State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

July 27, 1983

General Assistance Manual
Transmittal Letter #41

TO: Holders of the Manual

Subject: Revision to the General Assistance Manual

Attached is a revision to the General Assistance Manual regarding the Pharmaceutical Assistance to the Aged and Disabled (PAAD) Program. The revision indicates that disabled persons are now eligible for pharmaceutical assistance, describes what expenses PAAD recognizes, the amount of the co-pay and the program's financial eligibility standards.

NOTE:

The dates (April 1981 or later only) at the bottom of revised pages denote either the latest adoption, readoption, or effective operational date of the material, pursuant to publication/republication in the New Jersey Register.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter VIII pages 17-18	Subchapter 8 page 17 dated 7/18/83 page 18 dated 1/1/77

Sincerely,

Audrey Harris

Audrey Harris, Acting Director
Division of Public Welfare

AH:MD:MMp

Attachment

cc: Larry J. Lockhart
Special Assistant to the Commissioner

JM 8/24/83

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

May 11, 1983

General Assistance Manual
Transmittal Letter #40

TO: Holders of the Manual

Subject: Revision to the General Assistance Manual

Attached is a revision to the General Assistance Manual which specifies that a determination of unemployability must be based on the existence of a physical or mental disability. (Pages 13-15 are merely being codified into the New Jersey Administrative Code with no change in text.)

NOTE:

The dates (April 1981 or later only) at the bottom of revised pages denote either the latest adoption, readoption, or effective operational date of the material, pursuant to publication/republication in the New Jersey Register.

Conversion Chart

Section Designation(s)		Cross-Reference(s)	
N.J.A.C.	Existing Manual Section(s)	N.J.A.C.	Existing Manual Section(s)
10:85-3.2(f)3-4	326.3-326.4	10:85-3.3	330
3.2(g)-(g)2vi	327-327.1(f)		

JMC
5/14/83

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter III pages 13-16	Subchapter 3 page 13 dated 6/1/78 page 14 dated 4/80 page 15 dated 5/1/82 page 16 dated 5/16/83

Sincerely,

Audrey Harris

Audrey Harris, Acting Director
Division of Public Welfare

AH:MD:CMp

Attachment

cc: Larry J. Lockhart
Special Assistant to the Commissioner

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

March 28, 1983

General Assistance Manual
Transmittal Letter #39

TO: Holders of the Manual

Subject: Revisions to the General Assistance Manual

Attached is a revision to the General Assistance Manual increasing the rate paid for General Assistance recipients in Residential Health Care Facilities to $430.20.

NOTE:

The dates (April 1981 or later only) at the bottom of revised pages denote either the latest adoption, readoption or effective operational date of the material, pursuant to publication/republication in the New Jersey Register.

Conversion Chart

Section Designation(s)		Cross-Reference(s)	
N.J.A.C.	Existing Manual Section(s)	N.J.A.C.	Existing Manual Section(s)
		10:85-5.3(f)	525
		10:85-3	Chapter III
		10:85-5.2(f)	515
		3.1(b)	312

5/12/83

INSTRUCTIONS FOR FILING:

Remove and Destroy after April 3, 1983:	Insert in Place Thereof:
Subchapter 3 pages 31-32	Subchapter 3 page 31 dated 4/4/83 page 32 dated 5/1/82

Sincerely yours,

Audrey Harris

Audrey Harris, Acting Director
Division of Public Welfare

AH:MD:MMp

Attachment

cc: Larry J. Lockhart
Special Assistant to the Commissioner

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

March 14, 1983

General Assistance Manual
Transmittal Letter #38

TO: Holders of the Manual

Subject: Revisions to the General Assistance Manual

Attached are revisions to the General Assistance Manual. Briefly summarized, the revisions deal with the following:

10:85-4.6(b)4	Deletes the specification that price limits on emergency home furnishings apply only to new items
10:85-6.5(c)	Updates the existing rule to include reference to Form GA-30A

NOTE:

The dates (April 1981 or later only) at the bottom of revised pages denote either the latest adoption, readoption or effective operational date of the material, pursuant to publication/republication in the New Jersey Register.

Conversion Chart

Section Designation(s)		Cross-Reference(s)	
N.J.A.C.	Existing Manual Section(s)	N.J.A.C.	Existing Manual Section(s)
10:85-6.5(a)-(c)1	650-653.1		
(c)1i-(d)	653.1(a)-654		

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Subchapter 4 pages 6 and 6A	Subchapter 4 page 6 dated 3/7/83 page 6A dated 5/3/82

3/19/83

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter VI pages 5 and 6	Subchapter 6 pages 5 and 6 dated 3/7/83

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

GTR:HMD:CMs

Attachment

cc: Larry J. Lockhart
Special Assistant to the Commissioner

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

February 17, 1983

General Assistance Manual
Transmittal Letter #37

TO: Holders of the Manual

Subject: Revised Index

Attached is a revised index to the General Assistance Manual. Please note that the index reflects the former numbering format, where still applicable, as well as the currently mandated New Jersey Administrative Code (N.J.A.C.) pattern.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Index Pages 1-9	Index Pages 1-26

Sincerely yours,

G. Thomas Riti/a

G. Thomas Riti, Director
Division of Public Welfare

GTR:HMD:MAp

Attachment

cc: Larry J. Lockhart
Special Assistant to the Commissioner

3/2/83

NJ/KA 8
I5/F4

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

January 17, 1983

General Assistance Manual
Transmittal Letter #36

TO: Holders of the Manual

Subject: Revision to the General Assistance Manual

Attached is a revision to the General Assistance Manual which deletes the requirement that approval be obtained from the Division of Public Welfare/ Bureau of Local Operations for the continuation in office of a local assistance board member when a replacement has not been appointed within 30 days.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Subchapter 2 pages 1-2	Subchapter 2 page 1 dated 3/15/82 page 2 dated 1/17/83

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

GTR:HMD:MMp

Attachment

cc: Larry J. Lockhart
Special Assistant to Commissioner

2/7/83

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

November 29, 1982

General Assistance Manual
Transmittal Letter #35

TO: Holders of the Manual

Subject: Revision to the General Assistance Manual

Attached is a revision to the General Assistance Manual concerning verification of unemployment/disability benefits.

NOTE: The dates (April 1981 or later only) at the bottom of revised pages denote either the latest adoption, readoption or effective operational date of the material, pursuant to publication/republication in the New Jersey Register.

Conversion Chart

Section Designation(s)		Cross-Reference(s)	
N.J.A.C.	Existing Manual Section(s)	N.J.A.C.	Existing Manual Section(s)
10:85-3.2(e)3-(e)4iii	325.3-325.4(c)		
(e)4iv-(f)1	325.4(d)-326.1	10:85-3.4(d)	344
		(f)1iii	326.1(c)

INSTRUCTIONS FOR FILING:

Remove and Destroy after December 6, 1982:	Insert in Place Thereof:
Chapter III	Subchapter 3
pages 11-12	page 11 dated 12/6/32 page 12 dated 7/80

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

Audrey Harris

By: Audrey Harris
Deputy Director

cd 12-3-82

GTR:HPD:MMv

Attachment

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

November 1, 1982

General Assistance Manual
Transmittal Letter #34

TO: Holders of the Manual

Subject: Revisions to the General Assistance Manual

Attached are revised sections of the General Assistance Manual. Briefly summarized, the revisions deal with the following:

10:85-3.3(f)4ii	Requires that a person over age 18, who lives in the same household as the parent(s) who is under age 60, be counted as a member of the household of the parent(s) rather than as a roomer-boarder.
10:85-5.6, 8.4	Updates information concerning the Chronic Renal Disease Program and other Department of Health programs.

NOTE: The dates (April 1981 or later only) at the bottom of revised pages denote either the latest adoption, readoption, or effective operational date of the material, pursuant to publication/republication in the New Jersey Register.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Subchapter 3 pages 31-32	Subchapter 3 page 31 dated 11/1/82 page 32 dated 5/1/82

Remove and Destroy:	Insert in Place Thereof:
Chapter V pages 17-18	Subchapter 5 page 17 dated 11/1/82 ✓ page 18 dated 7/80
Chapter VIII pages 9-12	Subchapter 8 pages 9-12 dated 11/1/82 ✓

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

GTR:HMD:MMp

Attachment

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

October 18, 1982

General Assistance Manual
Transmittal Letter #33

TO: Holders of the Manual

Subject: Revisions to the General Assistance Manual

Attached are revised sections of the General Assistance Manual. Briefly summarized, the revisions deal with the following:

10:85-3.1(e)1	Updates information relevant to the county administered AFDC program for referral purposes by municipal welfare directors.
10:85-8.2(c)5 and 6	Updates referral information relevant to federally funded refugee assistance programs.

NOTE: The dates (April 1981 or later only) at the bottom of revised pages denote either the latest adoption, readoption, or effective operational date of the material, pursuant to publication/republication in the New Jersey Register.

INSTRUCTIONS FOR FILING:

Remove and Destroy after October 17, 1982:	Insert in Place Thereof:
Subchapter 3 pages 3-4	Subchapter 3 page 3 dated 6/4/81 page 4 dated 10/18/82
Subchapter 8 pages 3-4	Subchapter 8 page 3 dated 10/18/82 page 4 dated 10/18/82

NJ/KAP
I5/F3

Sincerely yours,

G. Thomas Riti /a.H.

Cd 10-21-82

G. Thomas Riti, Director
Division of Public Welfare

GTR:HMD:Cms
Attachment

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

September 24, 1982

General Assistance Manual
Transmittal Letter #32

TO: Holders of the Manual

Subject: Revisions to the General Assistance Manual

Attached are revisions to the General Assistance Manual. These revisions increase the amount friends and relatives may contribute to the costs of the funeral and burial of deceased recipients (the amount of agency payment is not changed), and reflect the statutory age limit of parental responsibility for persons applying for or receiving General Assistance.

NOTE:

1) Transmittal Letter #31 has been reserved for portions of the General Assistance Manual which will be forthcoming.

