program to the relief family, not alone from the angle of added income to the family, but for the benefit of the boy.

c. FEDERAL SURPLUS COMMODITIES

No reduction from the budget is made to equal the value of these commodities, but the relief recipient must be informed that they are resources and their use mandatory. If they are not called for when available, relief will be stopped until a satisfactory explanation is given for not accepting them.

d. NATIONAL YOUTH ADMINISTRATION FOR STUDENT AID

This allowance is made for the use of the student only and cannot be used to reduce the budget allowance.

6. RELATIVES

Too much cannot be said about the importance of determining to what extent relatives can assist in meeting the needs of persons for whom they are responsible, i.e., - parents of wife and husband, paternal and maternal grandparents, children and granchildren.

The economic status of legally responsible relatives should be established by the agency, despite any statement of the applicant that "relative cannot assist".

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Often the agency may be relieved of the cost of shelter, heat, etc., if provision is made for a relative to house the "single person" living alone and on relief.

a. DESERTION CASES

In all cases of separation or desertion, full details should be obtained of the circumstances, and a complaint made to the Overseer of the Poor if reasonable inquiry and investigation give assurance that a reconciliation is not possible. Revised Statutes (44:1 - 143 to 44:1 - 151).

b. SUPPORT OF POOR PERSONS BY RELATIVES OR OTHERS

In cases of non-support full details should be presented to the Overseer of the Poor so that he can proceed in accordance with Revised Statutes (44:1 - 139 to 44:1 - 142).

Copies of all documents prepared by the Overseer of the Poor should be obtained by the Welfare Director and filed in the case record. The allowance to be paid, as set by the Court, should be noted in the record and even if the relief recipient reports "no income" no assistance should be given until the records of the Overseer of the Poor are checked to make sure the allowance has been paid as required.

Divorced women making application for relief are required to disclose the terms of the decree, so that full knowledge is available as to allowances required of the father for the support of the children.

7. VETERAN'S BENEFITS

The record should be checked, if the applicant is a veteran, or the widow or other relatives of a veteran, to determine if there is any income received from the Veteran's Bureau or local units.

8. REAL ESTATE

The ownership of real property does not bar a person from receiving relief unless income from the property is sufficient to meet his needs and he is using such income to amortize the mortgage. Relief granted to owners of property which is free and clear of encumbrances will not be recognized by the State as "allowable" if the valuation is in excess of $1,000.

Full details must be available and each case decided on facts. However, no person should be permitted to apply to his property obligations. income in excess of the normal shelter allowance for a family of given size.

9. INSURANCE POLICIES

As life insurance is considered a form of savings all policies held by the relief recipient should be recorded. It is considered permissible for

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case heads to have coverage up to $500. but the policies should be reviewed to determine if the same amount of insurance can be obtained, but with a new type of policy which would reduce the weekly premium.

Applicants should be required to submit their insurance policies for review and referral made by the agency to the LIFE INSURANCE ADJUSTMENT BUREAU on forms provided for the purpose.

When the decision of the company is received and it is favorable to an adjustment, the applicants are so advised. If they refuse to adjust their policies, relief may be denied. If they consent, relief should be granted pending adjustment. Any cash received is to be applied against needs, and the recipients taken off relief until it is exhausted.

10. BANK - POSTAL SAVINGS

Arrangements should be made to check relief lists against bank accounts. In doubtful cases, check alias and maiden name of wife.

Similar arrangements should be made with local Postmaster to check relief lists against Postal Savings Accounts.

11. INSTALLMENT ACCOUNTS AND LOANS

When entries on the RESOURCE FORM NJR 2 show an outstanding debt for installment accounts or loans, a check should be made to establish the "income declared" at the time the credit or loan was extended.

12. STOCKS, BONDS AND OTHER ASSETS

These must be analyzed to determine if they have money value. If so, they must be liquidated and the cash used as in the case of life insurance.

FROZEN ASSETS

Sometimes applicants are hoping for the release of funds in closed banks, Building and Loans, or property returns, but if these funds are not available relief may be extended.

It is, however, customary for the relief recipient to sign an agreement to return the cost of such relief when and if cash becomes available from liquidation of these "frozen assets".

13. OWNERSHIP OF BUSINESS

An applicant for relief who is operating his own business should submit a signed statement setting forth:

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Amount and cost of materials purchased
Volume of sales
Price received for products sold

and all other facts necessary to a determination of whether or not the business is capable of producing a living. Also, as a check on the owner's credit standing, direct contact should be made with the firms selling him materials.

If a careful examination leads to the conclusion that the business can never be made to pay, relief should be denied, for it is not a function of the relief office to subsidize an unprofitable enterprise.

14. FREE FACILITIES

When the relief recipient has indirect income as a result of receiving free light, heat, etc., an estimate is made of the cash value and the amount applied to the budget as INDIRECT income.

15. USE OF AN AUTOMOBILE

Each case must be decided on the circumstances which seem to make the use of a car necessary. If employment is to result from the use of a car it is good practice to permit the recipient of relief to retain his plates. However, close check must be made on the income reported, to make sure it is sufficient to justify the use of a car.

16. OTHER AGENCIES

Lodges, homes, private agencies, etc., as indicated in the report of the Social Service Exchange.

17. OLD AGE AND SURVIVOR'S INSURANCE

A close check should be made in each case to determine if persons are eligible for these grants, as outlined in Municipal Aid Administration Bulletin.

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

Municipal Aid

BUREAU OF ASSISTANCE

REGULATION # 3.001B

ISSUED: _____
(Date)

REV.: July 1, 1950
(Date)

Supplement #1, 10/30/53

TITLE: Statistics

SUBJECT: Monthly Commitment Report S-6

STATUTORY REFERENCE: R.S. 44:8-121

Irving Engelhardt, Chief

Bureau of Assistance

Approved:

By: _____

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

3.001B
Rev. 7/1/1950

TITLE : STATISTICS

SUBJECT : MONTHLY COMMITMENT REPORT - S-6

Each month municipalities are required to submit a monthly report (S-6). Municipalities that are receiving State aid and fail to render reports are subject to suspension of State aid. Reports should be submitted not later than the tenth of the following month.

The commitment reports shall include only cases and commitments for which the municipality is financially responsible and for which it contemplates receiving State aid in accordance with State law and the regulations of the Bureau of Assistance.

Inter-municipal settlement cases and commitments are to be reported only by the responsible municipality. When a decision is made in a disputed inter-municipal settlement case, either by agreement between the municipalities or by the Bureau of Assistance, and commitments or bills have accumulated for a period of time, the costs shall be entered by the responsible municipality in its current monthly report, provided it has not previously reported such costs. In all such instances an explanatory note shall accompany the relief report.

Instructions as to the preparation of the report are as follows:

SECTION A-1

Column #1 - Enter case name and number.
Column #2 - Enter new or reopened cases as O with the date case was opened; for example, a case opened on July 26th and reported in the July report would be O26. Cases closed on July 26th would be entered as C26.
Column #3 - Indicate classification by Code number.
Column #4 - Indicate number of persons in relief case.
Column #5 - Enter amount of gross incurred commitments.
Column #6 - Enter amount of gross commitments allowable for reimbursement purposes according to State schedules.
Column #7 - Enter amount of gross commitments considered as non-allowable.
Column #8 - Check if persons in cases have any resources, income or free items that affect the budget deficit or the amount of assistance granted.

SECTION B-1

Part I

Line 1 - Enter applications pending from previous month.
Line 2 - Enter all applications received during reporting month, including new or reopened cases.
Line 3 - Total of Lines 1 and 2.
Line 4 - Cases accepted and granted aid during reporting month.
Line 5 - Enter rejected applications.
Line 6 - Total of Lines 4 and 5.
Line 7 - Applications pending at end of reporting month.

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Part II

Enter total amount of each type of aid granted. Total of Part II will agree with total of entries in Column 5, Section A-1.

Part III

Enter Municipal Administrative costs.

SECTION B-2

A - Enter number of cases receiving aid at beginning of month.
B - Enter number of new and reopened cases aided during month.
C - Enter number of cases closed during month.
D - Enter net increase in cases.
E - Enter net decrease in cases.
F - Enter number of cases aided during month.

The balance of the form is to be completed by entering the number of cases opened and closed, according to the various code classifications.

Official Regulation
Recommended: Bureau of Assistance
Marc P. Dowdell, Director

Approved: Division of Welfare
Elmer V. Andrews, Deputy Commissioner

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State of New Jersey
Department Institutions and Agencies
Bureau of Assistance

3.001 B
Rev. 7/1/1950
Supplement 10/30/53

TITLE: STATISTICS

SUBJECT: MONTHLY COMMITMENT REPORT S-6

This regulation is a supplement to Regulation 3.001B, revised July 1, 1950.

The State Bureau is interested in collecting on a current basis certain statistics covering individual case commitments for hospitalization. The local welfare offices are requested to provide such information by appropriate entry in Column 8, Section A-1 of the monthly S-6 report, effective with the month of November, 1953.

In order to provide uniformity in reporting, the purpose for which Column 8 has heretofore been used is discontinued and the instructions in regulation 3.001 B, relating to such column, are hereby amended effective with the report for the month of November 1953 as follows:

Column #8

1] The column caption should be changed from "Resources Affecting Budget Deficit" to "Hospital Commitments". Entry in the column covering resources affecting budget deficit will be discontinued with the November 1953 report and in subsequent reports to the State Bureau.

2] Beginning with the monthly report for November 1953, for each case entered on Section A-1, report the hospital commitments in Column 8. This means that for all cases the entries will report the usual information in Columns 1 through 7 while Column 8 will now show the hospital commitment portion of the total commitments entered in Column 5. Some illustrative situations are as follows:

a) An eligible case was approved during the month for hospitalization only and commitments were allowed in the amount of $48; no other relief commitments were provided for this case. The entries in Column 5 and Column 8 will report $48.

b) A case was approved for hospital commitments during the month in the amount of $48, and for other relief commitments in the amount of $40. Column 5 will report $88. [the total relief commitments approved in the month];Column 8 will report $48. [the portion of the total relief commitment covering hospital commitment portion of the grant].

c) For an eligible case no hospital commitment was approved during the month; other commitments during the month amounted to $40. Column 5 will report $40. [the total relief commitment for the case in the month of the report]. No entry will appear in Column 8 since total relief commitments did not include any hospital commitments.

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3] All other provisions and regulations dealing with the monthly commitment report Form S-6 shall continue in effect.

4] The total amount of hospital commitments reported in Column 8 should agree with the amount of hospitalization reported in Part II of Section B-1.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Chief
Bureau of Assistance

Approved: 10/30/53
Elmer V. Andrews
Director of Welfare

Attach as supplement to Regulation 3.001 B, Revised 7/1/50.

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

BUREAU OF ASSISTANCE

Municipal Aid
REGULATION # 4.501

ISSUED: _____
(Date)
REV.: July 1, 1944
(Date)

TITLE: Other Agencies

SUBJECT: Old Age Assistance

STATUTORY REFERENCE: R.S. 44:8-108

Irving Engleman, Chief
Bureau of Assistance

Approved:

By: _____

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TITLE : OTHER AGENCIES

SUBJECT : OLD AGE ASSISTANCE

1. Eligibility for OAA
2. Referral to OAA
3. Relief Status
4. Supplementation of OAA Grants
5. Referrals to State MAA

Revised Statutes, Title 44, Section 8, defines "Public Assistance" as "assistance rendered to needy person NOT OTHERWISE PROVIDED FOR under the laws of this state." It therefore contemplates that any person eligible for OLD AGE ASSISTANCE shall not receive relief, except as hereinafter provided.

(1) . ELIGIBILITY FOR OLD AGE ASSISTANCE

Title 44, Chapter 7, Section 5, of the Revised Statutes states that a person is eligible for Old Age Assistance providing he or she:

(a) Has attained the age of sixty-five years;

(b) Lacks adequate support; is unable to support himself; is without parents, spouse or children able to support him and without other persons able and willing to support him;

(c) Is a resident of, this state, and has so resided therein continuously for one year immediately preceding the date of application; if, however, Federal Aid should not be made available to this state, or if, after being made available, it should be withdrawn, all persons whose applications are then pending and not acted upon and all persons applying thereafter for assistance under this chapter shall be required to have resided in and been domiciled in this state continuously for at least five years immediately preceding the date for application;

(d) Is not, because of physical or mental condition, or other cause, in need of prolonged care in any public institution of a custodial, correctional or curative character;

(e) Has not made a voluntary assignment or transfer of property for the purpose of qualifying for such assistance or for the purpose of evading responsibility under section 44:7-14 of this Title;

(f) Is found, after due investigation and determination as hereinafter provided, to be in need of assistance.

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Title 44, Chapter 7 also provides in Section 34 that:

"A person sixty-five years of age or more not receiving old age assistance under this chapter is not by reason of his age debarred from receiving public relief and care under the provisions of any other law, but no recipient of old age assistance, while receiving the same, shall receive any other assistance from the state or any political subdivision thereof except for medical and surgical care."

(2) REFERRAL

Any person applying for or receiving public assistance relief as provided under Title 44, Section 8, laws of this State, who is believed to be eligible to receive Old Age Assistance in accordance with the provisions stated shall be immediately referred by the Local Director of Welfare to the proper authority in that County wherein the applicant may be residing.

Such referral shall be accomplished by the preparation of a "Referral Notice" (copy attached) which the applicant may personally present to the County Welfare Board.

The County Welfare Board will, upon receipt of the application for Old Age Assistance, indicate in the space provided, in the lower section of the aforemention "Refferral Notice", the date of the client's application together with any other pertinent remarks and will forward it to the local welfare office. After determination as to the eligibility of the referred applicant, the Welfare Board will also advise the local welfare office, in proper written form, as to its disposition of the case, i.e., rejection or acceptance, with other pertinent information.

DOCUMENTARY EVIDENCE - Directors of Welfare should advise potential OAA applicants as to the necessity for furnishing documentary evidance to support proof of age, legal residence, etc. During a reasonable period preceding the date a person may become eligible for OAA the Director of Welfare shall carry on correspondence, conduct investigations and take such steps as may be necessary to obtain the required documentary data for such individuals. The accumulated facts and information shall be routed to the County Welfare Board to expedite acceptance of cases. The County Welfare Boards are empowered to grant assistance for the entire month in which the applicant becomes 65 years of age. Referrals to the Welfare Board should be made in ample time, therefore to take advantage of this authority.

HOSPITALIZATION CASES - OAA applications are acceptable while persons are receiving in-patient care. Cases eligible for or previously receiving OAA grants shall be referred to the County Welfare Board with a notice as to the probable date of discharge. The County Welfare Board will carry on investigations and other activities to permit acceptance or reinstatement of such cases, effective on discharge.

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RESPONSIBLE RELATIVES - Formal action respecting the responsible relatives of aged persons for the purpose of determining "ability to support" shall be initiated by the local Director of Welfare, if such persons are receiving assistance prior to OAA application. Those that apply for OAA and are not receiving aid from the local Welfare Office will be acted on by the County Welfare Board.

(3) RELIEF (By Local Director of Welfare)

(a) Should an applicant refuse to apply for Old Age Assistance he shall automatically disqualify himself for "Public Assistance."

(b) Persons who are being granted Public Assistance and during such periods become eligible for Old Age Assistance shall not have such assistance terminated until the County Welfare Board shall have acted on the OAA application, but the "pending period" shall not exceed ninety days.

(c) A needy person making application for Public Assistance, who at such time is not prepared immediately to produce evidence supporting eligibility for OAA, may be granted temporary Public Assistance. Such case shall then be subject to the provisions (3b) above set forth.

(d) An applicant for Public Assistance, who at such time appears to be eligible for OAA and able to produce evidence as required by the County Director, shall not be granted Public Assistance in view of the laws concerning Old Age Assistance which provide that "when immediate need is apparent and the evidence of eligibility immediately available is satisfactory to the Director of Welfare (County), he may issue a temporary grant of Old Age Assistance pending completion of such investigation".

(e) Acceptance of an aged PERSON by the Division of Old Age Assistance shall warrant the immediate discontinuance of "public assistance" to SUCH INDIVIDUAL upon receipt of Old Age Assistance grants, but shall not bar any other needy member of the relief family from receiving public aid.

(f) Individuals applying for Old Age Assistance whose applications are rejected because of a finding by the Welfare Board that they are not in need or that their support may be provided from resources other than public funds shall, for the same reasons, be denied further "public assistance". However, if an application for old age assistance is denied because of age, residence, etc., or any other technical requirement having no effect on the question of need, such rejection shall not impair the individual's right to receive "public assistance" as it may be required.

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(g) Persons receiving Old Age Assistance should be excluded from consideration in determining the amount of relief to be extended to other members of relief families. Thus, if there are four persons in a family all of whom are in need of assistance from a public agency and one of whom is receiving Old Age Assistance, the Local Director of Welfare shall provide the usual item of food for THREE PERSONS and budget THREE-FOURTHS of the family's needs for each of the items of shelter, fuel, light and clothing. IN NO INSTANCE SHALL THE "PUBLIC ASSISTANCE" ALLOWANCE FOR THE FAMILY BE REDUCED ARBITRARILY BY THE AMOUNT OF CASH MADE AVAILABLE TO THE OLD AGE ASSISTANCE RECIPIENT BY THE COUNTY WELFARE BOARD. Old Age Assistance is granted for the individual aged person and is designed to be used for his sole and individual support.

(h) There may be exceptional instances where the municipality may find it advisable to meet the cost of such items as fuel or rent by a relief order for the entire family group even though one member is an Old Age Assistance recipient. There may likewise be instances where it will be practical that the municipality will not furnish a rent order but will make up the equivalent of its share of the shelter cost in the form of other service items such as fuel, clothing etc., for the entire group. The Local Director of Welfare should clear all such plans with the County Welfare Board before placing them into operation in order to insure understanding cooperation on the part of both agencies.

(4) SUPPLEMENTATION

An Old Age Assistance case shall not be supplemented by the Local Department of Welfare, but this stipulation does not apply to other family members. No condition or circumstance shall be considered as an exception to this ruling, because Old Age laws provide that "The County Welfare Board, .... shall extend .... assistance adequate to provide for their reasonable maintenance and well being .... Necessary medical and health services and supplies may be granted in addition thereto in accordance with the regulations of the State (OAA) division."

(5) EXCEPTIONS

(a) This regulation shall not affect the special provisions, allowances or exceptions set forth in the MAA regulation 2.300A, respecting Municipal Welfare Home Cases.

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(6) LOCAL AND COUNTY COOPERATION

It shall become incumbent upon the Local Director of Welfare to become familiar with the action taken by the County Board as to the individual Old Age Assistance grant and its several component parts to the end that he may properly plan for any other members of a family that may need public assistance. He shall work in harmony with the County Boards to facilitate the proper handling of all cases, and their proper adjustment.

The County Welfare Board will furnish any member of the Local Director's staff essential data from their case records on request. Such records may be consulted at the Welfare Board offices subject to such conditions and rules of practice and convenience as the Board may require.

(7) REFERRAL TO STATE MUNICIPAL AID ADMINISTRATION

Should it develop at any time that there is a difference of opinion as to action taken in a case, the Local Director of Welfare may refer such case to the State MAA for adjustment with the State Old Age Assistance Division of the Department of Institutions and Agencies.

This provision is particularly stressed as it will permit adjudication of cases otherwise considered as not allowable for reimbursement purposes. It would specifically apply to cases involving responsible relatives which may be subject to contrary opinions on the part of the local and county welfare offices.

ATT.

MUNICIPAL AID
OFFICIAL REGULATION

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(Prepare in Duplicate Retain one Copy)

Att. 4.501

OLD AGE ASSISTANCE

REFERRAL

Date _____

TO: The _____County Welfare Board

_____Address

The bearer_____(name)_____(address)

_____(Case Number) has applied for "public assistance" to the undersigned and it appears that he/she may be eligible to receive Old Age Assistance. According to our records, the applicant was born at _____(Place) and is now_____years of age; has resided_____years in _____(Municipality); _____years in _____County and_____years in New Jersey. The foregoing information appears on the original application for relief which was made_____and aid has been given from _____ to_____ continuously.

Respectfully submitted,

_____
Municipal Director of Welfare

_____ _____
Municipality Address

---

TO: _____Municipal Director of Welfare Date _____

_____

The above noted person has applied for Old Age Assistance to the _____County Welfare Board on _____(Date), and her/his application has been accepted for action. You will be advised further as soon as determination of eligibility has been made.

_____County Welfare Board

Division of Old Age Assistance

REMARKS:

By _____

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

Municipal Aid

BUREAU OF ASSISTANCE

REGULATION # 4.525

ISSUED: _____
(Date)

REV.: July 1, 1944
(Date)

TITLE: Other Agencies

SUBJECT: State Board of Child Welfare

STATUTORY REFERENCE: R.S. 44:8-108

Irving Engelman, Chief

Bureau of Assistance

Approved:

By: _____

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TITLE : OTHER AGENCIES

SUBJECT : STATE BOARD OF CHILD WELFARE

The State Board of Children's Guardians functions through two departments; Dependent Children's Department, and the Home Life Department.

Eligibility Requirements for Care in Dependent Children's Department are as follows:

Commitment is made by the Juvenile and Domestic Relations or Common Pleas Court of the county of residence, upon petition filed for that purpose by an interested party, and after due hearing of the facts of the case. Upon commitment, the State Board of Children's Guardians becomes the legal guardian of both person and estate of the child, and assumes the duty of maintenance and education of the ward.

A child may be committed to the State Board of Children's Guardians in the following instances:

> "Whenever (a) it appears that the parent or parents, guardian or person having the custody and control of any minor child is unable to support it, are dead, or cannot be found, and there is no person financially able and legally liable for the support of such child, or (b) whenever the court, wherein a complaint has been proffered as provided in Chapter 6 of Title 9, Children--Juvenile and Domestic Relations Court (9:6-1 et seq.), shall determine that a child has been abandoned by the parents, guardian, or person having the custody and control of any such child, or (c) whenever a conviction shall be had for abusing, neglecting or cruelly treating such child, or (d) whenever it appears that a child has been adjudged delinquent, a petition may be filed by any person, association or corporation having as one of its objects the prevention of cruelty to children, interested in such child, with the juvenile and domestic relations court of the county where the child has residence, setting forth the facts in the case." (Revised Statutes, Section 30:5-19). The child must have resided in the State for one year, or be born of a mother who has so resided. If the mother be living, it is a condition precedent to commitment that she is not eligible to aid through the Home Life Department.
>
> It is the policy of the State Board of Children's Guardians to place all wards thus committed in proper foster homes, and in institutions only in cases of necessity.

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Eligibility for Care Through the Home Life Department:

Any mother or other woman in loco parentis "of a dependent child under the age of 16 years, or under the age of 18 years if regularly attending school, may, if there are no relatives of such mother or child who are legally liable and financially able to support such mother or child, file a petition for assistance to the State Board of Children's Guardians in the following cases:

"a. Any such mother who has insufficient means is unable to support such child and maintain her home, the father of such child being deceased; or

"b. Any such mother who has insufficient means and is unable to support such child and maintain her home, the father of such child being confined in a jail, prison, or penitentary

"c. Any such mother who has insufficient means and is unable to support such child and maintain her home, the father of such child being under indictment for desertion of his wife and child or either; or

"d. Any such mother who has insufficient means and is unable to support such child and maintain her home, the father of such child being an inmate of an institution for mental or physical illness requiring a prolonged treatment; or

"e. Any such mother who has insufficient means and is unable to support such child and maintain her home, the father of such child being physically or mentally ill and being unable to support his child or children, who are dependent, and being under proper and reasonable treatment for the possible removal of such defect; or

"f. Any such mother who has insufficient means and is unable to support such child and maintain her home, the father of such child having been deported as an alien pursuant to the laws of the United States; or

"g. Any such mother who has insufficient means and is unable to support such child and maintain her home, the child having been deprived of parental support by reason of physical or mental incapacity of a parent or continued absence of a parent from the home." (Revised Statutes, Section 30:5-33).

Effective July 1, 1943, those eligibles: R.S. 30:5-36: "If ***the welfare board shall find the petitioner is the mother of a child under the age of sixteen years, or under the age of eighteen and regularly attending school and that she is in all respects qualified to receive such relief *** there shall be paid *** for the support of her child and in proper cases for her own support *** an amount fixed on the basis of the budget of the mother and of the child, *** etc."

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Where aid is sought on the ground of desertion, there must be an indictment. In any case of a municipal charge, otherwise eligible for aid through the State Board of Children's Guardians, the matter may be expedited through the influence of the Director of Welfare exerted toward the return of such indictment.

The mother and child must have resided in the state of New Jersey one year prior to the date of filing petition or to be born of a mother who has so resided.

The dependency of a child must not be caused by the willful neglect of the mother. The mother must be mentally, morally and physically fit to care for children, and her home a satisfactory place for the training and rearing of the child.

note It is to not that although such petition is filed by the mother, any grant made is for the sole benefit of the mother and those children eligible; it is by no means intended, by statute or administration, for the support of other members of the family. The petition for assistance is heard before the Welfare Board of the county where the mother and child have residence or, if the mother and child have not one year's county residence, before the Welfare Board of the County where the mother and child are then residing.

REFERRAL

Persons applying for or receiving public assistance as provided under Chapter 130, P.L. 1940 and who may be eligible to receive State Board of Children's Guardians' assistance through the Home Life Department, shall be immediately referred to the district supervisor of the State Board of Children's Guardians in the district wherein the applicant may be residing. A brief summary must be executed in duplicate setting forth the following points:

1. Identifying information, including surname and given name of both parents (the word "deceased" following the name of the deceased parent) and address; and the names, birth dates and addresses for one year of the eligible child or children.

2. The name of the child or children's guardians, where someone other than the mother is in loco parentis.

3. The period of time during which the cases has been on relief. The type and amount of relief.

4. The basis of eligibility. (See "Eligibility for care through the Home Life Department").

5. Additional facts which would constitute material for future planning for the family.

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1. An applicant shall be disqualified for "public assistance" if without good and sufficient reason, he refuses to apply for State Board of Children's Guardians care. (all such cases should be carefully reviewed so that summary action will not be based upon a technical situation only).

2. (a) Public Assistance shall be extended to any needy person who during such periods of assistance may become eligible for SBCG aid, and shall not be terminated until the County Welfare Board shall have acted on the application and the first check from the SBCG has been received. The approximate date of such action may be obtained from the notice to the client advising of the action taken on the application, a copy of which is sent to the local Director of Welfare.

(b) Any needy applicant for Public Assistance, who at such time is not eligible for SBCG aid, but whose case record or history discloses evidence that would tend to establish eligibility subsequent thereto and those persons apparently eligible for SBCG, may be granted temporary Public Assistance.

In view of the laws covering aid to dependent children which provide that "the director of the (County) Welfare Board .... shall be empowered to issue an order granting assistance to any applicant where the emergencies surrounding the application require immediate assistance" it is presumed that emergency referrals shall be expedited and be given SBCG grants promptly. Such cases shall then be subject to the provisions (2-a) above set forth.

3. The first payment by the State Board of Children's Guardians shall warrant the immediate discontinuance of "public assistance" to such mother and children benefiting by the grants, but shall not bar any other needy member of the family from receiving public aid. In other words, the parent, guardians or other members of the family not included in the grant from State Board of Children's Guardians shall be eligible for Public Assistance.

4. Applications which are rejected by the County Welfare Board because of a finding by that body that said individuals are not in need or that their support may be provided from sources other than public funds shall, for the same reasons, be denied further "public assistance". However, if an application is denied because of age, residence or failure to meet legal requirements not related to the question of need, such rejection shall not impair the individual's eligibility for "public assistance". Situations in which need is caused by unemployment or underemployment of father are not eligible for the State Board of Children's Guardians assistance but are eligible for "public assistance".

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RELIEF (Cont'd)

5. Mothers and children receiving State Board of Children's Guardians grants should be excluded from consideration in determining the amount of relief to be extended to other members of relief families. Thus, if there are four persons in a family all of whom are in need of assistance and one of them is receiving a State Board of Children's Guardians grant, the Local Director of Welfare shall provide the usual item of food for three persons, and budget three-fourths of the family's needs for each of the items of shelter, fuel, light, etc. In no instance shall the "public assistance" allowance for the family be reduced arbitrarily by the amount of cash made available by the grant from the State Board of Children's Guardians.

LOCAL AND COUNTY COOPERATION

It is incumbent upon the Local Director of Welfare to become familiar with the action taken by the State Board of Children's Guardians as to the assistance granted to eligible children to the end that he may plan properly for any other members of the family who may need public assistance. He shall work in harmony with the district offices of the State Board of Children's Guardians to facilitate the proper handling of all cases, and their proper adjustment.

The district supervisor of the State Board of Children's Guardians will upon request furnish members of the Local Welfare Staff with essential data from their case records. Such records may be consulted at the district offices of the State Board of Children's Guardians subject to such rules of practice and convenience as the Board may require.

Should it develop at any time that there is a difference of opinion as to action taken in a case, the Local Director may refer such case to the Municipal Aid Administration for adjustment with the Central Office of the State Board of Children's Guardians.

SUPPLEMENTATION

No children or mothers eligible for State Board of Children's Guardians aid shall be supplemented in any form or amount by the Local Welfare Office, in view of R.S. 30:5-36 which provides:

> "Whenever any mother shall, for the support of herself and her children, receive the payment of any funds provided as set forth in this title, such mother shall be precluded from receiving for herself any further public relief whatsoever".

Effective July 1, 1943.

Att.

Municipal Aid Administration
Official Regulation

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Att. 4.525

(Sample Form)

STATE BOARD OF CHILD WELFARE
REFERRAL

(Prepare in Duplicate. Retain one copy).

Date _____

TO: _____ District Supervisor
New Jersey State Board of Children's Guardians
_____ Address
_____

The bearer _____ (Name) _____ (Address) _____ (case number) has applied for "public assistance" to the under signed and it appears that her children may be eligible to receive Home Life Assistance through the State Board of Children's Guardians. We believe the following information will be helpful to you in making a dtermination of this case.

1. Name of children (under 16 yrs. or 18 if regularly attending school)

   (1) _____ (2) _____ (3) _____
   (4) _____ (5) _____ (6) _____

2. Name and address of parents

   Mother _____

   Father _____

3. Name of individual with whom children are living if other than mother

   _____

4. The period of time case has been receiving relief _____

   The type of relief _____ and amount of relief _____

5. The address or addresses of children for past 12 months _____

   _____

   _____

   _____

   _____

6. Give reasons supporting your belief that children are eligible for SBCG assistance: _____

   _____

   _____

   _____

Respectfully submitted

_____
Municipal Welfare Director

_____ _____
Municipality Address

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

BUREAU OF ASSISTANCE

Municipal Aid
REGULATION # 4.600

ISSUED: - (Date)

REV.: (Date)

TITLE: Other Agencies

SUBJECT: Old Age and Survivors Insurance

STATUTORY REFERENCE: R.S. 44:8-108

Irving Engleman, Chief
Bureau of Assistance

Approved:

By:

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TITLE: OTHER AGENCIES

SUBJECT: OLD-AGE AND SURVIVORS INSURANCE

This bulletin explains the procedure to be followed in the case of applicants for "public assistance" who presumably are eligible for, or are now benefiting from Old-Age and Survivors Insurance payments.

PAMPHLET

A pamphlet (not a law, regulation or ruling) titled "Old-Age and Survivors Insurance," referring to those persons covered by insurance under the Social Security Act, states in part:

> "Monthly benefits go to any qualified worker at age 65 or over, to his wife at the same age, to his young children; if he dies after December 31, 1939, to his widow, his young children, or his dependent parents over 65, whatever his age at the time of his death. If no member of the family is immediately eligible to monthly benefits, a lump-sum death payment may be made."

Directors of Welfare and staff-members should secure a copy of this pamphlet from the nearest field office and study it carefully in order to be thoroughly familiar with the kinds of benefit payments and the bases for such payments. An understanding of this pamphlet will enable them to recognize from the facts of any situation whether or not there is apparent eligibility for such benefits.

SOCIAL SECURITY FIELD OFFICES

There are eleven field offices of the Social Security Board in New Jersey. Attached is a listing of these offices with their addresses, names of the managers and the areas covered, together with itinerant stations.

LOCAL WELFARE OFFICES - PROCEDURE

(a) Social Security Account Number: State regulations provide that every employable relief recipient (head of the case and all other employables in the case) must have, or obtain a Social Security Account Number Card and register for employment at a local office of the New Jersey (Federal) Employment Service. Directors of Welfare are cautioned to impress upon applicants that only one Social Security Account Number is to be used. If the card is lost a duplicate with the same number should be obtained.

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LOCAL WELFARE OFFICES - PROCEDURE (Cont'd)

(b) Application for Old-Age and Survivors Insurance: Persons presumed to be eligible for Old-Age and Survivors Insurance benefits under the Social Security Act are required to make application to a field office of the Social Security Board. The Social Security Board will dispose of the application by assisting in the filing of a claim, where eligibility appears possible. If the claim is approved, the claimant is in all cases so notified through an "Award Letter," Form OA-CL110; if the claim is denied the claimant is notified through a "Disallowance Letter". Where relief applicants or recipients have filed claims for Old-Age and Survivors Insurance payments they must present one or the other of these letters to the local relief office as evidence of their status, and to permit determination of eligibility for relief and extent of grants.

(c) Referral to Social Security Board: Persons applying for relief who are apparently eligible for Old-Age and Survivors Insurance benefits, but who have not previously applied for same, shall be referred and directed to the nearest Social Security Board Field Office in order to make such application. After application has been made, the Director of Welfare and staff can follow the progress of the application and ascertain its outcome through contact with the client and through the Award or Disallowance letter mentioned above.

(d) Clearance Through County Welfare Board:

(1) Persons eligible for Old Age Assistance: Any persons applying for and receiving public assistance, who is 65 years of age or over, a citizen of the United States and otherwise apparently eligible for Old Age Assistance shall be referred to the County Welfare Board. Such referral may be accomplished by the preparation of a referral notice which the applicant may present personally to the County Welfare Board, or by direct communication. In such cases, the County Welfare Board will assume the responsibility of determining whether the person, or any other member of the family unit, is eligible for Old-Age and Survivors Insurance benefits and will advise the local relief agency of the results of such determination.

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(d) Clearance Through County Welfare Board: (Cont'd)

(2) Persons not eligible for Old Age Assistance: Any person applying for and receiving public assistance, even though not apparently eligible for Old Age Assistance, but who is apparently eligible for Old-Age and Survivors Insurance benefits for himself or for other members of the family unit, may be referred to the County Welfare Board for purposes of clearance and verification with the Social Security Board concerning the benefit status. Such clearance referrals to the County Welfare Board should not be made unless the local relief agency has satisfied itself first, that the person is apparently eligible for Old-Age and Survivors Insurance benefits, and second, that it is impossible to secure satisfactory information concerning his benefit status through the Award or Disallowance letter or in any other way except by such clearance.

The County Welfare Board has been designated by the Social Security Board as the channel through which such clearances may be made. For that purpose the County Welfare Board will accept carefully selected referrals from the local relief agency, even though the individual referred is not eligible for Old Age Assistance nor connected with an Old Age Assistance case. As the County Welfare Board receives the desired information through the clearance procedure established by the Social Security Board, it will promptly notify the inquiring local relief agency of such information.

Any local relief agency that utilizes this clearance service is expected to certify that the information received will be used only for administrative purposes and kept confidential. The County Welfare Board is charged with responsibility to see that this rule is followed.

REFERRALS - DEATH PAYMENTS

The pamphlet referred to above states that "If no member of the family is immediately eligible to monthly benefits, a lump sum death benefit may be made." This provision may concern local directors when their interest in the case involves the matter of burial, especially if there are no relatives of the deceased, or their whereabouts are unknown. Federal Social

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REFERRALS - DEATH PAYMENTS (Cont'd)

Security regulations provide that death benefit payments may be made only to a private individual or corporation as reimbursement for burial costs in such cases, but such reimbursement is not made to a public assistance agency. It is therefore important that burial costs should not be advanced by the local relief department for any deceased person to whom a lump-sum death benefit may be payable by the Social Security Board. Local Directors of Welfare will find it helpful to consult with the local Social Security field office for more detailed information as to the circumstances under which death payments are payable and the manner of such payment. The field offices are not authorized, however, to disclose the disposition of any particular case except through the procedure outlined in this bulletin under section (d) (2). The Director of Welfare will accordingly have to work out suitable arrangements for burial on the basis of the best information available at the time of such arrangements, in a manner to protect the municipality against an irrevocable expenditure or commitment, where such expenditure or commitment might prove to be unnecessary.