2) The dates (April 1981 or later only) at the bottom of revised pages denote either the latest adoption, readoption, or effective operational date of the material, pursuant to publication/republication in the New Jersey Register.

Conversion Chart

Section Designation(s)		Cross-Reference(s)	
N.J.A.C.	Existing Manual Section(s)	N.J.A.C.	Existing Manual Section(s)
10:85-4.6(c)-4.7(a)2	453-462	10:85-3.2(b)4ii	332.4(b)
		10:85-3.2(b)4	332.4
		10:85-4.3	420
10:85-4.8(a)-(a)2iii	470-471.2(c)		
10:85-9.1(a)-(d)	900-904		
10:85-9.2(a)-(b)1i	910-912.1(a)		

ad
9-29-82

INSTRUCTIONS FOR FILING:

Remove and Destroy:	**Insert in Place Thereof:**
Chapter IV pages 7-8	Subchapter 4 page 7 dated 1/1/77 page 8 dated 9/7/82
Chapter IX pages 1-2	Subchapter 9 page 1 dated 9/7/82 page 2 dated 1/1/77

Sincerely yours,

G. Thomas Riti/a.H

G. Thomas Riti, Director
Division of Public Welfare

GTR:HMD:CMs

Attachment

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

SEP 14 1982

General Assistance Manual
Transmittal Letter #31

TO: Holders of the Manual

Subject: Revisions to the General Assistance Manual

Attached are revised sections of the General Assistance Manual.

Briefly summarized, the revisions deal with the following:

10:85-3.3(e)4-4i	Requires that whenever a cash contribution is made directly to a provider on behalf of an applicant for or a recipient of GA, the dollar amount of the contribution must be deducted from the amount of the allowance standard in the calculation of eligibility and grant entitlement.
10:85-3.3(e)4ii and (f)5	Establishes a uniform deduction for those variable costs (such as food) for which a hospital patient is not responsible and institutes a 90 day time limit for continuation of payments for retention of shelter for certain hospitalized General Assistance clients.
10:85-3.4(b)1	Deems the income and resources of an alien's sponsor to the applicant/recipient.
10:85-4.6(b)1, (b)3 and (b)4	Draws distinction between regular and emergency grants of assistance.

Note:

1) Effective with this letter, a date will be stamped on top of each transmittal to represent the date of distribution.

2) The dates (April 1981 or later only) at the bottom of revised pages denote either the latest adoption, readoption, or effective operational date of the material, pursuant to publication/republication in the New Jersey Register.

ad 9-29-82

Conversion Chart

Section Designation(s)		Cross-Reference(s)	
N.J.A.C.	Existing Manual Section(s)	N.J.A.C.	Existing Manual Section(s)
10:85-3.3(e)-(e)2iii	335-335.2(c)	(c)2ii	333.2(b)
3.3(e)3	335.3		
		10:85-3.3(c)3	333.3
		Subsection (c)	333
		10:85-9.5	940
10:85-3.3(f)4-(f)4iv	336.4-336.4(d)	10:85-5.3(f)	525
3.3(f)5	New		
3.3(g)-(g)1iii	337-337.1(c)	10:85-5	500
		10:85-5.2(e)1	515.1
		10:85-3.1(b)	312
3.3(g)1iv-(g)2ii	337.1(d)-337.2(b)	10:85-3.2(c)	323
		(e)	325
		(f)	326
		10:85-3.5(a)	351
3.4(a)-(a)2i	340-341.2(a)	10:85-5.3(i)	528
		10:85-5.4(c)	533
		(d) below	344
3.4(b)-(b)1ii	342-342.1	10:85-1.5(b)	152
(b)1iii	New		
3.4(b)1iv-1viii(1)	New		
3.4(c)-(c)2	343-343.2		
10:85-4.6(a)3-(b)2i	451.3-542.2(a)	10:85-3.2(f)2	326.2
		(a)1	451.1
		(a)2	451.2
		subsection (a)	451
4.6(b)3	452.3		
(b)3i	New		
4.6(b)4	452.4		
4.6(b)4i	New		
(b)5	452.5		

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:	
Chapter III	Subchapter 3	
pages 27-30	page 27	dated 1/1/78
	pages 28-29	dated 5/1/82
	page 30	dated 7/9/81
pages 31-36	page 31	dated 2/81
	page 32	dated 5/1/82
	page 33	dated 12/80
	page 34	dated 9/79
	pages 35-36	dated 5/3/82
Chapter IV	Subchapter 4	
pages 5-6A	pages 5-5A	dated 5/3/82
	page 6	dated 8/79
	page 6A	dated 5/3/82

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

GTR:HMH:MMp

Attachment

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

General Assistance Manual
Transmittal Letter #30

TO: Holders of the Manual

Subject: Revisions to the General Assistance Manual

Attached are revisions to the General Assistance Manual. Briefly summarized, the revisions deal with the following:

10:85-3.2(g)3	Clarifies the term "unemployable" and emphasizes the consultant role of the Division's Bureau of Medical Affairs.
10:85-3.2(g)7, 10.3(b), 10.6(a), 10.8	Requires that, as a condition of eligibility for General Assistance, "workfare" participants cooperate in drug or alcohol treatment programs and training or occupational preparedness courses when so assigned. Establishes an absolute 90 day penalty of ineligibility for assistance (including medical payments) for work related infractions without good cause.

ad
9-16-82

Conversion Chart

Section Designation(s)		Cross-Reference(s)	
N.J.A.C.	Existing Manual Section(s)	N.J.A.C.	Existing Manual Section(s)
		10:85-8.4(h)	837
		10:85-8.3(c)	820
10:85-3.2(g)4ii-(g)6ii	327.3(b)-327.5(b)	10:85-10.7	1052
10:85-3.2(g)6iii-(g)8	327.5(c)-327.7	(g)2i-2vi	327.1(a)-(f)
10:85-3.2(h)-(h)1iii	328-328.1(c)	10:85-3.1(f)	316
		10:85-3.2(i)	329
10:85-10.1-10.2(b)2	1010-1011.1(b)	10:85-3.2(g)	327
10:85-10.2(c)-(f)1	1011.2-1012.1		
10:85-10.3-10.4(b)	1020-1032		
10:85-10.5-10.8	1040-1053	10:85-7.3	720

INSTRUCTIONS FOR FILING:

Remove and Destroy:

Subchapter 3
pages 15-16
Chapter III
pages 17-18B

Chapter X
Table of Contents
pages 1-5

Insert in Place Thereof:

Subchapter 3
pages 15-16 dated 5/1/82
page 17 dated 6/4/81
page 18 dated 5/1/82
page 18A dated 5/80

Subchapter 10
Table of Contents
pages 1-2 dated 5/80
pages 3-4 dated 5/1/82

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

GTR:HMD:MMp

Attachment

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

General Assistance Manual
Transmittal Letter #29

TO: Holders of the Manual

Subject: Revisions to the General Assistance Manual

Attached are revisions to the General Assistance Manual. These revisions provide for the right of the governing body in a Faulkner Act municipality to reorganize or abolish its Local Assistance Board and place certain limitations on officials relative to the day-to-day administration of the General Assistance program.

The revisions were previously issued through a General Assistance Letter.

Conversion Chart

Section Designation(s)		Cross-Reference(s)	
N.J.A.C.	Existing Manual Section(s)	N.J.A.C.	Existing Manual Section(s)
10:85-1.1(a)-(f)	100-115	10:85-3.2(f)	326
		10:85-4.6	450
1.1(g)-1.2(d)	116-124	10:85-6.3	630
		10:85-2.2(d)6	214.6
1.4(a)3iii-1.5(b)3	143.3-152.3	10:85-7.3(b)5	725
1.5(b)4-1.6(d)1	152.4-163.1		
10:85-2.2(d)4i-(d)4iv	214.4(a)-(d)	paragraph 2 (refers to 10:85-2.2(d)2)	
(d)5-(d)5vii	214.5-(g)		
(d)6-(d)6viii	214.6-(g)		
(e)-(g)1iii	215-217.1(c)		
(g)1iv-(g)2ii	217.1(d)-217.2(b)	10:85-1.4	140
(h)-(i)	New		
10:85-7.3(b)3-(b)5	723-725		
(b)6-(b)7	726-727		

cd
9-16-82

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter I	Subchapter 1
pages 1-2	page 1 dated 1/1/79
	page 2 dated 3/15/82
pages 5-6	page 5 dated 3/15/82
	page 6 dated 1/1/77
Chapter II	Subchapter 2
pages 1-2	pages 1-2 dated 3/15/82
pages 7-12	page 7 dated 1/1/77
	pages 8-9 dated 3/15/82
	pages 10-11 dated 1/1/77
	page 12 dated 3/15/82
Chapter VII	Subchapter 7
pages 5-6	page 5 dated 3/15/82
	page 6 dated 1/80

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

GTR:HMD:MMp

Attachment

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

General Assistance Manual
Transmittal Letter #28

To: Holders of the Manual

Subject: Revisions to the General Assistance Manual

Attached are revisions to the General Assistance Manual which provide procedures that must be followed by MWDs in obtaining a representative's signature in situations where a client is unable to sign the required voucher form for medical services rendered.

These revisions were previously issued through a General Assistance Letter.

Conversion Chart

Section Designation(s)		Cross-Reference(s)	
N.J.A.C.	Existing Manual Section(s)	N.J.A.C.	Existing Manual Section(s)
10:85-5.3(i)-5.4(a)1iii	528-531.1(c)	10:85-3.3(f)4iv	336.4(d)
		10:85-5.8	570
10:85-5.4(a)2-5.4(b)	531.2-532		
10:85-5.4(b)1-5.5(a)1i	532.1-541.1	10:85-5.2(d)7	513.7
		5.3(b)2	521.2
		5.3(i)	528

cd
9-16-82

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter V pages 15-16	Subchapter 5 pages 15-16 dated 11/2/81 page 16A dated 1/80

Sincerely yours,

G. Thomas Riti

G. Thomas Riti, Director
Division of Public Welfare

GTR:HMD:MMp

Attachment

Jm 12/23/81

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

General Assistance Manual
Transmittal Letter #27

TO: Holders of the Manual

SUBJECT: Revisions to the General Assistance Manual

Attached are revised sections of the General Assistance Manual. These revisions delete obsolete language pertaining to the purchase of food stamps, establish the maximum a municipal welfare department may authorize for any medical product or service and clarify referral and appeal procedures relevant to General Assistance clients who are prospectively eligible for SSI.

These revisions were previously issued through General Assistance letters.

Conversion Chart

Section Designation(s)		Cross-Reference(s)	
N.J.A.C.	Existing Manual Section(s)	N.J.A.C.	Existing Manual Section(s)
10:85-3.1(c)1.ii.-(d)2.	313.1(b)-314.2	10:85-6	600
3.1(d)3.-(e)1.	314.3-315.1	10:85-4.2	410
		10:85-6.5(c)	653
		10:85-7.2(b)2.	712.2

Conversion Chart

Section Designation(s)		Cross-Reference(s)	
N.J.A.C.	Existing Manual Section(s)	N.J.A.C.	Existing Manual Section(s)
10:85-3.2(g)3.-(g)3.ii.(6)	327.2-327.2(b)(6)	paragraph 6	327.6
3.2(g)3.iii.-(g)4.i.(3)	327.2(c)-327.3(a)3)	10:85-8.4(h)	837
10:85-3.3(e)3.ii-(e)5.iii.	335.3(a)1)-335.5(c)	10:85-3.3(c)3.	333.3
		10:85-9.5(c)	943
		Subsection (c)	333
		10:85-9.5	940
3.3(e)5.iv.-(e)5.viii.	335.5(d)-335.5(h)		
10:85-3.3(e)5.ix.-(f)2.iv.	335.5(i)-336.2(d)	10:85-3.2(f)3	326.3
		10:85-4.6	450
		10:85-3.1(b)1)	312.1
		3.1(b)2)	312.2
3.3(f)2.v.-(f)3.i.	336.2(e)-336.3(a)	10:85-4.2	410
10:85-5.1-5.2(c)1.	500-512		
5.2(c)1.-(c)9.	512(a)	Subsection (d)	513
10:85-5.2(g)3.-5.3(b)2.i.	516.3-521.2(a)	10:85-5.3(i)	528
		5.4(a)	531
		5.8	570
		5.8(e)	574
		10:85-6.8(d)	683
5.3(b)3.-(b)3.vi.	521.3-521.3(f)		

Conversion Chart

Section Designation(s)		Cross-Reference(s)	
N.J.A.C.	Existing Manual Section(s)	N.J.A.C.	Existing Manual Section(s)
10:85-6.5(d)1.-(f)	654.1-656	10:85-7.3	720
		7.4	730
6.6(a)2.i.(2)	660-662.1(b)	10:85-6.5(e)	655
10:85-8.2(c)2.-(c)5.i.	812.2-812.5(a)		
8.2(c)6-8.3(c)1.	812.6-822.1		
10:85-8.3(c)2.i.(2)(C)-(c)2.ii.(3)	822.2(a)2)c)-822.2(b)3)		
8.3(c)3.-(c)3.i.-(c)3.ii-(c)3.iii.	822.3-822.3(a) New	10:85-3.1(d)1	314.1

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter III	Subchapter 3
pages 3-4	pages 3-4 dated 6-4-81
pages 15-16	page 15 dated 9-79
	page 16 dated 6-4-81
pages 29-30B	page 29 dated 1-1-78
	page 30 dated 7-9-81
	pages 30A-30B dated 1-80
Chapter V	Subchapter 5
pages 1-2	page 1 dated 10-8-81
	page 2 dated 1-77
pages 7-8	page 7 dated 7-9-81
	page 8 dated 1-80
Chapter VI	Subchapter 6
pages 7-8	page 7 dated 2-81
	page 8 dated 7-9-81

INSTRUCTIONS FOR FILING:

Remove and Destroy	Insert in Place Thereof:
Chapter VIII	Subchapter 8
pages 3-4	page 3 dated 7-9-81 page 4 dated 6-4-81
pages 7-8	page 7 dated 1-1-77 page 8 dated 6-4-81

Sincerely yours,

G. Thomas Riti/a.m.

G. Thomas Riti, Director
Division of Public Welfare

GTR:MMD:MMp

Attachments

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

General Assistance Manual
Transmittal Letter #26

TO: Holders of the Manual

Subject: 1) Revisions to the General Assistance Manual
2) Introduction of New Numbering Format

Attached are revised sections of the General Assistance Manual.

Briefly summarized, the revisions deal with the following:

10:85-2.2(c)	Submittal of Form PA-15 to the Bureau of Local Operations and not the Bureau of Management Services.
10:85-3.3(c)8	Proration of earnings payable under the terms of a renewable contract.
10:85-7.2(a)1	Continuation of assistance at an unreduced per diem rate for the balance of the 10 day termination or reduction notice period if such period extends beyond the last date for which assistance has already been granted.

You will observe that the attached material employs a numbering system which differs from that used heretofore. This new numbering pattern is necessary since regulations recently adopted by the State Office of Administrative Law (OAL), the office now entrusted with the obligation to oversee departmental compliance with the Administrative Procedure Act, require that all regulatory material appear in the New Jersey Administrative Code (N.J.A.C.) format. Henceforth, all issued manual pages will appear in the N.J.A.C. format.

JM 5/24/81

In order to enable you to use such new manual material with optimum accuracy, until the entire GAM is converted to N.J.A.C., a table of N.J.A.C. citations keyed to existing manual sections will be included as part of each transmittal letter. This conversion chart, consisting of four columns, will identify the following:

Column 1 the N.J.A.C.;

Column 2 the existing manual section;

Column 3 any cross-references expressed as N.J.A.C. but found in existing format elsewhere in GAM;

Column 4 cross-references in existing manual format.

Conversion Chart

Section Designations		Cross-References	
N.J.A.C.	Existing Manual Section(s)	N.J.A.C.	Existing Manual Section(s)
10:85-2.1(a)-(b)	201-202	10:85-2.1(b)	202
		10:85-2.2(c)	213
10:85-2.2(a)-(d)	210-214	10:85-2.2(d)4.iii	214.4(c)
10:85-3.3(c)5-8	333.5-333.8		
(d)	334		
10:85-7.1(a)-(e)	701-705	10:85-3.3(a)	331
		10:85-4.2(a)3	413
		4.2(a)4	414
		10:85-7.2(b)2	712.2
		7.4(a)	731
		7.3(b)4	724
10:85-7.2	710		

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter II pages 1-4	Subchapter 2 page 1 dated 7/1/78 pages 2-3 dated 4/81 page 4 dated 1/1/77
Chapter III pages 25-26	Subchapter 3 page 25 dated 1/1/77 page 26 dated 2/81
Chapter VII pages 1-2	Subchapter VII page 1 dated 1/1/77 page 2 dated 3/81

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

GTR:MMD:MMf

Attachments

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

General Assistance Manual
Transmittal Letter #25

TO: Holders of the Manual

Subject: Revisions to the General Assistance Manual

Attached are revised sections of the General Assistance Manual.

Major changes include:

323.1	Instructs MWDs to provide applicants with Form GA-197 and, upon request, copy of Form GA-1.
336.4, 521.1	Redesignates "boarding home for sheltered care" to "residential health care facility" and aligns General Assistance payments to persons in such facilities to the level of Supplemental Security Income benefits.
343.7	Allows recipients to save funds for any purpose.
451	Authorizes payment of emergency assistance when the emergency occurred within 7 days prior to the date of application and the client is otherwise eligible to receive General Assistance.
471.1	Increases the total cost limit for funeral and burial expenses from $500 to $800. The maximum amount which may be paid from General Assistance funds has been increased from $350 to $550.

The attached material incorporates revisions previously issued with General Assistance letters.

20 Mar 81

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter II pages 5-6	Chapter II page 5 dated 12/80 page 6 dated 1/1/77
Chapter III pages 9-10	Chapter III page 9 dated 1/81 page 10 dated 5/80
pages 21B-22	page 21B dated 12/80 page 22 dated 1/77
pages 31-34	page 31 dated 2/81 page 32 dated 8/80 page 33 dated 7/80 page 34 dated 12/80
pages 36A-37	page 36A dated 11/80 page 37 dated 1/80
Chapter IV pages 3-4	Chapter IV page 3 dated 10/79 page 4 dated 1/81
pages 7-8	page 7 dated 1/1/77 page 8 dated 10/80
Chapter V pages 3-8	Chapter V page 3 dated 7/1/78 page 4 dated 12/80 page 5 dated 6/77 page 6 dated 1/81 page 7 dated 2/81 page 8 dated 1/80
pages 11-12	page 11 dated 1/80 page 12 dated 2/81
Chapter VI pages 7-8	Chapter VI page 7 dated 2/81 page 8 dated 1/1/77
Chapter VIII pages 3-4	Chapter VIII page 3 dated 12/80 page 4 dated 2/80

Sincerely yours,

G. Thomas Riti

G. Thomas Riti, Director
Division of Public Welfare

GTR:MMD:MMa
Attachments

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

General Assistance Manual
Transmittal Letter #24

TO: Holders of the Manual

Subject: Revisions to the General Assistance Manual

Attached are revised sections of the General Assistance Manual concerning treatment of funds in joint and trust accounts and grant adjustments due to overpayments and underpayments. These revisions became effective with the issuance of General Assistance Letter No. 80-30.