GENERAL - RELIEF STATUS

(a) Persons applying for relief, where the employment history and age or social situation are such as to indicate apparent eligibility for Old-Age and Survivors Insurance benefits, should be asked whether they are in receipt of or have applied for such benefits. Persons who refuse to give information or to present data respecting benefits when reasonable information is available indicating possible eligibility, or who refuse to make application for such benefits when it is alleged that no application has previously been made, are to be denied public assistance.

(b) Relief shall be granted and continued to any needy person who has applied for Old-Age and Survivors Insurance until the application has been acted upon. Should such application be approved, and payments cover periods during which assistance has been granted, the recipient shall be required to make proper restitution to the local welfare office.

(c) Benefit payments shall be applied to relief budgets in the same manner as other income in determining the amount of public assistance grants.

Local Directors of Welfare are to record action on Old-Age and Survivors Insurance clearances and verifications in the same manner as for other phases of relief and agency referrals.

Att.

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

Municipal Aid

BUREAU OF ASSISTANCE

REGULATION # 4.600A

ISSUED: April 12, 1955
(Date)

REV.: _____
(Date)

TITLE: Other Agencies

SUBJECT: Clearance with Old Age and Survivors Insurance to Determine Eligibility for "Disability Freeze" of General Assistance Clients

STATUTORY REFERENCE: R.S. 44:8-108

Irving Engelman, Chief
Bureau of Assistance

Approved:

By: _____

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# State of New Jersey

## DEPARTMENT OF INSTITUTIONS AND AGENCIES

TRENTON 8

BUREAU OF ASSISTANCE
148 WEST STATE STREET

April 12, 1955

TO: MUNICIPAL WELFARE DIRECTORS

Re: Regulation 4.600A, 4/12/55

Attached is Regulation 4.600A, Clearance with Old Age and Survivors Insurance to Determine Eligibility for "Disability Freeze" of General Assistance Clients.

Please destroy the material issued under 4.600 on August 11, 1952, entitled "OASI Amendments, Special Instructions, For Immediate Attention." However, material issued prior to 1952 without date, as 4.600, "Subject: Old Age and Survivors Insurance," should be retained for the present. Certain sections of this early regulation are out-of-date due to changes in the Social Security Act, but the policy under "General-Relief Status" is still applicable. This regulation will be revised in the near future.

You will note that a sample copy of the Federal Referral Form is attached to Regulation 4.600A and that you are to obtain supplies of this form from the district offices of OASI.

You may also obtain from the district office a pamphlet "Facts for Those Who Are Disabled" which will be helpful to you in understanding the "disability freeze" provisions and aid you in interpreting them to clients.

Yours truly,

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Irving Engelman

Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved: 4/14/55
Elmer V. Andrews
Director of Welfare

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

4.600A
4/12/55

TITLE: OTHER AGENCIES

SUBJECT: CLEARANCE WITH OLD AGE AND SURVIVORS INSURANCE TO DETERMINE ELIGIBILITY FOR "DISABILITY FREEZE" OF GENERAL ASSISTANCE CLIENTS

Provisions of Law

The 1954 amendments to the Social Security Act include provisions referred to as the "disability freeze." These provisions will permit benefit increases for some current OASI beneficiaries who had become disabled before reaching age 65; and they protect the future benefit rights of disabled workers under 65 who have had at least 5 years of work in covered employment, and the benefit rights of their survivors.

Effective Date

The new provisions of the law become operative on July 1, 1955, but applications for disability determinations may be made prior to that date. It is advisable for all such applications to be initiated as promptly as possible.

Special Clearance Plan

In order to give prompt service to agencies who are in direct touch with identifiable groups of disabled persons, the Bureau of Old Age and Survivors Insurance will give priority clearance to cases referred by such agencies.

The clearance will consist of two steps as follows:

Procedures

1. All clients referred will have their wage records checked against the central files in Baltimore. For this purpose the municipal welfare department will prepare <u>one</u> copy of the special referral form (sample attached), supplies of which will be obtained from the district OASI office serving the area, and send to the district office, together with three copies of GA-20 (sample copy attached).

Form GA-20 cannot regularly be supplied by the Bureau to all municipal departments, but an initial supply is being mailed to you. Municipal welfare departments with relatively small case loads which do not have access to facilities to duplicate this form for their own use should so advise the Bureau and arrangements will be made to make an additional supply available as needed.

2. If the wage record clearance shows the client has the required 5 years in covered employment, the OASI district office will be notified, and it in turn will notify the client, inform him of the disability freeze provisions, and assist him in filing an application for a disability determination. The municipal welfare department has no responsibility at this point, nor for the disability determination.

3. If the client is determined to be eligible for the disability freeze, the OASI district office will notify the client and will inform the municipal welfare department by returning one copy of the GA-20.

Determination of eligibility for any person already receiving OASI benefits will generally result in <u>an increase in his OASI benefits beginning with July 1955.</u>

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Clearance with Old Age and Survivors Insurance to Determine Eligibility for "Disability Freeze" of General Assistance Clients

Procedures (Contd)

4. Clients whose wage records do not entitle them to apply for disability determination will not be notified by OASI, but form GA-20 will be returned with this information to the municipal welfare department.

5. Clients who fail to apply for disability freeze eligibility determination following notice from OASI will receive one follow-up notice. If and when the municipal welfare department receives information from OASI of failure of the client to apply, a prompt contact with the client shall be arranged to ascertain the reason for his failure, to interpret the provisions and possible benefits, and to assist the client, if necessary, in filing his application.

Potentially Eligible Groups

Clients receiving assistance from categorical assistance programs administered by the county welfare boards, the State Board of Child Welfare and the Commission for Aid to the Blind include many persons who are potentially eligible for the "disability freeze" provisions. Such persons are being referred by the agencies mentioned, and no activity on their behalf by municipal welfare departments is required.

However, there may be persons receiving general assistance, or living in the same household and not receiving any form of public assistance, who are disabled and whose possible eligibility for the "disability freeze" should be determined.

Clients to be Referred

Municipal welfare departments shall refer to the appropriate district OASI office every applicant for or recipient of general assistance who is believed to be disabled and unable to work unless

a) the client has already filed an application for categorical assistance (OAA, DA, AB, HLA), or

b) it is definitely known that the client has no record of covered employment since 1936.

Other Referrals

Municipal welfare departments should also be alert to the possible eligibility of any non-assistance members of the household and instruct such persons to call at the OASI district office to apply for "disability freeze" determination.

Directory of OASI

Attached is a directory of the District Offices of the Old Age and Survivors Insurance set up by county and by the post-offices covered by the various districts' offices.

Initiate Referrals Immediately

You are directed to obtain the special referral forms from the nearest district OASI office and to proceed to process referrals as outlined above as rapidly as possible. This early referral will assist OASI in identifying and clearing potentially eligible persons prior to July 1, 1955.

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Clearance with Old Age and Survivors Insurance to Determine Eligibility for "Disability Freeze" of General Assistance Clients

Consult Bureau on Questions — All questions of interpretation or procedure should be referred to the Bureau, either by consultation with the Field Representative or by direct communication with the Bureau by letter, or telephone if necessary.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Irving Engelman

Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved: 4/14/55
Elmer V. Andrews
Director of Welfare

Official Regulation 4.600A, 4/12/55
Destroy Regulation 4.600, OASI Amendments, Special Instructions, For Immediate Attention, 8/11/52

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(Sample Federal Form)

TO: Social Security Administration

The following information is furnished in cooperation with the Bureau of Old Age and Survivors Insurance to identify or locate persons who are disabled and who may be entitled to protect their rights under the disability freeze provisions of the Social Security Act Amendments of 1954. It is understood that if the Bureau of Old Age and Survivors Insurance finds that the person named below is eligible to protect his rights he will be notified and given an opportunity to file an application.

_____

Name and address of organization

_____

Name and title of representative of organization furnishing information

. . . . . .

Name and address of Disabled Person (_____

(_____

Based on our records it appears that the above individual:

1. Has approximately 5 years employment covered under the Social Security Act . . . . . ☐

2. Has been disabled at least 6 months (and is still disabled) . . . ☐

If individual does not meet these requirements do not complete this form

3. Date of birth of individual_____

4. His Social Security number is_____
(If number is not available but it appears he meets the employment requirement, furnish the following if available)

Place of birth_____

Father's Name (_____ Mother's Maiden Name_____

5. Approximate date became disabled_____

6. Medical evidence of individual's disability is of record ☐ Yes ☐ No

If "yes" indicate custodian of record:

_____

_____

_____

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

Form GA-20
4/12/55

# REQUEST FOR OLD AGE AND SURVIVORS INSURANCE INFORMATION

_____ _____
(Name and Wage Earner) (Account Number)

_____ _____
(Name of Claimant, if other than Wage Earner) (Relationship)

_____
(Address)

Director, Bureau of Old Age and Survivors Insurance_____
(Date)

Attention: Manager_____

The above-named person is unable to produce a copy of an award or disallowance letter from the Social Security Board with reference to a claim for benefits under Title II of the Social Security Act, as amended.

It is requested that information available from your records, regarding the entitlement of the above-named person to old age and survivors insurance benefits, be furnished this office. The information requested herein is required for use in determining this person's needs. The information will be used only for the purpose stated and will not be disclosed to any other organization or individual, except in accordance with expressed regulations or instructions of the Social Security Board or as provided in the State plan approved by the Social Security Board.

_____ _____
(Signature) (Title)

_____Department of Welfare_____
(Municipality) (Address)

## SOCIAL SECURITY BOARD REPORT

_____ Date_____

_____Department of Welfare

_____

The records of this Bureau disclose the following:

Wage Earner's Account No._____

Date of Award_____ Name of Beneficiary_____
Type of Monthly Benefit_____ Amount of Monthly Benefit_____
Month of Entitlement_____ Initial Payment_____
Explanation of any necessary deductions_____

_____

Date of Birth, if age 65 or over_____ Amount of Lump-Sum Death Payment_____
Disallowed (Date)_____ Reason_____

_____

Remarks_____

_____

Director, Bureau of Old Age and Survivors Insurance

BY_____ _____
(Title)

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# DIRECTORY OF DISTRICT OFFICES OF OLD AGE AND SURVIVORS INSURANCE

| | SERVICING OFFICE | ADDRESS | MANAGER |
|---|---|---|---|
| ATLANTIC COUNTY | | | |
| All | Atlantic City | Old Post Office Bldg.<br>Pacific & Pennsylvania Ave. | Joseph M. Davis |
| BERGEN COUNTY | | | |
| Carlstadt<br>East Rutherford<br>Garfield<br>Hasbrouck Heights<br>Lodi<br>Lyndhurst<br>North Arlington<br>Rutherford<br>Wallington<br>Wood-Ridge | Passaic | Post Office Building | William P. Donnelly |
| Allendale<br>East Paterson<br>Fair Lawn<br>Hohokus<br>Midland Park<br>Oakland<br>Ramsey<br>Ridgewood<br>Saddle River<br>Waldwick<br>Wyckoff | Paterson (1) | 245 Market Street | Stanley J. Fioresi |
| All Others | Hackensack | 389 Main Street | Walter B. Schoffman |
| BURLINGTON COUNTY | | | |
| Green Bank<br>Lower Bank<br>New Gretna | Atlantic City | Old Post Office Building<br>Pacific & Pennsylvania Aves. | Joseph M. Davis |
| Bordentown<br>Crosswicks<br>Fieldsboro | Trenton(9) | Post Office Building<br>402 East State Street | Ruben R. Blane |
| Beverly<br>Birmingham<br>Bridgeboro<br>Browns Mills<br>Burlington<br>Chatsworth<br>Columbus | Bristol, Pa | 114 Otter Street | Walter P. Foster |

As of April 1955

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| | SERVICING OFFICE | ADDRESS | MANAGER |
|---|---|---|---|
| BURLINGTON COUNTY | | | |
| Cookstown<br>Delanco<br>Edgewater Park<br>Evansville<br>Florence<br>Fort Dix<br>Hainesport<br>Hartford<br>Jobstown<br>Juliustown<br>Lumberton<br>Masonville<br>Medford<br>Mount Holly<br>New Lisbon<br>Pemberton<br>Rancocas<br>Riverside<br>Roebling<br>Smithville<br>Whitesbog<br>Wrightstown | Bristol, Pa | 114 Otter Street | Walter P. Foster |
| All Others | Camden(1) | Room 408,<br>Post Office Building | Nicholas A. Stockman |
| CAMDEN COUNTY | | | |
| All | Camden(1) | Room 408<br>Post Office Building | Nicholas A. Stockman |
| CAPE MAY COUNTY | | | |
| All | Atlantic City | Old Post Office Building<br>Pacific & Pennsylvania Aves. | |
| CUMBERLAND COUNTY | | | |
| All | Bridgeton | 139 E. Commerce Street | Thomas W. Conville, Jr. |
| ESSEX COUNTY | | | |
| Bloomfield<br>Caldwell<br>Cedar Grove<br>Glen Ridge<br>Montclair<br>North Caldwell<br>Roseland<br>Verona<br>Essex Falls | Bloomfield | National Newark & Essex Bank Bldg.<br>2 Broad Street | Theodore V. Fitzmaurice |
| East Orange<br>Livingston<br>Orange<br>West Orange | East Orange | 426 Main Street | Abel Carder |
| Irvington<br>Maplewood<br>Millburn-Short Hills<br>South Orange | Irvington | 1040 Springfield Ave. | Seymour Finver |

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| | SERVICING OFFICE | ADDRESS | MANAGER |
|---|---|---|---|
| ESSEX COUNTY | | | |
| Newark | Newark(2) | 1016 Broad Street | William J. Wilkie |
| Belleville | | | |
| Nutley | | | |
| GLOUCESTER COUNTY | | | |
| All | Camden(1) | Room 408,Post Office Bldg. | Nicholas A. Stockman |
| HUDSON COUNTY | | | |
| All | Jersey City(6) | 840 Bergen Avenue | William J. Arnold |
| HUNTERDON COUNTY | | | |
| Baptistown | Trenton(9) | Post Office Building<br>402 East State Street | Ruben R. Bland |
| Flemington | | | |
| Frenchtown | | | |
| Lambertville | | | |
| Ringoes | | | |
| Rosemont | | | |
| Sand Brook | | | |
| Sergeantsville | | | |
| Stockton | | | |
| Three Bridges | | | |
| Treasure Island | | | |
| All Others | Easton, Pa. | 33 South Third Street | Marie T. Miller |
| MERCER COUNTY | | | |
| All | Trenton(9) | Post Office Building<br>402 East State Street | Ruben R. Bland |
| MIDDLESEX COUNTY | | | |
| Cranbury | New Brunswick | 75 Paterson Street | Albert Nevin |
| East Brunswick | | | |
| Edison | | | |
| Helmetta | | | |
| Highland Park | | | |
| Jamesburg | | | |
| Metuchen | | | |
| Milltown | | | |
| Monroe | | | |
| New Brunswick | | | |
| North Brunswick | | | |
| Piscataway | | | |
| Plainsboro | | | |
| South Brunswick | | | |
| South River | | | |
| Spotswood | | | |
| Dunellen | Elizabeth(4) | Albender Building<br>1143-45 East Jersey St. | Ralph W. Jones |
| New Market | | | |
| North Plainfield | | | |
| South Plainfield | | | |
| Middlesex | | | |

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| | SERVICING OFFICE | ADDRESS | MANAGER |
|---|---|---|---|
| MIDDLESEX COUNTY | | | |
| Carteret<br>Madison<br>Sayreville<br>South Amboy<br>Woodbridge<br>Perth Amboy | Perth Amboy | Perth Amboy National Bank Building<br>313 State Street | Allan A. Bass |
| MONMOUTH COUNTY | | | |
| Belford<br>Cliffwood<br>Hazlet<br>Keansburg<br>Keyport<br>Leonardo<br>Matawan<br>Middletown<br>Morganville<br>New Monmouth<br>Port Monmouth<br>Union Beach<br>Wickatunk | Perth Amboy | Perth Amboy National Bank Building<br>313 State Street | Allan A. Bass |
| All Others | Asbury Park | Charms Building<br>601 Bangs Avenue | Benjamin Sandberg |
| MORRIS COUNTY | | | |
| All | Morristown | 17 South Street | Peter F. McCoy |
| OCEAN COUNTY | | | |
| Adamston<br>Bay Head<br>Breton Woods<br>Cassville<br>Island Heights<br>Lakehurst<br>Lakewood<br>Laurelton<br>Lavallette<br>Mantoloking<br>Metedeconk<br>New Egypt<br>Normandy Beach<br>Osbornsville<br>Point Pleasant<br>Seaside Heights<br>Seaside Park<br>Shore Acres<br>Toms River<br>Van Hiseville<br>West Point Pleasant | Asbury Park | Charms Building<br>601 Bangs Avenue | Benjamin Sandberg |
| All Others | Atlantic City | Old Post Office Building<br>Pacific & Pennsylvania Avenues. | Joseph M. Davis |

As of April 1955

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| | SERVICING OFFICE | ADDRESS | MANAGER |
|---|---|---|---|
| PASSAIC COUNTY | | | |
| Clifton<br>Great Notch<br>Passaic | Passaic | Post Office Building | William P. Donnelly |
| All Others | Paterson (1) | 245 Market Street | Stanley J. Fioresi |
| SALEM COUNTY | | | |
| All | Bridgeton | 139 East Commerce St. | Thomas W. Conville, Jr. |
| SOMERSET COUNTY | | | |
| Basking Ridge<br>Bedminster<br>Bernardsville<br>Far Hills<br>Gladstone<br>Lyons<br>Peapack | Morristown | 17 South Street | Peter F. McCoy |
| North Plainfield | Elizabeth (4) | Elbender Building<br>1143-45 East Jersey St. | Ralph W. Jones |
| All others | New Brunswick | 75 Paterson Street | Albert Nevin |
| SUSSEX COUNTY | | | |
| All | Morristown | 17 South Street | Peter F. McCoy |
| UNION COUNTY | | | |
| All | Elizabeth (4) | Elbender Building<br>1143-45 East Jersey St. | Ralph W. Jones |
| WARREN COUNTY | | | |
| All | Easton, Pa. | 33 South Third Street | Marie T. Miller |

As of April 1955

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

BUREAU OF ASSISTANCE

Municipal Aid
REGULATION # 4.700

ISSUED: _____
(Date)

REV.: July 19, 1954
(Date)

TITLE: Other Agencies

SUBJECT: Relationship of the General Assistance Program to the State Division of Employment Security

STATUTORY REFERENCE: R.S. 44:8-108

Irving Englehardt, Chief
Bureau of Assistance

Approved:

By: _____

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# State of New Jersey

DEPARTMENT OF INSTITUTIONS AND AGENCIES
TRENTON 8

BUREAU OF ASSISTANCE
148 West State Street

July 19, 1954

TO: MUNICIPAL WELFARE DIRECTORS

Re: Regulation 4.700 Revised 7-19-54

Enclosed is regulation 4.700 revised 7/1954, Relationship of the General Assistance Program to the State Division of Employment Security (Unemployment Insurance, Temporary Disability Benefits, Employment Service).

This regulation replaces 4.700 revised 2/27/53. It has been developed in collaboration with the Division of Employment Security and if the policy and procedures are carefully followed should provide better service to clients.

Attached to the regulation is a sample copy of Form GA-10, Agreement to Repay, which is to be prepared by the municipal welfare department for its own use.

Also attached are copies of the 5 forms used by the Division of Employment Security which are referred to in the regulation. These are for purposes of illustration only.

This regulation is effective immediately and all existing copies of previous issues of 4.700 shall be destroyed.

If there are questions about the policy or procedure, please consult your field representative or the Bureau.

Very truly yours,

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Chief
Bureau of Assistance

MPD:MRC

Approved: 7/19/54
Elmer V. Andrews,
Director of Welfare

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TITLE: OTHER AGENCIES

SUBJECT: RELATIONSHIP OF THE GENERAL ASSISTANCE PROGRAM TO THE STATE DIVISION OF EMPLOYMENT SECURITY (Unemployment Insurance, Temporary Disability Benefits, Employment Service)

## INTRODUCTION

### Functions of the Division of Employment Security

The Division of Employment Security within the State Department of Labor and Industry is responsible for the administration of the Unemployment Insurance and Temporary Disability Benefits programs, and for the operation of the State Employment Service.

The Division maintains 36 local offices and provides itinerant services at necessary points, which vary from time to time with economic conditions, on specified days or during specified seasons of the year. Assistance agencies can obtain copies of a published list of the local and itinerant offices from the Division of Employment Security, 28 West State Street, Trenton 8, New Jersey.

### Purpose of Regulation

This regulation provides general information about the benefits and services administered by the Division of Employment Security; sets forth a statement of policy in respect to eligibility for assistance of persons eligible for or receiving such benefits and services; and describes the procedural relationships between the Division and the municipal welfare departments which are to be observed.

## I. UNEMPLOYMENT INSURANCE AND TEMPORARY DISABILITY BENEFITS

### A. Eligibility for Benefits; Applications

Eligibility for Benefits

Welfare directors and their staffs are expected to familiarize themselves with the general rules of eligibility for receipt of Unemployment Insurance and Temporary Disability Benefits, payment provisions and duration of weekly payments for persons who have been engaged in "covered" employment.

Where to Apply -U.I.

Claims for Unemployment Insurance benefits are filed at the appropriate local office of the State Employment Service.

T.D.B. Private or State Plan

Temporary Disability Benefits are provided under two plans. Some employers operate a Private Plan covered by private insurance companies. Other employers participate in the public or State Plan for Temporary Disability Benefits.

Where to Apply-T.D.B.

Claims under a Private Plan are normally filed with the person's employer.

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Claims for Temporary Disability Benefits under State Plan are filed with the Disability Insurance Service, Division of Employment Security, 20 West Front Street, Trenton 10, New Jersey. The local Employment Offices do not administer nor have any records relating to the Temporary Disability Benefits program.

Claim Forms

Forms for filing claims under the State Temporary Disability Benefits program may be obtained from employers, physicians, Unions, and the local Employment Offices.

Eligibility for Assistance; Refusal to Apply for Benefits

B. Eligibility for Assistance in Relation to Benefits

1. Refusal to Apply for Benefits

A person who appears to be eligible for either Unemployment Insurance or Temporary Disability Benefits and who refuses or neglects to apply for such benefits is ineligible to receive assistance.

Inquiry shall be made of every applicant for assistance regarding his possible eligibility for Unemployment Insurance or Temporary Disability Benefits. If he states he has filed a claim for benefits, record shall be made of the date the claim was filed. If he has not filed, and it appears he may be eligible for benefits, he shall be instructed to file his claim prior to requesting a second assistance payment.

Assistance Pending Receipt of Benefits

Agreement to Repay

2. Assistance Pending Receipt of Benefits; Agreement to Repay

When it is determined that an applicant who may be eligible to receive Unemployment Insurance or Temporary Disability Benefits is in need, assistance shall be granted provided he executes an agreement to repay the assistance received while awaiting benefits, from any such benefits he may receive. The agreement to repay shall be executed on Form GA-10 in duplicate, and one copy given to the applicant for his record. (A sample Form GA-10 is attached to this regulation and is to be prepared by the mumicipal welfare department for its own use.)

Assistance While Receiving Benefits

3. Assistance While Receiving Benefits

A person receiving Unemployment Insurance or Temporary Disability Benefits is not disqualified for general assistance merely because of such fact. If his income from such benefits and all other sources, does not meet full need in accordance with State standards, assistance to meet the budgetary deficit shall be granted.

Verification of U. I.

C. Verification of Status of Claim

1. Unemployment Insurance

Information Available from Client

a. Information Available from Client

A claimant for Unemployment Insurance benefits receives an "Applicant Identification Card (Form NJES506) indicating

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that he has filed a claim for benefits and the date of the claim.

As soon as possible thereafter, if he has the required minimum earnings and weeks of employment during the base period he will receive Form BC-3A, "Notice to Claimant of Benefit Determination", which indicates the number of weeks and amount of benefits to which he may be entitled if he meets all eligibility requirements. If he does not have the minimum base period requirements he will receive Form BC-5 "Notice to Claimant of Invalid Claim for Unemployment Benefits".

When the claimant is paid his first week of benefits he receives Form BC-7, a booklet containing continued claims for Unemployment Benefits, one of which is removed from the booklet for each subsequent week of eligibility established by the claimant.

If the claimant to whom Form BC-3A has been issued is found ineligible or disqualified, he is given Form BC-26B, "Notice to Claimant of Nonmonetary Determination", showing the duration of the ineligibility or disqualification.

If the person does not possess Form BC-5 or Form BC-26B and if he has not exhausted his benefits for the current benefit year, it should be assumed that he is receiving, or is entitled to receive Unemployment Insurance benefits; or that the potential payment of benefits has been delayed because the claim is pending further investigation.

It should be possible for the agency to secure from the client all the necessary information about his eligibility for and receipt of Unemployment Insurance benefits.

Inquiry to Local Office, N.J. State Employment Service

b. Inquiry to Local Office, N.J. State Employment Service

In those instances when a client cannot provide the information and fails in his efforts to secure it himself, or when there is reason to believe that the client is furnishing inaccurate or incomplete information, the agency may address an inquiry in writing to the appropriate local office of the New Jersey State Employment Service. Requests must be limited to specific information relating to the client's eligibility for benefits or the status of his claim. Routine requests for such information shall not be made. No requests shall be addressed directly to the State Office of the Division of Employment Security regarding Unemployment Insurance benefits.

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Verification Temporary Disability Benefits

2. Temporary Disability Benefits

Unlike claimants for Unemployment Insurance benefits, persons who have filed for Temporary Disability Benefits are not provided with proof of application for benefits.

Inquire First of Client

a. Inquire First of Client

It is the responsibility of the client to notify the agency of the status of his claim for Temporary Disability Benefits. The agency shall inquire from him whether he is covered under Private Plan or the State Plan. The client shall be asked about the status of his claim prior to the first and any subsequent assistance payment.

Inquiry to Employer - Private Plan

b. Inquiry on Private Plan and State Plan

If at the end of four (4) weeks from the date that the claim for Temporary Disability Benefits was filed, the client states that he has not received benefit payments, or notice of ineligibility for benefits, a direct inquiry in writing shall be sent to the employer if the claim has been filed under Private Plan, or, if under State Plan, to the Superintendent, Disability Insurance Service, Division of Employment Security, 20 West Front Street, Trenton 10, N.J., concerning the status of the claim. In such instances assistance shall be continued until receipt of a reply and further action taken upon receipt of a reply appropriate to the nature of the reply. Inquiries shall not be made on a routine basis, and no inquiries concerning Temporary Disability Benefits are to be sent to the local offices of the Employment Service.

Inquiry to State Office-State Plan

Repayment

D. Repayment of Assistance from Benefits

General Policy

1. General Policy

Every person who receives assistance pending receipt of Unemployment Insurance or Temporary Disability Benefits shall be under obligation to repay the assistance received during the "pending period" up to the amount of the benefits covering that period but not to exceed the amount of assistance received during that period.

Decision on Repayment

2. Decision on Repayment

If and when a client is paid Unemployment Insurance or Temporary Disability Benefits and such payment includes benefits for the weeks during which he received assistance, the welfare director shall review the facts in the case and shall make an official determination that

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a. repayment shall be required in whole or in part, in one payment or by a series of payments as planned with the client, or

b. the requirement for repayment shall be waived for the good and welfare of the client and his dependents, if any.

Voluntary Repayment

However, nothing in this regulation shall prohibit a client who wishes to repay from doing so under any plan he wishes to arrange with the welfare director. A client who is unable to repay from his benefit payments might wish to make repayment when he returns to employment.

Record of Decision

3. Record of Decision

The official decision by the welfare director in regard to repayment and the basis for the decision shall be clearly explained in the case record.

Record of Repayment

4. Record of Repayment

Whenever repayment is made, whether partial or total, the amount(s) and date(s) received shall be noted in the case record.

Receipt for Total Repayment

5. Receipt for Total Repayment

Whenever total repayment is made or completed by the client, the welfare director shall indicate on the bottom of the executed Form GA-10 that payment has been completed, giving the total amount received, date and sign the statement and give the Form GA-10 to the client as a receipt.

6. State Aid and Accounting

Credits for State Aid

a. Assistance granted pending receipt of Unemployment Insurance or Temporary Disability Benefits may be committed as credits for State aid. Refunds collected pursuant to the agreement to repay shall be reported and accounted for in the manner specified in Regulation 1.004.

Preparation Form 6

b. For instructions regarding coding of the monthly Inventory Report see Form 6, Section B-2.

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## II. STATE EMPLOYMENT SERVICE

### A. Types of Service Available

Employment Information and Registration Service

#### 1. Employment Information and Registration Service

The local offices of the State Employment Service have information about many local job opportunities. In addition, the local offices know of many job openings throughout the State and even in other nearby States. While not all employers register job openings with the New Jersey State Employment Service, the available jobs cover a wide variety of occupations including professional, skilled, semi-skilled and unskilled labor, clerical, sales and service occupations.

Placement Service

#### 2. Placement Service

An important two-fold function of the New Jersey State Employment Service is to help unemployed persons who register for work to find a job suitable to their training and experience, and at the same time to help employers to fill job openings by referring persons who appear to meet the qualifications of specific jobs. Information secured from registrants in an employment interview is kept on file. As job openings are received for which an individual appears qualified, he is notified where to apply for the job.

Counselling and Testing Service

#### 3. Employment Counselling and Testing Service

An additional service offered by the New Jersey State Employment Service is that of counselling with persons and testing for occupational skills of persons with disabilities or other problems which affect employability. Many persons are helped through this special service to secure full time or limited employment which they can do in spite of handicapping conditions.

Assistance Policy on Registration

### B. Assistance Policy on Registration for Employment

#### 1. General Policy

An important principle of public assistance is to encourage and assist all needy persons to become as self-sufficient as possible within the limits of their physical and mental capacities. The agency shall become familiar with and make full use of the services offered by the New Jersey State Employment Service in helping assistance clients who are able to work to find suitable employment.

Who Shall Register

#### 2. Who Shall Register

All persons over the age of sixteen who are not attending school shall be required to register for employment except the following:

a. Persons who are needed at home to care for children, or because of the illness or invalidism of some member of the family; or

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b. Persons who are certified by medical authority (physician or clinic) as being unable to work because of physical or mental illness or disability.

Assistance Prior to Registration

3. Assistance Prior to Registration

An applicant for assistance who is determined to be in need shall be granted assistance even though he may not yet have registered for employment. However, any such person who is instructed to register with the New Jersey Employment Service (in accordance with sub-section 2. above) is not eligible to receive assistance for more than 15 days unless he presents evidence of registration within that period.

Register at Local Office

C. Registration Procedure

1. Register at Local Office

A person registers for employment by going in person to the local office of the New Jersey State Employment Service covering the area in which he lives.

Registration Period

2. Registration Period

Registration is good for a period of 60 days but it is advisable for the person to inquire about possible job openings at frequent intervals. If the person has not secured work by the end of the 60 days, he must renew his registration.

Unemployment Insurance Claimants Automatically Registered

3. Unemployment Insurance Claimants Automatically Registered

Persons who have filed claim for Unemployment Insurance benefits are automatically registered for employment. Registration for these persons is continued by the New Jersey State Employment Service until the person secures employment or until the end of the benefit payment period. If the person has not secured employment by the end of his benefit payment period, it is necessary for him to renew registration for employment in order to continue to receive referrals for job openings.

Verification Available from Client

D. Verification of Registration

1. Verification Available from Client

The person who registers for employment is given a card (Form NJES-506) showing the date of his registration. The agency may ask the client to show this card as verification that he has registered for employment.

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Inquiry to Local Office, N.J.S.E.S.

2. Inquiry to Local Office of New Jersey State Employment Service.

In those instances when a client cannot provide proof of registration or information about referral to jobs, or when there is reason to believe that the client is furnishing inaccurate or incomplete information, the agency may address an inquiry in writing to the appropriate local office of the New Jersey State Employment Service. Requests must be limited to specific information regarding registration of the person or referrals for employment. The New Jersey State Employment Service is not in a position to answer questions about the client's possibility of securing employment, nor will that agency furnish data about wages, etc. Routine inquiries for information regarding registration and referral for employment shall not be made.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Chief
Bureau of Assistance

MPD:MRC

Approved: 7-19-54
Elmer V. Andrews
Director of Welfare

Official Regulation 4.700 Revised 7-19-54.
Destroy Regulation 4.700 Revised 2-27-53.

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Form GA-10
2/53

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

# AGREEMENT TO REPAY - GENERAL ASSISTANCE

Name: Case Number:

Address: Social Security Number:

Municipality: Date Last Employed:

---

In support of my application for general assistance I certify that:

1. I believe I am eligible for [ ] unemployment insurance benefits.
   [ ] temporary disability benefits.
2. I have applied for such benefits.
3. I have not yet received any benefits.
4. I will report to the municipal department of welfare promptly after I start receiving benefits.
5. I hereby promise to repay any assistance granted to me until I report I have received benefits.
6. I hereby authorize the Division of Employment Security to disclose any pertinent facts concerning my claim for insurance benefits to the municipal director of welfare upon request.

Signed _____
(Applicant)

Date: _____ Witness: _____

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## IMPORTANT

1. Report at the Employment Office when and as directed.
2. Bring this card with you each time you report at the Employment Office.
3. Notify the Employment Office promptly of any change in your address or telephone number.
4. You must renew your registration for work each sixty days.

# APPLICANT IDENTIFICATION CARD

STATE OF NEW JERSEY
DEPARTMENT OF LABOR AND INDUSTRY
DIVISION OF EMPLOYMENT SECURITY
NEW JERSEY STATE EMPLOYMENT SERVICE
AFFILIATED WITH
UNITED STATES EMPLOYMENT SERVICE

FORM NJES-506 (R-6-53) 101

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Name .....

Address .....

SS
No. ..... Age.....

Occupational Titles and Codes

1. ..... .....
2. ..... .....
3. ..... .....

Report to: **New Jersey State Employment Service**

| UNEMPLOYMENT TEMPORARY Must Register on | *Dates of Registration and Extension* | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

New claim for unemployment benefits filed.....

## TO THE CLAIMANT

1. Your first reporting day is:.....

Date..... At.....

2. Read carefully "A Claimant's Responsibility."

..... .....

Claims Agent Signature of Applicant

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| L. O. No. | First Day of Benefit Year | Claimant's Name | Social Security Acct. No. |
|---|---|---|---|
| | | | |

TO THE CLAIMANT: On the basis of the available information covering your employment and wages in the base year, and assuming that such employment was with employers subject to the law, it has been determined that

1. Your weekly benefit rate is . . . $_____.
2. On the basis of your employment record with the employer named herein, you may become entitled to receive in your benefit year an amount equal to your weekly benefit rate multiplied by_____ $_____.
   Tentative (over)
3. On the basis of your employment record with this and other employers, you may become entitled to receive in your benefit year . . . . . $_____.
   Tentative (over)

Any appeal from the determination covered by this notice must be made at the local employment office within seven (7) days after the date of the delivery of the notice or within ten (10) days after the date of the mailing of the notice.

DATE OF DELIVERY:
MAILING:

DEPUTY:

EMPLOYER

NEW JERSEY REGISTRATION NO.

NEW JERSEY DIVISION OF EMPLOYMENT SECURITY

FORM BC - 3A (8-52)

NOTICE TO CLAIMANT OF BENEFIT DETERMINATION

1

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If the amount stated in either Item 2 or Item 3 on the other side is designated as tenative, it means that you have had other employment in the base year not used in making this determination. This additional employment will be used to determine your complete benefit rights if you are unemployed when the benefits allowed under this determination are nearly used up.

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TO THE CLAIMANT: On the basis of the available information with respect to your employment and wages in the base year of your claim (that is, the first fifty-two (52) of the fifty-three (53) calendar weeks immediately preceding the date of your claim), it has been determined that your initial claim for unemployment benefits, dated _____, is **INVALID BECAUSE IN THE BASE YEAR THERE WERE FEWER THAN SEVENTEEN (17) CALENDAR WEEKS IN WHICH YOU EARNED FIFTEEN DOLLARS ($15.00) OR MORE IN EMPLOYMENT COVERED BY THE UNEMPLOYMENT COMPENSATION LAW OF NEW JERSEY.** Since your claim is invalid, you are not eligible to receive unemployment benefits at this time.

SOCIAL SECURITY ACCT. NO.

If you were in the armed forces of the United States within the base year, consideration was given, in arriving at at this determination, to any covered employment which you had prior to your induction, as required by the provision of the Law with respect to "Inductees' Benefit Rights".

**RIGHT OF APPEAL:** Any appeal from the determination covered by this notice must be made at the local employment office within seven (7) days after the date of the delivery of the notice or within ten (10) days after the date of the mailing of the notice.

DATE OF
DELIVERY:
MAILING: _____ DEPUTY: _____

NEW JERSEY DIVISION OF EMPLOYMENT SECURITY

CLAIMANT

Form BC-5 NOTICE TO CLAIMANT OF INVALID CLAIM FOR UNEMPLOYMENT BENEFITS (1-53)

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FORM BC-7 (R-1-53)
STATE OF NEW JERSEY
DEPARTMENT OF LABOR AND INDUSTRY
DIVISION OF EMPLOYMENT SECURITY

# UNEMPLOYMENT BENEFIT CERTIFICATES

REPORTING DAY AND TIME:

AT

**This booklet of detachable coupons will serve as your identification whenever you report at the local employment office to claim benefit payments.**

**The number of coupons in this booklet does not mean that you will receive that many payments. A check will be issued for any week claimed *only* if you were unemployed, able to work, available for and actively seeking work and report to the local office as directed.**

## THIS CLAIM EXPIRES

**DO NOT USE FOR INTERSTATE CLAIMS**

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**ALWAYS BRING THIS BOOKLET WITH YOU WHEN YOU REPORT AT THE LOCAL EMPLOYMENT OFFICE.**

---

**DO NOT LOSE OR DEFACE THIS BOOKLET. KEEP IT UNTIL THIS CLAIM EXPIRES. THEREAFTER, YOU MAY FILE A NEW CLAIM.**

101

DO NOT TEAR OUT COUPONS

DO NOT SIGN COUPONS EXCEPT IN THE PRESENCE OF AN UNEMPLOYMENT INSURANCE AGENT IN THE LOCAL EMPLOYMENT OFFICE

KEEP A RECORD OF ALL CHECKS RECEIVED. ENTER COMPENSABLE WEEK ENDING DATE SHOWN ON EACH CHECK IN COLUMN (1) ON INSIDE FRONT COVER.

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CLAIMANT COPY

4

Form BC-26B (1-53)

**NOTICE TO CLAIMANT OF NONMONETARY DETERMINATION**

NEW JERSEY DIVISION OF EMPLOYMENT SECURITY

SOCIAL SECURITY ACCT. NO.

NAME OF CLAIMANT

L.O. NO. | FIRST DAY OF BENEFIT YEAR

TO THE CLAIMANT: After careful examination and consideration of all information at hand with respect to your claim for unemployment benefits, it has been determined that:

☐ YOU ARE INELIGIBLE TO RECEIVE UNEMPLOYMENT BENEFITS FROM_____TO_____ FOR THE REASON CHECKED BELOW:

☐ Unavailable for work ☐ Unable to work ☐ Failure to meet reporting requirements

☐ Not actively seeking work ☐ Not unemployed ☐

( ☐ You will continue to be ineligible as long as there is no change in the facts upon which this determination is based. If the facts change, you should apply to the local employment office nearest your home for re-assertion of your claim. )

☐ YOU ARE DISQUALIFIED FOR UNEMPLOYMENT BENEFITS FROM_____UNTIL you earn in "employment" (as "employment" is defined in the law) with a New Jersey employing unit at least four times your weekly benefit rate BECAUSE YOU LEFT YOUR WORK VOLUNTARILY WITHOUT GOOD CAUSE.

☐ YOU ARE DISQUALIFIED FOR UNEMPLOYMENT BENEFITS FROM_____TO_____ FOR THE REASON CHECKED BELOW:

☐ Discharge for misconduct connected with your work ☐ Failure, without good cause, to accept or apply for suitable work

☐ Remuneration in lieu of notice ☐

☐ YOU ARE ELIGIBLE WITHOUT DISQUALIFICATION.

BASIS FOR THE DETERMINATION CHECKED ABOVE

EMPLOYER

State of New Jersey
Department of Labor and Industry
DIVISION OF EMPLOYMENT SECURITY

## RIGHT OF APPEAL

Any appeal from the determination covered by this notice must be made within seven (7) days after the date of the delivery of the notice or within ten (10) days after the date of the mailing of the notice.

READ CAREFULLY IMPORTANT NOTICE ON OTHER SIDE.

DATE OF DELIVERY:
MAILING:

DEPUTY:

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## IMPORTANT NOTICE

If you disagree with this determination, you may file an appeal at the local employment office of the Division listed on the other side. *If it is impossible* for you to appear at that office within the prescribed period, you may file an appeal by writing to that office. The records in your case will be referred to the Appeal Tribunal at Trenton, New Jersey, from which, in due course, you will receive further information.

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

BUREAU OF ASSISTANCE

Municipal Aid
REGULATION # 4.700A

ISSUED: June 30, 1953
(Date)

REV.: _____
(Date)

TITLE: Other Agencies

SUBJECT: Referral from State Board of Child Welfare of Persons in Need of Assistance Pending Receipt of Unemployment Insurance or Temporary Disability Benefits.

STATUTORY REFERENCE: R.S. 44:8-108

Irving Engelhardt, Chief
Bureau of Assistance

Approved:

By: _____

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# State of New Jersey

DEPARTMENT OF INSTITUTIONS AND AGENCIES
TRENTON 8

BUREAU OF ASSISTANCE
148 West State Street

July 1, 1953

TO: MUNICIPAL DEPARTMENTS OF WELFARE

RE: RELEASE OF REGULATION 4.700A

Attached is a copy of a new regulation 4.700A, REFERRAL FROM STATE BOARD OF CHILD WELFARE OF PERSONS IN NEED OF ASSISTANCE PENDING RECEIPT OF UNEMPLOYMENT INSURANCE OR TEMPORARY DISABILITY BENEFITS.

We believe the regulation is self-explanatory, but if you have questions about the policy or procedure after you have reviewed it, please consult your field representative or this office.

This regulation is to be inserted in the Handbook as a supplement to Regulation 4.700.

Very truly yours,

DEPARTMENT OF INSTITUTIONS AND AGENCIES

M. P. Dowdell

Marc P. Dowdell, Chief
Bureau of Assistance

Approved: 7/1/53
Elmer V. Andrews
Deputy Commissioner in Charge of Welfare

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TITLE: OTHER AGENCIES

SUBJECT: REFERRAL FROM STATE BOARD OF CHILD WELFARE OF PERSONS IN NEED OF ASSISTANCE PENDING RECEIPT OF UNEMPLOYMENT INSURANCE OR TEMPORARY DISABILITY BENEFITS

A. INTER-AGENCY AGREEMENT

The Bureau of Assistance and the State Board of Child Welfare have formulated a joint policy regarding responsibility for providing assistance to members of families applying for Home Life Assistance when it is determined that there is immediate need pending receipt of either Unemployment Insurance or Temporary Disability Benefits.

B. STATEMENT OF POLICY

In general, Home Life Assistance may be granted when need and other conditions of eligibility exist, notwithstanding the fact that the mother, or the father (if incapacitated and living in the home) has an application pending for any of the various benefits.

However, with respect to Unemployment Insurance and Temporary Disability Benefits, it has been agreed that, in the interests of effective operations, the State Board of Child Welfare will not accept applications for Home Life Assistance when

1. the anticipated return to work by the wage-earner will be within three (3) months from the date of application for Home Life Assistance, or

2. the anticipated benefits when received will cover the budget deficit according to State standards for categorical assistance.

In such cases the State Board of Child Welfare will explain the policy to the family and instruct them to apply for general assistance if they are not already receiving such assistance and appear to be in immediate need.

The State Board of Child Welfare will advise the municipal department of welfare of action on any case referred to the State Board of Child Welfare by the municipal department of welfare.

C. RESPONSIBILITY OF MUNICIPAL DIRECTORS

Upon application from such family for General Assistance (whether such application is made before or after consideration by the State Board of Child Welfare), the municipal director of welfare shall proceed in accordance with Regulation 4.700, Unemployment Insurance and Temporary Disability Benefits.

When the application for General Assistance is made <u>before</u> there has been consideration of the case by the State Board of Child Welfare and

1. the director determines that the wage earner will return to work within three (3) months from the date of the application for General Assistance, he shall grant assistance according to State standards and <u>shall not</u> refer the family to the State Board of Child Welfare;

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2. but if the director determines that the date of return to work is not known, or will be later than three (3) months from date of application for General Assistance, he shall refer the family to the State Board of Child Welfare (at the same time he grants General Assistance to meet immediate need), in order that there may be a reasonable determination by the State Board of Child Welfare as to whether or not the family is eligible for Home Life Assistance.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Marc F. Dowdell, Chief
Bureau of Assistance

Attach as supplement to Regulation 4.700, Rev. 2/27/53

Approved 6/30/53
Elmer V. Andrews
Deputy Commissioner in Charge of Welfare

MFD/MCRd

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Rules and Regulations to be filed
with the Secretary of State

IES

REGULATION #

ISSUED: (Date) 8/1/44

REV.: (Date) 4/1/53

TITLE: New Jersey State Plan for Vocational Rehabilitation

SUBJECT: Part II Vocational Rehabilitation of Blind Persons

STATUTORY REFERENCE: 30:6-11

(Signature of Executive)

(Name and Title)

G. F. Meyer

George F. Meyer
Executive Director

Approved: (Date)

by_____
President,
State Board of Control

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DEPARTMENT OF INSTITUTIONS AND AGENCIES

Division of Welfare

Name of Institution, Agency, etc.

New Jersey State Commission for the Blind

REGULATION #

ISSUED: (Date) 8/1/44

REV.: (Date) 4/1/53

TITLE: New Jersey State Plan for Vocational Rehabilitation

SUBJECT: Part II Vocational Rehabilitation of Blind Persons

STATUTORY REFERENCE: 30:6-11

(Signature of Executive)

(Name and Title)

G. F. Meyer

George F. Meyer
Executive Director

Approved: (Date)

by_____
President,
State Board of Control

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D7m

# REVISED
# NEW JERSEY STATE PLAN FOR VOCATIONAL REHABILITATION
# PART TWO
# VOCATIONAL REHABILITATION OF BLIND PERSONS

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REVISED

# NEW JERSEY STATE PLAN FOR VOCATIONAL REHABILITATION

## PART TWO

## VOCATIONAL REHABILITATION OF BLIND PERSONS

This plan has been prepared in accordance with the laws of the State of New Jersey and pursuant to P.L. 113 and the regulations promulgated thereunder.

Approved by:

NEW JERSEY STATE COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer, Executive Director

DEPARTMENT INSTITUTIONS AND AGENCIES

Sanford Bates

Sanford Bates, Commissioner

Trenton, N. J.

4/1/53

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# STATE PLAN FOR ADMINISTRATION OF THE PROGRAM OF VOCATIONAL REHABILITATION IN NEW JERSEY PART II. VOCATIONAL REHABILITATION OF THE BLIND

## Section I. Agency for Administration

### 1.1 Designation of State Board.

The State Commission for the Blind is designated, as the duly authorized representative of the State Board of Control (Department of Institutions and Agencies) to be the sole agency for the administration, ~~supervision and control~~ of the State Plan for rehabilitating blind individuals. Article I, Title 30:6:11 Revised Statutes of New Jersey, as last amended.

### 1.2 Criteria of Blindness.

In order to be eligible for rehabilitation service, an individual must fall within the following definition of blindness: Central visual acuity reduced to 20/200 or less in the better eye with correction, or, visual field defect in which the peripheral field is contracted to such an extent that the widest diameter of visual field subtends an angle of no greater than 20 degrees.

Because of the individualized nature of eye conditions and their particular effect upon a given individual, the rehabilitation of individuals who are blind in one eye only, or whose vision falls between 20/70 and 20/200 will be supervised either by the State Commission for the Blind or the State Rehabilitation Commission in accordance with the specifications of a cooperative agreement between the two agencies. (See Exhibit 4a)

### 1.3 Responsibility of the State Board.

The State Board of Vocational Education assumes responsibility for statistical and financial reports containing estimates of expenditures, accounting for Federal funds, and the furnishing of other information to meet Federal requirements found necessary by the Federal Director.

### 1.4 Plan Materials and reports.

(a) The State Commission for the Blind, or its Executive Director, approves Plan materials.

(b) The Executive Director of the State Commission for the Blind

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submits Plan materials and reports to the Federal Director.

(c) Does not apply.

(d) By agreement, (For details, see Exhibit 4d) the State Board of Vocational Education has designated the State Commission for the Blind as the agency to transmit Plan materials and reports.

1.5 Legal Basis.

Certified copies of all laws including current appropriation laws, pertaining to the administration of the vocational rehabilitation program are included as an attachment to the Plan.

The New Jersey State Commission for the Blind has legal responsibility for the vocational rehabilitation of the blind of New Jersey. In April of 1944, Section 30:6-11 of the Commission's law was amended to read, "The State Board of Control of Institutions and Agencies or its duly authorized representative" was "empowered to negotiate with and enter into cooperative agreements with the Federal Government for the purpose of receiving contributions therefrom for the vocational rehabilitation of the blind." Any funds so received were to be paid into the State Treasury and "held for the use of the Commission to be used, together with funds obtained from the State and from other sources for the vocational rehabilitation of the blind." etc.

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## Section II. Eligibility

### 2.1 Responsibility for determination.

The State Commission for the Blind assumes responsibility for determination of the eligibility of individuals for vocational rehabilitation, and determination of the nature and scope of vocational rehabilitation services to be provided such individuals. Such responsibility is not delegated to any other agency or individual not of the Agency staff.

### 2.2 Residence.

An otherwise eligible person, must have a residence of one year in the State, immediately preceding the date of request for such services as: physical restoration, maintenance, rehabilitation, training, travel expense, occupational licenses, and customary tools and equipment. Residence in the State without any time restriction is a condition of eligibility for all other services including: diagnosis, guidance, counselling, placement, post placement supervision.

### 2.3 Criteria of eligibility for vocational rehabilitation.

Eligibility for vocational rehabilitation is determined upon the basis of two established criteria: (1) The existence of a physical or mental disability. (2) The existence of a substantial employment handicap resulting from such disability.

### 2.4 Criteria of eligibility for specific purposes.

(1) Physical Restoration.

A client is eligible for physical restoration services when he has a physical or mental condition which is relatively stable or slowly progressive and constitutes a substantial handicap to employment and which is of such a nature that correction or modification of such a condition eliminates or substantially reduces such handicap within a reasonable length of time.

(2) Rehabilitation training and training materials.

A client is eligible for rehabilitation training and training materials when he has the mental and physical qualifications and capacity to profit from such training and it is necessary to his satisfactory rehabilitation.

(3) Transportation, occupational licenses, and customary occupational

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tools and equipment.

A client is eligible for these services when they are necessary to his vocational rehabilitation.

(4) Maintenance.

A client is eligible for maintenance when it is necessary for his rehabilitation and his economic need has been established. 600.16

NOTE: Financial need will determine the eligibility of otherwise eligible clients for: physical restoration, maintenance, transportation and guide service, training materials, occupational licenses, customary occupational tools and equipment; except that, financial need is not a requirement for customary occupational tools and equipment in the controlled Business Enterprise Program.

2.5 Non-discrimination.

The State Agency observes the principle that sex, race or color do not justify inequality in the determination of eligibility, and in the provision of necessary rehabilitation services.

2.6 Classes of individuals to be rehabilitated.

The State Agency makes rehabilitation services available only to such classes of disabled individuals who, through such rehabilitation services, may be made employable; or more suitably employable and individuals who are severely disabled or homebound are not excluded.

2.7 War-disabled civilians and civil employees of the United States.

The State Agency accepts for vocational rehabilitation any individual certified by the Federal Director as a war-disabled civilian or a civilian employee of the U.S. disabled in the performance of his duty, who is a resident of the state or who chooses the state as and for his residence. With respect to individuals so certified all necessary rehabilitation services, other than maintenance, is made available without consideration of the individuals financial need.

2.8 Hearings on applicants' appeals.

Any individual applying for vocational rehabilitation services who is

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aggrieved by an action taken by the State agency or by any lack of action is entitled to an appeal or a hearing. At the time of application the client will be advised of this. All appeals must be made in writing to the Executive Director of the agency. If the matter at issue cannot be settled to the client's satisfaction by agency review, he may request a fair hearing before an individual or committee selected by the Executive Director or the Commission. The individual or committee sitting on the hearing shall not have participated in the processing of the client's request for services.

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## Section III. Case Finding

### 3.1 Finding and Intake.

(a) The State Agency has maintained since 1910 a register of the blind listing all known blind persons in the State. Through publicity addressed to public and private agencies, through radio and press releases, additional names are constantly being added to this register. Referrals are received from individual citizens including employers, friends, relatives of blind people, and blind individuals themselves. Additional sources of referrals are hospitals, ophthalmologists and medical doctors. Under Title 30:6-1 of the Revised Statutes of New Jersey, every physician must report to the Commission every case of defective vision which in his judgment may result in permanent blindness.

(b) The State Agency establishes cooperative working relationships with health, welfare, compensation, education, employment and other agencies which come in contact with visually handicapped persons, to promote case finding, and maintains an active program of information to familiarize representatives of interested agencies as well as the visually handicapped individual with the services of the agency.

(c) Every blind person who is potentially employable, referred or coming to the attention of the Commission will be given the opportunity of applying for the various services provided under this Plan. All such blind individuals will in general be visited by a properly qualified representative to arrange for intake. A limited number of clients come directly to the Commission's offices at the time of first contact. The Commission will employ such (intake) personnel as may be necessary for this purpose. The worker will fill out the intake survey form ~~(Exhibit 12)~~ and application for vocational rehabilitation ~~(Exhibit 13)~~. He will initiate the procedure for determination of eligibility for vocational rehabilitation through a general medical examination and an ophthalmological examination. Additional data, such as a needs test report ~~(Financial Survey Form, Exhibit 14)~~ will be submitted as needed. The decision as to the individual's eligibility for rehabilitation services will be made by the Case Supervisor. At such point as the investigation and advisement of the case indicates, a definite decision as to feasibility or non-feasibility, for vocational rehabilitation will be made and a plan for vocational rehabilitation written. ~~(Exhibit 16)~~

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## Section IV. Case Diagnosis

### 4.1 Scope of diagnosis.

The case diagnosis constitutes a comprehensive study of the client including a medical as well as a vocational diagnosis of the individual.

### 4.2 Basis of diagnosis.

The case diagnosis in each case is based on pertinent information including the individual's eye condition, health and general physical status, intelligence, educational background and achievements, vocational aptitudes and interests, employment experience and opportunities, personal and social adjustment.

### 4.3 Medical diagnosis.

(a) As a basis for determination of eligibility and formulation of the individual's rehabilitation plan, the State Agency provides for competent medical diagnosis, including a complete ophthalmological and general medical examination in every case, and where reasonably necessary to a decision on doubtful cases, the diagnosis, if at all practicable, is secured from a recognized specialist in the specific field indicated by the general medical diagnosis.

The diagnosis will be accompanied by recommendations as to the means and methods of restoration, and by a statement of any physical or mental limitations that may exist.

(b) The State Agency accepts an eye or general medical examination approved by the Medical Consultant in lieu of securing new examinations when such report is sufficiently conclusive and can otherwise be relied upon to provide a sound basis for diagnosis of the physical or mental condition of the client.

(c) Minimum information routinely required in the general medical diagnosis are a determination of the physical condition and limitations of the individual, and in addition: blood serologic test and urine analysis. Whenever, in the opinion of the examining physician and/or the Commission's Medical Consultant other special laboratory tests, examination by specialists, or other special medical service is necessary, it will be the policy of the Commission to procure such service or services when the best interests of the client will be served by such procedure.

(d) The State Agency provides hospitalization for diagnostic purposes,

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for a period not to exceed 10 days, when recommended by a physician and approved by the Commission Medical Consultant.

4.4 Vocational diagnosis.

The method of the vocational diagnosis includes (1) counseling interviews with the client; (2) such reports as may be needed, including when necessary in the individual case, reports from schools, employers, social agencies, and others; and (3) psychological information substantiating the determination of eligibility where such eligibility is based on the existence of mental retardation, or, where, for other reasons, psychological and aptitude information appears necessary.

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## Section V. Recording of Case Data

The State Agency maintains a record for each case which includes pertinent case information including as a minimum, the basis for determination of eligibility, the basis justifying the plan of services, and the reason for closing each case together with a justification of the closure.

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## Section VI. Confidential Information

6.1 Rules and regulations.

The State Agency adopts such rules and regulations as are necessary to assure that all information as to personal facts and circumstances of applicants or clients given or made available to the agency, its representatives, or employees in the course of administration of the vocational rehabilitation program, including lists of names and addresses and records of agency evaluation, are held to be confidential.

6.2 Use and exchange of information.

(a) The use of such information and records is limited to purposes directly connected with the administration of the Commission's program, and may not be disclosed, directly or indirectly, other than in the administration of the program, unless the consent of the client to such release has been obtained either expressly or by necessary implication.

The release of information to employers necessary for the placement of the rehabilitation client may be considered as release of information in connection with the administration of the rehabilitation program.

(b) Such information may be released to other welfare agencies or programs from whom the client has requested certain services under circumstances in which his consent may be presumed, provided such agencies have adopted regulations which assure that the information is held confidential and is used only for the purposes for which it is provided.

(c) All such information is the property of the State Agency and may be used only in accordance with the State Agency's regulations.

(d) Procedures and standards.

The State Agency adopts such procedures and standards as are necessary to (1) give effect to its regulations; (2) assure that all clients and interested persons are informed as to the confidentiality of rehabilitation information, and that a copy of the Agency's regulations is made available to them; and (3) provide for the adoption of such office practices and the availability of such office facilities and equipment as assure the adequate protection of the confidentiality of such records.

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In this connection the Commission's policy has been set by its Board of Manager who went on record as follows, on March 23, 1939:

"On motion, duly seconded, the following Resolution was adopted:

'Whereas, the New Jersey Commission for the Blind has in its files much confidential information regarding the blind people of the State; and

'Whereas, the release to the general public of such information might cause unnecessary embarrassment, annoyance and personal inconvenience for certain blind persons; be it

'Resolved, that the Commission shall exercise every reasonable precaution to keep the confidential character of such information inviolable. To this end no one except the members of the Board of Managers, and others designated by said Board, whose duties make knowledge of the contents of the Commission's files necessary, shall have access to such files; nor shall any lists of blind persons be sent or taken from the office of the Commission except for purposes approved by the Board of Managers of said Commission. Members of the Board of Managers, however, may receive such lists upon written application, stating the use to which they will be put.

'No lists of blind persons, containing or accompanied by information regarding their social or economic status, or the cause of their blindness, shall be issued except by special permission of the Board. In case of emergency the members of the Board may register their approval or disapproval by communicating directly with the Chief Executive Officer.

'It shall further be the duty of the Chief Executive Officer to take effective steps to see to it that the confidential nature of these records is fully protected and to limit access to the files, on the part of employees of the Commission to only those employees whose work requires the use of such case records in line with their duties; and be it further

'Resolved, that this Resolution be placed in the hands of any new member of the Board or new employee.'"

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## Section VII. Rehabilitation Plan for the Individual

### 7.1 Formulation of the plan.

The State Agency formulates an individual plan of rehabilitation for each eligible client to whom rehabilitation services are to be furnished. The plan is formulated on the basis of an evaluation of all data secured through the case diagnosis.

### 7.2 Content of plan.

The individual's plan of rehabilitation sets forth the services necessary to accomplish the client's vocational rehabilitation, the way in which these services are provided, the estimated costs of the services, and the rehabilitation objective of the individual.

### 7.3 Client's participation and approval.

The individual's plan is formulated with the client's participation and approval. Also, the plan provides for all rehabilitation services necessary to the accomplishment of the client's vocational rehabilitation and may be amended whenever necessary to accomplish this purpose.

### 7.4 Conditions for undertaking the plan.

The basic conditions to the undertaking of the individual plan are: (1) the belief of the agency that when concluded it satisfactorily achieves the individual's vocational rehabilitation; and (2) that all services to be provided are carried to completion, provided, however, that the Agency exercises its discretion in relation to the termination or revision of the individual's plan when for any reason it becomes evident that the above underlying conditions will not be met.

### 7.5 Trainee cooperation.

The State Agency recognizes the importance of securing good conduct, regular attendance, and the cooperation of trainees while they are engaged in a rehabilitation program. The Agency also recognizes that these objectives will be achieved through the maintenance of the previously developed counseling relationship rather than by an authoritative approach.

Clients receiving service are contacted with sufficient frequency and regularity by counselors to secure an understanding of their progress and general adjustment and to afford adequate opportunity to assist in solving problems arising during the period of preparation. In

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general, these visits are made as a part of regular itineraries, and special visits are made as required. Both clients and trainers are advised of the availability of these guidance and consultative services from the Agency staff.

Clients are advised in the beginning of each program that services will continue only if their progress, attitude, and conduct are satisfactory. Regular progress reports are required from preparation facilities on all trainees. Satisfactory work is commended. Evidences of unsatisfactory progress prompts visits to trainee and trainer by the rehabilitation counselor.

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## Section VIII. Services

8.1 Scope of services.

(a) All necessary vocational rehabilitation services, including counseling, physical restoration, training, and placement is made available in the individual case to the extent necessary to achieve vocational rehabilitation.

(b) The State Agency assumes responsibility for providing short periods of medical care for acute conditions arising in the course of rehabilitation which, if not cared for, would constitute a hazard to the achievement of the rehabilitation objective.

(c) Duration of training.

The rehabilitation training provided in an individual case is limited to the amount of such training necessary to fit the client for his vocational objective.

8.2 Counseling and guidance.

(a) Systematic and adequate counseling and guidance for the benefit of each client are provided from acceptance to completion of all services included in the individual's plan.

(b) Service reports.

Adequate reports are obtained at reasonable intervals from training and other service agencies as to the progress of rehabilitation services in each case.

8.3 Placement.

(a) The State Agency assumes responsibility for placement of all eligible disabled individuals receiving rehabilitation services.

(b) Provision is made for a reasonable period of postplacement follow-up to insure that placement has been successfully effected.

8.4 Working arrangements.

The State Agency cooperates with Federal and other state agencies providing vocational rehabilitation or similar services. For details of such agreements see attached cooperative agreements with: State Rehabilitation Commission (Ex. 4a); New Jersey Employment Service (Ex. 4b); ~~New Jersey Tuberculosis League (Ex. 4c)~~.

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## Section IX. Facilities

### 9.1 Types of facilities.

It is the policy of the State Agency to use any type of public or private facility which is equipped to render the required service, such as diagnosis, treatment, training, and other services.

### 9.2 General standards.

It is the policy of the State Agency to use, whenever feasible, facilities which are accredited by the appropriate public authority or professional organization. In other cases, facilities are selected on the condition that, whether public or private, they appear upon investigation by the State Agency to be the best adapted to render the specific service required. The basis of such selection of facilities in all cases is:

(a) the professional and technical qualifications of personnel;

(b) adequacy of equipment; and

(c) the scope and adequacy of services rendered.

### 9.3 Standards for hospitals.

In purchasing hospital service the Commission will utilize those hospitals in the State which have been approved by the American College of Surgeons with due consideration for: the quality of services offered, conveniences of the facility to the individual case, economy in purchase price for required services, and the recommendations of the physician attending the case.

When available, preference will be given to public or private hospitals with well developed surgical and specialty services, medical social services and physical and occupational therapy departments. If practicable, preference will be given to hospitals which afford residency training in the specialty for which the patient is seeking treatment or other service.

### 9.4 Standards for persons providing physical restoration services.

(a) The State Agency will utilize exclusively physicians who are licensed by the State Board of Medical Examiners to practice medicine and surgery in the State. Minimum requirements for such physicians are graduation from a school of medicine approved by the Council on Medical Education and hospitals of the American Medical Association. The client will have reasonable free choice of practitioners as described in this section.

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The standards of qualification of personnel providing physical or occupational therapy service are registry, or graduation from a school for the training of therapists generally accepted by the profession. When personnel of such qualification are not available, other experienced therapists may be used.

The State Agency will use the services of the Home Teaching Department of the agency for occupational therapy and adjustment purposes whenever this is deemed necessary for an individual's plan of rehabilitation. These services will be purchased on a fee basis.

The standards of qualification of personnel providing nursing service are registration with an appropriate Board of Examiners, or eligibility for registration as a graduate nurse, or registration or eligibility for registration as a practical nurse. In the event personnel with the foregoing qualifications are not available, an experienced practical nurse will be employed provided this is recommended by the attending physician under whose supervision she will work.

(b) Medical diagnosis, medical treatment, and surgery are provided clients only by physicians licensed to practice medicine and surgery and otherwise qualified by training and experience to perform the services required. Dental diagnosis and dental treatment are provided only by dentists who are licensed to practice dental surgery and are otherwise qualified by training and experience to perform the specific dental services required.

(c) The State Agency will consider as specialty services all medical fields in which specialty boards have been established. In addition, physical medicine and oral surgery will be considered specialty services. Specialty services may be rendered only by those physicians determined by the Commission to be qualified to perform the particular specialty required.

(d) Specialty services will be rendered only by physicians who are certified by the appropriate American specialty board or who meet the training and experience requirements for admission to such board. Individual instances, or in specialty fields where there are shortages of qualified specialists, or in fields in which no American Medical Specialty Board exists, physicians will be designated as specialists upon the advice and recommendation of the Commission's Medical Advisory Committee. In designating phs

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physicians as specialists on an individual basis, the Commission will, wherever possible, develop objective criteria for evaluating qualifications. Such objective criteria include:

(a) Graduation from a school of medicine approved by the Council on Medical Education and Hospitals of the American Medical Association and,

(b) Completion of one year's internship in a hospital approved by the same council and,

(c) Completion of at least two years exclusively devoted to special training or experience in the field in which their use is proposed.

9.5 Standards for facilities providing specialized training or other services.

Training facilities both academic and industrial, are selected by the Commission on the basis of meeting State Board requirements. Only recognized colleges and universities are used. For specialized schools and workshops specifically adapted to training the blind, the Commission sets the highest necessary standard of selection. In addition, the Commission will feel free to use other schools of like classification or equal merit that may be required to meet particular needs of individual clients. For those feasible blind people who cannot accept employment outside the home, arrangements will be made to train them at home, generally through the Commission's Home Teaching Department, or at some suitable training facility. Where Home Teachers are used the cost of service will be paid on a fee basis.

(a) Tutorial training.

The Commission uses this type of training only in exceptional circumstances and then only because the service is not readily available in a recognized school or center, or is best suited to the needs of the individual. The standards of selection of tutors are based upon training and experience in the field in which instruction is to be given.

(b) On-the-job-training.

The standards of selection of facilities for on-the-job-training are primarily based upon the ability of the Commission or the facility to provide an instructor or instructors who have trade competency and experience in training other workers in the operations to be performed. Other factors are adequate equipment and instructional material, provision for a plan of graduated progress in the job to be learned, and an efficiently organized instructional schedule.

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(c) If a blind person has aptitudes indicating feasibility for employment, but is not sufficiently adjusted to his blindness to be considered for immediate vocational training or employment, he may be given a short period of pre-vocational adjustment or training in order to develop proper work habits and personal independence. Facilities such as training shops, work shops, businesses operated by other blind individuals, the Commission's Home Teaching staff, etc. will be used. The standards set for selection of facilities for personal adjustment training is the special fitness of the individual or facility for the work plus the requirements set forth under (b) above.

(d) Testing, etc.

The standards for testing facilities are: (1) that they be secured from the psychological department of a recognized educational institution or counselling service, or (2) that they be performed by a competent psychologist qualified by training who has had at least one year of successful experience. Standards for facilities for other specialized services will be similar for the particular service in question.

(e) Determination of compliance with standards.

Methods of determination of compliance with standards are: whether a facility meets the above named standards as determined thru a careful evaluation by the State Agency of all pertinent factors, including qualifications of instructors or other personnel concerned, adequacy of quarters and instructional equipment, the use of a well organized schedule of instruction, and its past relationship with the agency.

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## Section X. Economic Need

### 10.1 Establishment of Need.

Economic need will be determined prior to provision of services conditioned on need and the individual's financial circumstances will be ascertained as follows:

In each case involving services conditioned on financial need, the State Agency will ascertain the financial circumstances of the client by obtaining data showing his financial requirements and his resources. This information will be secured FROM the client and, if necessary, FROM his parent or guardian if the client is a minor. If additional information appears to be necessary, it will be obtained from reliable sources.

### 10.2 Determination of Financial Requirements.

(a) The State Agency maintains, on a current basis, a written standard for objectively and equitably measuring financial need of blind clients for normal living requirements. This standard will be determined, following consideration of available information on the cost of living, on the basis of the usual requirements which will provide the elements of living essential to the maintenance of the client's morale and to permit the effective and successful undertaking of vocational rehabilitation.

This standard consists of a basic standard for determining normal living requirements of all blind clients and adaptations of this standard will be applied in cases involving specified circumstances. These circumstances include: variations based on differences in cost of living requirements in different localities; variations based on the nature of living requirements caused by the particular rehabilitation services to be provided; other objectively defined circumstances affecting the requirements of individuals in those circumstances. In addition this standard is adapted to meet the need for short periods of medical care for acute conditions arising during the course of vocational rehabilitation. Longer illnesses will be separately considered.

(b) This standard is applied in each case to determine the existence and extent of the individual's financial requirements regardless of the type of service to be provided.

(c) The client is considered in financial need if he has insufficient resources (1) to procure normal living requirements as defined by this standard and (2) to meet the cost of other necessary vocational rehabilitation services conditioned on financial need.

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10.3 Consideration of Resources.

(a) The State Agency in determining the economic circumstances of the individual identifies all consequential resources actually available to the individual, however derived. These resources shall consist of (1) current income, including any benefits to which the individual may be entitled by way of pension, compensation, or insurance, as well as any services in kind, or remuneration in the case of on-the-job training actually available to the client; and (2) capital assets including both real and personal property.

(b) Certain defined resources of the client may be retained by him without affecting his eligibility under the needs test. These resources consist only of (1) specified reasonable amounts of cash and capital assets, including both real and personal property not constituting current income; and (2) resources of any type needed to meet the following: (a) obligations for support of dependents (including only persons in the home for whom he has assumed responsibility and other persons for whose support he is legally responsible) in accordance with the standards established to measure the amount in which this obligation will be recognized. These standards are determined on the basis of the usual requirements which would provide the elements of living essential to the adequate maintenance of the health of the client's dependents and of their participation in ordinary activities, and (b) obligations which the client is required by legal process to pay or which, if not recognized, would constitute a substantial obstacle to achievement of his vocational objective.

10.4 Standards for Supplementation.

The amount of supplementation is the amount by which the individual's financial requirements (as determined by the established standard for measuring normal living requirements) plus the cost of services to be purchased, exceed his resources available for the rehabilitation services planned.

10.5 Uniform Application and Equitability of Standards.

Written standards and policies will be established and uniformly applied that provide for equitable treatment of individuals.

These written standards and policies will be issued to the staff and training and supervision in their use provided so that they will be applied

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uniformly. In these written staff instructions, monetary amounts for measuring the individual's normal living requirements and for recognizing obligations for support of dependents and disregarding of capital assets will be included.

10.6 War-Disabled Civilians.

All vocational rehabilitation services except maintenance are made available to war-disabled civilians and civil employees of the United States disabled in the performance of their duties without regard to the economic need of the individual.

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## Section XI. Personnel Administration

### 11.1 Methods and policies of selection and appointment.

All employees of the New Jersey State Commission for the Blind are employed through the New Jersey Civil Service Commission in accordance with the laws, rules and regulations governing the employment of State personnel. By law the Director must notify the Civil Service Commission of his intention to employ any individual in the service of the Commission, or of his desire to create a new position, in order that the need therefor may be investigated and certified in accordance with prescribed procedures.