INSTRUCTIONS FOR FILING:

Insert:

Chapter III
page 22A

Remove and Destroy:	Insert in Place Thereof:
Chapter III	Chapter III
pages 39-40	page 39 dated 1/77
	page 40 dated 11/80
	page 40A dated 4/80
page 42A	pages 42A-42B dated 11/80

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

12/18/80

GTR:MMD:MMa

Attachments

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

General Assistance Manual
Transmittal Letter #23

TO: Holders of the Manual

Subject: Revisions to the General Assistance Manual

Attached are revisions to the General Assistance Manual concerning payment of inpatient hospital care in first class counties and use of Form GA-18. These revisions became effective with the issuance of General Assistance Letter No. 80-23.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:	
Chapter III	Chapter III	
pages 41-42	page 41	dated 8/80
	page 42	dated 7/79
Chapter V	Chapter V	
pages 1-2	page 1	dated 8/80
	page 2	dated 1/77
pages 11-12	page 11	dated 1/80
	pages 12-12A	dated 8/80

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

GTR:MMD:MMa

Attachments

12/18/80

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

August 25, 1980

General Assistance Manual
Transmittal Letter #22

TO: Holders of the Manual

Subject: Revisions to the General Assistance Manual

Attached are revised sections of the General Assistance Manual. Revisions dealing with medical eligibility for persons entering New Jersey medical facilities from out of state and individuals in alcohol treatment centers became effective with the issuance of General Assistance Letter No. 80-19.

Revisions establishing a procedure for the automated processing and payment of pharmaceutical drug bills on behalf of General Assistance recipients in certain municipalities became effective with the issuance of General Assistance Letter No. 80-21.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter III pages 11-12A	Chapter III page 11 dated 1/77 pages 12-12B dated 7/80
Chapter V pages 7-8	Chapter V page 7 dated 7/80 page 8 dated 1/80
pages 15-18	page 15 dated 7/80 page 16 dated 1/80 page 17 dated 5/79 pages 18-21 dated 7/80

12/18/80

INSTRUCTIONS FOR FILING:

Remove and Destroy:

Chapter VI
page 11

Insert in Place Thereof:

Chapter VI
page 11 dated 9/79
pages 12-13 dated 7/80

Insert the following:

Appendix A Form GA-20
Form GA-20A

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

GTR:MRH:MMs

Attachments

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

July 1, 1980

General Assistance Manual
Transmittal Letter #21

TO: Holders of the Manual

Subject: Revisions to the General Assistance Manual

Attached are revisions to the General Assistance Manual concerning allowance schedules used to determine the eligibility of medically needy individuals who are ineligible for CWA administered public assistance or SSI payments issued by the Social Security Administration. These revisions are effective July 1, 1980.

INSTRUCTIONS FOR FILING:

Remove and Destroy:

Chapter III
pages 33-34

Insert in Place Thereof:

Chapter III
page 33 dated 7/80
page 34 dated 1/77

Insert the Following:
Appendix C containing
Tables A and B

NOTE: Transmittal Letters #19 and #20 will be forwarded under separate cover as soon as available from printer.

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

GTR:MMD:MMc

Attachments

cd 7/14/80

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

August 11, 1980

General Assistance Manual
Transmittal Letter #20

TO: Holders of the Manual

Subject: Revisions to the General Assistance Manual

Attached are revised sections of the General Assistance Manual. The revision dealing with the assignment of clients to municipal worksites became effective with the issuance of General Assistance Letter No. 80-12.

Revisions which permit individuals and agencies to act as authorized agents on behalf of certain applicants for General Assistance and exclude the regular grant of assistance in the determination of the amount of emergency assistance payments to victims of domestic violence in temporary shelter arrangements became effective with the issuance of General Assistance Letter No. 80-13.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter III pages 5-10A	Chapter III page 5 dated 4/80 page 6 dated 5/80 page 7 dated 1/1/77 pages 8-10B dated 5/80
pages 17-18C	pages 17-18B dated 5/80
Chapter IV pages 5-6A	Chapter IV pages 5-5A dated 5/80 page 6 dated 8/79 page 6A dated 6/1/78
Chapter VII pages 5-6	Chapter VII page 5 dated 5/80 page 6 dated 1/80

cd 8/23/80

Insert the following:

Chapter X
Table of Contents
pages 1-5 dated 5/80

Appendix A
Individual Worksite Agreement
Municipal Worksite Agreement

Sincerely yours,

Audrey H. Massiah

Audrey H. Massiah, Acting Director
Division of Public Welfare

AHM:MD:MMm

Attachments

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

June 13, 1980

General Assistance Manual
Transmittal Letter #19

TO: Holders of the Manual

Subject: Revisions to the General Assistance Manual

Attached are revised sections of the General Assistance Manual dealing with procedures to be followed in the placement and evaluation of persons released from State psychiatric institutions. Also included are revisions concerning work registration and related administrative requirements. These revisions became effective with issuance of General Assistance Letter No. 80-11.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter III	Chapter III
pages 5-6	pages 5-6 dated 4/80
pages 13-14	page 13 dated 6/1/78
	page 14 dated 4/80
pages 18C-22	pages 18C-19 dated 4/80
	page 20 dated 1/1/77
	pages 21-21B dated 4/80
	page 22 dated 1/1/77
pages 39-40	page 39 dated 1/1/77
	page 40 dated 4/80

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

GTR:MMD:MMm

Attachments

CD
7/12/80

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

May 13, 1980

General Assistance Manual
Transmittal Letter #18

TO: Holders of the Manual

Subject: Revisions to the General Assistance Manual

Attached are revised sections of the General Assistance Manual which deal with Social Security numbers, State reimbursements, inpatient hospital care, periods of eligibility and with the determination of monthly income for persons employed on contractual basis. These revisions were effective with the issuance of General Assistance Letter No. 80-8, dated March 4, 1980.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter III	Chapter III
pages 9-10	pages 9-10 dated 5/80
pages 11-12A	page 11 dated 1/1/77 page 12-12A dated 5/80
pages 25-26	page 25 dated 1/1/77 page 26 dated 5/80
Chapter V	Chapter V
pages 1-2	page 1 dated 5/80 page 2 dated 1/1/77
Chapter VI	Chapter VI
pages 3-4	page 3 dated 5/80 page 4 dated 10/79

Correction: Remove and destroy page 10A, dated 7/1/79, of Chapter III. The currently valid page 10A, dated 9/79, was issued with Transmittal Letter #13.

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

GTR:MMD:MMm

Attachments

7/12/80

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

May 21, 1980

General Assistance Manual
Transmittal Letter #17

TO: Holders of the Manual

Subject: Revisions to the General Assistance Manual

Attached are revised pages of the General Assistance Manual updating Appendix A, (forms designed for use in the General Assistance program) and the Manual sections making reference to these forms.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter II pages 1-2	Chapter II page 1 dated 7/1/78 page 2 dated 2/80
Chapter III Table of Contents (Starting with Section 336) pages 41-42	Chapter III Table of Contents (Starting with Section 336) page 41 dated 2/80 page 42 dated 7/1/79
Chapter V pages 11-14	Chapter V page 11 dated 1/80 page 12 dated 2/80 pages 13-14 dated 1/80
Chapter VI pages 4A-6	Chapter VI pages 4A-6 dated 2/80
Chapter VIII pages 1-4	Chapter VIII page 1 dated 2/80 pages 2-3 dated 1/1/77 page 4 dated 2/80

cd
7/12/80

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
pages 9-10	page 9 dated 2/80 page 10 dated 1/1/77
pages 25-26	page 25 dated 1/1/77 page 26 dated 2/80
Appendix A List of Forms Designated for Use in the General Assistance Program	Appendix A List of Forms Designated for Use in the General Assistance Program dated 2/80

Correction:

Remove page 10A dated 7/1/79 in Chapter III.

Sincerely yours,

G. Thomas Riti

G. Thomas Riti, Director
Division of Public Welfare

GTR:MMD:MMm

Attachments

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

March 3, 1980

General Assistance Manual
Transmittal Letter #16

TO: Holders of the Manual

Subject: Revisions to the General Assistance Manual

Attached are revised pages of the General Assistance Manual which deal with the treatment of relocation payments as an income exclusion and/or an exempt resource and also exclude student loans, grants, scholarships and income from work-study programs in determining eligibility or computation of the grant. These regulations became effective with the issuance of General Assistance Letter No. 79-35, dated November 26, 1979.

Also included are regulations which emphasize the obligation of MWDs to authorize payment for appropriate medical care and services and reflect changes in fair hearing policy. These regulations became effective with the issuance of General Assistance Letter No. 79-43, dated December 24, 1979.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter III	Chapter III
pages 18A-18C	page 18A dated 6/1/78 pages 18B-18C dated 1/80
pages 29-30B	page 29 dated 1/1/78 pages 30-30B dated 1/80
pages 36A-37	pages 36A-37 dated 1/80
Chapter V	Chapter V
pages 7-16	pages 7-11 dated 1/80 page 12 dated 1/1/77 pages 13-16 dated 1/80

vd 5/22/80

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter VII	Chapter VII
pages 1-6	page 1 dated 1/1/77 page 2 dated 1/80 page 3 dated 1/1/77 pages 4-6 dated 1/80
pages 9-10	page 9 dated 1/1/77 pages 10-11 dated 1/80

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

GTR:MMD:MMm

Attachments

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

December 19, 1979

General Assistance Manual
Transmittal Letter #15

TO: Holders of the Manual

Subject: Revisions to the General Assistance Manual

Attached are revised pages of the General Assistance Manual concerning exemption of certain payments received under VISTA, payment of medical bills for SSI applicants requiring in-patient hospital care or care in a long term care facility, submittal of assistance orders and payment to or on behalf of an eligible individual residing in a center for the treatment of drug or alcohol abuse. These revisions became effective with the issuance of General Assistance Letter No. 79-28. The increased rate for Licensed Boarding Homes for Sheltered Care was effective with the issuance of General Assistance Letter No. 79-27.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter III pages 1-2	Chapter III page 1 dated 10/79 page 2 dated 1/1/78
pages 30A-32	page 30A dated 10/79 page 30B dated 1/1/78 pages 31-32 dated 10/79
Chapter IV pages 3-4	Chapter IV page 3 dated 10/79 page 4 dated 6/78
Chapter V page 17	Chapter V page 17 dated 5/79 page 18 dated 10/79

12/5/79

Correction:

Page 10A dated 7/1/79 of Chapter III should be removed and destroyed. This was inadvertently omitted from the instructions in Transmittal Letter #13, dated September 24, 1979.