Positions are classified by the Civil Service Commission which by law must establish lists of eligible persons after job classifications have been set up showing duties to be performed, responsibilities exercised, together with minimum and desirable qualifications, and after this information has been published in at least three daily newspapers circulating in this State.

The Civil Service Commission, by law from time to time holds tests for the purpose of establishing these employment lists, public notice of which must be given at least three weeks before the date of the test. All tests are competitive, free, and except for limitations as to age, residence, health habits, character, sex and other qualifications are open to citizens of the State for at least twelve months immediately preceding the date of the test, except where otherwise indicated. Tests may be written, oral, physical or in the form of a demonstration of skill or any combination of these. An investigation of education and experience and test of intelligence capacity, technical knowledge, mental or physical fitness or other qualifications may be used. A person may be disqualified for lack of qualifications, if physically unfit to perform duties of the position, if addicted to habitual use of drugs or intoxicating liquor, been guilty of crime or notoriously disgraceful conduct, dismissed from public service for delinquency, or made false statements, or practiced deception or fraud in his application.

When promotion examinations are listed by the Civil Service Commission the job requirements and qualifications are set up to parallel similar or equivalent positions in the state service. No individual is certified by the Civil Service Commission who does not possess the qualifications required for the higher position.

Compensation payments are made in accordance with schedules established by the Civil Service Commission and any payment for

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compensation beyond the limit of the scheduled amount must be noted as a line item on laws appropriating moneys for payment of compensation. Copies of the Revised Statutes of New Jersey relating to Civil Service are attached as exhibit 5 to the State Plan of Rehabilitation in New Jersey submitted by the New Jersey Rehabilitation Commission and known as Part One of this Plan.

11.2 Separation of permanent employees.

No permanent employee engaged in the day-to-day administration of the program will be separated except for cause, or for reasons of curtailment of work or lack of funds, and in the event of separation he shall have the right of appeal through established procedure and opportunity for a fair hearing.

11.3 Participation in political activity.

Any personnel employed in the day-to-day administration of the program shall be prohibited from participation in political activity except that an employee shall have the right to express his views and to cast his vote.

11.4 Personnel Qualifications.

The personnel qualifications for each type of position under this program are set forth in the Appendex as Exhibit 8.

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## Section XII. Administrative Organization.

12.1 The New Jersey State Commission for the Blind consists of 5 departments all responsible to the Executive Director:

Vocational Rehabilitation
Aid to the Needy Blind
Education
Home Teaching and Home Industries
Prevention of Blindness and Eye Health Service

(a) The Vocational Rehabilitation Service is headed up by a Supervisor (Supervisor of Employment) with an appropriate number of vocational counselors, placement officers and intake workers under him. In addition he will supervise the Business Enterprise Specialist who will act as a consultant responsible for the development and erection of new business opportunities.

The V.R.S. will accept referrals from any department of the agency but in every case a counselor or similar worker will be assigned to the case and will be responsible for any and all activity required in processing the client toward his employment objective. In the interest of economy and optimum service, clients who are approved for higher education and similar long-term educational programs will be turned over to an Educational Counselor specialist by the Vocational Counselor for the period of the training program. The Vocational Counselor will still retain primary responsibility for this type of case. The Educational Counselor will be part-time under the V.R. program in an amount established by suitable time study.

In so far as feasible physical restoration services will be the responsibility of the counselor in charge of the case. There will be certain situations when the existing Prevention of Blindness service will be asked to assist because of their specialized skills in this field. It is not contemplated, at this time, that there will be any charge to the V.R. program for this cooperative assistance. Experience may require, however, a change in this point of view at a later date.

The Executive Director is responsible for the overall administration of the V.R.S. assisted by the Assistant Executive Director. They will be part-time under the program in an

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amount established by suitable time study. In terms of responsibility the Supervisor of Vocational Rehabilitation (Supervisor of Employment) is responsible to the Assistant Executive Director who in turn is responsible to the Executive Director.

Consultants including a part-time Medical Consultant will be employed as required. Adequate accounting and clerical staff including Institutional Aides (clerk-guides) for blind women counsellors (or intake workers) will be employed as in the past.

(b) The counselling of clients is specifically the responsibility of the vocational counsellor, placement officer or intake worker to whichever the case is assigned. However, any member of the V.R.S. staff may be asked to assist in "staffing the case."

12.2 Duties and responsibilities of positions.

Job descriptions setting forth the duties and responsibilities of each type of position is attached as exhibit 8.

12.3 Methods of Administration.

The Assistant Executive Director will be responsible for setting up and enforcing procedures necessary for the proper coordination and integration of activities including adequate controls over operations, channels for the development and interpretation of policies and standards approved by the Executive Director. He will work with the Supervisor of V.R.S. in developing effective procedures for staff supervision.

12.4 Program Director.

The Executive Director of the Agency will be the Program Director having primary responsibility for the direction and administration of the Vocational Rehabilitation program under Part II of this Plan. Since the program is too small to require a full-time Program Director, the Executive will be part-time under this program.

12.5 Medical Administrative Consultant.

The State Agency will employ a part-time medical administrative consultant. Charges will be allocated in accordance with appropriate time study but at a rate no lower than 10% of a full time individual in such an approved position since it would not be possible to recruit a qualified Consultant under this amount.

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The required duties, responsibilities and minimum qualifications of the medical administrative consultant follow:

Graduation from a school of medicine approved by the Council on Medical Education and Hospitals of the American Medical Association; licensed to practice medicine and surgery in the State; and at least three years of resident or graduate training or experience in a medical field appropriate to physical restoration. ~~The State plan shall provide that~~ The medical administrative consultant will perform the following duties: Advise the program Director with regard to the development and application of physical restoration policies and standards; advise the program Director on the maintenance of standards of physical restoration services; assist in representing the State agency in its contacts with the medical and associated professions; assist in the training of rehabilitation case work staff with regard to physical restoration standards, policies, and services, and provide consultation at regular, frequent intervals on individual cases and specific medical problems.

12.6 Staff Development.

The New Jersey State Commission for the Blind accepts the responsibility to organize and maintain a program of Staff development which provides:

(1) Induction and orientation training of new workers, including professional and clerical personnel.

(2) In-Service training for all staff members.

The training of new workers seeks to provide the basic understandings, knowledge and skills required for efficient performance in their respective jobs. In-service training includes professional growth experiences for all workers which will enhance their value to the program and is related to their individual interests and needs.

The Assistant Director is responsible for planning the staff development program assisted by other staff members. However, all staff members may participate in determining the nature and the scope of the program. Whatever methods, materials or personnel required for an effective training job will be employed.

Professional workers will be assigned to courses of training of

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not more than six weeks duration when such courses are necessary and are available. Extension courses at nearby schools or colleges may be included whenever desirable in any program of in-service training.

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## Section XIII. Fiscal Administration

**13.1 Exclusion of Capital Expenditures for Administration.**

No portion of any Federal money paid to the State under the Act is applied directly or indirectly to the purchase, preservation, erection or repair of any buidling or buildings, or for the purchase or rental of any land, for administrative purposes.

**13.2 Source of Funds.**

Annual appropriations are made by the State Legislature to the Commission. The Commission also receives contributions from public and private agencies as well as from individuals.

**13.3 Custody of Federal Funds.**

The State Treasurer receives and provides for the custody of all funds paid to the State under the Act, subject to requisition or disbursement thereof by the Commission for Plan purposes.

**13.4 Condition for Use of Funds.**

State funds are appropriated to the Commission for case services and other Commission activities.

**13.5 Application of State laws, rules and regulations.**

All expenditures will be made in accordance with State laws, rules, regulations, and standards which govern.

**13.6 Disbursement Procedures.**

All financial expenditures, administrative and service, for the vocational rehabilitation and placement of blind individuals are approved by the Executive Director of the Commission and signed by the approval officer of the Board of Managers. Bills over five dollars must be notarized by the vendor.

After approval by the Chief Executive and approval officer of the Board bills covering administrative expenditures together with a summary schedule are forwarded to the administrative offices of the Department of Institutions and Agencies; thence to the State Finance Commissioner; and finally, to the Comptroller who signs the warrant

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which the State Treasurer draws for payment. Expenditures for diagnostic purposes and for services are handled in substantially the same way. However, personnel pay rolls must pass through the Civil Service Commission prior to acceptance by the Comptroller.

The following is the procedure for requisitioning funds and effecting disbursements. After the Commission's budgetary appropriation has been passed financial expenditure programs (sometimes known as work programs) are drawn up on a quarterly basis. This represents a breakdown of the appropriation into various accounts. The program is submitted to the State Finance Department through the Department of Institutions and Agencies for approval as to availability and distribution of funds. Once these are confirmed, requisitions are drawn prior to each quarter upon the Comptroller for the amounts approved on the expenditure program involving service items. Requests for such tangibles as equipment and supplies are forwarded to the Purchasing Department and this department forwards requisitions to the Comptroller for items requested.

If the required expenditure of funds turns out to be different from the anticipated expenditure a procedure is provided, through application to the State House Commission, whereby funds may be transferred from one expenditure's account to another as may be indicated. These requests are approved by the Department of Institutions and Agencies, the State Finance Commission, the State Budget Commission, and the State House Commission.

All bills clear through the Department of Institutions and Agencies, thence to the Comptroller for service items, and to the Purchase Department for supplies and equipment. These bills are checked for accuracy and the Commission is informed of any contingency involving the likelihood of overspending.

The review of expenditures by the Department of Institutions and Agencies and the Civil Service Commission, and the procedure for requisitioning quarterly allotments for rehabilitation and other expenditures under the Commission's program, serves the essential end of preaudit. However, this does not impair or prejudice in any way the responsibility for administrative decision which rests with the Executive Director of the Commission.

In accordance with Section 30:6-11, Revised Statutes 1944, Federal grants for the rehabilitation of blind people are received by the State Treasurer and the Commission for the Blind is advised as to the amount available for its rehabilitation program.

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The Commission for the Blind sets up a statement of disbursements for the prior quarter together with a request for payment for the current quarter. This is broken down into sections (a) rehabilitation of war disabled civilians, and (b) rehabilitation of other than war disabled civilians. This statement is signed by the Executive Director on an appropriate form and will be supplemented by such data concerning the nature and direction of the program as requested by the Federal Director. A covering invoice, Form 100, is attached to these documents, signed by the Executive Director and forwarded to the Department of Institutions and Agencies. Invoice 100 is reviewed by the Commissioner of Institutions and Agencies and recorded by the administration and accounting section of that department. It is then forwarded to the Comptroller where it is recorded and checks drawn against Federal and State funds allocated to the Commission for the Blind under this program. The checks are signed by the State Comptroller and sent to the State Treasurer where they are countersigned and then deposited to the credit of the Commission in accordance with law. The Commission is thereupon advised by the State Treasurer of the funds placed to its credit.

13.7 Accounting and Auditing System.

The Commission's rehabilitation expenditures are entered daily. The invoices are grouped together and listed on a schedule which is entered in our register of schedules. Each invoice on schedule is classified as to type of expenditure, that is: A. Administration, B. Vocational Guidance, C. Case Services and D. State charge. The schedules are then submitted to State Treasurer for payment. At the close of the month the books are totaled. A card file of all case service commitments and disbursements made for each client is also maintained. The books of the Department of the Treasury are kept upon a monthly basis and a balance may therefore be struck at any time. The Department of the Treasury accounts for the receipt and disbursement of both State and Federal rehabilitation funds.

The State Auditor is authorized by law to examine and audit all of the accounts, reports and statements of the Commission and make independent verifications of all assets, liabilities, revenues and expenditures. He is by law required to report in writing to the Governor his findings of any special condition disclosed by his audit at least once in every two years. The Commission keeps a record of encumbrances and knows definitely at any given time the total amount of funds encumbered to be spent within the current fiscal year.

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## Section XIV. Maximum Fees for Services

### 14.1 Training.

a. In no case does the amount paid a training facility exceed the rate published by that facility for the type of training purchased. In the case of facilities not having published rates, the amount paid the facility does not exceed the amount paid by other public agencies for similar services.

b. Maximum fees for various types of training are not set because the specialized nature of training facilities for blind people makes it impossible to standardize these at this time. Fees for services from other departments of the Commission will be made on an actual cost basis whenever possible. For example the cost for prevocational training through the Home Teaching Department will be a fee based upon the ratio of total calls made during the preceding year against the total cost of operating the department. In every case fees will be set at the lowest possible level commensurate with quality of service, and the level of charges made in similar training situations.

c. The Commission maintains such information as is necessary to justify the rates of payments made to training facilities.

### 14.2 Physical Restoration services other than hospitalization, prosthetic devices, and medical examinations.

a. The Commission has established a fee schedule indicating the maximum payments which may be made for physical restoration services and medical examinations. These in general follow the schedules set by the State Veterans Administration or the State Rehabilitation Commission and do not exceed those paid by other public agencies operating in the State for equivalent services or examinations of like character or quality.

b. When medical personnel or facilities located in another State are utilized the rates of payment of the Vocational Rehabilitation agency of the other State will be observed provided there is a State fee schedule or cooperative agreement in existence. If none exists then the lowest class of rates consistent with the needs of the client will be sought.

c. The State Agency maintains such information as is necessary to justify the rates of payment made for physical restoration services and medical examinations.

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14.3 Hospitalization.

a. Payment for days of hospital care is made at inclusive per diem rates as defined in the Regulations, and does not exceed the average per diem cost for hospitalization as computed by the reimbursable cost method, as promulgated by the Federal Director.

b. Where hospital care is not procurable on an inclusive per diem rate, the amounts paid such hospitals will not exceed amounts paid by other public agencies in the State.

c. The Commission does not pay in excess of the rate paid by other public agencies operating with the State for such items as blood donors, x-rays, anesthesia, appliances, casts, drugs, and supplies, not purchased or provided by the hospital for which the hospital has made no expenditures during the accounting period, and which therefore are not covered by the inclusive rates.

14.4 Prosthetic Devices.

a. In no case will the amount paid for prosthetic devices exceed the published rates for such devices, or, if there are no published rates, the amount paid for such devices shall not exceed the amount generally paid by other public agencies such as the State Rehabilitation Commission.

b. Information is maintained necessary to justify the rates of payment for prosthetic devices.

14.5 Travel.

a. All such expenditures will be made in accordance with applicable State regulations.

b. All travel within the State is authorized by the Director. Travel outside the State is authorized by the Governor.

c. Official travel is not allowed for expenses within the official station of an officer or employee except for necessary transportation expenses other than between home and office or place of duty. Employees who are required to travel within the official station to perform their official duties are reimbursed for travel expenses.

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# New Jersey State Commission for the Blind
## Schedule B.
## Revised Compensation Schedule

| Title | | Range | Increment |
|---|---|---|---|
| Executive Director | | 7200-8700 | 300 |
| Assistant Executive Director | | 5220-6420 | 240 |
| Medical Consultant (Visiting Physician) | (1) | 700 | Unclassified |
| Educational Counselor (Supervisor of Instruction) | (2) | 3940-4740 | 160 |
| *Psychometrist (Psychologist) | | 4980-6180 | 240 |
| Supervisor of Employment (Supervisor of Placement) | | 4200-5100 | 180 |
| Vocational Counselor | | 4020-4920 | 180 |
| Placement Officer (Placement Agent) | | 3300-4200 | 180 |
| Stand Program Supervisor (B.E.P.) (Supervisor of Vendors) | | 3660-4560 | 180 |
| Assistant to the Executive Director | | 3480-4380 | 180 |
| Supervisor of Physical Restoration (Public Relations Assistant) | | 3300-4200 | 180 |
| Intake Worker (Social Case Worker) | | 3000-3600 | 120 |
| Medical Social Worker | | 3300-4200 | 180 |
| Principal Clerk-Bookkeeper | | 3480-4380 | 180 |
| Principal Clerk-Stenographer | | 3300-4200 | 180 |
| Senior Clerk-Bookkeeper | | 2880-3480 | 120 |
| Senior Clerk-Stenographer | | 2880-3480 | 120 |
| Senior Clerk | | 2760-3360 | 120 |
| Clerk-Bookkeeper | | 2280-2880 | 120 |
| Clerk-Stenographer | | 2280-2880 | 120 |
| Clerk-Ediphone Operator | | 2160-2760 | 120 |
| File Clerk | | 1920-2520 | 120 |
| Institutional Aide (Clerk-Guide) | (3) | 1920 | Unclassified |

*Position not filled.

(1) Part-time position.
(2) Receives extra $200. for Masters Degree in accordance with Civil Service regulation and approval.
(3) Effective 1/1/53

This is a true copy taken from the alphabetical listing issued by the New Jersey State Civil Service Commission effective July 1, 1952.

G. F. Meyer

George F. Meyer
Executive Director

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## Section XVI. Reimbursement from Federal Funds

The Commission requests Federal reimbursements under the Federal Act and Regulations for necessary costs of administration, for necessary guidance and placement costs, and for necessary costs incurred in providing vocational rehabilitation services to eligible people.

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Section XVII. Submission of Reports

a. The Commission makes to the Federal Director such statistical, fiscal, operating and other reports, at such times, and in such form as the Director may prescribe.

b. The Commission maintains such accounts and supporting documents as will permit of an accurate and expeditious determination to be made at any time of the status of Federal Grants, including the disposition of all moneys received, and the nature and amount of all charges claimed to lie against the respective Federal authorization.

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# EXHIBIT I

## PRIMARY LAWS

**These laws are on file with O.V.R. and are therefore not attached to this revised plan.**

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# EXHIBIT II

## COLLATERAL LEGISLATIVE

**These laws are on file with O.V.R. and are therefore not attached to this revised Plan.**

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# EXHIBIT III

## LAWS GOVERNING NEW JERSEY STATE DEPARTMENT OF INSTITUTIONS AND AGENCIES

These laws are on file with O.V.R. and are therefore not attached to this revised Plan.

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# EXHIBIT 4A

## COOPERATIVE AGREEMENT BETWEEN

## N. J. STATE COMMISSION FOR THE BLIND

## AND

## N. J. REHABILITATION COMMISSION

The cooperative agreement between the New Jersey Rehabilitation Commission and the New Jersey Commission for the Blind provides that where central vision is 20/70 or better, with or without glasses and examination indicates there is little or no likelihood that the vision will deteriorate, that the responsibility for rehabilitation will rest with the New Jersey Rehabilitation Commission.

The Commission for the Blind will be specifically responsible for those individuals whose central vision is 20/200 or less in the better eye with correction, or, whose peripheral field is reduced to 20 degrees.

The rehabilitation of individuals who fall between this upper and lower extreme is the joint responsibility of both agencies. Experience indicates that Snellen chart measurements are not in themselves a sufficient basis for judging the seriousness of a visual handicap. Other considerations are the nature of the eye condition (e.g. Myopia, glaucoma, etc.). The characteristics of restricted field of vision (e.g. whether all quadrants are effected, etc.). The psychological attitude of the client toward his visual disability, etc.

Under the circumstances it is agreed by the two agencies that clients who fall between the two extremes, including one-eyed individuals may be handled by either agency provided the medical data indicates the existence of a substantial employment handicap. Wherever necessary the two agencies will consult with one another in order to clarify the status of the client so that referral can be made to the agency which can best serve him. Wherever necessary the specialized medical services of either agency will be used by the other where consultation indicates that such a procedure will best serve the needs of the client.

George F. Meyer, Executive Director
N. J. State Commission for the Blind

Victor C. Bleecker, Assistant Director
N. J. Rehabilitation Commission

Dated March 14, 1949

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Exhibit 4b

# AGREEMENT OF COOPERATION BETWEEN THE NEW JERSEY STATE COMMISSION FOR THE BLIND THE NEW JERSEY STATE EMPLOYMENT SERVICE AND THE VETERANS EMPLOYMENT SERVICE

This agreement of cooperation between the New Jersey State Commission for the Blind, the New Jersey State Employment Service, affiliated with the United States Employment Service, a division of the New Jersey Unemployment Compensation Commission, and the Veterans Employment Service is made for the purpose of coordinating and correlating parallel services undertaken by each agency in accordance with established legal procedures, and for the elimination of duplication of effort and competition of services in relation to indicated services to the blind.

By statute the New Jersey State Employment Service is responsible for maintaining complete placement service available to all eligible persons. Included in this responsibility is provision for assistance in effective placement and proper utilization of persons restricted from entering regular fields of employment or from continuing former work activity because of physical limitations. By statute the New Jersey State Commission for the Blind will provide to eligible persons in the State, indicated preparatory rehabilitation services for blind civilians and blind veterans with non-service connected disabilities, provided such services may reasonably be expected to render such persons available for remunerative employment, or more remunerative employment. The New Jersey State Commission for the Blind is also responsible, by law, for the effective placement of blind individuals who meet its eligibility requirements in remunerative employment and for adequate supervision, investigation and follow-up after placement.

All blind individuals and all individuals of apparent impaired vision registered with the New Jersey State Employment Service after interview with selected qualified New Jersey State Employment Service personnel will be advised of the rehabilitation services available to them through the New Jersey State Commission for the Blind. The New Jersey State Employment Service will furnish the Commission, in writing, the names and addresses of such individuals who have accepted referral to the Commission. The Commission will furnish the New Jersey State Employment Service office within a reasonable length of time a report stating the findings of the Commission with respect to each individual.

To enable the New Jersey State Employment Service to discharge its responsibility in the placement of the blind, the Commission will refer all persons applying to it for employment to the New Jersey State Employment Service local office nearest the individual's residence for purposes of registration and assistance in the placement process. Notice of referral will be made in writing by the Commission to the local office having jurisdiction.

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The Commission will notify the appropriate local office of the New Jersey State Employment Service of the placement of any individual referred to the Commission by the New Jersey State Employment Service.

The Commission will assume the responsibility for on-the-job training and follow-up of all blind or sight-impaired individuals placed in employment as a result of a referral by the New Jersey State Employment Service to the Commission, and will notify the appropriate local office in writing of the success or failure of the individual on the job.

The New Jersey State Employment Service personnel responsible for the placement and/or counseling of handicapped persons will establish personal relationship either by telephone, if within reasonable distance, or by letter with Mr. Carl C. Pirups-Hvarre, Supervisor of Employment, New Jersey State Commission for the Blind, 1060 Broad Street, Newark, New Jersey, telephone Market 2-0267, for discussion or development of job opportunities.

It is agreed that occupational information relating to job family studies, occupations suitable for blind workers, and all other available data in the field will be exchanged by each agency. Occupational and other research studies and projects will be undertaken jointly by selected personnel of each agency from time to time as industrial, economic or other conditions indicate the need.

It is agreed that the provisions and procedures outlined in this agreement shall be liberally construed by the administrators of each agency, in order that all available facilities may be utilized in the establishment of a service adequate to the placement of the blind.

This supersedes all previous agreements between the agencies involved.

George F. Meyer, Executive Director
New Jersey State Commission for the Blind

Harold G. Hoffman, Executive Director
New Jersey State Unemployment Compensation Commission

Russell J. Eldridge, State Director
New Jersey State Employment Service

Thornton Webster, Veterans Employment Representative for New Jersey
Veterans Employment Service

DATE June 30, 1947

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Exhibit 4d

# AGREEMENT

The New Jersey State Board of Vocational Education and the New Jersey State Commission for the Blind agree that -

(1) All Plan materials and reports affecting the rehabilitation program administered by the Agency for the Blind will be transmitted by such Agency directly to the Office of Vocational Rehabilitation;

(2) Copies of such Plan materials and reports will be submitted simultaneously to the duly authorized representative of the State Board of Vocational Education by the Agency for the Blind; and

(3) If within a period of 30 days the duly authorized representative of the State Board does not advise the Office of Vocational Rehabilitation that for any reason the State Board does not concur in such Plan materials and reports, they will be of the same effect as though submitted through the State Board.

NEW JERSEY STATE BOARD OF VOCATIONAL EDUCATION

3/27/53
Date

BY: F. M. Raubinger

NEW JERSEY STATE COMMISSION FOR THE BLIND

3/26/53
Date

BY: G. E. [illegible]

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# EXHIBIT V

## CIVIL SERVICE LAWS

See Part One of the State Plan for Vocational Rehabilitation in New Jersey.

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# EXHIBIT VI

## STANDARDIZED STATE TRAVEL REGULATIONS

**See Part One of the State Plan for Vocational Rehabilitation in New Jersey.**

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EXHIBIT VII

# N. J. STATE COMMISSION FOR THE BLIND

## Legislative Appropriation Fiscal Year
## July 1, 1951 - June 30, 1952

| | | | |
|---|---|---|---|
| | **SALARIES:** | | |
| S 52-102 | Executive director | $ 7,500.00 | |
| S 52-120 | Other officers and employees | 124,320.00 | |
| S 52-130 | Special services | 1,500.00 | |
| S 52-150 | Bonus | 420.00 | |
| | | | $133,740.00 |
| | **MATERIALS AND SUPPLIES:** | | |
| S 52-207 | Motor vehicular transportation | $ 800.00 | |
| S 52-208 | Stationery and office | 1,400.00 | |
| S 52-214 | Curative workshop supplies | 3,100.00 | |
| S 52-214-01 | Mobile eye clinic supplies | 500.00 | |
| S 52-214-02 | Extension of home industries | 1,700.00 | |
| | | | 7,500.00 |
| | **SERVICES OTHER THAN PERSONAL:** | | |
| S 52-301 | Traveling expenses | 7,500.00 | |
| S 52-303-03 | Rent: Garages | 252.00 | |
| S 52-303-05 | Rent: Equipment | 100.00 | |
| S 52-305 | Expressage | 1,200.00 | |
| S 52-308 | Subscriptions and membership dues | 85.00 | |
| S 52-805 | Support, instruction and rehabilitation of blind | 125,000.00 | |
| S 52-805-01 | Higher education of blind | 5,000.00 | |
| S 52-805-02 | Prevention of blindness | 6,000.00 | |
| S 52-805-03 | State relief of blind | 250.00 | |
| S 52-805-04 | Entertainment for the blind | 300.00 | |
| S 52-805-05 | Mobile eye clinic expenses | 2,080.00 | |
| S 52-805-06 | Curative workshop expenses | 200.00 | |
| | | | 147,967.00 |
| | **CURRENT REPAIRS AND MAINTENANCE:** | | |
| S 52-401 | Office furniture, machines and equipment | 175.00 | |
| S 52-404 | Automotive | 300.00 | |
| S 52-404-01 | Automotive equipment -- Mobile Eye Clinic | 200.00 | |
| S 52-407 | Curative workshop | 100.00 | |
| | | | 775.00 |
| | **EXTRAORDINARY:** | | |
| S 52-805-07 | Maintenance of summer camp | 4,000.00 | |
| S 52-805-08 | Payments to counties (Chapter 348, P. L. 1941) | 8,500.00 | |
| | | | 12,500.00 |

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S 52-711

ADDITIONS AND IMPROVEMENTS:
Mobile Eye Clinic--equipment 300.00

The balance to the credit of the outdoor relief or aid to the blind--Revolving Fund--on the thirtieth day of June, one thousand nine hundred and fifty-one, is hereby reappropriated, said sum not to exceed $8,500.00.

The balance to the credit of the Revolving Industrial Fund on the thirtieth day of June, one thousand nine hundred and fifty-one, is hereby reappropriated as a Revolving Industrial Fund, in the sum of $2,000.00.

$302,782.00

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Exhibit VIII

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# EXECUTIVE DIRECTOR

The Executive Director, Commission for the Blind, is appointed by the Board of Managers, subject to the approval of the State Board of Control, for an indefinite period. His responsibilities embrace the executive direction of the agency in all its phases, subject to the policies laid down by the Board of Managers. The salary for this position is set by the legislature as a line item in the annual Appropriations Act.

The history of the Commission is one in which the Board of Managers has always been conscious of its responsibility to supply skilled direction for the work of this Commission and it is believed the procedure is sufficiently well established to continue that same point of view. In general these qualifications are looked for in the Executive:

(a) A minimum of four years college training including courses in social problems, education and vocational adjustment.

(b) A minimum of ten years' experience in the field of the blind plus at least five years additional experience in this or other fields involving executive problems of organization, administration and supervision.

(c) Qualities of tact, leadership and ability to direct commensurate with the responsibilities involved in the rehabilitation of blind persons and the coordination and advancement of community, State and Federal services to that end.

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# ASSISTANT EXECUTIVE DIRECTOR

## Duties

Under direction of the Executive to assist in the administration of the various aspects of the Commission's program of services to the Blind.

Work with staff members and Department heads recommending policies and procedures for the advancement of the Commission's program.

Assist in general supervision of personnel and in the development and application of personnel standards and policies.

## Typical Tasks

1. To organize and prepare plan materials required by the Federal Government in the Assistance and Vocational Rehabilitation programs.
2. To prepare studies, bulletins, and regulations covering various aspects of the Commission's work.
3. To review official documents and assist in their application and interpretation.
4. To plan and effectuate a program of in-service training within the various departments of the Commission.
5. To prepare critical correspondence for the Executive.
6. To represent the Executive in his absence and on special assignments.
7. To work with division and supervisory heads in developing standards of performance, interpreting procedures, policies, etc., and evaluating their execution.
8. To work with other cooperating agencies and with section heads in developing a better understanding and cooperative rapport.
9. To work with the Business Manager, Director of Education, and Director of Case Services in order to coordinate the case services with the business and fiscal aspects of the Commission's work.

## Minimum Qualifications

A minimum of four years' college training including courses in administration, social problems, education, and vocational adjustment.

Ten years experience in the field of social service, rehabilitation, or related fields, three years of which must have been in an administrative and supervisory capacity, and three of which must have been in the area of the blind.

Qualities of tact, leadership, and ability to direct, commensurate with the responsibilities involved in the position. Ability to handle technical problems associated with the administration of social service, education and rehabilitation programs.

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# ASSISTANT STAND SUPERVISOR
## (Assistant Supervisor of Vendors)

Relay

### Duties

Under Supervision of the Stand Supervisor: Counsel and instruct operators on the job; to assist operators in handling accounts and records; to supervise a given number of stands so that their merchandising potentialities are fully developed.

### Typical Tasks

To counsel and advise stand operators relative to management techniques.

To inspect stands for conformity to regulations.

To assist in purchases and the adjustment of individual business needs.

To review and analyze reports.

To assist operators in maintaining current records.

To instruct operators in orderly display and other sales techniques.

To perform such other services as may be involved in the maintenance of a high standard of stand management.

### Minimum Qualifications

(a) A high school education.

(b) At least three years of paid full-time chain store merchandising experience or business management experience. (Appropriate schooling beyond the high school level may be substituted for work experience in the ratio of one year of schooling to six months of experience; however, such substitution may not be made for more than one year of experience.)

(c) A knowledge of modern purchasing, storing, handling and accounting methods for commodities and other merchandising ordinarily handled by vending stands; a knowledge of advertising and general display methods; ability to maintain and establish friendly and cooperative relationships; a knowledge of the needs and capabilities of blind people and the objectives of the stand program; ability to work with people; ability to prepare clear and concise reports. Good health; neat personal appearance; good judgment; tact, initiative and integrity.

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# ASSISTANT TO THE EXECUTIVE DIRECTOR

## Duties

Under direction of the Executive:

Maintain and supervise a special services unit designed to make available to blind people services not elsewhere available.
Administer the loan and repair of special devices loaned to blind people.
Develop and coordinate Commission's relationship with service clubs.

## Typical Tasks

1. To secure from the supervisors in the various departments data concerning the individual needs of blind people requiring service.
2. To confer with clubs, committees and individuals with reference to facilities that might be placed at the disposal of individual blind people.
3. Take blind people to doctors, clinics and other facilities when the service in question do not come under the program of any other department.
4. To help blind people buy clothing and secure the facilities for which funds have been provided by clubs.
5. To talk to clubs and bring to their attention services that they might perform for blind people.
6. To work out programs of service to present to clubs when they have a desire to serve.
7. To show the picture of the Commission's activities and make presentations of the Commission's work.
8. Plan vacation opportunities for blind people and other recreational activities for groups that are interested in such lines.
9. To receive and process requests for special equipment to be loaned by the Commission.
10. To coordinate the transportation facilities of the Commission for the purpose of effectively utilizing long distance transportation for a number of people.
11. To look after the repair and maintenance of the Commission's automobiles, Talking Books and other equipment provided for the use of the staff and clients.
12. To maintain a record of possible homes for blind people to facilitate their housing and through inspection determine their suitability.
13. To confer and cooperate with the heads of the various services of the Commission for the purpose of tying in voluntary services with those furnished under State expense.
14. To represent the Executive at clubs, recreational gatherings, and other meetings appropriate to the service.
15. To arrange for special concessions to blind people extending such services as are now furnished to blind people through the Commission such as bus passes, theater passes, entertainment privileges and the like.
16. To supervise the distribution of transportation and theater passes as requested by clients.
17. To extend services to blind people and their families in meeting their personal needs either in person or through cooperating volunteers such as assisting in

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shopping, securing furniture and other special services.

Minimum Qualifications

Graduation from a College or University with specialization in Public Administration, business administration, economics; social welfare or related fields.
At least three years full time paid experience in the specialty field.
Knowledge of public personnel practices, budgetary and accounting procedures, ability to plan and supervise the work of others.

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# CLERK

DEFINITION: Performs moderately difficult clerical work; does related work as required.

DISTINGUISHING CHARACTERISTICS: The incumbent works under supervision and may have limited supervision over a small group of workers.

EXAMPLES OF WORK: Reviews and passes on reports and applications where rather simple determinations are involved; opens and distributes mail; gives out information; answere telephone calls; maintains up-to-date mailing lists; requisitions and stores office supplies; compiles data for reports; assists in making up and verifying payrolls; operates office appliances and machines.

REQUIREMENTS:

1. Education at a level represented by the successful completion of two years of study at a standard high school.

2. Familiarity with modern office practices, procedures, and appliances.

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# CLERK BOOKKEEPER

**DEFINITION:** Performs moderately difficult bookkeeping and clerical work; does related work as required.

**DISTINGUISHING CHARACTERISTICS:** The incumbent works under immediate supervision in the performance of routine phases of the office program.

**EXAMPLES OF WORK:** Makes entries in cash books, journals and other records; posts entries; balances or adjusts accounts; prepares statements or reports; makes extensions or calculations of percentages and discounts; determines accounts to which orders and vouchers are charged; prepares trial balances; reconciles bank accounts; compiles reports.

**REQUIREMENTS:**

1. Education at a level represented by the successful completion of two years of study at a standard high school.

2. Knowledge of bookkeeping procedures.

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# CLERK EDIPHONE OPERATOR

## DEFINITION

Under the direction of a Senior Clerk or other supervisor in a State department, institution or agency, types copy from Ediphone or other recording equipment; does related work as required.

## EXAMPLES OF WORK

Transcribes dictation from an Ediphone machine or other recording equipment and types technical, scientific, financial, statistical, and other statements and reports, certificates, correspondence, memoranda, payrolls, vouchers, purchase orders, charts, forms, tabulations, bills, warrants, contracts, specifications, case records, manuscripts, and legal documents.

Cuts stencils.

Checks and compares finished copy.

Composes and types routine correspondence and fills in forms, circular letters, and form letters as directed.

Addresses, stamps, and mails Department envelopes and other mail.

Operates numbering, time stamping and dating machines.

Operates varied types of office machines and equipment, including manually and electrically operated typewriters, duplicating machines and adding machines as may be required.

Maintains established records and files.

## REQUIREMENTS

### Education

Formal education or other education and training showing attainment of the level represented by graduation from high school.

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# CLERK STENOGRAPHER

**DEFINITION:** Performs moderately difficult stenography, typing and clerical work; does related work as required.

**DISTINGUISHING CHARACTERISTICS:** The incumbent does general office work under supervision.

**EXAMPLES OF WORK:** Takes shorthand notes from moderately difficult dictation and transcribes them; maintains files and records; types form letters, reports and requisitions; cuts stencils; opens and distributes mail; answers the telephone and gives out routine information.

**REQUIREMENTS:**

1. Education at a level represented by the successful completion of two years of study at a standard high school including a course in stenography.

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# CLINICAL PSYCHOLOGIST

## Duties:

Under Executive direction, develop standards for psychological services, including the various types of scientific measurements and techniques, as aides in social, personal, educational and vocational adjustment; administers tests, and furnishes interpretations of test results; evaluates program needs.