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

GTR:MMD:MMs

Attachments

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

October 31, 1979

General Assistance Manual
Transmittal Letter #14

TO: Holders of the Manual

Subject: Revisions to the General Assistance Manual

Attached are revised pages of the General Assistance Manual concerning exemptions from work requirements, disposal of resources to qualify for aid, savings for a specified purpose, destruction of records and emergency assistance to victims of domestic violence. These regulations became effective with the issuance of General Assistance Letter No. 79-23 dated August 17, 1979.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter III pages 15-16	Chapter III pages 15-16 dated 9/79
pages 35-38	pages 35-37 dated 9/79 page 38 dated 1/1/77
Chapter IV pages 3-6	Chapter IV page 3 dated 5/79 pages 4-6 dated 8/79
Chapter VI page 11	Chapter VI page 11 dated 9/79

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

GTR:MMD:MMe

Attachments

12/4/79

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

September 24, 1979

General Assistance Manual
Transmittal Letter #13

TO: Holders of the Manual

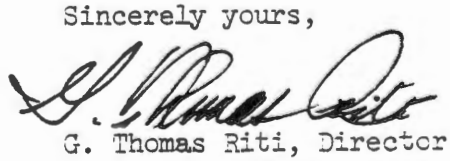
Subject: Revisions to the General Assistance Manual

Attached are revised pages of the General Assistance Manual concerning establishment of Public Assistance Petty Cash Fund Account; lost or stolen checks and disbursements from the Public Assistance Trust Fund Account. These revisions are effective October 1, 1979. Also included are revisions concerning a requirement that General Assistance applicants and recipients disclose their Social Security numbers or apply for a number as a condition of eligibility. This revision became effective with the issuance of General Assistance Letter No. 79-18, dated July 24, 1979.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter II pages 13-14	Chapter II page 13 dated 10/79 page 14 dated 1/1/77
Chapter III pages 9-10	Chapter III pages 9-10A dated 9/79
Chapter VI pages 1-4	Chapter VI page 1 dated 10/79 page 2 dated 5/79 pages 3-4A dated 10/79

Sincerely yours,



10/1/79

G. Thomas Riti, Director
Division of Public Welfare

GTR:MMD:MMs

Attachments

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

August 17, 1979

General Assistance Manual
Transmittal Letter #12

TO: Holders of the Manual

SUBJECT: Revisions to the General Assistance Manual

Attached are revised pages of the General Assistance Manual concerning recoupment of overpayments, clarification of payment rates for hospitalization and issuance of Forms GA-51 and GA-1R. These regulations became effective with the issuance of General Assistance Letter No. 79-12 dated June 20, 1979.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter III	Chapter III
pages 9-10	pages 9-10A dated 7/1/79
pages 41-42	pages 41-42A dated 7/1/79
Chapter V	Chapter V
pages 5-6	page 5 dated 6/77
	page 6 dated 7/1/79

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

GTR:MMD:MMs

Attachments

9/5/79

c.2 - historical

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

June 1, 1979

General Assistance Manual
Transmittal Letter #11

TO: Holders of the Manual

SUBJECT: Revisions to the General Assistance Manual

Attached are revised pages of the General Assistance Manual concerning reporting of criminal offenses to law enforcement authorities; methods and procedures for payment of medical bills; medical care for recipients with chronic renal failure; and nontransferability of funds. These regulations are effective June 1, 1979. Also, included are regulations updating the dollar amounts in schedules used for the evaluation of an LRR's capacity to support. The regulations relevant to LRRs became effective with the issuance of General Assistance Letter No. 79-4, dated March 30, 1979.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter II page 15	Chapter II pages 15-17 dated 5/79
Chapter IV pages 3-4	Chapter IV page 3 dated 5/79 page 4 dated 6/78
Chapter V pages 9-10 pages 15-16	Chapter V page 9 dated 1/77 page 10 dated 5/79 pages 15-17 dated 5/79
Chapter VI pages 1-2	Chapter VI page 1 dated 7/78 page 2 dated 5/79

JM
7/24/79

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter IX	Chapter IX
pages 5-6	page 5 dated 1/1/77 page 6 dated 5/79
pages 9-10	page 9 dated 1/1/77 page 10 dated 5/79
pages 11-12	page 11 dated 11/1/77 page 12 dated 5/79

Sincerely yours,

G. Thomas Riti

G. Thomas Riti, Director
Division of Public Welfare

GTR:MMDMs

Attachments

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

February 15, 1979

General Assistance Manual
Transmittal Letter #10

TO: Holders of the Manual

SUBJECT: Revisions to the General Assistance Manual

Attached are revised pages of the General Assistance Manual concerning SSI recipients who are in immediate need of assistance. These regulations became effective as of December 15, 1978 (GAL No. 78-27).

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter I pages 1-2	Chapter I page 1 dated 1/1/79 page 2 dated 1/1/77
Chapter III pages 1-2 pages 3-4A	Chapter III page 1 dated 1/1/79 page 2 dated 1/1/78 page 3 dated 1/1/77 pages 4-4B dated 1/1/79

Chapter X
pages 1-17
(This material was rendered obsolete with the repeal of legal settlement provisions as previously conveyed in Transmittal Letter #8.)

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

GTR:MMDMe

Attachments

2/28/79

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

October 30, 1978

General Assistance Manual
Transmittal Letter #9

TO: Holders of the Manual

SUBJECT: Revisions to the General Assistance Manual

Attached are revised pages of the General Assistance Manual. This regulation instructs the MWD to provide assistance to unmarried, unattached persons under the age of 18 until DYFS can assume responsibility for their maintenance. This regulation became effective 10/1/78.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter III	Chapter III
pages 3-4	page 3 dated 1/77 pages 4-4A dated 10/78

Sincerely yours,

G. Thomas Riti/a

JM 11/3/78

G. Thomas Riti, Director
Division of Public Welfare

GTR:MDr

Attachments

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

September 22, 1978

General Assistance Manual
Transmittal Letter #8

TO: Holders of the Manual

SUBJECT: Revisions to the General Assistance Manual

Attached are revised pages of the General Assistance Manual concerning repeal of the legal settlement provisions and new work requirements. These regulations became effective with the issuance of General Assistance Letter No. 78-7 dated June 1, 1978. Also, included are regulations to clarify the definition of municipal funds that are subject for State matching. These regulations become effective immediately.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter I pages 1-4	Chapter I page 1 dated 7/1/78 page 2 dated 1/1/77 page 3 dated 7/1/78 page 4 dated 1/1/77
Chapter II pages 1-2	Chapter II page 1 dated 7/1/78 page 2 dated 1/1/77
Chapter III pages 11-18	Chapter III page 11 dated 1/1/77 pages 12-12A dated 7/78 pages 13-18C dated 6/1/78
Chapter IV pages 3-6	Chapter IV page 3 dated 1/1/77 page 4 dated 6/1/78 pages 5-6 dated 1/1/77 page 6A dated 6/1/78

JM 9/29/78

c.2 Historical

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter V pages 3-4	Chapter V page 3 dated 7/1/78 page 4 dated 1/1/77
Chapter VI pages 1-4	Chapter VI pages 1-4 dated 7/1/78

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

GTR:MDMe

Attachments

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

General Assistance Manual
Transmittal Letter #7

TO: Holders of the Manual

SUBJECT: Revisions to the General Assistance Manual

Attached are recently revised pages of the General Assistance Manual dealing with referral of clients to the Division of Vocational Rehabilitation Services. The revision was effective April 1, 1978.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter V pages 13-16	Chapter V page 13 dated 1/77 pages 14-16 dated 4/78

Sincerely yours,

G. Thomas Riti

G. Thomas Riti, Director
Division of Public Welfare

GTR:MHMe

Attachments

JM
5/4/78

c.2 - Historical

890-9500 Nancy Amer
4/6 5/3

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

January 31, 1978

General Assistance Manual
Transmittal Letter #6

TO: Holders of the Manual

SUBJECT: Revisions to the General Assistance Manual

Attached are recently revised sections of the General Assistance Manual.

Major changes include the provisions which permit MWDs to query an alien's sponsor regarding potential support for the alien, the exclusion of foster care and HUD vendor payments as income. Schedules I and II which are the allowance standards for employable and unemployable General Assistance recipients are also provided in manual format.

The effective date of these changes, with the exception of Schedules I and II, is immediately upon receipt of this information. The use of Schedules I and II was implemented on December 30, 1977 as per General Assistance letter No. 77-9.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter III pages 1-2 and 2A	Chapter III page 1 dated 1/1/78 page 2 dated 1/1/78 page 2A dated 11/1/77

JM 5/4/78

A.T. c.2 Historical

Remove and Destroy:	Insert in Place Thereof:
Chapter III	Chapter III
pages 25 through 32	page 25 dated 1/1/77
	page 26 dated 1/1/78
	page 27 dated 1/1/78
	page 28 dated 1/1/77
	page 29 dated 1/1/78
	page 30 dated 1/1/78
	page 30A dated 1/1/78
	page 30B dated 1/1/78
	page 31 dated 1/1/78
	page 32 dated 1/1/78
pages 35, 36	page 35 dated 1/1/78
	page 36 dated 1/1/78
	page 36A dated 1/1/78
pages 43, 44, 45	page 43 Rev. 12/77
	page 44 Rev. 12/77
Chapter IV	Chapter IV
pages 1, 2	page 1 dated 1/1/77
	page 2 dated 1/1/78
Chapter IX	Chapter IX
pages 1, 2	page 1 dated 1/1/78
	page 2 dated 1/1/77
pages 11, 12	page 11 dated 1/1/77
	page 12 dated 1/1/78

Sincerely yours,

G. Thomas Riti

G. Thomas Riti, Director
Division of Public Welfare

GTR:MHb

Attachments

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

November 30, 1977

General Assistance Manual
Transmittal Letter #5

TO: Holders of the Manual

SUBJECT: Revisions to the General Assistance Manual

Attached are recently revised pages of the General Assistance Manual relevant to the inclusion of SSI recipients and children in foster placement in the household size. These revisions are effective immediately.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter III pages 1-2	Chapter III page 1 dated 1/1/77 pages 2-2A dated 11/1/77

Sincerely yours,

Gerald Malanga, Acting Director
Division of Public Welfare

GM:HMb

Attachments

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

September 14, 1977

General Assistance Manual
Transmittal Letter #4

TO: Holders of the Manual

SUBJECT: Revisions to the General Assistance Manual

Attached is a recently revised page of the General Assistance Manual relevant to personal loans as exempt income. The revision was effective September 1, 1977.