## Typical tasks:

1. To study the various service programs of the Commission and recommend specific psychological services.
2. Make individual case studies on a referral basis and advise on program planning.
3. Administer, and where necessary, supervise the administration of psychological tests and measurements and interpret findings.
4. Consult with executive officers and department heads on service programs.
5. Assist in Commission in-service training program leading to the development of interviewing aides, improved use of school and employment records, social and personal histories, and other data necessary for an adequate understanding of the individual.
6. Consult with specialists and operating personnel in respect to those cases which present the more difficult problems of adjustments.
7. Through review of cases make studies to determine the use of objective methods of evaluation of mental capacity, general background, special aptitudes, skills, and personality traits; encourage the use of objective methods.
8. By discussion of personality inventories and other psychological methods of studying personality traits and problems, aid the staff in gaining a broader understanding of human behavior and methods of dealing with cases of maladjustment.
9. Consult with the Commission's Educational Director and others on the selection of tests, interpretation of results, and the application of remedial and preventive techniques in the school program.
10. Act as psychological advisor and consultant at the Commission's training center.
11. Do related work as required.

## Minimum Qualifications

1. Possession of a Ph. D. from a University with specialization in psychology, mental measurements, and statistics; graduate work in clinical psychology.
2. A minimum of 3 years experience in administering and tabulating psychological tests; knowledge of abnormal psychology; clinical psychology, vocational training and the techniques of mental measurements, skill in administering, recording and interpreting tests.

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# EDUCATIONAL COUNSELOR
# SECONDARY SCHOOLS AND HIGHER EDUCATION
## (Supervisor of Instruction)

## Duties

Under supervision of the Director of Education:

Implement and coordinate the Commission's education program for the visually handicapped.

Give counsel and guidance to families, school authorities and students attending public High Schools and schools of higher learning.

Make available special educational materials.

## Typical Tasks

1. Give educational and vocational guidance to High School students and those adults planning advanced training, arrange for diagnostic tests, vocational interest inventories, etc.
2. Advise with teachers and principals of public High Schools regarding the adjustment of individual blind or partially seeing students; the adaptation of teaching techniques for the blind or partially seeing High School students; check regarding students' progress advising diagnostic or remedial treatment when indicated.
3. Employ and supervise Tutor-Readers for each visually handicapped High School student.
4. Arrange for provision of specialized equipment such as braille or large-print textbooks, braille writers, typewriters, Talking Book records, science or mathematics equipment.
5. Consult with college personnel or faculty of vocational training schools regarding problems of students receiving advanced training; interpreting the special needs and advising regarding adaptation of methods and checking on progress, etc.
6. Advise with parents and with individual students regarding social, emotional, physical and academic adjustment, recommending use of social welfare and recreational agencies when necessary.
7. Act as interpreter between home and residential school for the blind in cases transferred from public school facilities to temporary placement in residential school.
8. Do related tasks as assigned.

## Minimum Qualifications

New Jersey secondary school teaching certificate with special training as a teacher of the blind and as a teacher of the partially seeing, which training should

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include such courses as: Anatomy and Diseases of the Eye, Psychology of the Handicapped, Special Methods and Techniques in Sight-Saving Classes and Special Methods for Teaching the Blind, Educational and Vocational Guidance.

A minimum of two years teaching experience.

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# FILE CLERK

**DEFINITION:** Performs moderately difficult filing work; does related work as required.

**DISTINGUISHING CHARACTERISTICS:** The incumbent does general filing work under supervision.

**EXAMPLES OF WORK:** Arranges, indexes and files papers, records, correspondence, memoranda, maps, tracings, property plans, and other matter; pulls papers and folders from files as requested and charges them on forms prepared for the purpose; develops, modifies, and expands existing filing systems, and installs new ones.

**REQUIREMENTS:**

1. Education at a level represented by the successful completion of two years of study at a standard high school.

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# INSTITUTIONAL AIDE

## Duties:

This is an unclassified position in the State Civil Service. Duties are set by the Director of the Agency or Agencies employing individuals in this title.

Under direction of the Intake Worker, who is blind, Institutional Aides are presently employed to act as guides for the Intake Worker. They assist in reporting on home conditions of clients; perform clerical work; drive car during field visits and do other related work requiring sight.

## Qualifications

The qualifications are those necessary to perform the particular job assignments.

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# INTAKE WORKER
## (Social Case Worker)

### Duties

Under supervision of the Employment Supervisor:

Interview blind people; make detailed reports of their background, needs, and capabilities.

Stimulate newly-blinded persons to accept rehabilitative services.

Assist applicants for service to make suitable choices.

### Typical Tasks

a. To contact clients for purposes of rehabilitation.
b. To take a case history and set up their financial resources as well as their rehabilitation needs together with appropriate data.
c. To recommend the type of services needed.
d. To act as vocational counselors in executing rehabilitation plans.
e. To do related interviewing and diagnostic work as required.

### Minimum Qualifications

Ability to work with people; objectivity; good judgment and resourcefulness in meeting problems. The ability to express oneself tactfully, clearly and concisely; the ability to plan under supervision and execute work effectively; the desire and ability to respect confidences implicit in a professional worker--client relationship. Having a thorough understanding of the problems peculiar to adjustment of blindness as well as some knowledge of the techniques to be employed in overcoming those problems. Having a working knowledge of the Commission's vocational rehabilitation program as well as all of the other services available through the Commission. Ability to analyze capacities of blind people.

(All other things being equal, blindness will be considered an asset to a worker in this area.)

Graduation from an accredited four year college course and a minimum of one year graduate work in a recognized school of social service.

Plus

two years of full-time paid experience in social service work with an agency for the blind as a home teacher or social case worker or counselor.

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# MEDICAL CONSULTANT

(1) Duties:

To furnish day-to-day consultation to the Supervisor of Physical Restoration on individual cases and specific medical problems:

to advise with regard to the execution of the policies for physical restoration;

to assist the Supervisor in representing the State agency in its contacts with the medical and associated professions;

to assist in the maintenance of the standards established by the State agency for the selection of physicians, hospitals, and other medical personnel and facilities qualified to serve various types of cases, and for payments to physicians, hospitals, and others;

to assist in training the rehabilitation case-work staff with regard to physical restoration.

(2) Minimum qualifications:

(a) Graduation from an approved (approved by the Council on Medical Education and Hospitals of the American Medical Association) school of medicine, and

(b) One year's internship in a hospital approved (approved by the Council on Medical Education and Hospitals of the American Medical Association) for internship, and

(c) At least two years of graduate training or experience in a medical field appropriate to physical rehabilitation.

(d) Licensed to practice medicine and surgery in the State of New Jersey.

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# MEDICAL SOCIAL WORKER

**DEFINITION:** Under the direction of a supervisory officer in the Commission for the Blind, does the routine and difficult office and field work involved in providing needed medical and social assistance for children and others who are blind or whose vision is impaired; does related work as required.

**EXAMPLES OF WORK:** Organizes assigned medical social work concerned with the problems of persons who are blind or who have defective vision and develops effective work methods, makes arrangements for eye examinations; general medical examinations, psychiatric examinations and Wasserman, Kahn, X-Ray and other tests; in cases where hospitalization is indicated, assists in making the necessary arrangements, including provisions for financial assistance; following eye operations, gives general health counsel and advice; sees that necessary eye glasses and medications are provided; sees that transportation to clinics and hospitals is provided; makes arrangements for obtaining the varied types of special appliances necessary to the physical and emotional readjustment of children and adults with visual handicaps; gives instructions to student nurses by means of lectures and explanations concerning the current methods of sight conservation; helps to arrange and make out the programs for eye health promotion in those schools having for their objective the conservation of the vision of children; arranges for exhibits at county fairs and other meetings and explains the purposes of the exhibits; handles correspondence; prepares reports containing findings, conclusions and recommendations; maintains suitable records and files.

**REQUIREMENTS:**

1. Formal and other education and training showing attainment of the level represented by graduation from a college of recognized standing, supplemented by a completion of a curriculum in medical social work in an approved school of social work.

2. Some experience involving the collection, analysis, use and recording of the information needed to determine a proper course of medical social action in the case of persons who are blind or whose vision is defective.

3. Considerable knowledge of the purposes, policies, standards, methods and procedures involved in doing medical social work, involved in providing needed services for children and adults who are blind or whose vision is defective, of the problems encountered in collecting and analyzing factual information needed in passing upon individual cases, drawing sound medical social work conclusions therefrom and basing appropriate action thereon, of medical social case work methods and terminology, of the laws, rules and regulations under which the Commission for the Blind operates and of the policies, procedures and standards of the Commission, of the organization, objectives and activities of the varied types of public and private

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social agencies in New Jersey interested in the conservation of eye health and providing medical and social services for persons who are blind or who have defective vision, of individual and group behavior, of the particular mental, emotional, social and economic problems of blind persons and persons who have defective sight, of the handling of correspondence, of the preparation of reports containing findings, conclusions, and recommendations, and of the maintenance of suitable records and files.

4. Ability to analyze laws, rules, regulations and established procedures and apply them with reasonable consistency to individual cases, to reorganize assigned medical social work and develop effective work methods, to work harmoniously with associates, individuals, families, teachers, physicians, and organizations, to collect and make correct appraisals of the factual information needed in providing medical social services for children and adults who are blind or who have defective vision, to learn quickly the significant facts in individual or family situation and to weigh and evaluate such facts, to plan and carry out programs of special readjustment of persons who are blind or who suffer from defective vision on the basis of such findings, to comprehend the emotional, social, economic and other problems of children and adults who are blind or who have defective sight, to comprehend modern sight saving devices and methods, to handle correspondence, to prepare clear, sound, accurate and informative reports containing findings, conclusions, and recommendations, and to maintain suitable records and files.

5. Good health and freedom from disabling physical and mental defects.

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# PLACEMENT AGENT

## Duties

Under supervision of the Supervisor of Employment:

Place blind people in appropriate employment and supervise their continuous job adjustment.

Survey plants; demonstrate operations feasible for blind people; and in other ways develop employment opportunities.

## Typical Tasks

a. Recommend and place people in employment; properly adjust their special needs and abilities to the job in hand.

b. Contact employers in behalf of clients and conduct plant surveys in order to find suitable operations that blind people can do.

c. Promote, expand and in other ways develop occupational opportunities for blind people.

d. Continuously supervise a blind person's employment in order to insure permanency of employment, the smoother operation of the placement program, and the continuous adjustment of the client to changes in the employment picture.

e. Demonstrate the efficient performance of jobs suitable for blind people through plant surveys.

f. Keep an adequate system of records.

g. Give-on-the-job training.

h. Promote cordial industrial relations.

i. Assist whenever necessary in the evaluating of employment applicants.

j. Do related tasks as assigned.

## Minimum Qualifications

Good appearance; pleasing personality; ability to speak easily; industrious and agressive; intelligent; having an understanding of blind people; having insight into human nature; mechanical aptitude; capable of mature judgment. (All other things being equal to blindness will be considered an advantageous asset to a worker in this area.)

A minimum formal education of high school, trade, or vocational high school nature; graduation from an accredited college.

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In addition, one year of full-time paid work experience with an agency, or school for the blind in the field of vocational rehabilitation and/or guidance.

Work experience as a plant foreman, personnel manager, journeyman in a recognized trade, or in such field as: teaching, social service, business management, vocational rehabilitation in the ratio of two years work experience to each year of college up to two years allowed.

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# PRINCIPAL CLERK BOOKKEEPER

DEFINITION: Performs complex and detailed bookkeeping and clerical work; does related work as required.

DISTINGUISHING CHARACTERISTICS: The incumbent works under direction, and is in charge of planning and directing the bookkeeping work of a State department, or large subdivision thereof. This position requires the exercise of considerable independent judgment in the establishment of bookkeeping procedures and the supervision of the work.

EXAMPLES OF WORK: Outlines, plans, and maintains schedules of bookkeeping work; instructs employees in methods of work; carries out changes in administrative policies of the department; supervises the preparation of payrolls and requisitions; computes taxes; handles correspondence that does not require special action by the commissioner or department head.

REQUIREMENTS:

1. Education at a level represented by graduation from a standard high school.

2. Not less than four years of experience in responsible bookkeeping work, some of which shall have involved responsible supervisory duties.

3. Thorough knowledge of modern bookkeeping procedures, and office practices.

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# PRINCIPAL CLERK STENOGRAPHER

**DEFINITION:** Performs exceedingly difficult and complex stenography, typing, and clerical work; does related work as required.

**DISTINGUISHING CHARACTERISTICS:** The incumbent, under general direction performs either work of an exceedingly difficult and complex nature, or supervisory responsibilities of great magnitude, or some equivalent combination of the two. The position requires the exercise of considerable independent judgment. Employees within this class serve as secretaries to only the highest administrative officials.

**EXAMPLES OF WORK:** Takes dictation of an exceedingly difficult and complex nature such as lengthy and highly technical letters, decisions, briefs, and memoranda; records proceedings of conferences, hearings, and meetings; transcribes information that is difficult to tabulate and arrange such as legal papers and documents, large and complex statistical tables, and highly confidential correspondence; makes special surveys and gathers administrative information for use by important departmental officials; schedules engagements and conferences; screens visitors to administrative offices; prepares letters for official signature where the nature of the reply may, or may not, be indicated; maintains confidential files and accounts.

**REQUIREMENTS:**

1. Education at a level represented by graduation from a standard high school secretarial course.

2. Not less than four years of experience in responsible clerical work and stenography.

3. Thorough knowledge of stenography and of modern office techniques.

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# SENIOR CLERK

**DEFINITION:** Performs specialized clerical work of considerable difficulty; does related work as required.

**DISTINGUISHING CHARACTERISTICS:** The incumbent works under direction and assumes responsibility for certain stated activities involving the exercise of some independent judgment. The work may involve individual activities of a semi-technical nature, the supervision of a group or unit generally numbering four to ten, or a combination of the two.

**EXAMPLES OF WORK:** Reviews and passes on reports and applications where complicated determinations are involved; answers non-routine inquiries originating inside or outside of the office; handles correspondence of a complicated nature which may not be reviewed prior to its dispatch; plans and supervises the work of employees in subordinate positions; trains employees on the job; directs the operation of office appliances and machines.

**REQUIREMENTS:**

1. Education at a level represented by graduation from a standard high school.

2. Not less than two years of experience in general clerical work.

3. Knowledge of modern office practices, procedures and appliances, and of business English and the principles of letter writing.

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# SENIOR CLERK BOOKKEEPER

**DEFINITION:** Performs specialized or technical bookkeeping and clerical work; does related work as required.

**DISTINGUISHING CHARACTERISTICS:** The incumbent works under general supervision, and either personally, or through a group of subordinate Clerk Bookkeepers or Clerks, assumes responsibility for one or more phases of the bookkeeping work of a State department.

**EXAMPLES OF WORK:** Makes journal entries; posts items; examines records; tabulates data; prepares trial balances; verifies bills; prepares documents; assists in preparation of an annual budget; enters orders, requisitions, invoices, and payrolls in the ledger; records and files deeds; supervises the work of employees in subordinate positions.

**REQUIREMENTS:**

1. Education at a level represented by graduation from a standard high school.

2. Not less than two years of experience in bookkeeping work.

3. Considerable knowledge of modern bookkeeping procedures.

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# STAND MANAGEMENT SUPERVISOR
(Supervisor of Vendors)

## Duties

Under supervision of the Supervisor of Employment to direct the business opportunities program; to maintain the stand program on a high level of efficiency; to develop standards of merchandising, display and management.

## Typical Tasks

a. Secure and develop new stand business opportunities.

b. Develop public confidence in the stand program.

c. Advise on the training of operators.

d. Assist in surveying operating enterprises and evaluating their performance.

e. Help make stand placements and such after care arrangements as may be necessary for guiding the stand operators and Assistant Stand Supervisor into constructive relationships among themselves and with the public.

f. Do related work as required.

## Minimum Qualifications

(a) Graduation from a standard four year high school course.

(b) Five years of successful full-time experience in the field of management, sales, and merchandising of which at least two years shall have been as a manager of one or more chain stores or as a supervisor of two or more chain stores. In addition, a minimum of one year full-time paid experience with an agency for the blind in the rehabilitation area.

(c) A thorough knowledge of modern purchasing, storing, handling and accounting methods for commodities and other merchandise ordinarily handled by vending stands; a knowledge of advertising and general display methods; a knowledge of the needs and capabilities of blind people and the objectives of the stand program; the ability to maintain and establish friendly and cooperative relationships with business executives, public officials and stand operators; the ability to prepare clear and concise reports and to handle routine forms of correspondence.

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# SUPERVISOR OF PHYSICAL RESTORATION

## Duties

Under supervision of the Director of Case Services, to help plan and execute the program of physical restoration conducted by the New Jersey State Commission for the Blind.

Organize and supervise the Commission's Mobile Eye Clinic.

Supervise the Commission's program of publicity and prevention of blindness.

## Typical Tasks

1. Supervise and direct the medical social work staff and their activities.
2. Establish case work procedures.
3. Select (with the advice of the State Professional Advisory Committee) qualified physicians, hospitals, and other medical personnel and facilities to be used in the program.
4. Arrange rates of payment, contracts, etc.
5. Prepare appropriate reports.
6. Supervise the maintenance of adequate statistical and case records.
7. Propose, initiate, direct and supervise activities contributing to a more effective understanding, control and prevention of the incidence of blindness.
8. Consult with school administrators, industrialists and Department of Health on the implementation of programs for eye care and Prevention of Blindness.
9. Consult with medical societies, physicians, and hospitals, and interpret the Commission's program of physical restoration.
10. Instruct nurses and lay groups in a better understanding of eye health and techniques for prevention of blindness.

## Minimum Qualifications

(a) Graduation from a four-year college or university plus graduation from a recognized school of social work with a Med. W. degree.

(b) At least four years of full-time paid experience since graduation in social welfare work, preferably in work related to prevention of blindness. At least two of the four years must have been in a medical setting, preferably in a hospital, clinic, health department, or in a physical restoration program. One year of four must have been in an administrative capacity.

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# SUPERVISOR OF PLACEMENT
## (Supervisor of Employment)

### Duties

Under supervision of the Assistant Executive Director:

Supervise and direct the activities of the placement department.

Develop facilities for the employment of blind individuals.

### Typical Tasks

a. Plan coordinated activities of the placement department.
b. Assign case loads, supervise and evaluate placement personnel.
c. To be a participating member of the Commission's placement and employment committee set up to plan rehabilitation programs on a case basis.
d. To assist vocational counselor in meeting problem situations.
e. To contact Employment Services and employer groups for purposes of developing and extending the Commission's program within a cooperative framework.
f. To help develop new employment areas for the blind.
g. To help integrate the employment service with other Commission services.
h. To recommend and assist in the development of employment policies.
i. To develop procedural bulletins in the employment area.
j. To apply techniques of in-service training for existing personnel and for recruits.
k. To do related work as assigned.

### Minimum Qualifications

Personal qualifications are the same as those set forth for placement agent and in addition; supervisory ability; the ability to train others in their duties; the ability to evaluate work and to devise and apply remedial measures when necessary; the ability to inspire confidence of others.

Graduation from a four year course at an accredited college or university with a recognized degree. A minimum of six graduate or undergraduate course credits in the area of vocational guidance.

A minimum of three years of successful full-time paid experience in the area of vocational counsel and placement.

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# VOCATIONAL COUNSELOR

## Duties

Under Supervision of the Supervisor of Employment:

Set up vocational training programs for employable blind individuals and follow them through.

Give vocational guidance and counsel.

## Typical Tasks

a. To analyze the needs and capacities of placement applicants and set up plans for their vocational rehabilitation.
b. Arrange for the vocational training and education of clients under supervisory direction.
c. Interpret individual plans of rehabilitation to clients and to give guidance in forwarding them.
d. To give vocational counsel and information.
e. To assist in the coordination of specialized services required to successfully rehabilitate employment applicants.
f. To compile informational and study material for the use of blind people in selecting a vocation.
g. To place blind people in appropriate employment.
h. Do related work as assigned.

## Minimum Qualifications

Understand the problems of blindness and the methods of coping with them; enjoy working with people; understand the Commission's vocational rehabilitation program; have a thorough knowledge of educational and training facilities for blind people; have a thorough knowledge of educational techniques so as to be able to guide and interpret the process of training to the client and to the Commission's specialists.

Have a recognized four year college degree with specialization in psychology or sociology; teaching, or guidance and counseling.

Have a minimum of two years of full-time paid counselling and placement experience, one year of which shall have been in the field of the handicapped preferably with an agency for the blind. Added experience and training in meeting the problems of blind people on the employment level will be considered an asset.

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DEPARTMENT OF INSTITUTIONS AND AGENCIES

DIVISION OF WELFARE

Name of Institution, Agency, etc.

New Jersey State Commission for the Blind

REGULATION # Letters #1 thru#27

ISSUED: (Date) 9/11/47 to 3/7/55

REV.: (Date)

TITLE: A.B.Directors Letters

SUBJECT: Blind Assistance regulations

STATUTORY REFERENNE: 30:6 - 3 and subsections; 30:6 - 14

(Signature of Executive)

(Name and Title)

G. F. Meyer

George F. Meyer
Executive Director

Approved: (Date)

by_____
President
State Board of Control

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State of New Jersey
Commission for the Blind

Summary of Blind Assistance Regulations

| A.B. Director's Letter | Date of Letter | Subject |
|---|---|---|
| #1 | 9/11/47 | Bulletin 1 - Digest of Laws |
| | | " 2 - Procedures |
| | | " 3 - Use of Forms |
| | | " 4 - Burial Procedure |
| | | " 7 - Temporary Grants |
| #2 | 11/20/47 | Amends portion of Bulletins 2 and 3. |
| #3 | 2/14/49 | Standards of Assistance. |
| #4 | 5/25/48 | Services for the Blind #1. |
| #4 | 6/10/49 | Services for the Blind #2. |
| #5 | 7/1/48 | Appeals and Fair Hearings. |
| #6 | 8/2/48 | Revision of Section of Bulletin 2. |
| #7 | 3/1/49 | Effective date of State Budget Manual. |
| | ~~3/15/49~~ | ~~Supplement 1 to Bulletin 3 - Instruction for use of Dept. Forms.~~ |
| | 3/15/49 | Supplement 2 to Bulletin 3 Deletes certain forms. |
| #8 | 4/11/49 | Standards of Assistance #2. |
| #9 | 9/8/52 | Insurance. |
| #10 | 9/15/50 | Bulletin 5. Procedure affecting cases in a Public Institution. |
| #11 | 1/9/51 | Bulletin 6. Confidential nature of records. |
| #12 | 4/7/51 | Nursing Home Care. |
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| #14 | 10/29/51 | Use of Form 3A - Medical Needs. |
| #15 | 12/26/51 | $50. Earned Income Exemption. |
| | 1/9/52 | Supplement 1 - Bulletin 6 - Jenner Amendment and Confidential Records. |
| #16 | 1/9/52 | Client Statement re Fair Hearing. |
| #17 | 1/20/53 | Eye Examinations. |
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State of New Jersey
COMMISSION FOR THE BLIND
GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

AB DIRECTOR'S LETTER NUMBER 1

September 11, 1947

County Welfare Board Directors:

We enclose, herewith, four copies of the following bulletins for use by you and your staff in the administration of aid to the needy blind. Additional copies are available upon request:

Bulletin I: Digest of Laws
Bulletin II: Procedures Under the Law
Bulletin III: Instruction in Use of Forms
Bulletin ~~VI~~ IV: Procedure for Burial
Bulletin VII: Temporary Grants

Bulletins I, II, and III are revisions of current material in your hands which are herewith brought up to date in keeping with changes in law and procedure. Please destroy all previous copies as obsolete. Bulletins VI and VII are new and are designed to implement the most recent changes in our law.

It is the Commission's hope that with your cooperation we can use these materials as a basis for a procedural manual. From time to time additional bulletins, policy statements and other interpretative materials will be sent to you for incorporation in this manual. We believe this will fill a long felt need to make for a stronger program.

We are in process of securing adequate supplies of Form AB 11 which is similar to OA 11 for your use, and these will be forwarded at an early date. For the interim Form OA 11 may be substituted. Forms AB 12 and AB 13 are being held in abeyance until a uniform procedure for fair hearing is developed.

If there are any questions in your mind or in the minds of your workers concerning these directions we shall be pleased to arrange for conferences to discuss them.

For the sake of uniformity, will you kindly insert this letter of transmittal along with the enclosed bulletins in some kind of folder which will be readily available for use.

Sincerely yours,

COMMISSION FOR THE BLIND

George F. Meyer, Executive Director

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NEW JERSEY STATE COMMISSION FOR THE BLIND
AID TO THE NEEDY BLIND

BULLETIN I

DIGEST OF TITLE 30, CHAPTER 6, ARTICLE 1.

Title 30, Chapter 6, Article 1 of the Revised Statutes provides for a program of Assistance to the Needy Blind. By Chapter 168, P.L. 1946, certain amendments have been affected.

Following is a digest of Title 30, Chapter 6, Article 1, as it now stands. For brevity the Commission for the Amelioration of the Condition of the Blind will be referred to as the "Commission", County Welfare Board as the "Welfare Board", the State Board of Control as the "State Board", and the Commissioner of the Department of Institutions and Agencies as the "Commissioner".

I. General Provision Not Affecting Action by the County Welfare Board

Section 30:6-1: The Commission shall provide means for ameliorating the condition of the blind and maintain a register of blind persons in the State. Physicians shall report to the Commission every case of defective vision which may result in permanent blindness.

Section 30:6-2: The Commission shall encourage blind persons to earn their living by loans of stock in trade, materials or tools, and may also loan monies which, when repaid, shall form a fund to carry on the work.

Section 30:6-6: This section requiring "Return in Service" has been repealed.

Section 30:6-8: A blind person is not deemed a pauper by reason of receiving relief.

Section 30:6-11: If the Commission finds a blind person may be enabled to earn a living by a special course of instruction, it may grant such funds as may be necessary to defray the costs of such training.

The State Board or its duly authorized representative is empowered to negotiate with the Federal Government in order to receive contributions therefrom for the vocational rehabilitation of the blind, and funds so received are held by the State Treasury for the use of the Commission.

Section 30:6-12: This section dealing with "trusteeship" provision has been repealed.

Section 30:6-13: If the Commission finds a blind individual who may be benefited by medical or surgical treatment, the Commission may expend for such treatment those funds available for the purpose.

Section 30:6-15: The Commission is empowered to study causes of blindness and co-operate in enforcing preventive measures.

II. Provisions Affecting Action by the County Welfare Board

Section 30:6-3: Persons of either sex who cannot support themselves because of blindness, there being no relatives or other persons financially able and legally responsible for their support, may apply for relief when they -

(1) are over eighteen years of age; and
(2) have resided in the State continuously for one year immediately prior to making the application.

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Attention is called to the fact that grandchildren are no longer considered legally responsible relatives.

Applications for relief are made to the welfare board of the county where the applicant resides.

The Welfare Board shall fully investigate all proper applications and present to the Commission a recommendation as to relief, together with copy of the application and record of investigation.

In order to determine its recommendation, the Welfare Board may order the applicant to appear before it or its representative, or may make such further recommendation as may be deemed necessary.

The amount of relief shall be sufficient when added to all other income to provide the recipient with a reasonable subsistence compatible with decency and health.

The Commission shall supervise county administration of the program and establish rules and regulations which are binding upon the Welfare Board.

The Commission shall establish rules and regulations governing custody and use of records and files. When such records or files are made available to other agencies or departments, their use is restricted to the purpose for which they are made available.

All relief granted is available only for the use of the Commission to be expended for the benefit of the applicant.

Any applicant or recipient aggrieved by decision or delay of the Welfare Board or decision of the Commission may appeal to the State Board or its designated representative. The State Board shall prescribe manner of appeal but must afford reasonable notice and opportunity for a fair hearing. Decisions of the State Board are binding upon the Welfare Board. The right of an applicant to a writ of certiorari is not affected.

When an applicant is in need of immediate emergency assistance and eligibility is apparent, the County Welfare Director may issue a temporary Order of Assistance pending completion of investigation and subject to the approval of the Commission.

The Commission shall have power to enter into reciprocal agreements with appropriate public agencies in other states and shall have the power to waive the eligibility requirements of residence for individuals coming within purview of such reciprocal agreements.

Section
30:6-4 No person is eligible to receive relief who:

(1) suffers from mental or physical infirmities; making him a charge upon any other institution or agency or which, prior to blindness, made him a public charge;

(2) publicly solicits alms.

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Section 30:6-5: Applications for relief must be verified and filed with the Welfare Board, as prescribed by the Commission. A list of applications and evidence relating thereto shall be kept on file by the Welfare Board, with copies furnished to the Commission.

Relief is not granted to any applicant until the Welfare Board is satisfied as to need and eligibility.

Welfare Board makes recommendations to the Commission as to the amount of relief which is payable only after approval by the Commission.

Relief granted is in place of all other public relief except as may be represented by medical or surgical treatment.

Section 30:6-7: This section dealing with the marriage of two blind persons has been repealed.

Section 30:6-9: When recipient moves into another county, relief is paid by the first county until recipient lives continuously for one year in another county, which then becomes chargeable.

Section 30:6-10: An examination of all recipients is made by the Welfare Board from time to time as prescribed by the Commission.

Amount paid each recipient may be changed by the Welfare Board and the Commission in accordance with findings. If not satisfied recipient is qualified, the Welfare Board may recommend that the Commission discontinue relief.

Welfare Board may recommend that Commission reduce or discontinue amount of relief if it finds -

(1) recipient no longer needy;
(2) disability removed; or
(3) recipient ineligible for other reasons.

The Commission promptly furnishes Welfare Board with report and record of disposition made of all recommendations.

Section 30:6-14: Relief granted shall be paid by the Board of Chosen Freeholders of the county where recipient last resided continuously for one year with payment to be made in manner and at times prescribed by the State Board. If the recipient does not have county residence, then relief is payable from funds provided by the State and Federal Government.

State Treasurer authorized to receive funds from Federal Government and hold them for use of the Commission.

The Commission shall reimburse each county for relief expenditures to the full extent of contributions received from the Federal Government. Claims for reimbursement shall be made by counties in manner and at times prescribed by the State Board, to be paid upon approval by the Commission.

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Each December the Commission shall advise each county of estimate of amount necessary for relief during the ensuing calendar year, and each county shall appropriate a sufficient amount to meet expenditures.

The State Board is authorized to negotiate with the Federal Social Security Agency as to contributions for Assistance to the Blind. Funds from State and Federal Government shall be paid into the State Treasury and held for the use of the Commission. These funds may be used together with such other funds for relief, education, medical and surgical treatment, as well as the burial of needy blind persons at an expenditure not in excess of $100.00.

Federal funds for administration are made available to the Commission as part of its annual appropriation.

NEW JERSEY STATE COMMISSION FOR THE BLIND

Revised 1/20/47 G. F. Meyer

George F. Meyer, Executive Director

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NEW JERSEY STATE COMMISSION FOR THE BLIND
AID TO THE NEEDY BLIND

# BULLETIN II

## Procedure of Administration of Aid to the Needy Blind Under the Law, As Amended.

Title 30, Chapter 6, Article 1 of the Revised Statutes provides for a program of relief to the needy blind. By Chapter 160, P.L. 1939, and Chapter 168, P.L. 1946, certain amendments have been affected which place upon the county welfare boards the duties of investigation and supervision, with rules and regulations to be promulgated by the Commission for the Blind. The following procedures are outlined to insure uniformity of practice throughout the State.

### Definition

For purposes of determining eligibility for relief, a "blind person" is one whose vision, after the fitting of proper glasses, does not exceed 20/200 as measured by the Snellen chart, or one whose residual field of vision - without regard to amount of central vision is down to 20 degrees in the better eye.

### Eligibility Requirements

Persons of either sex may be eligible to apply for relief when -

(1) they are unable to support themselves by reason of blindness;
(2) there are no relatives or other persons financially able and legally liable for their support;
(3) they are over eighteen years of age;
(4) they have been resident in the state for not less than one year immediately prior to the application;
(5) they are not suffering from a mental or physical disability which makes them a char ge upon any other institution or agency or a public charge for a reason other than blindness;
(6) they are not publicly soliciting alms;

### Filing of Applications

Applications shall be made to the welfare board of the county in which the applicant lives. A representative will assist and act as Notary Public. The applicant should communicate with the welfare board office of the county in which applicant is living, so that proper and practical arrangements may be made for taking the application. If it is impractical for the applicant to call at the county welfare board office, arrangements shall be made for taking the application at the home.

When it appears, upon the taking of an application, that another county may be chargeable for relief if granted, immediate notice shall be given to such other county that the application has been taken and that an investigation will be made and a report forwarded. When it appears, upon the taking of an application, that the applicant has no county residence and the State will be chargeable for relief if granted, immediate notice shall be given to the Commission that the application has been taken and that an investigation and recommendation will be made. For procedure on emergency grants, see Bulletin VII.

Under the provisions of Title 44, Chapter 7 of the Revised Statutes, as amended, all regular employees of the county welfare board may take affidavit on applications for relief.

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Investigation and Hearing

Immediately upon the receipt of an application, and for the purpose of expediting the investigation, the county welfare board shall clear with the Commission, on the prescribed form AB-4, any pertinent information concerning the applicant which the Commission may have in its files, and in particular for the purpose of determining whether or not the applicant is blind within the meaning of the act. The Commission will return AB-4 within 3 days, advising if an eye examination of the applicant has previously been made, stating the date and findings thereof; and will further advise as to any additional information as soon as may be reasonably possible.

The county welfare board shall cause a full and complete investigation to be made of each application which is received, in order to determine eligibility, the need for relief, and the county chargeable for the cost thereof. With every investigation there shall be secured on form AB-5, prescribed by the Commission, a written report from a licensed oculist or ophthalmologist approved by the Commission, as to the applicant's degree of vision and cause of blindness; but such report may be secured from the Commission if available and recent enough to be satisfactory to the Commission.

The complete findings of the investigation shall be stated in a written report, on forms prescribed by the Commission. (AB-2, AB-3)

When the applicant is living in one county, but another county is chargeable because of the applicant's residence previously established, the welfare board of the first county shall complete the investigation and forward a report thereon for action of the welfare board of the county chargeable.

Report and Recommendation to the Commission

When the investigation has been completed to its satisfaction, the welfare board of the county chargeable for relief shall take formal action with regard to the application, either approving a denial or a grant of a specified amount per month. The amount of grant shall be determined in accordance with a budget prescribed by the Commission, subject to such additional rules andregulations as may be promulgated. In all cases due consideration shall be given to the need of each individual applicant in relation to available income and resources, and regard had for such rehabilitative processes as the Commission may determine to be proper. The Commission, in response to the initial request of the county welfare board for information, will advise as to any earnings which the applicant may be receiving through the Commission, and as to what part thereof might be computed as income to meet budgetary needs.

The welfare board shall prepare an order specifying the action taken, signed by its officers duly qualified by resolution, which shall act as its recommendation to the Commission (AB-6). There shall then be forwarded to the Commission two copies of such order and one copy each of the application and report of investigation.

The welfare board of the county chargeable shall provide a file for each applicant, in which shall be maintained all material pertinent thereto. There shall also be prepared and maintained an index card for each applicant on the prescribed form (AB-7), a duplicate of which shall be forwarded to the Commission.

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Supervision and Reinvestigation

The welfare board shall maintain supervision of each recipient of blind relief living in the county, in order to determine whether there is continuing eligibility and need; whether the amount of relief is insufficient or excessive under the circumstances; and whether the monies paid are being properly used within the limitations of State and Federal laws. In the conduct of supervision there shall be followed such directions as the Commission may make with regard to education, rehabilitation and general welfare of the client. Twice in each year the county welfare board shall make a complete review of every case, and shall forward a written report thereon to the Commission.

At the time of such review, or at such other time as it may deem proper, the county welfare board may, or upon direction of the Commission shall, cause any recipient to undergo a further examination to determine the degree of vision or the progress of any treatment. If a recipient refuses to undergo such examination, relief may be suspended or discontinued upon approval by the Commission.

Where a recipient is living in one county, but the cost of relief is chargeable to another, the first county shall perform the duties of supervision and review for and on behalf of the county chargeable; but the county chargeable shall make all recommendations to the Commission. When a change of supervision occurs by reason of the recipient changing county residence, the welfare board previously supervising shall provide the welfare board now supervising with the record of the case, and shall advise the Commission of such transfer and change of address.