INSTRUCTION FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter III pages 29-30	Chapter III page 29 dated 1/77 page 30 dated 9/77

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

GTR:MHMb

Attachment

11/18/77

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

July 21, 1977

General Assistance Manual
Transmittal Letter #3

TO: Holders of the Manual

SUBJECT: Revisions to the General Assistance Manual

Attached are recently revised pages of the General Assistance Manual relevant to medical payments to health care providers who have been deleted from the current list of approved Medicaid providers.

Effective Date: May 1, 1977

INSTRUCTION FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter V	Chapter V
pages 7-8	page 7 dated 5/6/77 page 8 dated 1/1/77
pages 15-16	page 15 dated 5/6/77 page 16 dated 1/1/77

Sincerely yours,

G. Thomas Riti for SZ

G. Thomas Riti, Director
Division of Public Welfare

GTR:MHMm

Attachments

JM 11/15/77

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

June 3, 1977

General Assistance Manual
Transmittal Letter #2

TO: Holders of the Manual

SUBJECT: Revisions to the General Assistance Manual

Attached are recently revised pages of the General Assistance Manual relevant to hospitalization costs, stipulating that eligibility for payment of hospitalization costs is determined without reference to eligibility for excessive medical costs. These regulations, contained in the old General Assistance 2.301, were not printed in the new manual but have now been officially adopted for inclusion therein.

INSTRUCTIONS FOR FILING:

Remove and Destroy:	Insert in Place Thereof:
Chapter III pages 31-32	Chapter III page 31 dated 1/1/77 page 32 dated 6/77
Chapter V pages 5-6	Chapter V page 5 dated 6/77 page 6 dated 1/1/77

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

GTR:MHMs

Attachments

State of New Jersey
Department of Human Services
Division of Public Welfare
Trenton 08625

November 17, 1976

General Assistance Manual
Transmittal Letter #1

TO: Holders of the Manual

SUBJECT: Issuance of New Manual

Enclosed is the new General Assistance Manual. This Manual replaces all earlier issuances of policy and regulations relating to the provision of General Assistance by municipalities in the State of New Jersey.

Effective Date: This Manual is effective January 1, 1977.

Allowance Standards - As of the date of this transmittal, the new amounts for Schedules I (monthly standards) and IA (weekly standards) have not been finalized. All holders of the Manual will be advised as soon as this information is available.

Forms - Appendix A of this Manual contains samples of most forms required for use in the General Assistance program. Revised Form GA-3 is not included, however. Until such time as it is available, municipalities will continue to use their current stock.

Instructions: This letter and all subsequent transmittals shall be filed with the General Assistance Manual in a loose-leaf binder. Refer to Section 162 of the Manual regarding your responsibility to keep this document up-to-date.

Sincerely yours,

G. Thomas Riti, Director
Division of Public Welfare

NJ/KA8

GTR:Hb

Enclosure

C. 2 Historical - (pages retained)

STATE OF NEW JERSEY,

DEPARTMENT OF INSTITUTIONS AND AGENCIES

DIVISION OF PUBLIC WELFARE,

GENERAL ASSISTANCE MANUAL

JANUARY 1, 1977

THE GENERAL ASSISTANCE MANUAL

Index

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SUBCHAPTER 1. GENERAL PROVISIONS

SUBCHAPTER 1. GENERAL PROVISIONS

10:85-1.1 Purpose of the General Assistance program

(a) General Assistance is a program under which financial and medical aid is provided by municipal departments of welfare to persons currently ineligible for participation in any other public assistance program in New Jersey.

(b) Legal basis of the program: Each municipality in New Jersey is required by law (Chapter I of Title 44, Revised Statutes) to provide financial assistance and medical care to all eligible persons residing in the community at the time of application and not otherwise provided for under the laws of this State and to such other persons who may be in the municipality and require emergency assistance. (See N.J.A.C. 10:85-3.2(f) for definition of resident and N.J.A.C. 10:85-4.6 for emergency assistance.)

1. The General Assistance Manual is a compilation of rules based on State law (Chapter 8 of Title 44, Revised Statutes) which govern the provision of assistance to needy persons by all municipalities and authorize State aid to municipalities eligible for such reimbursement.

(c) Administration of the program: The General Assistance program shall be administered by the municipality's director of welfare, under the supervision of the local assistance board. The director shall be responsible for the determination of applicant eligibility in accordance with State law and regulations.

(d) Adherence to law and regulations: There must be strict adherence to State law and regulations. Requirements other than those established pursuant to State law and regulations shall not be imposed as a condition of receiving assistance.

(e) Opportunity to apply: Any person who is in need and believes him/herself to be eligible for General Assistance shall be given the opportunity to apply. (See N.J.A.C. 10:85-7.1(b).)

(f) Right to appeal: An applicant or recipient shall have the right to appeal any action on the part of the municipal welfare department which results in a denial, reduction or termination of assistance, amount of grant or designation of a temporary payee. (See subchapter 7, Notices and Hearings.)

(g) Nonduplication of assistance: Financial assistance for maintenance requirements or other needs, including medical assistance, shall not be authorized through general assistance when, during the same period, such needs are actually being provided by any other source.

1. Participation in the Food Stamp Program: Receipt of food stamp benefits shall not constitute duplication of assistance.

10:85-1.2 Administration of municipal welfare

(a) Local assistance board: Each municipality shall have a legally constituted local assistance board, (LAB) unless such board has been discontinued or abolished. (See N.J.A.C. 10:85-2.2(a)1.) When an LAB exists, it shall consist of unsalaried citizens appointed by the chief executive of the municipality with the approval of the governing body. The board shall meet at regular intervals, not less than four times a year, and shall oversee the municipality's General Assistance program, as administered by the director of welfare. (See also N.J.A.C. 10:85-2.2.)

(b) Director of welfare: Each municipality must have a director of welfare, who has been legally appointed by the local assistance board as the salaried employee responsible for the administration of the municipality's General Assistance program. Appointments to the position of welfare director must be approved by the Division of Public Welfare prior to consideration for State aid. (See also N.J.A.C. 10:85-2.2(d).)

(c) Public assistance trust fund account: The municipality must have a public assistance trust fund bank account which is clearly and separately identifiable from other municipal funds. The account shall be reserved exclusively for the receipt, accumulation, and disbursement of nonadministrative funds (including funds granted as State aid) used in the General Assistance program. (See also 10:85-6.3.)

(d) Partisan political activity: The administration of general assistance must be free from involvement in partisan political activity. The director of welfare shall not hold any political office, nor use his/her position to influence the political actions of any other person, nor be permitted to solicit, collect, or receive political contributions of any nature. (See also N.J.A.C. 10:85-2.2(d)6.)

(e) Conformance with State standards: Regardless of State financial participation, municipalities must administer general assistance in conformance with standards, policies, procedures, and regulations developed by the Division of Public Welfare. This requirement shall include adherence to additional policy directives as distributed by official letters signed by the Director of the Division of Public Welfare, as well as to the regulations set forth in this manual.

SUBCHAPTER 1. GENERAL PROVISIONS

10:85-1.1 Purpose of the General Assistance program

(a) General Assistance is a program under which financial and medical aid is provided by municipal departments of welfare to persons currently ineligible for participation in any other public assistance program in New Jersey.

(b) Legal basis of the program: Each municipality in New Jersey is required by law (Chapter I of Title 44, Revised Statutes) to provide financial assistance and medical care to all eligible persons residing in the community at the time of application and not otherwise provided for under the laws of this State and to such other persons who may be in the municipality and require emergency assistance. (See N.J.A.C. 10:85-3.2(f) for definition of resident and N.J.A.C. 10:85-4.6 for emergency assistance.)

1. The General Assistance Manual is a compilation of rules based on State law (Chapter 8 of Title 44, Revised Statutes) which govern the provision of assistance to needy persons by all municipalities and authorize State aid to municipalities eligible for such reimbursement.

(c) Administration of the program: The General Assistance program shall be administered by the municipality's Director of Welfare, under the supervision of the local assistance board. The Director shall be responsible for the determination of applicant eligibility in accordance with State law and regulations.

(d) Adherence to law and regulations: There must be strict adherence to State law and regulations. Requirements other than those established pursuant to State law and regulations shall not be imposed as a condition of receiving assistance.

(e) Opportunity to apply: Any person who is in need and believes him/herself to be eligible for general assistance shall be given the opportunity to apply. (See N.J.A.C. 10:85-7.1(b).)

(f) Right to appeal: An applicant or recipient shall have the right to appeal any action on the part of the municipal welfare department which results in a denial, reduction or termination of assistance or designation of a temporary payee. (See subchapter 7, Notices and Hearings.)

SUPERSEDED

10:85-1.1 (continued)

(g) Nonduplication of assistance: Financial assistance for maintenance requirements or other needs, including medical assistance, shall not be authorized through general assistance when, during the same period, such needs are actually being provided by any other source.