Recommendations as to Change of Grant or Discontinuance.

If, as a result of any reinvestigation or review, the county welfare board shall determine that the amount of relief previously granted should be increased, reduced or discontinued, it shall take formal action approving such change. An order shall then be prepared, duly signed, and forwarded to the Commission in duplicate as its recommendation of such change, together with two copies of the report on which the action was based.

If a recipient fails to fulfill the requirements for establishing his continuing eligibility for B.A., or if relief is temporarily not necessary for the support of a recipient, the county welfare board may recommend that the payment of relief be suspended for a period not exceeding six months. All such suspensions approved and made effective by the Commission must be cleared by the County welfare board by the end of such six months' period by a recommendation either of reinstatement or discontinuance unless in the judgment of the Commission, renewal of suspension is warranted.

Before any action is taken which affects a change in the status of the grant, the recipient shall have been advised thereof in writing with reasons for such action, and there shall be entered in the record of the case. At such time, the client shall also be advised that he has the right to an appeal if he does not agree with the change.

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Action by the Commission and Approvals.

All recommendations of the county welfare board will be acted upon by the Commission, and due report and record of the disposition will be given. When the recommendation is in the nature of an order the return of a copy of the order, approved by the Commission, will act as a report and record of disposition of the recommendation. In cases of suspension and reinstatement the return of a copy of the former letter originally issued by the county welfare board, signed as approved by the Commission will act as a report and record of disposition.

Whenever a recommendation of the county welfare board is not approved by the Commission, there will be forwarded to the county welfare board a formal letter stating the disapproval and reasons therefor, accompanied by the copy of the order or former letter by which the recommendation was originally made.

Appeals

Appeals because of delay on the part of the county welfare board, or appeals from decisions of the Commission or the county welfare board, will be heard or acted upon by the State Board of Control or its duly authorized representative. The procedure for appeals and fair hearings will be established by the State Board, and copies thereof will be forwarded to the Commission and the county welfare board.

Chargeability for Cost of Relief

The relief granted to any applicant shall be chargeable to that county in which the applicant last resided continuously for one year. Payment to recipients shall be made monthly by the Commission.

Monthly, in advance, the Commission shall submit to the Welfare Board of the county chargeable, on forms acceptable to the county, a bill for the estimated county share of relief, amounting to the difference between federal share and actual amount of grants. The welfare board, after approval of the bill, shall take such further steps as may be necessary to payment.

All bills submitted by the Commission will be accompanied by a statement of expenditures and a detailed accounting for funds received for the previous month. In all cases the credit of the federal share before submission of the bill to the county shall act as the reimbursement, and the recommendation of grants by the county welfare board shall be deemed a claim for such reimbursemen

Change of County Residence of Recipient

The county which is first chargeable for the cost of relief to any recipient shall continue so chargeable until such recipient shall reside in some other county continuously for one year. Whenever a recipient establishes such residence in another county, the welfare board of the county previously chargeable shall give due notice thereof to the Commission and to the welfare board of the county then chargeable. The county then chargeable shall thereupon take formal action thereon, and prepare, sign and forward to the Commission, in duplicate, an order for relief confirming the chargeability of the county.

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Rules and Regulations by the Commission.

The Commission will prescribe such rules and forms as shall be used in reporting statistical data.

The Commission will from time to time promulgate such rules and regulations as may be necessary for proper and uniform administration, and for the custody, use and preservation of records and reports; and shall prescribe such forms as may be necessary therefor. Such rules and regulations shall be binding upon the county welfare board.

NEW JERSEY STATE COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer, Executive Director

Revised 1/24/47

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NEW JERSEY STATE COMMISSION FOR THE BLIND
AID TO THE NEEDY BLIND

# BULLETIN III

## Instructions in the Use of Forms.

Following are instructions to be followed for the use of forms in Blind Assistance.

Form AB-1. Application for Aid to the Needy Blind.
Form AB-1 shall be completed in full by the applicant or someone of his choice, or for the applicant by a representative of the welfare board. All applications shall be signed and sworn to by the applicant in the presence of a third person who shall sign as a witness.

Applications shall be numbered consecutively, regardless of whether they are finally granted or denied. Cases presently receiving shall be first numbered in alphabetical order. The numbers shall be preceded by a distinctive symbol for each respective county chargeable and the numbers for each case shall be used thereafter on all forms applicable thereto. The county symbols are as follows:

| | |
|---|---|
| Atlantic | "A" |
| Bergen | "B" |
| Burlington | "N" |
| Camden | "C" |
| Cape May | "F" |
| Cumberland | "Y" |
| Essex | "E" |
| Gloucester | "Z" |
| Hudson | "H" |
| Hunterdon | "J" |
| Mercer | "L" |
| Middlesex | "K" |
| Monmouth | "M" |
| Morris | "V" |
| Ocean | "ON" |
| Passaic | "P" |
| Salem | "S" |
| Somerset | "I" |
| Sussex | "R" |
| Union | "U" |
| Warren | "W" |

Form AB-1 shall be prepared in duplicate, but only the original need be signed by the applicant. The original shall be retained by the welfare board, and the copy shall be forwarded to the Commission with Form AB-6.

Form AB-2. Report on Application for Aid to the Needy Blind
Form AB-2 shall be completed in full by the case worker after investigation has been made of the application. After completion, the form shall be signed by the worker making the investigation.

After final action on the application is taken by the welfare board, the recommendation as made shall be noted on Form AB-2 as Item #30.

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Upon forwarding the recommendation to the Commission, the date of forwarding shall be noted as Item #31.

Form AB-2 shall be prepared in duplicate. The original shall be retained by the welfare board, and the copy shall be forwarded to the Commission with form AB-6.

Form AB-3 Supplemental Information Sheet

Form AB-3 shall be prepared by the case worker, and shall be used for recording the following case information:

1. Information pertinent to the original investigation and supplementary to that contained on form AB-2. In such instances the same number of copies shall be prepared and the same disposition made as of form AB-2.
2. Information secured upon semi-annual review, showing a complete statement as to the case at the time of the review. In such instances the form shall be prepared in duplicate, with a copy being forwarded to the Commission.
3. Information pertinent to and as a basis for recommendations by the welfare board for discontinuance, increase, reduction, suspension or reinstatement. In cases of discontinuance, increase, or reduction, the form shall be prepared in duplicate, and one copy forwarded to the Commission together with two copies of form AB-6. In cases of suspension or reinstatement, the form shall be prepared in duplicate, and one copy forwarded to the Commission with the appropriate recommendation.
4. Information secured in the normal course of supervision as part of the current case record, showing the nature and results of visit to or activity on behalf of the recipient. In such instances form AB-3 will be prepared in duplicate and one copy forwarded to the Commission from time to time as may seem appropriate, provided, however, that information bearing directly on the relationship of the applicant and the Commission shall be forwarded to the Commission without delay.

All entries onforms AB-3 shall be signed or initialed by the case worker making the same.

Form AB-4 Clearance Blank

Form AB-4 shall be prepared immediately upon the receipt of each application, and an original copy shall be sent to the Commission.

The copy will be immediately returned to the welfare board marked to indicate the status of the Commission's files with regard to the applicant.

If the Commission has on file a satisfactory record of eye examination, a copy thereof will be returned to the welfare board with Form AB-4, which will be marked to indicate whether the applicant is blind or not blind, and the welfare board shall proceed with the case accordingly.

If the Commission has no satisfactory record of eye examination, Form AB-4 will be returned and marked accordingly. The welfare board shall immediately arrange for an eye examination, with the results thereof to be shown on Form AB-5, prepared in duplicate.

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The original of Form AB-5 together with Form AB-4 shall then be forwarded to the Commission, which will return Form AB-4 to the welfare board marked to indicate whether or not the applicant is blind and the welfare board shall proceed with the case accordingly.

Form AB-4 will also be marked by the Commission to indicate whether the Commission has any additional information. If such is available, the Commission will forward to the welfare board within a reasonable time a report thereon.

Form AB-5. Eye Physician's Report on Eye Examination
Following the eye examination of the applicant, the examining physician will complete and sign Form AB-5. The welfare board shall make copy of Form AB-5 for its own file, and forward the original to the Commission with Form AB-4.

Form AB-6. Order
Following formal action by the welfare board as to grant, denial, discontinuance, increase, or reduction, Form AB-6 shall be prepared in duplicate, setting forth the recommendation of the welfare board.

In cases of grant, increase or reduction, the first paragraph of Form AB-6 shall be completed. For increases or reductions there shall also be inserted, immediately above the place for signature by the Commission, the statement, "This order supersedes all previous orders in this matter". In cases of denial or discontinuance, the second paragraph of Form AB-6 shall be completed.

Form AB-6 shall be signed and attested for the welfare board by those officials authorized to so act, and the original and one copy shall be forwarded to the Commission. The original will be returned to the welfare board following action of approval or disapproval by the Commission.

Form AB-7. Index Card
Immediately upon the receipt of an application, Form AB-7 shall be prepared in duplicate as to the information then available. The name and case number shall be entered both at the top and bottom of the form, for use in either a vertical or visible file. One copy shall be retained by the welfare board and one copy shall be forwarded to the Commission with Form AB-4. Upon the return to the welfare board of Form AB-6 following final action by the Commission, the welfare board shall complete its copy of Form AB-7 to show the action taken and the date thereof. The welfare board shall also enter on its copy of Form AB-7 any subsequent change of address or change in rate of assistance.

When a case is discharged the date thereof shall be properly entered on Form AB-7, and there shall also be entered a computation of the total assistance period and the total assistance paid.

Form AB-8. Statement of Disbursement and Claim for Payment
Form AB-8 will be prepared by the Commission in all instances, and will be forwarded to the welfare board monthly in advance, showing the basis of the stated request for the estimated county share of funds necessary to meet maintenance payments. This form will be accompanied by a detailed statement of expenditures for the previous month.

Form AB-9. Notification Slip
Form AB-9 shall be prepared by the welfare board as notification of information, such as change of address, death, marriage, etc., which does not warrant the use of Form AB-3. One copy shall be forwarded to the Commission as soon as possible after the information comes to the attention of the welfare board.

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Form AB-10
This form is for use by the counties in submitting requests for information relative to earnings of the clients who are engaged in home crafts sold through the Commission's Home Industries Department. This request should be submitted in duplicate by the county welfare board. A copy of the response will be sent to the client for his information. In most instances the county investigator will find it necessary to discuss this statement with the client since the Commission's information is frequently limited to gross rather than net income.

Form AB-11
This form, similar to OA-11 shall be used whenever there is need to request from the Commission payment of a deceased client's burial expenses. Form AB-11 will be completed by the Funeral Director and submitted to the County Welfare Board in accordance with the detailed regulations set forth in Bulletin VI.

Form AB-12 (See Bulletin IV - Appeals and Fair Hearings)
This is a "simple language" flier to be used together with Form AB-13 by the county in advising clients concerning decisions rendered on applications and changes of grant. Form AB-12 advises the client of his right to a hearing.

Form AB-13
This form is to be filled in by the county welfare board whenever an application is denied or approved or a grant increased, decreased, or terminated and mailed to the client together with Form AB-12. At the time such notification is sent to the client, a copy should be sent to the Commission for the Blind.

NEW JERSEY STATE COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer, Executive Director

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# NEW JERSEY STATE COMMISSION FOR THE BLIND
## AID TO THE NEEDY BLIND
## BULLETIN IV

The following regulations are issued pursuant to Section 30:6-14, Chapter 168, P. L. 1946 which provide for the burial of needy blind persons at a cost not in excess of $100.00.

1. Payment of the burial expenses of deceased clients from Commission funds in an amount not exceeding $100.00 is hereby authorized, provided:

   (A) The total cost of burial does not exceed $200.00.
   (B) The deceased leaves no estate the assets from which are sufficient to defray the cost of burial.
   (C) The legally responsible relatives are without the means to meet the cost of burial.

2. Where burial expenses are to be met entirely by the client's heirs from whatever the private source, the Commission cannot and does not set any minimum or maximum cost for burial.

3. Where partial contributions toward full burial expense are received from the client's estate or relatives, the Commission will supplement such contributions up to $200.00, but not in excess of a total Commission contribution of $100.00

4. Payments from Commission funds may be recommended by the county welfare board, subject to Commission approval, in accordance with Paragraphs 1, 2, and 3 above on behalf of:

   (A) A client who was an active B. A. recipient at the time of death;
   (B) An applicant for whom B. A. has been approved by the county welfare board prior to his death but who did not receive his first check;
   (C) A recipient who died while a patient of a general hospital or eye infirmary to which he had been committed for temporary care;
   (D) Any needy blind person for whom other funds are not available for burial expenses.

5. The funeral director, friend, or relative making arrangements for burial will be required to contact the county welfare board before burial takes place in any case where it is indicated that the Commission for the Blind will be asked to pay all or part of the burial expenses. Information as to probable eligibility or ineligibility for burial payment may be given the funeral director at this time. However, the funeral director must be advised that final determination of eligibility can be made only after a careful investigation of all resources and approval of his statement on form AB-11 by the welfare board and Commission for the Blind.

6. Form AB-11 shall be prepared in duplicate and submitted

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to the welfare board by the funeral director not later than thirty days following the date of death. Completion of this report by the funeral director will include:

Ruling 4.

(A) Entry of name and address of deceased;
(B) Identification of persons arranging for burial;
(C) Entry of date of death and date of burial;
(D) Check list of essential services and materials provided including explanation of omission;
(E) A showing of any and all sums received or to be received by the funeral director toward a cost of burial from relatives, friends and other sources;
(F) Completion of affidavit by notary public or other person authorized to take and certify affidavits.

Both copies of AB-11 shall be forwarded to the Commission for the Blind for approval and the appropriate service shall become effective upon the return of one properly approved copy to the welfare board. Payment to the vendor will be made by the Commission upon receipt of a bill on State Bill Form 100.

7. The Commission cannot make itself responsible for additional services such as:

(A) Floral door badge;
(B) Additional coaches;
(C) Religious services;
(D) Obituary notices;
(E) Special cemetery charges;
(F) Special transportation charges; where such costs brings the total cost of burial to a sum in excess of the amounts approved in Paragraphs 1, 2, and 3, above.

"Note" By county welfare board in this regulation is meant the director is duly appointed representative

Approved; 1/15/47

NEW JERSEY STATE COMMISSION FOR THE BLIND

George F. Meyer/s/
George F. Meyer, Executive Director

GFM:OB:MS

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NEW JERSEY STATE COMMISSION FOR THE BLIND
AID TO THE NEEDY BLIND

# BULLETIN VII

## TEMPORARY GRANTS

### AUTHORITY

The Revised Statutes 30:6-4.1, Chapter 168, P.L. 1946 states, "......When it shall appear that the applicant is in need of immediate emergency assistance and that eligibility is apparent, the county welfare director may issue a temporary Order of assistance pending completion of the investigation of the applicant which said Order of Assistance shall be subject to the approval by the Commission."

### INTERPRETATION

The above is interpreted as authority enabling the director of welfare to provide a temporary grant in an amount sufficient to meet the client's needs until a regular grant of Blind Assistance can be made available by welfare board action in those cases where evidence of blindness is on file with the Commission or with new cases where evidence in the form of an eye report has been submitted to the Commission for the Blind and is acceptable to the Commission.

A temporary grant may be made to an applicant who has been receiving aid from another agency, or who would otherwise have to seek such aid pending welfare board action. Such grants may also be made to supplement regular grants when emergency situations arise and it is expedient to meet the needs prior to the next regular meeting of the welfare board.

### REPORTS

At the time the director of welfare recommends a temporary grant for a new or reopened case, the following reports shall be forwarded to the Commission:

(A) A summary statement on an AB-3 indicating the following:
1. Review of investigation giving the background of the case.
2. Review of evidence establishing eligibility from the point of view of blindness.
3. Review of evidence of immediate need.
4. A budget based on allowances under Ruling#3 as currently amended showing an estimate of needs until such time as a regular grant can be made available by welfare board action.

(B) One copy of AB-7, Kardex plus two copies of Order (form AB-6) indicating date of issue and amount of temporary grant labeled accordingly and recommended by the director or deputy director with his signature.

One Order form AB-6 signed by the director of the Commission for the Blind will be returned to the county.

When a temporary grant is used to meet an emergency situation for an active case, the report shall include all items listed under (a) and (b) above. In the event a special budget form is added to the present list of A.B.forms, the budget material may be shown in this form in lieu of the AB-3.

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## PRESENTATION TO WELFARE BOARD

The welfare director shall report all temporary grants to the welfare board at its next regular meeting, together with records of completed investigations, recommendations,, for revision, continuance, or discontinuance of such grants. Include those temporary grants which were issued during the previous month (after the board meeting) as well as those issued during the current month (prior to the board meeting.)

Temporary grants shall be recorded in the welfare board minutes in a separate section. The date of issue for each grant shall be included in order to facilitate auditing procedure.

## ACCOUNTING PRACTICES

No changes in accounting practices are anticipated. Attention is drawn to the importance in forwarding to the Commission at the time of board action all of the documented forms required of every applicant as set forth in the Commission's Bulletin III. Since for accounting purposes the temporary and regular grants together constitute one payment to the client for a particular month, the recommendation on appropriate forms showing revision of grant should be forwarded for approval.

Example: (Client is given a temporary grant of $25.00 on 6/10. On 6/21 the welfare board grants $40.00 which is issued to client on 6/30. In July a revision report must be forwarded showing a decrease from $65.00 to $40.00 for July.)

Approved 1/17/47

NEW JERSEY STATE COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer, Executive Director

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State of New Jersey
COMMISSION FOR THE BLIND
GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

# AB DIRECTOR'S LETTER NUMBER II

November 20, 1947

County Welfare Board Directors:

The following statements are intended to amend current statements in the bulletin materials issued to you under date of September 11, 1947. Will you kindly make the necessary corrections as indicated:

Bulletin II, Page II, Paragraph VI should read:
"The welfare board shall prepare an order specifying the action taken, signed by its duly qualified officers, which shall act as its recommendation to the Commission (AB-6). There shall then be forwarded to the Commission two copies of such order and one copy each of the application and report of investigation. One copy of Form AB-6, signed by the Director of the Commission, will be returned to the county."

Bulletin III, Page II, Paragraph II, Item III, should read:
"Information pertinent to and as a basis for the recommendations by the welfare board for discontinuance, increase, reduction, suspension or reinstatement. In cases of discontinuance, increase, or reduction, this form shall be prepared in duplicate and one copy forwarded to the Commission together with two copies of Form AB-6. In cases of suspension or reinstatement, this form shall be prepared in duplicate and one copy forwarded to the Commission showing appropriate recommendations."

Sincerely yours,

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

GFM:AMR

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State of New Jersey
COMMISSION FOR THE BLIND
GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

February 14, 1949

DIRECTOR'S LETTER III

Standards of Assistance 1

County Welfare Board Directors:

This statement is sent to you as a clarification of the application process as it affects blind persons, 65 years of age and over, who apply to the County Welfare Board for public assistance. Under the law any such individual has the right to choose whether he will apply for Blind Assistance or Old Age Assistance.

In this connection we quote from a recent ruling of the Attorney General which reads as follows:

"As indicated.....attainment of the age of sixty-five is a prerequisite for old age assistance. Under R.S.30:6-3, from the standpoint of age, any person above eighteen is a proper person to make application for public assistance for blindness. In either case an application for assistance must be made pursuant to applicable law.

"In my opinion, therefore, the fact that a blind person makes an application for 'blind assistance' at the age of sixty-five or over is a circumstance from which governmental agencies derive no power to direct that the application be made under the pertinent laws for old age assistance."

Sincerely yours,

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

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GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

Directors' Letter, IV

Services for the Blind #1

May 25, 1948

County Welfare Board Directors:

In order to acquaint County workers with the various phases of the Commission's work, we are forwarding to you copies of our flier, "An Integrated Program of Services for the Blind." Referrals and inquiries from the County relative to any of these services will be very welcome.

Because our past relationships have been largely in the Public Assistance area, we call your attention to the fact that on the average only about one out of eight persons registered with the Commission become Blind Assistance recipients.

This informational release is the first of a series being planned. We hope to make additional information available to you from time to time.

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

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GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

June 10, 1949

A. B. DIRECTORS LETTER # IV

Services for the Blind #2

County Welfare Board Directors:

We are sending you under separate cover a supply of pamphlets entitled "Aid to the Needy Blind." These are for distribution to individuals or agencies inquiring concerning the aid to the blind program. Because of their size they can be conveniently enclosed in standard envelopes when correspondence is sent out. You will note that the flier carries a brief statement on fair hearings. Because of this we are making it a specific requirement that every applicant or other person inquiring concerning blind assistance be given one of these fliers. The last page carries a listing of all County Welfare Boards in the State which can be appropriately checked by the distributor.

We shall also send you a supply of pamphlets entitled "Conquering Darkness", a descriptive bulletin which concerns itself with the Commission's program of vocational rehabilitation. These fliers can be utilized in the same manner as the one described above.

Please note that these materials lend themselves readily for use in staff training and a copy should be made available to every staff member. Speakers are available from the Commission in the event further detailed information is desired. Undoubtedly there will be other uses which will suggest themselves to the County Directors and we shall be happy to know of these. Additional supplies will be available upon request.

Sincerely yours,

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

GFM:JK:dm

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

State of New Jersey
COMMISSION FOR THE BLIND
GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

## A.B. DIRECTORS' LETTER NO. 5

July 1, 1948

County Welfare Board Directors:

By concurrent action with the State Board of Child Welfare, the Division of Old Age Assistance, and the State Commission for the Blind a uniform policy affecting "Appeals and Fair Hearings" has been set up. We take this means to formally notify you that effective July 1st, 1948 the policy and procedures set forth in the attached statement are to be applied in the Aid to the Blind Program.

Your attention is specifically directed to the following:

1. Every applicant for Blind Assistance shall receive from the county worker, at the time of first contact, a copy of the flier, "Statement Concerning Fair Hearings."

2. A copy of this statement shall be furnished to any Blind Assistance client at any time upon his request.

3. The new regulations require that "Every applicant shall receive an authentic copy of his executed application form."

Bulletin 3 issued to you under date of September 11th, 1947 is hereby amended accordingly. Please correct the fourth paragraph on page one of this bulletin to read as follows:

"Form A.B.1 shall be prepared in triplicate but only the original need be signed by the applicant. The original shall be retained by the County Welfare Board and one copy forwarded to the Commission with Form A.B.6. The second copy, together with attachments, if any, shall be retained by the applicant."

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State of New Jersey
COMMISSION FOR THE BLIND
GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

# A.B. DIRECTORS' LETTER NO. 5

July 1, 1948

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By concurrent action with the State Board of Child Welfare, the Division of Old Age Assistance, and the State Commission for the Blind a uniform policy affecting "Appeals and Fair Hearings" has been set up. We take this means to formally notify you that effective July 1st, 1948 the policy and procedures set forth in the attached statement are to be applied in the Aid to the Blind Program.

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2. A copy of this statement shall be furnished to any Blind Assistance client at any time upon his request.

3. The new regulations require that "Every applicant shall receive an authentic copy of his executed application form."

Bulletin 3 issued to you under date of September 11th, 1947 is hereby amended accordingly. Please correct the fourth paragraph on page one of this bulletin to read as follows:

"Form A.B.1 shall be prepared in triplicate but only the original need be signed by the applicant. The original shall be retained by the County Welfare Board and one copy forwarded to the Commission with Form A.B.6. The second copy, together with attachments, if any, shall be retained by the applicant."

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4. Since these regulations require that a simple statement informing the applicant concerning Appeals and Fair Hearings shall also be included on the official application form, we enclose such a mimeographed statement to be attached to the face of the Forms A.B.1 currently in your possession. This procedure will be necessary until such time as existing forms are exhausted. The added statement will be incorporated into the body of the form at the time of its next printing. These highlights are not intended to deny or nullify any other requirements spelled out in the attached statement.

For purposes of uniformity it is suggested that a copy of Directors' Letter No. 5 together with attachments be added to the manual of bulletin material previously sent to you.

Sincerely yours,

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

GFM:JK:T

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STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
DIVISION OF OLD AGE ASSISTANCE

# HOW A FAIR HEARING IS CONDUCTED

YOU, AS A CLIENT EITHER SEEKING OR RECEIVING ASSISTANCE, HAVE SAID THAT YOU ARE NOT SATISIFIED WITH WHAT HAS BEEN DONE FOR YOU BY THE LOCAL WELFARE OFFICE. IN THAT CASE THE NEW JERSEY LAW SAYS YOU HAVE A RIGHT TO A FAIR HEARING SO THAT YOUR COMPLAINT CAN BE CONSIDERED. THIS INFORMATION IS BEING GIVEN TO YOU SO THAT YOU WILL KNOW WHAT WILL TAKE PLACE AT THE HEARING, AND THEN YOU CAN BE PREPARED TO TELL YOUR STORY AT THE HEARING IN THE BEST WAY.

1. THE HEARING WILL BE HELD BY A PERSON REPRESENTING THE STATE COMMISSIONER OF INSTITUTIONS AND AGENCIES WHO HAS THE AUTHORITY TO DECIDE WHAT IS RIGHT AND FAIR FOR YOU AND SEE THAT IT IS DONE.

2. IF YOU FEEL YOU NEED HELP IN ORDER TO TELL YOUR STORY IN THE BEST WAY, YOU MAY HAVE SOMEONE ADVISE YOU OR SPEAK FOR YOU AT THE HEARING.

3. WHEN THE HEARING STARTS YOU WILL BE ASKED TO SAY WHAT YOUR COMPLAINT IS AND WHAT YOU THINK SHOULD BE DONE. THIS MAY BE DISCUSSED BY THE OTHER PERSONS WHO ARE THERE, AND THEN THE PERSON HOLDING THE HEARING WILL SAY JUST WHAT WILL BE CONSIDERED AT THE REST OF THE HEARING. YOU WILL HAVE A RIGHT TO CORRECT THIS IF YOU THINK IT DOES NOT CLEARLY STATE YOUR COMPLAINT. IT IS IMPORTANT THAT YOU UNDERSTAND WHAT THIS IS, BECAUSE IT IS THE ONLY THING THAT THE PERSON HOLDING THE HEARING WILL LET ANYONE TALK ABOUT.

4. IT MAY BE THAT SOME THINGS HAVE CHANGED BETWEEN THE TIME YOU FIRST MADE YOUR COMPLAINT AND THE DAY THE HEARING IS HELD. THE PERSON HOLDING THE HEARING WILL WANT TO KNOW WHAT THESE CHANGES ARE, BECAUSE THEY MAY BE IMPORTANT IN DECIDING WHAT IS RIGHT AND FAIR.

5. IF THERE ARE OTHER PERSONS WHO KNOW SOMETHING THAT WILL HELP YOU TELL YOUR STORY, YOU MAY HAVE THEM COME TO THE HEARING AS WITNESSES FOR YOU. THE LOCAL WELFARE OFFICE WILL HELP YOU AS MUCH AS THEY CAN IN GETTING THOSE PERSONS TO COME TO THE HEARING.

6. ONLY PERSONS WHO HAVE SOMETHING TO DO WITH YOUR COMPLAINT WILL BE ALLOWED TO COME TO THE HEARING. WHATEVER IS SAID THERE WILL BE CONFIDENTIAL, SO YOU NEED NOT BE AFRAID TO SAY ANYTHING YOU BELIEVE WILL HELP TELL THE TRUE STORY.

7. YOU AND YOUR WITNESSES MAY BE ASKED QUESTIONS BY THE PERSON HOLDING THE HEARING OR BY OTHER PERSONS THERE. ALSO, YOU WILL BE ALLOWED TO ASK QUESTIONS OF ANY OTHER PERSONS WHO MAY SPEAK. IF THERE ARE ANY PAPERS READ AT THE HEARING OR GIVEN TO THE PERSON HOLDING THE HEARING, YOU WILL BE ALLOWED TO READ THEM YOURSELF OR HAVE SOMEONE READ THEM TO YOU.

8. FOR SOME REASON IT MAY BE NECESSARY FOR THE PERSON HOLDING THE HEARING TO ADJOURN OR POSTPONE IT. THIS DOES NOT MEAN THAT THE HEARING IS FINISHED BUT ONLY THAT IT WILL BE CONTINUED ON SOME LATER DAY. YOU MAY ASK FOR THE HEARING TO BE ADJOURNED OR POSTPONED UNTIL A LATER DAY IF YOU THINK IT WILL HELP YOU TELL YOUR STORY IN A BETTER WAY.

9. IF YOU SHOULD CHANGE YOUR MIND ABOUT A FAIR HEARING, JUST WRITE TO THE LOCAL WELFARE OFFICE AND TELL THEM SO. IF YOU DO NOT DO THIS YOU WILL BE EXPECTED TO COME TO THE HEARING. IF YOU ARE SICK OR IF FOR SOME OTHER REASON YOU CANNOT COME ON THE DAY WHEN THE HEARING IS TO BE HELD, LET THE LOCAL WELFARE OFFICE KNOW SO THAT IT CAN BE PUT OFF UNTIL SOME LATER DAY. IF THE OTHER PERSONS WHO ARE CALLED TO THE HEARING SHOULD COME, AND YOU DO NOT COME WITHOUT GIVING ANY EXCUSE, IT WILL BE THOUGHT YOU ARE NOT INTERESTED IN HAVING YOUR COMPLAINT HEARD.

10. WHEN THE HEARING IS FINISHED, THE PERSON WHO HAS BEEN HOLDING IT WILL SAY SO. THAT PERSON WILL THEN DECIDE WHAT IS RIGHT AND FAIR IN YOUR CASE, AND WITHIN 20 DAYS YOU WILL BE TOLD IN WRITING WHAT IS GOING TO BE DONE.

11. REMEMBER THAT THE PERSON WHO IS HOLDING THE HEARING IS INTERESTED IN EVERY TRUE THING THAT WILL HELP DECIDE WHAT SHOULD BE DONE FOR YOU. THERE IS NO SPECIAL WAY YOU SHOULD SAY ANYTHING AND THERE ARE NO SPECIAL RULES YOU WILL HAVE TO KNOW AS LONG AS YOU ARE ORDERLY AND HELPFUL. THE PERSON WHO IS HOLDING THE HEARING WILL TRY TO HELP YOU IN EVERY WAY.

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State of New Jersey
COMMISSION FOR THE BLIND
GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

A.B. DIRECTORS' LETTER NO. 6

August 2, 1948

To County Welfare Board Directors:

Will you please make the following revision in Bulletin 2, page 3, paragraph 1.

Following, ".....the circumstances.", strike out the remaining words in the ensuing sentence, namely, "and whether the monies paid are being properly used within the limitations of state and federal laws."

This clause has been interpreted by the Federal Government as implying unwarranted restrictions in the expenditure of funds by recipients.

Very truly yours,

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

GFM:JK:T

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GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
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AB DIRECTOR'S LETTER NUMBER VII

March 1, 1949

County Welfare Board Directors:

This is to advise you that effective this date the budget manual issued by Commissioner Sanford Bates on January 1, 1949 will be put into official use and applied to the needs of Blind Assistance clients.

Sincerely yours,

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

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GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

March 15, 1949

Supplement 2. Bulletin III

To County Welfare Board Directors:

Kindly strike out the last two references in this bulletin which deals with Form AB-12 and Form AB-13.

These forms were prepared but never issued. They are replaced by the material issued as a policy statement on "Appeals and Fair Hearings". (See A.B. Directors Letter Number 5 with attachment on Fair Hearing policy).

NEW JERSEY COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Director

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GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

April 11, 1949

A.B. Directors Letter # 8

Standards of Assistance # 2

To County Welfare Board Directors:

In reviewing the procedure for establishing the eligibility of Blind Assistance applicants, we find that the time required for processing cases can be reduced. We are therefore recommending the following:

1. The AB 4 Clearance Blank will be returned to the counties by the Commission as soon as the register is checked. If no eye report is available at time of AB 4 receipt a new examination will be required.

2. Experience indicates that very few applicants for Blind Assistance prove to be not blind. Since eligibility is based on both need and blindness, investigation to determine need shall be made concurrent with determination of visual status.

Sincerely yours,

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

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GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

September 8, 1952

A. B. Director's Letter #9

Insurance

To County Welfare Board Directors:

The attached statement of policy on insurance in the Aid to the Blind program is being issued as a regulation for investigators. We believe you will find this statement helpful in properly considering insurance as a resource in accordance with section 504.3 (g) of the Budget Manual.

Inasmuch as blind people are not readily insurable by reason of blindness, except at prohibitive rates, the attached regulations have been set up in such a manner as to review their insurance estates in accordance with certain criteria, (see section 4a & 4b of the attached statement) in order to defer the liquidation of insurance holdings whenever indicated during the period that they are being considered for possible rehabilitation and return to self and family support. In this way the client's future and that of his family are not adversely affected by reason of premature adjustment of insurance. Once it is apparent that the client is not likely to be rehabilitated, insurance adjustment procedures will be executed.

This regulation has been carefully worked out with the Life Insurance Adjustment Bureau in order to protect the State's interest in the client's assets without any loss, even while it encourages family and personal action during the period of a client's adjustment to a serious handicap. It has been discussed informally with several County Welfare Boards and has met approval.

For purposes of uniformity it is suggested that you have your staff insert the number of this regulation as a foot note to follow section 504.3 (g) (2) of the Budget Manual. Please destroy A. B. Director's Letter #9 dated February 18, 1950 which is replaced herewith.

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# STATEMENT OF POLICY ON INSURANCE

## A. GENERAL

1. Assistance will not be withheld if the client is otherwise eligible, during the period of insurance evaluation.

2. Every insurance policy held by the client should be listed by the county investigator at the time of first contact and reviewed by him to determine whether the insured is entitled to disability benefits because of blindness: (a) in the form of cash payments or (b) waiver of premium.

   All policies with a face value in excess of $300 shall be submitted to the L. I. A B. for review in the manner described under Section 7.

3. In general, insurance contracts will be limited to straight life policies with a death benefit value of $500. However, adjustment of insurance holdings may be deferred for certain clients during a limited period of time which will enable the Commission to extend rehabilitation services aimed at returning the client to self-support.

   Through correspondence with the State Commission for the Blind, the County Welfare Board investigator shall determine whether his client is considered a rehabilitation or non rehabilitation case.

## B. REHABILITABLE CASES

4. For purposes of insurance adjustment a rehabilitable case is defined as one likely to require Aid to the Needy Blind from one month to three years.

   a. If the client's policies carry a death benefit value of $500 or less then no action shall be taken to adjust the insurance.

   b. If the client's policies should exceed a death benefit value of $500 then action to adjust the insurance may be deferred during the period of rehabilitation. Decision will be based upon such factors as, L. I. A. B. recommendation, whether client has dependents, the size of the insurance estate and the susceptibility of the client for rehabilitation.

## C. NON-REHABILITABLE CASES

5. A non-rehabilitable case is defined as one requiring prolonged aid with little likelihood of removal from the assistance rolls.

   a. In all such cases, insurance shall be adjusted to a death benefit

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value of $500.

6 Any unusual situation affecting insurance holdings not covered by the foregoing can be resolved thru communication with the State Commission offices in Newark.

## D. PROCEDURE

7. Procedure for evaluating Insurance Status thru the L. I. A. B.

a. When the insurance is issued by the Metropolitan, Prudential or John Hancock the county representative will fill in and submit Form 1 issued by the L. I. A. B. (see attached sample) and send this directly to the Life Insurance Adjustment Bureau, 450 Seventh Avenue, New York 1.

b. The L. I. A. B. will evaluate the individual's insurance estate and by agreement with the Commission will advise the State Commission for the Blind.

c. The State Commission for the Blind will interpret such advisement in terms of the status of the client and advise the County Welfare Board concerning appropriate action.

d. If the policy is issued by a company other than the three represented by the Bureau, address a letter of inquiry to the Home Office of the company which issued the policy and submit copy of the reply to the State Commission for the Blind for decision

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

Approved: October 13, 1952
Elmer V. Andrews,
Deputy Commissioner for Welfare.