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(b) Director of welfare: Each municipality must have a Director of Welfare, who has been legally appointed by the local assistance board as the salaried employee responsible for the administration of the municipality's General Assistance program. Appointments to the position of welfare director must be approved by the Division of Public Welfare prior to consideration for State aid. (See also N.J.A.C. 10:85-2.2(d).)

(c) Public assistance trust fund account: The municipality must have a public assistance trust fund bank account which is clearly and separately identifiable from other municipal funds. The account shall be reserved exclusively for the receipt, accumulation, and disbursement of nonadministrative funds (including funds granted as State aid) used in the General Assistance program. (See also 10:85-6.3.)

(d) Partisan political activity: The administration of general assistance must be free from involvement in partisan political activity. The Director of Welfare shall not hold any political office, nor use his/her position to influence the political actions of any other person, nor be permitted to solicit, collect, or receive political contributions of any nature. (See also N.J.A.C. 10:85-2.2(d)6.)

100. GENERAL PROVISIONS

110. PURPOSE OF THE GENERAL ASSISTANCE PROGRAM - General Assistance is a program under which financial and medical aid is provided by municipal departments of welfare to persons currently ineligible for participation in any other public assistance program in New Jersey.

111. Legal Bases of the Program - Each municipality in New Jersey is required by law (Chapter I of Title 44, Revised Statutes) to provide financial assistance and medical care to all eligible persons residing in the community at the time of application and not otherwise provided for under the laws of this State and to such other persons who may be in the municipality and require emergency assistance. (See Section 326 for definition of resident and Section 450 for emergency assistance.)

The New Jersey General Assistance Manual is a compilation of rules based on State law (Chapter 8 of Title 44, Revised Statutes) which govern the provision of assistance to needy persons by all municipalities and authorize State aid to municipalities eligible for such reimbursement.

112. Administration of the Program - The General Assistance program shall be administered by the municipality's Director of Welfare, under the supervision of the Local Assistance Board. The Director shall be responsible for the determination of applicant eligibility in accordance with State law and regulations.

113. Adherence to Law and Regulations - There must be strict adherence to State law and regulations. Requirements other than those established pursuant to State law and regulations shall not be imposed as a condition of receiving assistance.

114. Opportunity to Apply - Any person who is in need and believes him/herself to be eligible for general assistance shall be given the opportunity to apply. (See Section 702.)

115. Right to Appeal - An applicant or recipient shall have the right to appeal any action on the part of the municipal welfare department which results in a denial, reduction or termination of assistance or designation of a temporary payee. (See Chapter VII, Notices and Hearings.)

116. Nonduplication of Assistance - Financial assistance for maintenance requirements or other needs, including medical assistance, shall not be authorized through general assistance when, during the same period, such needs are actually being provided by any other source.

(a) Participation in the Food Stamp Program - Receipt of food stamp benefits shall not constitute duplication of assistance.

120. ADMINISTRATION OF MUNICIPAL WELFARE

121. Local Assistance Board - Each municipality shall have a legally constituted local assistance board, consisting of unsalaried citizens appointed by the chief executive of the municipality with the approval of the governing body. The Board shall meet at regular intervals, not less than four times a year, and shall oversee the municipality's General Assistance program, as administered by the Director of Welfare. (See also Section 210.)

122. Director of Welfare - Each municipality must have a Director of Welfare, who has been legally appointed by the local assistance board as the salaried employee responsible for the administration of the municipality's General Assistance program. Appointments to the position of welfare director must be approved by the Division of Public Welfare prior to consideration for State aid. (See also Section 214.)

123. Public Assistance Trust Fund Account - The municipality must have a public assistance trust fund bank account which is clearly and separately identifiable from other municipal funds. The account shall be reserved exclusively for the receipt, accumulation, and disbursement of nonadministrative funds (including funds granted as State aid) used in the General Assistance program. (See also Section 630.)

124. Partisan Political Activity - The administration of general assistance must be free from involvement in partisan political activity. The Director of Welfare shall not hold any political office, nor use his/her position to influence the political actions of any other person, nor be permitted to solicit, collect, or receive political contributions of any nature. (See also Section 214.6.)

100. GENERAL PROVISIONS

110. PURPOSE OF THE GENERAL ASSISTANCE PROGRAM - General Assistance is a program under which financial and medical aid is provided by municipal departments of welfare to persons currently ineligible for participation in any other public assistance program in New Jersey or for Supplemental Security Income.

111. Legal Bases of the Program - Each municipality in New Jersey is required by law (Chapter I of Title 44, Revised Statutes) to provide financial assistance and medical care to all eligible persons residing in the community at the time of application and not otherwise provided for under the laws of this State and to such other persons who may be in the municipality and require emergency assistance. (See Section 326 for definition of resident and Section 450 for emergency assistance.)

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10:85-1.3 Funding of the program

Municipalities may apply for State aid for nonadministrative costs paid out of municipal funds and incurred in the General Assistance program. Participating municipalities shall be entitled to 75% reimbursement of nonadministrative assistance costs to the extent that such costs are paid out of municipal funds and are expended in compliance with State standards. (See N.J.A.C. 10:85-2.1(b) and N.J.A.C. 10:85-6.2 for general conditions of participation.)

10:85-1.4 Policy of nondiscrimination

(a) Eligibility for program benefits shall be determined without regard to race, color, sex, religious creed, marital or birth status, national origin, or political beliefs.

1. Purchase of services: The municipality shall not purchase services for beneficiaries of the program from any organization, agency, or institutions which practices discrimination.

i. Notification procedures: The director shall notify appropriate vendors of this policy.

(1) Official statement on invoices: The director shall see that the following statement appears on all official invoices used in the municipality's General Assistance program:

> Services are provided to all recipients without regard to race, color, sex, religious creed, marital or birth status, national origin, or political beliefs.

ii. Evidence of noncompliance by vendor: If the municipal welfare director should become aware of the employment of discriminatory practices by any vendor with whom general assistance business is conducted, the matter shall be promptly referred to the Director of the Division of Public Welfare.

2. Notification of staff: The director of welfare shall inform his/her staff of the policy of nondiscrimination in the administration of the general assistance program.

10:85-1.4(a) (continued)

3. Complaint procedure: Any person seeking or receiving general assistance, who feels that he/she has been discriminated against, shall be given the opportunity to file a complaint.

   i. Filing the complaint: The aggrieved person may file his/her complaint directly with the Division of Public Welfare, CN 716, Trenton, New Jersey 08625. If a complaint has been filed with the local agency, it shall be forwarded immediately to the Division of Public Welfare. All complaints are to be addressed to the attention of the division director.

   ii. Action by the Director of the Division of Public Welfare (DPW): Upon receipt of a complaint, the director shall take whatever action he/she deems appropriate. This action may include, but is not limited to, the securing of reports from whatever sources may have knowledge pertinent to the situation, and/or referral to the Division on Civil Rights of the New Jersey Department of Law and Public Safety for investigation, evaluation and recommendation.

   iii. Cooperation by the municipal welfare director: The municipal director of welfare shall cooperate fully with any agency investigations involving alleged discrimination.

   iv. Final disposition of the complaint: The Director of the Division of Public Welfare shall be responsible for the final disposition of any complaint involving discrimination. In rendering a final decision, the director shall take into consideration relevant decisions or actions on the part of a court or government agency.

   v. Implementation of final disposition: The municipal director of welfare shall comply with the final decision of the director regarding the disposition of the discrimination complaint. If staff disciplinary action is required by the decision, the municipal director of welfare shall take such action.

125. Conformance With State Standards - Regardless of State financial participation, municipalities must administer general assistance in conformance with standards, policies, procedures, and regulations developed by the Division of Public Welfare. This requirement shall include adherence to additional policy directives as distributed by official letters signed by the Director of the Division of Public Welfare, as well as to the regulations set forth in this Manual.

130. FUNDING OF THE PROGRAM - Municipalities may apply for State aid for nonadministrative costs paid out of municipal funds and incurred in the General Assistance program. Participating municipalities shall be entitled to 75% reimbursement of nonadministrative assistance costs to the extent that such costs are paid out of municipal funds and are expended in compliance with State standards. (See Sections 202 and 620 for general conditions of participation.)

140. POLICY OF NONDISCRIMINATION - Eligibility for program benefits shall be determined without regard to race, color, sex, religious creed, marital or birth status, national origin, or political beliefs.

141. Purchase of Services - The municipality shall not purchase services for beneficiaries of the program from any organization, agency, or institutions which practices discrimination.

141.1 Notification Procedures - The director shall notify appropriate vendors of this policy.

(a) Official Statement on Invoices - The director shall see that the following statement appears on all official invoices used in the municipality's General Assistance program:

> Services are provided to all recipients without regard to race, color, sex, religious creed, marital or birth status, national origin, or political beliefs.

141.2 Evidence of Noncompliance by Vendor - If the municipal welfare director should become aware of the employment of discriminatory practices by any vendor with whom General Assistance business is conducted, the matter shall be promptly referred to the Director of the Division of Public Welfare.

142. Notification of Staff - The Director of Welfare shall inform his/her staff of the policy of nondiscrimination in the administration of the General Assistance program.

143. Complaint Procedure - Any person seeking or receiving General Assistance, who feels that he/she has been discriminated against, shall be given the opportunity to file a complaint.

143.1 Filing the Complaint - The aggrieved person may file his/her complaint directly with the Division of Public Welfare, Box 1627, Trenton, New Jersey 08625. If a complaint has been filed with the local agency, it shall be forwarded immediately to the Division of Public Welfare. All complaints are to be addressed to the attention of the Division Director.

143.2 Action by the Director of the Division of Public Welfare (DPW) - Upon receipt of a complaint, the Director (DPW) shall take whatever action he/she deems appropriate. This action may include, but is not limited to, the securing of reports from whatever sources may have knowledge pertinent to the situation, and/or referral to the Division on Civil Rights of the New Jersey Department of Law and Public Safety for investigation, evaluation and recommendation.