Effective date: December 1, 1952

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State of New Jersey
COMMISSION FOR THE BLIND
GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

AB Directors Letter #10

September 15, 1950

County Welfare Board Directors:

We are transmitting herewith Bulletin #5 which deals with the B.A. procedure affecting cases requiring care in a public institution. The procedure set forth is not new but merely presents formally what has been our customary way of meeting this type of situation.

Sincerely yours,

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

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State of New Jersey

COMMISSION FOR THE BLIND

1060 Broad Street, Newark, New Jersey

September 1, 1950

# BULLETIN NUMBER FIVE

## Procedure Affecting Cases Requiring Institutional Care

### Statement of Law

The Federal Social Security Act as amended provides for federal participation in the State program of aid to the blind with the exception of those persons assisted in this program who are inmates of a public institution. With regard to this limitation in the program the following procedure shall apply.

### A. Definition

A "public institution" is defined as any home or establishment affording shelter or care to two or more persons, not related members of the household, which is managed in whole or in part by or through a public body or public employee acting in an official capacity, or is maintained or supported in whole or in part from public funds, or is public in character by virtue of its origin or charter.

### B. Procedure for Active Cases

Immediately upon the confinement of a recipient in a public institution, the county welfare board shall make a full investigation as to the circumstances surrounding such confinement. Thereupon, the county welfare board shall submit to the Commission on form AB-3 a report, supported by a statement of the medical officer of the institution giving diagnosis, prognosis, and recommendations for treatment, of its findings and conclusions as to whether such confinement is temporary or permanent. In determining the nature of the admission, any stay which is not to exceed three months shall be considered temporary, any stay exceeding three months shall be considered permanent.

#### 1. Temporary Confinement

If it is the finding of the county welfare board that the confinement is temporary, accompanying the AB-3 shall be submitted a recommendation that the grant be continued, and payments will be continued upon the approval of the Commission.

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If the confinement has been adjudged temporary but it later develops that it has become permanent, the county welfare board shall submit a recommendation that the grant be terminated.

2. Permanent Confinement

If it is the finding of the county welfare board in the original instance that the confinement is permanent, accompanying the AB-3 shall be submitted a recommendation that the grant be terminated.

C. Procedure for Application

An inmate of a public institution may make application for aid to the blind but no payment may be made to such applicant until he has left the institution.

NEW JERSEY COMMISSION FOR THE BLIND

George F. Meyer
Chief Executive Officer

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State of New Jersey
COMMISSION FOR THE BLIND
GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

A. B. Directors Letter #11

January 9, 1951

County Welfare Board Directors:

At a meeting of the Board of Managers of the New Jersey State Commission for the Blind (S.C.B.) on 3/23/39 the following resolution was passed:

"On motion, duly seconded, the following Resolution was adopted:

'Whereas, the New Jersey Commission for the Blind has in its files much confidential information regarding the blind people of the State; and

'Whereas, the release to the general public of such information might cause unnecessary embarrassment, annoyance and personal inconvenience for certain blind persons; be it

'Resolved, that the Commission shall exercise every reasonable precaution to keep the confidential character of such information inviolable. To this end no one except the members of the Board of Managers, and others designated by said Board, whose duties make knowledge of the contents of the Commission's files necessary, shall have access to such files; nor shall any lists of blind persons be sent or taken from the office of the Commission except for purposes approved by the Board of Managers of said Commission. Members of the Board of Managers, however, may receive such lists upon written application, stating the use to which they will be put.

'No lists of blind persons, containing or accompanied by information regarding their social or economic

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status, or the cause of their blindness, shall be issued except by special permission of the Board. In case of emergency the members of the Board may register their approval or disapproval by communicating directly with the Chief Executive Officer.

'It shall further be the duty of the Chief Executive Officer to take effective steps to see to it that the confidential nature of these records is fully protected and to limit access to the files, on the part of employees of the Commission to only those employees whose work requires the use of such case records in line with their duties; and be it further

'Resolved, that this Resolution be placed in the hands of any new member of the Board or new employee.'"

Since the County Welfare Boards (C.W.B.) have equal access with the S.C.B. to the case records of Blind Assistance clients we are issuing the attached regulation (Bulletin #6) in order to properly protect the confidential character of these records.

Sincerely yours,

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

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State of New Jersey

COMMISSION FOR THE BLIND

1060 Broad Street, Newark, New Jersey

January 9, 1951

# BULLETIN NUMBER SIX

## Confidential Nature of Records

### Provisions of the Federal Act - (Title X Section 1002 (a) (9)

"A State plan for aid to the blind must provide safeguards which restrict the use of disclosure of information concerning applicants and recipients to purposes directly connected with administration of aid to the blind."

### Interpretation

These provisions and the provisions of the Resolution quoted in our covering letter are interpreted to mean:

(a) All information and recorded data concerning an Aid to the Blind client is confidential.

(b) No case record information may be made available except for program purposes.

(c) The Executive Director of the S.C.B. or his duly appointed representative may from time to time issue regulations defining the confidential nature of records as well as the conditions under which exception and disclosure may be made.

### Protection of Records

The C.W.B. and the S.C.B. must at all times retain the physical custody and control of case records in the Aid to the Blind program and no individual, employee, or representative of either agency is permitted or authorized to make any exception to this policy.

All case records are to be regarded as confidential and in general are not to be used by anyone in the County office except C.W.B. personnel who have a direct interest or active participation in the supervision and administration of the Aid

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to the Blind program. In addition, these case records are not to be used by anyone in the State office except S.C.B. personnel who have a direct interest or active participation in the supervision and administration of the Aid to the Blind program or by other professional Commission personnel who require access to the case record in order to carry out their regular duties.

All requests for the use of record information for purposes other than those directly involved in the internal administration of the program should be directed to the Executive Director of the S.C.B.

Whenever the C.W.B. or the S.C.B. or any officer or employee thereof, is called upon to appear as a witness, to produce records of the agency as evidence, or both, in any matter where the purposes are not directly connected with the supervision and administration of the Aid to the Blind program, the following rules shall be observed strictly:

1. The person or records, or both, shall not appear or be produced except in response to a subpoena legally issued.

2. No records shall be produced unless specifically called for by the subpoena; and no records shall be produced beyond the terms of the subpoena.

3. Immediately upon the receipt of any such subpoena, notification shall be given to the Executive Director or his designated representative.

4. Upon being called upon to testify or produce agency records before a judicial officer or other officer under whose authority the subpoena has been issued, the officer or employee, personally or through counsel as provided, shall make a statement substantially as follows:

   Under the terms of the Federal Social Security Act, information concerning applicants and recipients of assistance must be restricted to purposes directly connected with the administration of assistance. The authorities of the Federal government have advised that this includes a requirement of non-disclosure of such information in response to subpoena. If a

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disclosure is made of this information, either by personal testimony or by production of records, this is considered non-conformance with Federal requirements and may subject the state to loss of federal financial participation in the assistance program.

5. In no instance is it intended that any officer or employee of the C.W.B. or S.C.B. shall place themselves in contempt of court through refusal to follow the orders of a court. However, the above action shall be taken in all instances, and a report of the results thereof shall be entered in the case record and forwarded immediately to the Executive Director of the Commission.

6. The records should be kept in the file cabinets provided for this purpose. Metal lock files are preferable and should be used whenever they are available. The folders should always be charged out to the individual using them and should be put away at the close of each working day. Special care should be taken to see that they are carefully filed in proper order.

7. When it is necessary to transfer a case record between offices, this should be done preferable by personal delivery of the record. However, when this is not possible, records of active cases must be sent by first-class mail.

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State of New Jersey
COMMISSION FOR THE BLIND
GEORGE F. MEYER. EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

April 7, 1951

A. B. Directors Letter #12

To County Welfare Board Directors:

As you know, for purposes of uniformity the Commission has been applying in the Aid to the Blind program the rates for nursing homes set up in Ruling 18 issued by the Bureau of Assistance.

We are advising you herewith that we are concurring with the recent increase in the maximum allowable rate for extraordinary care in nursing homes in the amount of $135.00 per month. We are also concurring with the general provisions of Ruling 18 as amended.

Sincerely yours,

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

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STATE OF NEW JERSEY
COMMISSION FOR THE BLIND
George F. Meyer, Executive Director
1060 Broad Street
Newark 2, New Jersey

June 28, 1951

A. B. Directors Letter #13

PROMPT DISPOSITION OF APPLICATIONS

To County Welfare Board Directors:

I. Citation of Law

A. Federal Law

(1) Title X, Section 1002 (d) (11) of the Federal Security Act relating to Aid to the Blind, effective as of July 1, 1951 requires that a State plan must "provide that all individuals wishing to make application for Aid to the Blind shall have opportunity to do so, and that aid to the blind shall be furnished promptly to all eligible individuals."

(2) Title X, Section 1002 (a) (4) effective as of July 1, 1951 requires that a State plan shall "provide for granting an opportunity for a fair hearing before the State agency to any individual whose claim for aid to the blind is denied or is not acted upon within a reasonable time."

B. State Law

(1) Section 30:6-3 of the Revised Statutes requires that "upon receipt of an application for assistance, the county welfare board shall promptly cause an investigation to be made of the circumstances of the applicant," and provides further that "any applicant or recipient whose claim with respect to blind assistance is denied or is not acted upon with reasonable promptness by the Commission or the county welfare board, may appeal....."

II. Federal Interpretation

A. The Social Security Administration has promulgated* the

*Handbook of Public Assistance Administration, section 2320, 10/1/50.

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satisfy the requirements of the Federal Act and the cited interpretation thereof.

B. A period of 30 days between Date of Application (as hereinafter defined) and date of effective disposition (as hereinafter defined) is declared to be the maximum period of time normally essential to process an application. Each county director of welfare shall arrange operational procedures and establish appropriate operational controls within his staff organization to expedite the processing of applications and assure the maximum compliance with this standard.

C. Date of Application

(1) Whenever the County Welfare Board of the Commission for the Blind receives in writing or by phone an inquiry concerning aid to the blind from a client or his representative or a personal visit from a client representative, said inquiry shall be answered in writing to the client within 3 days of receipt of the inquiry. The response shall indicate:

(a) The eligibility requirements of the Aid to the Blind program.

(b) That an application will be taken provided a request for same is made to the local County welfare board by the client or his representative.

(c) That the county welfare board will drop the matter if no reply is received within 10days of the county's reply.

(d) That the client has the right to an appeal and a fair hearing in the event his request for blind assistance is denied or not acted upon with reasonable promptness by the County Welfare Board or the Commission for the Blind.

(2) If a reply is received from the client or his representative the date of said reply shall become the effective date of application.

(3) If no reply is received within the 10 day period, the county shall advise the Commission in writing

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that the matter is being dropped.

(4) Whenever the County Welfare Board receives an inquiry in person from a client the same information spelled out in III C 1 (a) to (e) above shall be presented to him. If the client chooses to make an application, the application shall be taken the same day which shall become the effective date of application.

D. Notification of Decision

(1) The client must be notified in writing within 30 days from the effective date of application of the County's decision with regard to his application. This shall become the date of effective disposition.

(2) "Date of effective disposition as used in this regulation means:

(a) in the case of an approved application, the date on which first payment is issued to the applicant, or the date on which written notice of approval is sent to him, whichever is earlier.

(b) in the case of a denied application, the date on which written notification, informing the applicant of his lack of eligibility and the reasons therefor, is sent to him.

(c) in the case of a withdrawn application, the date on which written notification, confirming to the client that the agency has taken cognizance of his voluntary withdrawal, is sent to him.

(d) in the case of a dismissed application, the date on which decision to dismiss an applicant who died is made by the county welfare board.

IV. Modification of Investigation and Eye Report Procedure

A. In order to expedite the 30 day ruling on applications it has been found desirable to alter our standard procedure for determining eligibility from the point of view of blindness: the following procedure shall obtain:

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(1) As soon after the effective date of application as possible, investigation to determine the eligibility of a client on the basis of need should be initiated.

(2) Concurrent with this investigation arrangements should be made to have client examined by an eye doctor unless an eye report is furnished at the time of application.

(3) Item 2 applies to every applicant. It will no longer be necessary to send the A. B. 4 clearance request to the Commission for the Blind. The number of available eye reports on new clients are relatively few and the time saved in administering the program warrants this arrangement. The A. B. 7 is still required.

(4) Where the services of an eye doctor are not readily available or too much time would elapse in securing an appointment, arrangements may be made with a local optometrist. In connection with these latter reports, while adequate for eligibility purposes, additional examination by an eye doctor may still be required for medical reasons.

(5) Copies of the eye report will not be sent to the county until after the effective date of disposition. This means that the County in advising the applicant of approval of his application will indicate that its findings are subject to the Commission's determination of eligibility from the point of view of blindness.

(6) The Commission for the Blind will advise the client of its findings concerning his visual disability and its effect on his eligibility for assistance within the 30 day period, provided the county's findings and the eye report are made available within said period.

(7) Exceptions to items 5 and 6 above will be made if eye reports can be cleared to the county in time for inclusion in the complete case records to be presented for county board action. In this event the county will notify the client of the determination concerning visual eligibility as its affects approval of an application.

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(8) it will continue to be the county welfare board's responsibility to arrange for the eye examination and to impress upon the examiner the need to forward the examination report to the Commission for the Blind promptly.

(9) In order to put this procedure on a workable basis, it is required that the completed eye report be received by the Commission for the Blind within 15 days after the effective date of application.

V. Exceptions from Normal Standard

A. It is recognized that there will be exceptional cases where the proper processing of an application cannot validly be completed within the 30 day period specified in this regulation as the normal standard of reasonable promptness. Where substantially reliable evidence either of eligibility or ineligibility is still lacking at the end of thirty days, the application shall be continued in pending status in preference to an arbitrary or hasty disposition based on insufficient evidence. In such such case, however, the local agency shall be prepared to demonstrate that the delay resulted from one of the following:

(1) circumstances wholly within the applicant's control or

(2) a determination to afford to an applicant, whose proofs of eligibility have been inconclusive, further opportunity to develop additional evidence of eligibility before final action on his application, or

(3) an administrative or other emergency that could not reasonably have been avoided, or

(4) circumstances wholly outside the control of both the applicant and the local agency.

B. When final disposition of any application is delayed beyond 30 days, written notification shall be sent to the applicant at or before the expiration of 30 days from date of application, such notification to contain information as follows:

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(1) if the reason for delay comes within the description of A (1) or A (2), the applicant shall be informed what information he shall furnish or what action he must take, and shall be notified that his application will be denied unless he furnishes the information or takes the action within a time specified to make possible the agency's final decision within 60 days from date of application;

(2) if the reason for delay comes within the description of A (3) or A (4), the applicant shall be informed the reason for delay and the time within which he may expect to receive either a notice of final action or further advise from the agency.

This regulation supersedes A. B. Directors #8 which should be destroyed.

COMMISSION FOR THE BLIND

George F. Meyer
Executive Director

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State of New Jersey
COMMISSION FOR THE BLIND
GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

October 29, 1951

A. B. Directors' Letter No. 14

To County Welfare Board Directors:

In order to minimize the paper work involved in making changes in grants for recipients because of medical needs, the attached new form A. B. 3A has been developed.

This form reflects on a single sheet the amount of the recipient's basic grant and the amount to be added or deducted because of medical care as it appears from month to month. In forwarding this data to the Commission, after County Welfare Board action, it will be necessary only to attach two copies of the A. B. 6 order form to the A. B. 3A.

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

Att.

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State of New Jersey
COMMISSION FOR THE BLIND
GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

December 26, 1951

A. B. DIRECTORS' LETTER NO. 15

To County Welfare Board Directors:

Effective January 1, 1952 the first $50. per month of client earned income will be exempt by law in the Aid to the Blind program.

Legal Citation:

Section 30:6-3 of the New Jersey Revised Statutes as amended reads in part, "In determining need, the Commission shall take into consideration all income and resources of the individual claiming relief, except that, in making such determination, the Commission shall disregard the first $50. per month of earned income."

Budgeting:

Suitable revisions have been made in the Resources section of the State Budget Manual to reflect this change. As soon as approved by the Central Office you will receive copies of this revised material.

Since the $50. per month earned income exemption applies to current recipients as well as to new applicants, it is requested that you review your current case load within 60 days after January 1, 1952 for such adjustment in grant as may be necessary. The definitions spelled out in the revised budget manual material for determining "earned income" shall be adhered to. Individual problems or questions of interpretation can be referred to this office for review.

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

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January 9, 1952

## SUPPLEMENT NO. 1 TO BULLETIN NO. 6

## AMENDMENT OF FEDERAL LAW GOVERNING CONFIDENTIALITY OF RECORDS

To All County Welfare Board Directors:

There has been considerable interest and concern about the precise nature and effect of the so-called "Jenner amendment" to the Revenue Act of 1951, which limits the authority of the Federal Security Agency to withhold matching funds because of violation of the Agency's requirements relating to "confidentiality" of records.

For your information, the Revenue Act of 1951 (Public Law 183, 82nd Congress), approved on October 20, 1951, contains the following provisions affecting titles I, IV, X, and XIV of the Social Security Act.

> Sec. 618. Prohibition Upon Denial of Social Security Act Funds. -- No State or any agency or political subdivision thereof shall be deprived of any grant-in-aid or other payment to which it otherwise is or has become entitled pursuant to title I, IV, X, or XIV of the Social Security Act, as amended, by reason of the enactment or enforcement by such State of any legislation prescribing any conditions under which public access may be had to records of the disbursement of any such funds or payments within such State, if such legislation prohibits the use of any list or names obtained through such access to such records for commercial or political purposes.

You will recognize that the amendment does not affect or impair in any way this Commission's existing requirements concerning confidentiality of records as set forth in A.B. Directors' Letter No. 11 transmitting Bulletin 6 under date of January 9, 1951. This Bulletin is accordingly hereby declared to continue in full force and effect.

Sincerely yours,

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

GFM:JK:ac

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State of New Jersey
COMMISSION FOR THE BLIND
GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

January 9, 1952

A. B. Directors' Letter No. 16

To All County Welfare Board Directors:

This letter is designed to replace item 4 of A. B. Directors' Letter No. 5 relative to a statement on fair hearing which is a required attachment to the application blank "A. B. 1" used in the Aid to the Blind program.

We have reworded the brief mimeographed statement previously sent to you for attachment to the A. B. application forms in order to include information concerning the 30 day limitation in processing applications as required by law.

A supply of these new statements is enclosed herewith for your use as an attachment to the A. B. 1 application blank. As soon as our present supplies of application blanks are exhausted this attachment will be incorporated into the blank as part of the regular form.

Sincerely yours,

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

GFM:JK:ac
Encls.

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# A STATEMENT CONCERNING FAIR HEARINGS

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

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

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

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

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

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

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

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GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

January 20, 1953

# A. B. Director's Letter #17

## Eye Examinations

To County Welfare Board Directors:

### Federal Law

Title X, Section 1002 (a) (10) states that a State plan for Aid to the Blind must "provide that, in determining whether an individual is blind, there shall be an examination by a physician skilled in diseases of the eye or by an optometrist, whichever the individual may select."

### Statewide Procedure

(1) Effective July 1, 1952, the county welfare board shall advise each client, at the time of application, that he has the right of choice of an examination by an ophthalmologist or other physician skilled in the diseases of the eye, or by an optometrist.

(2) Counties will continue to use the approved list of ophthalmologists, as currently amended where applicant wishes to be examined by an ophthalmologist.

(3) When an applicant wishes to be examined by an optometrist he may go to any optometrist licensed by the New Jersey State Board of Optometry. Attention is called to the fact that opticians are not optometrists and that eye examinations by opticians are not permissible or acceptable.

(4) Optometrists will be paid at the rate of $5.00 for a complete examination and a report of the following information:

(a) Central visual acuity for distance and near vision in Snellen chart measurements, with and without correction.

(b) Description of peripheral visual field in terms of degrees of remaining field of vision.

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(c) An opinion as to whether the visual acuity may be improved and, if so, whether by glasses or other means.

The Commission's A.B. 5 eye report form shall be used for reporting this information.

(5) As in the past, all examinations submitted by an ophthalmologist or by an optometrist will be reviewed by the Commission's Supervising Ophthalmologist. The Supervising Ophthalmologist will determine the applicant's visual classification in accordance with the Commission's definition of blindness.

(6) If for any reason the Supervising Ophthalmologist finds the examination inadequate, the applicant will be requested to have a further examination.

(7) When changes in the client's eye condition indicate a need to determine that the client continues to classify as blind, the same procedure as outlined in items 1 to 6 above shall obtain.

This regulation supersedes A. B. Director's Letter #17 dated June 18, 1952. It's purpose is to further clarify some of the language in the previous statement. Please remove from your manual and destroy old A. B. Director's Letter #17.

Sincerely yours,

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

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GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

September 8, 1952

A B Director's Letter #18

## $50. Earned Income Exemption

To County Welfare Board Directors:

Federal Law:

Section 1002 (a) of Title X of the Social Security Act states that "A State Plan for Aid to the Blind must . . . . . (8) provide that the State agency shall, in determining need, take into consideration any other income and resources of the individual claiming aid to the blind; except that, in making such determination, the State agency shall disregard the first $50 of earned income."

State Law:

Section 30:6-3, Revised Statutes of New Jersey reads, "In determining need, the Commission shall take into consideration all income and resources of the individual claiming relief, except that, in making such determination, the Commission shall disregard the first fifty dollars ($50.) per month of earned income

Interpretation:

The first $50. of earned income shall be retained by the client each month and disregarded as a resource in so far as such income affects the establishment of eligibility, need, or the amount of grant; nor shall it be taken into consideration in determining the need of any other individual applying for or receiving public assistance under Titles I, IV, X or XIV of the Social Security Act.

Earned Income Defined:

Earned income is defined as any income received at periodic intervals by the blind client thru the receipt of wages, salary, fees, or profit from

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activities the individual engages in as an employee or in conducting a business enterprise Income from dividends, rentals, etc , compensation for lack of employment, benefits from old-age and survivors insurance, or other public or private insurance funds are not to be included as earned income.

Procedure:

1 In the Aid to the Blind program earned income shall be based on the gross income received by the client, except as indicated in section (2) below

(a) For any person employed by another individual or company the gross income shall be the client's wage prior to deductions

(b) In computing the gross salary of self-employed individuals (for example a vending stand operator or a client employed at a home industry occupation) gross income shall be determined by first subtracting the cost of raw materials or the cost of merchandise from the total monthly sales

(c) In computing earned income in kind the value of such income shall be established, preferably with the employer, and this amount shall be considered the gross income (An example of this would be the ambulatory blind person in a home who receives part of his budgetary needs for such work as helper in the house, janitor, etc If such an individual receives free shelter or part of his board for performing work duties such an individual shall receive a budgetary allowance equal to the value of the shelter or board so long as this allowance is within the intent of this regulation and does not exceed the allowances permitted under the budget manual )

2 Income from Roomers and Boarders Net income received by a client from roomers and/or boarders shall be considered earned income provided the client actively supplies a service to the roomer or boarder such as room cleaning, laundry, preparation of meals, etc

(a) Where the client and a spouse or the client and another individual jointly supply room-cleaning, laundry and/or meals the earned income derived shall be divided between the two

(b) Income from Tenants, Roomers or Boarders to whom the client supplies no service himself shall be considered rental income

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not subject to the $50 exemption law and therefore a resource

COMMISSION FOR THE BLIND

G. F. Meyer

George F Meyer
Executive Director

Approved: October 13, 1952
Elmer V Andrews,
Deputy Commissioner in charge of Welfare.

Effective date: December 1. 1952

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State of New Jersey
COMMISSION FOR THE BLIND
GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

December 16, 1952

A. B. Director's Letter #19

To County Welfare Board Directors:

The enclosed is a supplemental list of approved Ophthalmologists which should be added to your current list.

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

Encl.

Approved: December 23, 1952
Elmer V. Andrews
Deputy Commissioner for Welfare

Effective Date: January 2, 1953

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# OPHTHALMOLOGISTS APPROVED FOR EXAMINING APPLICANTS IN THE AID TO THE BLIND PROGRAM

## SUPPLEMENTARY LIST
## DECEMBER 10, 1952

**BERGEN COUNTY**

Englewood

| | |
|---|---|
| John T. Worcester | 220 Engle Street |

**ESSEX COUNTY**

East Orange

| | |
|---|---|
| Martin Carl Mellicker | 129 South Munn Avenue |
| William A. Sturman | 219 South Harrison Street |

Glen Ridge

| | |
|---|---|
| Thomas Vincent D'Amico | 368 Ridgewood Avenue |

Montclair

| | |
|---|---|
| Thomas D. Monte | 213 Park Street |

Newark

| | |
|---|---|
| Frank Burstein | 1115 Broad Street |
| George McGrath Fissell | 160 Roseville Avenue |

Short Hills

| | |
|---|---|
| Gerald E. Fonda | 84 Baltusrol Way |

**HUDSON COUNTY**

Arlington

| | |
|---|---|
| John E. Sullivan, Jr. | 845 Kearny Avenue |

Bayonne

| | |
|---|---|
| Charles Lipshutz | 820 Avenue C |

West New York

| | |
|---|---|
| Henry Frankel | 229 - 60th Street |

**MERCER COUNTY**

Trenton

| | |
|---|---|
| E. Sachs-Wilner | 225 West State Street |

**MORRIS COUNTY**

Morristown

| | |
|---|---|
| Anson Perina | 3 Community Place |

**UNION COUNTY**

Plainfield

| | |
|---|---|
| George F. Lane | 600 Park Avenue |

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State of New Jersey
COMMISSION FOR THE BLIND
GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

May 29, 1953

A. B. Director's Letter No. 20

Visiting Nurse Association Rates

To County Welfare Board Directors:

Effective May 1, 1953 and to continue until May 1, 1954, allowances for Visiting Nurse services to eligible recipients of Aid to the Needy Blind, shall be made at the prevailing rate charged by the particular Visiting Nurse Association. However, such rate may not exceed a maximum of $3.00 per visit.

"Prevailing rate" means the lowest amount charged by each Association to any individual or agency purchasing the service on a full payment basis.

This regulation is a temporary arrangement which will be subject to future review and reconsideration.

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

Approved: 5/19/53
Elmer V. Andrews,
Deputy Commissioner in charge of Welfare.

Effective Date: May 1, 1953

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State of New Jersey
COMMISSION FOR THE BLIND
GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

June 15, 1953

A. B. Director's Letter No. 21

Revision of "Order" Form A. B. 6

To County Welfare Board Directors:

Effective July 1, 1953, we are deleting the requirement for County Welfare Board Director's signature to be "attested" to by a member of the Board.

Our review of this form indicates no legal requirement for this procedure. Moreover, individual case action by County Welfare Boards is properly documented by the county offices.

Future printing of Form A. B. 6 will delete the line marked "attest".

Sincerely yours,

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

GFM:JK:ac

Approved: Elmer V. Andrews - June 8, 1953
Deputy Commissioner in Charge of Welfare

Effective date: July 1, 1953

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GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

June 25, 1953

A. B. Director's Letter No. 22

To County Welfare Board Directors:

This Commission's policy with reference to boarding and nursing home care has coincided with that of the Bureau of Assistance since in the past we have accepted the applicability of the Bureau of Assistance ruling No. 18 to Blind Assistance cases.

Effective July 1, 1953 we are accepting Sections 15, 16 and 17 of Bureau of Assistance, County Series No. 3 as last amended to apply in the Aid to the Blind program insofar as these sections deal with boarding and nursing home cases. This acceptance is to include future amendments of these sections except as we may indicate otherwise.

We are not accepting those sections dealing with payments for "patients" in public medical institutions. Until such time as the Blind Assistance law may be further clarified by a legal opinion or by a legislative amendment, any Blind Assistance case who enters a public medical institution is ineligible for Blind Assistance. Needless to say every effort will be made to promptly arrange for such a legal clarification.

Whenever the client's situation requires the use of Form ODA-26B, one additional copy of the form shall be prepared and attached to the case record material forwarded to the Commission.

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

GFM:JK:ac

Approved: June 26, 1953
Elmer V. Andrews
Deputy Commissioner in Charge of Welfare

Effective date: July 1, 1953

Supersedes A. B. Director's Letter No. 10

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State of New Jersey
COMMISSION FOR THE BLIND
GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

May 25, 1954

A. B. Director's Letter #23

Allowances for Visiting Nurse Service

To County Welfare Board Directors:

The temporary regulation issued May 29, 1953 as A. B. Director's Letter Number 20, regarding allowable rates for Visiting Nurse visits expired May 1, 1954. This is to advise you that this regulation will continue in full force and effect until May 1, 1955.

Payment for Visiting Nurse services to recipients of Aid to the Blind shall be made at the lowest prevailing rate charged by the particular Visiting Nurse Association but not to exceed a maximum of $3.00 per visit.

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

GFM:JK:ac

Approved: 4/29/54
Elmer V. Andrews
Director of Welfare

Effective date: May 1, 1954

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State of New Jersey
COMMISSION FOR THE BLIND
GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

May 25, 1954

A. B. Director's Letter #24

Allowances for Service by a General Medical Doctor

To County Welfare Board Directors:

Plans for medical service currently in operation in any county, regardless of whether or not any such Plan is based on a formal agreement or joint undertaking with the County Medical Society, are hereby authorized and approved on the part of the Commission for the Blind, except for any fee schedules in any such Plan which exceed the following limitations:

Office Visit - $3.00
Home Visit - $4.00: When more than one patient is seen on the same home visit, $1.00 additional may be allowed for each additional patient, with a maximum of $6.00 allowed for any one visit.
Distance Visit - $5.00: For visits made to patients living in excess of 5 miles from the nearest physician.
Night Visit - $5.00: For night visits on calls received after 11:00 P.M.

The allowance limitations stated above are to be interpreted as inclusive of any medications, drugs or supplies dispensed by the physician himself.

The allowance limitations stated above do not apply to fees for diagnostic services or other specialized services by recognized medical specialists, where such diagnostic services or other specialized services have been specifically ordered or authorized by the agency in advance. This, of course, includes eye examinations where the fee continues to be $5.00.

The revised limitations on allowances stated in this communication are effective as of June 1, 1954. If any county welfare board has already made

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arrangements with the County Medical Society, or with individual physicians or groups of physicians, for fees which in any particular are in excess of those set forth above, such arrangements will not be recognized by the Commission for the Blind and should be promptly revised.

COMMISSION FOR THE BLIND

George F. Meyer
Executive Director

GFM:JK:ac

Approved: June 1, 1954
Elmer V. Andrews
Director of Welfare

Effective date: June 1, 1954

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State of New Jersey
COMMISSION FOR THE BLIND
GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

August 20, 1954

A. B. Director's Letter #25

Reciprocal Agreement - State of Delaware

To County Welfare Board Directors:

Effective August 15, 1954, the New Jersey Commission for the Blind entered into a reciprocal agreement with the Delaware Commission for the Blind mutually waiving residence requirements for applicants or recipients of Aid to the Needy Blind who remove from the one State to the other.

Please note that there are no local operating agencies in the Delaware Aid to the Blind program. All applications and correspondence concerning applicants should be directed to the Delaware Commission for the Blind, 305 West 8th Street, Wilmington, Delaware. For your information we are setting below the reciprocal agreement, in its entirety.

"RECIPROCAL AGREEMENT BETWEEN THE DELAWARE COMMISSION FOR THE BLIND AND THE NEW JERSEY STATE COMMISSION FOR THE BLIND CONCERNING THE ADMINISTRATION OF PUBLIC ASSISTANCE TO THE BLIND

---

"THIS AGREEMENT, made by and between the Delaware Commission for the Blind, party of the first part, and the New Jersey State Commission for the Blind, party of the second part.

"WITNESSETH;

"THAT, WHEREAS, the contracting parties are by the laws of their respective states (Aid to the Blind Law, Chapter 76, Laws of the State of Delaware, and Title 30:6, Revised Statutes of New Jersey, as amended)

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severally authorized and empowered to enter into reciprocal agreements with corresponding state agencies of other states regarding interstate transportation of dependent and indigent persons, and to arrange for the acceptance, transfer and support of persons receiving public assistance and care in other states, in accordance with the terms of such reciprocal agreements,

"NOW, THEREFORE, IT IS MUTUALLY AGREED by and between the parties hereto as follows, to wit:

"(1) That the party of the first part will arrange through its Commission to receive the applications of persons eligible for Blind Assistance in the State of New Jersey, who remove to the State of Delaware with intention to take up permanent residence therein, and will arrange through its appropriate staff representatives to provide for their needs, in accordance with the provisions of the Aid to the Blind Law of the State of Delaware; and

"(2) That the party of the second part through its State Commission for the Blind will accept persons eligible for Blind Assistance in the State of Delaware, who remove to the State of New Jersey with intention to take up permanent residence therein, and will provide for their needs in accordance with the New Jersey laws governing aid to the needy blind.

"(3) That this agreement shall continue from the effective date stated herein until either party shall give notice in writing to the other of intention to revoke the agreement, such revocation to take effect not less than thirty days following such notices; that this agreement may also be revoked by proper action of the Legislature of either contracting State; and

"(4) That under this agreement, recipients as well as new applicants for assistance who are otherwise eligible on the basis of need and blindness, will be considered for Assistance with length of residence waived.

"(5) That amendments to this agreement may be proposed by either party as need arises and that such amendments, when approved by the other party and executed in the same manner as this agreement, shall be incorporated and become a part of this agreement; and

"(6) That it is understood between the parties that each shall advise the public local administering agencies and/or their responsible staff members of this agreement and will guide them in the execution of its terms.

"IN WITNESS WHEREOF, the said parties hereto have executed these presents on behalf of their respective States."

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(Seal)
Effective Date: August 15, 1954

FOR THE STATE OF DELAWARE:
THE DELAWARE COMMISSION FOR THE BLIND

BY F. J. Cummings
Executive Secretary

APPROVED AS TO FORM AND MANNER OF EXECUTION:

H. ALBERT YOUNG
Attorney General of the
State of Delaware

BY H. Albert Young
Attorney General

FOR THE STATE OF NEW JERSEY:
DEPARTMENT OF INSTITUTIONS AND AGENCIES

BY F. Lovell Bixby
Acting Commissioner

FOR THE NEW JERSEY STATE COMMISSION FOR THE BLIND

BY G. F. Meyer
Executive Director

(Seal)

Date:

APPROVED AS TO FORM AND
MANNER OF EXECUTION:
GROVER C. RICHMAN
Attorney General of the State of New Jersey

BY Eugene T. Urbaniak
Deputy Attorney General

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

GFM:JK:ac

Approved: Elmer V. Andrews
Director of Welfare

Effective Date: August 15, 1954

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State of New Jersey
COMMISSION FOR THE BLIND
GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

September 1, 1954

A. B. Director's Letter #26

To County Welfare Board Directors:

For your conveniences we are attaching an index listing all A. B. Director's Letters issued to date by number and subject.

We would suggest that this Index be placed in a bound volume of Blind Assistance regulations so that future A. B. Director's Letters may be added to the list.

COMMISSION FOR THE BLIND

G. F. Meyer

George F. Meyer
Executive Director

GFM:JK:ac

Approved: September 1, 1954
Elmer V. Andrews
Director of Welfare

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State of New Jersey
Commission for the Blind

Summary of Blind Assistance Regulations

| A.B. Director's Letter | Date of Letter | Subject |
|---|---|---|
| #1 | 9/11/47 | Bulletin 1 - Digest of Laws |
| | | " 2 - Procedures |
| | | " 3 - Use of Forms |
| | | " 4 - Burial Procedure |
| | | " 7 - Temporary Grants |
| #2 | 11/20/47 | Amends portion of Bulletins 2 and 3. |
| #3 | 2/14/49 | Standards of Assistance. |
| #4 | 5/25/48 | Services for the Blind #1. |
| #4 | 6/10/49 | Services for the Blind #2. |
| #5 | 7/1/48 | Appeals and Fair Hearings. |
| #6 | 8/2/48 | Revision of Section of Bulletin 2. |
| #7 | 3/1/49 | Effective date of State Budget Manual. |
| | 3/15/49 | Supplement 1 to Bulletin 3 Instruction for use of Dept. Forms. |
| | 3/15/49 | Supplement 2 to Bulletin 3 Deletes certain forms. |
| #8 | 4/11/49 | Standards of Assistance #2. |
| #9 | 9/8/52 | Insurance. |
| #10 | 9/15/50 | Bulletin 5. Procedure affecting cases in a Public Institution. |
| #11 | 1/9/51 | Bulletin 6. Confidential nature of records. |
| #12 | 4/7/51 | Nursing Home Care. |
| #13 | 6/28/51 | Prompt Disposition of Applications. |
| #14 | 10/29/51 | Use of Form 3A - Medical Needs. |
| #15 | 12/26/51 | $50. Earned Income Exemption. |
| | 1/9/52 | Supplement 1 - Bulletin 6 - Jenner Amendment and Confidential Records. |
| #16 | 1/9/52 | Client Statement re Fair Hearing. |
| #17 | 1/20/53 | Eye Examinations. |
| #18 | 9/8/52 | $50. Earned Income Exemption. |
| #19 | 12/16/52 | Supplemental List of Ophthalmologists. |
| #20 | 5/29/53 | Visiting Nurse Rates. |
| #21 | 6/15/53 | Revision of Form AB 6. |
| #22 | 6/25/53 | Institutional Eligibility. |
| #23 | 5/25/54 | Allowances for V.N.A. Services. |
| #24 | 5/25/54 | Allowances for General Medical Doctor. |

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State of New Jersey
COMMISSION FOR THE BLIND
GEORGE F. MEYER, EXECUTIVE DIRECTOR
1060 BROAD STREET
NEWARK 2

March 7, 1955

A. B. Director's Letter #27

Reciprocal Agreement - State of Pennsylvania

To County Welfare Board Directors:

Effective February 15, 1955, the New Jersey State Commission for the Blind entered into a reciprocal agreement with the Pennsylvania Department of Public Assistance mutually waiving residence requirements for applicants or recipients of Aid to the Needy Blind who remove from the one State to the other.

A copy of the agreement is attached for your information. Please note:

1. That this agreement extends to recipients as well as new applicants for Aid to the Needy Blind in New Jersey who remove from the State of Pennsylvania.

2. That County Welfare Boards in New Jersey will communicate directly with the appropriate County offices of the Pennsylvania Department of Public Assistance relative to the transfer of blind clients between the two States.

3. That Pennsylvania has two programs of assistance to blind residents; that Blind Pension "M" is the categorical assistance program similar to Aid to the Needy Blind in New Jersey; and, that Blind Pension "B" is a pension program operated by State funds only for which there is no equivalent in New Jersey.

4. That any recipient of blind assistance in Pennsylvania (known as Blind Pension "M") is presumptively eligible for Aid to the Needy Blind in New Jersey in the event he removes to New Jersey with the residence requirement waived, but subject to New Jersey assistance

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standards of eligibility as it relates to visual disability and need.

5. That any recipient of blind pension in Pennsylvania (known as Blind Pension "B") is not presumptively eligible for Aid to the Needy Blind in New Jersey in the event he removes to New Jersey. We will waive the residence requirement for such clients, but need and visual disability under New Jersey assistance standards must be carefully established since Pennsylvania law permits such clients the retention of income and resources considerably in excess of New Jersey standards.

COMMISSION FOR THE BLIND

George F. Meyer
Executive Director

GFM:JK:ac
Att.

Approved: Elmer V. Andrews
Director of Welfare

Effective Date: February 15, 1955

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# RECIPROCAL AGREEMENT BETWEEN THE PENNSYLVANIA DEPARTMENT OF PUBLIC ASSISTANCE AND THE STATE COMMISSION FOR THE BLIND OF THE NEW JERSEY DEPARTMENT OF INSTITUTIONS AND AGENCIES CONCERNING THE ADMINISTRATION OF PUBLIC ASSISTANCE TO THE BLIND

---

THIS AGREEMENT, made by and between the Pennsylvania Department of Public Assistance, party of the first part, and the State Commission for the Blind of the New Jersey Department of Institutions and Agencies, party of the second part.

WITNESSETH;

THAT, WHEREAS, the contracting parties are by the laws of their respective states (Uniform Transfer of Dependents Act (Act 12 of 1941), Commonwealth of Pennsylvania and Title 30:6, Revised Statutes of New Jersey, as amended) severally authorized and empowered to enter into reciprocal agreements with corresponding state agencies of other states regarding interstate transportation of dependent and indigent persons, and to arrange for the acceptance, transfer and support of persons receiving public assistance and care in other states, in accordance with the terms of such reciprocal agreements,

NOW, THEREFORE, IT IS MUTUALLY AGREED by and between the parties hereto as follows, to wit:

(1) That the party of the first part will arrange through its county offices to receive applications for Blind Pension M of persons who remove from the State of New Jersey to the Commonwealth of Pennsylvania with intention to take up permanent residence therein, and will arrange through its appropriate staff representatives to provide for their needs, if they are eligible, in accordance with Pennsylvania laws and regulations governing Blind Pension M.

(2) That the party of the second part will arrange, through County Welfare Board offices, to receive applications for Blind Assistance of persons who remove from the Commonwealth of Pennsylvania to the State of New Jersey with intention to take up permanent residence therein, and will provide for their needs, if they are eligible, in accordance with the New Jersey laws governing Aid to the Needy Blind.

(3) That this agreement shall continue from the effective date stated herein until either party shall give notice in writing to the other of intention to revoke the agreement, such revocation to take effect not less than ninety days following such notices; that this agreement may also be revoked by proper action of the Legislature of either contracting State; and

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(4) That under this agreement, recipients as well as new applicants for assistance who are otherwise eligible on the basis of need and blindness, will be considered for Assistance with length of residence waived.

(5) That Pennsylvania recipients of "Blind Pension B" - a pension paid by State funds only - will be accepted for assistance in New Jersey only if they meet the needs test requirements of the New Jersey program of Aid to the Needy Blind.

(6) That under this agreement, assistance recipients will continue to receive assistance from the State of origin for a period up to three (3) months in order to permit their application for assistance to be processed by the State to which the recipient has removed.

(7) That amendments to this agreement may be proposed by either party as need arises and that such amendments, when approved by the other party and executed in the same manner as this agreement, shall be incorporated and become a part of this agreement; and

(8) That it is understood between the parties that each shall advise the public local administering agencies and/or their responsible staff members of this agreement and will guide them in the execution of its terms.

IN WITNESS WHEREOF, the said parties hereto have executed these presents on behalf of their respective States.

Effective Date: February 15, 1955

FOR THE COMMONWEALTH OF PENNSYLVANIA:
THE PENNSYLVANIA DEPARTMENT OF PUBLIC ASSISTANCE

BY Ruth Grigg Starling
Secretary

APPROVED AS TO FORM AND MANNER OF EXECUTION:

Attorney General of the Commonwealth of Pennsylvania

BY _____
Deputy Attorney General or Deputy

FEB 16 1955

Date:

FOR THE STATE OF NEW JERSEY:
DEPARTMENT OF INSTITUTIONS AND AGENCIES

BY F. Lovell Bixby
Acting Commissioner

FOR THE NEW JERSEY STATE COMMISSION FOR THE BLIND

BY G. E. Meyer
Executive Director

APPROVED AS TO FORM AND MANNER OF EXECUTION:
GROVER C. RICHMAN
Attorney General of the State of New Jersey

BY Eugene T. Urbanik
Attorney General or Deputy

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DEPARTMENT OF INSTITUTIONS AND AGENCIES

Division of Welfare

Name of Institution, Agency, etc.
New Jersey State Commission for the Blind

REGULATION # Vending Stands

ISSUED: (Date) 2/15/40

REV.: (Date) 2/15/40

TITLE: Regulations for the Administration of Vending Stands

SUBJECT: Vending Stands Licensed by the New Jer sey Commission for the Blind

STATUTORY REFERENCE: 30:6-15.1 Revised Statutes

(Suggested opening paragraph).

This regulation is issued pursuant to formal resolution of the Board of Managers adopted (date). February 15, 1940

(Signature of Executive)

(Name and Title)

G. F. Meyer

George F. Meyer
Executive Director

Approved: (Date)

by _____
President,
State Board of Control

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# NEW JERSEY STATE COMMISSION FOR THE BLIND

## REGULATIONS FOR THE ADMINISTRATION OF VENDING STANDS LICENSED BY THE NEW JERSEY COMMISSION FOR THE BLIND

Revised as of February 15, 1940

The regulations governing the administration of vending stands under the New Jersey Commission for the Blind are designed to:

A. Establish and extend employment opportunities for the blind;

B. Maintain uniform standards of service and management that will build up public confidence in the capabilities of blind people and will at the same time protect employment opportunities for them;

C. Effect such "supervision and control" over vending stands as will insure:

1. A high standard of service to the public;
2. The minimum of complications for the owners or the managements of buildings in which stands may be located;
3. Freedom from fiscal embarrassments and involvements on the part of the State and the individual;
4. The successful operation of vending stands from the standpoint of both the operator and the State of New Jersey, represented by the Commission for the Blind.

It is recognized by the Commission that the achievement of these objectives depends in a large measure upon the spirit of cooperation and mutual confidence maintained by all parties concerned. It is in this spirit that these regulations have been set up. In their administration the Commission will make every effort, consistent with its responsibilities and facilities, to serve the interests of the public, building managements, and operators.

Any blind person desiring to secure the privilege of operating a vending stand that is under the control and supervision of the Commission shall make written application for such privilege on blanks provided therefor, and such application shall be prima facie evidence of his knowledge of, and his willingness to abide by, the rules and regulations governing their administration. In order to be eligible for consideration, an applicant must be blind, at least twenty-one years of age, and shall have resided within the State for at least one year immediately previous to date of application.

Such applicant, when duly approved, shall be granted a license for the operation of a vending stand under the supervision and control of the Commission for the Blind, and shall hereinafter

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be known as Licensee. His relationship with the New Jersey State Commission for the Blind, hereinafter referred to as the Commission, shall be governed by the following regulations:

1. The Licensee shall personally conduct the business of the stand. He shall devote his best energies and full time to the conduct of the business and shall not be absent therefrom for any reason whatsoever without due notice to the Commission.

2. All stock to the extent not yet purchased from the Commission, equipment, all cash whether from sales or as petty cash advanced by the Commission, to the extent that the Commission shall still retain interest therein in accordance with the provisions of paragraphs 4 and 5 are the property of the Commission, said equipment, stock, and all other property of the Commission shall be surrendered to the Commission in good order and condition, except for reasonable wear and tear, whenever the Commission shall, for just cause, call on him to do so.

3. The Licensee shall pay cash for all aupplies and shall not purchase on credit except as may be approved by the Commission.

4. Any Licensee may become the owner of his stock by cash payment or by making a minimum regular weekly payment to the Commission of 3% of the gross sales of the stand, until such payments shall equal the outlay of the Commission as represented by stock and petty cash. Such ownership whether partial or complete will not relieve the Licensee from any obligations imposed by the several subsections of paragraph 5 hereafter except for the item of the bond requirements which shall terminate when the money represented by stock and petty cash have been fully repaid to the Commission.

5-A. Any Licensee who has not acquired ownership of his stock as provided in paragraph 4 may at his own expense; procure and file with the Commission a fidelity bond in the sum of $500.00 duly executed by a surety company authorized to do business within the State of New Jersey. Such bond shall run to the Commission. The Licensee shall:

1. Set aside from time to time as sales are made from the moneys received from such sales, sufficient cash to renew the stock depleted by such sales.

2. Devote the cash thus set aside exclusively to the purchase of renewal stock.

3. Make such purchases often enough continuously to maintain a substantially undepleted stock.

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4. Report once a week, in such detail and on such forms as the Commission shall prescribe, to the Commission the business of the preceding week showing at least the amount of cash sales, the cost of renewal stock purchased with receipts bills therefor, the price of goods on order not yet received and the cash set aside for payment thereof.

5-B. In lieu of plan 5-A the Licensee may follow the following procedure: Once each week the Licensee shall send to the Commission a report of the business of the week in such detail as may be prescribed by blanks to be furnished for the purpose. At the same time he shall forward to the Commission by remittance or otherwise, the total net cash resulting from the week's business. In like manner, the Commission will forward to the Licensee at regular intervals, a stipulated weekly allowance, agreed upon by the Commission and the Licensee. In no case shall such weekly allowance be in excess of 15% of the lowest full week's gross business of the previous quarter, or in the case of a new stand, a conservative estimate of the week's gross business. At the close of each four week period the Commission will forward to the Licensee a check for whatever cash balance may be left to the credit of the Licensee. However, the Commission may, in its discretion, so adjust payments to the Licensee as to equalize the periodic fluctuations to which the income from certain stands may be subjected in such a manner that there may at no time be a deficit. It is understood that any Licensee working under this plan shall withdraw no cash from the business by or for the personal use of the Licensee or any one responsible to him.

5-C. A Licensee operating under plan 5-A who in the judgement of the Commission is failing in his responsibility to the business, may be required to adhere to the procedure provided for under Section 5-B or some other procedure prescribed by the Commission, irrespective of the ownership of the stock. Such Licensee may upon formal request have the circumstances of such requirement reviewed by the Stand Committee.

6. Any merchandise taken by the Licensee or any other employee of the stand shall be paid for from his personal funds at retail price.

7. The Licensee shall keep books of accounts and such other records as the Commission shall prescribe, such records and accounts at all times to be open to the inspection of the Commission; and the Licensee shall permit the taking of inventory and submit such other data as may from time to time be required by the Commission.

8. The selection and discharge of such aided help as may be essential for the proper conduct of the business shall be subject to the approval of the Commission.

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9. The Licensee or other employees shall not destroy, sell, or in any way alter or dispose of any part of the equipment or other property, other than stock for sale, belonging to the Commission. He shall purchase no equipment except through and on the written permission of the Commission.

10. The Licensee shall notify the Commission immediately of any attempt to dispossess him or to obtain a lien or execute a process of law upon property belonging to him or to the Commission.

11. The Licensee shall not permit the equipment or any other property belonging to the Commission to be altered without the written consent of the Commission, and he shall advise with the Commission from time to time as to the general condition of the equipment and business, and recommend any increase or change of equipment or stock that he thinks advisable.

12. The Licensee will make no changes in lines of stock provided in the initial set-up of the stand without the consent of the Commission.

13. The Licensee and his help shall be liable to the Commission for any damage whatsoever to the stock or equipment, or other loss resulting from his negligence or the negligence of those responsible to him due to failure to observe the regulations of the Commission.

14. The Licensee or his help shall extend no credit nor shall any representative of the Commission under any circumstances recommend any customer for credit dealings. Courtesies extended to customers in emergencies shall be considered the personal responsibility of the Licensee and losses therefrom must be borne personally by him.

15. The Licensee regardless of the ownership of the stock and regardless of the several plans under paragraph 5 in recognition of the Commission's inherent responsibility for the success of the business, shall at all times recognize any representative from the Commission duly authorized thereto, as an official entitled to the rights of inspection and supervision in regard to the conduct of the stand or any business connected with the stand.

16. Whenever the Commission or the management of the building in which the stand concession is located is convinced that the manner in which the business is being conducted by any Licensee, by reason of the personal habits, neglect, dishonesty or business incapacity of the Licensee, is such as to be injurious to the business or to the good repute of blind persons as such Licensees, the Commission may remove the Licensees and place in charge of the stand a temporary operator of its own choice who shall be paid from the current income of the stand. A Licensee so removed will either be returned to his stand within seven days after the date of removal or be given a hearing of his case within twelve days after removal. At such a hearing the Licensee shall be given an opportunity to appear personally. The Board or its authorized committee shall conduct the hearing and determine whether the license shall be

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suspended or revoked. The decision of the Board or committee shall be rendered and the Licensee notified within five days after hearing. In the event that the Licensee under charges shall be exonerated upon such hearing, the profits of such business during the period of removal pending the hearing and decision will be paid to the exonerated Licensee. Pending the hearing the Licensee will not raise any question as to title of stock but after the decision has been rendered adjustments will be made according to equities involved in the stock.

17. It is understood that the grant of a license to a Licensee is not subject to transfer and is immediately terminated by death, revocation, or voluntary withdrawal from the business by the Licensee. In case the license is terminated the Commission will immediately take inventory of the business and will make such adjustment as may be indicated by comparing such inventory with that taken when the license was granted to the Licensee.

18. The Licensee shall carry such insurance as the Commission may, in its discretion, prescribe for the protection of himself and his business.

All Federal rulings and regulations affecting the conduct of vending stands in public buildings under Federal jurisdiction are hereby made an integral part of the Commission's regulations, insofar as they concern stands under Federal supervision only.

Pursuant to official action taken by the Board of Managers of the New Jersey State Commission for the Blind on the foregoing regulations for the control and supervision of vending stands under date June 22, 1939 as amended on February 15, 1940, they shall be deemed uniformly and impartially applicable to all persons and procedures affected by them; and all licenses issued to blind persons as Licensees are hereby made conditional upon the full acceptance and adherence to said regulations, and failure to observe them in all particulars shall in itself be deemed sufficient cause for suspension or revocation of license, in accordance with the procedure set forth in paragraph 16.

The Chief Executive Officer of the Commission may prescribe such detailed rules as may be in accord with these regulations, and as may be required for carrying out their general purpose.

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DEPARTMENT OF INSTITUTIONS AND AGENCIES

Division of Welfare

Name of Institution, Agency, etc. New Jersey Memorial Home for Disabled Soldiers, Sailors, Marines and their Wives and Widows, Vineland.

RESOLUTION #

ISSUED:

REV.:

TITLE:

SUBJECT: By-Laws.

STATUTORY REFERENCE: Sub-title 4; Chapter 6A.

This regulation is issued pursuant to formal resolution of the Board of Managers, adopted June 28, 1944:

(Copy attached)

W. Rex McCrosson

W. Rex McCrosson, Superintendent.

Approved

by _____
President,
State Board of Control.

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# BY-LAWS
# OF THE BOARD OF MANAGERS
# OF THE
# NEW JERSEY MEMORIAL HOME
# VINELAND, N. J.

*****

## ARTICLE I

The Board of Managers of the New Jersey Memorial Home for Disabled Soldiers, Sailors, Marines and their Wives and Widows, shall consist of not less than five nor more than seven members, at least two of whom shall be women, appointed by the Board of Control of the Department of Institutions and Agencies, in accordance with the law made and provided.

## ARTICLE II

The officers of the Board shall be a President, a Vice-President, a Secretary and a Treasurer, who shall be elected from the members of the Board, and they shall hold office for one year, or until their successors shall have been elected.

## ARTICLE III

The regular meeting of the Board shall be held at the Home at Vineland, on the second Wednesday of each month, and at such times and places as a majority of the Board may decide. Special meetings may be called by the President, or on request of three members of the Board making such request in writing to the Secretary.

## ARTICLE IV

The election of officers shall be held at the last regular meeting of each fiscal year, which shall also be the annual meeting.

## ARTICLE V

The Secretary shall notify each member of the Board and the Superintendent of the Home, of the time and place of each meeting at least five days previous to such meeting, and in case of meetings called for special purposes each member of the Board shall be notified of the purpose for which such meeting is called. The Secretary shall keep accurate minutes and perform such other duties as shall be assigned by the President.

## ARTICLE VI

The President shall preside at all meetings of the Board and decide all questions of order, subject to an appeal to the members of the Board. He shall sign all warrants drawn upon the Treasurer, approve all applications for admission submitted to him when the same are in accordance with the requirements of the law. In his absence the Vice-President shall act.

## ARTICLE VII

The Treasurer shall receive all moneys other than State and Federal appropriated funds and shall disburse the same only upon warrants duly signed by the Superintendent and countersigned by the President of the Board. He shall notify the Superintendent of the Home immediately of all receipts or disbursements, specifying from what source, or for what purpose the same shall have been received or disbursed; and shall give bond for the faithful discharge of his duties in such sum as the Board of Managers shall require.

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ARTICLE VIII

No purchases for the use of the Home, the members or employees, shall be made except upon a written order issued by the Superintendent.

ARTICLE IX

All reports of Committees shall be made in writing and signed by a majority of the Committee.

ARTICLE X

These By-Laws may be altered or amended at any meeting of the Board by a vote of five members of the Board, provided, that each member of the Board be notified of the proposed intention to alter or amend at least five days previous to such meeting.

ARTICLE XI

Four members of the Board shall constitute a quorum.

ORDER OF BUSINESS

1. Roll call of members.
2. Reading of minutes.
3. Communications.
4. Reports of officers.
5. Reports of special committees.
6. Unfinished business.
7. New business.
8. Bills and resolutions.
9. Miscellaneous.

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RULES AND REGULATIONS.

The Board of Managers shall appoint a Superintendent, subject to the approval of the State Board of Control, and the Superintendent shall select other personnel as approved by the Board of Managers, for the operation of the Home.

The Superintendent shall have charge of the Home and he shall fulfill such duties as are assigned to him by Law, and such duties as may be assigned to him from time to time by the Board of Managers. He shall give a bond for the faithful performance of his duties in such sum as the Board of Managers may require, and for his services he shall receive such compensation as shall be fixed by the Board.

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The Superintendent shall appoint such employees as may be needed from time to time and fix their duties and their compensation, subject to the approval of the Board, and in conformity with the Civil Service laws. He shall have sole charge of the members and employees and be responsible to the Board of Managers for their good conduct, and he may establish such rules and regulations for the discipline and government of the Home, not in conflict with the By-Laws of the Board of Managers, as he may deem proper. He shall be empowered to inflict such punishment as the offense shall merit in all cases not provided for in these rules and regulations or Civil Service regulations. He shall also recommend to the Board of Managers such measures as he may deem necessary.

## RELIGIOUS SERVICES

Religious services shall be held at the Home at such time as the Superintendent shall direct, but all the members may be permitted to attend services in any church they may elect.

## ADMISSIONS

No person shall be admitted as a member of the Home except in strick accordance and full compliance with all the provisions and requirements of law. All applications for admission as members must be approved by the Board of Managers at a regular meeting except in cases or urgency, when the Superintendent, in the interval between meetings, may approve applications for admission, subject however, to ratification by the Board at the next regular meeting.

## FURLOUGHS

Furloughs may be granted to members of the Home by the Superintendent whenever he may deem it necessary or proper. The extent of any furlough granted by the Superintendent shall be fixed at the time of granting such furlough. Extensions of time will only be granted upon request for the same being made to the Superintendent. Failure to report at the Home on the expiration of any furlough, or, when extensions have been granted, at the expiration of such extension, shall be considered as a violation of the rules of the Home and will subject the offenders to such penalty as the Superintendent may direct.

The Board of Managers will not be responsible for any expenses of any members on furlough.

## DISCHARGES

Members of the Home, upon application therefor to the Superintendent, may receive an honorable discharge at any time, unless they have committed some offense for which they are liable to be dismissed, when the Superintendent may grant or withhold such honorable discharge at his discretion.

Members of the Home may be required to accept an honorable discharge when the Superintendent and the Board of Managers are satisfied that the member, or members, have sufficient ability or sufficient means to support himself or herself. Such discharges shall only be given after the Superintendent shall have recommended the name to the Board of Managers and they shall have approved such discharge.

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## EXPULSIONS

Any member of the Home may be expelled for wilfull and persistent violation of the rules and regulations, and whenever any member or members have been expelled from the Home they shall be readmitted only upon application to the Board of Managers, after they shall satisfy the Board that they will in future conduct themselves properly, obey the rules and regulations of the Home, and perform such duties as the Superintendent may deem proper. Any member who shall have been readmitted after expulsion, who shall fail to faithfully observe the foregoing regulations may be summarily and dishonorably discharged by the Board of Managers.

All discharges shall state the reason therefor, and where it is possible, will be delivered personally, but in cases of absence from the Home, the mailing of any discharge to the best obtainable address shall be deemed a proper delivery of such discharge.

## CONDUCT OF MEMBERS

All members of the Home must conduct themselves at all times in a quiet, orderly manner, and observe courtesy towards all officers, employees of the Home and each other.

Members will keep themselves neat, clean and shaven, and their clothing in good order. Their appearance should be a soldierly one.

Upon leaving room for breakfast in the morning, windows should be opened for the purpose of airing room. Upon return from breakfast beds should be made and room properly cleaned.

The cooking of food, or the washing of clothing or other articles in living rooms or toilet rooms is strictly forbidden.

Permission must be obtained from the Superintendent to have any electrical equipment for use in room, and said electrical equipment must meet with the approval of the Superintendent. This includes radios. Radios must be turned down low, so as not to distrub others.

Permission must also be obtained from the Superintendent for the use in rooms of furniture other than that provided by the Home.

Members are not permitted ownership of an automobile.

Mops must be kept hanging up in order, and not allowed to stand on the floor.

Members are not permitted to hold jobs outside the institution and retain membership in the institution, except for the purpose of rehabilitation.

Members of the Home may not accept any political position.

Unless the Superintendent is advised by the Home Physician that a member is unable for medical reasons, he will be expected to do such detail work as may be assigned him from time to time.

The use of intoxicating liquors, on the grounds or in the buildings, by a member is strictly forbidden, and any members bringing intoxicating liquors upon the grounds or into the buildings, or coming upon the grounds or into the buildings in an intoxicated condition, shall be subject to penalty at the discretion of the Superintendent. Repeated infraction of this rule will subject the offender, or offenders, to summary discharge by the Board of Managers.

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Smoking will not be permitted in any part of the Home, except in the Smoking Room.

No peddling of goods of any description by members, employees, or others, will be permitted in the buildings or on the grounds at any time. No peddling of goods in the community, by members, will be permitted.

Gambling of any kind is strictly prohibited in any part of the buildings or on the grounds.

Fire arms or other weapons, ammunition, alcoholics or narcotics, or drugs for self-medication, if found in use by or in possession of members will be impounded and disciplinary action taken.

The Post Rooms may be used for regular meetings of veteran organizations and their auxiliaries only, and no social affairs may be held therein for which an admission is charged or tickets sold to outside people.

Fire escapes and fire towers are not to be used except in an emergency. Select the nearest exit in case of fire.

Main doors are closed for periods after midnight, but entry can be obtained by ringing bell at front door for the Watchman.

Lights are turned out and the radios are turned off in the Smoking Room and public rooms at 11:15 P.M.

Members desiring the services of the Home Physician should notify the Supervising Nurse in person.

Members may call in outside physicians, if they desire, at their own expense. When such calls are made, Supervising Nurse shall be notified immediately and physician called must report condition of the patient to the Supervising Nurse immediately after each visit, with instructions for care and treatment, subject to approval of the Home Physician.

When physical examinations are made by a Veterans Administration Facility a report must be made to the Business Office of such an examination and authority granted the Superintendent to obtain a report from the Veterans Administration Facility covering the examination.

Members requiring medical treatment must enter the Hospital when so ordered by the Home Physician.

Visiting hours in the Hospital are Wednesdays and Sundays, from 2:00 P.M. to 4:00 P.M. Members critically ill will be given special permission for visitors during other periods. Clergymen may visit the sick at any time.

All clothing issued is the property of the Home and no issue shall be construed as the surrender of the right of the Home to control such clothing at all times.

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Any member of the Home failing to produce, or satisfactorily account for any article of clothing, shall pay to the Home its value at the time of issue, either in money or work, and suffer such penalty as the Superintendent may direct. If any member sells or disposes of any clothing issued to him or her, or sells or disposes of any article of clothing issued to any other member of the Home, he or she may be summarily discharged by the Board of Managers.

The Superintendent may, at his discretion, authorize repairs or alterations to shoes and clothing without charge to the member.

Women requiring wearing apparel which must be purchased will report to the Matron.

Visiting hours in the Home are from 10:00 A.M. to 6:00 P.M., when members of a members' family may visit with him in his room. Any visitors after 6:00 P.M. must be entertained in either the parlors or the Smoking Room.

All trash will be placed in receptacles provided for same at the rear of the engine room.

During the winter months sack coats and ties should be worn in the Dining Room. In the summer months it is permissible to enter the Dining Room without a coat, provided a belt is worn -- no suspenders. A tie must always be worn, so the appearance will be neat.

Tableware, silverware, glassware, or food, shall not be taken from the Dining Room without permission.

Before leaving on furlough room key must be left in the Business Office, when furlough care will be issued. When returning from furlough member will report to Business Office, or Night Clerk, return furlough card and receive room key.

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DEPARTMENT OF INSTITUTIONS AND AGENCIES

Division of Welfare

Name of Institution, Agency, etc. New Jersey Memorial Home for Disabled Soldiers, Sailors, Marines and their Wives and Widows, Vineland.

RESOLUTION #

ISSUED:

REV.:

TITLE:

SUBJECT: Medical.

STATUTORY REFERENCE: Sub-title 4, Chapter 6A.

The following report of Dr. David B. Allman, member of the Board of Managers, made to the Board at their May 9, 1951 meeting, was approved as the medical policy of the Institution, and received the approval of the Commissioner in June 1951:

"A thorough inspection of all the Hospital facilities, with special attention to the operating suite, was made this afternoon beginning at four P.M. by the Superintendent, Dr. Wilson and the writer.

I find the Hospital facilities adequate, well kept, clean and efficient. The nursing care seems to be adequate. Dr. Wilson, in my opinion, is doing an excellent job, one creditable to a man half his age.

Certain minor changes in the operating suite are in the process of being made. All these changes will be improvements and when completed the facilities will be equal to many operating facilities in large active hospitals, and certainly entirely adequate for our present, and possibly future needs.

It is my recommendation that we do not plan to do any and all surgery that may be required. We do not have adequate surgical manpower or nursing services immediately available for such work. This is the work of an 'active Hospital' and not that of a 'Memorial Home'.

On the other hand we should be prepared, and at present are so prepared, to take care of any emergency that might arise in the members of the Institution. This we must continue to do. Accute surgical problems may at any time arise among our members, due to their advanced and concomitant physical infirmities, where transportation to other facilities might be detrimental.

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In my opinion, we should, therefore, maintain at its present level, the facilities and equipment which we presently have, and such be added to as the necessity might demand. We should not hold ourselves forth as an active surgical hospital, but we must be prepared for any eventuality which might occur, and therefore, of necessity, it is my opinion that all present equipment be retained, and such new armamentaria purchased as required.

In line with the above thinking it is my further recommendation that the Board appoint a curtesy staff to augment the present attending medical staff, this staff to be appointed annually by the Board upon recommendation of the Superintendent.

This staff should consist of one general practitioner, one surgeon, one urologist, one gynecologist, one orthopedic surgeon, and such others as the Superintendent may recommend from time to time, appointed at the annual meeting."

W. Rex McCrosson

W. Rex McCrosson, Superintendent.

Approved

by _____
President,
State Board of Control.

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DEPARTMENT OF INSTITUTIONS AND AGENCIES

Division of Welfare

Name of Institution, Agency, etc. New Jersey Memorial Home for Disabled Soldiers, Sailors, Marines and their Wives and Widows, Vineland.

RESOLUTION #

ISSUED:

REV.:

TITLE:

SUBJECT: Intake.

STATUTORY REFERENCE: Sub-title 4, Chapter 6A.

The following suggestion made by Dr. David B. Allman, as a member of the Board of Managers, made at the May 9, 1951 meeting, has been the subject of discussion with the Central Office, the decision upon which has been deferred, but the Intake Policy has been operated generally along the policy enunciated, with the approval of the Central Office:

"That the policy of this Board be that in addition to those statutory requirements placed upon membership in this institution, additional regulations be in effect, - that hospital cases, contagious or infectious cases, those with rapidly progressing chronic disease, mental and feeble minded, neuropsychiatric, chronic alcoholics and drug addicts, applicants with bad police records, poor records in the Home on previous membership, and such other cases whose admission to membership the Board feel would be deleterious to the welfare of other present members, shall not be admitted to the Home."

W. Rex McCrosson

W. Rex McCrosson, Superintendent.

Approved

by _____
President,
State Board of Control.

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DEPARTMENT OF INSTITUTIONS AND AGENCIES

Division of Welfare

Name of Institution, Agency, etc. New Jersey Memorial Home for Disabled Soldiers, Sailors, Marines and their Wives and Widows, Vineland.

RESOLUTION #

ISSUED:

REV.:

TITLE:

SUBJECT: Intake.

STATUTORY REFERENCE: Sub-title 4; Chapter 6A.

This resolution was adopted at the June 13, 1951 meeting of the Board of Managers, defining the law on eligibility as follows:

1. Service in war or peace-time in the Armed Services of the United States.

2. Honorable discharge from the last enlistment or period of service.

3. In need of care and attendance on account of physical disability.

4. Lack of sufficient resources to provide for such care and attendance.

5. Disabilities of age and physical condition which preclude earning sufficient for care and attendance.

6. Reside at the time of application in the State of New Jersey for two years prior to application or have been a resident of the State for at least two years immediately preceding enlistment or induction.

W. Rex McCrosson

W. Rex McCrosson, Superintendent.

Approved

by _____
President, State Board of Control.

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DEPARTMENT OF INSTITUTIONS AND AGENCIES

New Jersey Home for Disabled Soldiers, Menlo Park

TITLE: Hand Book of Information and Regulations for Members.

SUBJECT; Information and Regulations for Members.

STATUTORY REFERENCE: R.S. 30:4-4

These regulations are issued pursuant to formal resolution of the Board of Managers adopted May 16, 1955.

W. M. Thompson

William M. Thompson

Superintendent

Approved:

by _____

President,
State Board of Control

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# H A N D  B O O K

OF INFORMATION AND REGULATIONS FOR

MEMBERS

OF

NEW JERSEY HOME FOR DISABLED SOLDIERS

MENLO PARK

NEW JERSEY HOME FOR DISABLED SOLDIERS, MENLO PARK

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## INFORMATION AND REGULATIONS FOR MEMBERS

The Board of Managers, Superintendent and Staff are vitally interested in your welfare and are desirous of doing everything possible for the comfort and contentment of the members.

1. Sick call is held daily. A member desiring to report on sick call will notify the Nurse. Members are not to use or have in their possession medicines or drugs except those prescribed by the Institutional Physician.

2. All members who are physically able are expected to perform duties that are assigned to them in the building or on the grounds.

3. Members are requested to cooperate in keeping the institution neat and clean. Each member is to keep his bed, locker and the area around same, neat and orderly.

   SMOKING IS PROHIBITED IN THE DORMITORIES.

4. Furloughs or overnight passes are not issued to members until one month after admission. Furloughs are limited to 2 1/2 days per month or a total of 30 days per year. Members who are absent without leave for a period of 5 days will be dropped from the rolls.

5. Visiting hours are from 10:00 A.M. to 4:00 P.M. daily.

6. Meals are served in the dining room at 7:30 A.M., 12 noon and 5:00 P.M. Members are requested to report for meals on time. Physically handicapped members may proceed to the dining room 5 minutes before the bell. All others shall wait in quarters or lounges until the bell rings. Loitering in corridors or lobby is forbidden. Members missing meals may be excused only by reporting out at the previous meal. No food may be taken from dining room. Infirmary patient's meals will be served 15 minutes before the regular meal time under the supervision of the Nurses.

7. Each member is assigned a laundry number, clothing to be laundered will be brought to the laundry room at 9:30 A.M. on Monday. New clothing will be issued at 1:30 P.M. on Tuesday.

8. As the appearance of the members reflects the quality of care given by an institution, members are expected to be neat and clean at all times, to shave and bathe frequently and to have hair cuts when needed.

9. Members are to enter and leave the grounds only by the main walks and driveways. Short cuts through the woods to the highway is forbidden. In leaving and entering the building, lounge room doors will be used rather than the main entrance.

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#2 INFORMATION AND REGULATIONS FOR MEMBERS CONTINUED.

10. Valuables and money should be deposited in the office. The institution cannot be responsible for the protection of articles of value kept in members possession. A receipt will be given for articles so deposited.

11. Gambling in any form, use or possession of drugs and possession of weapons of any kind are prohibited. Profane, loud or obscene language will not be tolerated. Violation of these instructions may result in disciplinary discharge.

12. A library and recreation room is maintained for the benefit and enjoyment of members. Recreation hours are from 1:00 P.M. to 9:00 P.M. Radios and T.V. sets may be kept on until 10:00 P.M. provided that they do not disturb members who have retired. T.V. and radio time may be extended at the discretion of the Superintendent for special events.

13. Members are not permitted to drive automobiles, motorcycles or other automotive vehicles on the grounds, nor may they be parked on the reservation.

14. Borrowing or lending money between members or between members and employees is forbidden. Those found guilty of violating these regulations will be subject to disciplinary action.

15. Possession or use of intoxicating liquors on the grounds or in the building is prohibited. Violations of this rule may result in disciplinary discharge.

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