10:85-1.5 Disclosure of information

(a) Confidentiality of information: The municipal welfare department shall restrict the use or disclosure of information concerning applicants or recipients to persons directly connected with the administration of the General Assistance program whose official duties require access to the information. Municipal officials and appointees, members of the governing body and municipal employees not under the jurisdiction of the municipal welfare director are not permitted such access.

(b) Allowable disclosure of information: The municipal welfare department shall release information concerning an applicant or recipient in the following situations only:

1. Judicial summons: A staff member shall provide such testimony as may be mandated by a court of competent jurisdiction.

2. Waiver of confidentiality: If an applicant or recipient chooses to waive, in writing, his/her right to confidentiality of information, the municipal welfare department shall make disclosure of information to the extent specifically authorized by the waiver.

3. Fair hearings: Pertinent information and records shall be released to the parties directly involved upon request for a local or State fair hearing.

4. Release of lists of names and addresses: The furnishing of any lists of names and addresses, or both, for purposes not directly involved in the administration of general assistance is specifically prohibited; however, this shall not preclude furnishing information by list (or otherwise) to other municipal, State, or Federal agencies lawfully charged with the administration of public welfare functions or services, for the purpose of such administration only.

5. Quality control reviews: Information in connection with a quality control review or State audit shall be furnished to authorized representatives of the Division of Public Welfare.

10:85-1.6 Purpose of the manual

(a) The purpose of this manual is to outline the policies and procedures applicable to the administration of and eligibility requirements for general assistance.

(b) Assignment of manual: The director of welfare shall assign copies of this manual to administrative staff and to other staff working with applicants and recipients, as appropriate. The director shall ensure that each staff member is thoroughly familiar with its contents and that the required policy and procedures are consistently applied.

(c) Responsibility of manual holders: Each holder of the manual shall be responsible for maintaining a current and up-to-date manual. The Division of Public Welfare shall issue revisions and changes, as necessary; the manual holder shall insert new material and remove obsolete pages promptly.

1. Retention of obsolete material: The director of welfare shall retain one copy of obsolete manual material for administrative purposes.

(d) Public access to the manual: This manual is a public document and shall be made accessible in the following manner:

1. Available for review: Copies of the manual are available for review in the State office of the Division of Public Welfare and in each municipal welfare department for examination and review during regular office hours on normal working days.

2. Fair hearings: Specific policy material necessary for an applicant, recipient, or his/her representative to determine whether a local or State hearing should be requested, or to prepare for a hearing, shall be provided by the muncipal welfare department to such persons without charge.

3. Libraries: All public and university libraries which have agreed to keep the manual up-to-date shall have a copy available under their regulations.

4. Legal services: Each legal services office shall be furnished with a copy of this manual.

5. Service organizations: Welfare, social service, and other non-profit organizations shall be furnished with a copy of this manual, at no cost, upon receipt by the Division of Public Welfare of an official, written request.

10:85-1.4(a)3 (continued)

iii. Cooperation by the municipal welfare director: The municipal director of welfare shall cooperate fully with any agency investigations involving alleged discrimination.

iv. Final disposition of the complaint: The Director of the Division of Public Welfare shall be responsible for the final disposition of any complaint involving discrimination. In rendering a final decision, the Director (DPW) shall take into consideration relevant decisions or actions on the part of a court or government agency.

v. Implementation of final disposition: The municipal director of welfare shall comply with the final decision of the Director (DPW) regarding the disposition of the discrimination complaint. If staff disciplinary action is required by the decision, the municipal director of welfare shall take such action.

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10:85-1.5(b) (continued)

4. Release of lists of names and addresses: The furnishing of any lists of names and addresses, or both, for purposes not directly involved in the administration of general assistance is specifically prohibited; however, this shall not preclude furnishing information by list (or otherwise) to other municipal, State, or Federal agencies lawfully charged with the administration of public welfare functions or services, for the purpose of such administration only.

5. Quality control reviews: Information in connection with a quality control review or State audit shall be furnished to authorized representatives of the Division of Public Welfare.

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(c) Responsibility of manual holders: Each holder of the manual shall be responsible for maintaining a current and up-to-date manual. The Division of Public Welfare shall issue revisions and changes, as necessary; the manual holder shall insert new material and remove obsolete pages promptly.

1. Retention of obsolete material: The Director of Welfare shall retain one copy of obsolete manual material for administrative purposes.

(d) Public access to the manual: This manual is a public document and shall be made accessible in the following manner:

1. Available for review: Copies of the manual are available for review in the State office of the Division of Public Welfare and in each municipal welfare department for examination and review during regular office hours on normal working days.

143.3 Cooperation by the Municipal Welfare Director - The Municipal Director of Welfare shall cooperate fully with any agency investigations involving alleged discrimination.

143.4 Final Disposition of the Complaint - The Director of the Division of Public Welfare shall be responsible for the final disposition of any complaint involving discrimination. In rendering a final decision, the Director (DPW) shall take into consideration relevant decisions or actions on the part of a court or government agency.

143.5 Implementation of Final Disposition - The Municipal Director of Welfare shall comply with the final decision of the Director (DPW) regarding the disposition of the discrimination complaint. If staff disciplinary action is required by the decision, the Municipal Director of Welfare shall take such action.

150. DISCLOSURE OF INFORMATION

151. Confidentiality of Information - The municipal welfare department shall restrict the use or disclosure of information concerning applicants or recipients to persons directly connected with the administration of the General Assistance program.

152. Allowable Disclosure of Information - The municipal welfare department shall release information concerning an applicant or recipient in the following situations only:

152.1 Judicial Summons - A staff member shall provide such testimony as may be mandated by a court of competent jurisdiction.

152.2 Waiver of Confidentiality - If an applicant or recipient chooses to waive, in writing, his/her right to confidentiality of information, the municipal welfare department shall make disclosure of information to the extent specifically authorized by the waiver.

152.3 Fair Hearings - Pertinent information and records shall be released to the parties directly involved upon request for a local or State fair hearing. (See Section 725).

152.4 Release of Lists of Names and Addresses - The furnishing of any lists of names and addresses, or both, for purposes not directly involved in the administration of general assistance is specifically prohibited; however, this shall not preclude furnishing information by list (or otherwise) to other municipal, State, or federal agencies lawfully charged with the administration of public welfare functions or services, for the purpose of such administration only.

152.5 Quality Control Reviews - Information in connection with a quality control review or State audit shall be furnished to authorized representatives of the Division of Public Welfare.

160. PURPOSE OF THE MANUAL - The purpose of this Manual is to outline the policies and procedures applicable to the administration of and eligibility requirements for general assistance.

161. Assignment of Manual - The Director of Welfare shall assign copies of this Manual to administrative staff and to other staff working with applicants and recipients, as appropriate. The director shall ensure that each staff member is thoroughly familiar with its contents and that the required policy and procedures are consistently applied.

162. Responsibility of Manual Holders - Each holder of the Manual shall be responsible for maintaining a current and up-to-date Manual. The Division of Public Welfare shall issue revisions and changes, as necessary; the Manual holder shall insert new material and remove obsolete pages promptly.

162.1 Retention of Obsolete Material - The Director of Welfare shall retain one copy of obsolete manual material for administrative purposes.

163. Public Access to The Manual - This Manual is a public document and shall be made accessible in the following manner:

163.1 Available for Review - Copies of the Manual are available for review in the State office of the Division of Public Welfare and in each municipal welfare department for examination and review during regular office hours on normal working days.

10:85-1.6(d) (continued)

6. Individuals: A current up-to-date copy of the manual, or any part of it, shall be available from the Division of Public Welfare, at the cost of printing and mailing, to anyone who requests such in writing.

(e) All supplementary State policy directives shall be routinely sent to those who have been supplied with the manual. A mailing list shall be maintained by the Division of Public Welfare.

163.2 Fair Hearings - Specific policy material necessary for an applicant, recipient, or his/her representative to determine whether a local or State hearing should be requested, or to prepare for a hearing, shall be provided by the muncipal welfare department to such persons without charge.

163.3 Libraries - All public and university libraries which have agreed to keep the Manual up-to-date shall have a copy available under their regulations.

163.4 Legal Services - Each legal services office shall be furnished with a copy of this Manual.

163.5 Service Organizations - Welfare, social service, and other non-profit organizations shall be furnished with a copy of this Manual, at no cost, upon receipt by the Division of Public Welfare of an official, written request.

163.6 Individuals - A current up-to-date copy of the Manual, or any part of it, shall be available from the Division of Public Welfare, at the cost of printing and mailing, to anyone who requests such in writing.

All supplementary State policy directives shall be routinely sent to those who have been supplied with the Manual. A mailing list shall be maintained by the New Jersey Division of Public Welfare.

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SUBCHAPTER 2. ADMINISTRATIVE RESPONSIBILITIES OF THE MUNICIPALITIES

10:85-2.1 Statutory obligation to provide assistance at municipal expense

(a) It is the basic obligation of every municipality in the State to provide financial assistance and medical care to the extent established by State regulations for all persons living in that community who are in need. This essential obligation is embodied in N.J.S.A. Chapter One of Title 44. Commitments and obligations incurred by any municipality in carrying out responsibilities under this act are entirely at municipal expense, unless conditions for State financial participation are met (N.J.A.C. 10:85-2.1(b)).

(b) General conditions for state financial participation: State aid, which is made available through provisions of N.J.S.A. Chapter Eight, Title 44, is not disbursed automatically to all municipalities, but is limited to those municipalities which apply annually for participation in the State program and which, upon application, are found to be eligible. (See N.J.A.C. 10:85-2.2(c).)

1. The amount of State aid which a municipality may receive is 75% of its current year's approved public assistance expenditures, exclusive of the cost of administration, but only to the extent that such expenditures are made from municipal funds not derived from any direct or indirect grant from the federal, State, or county government.

10:85-2.2 Establishment of local assistance board

(a) Statutory requirements: The law stipulates that each municipality shall appoint a local assistance board (LAB); specifies the composition of the board and the terms of office; empowers the LAB to appoint a director of welfare; and authorizes the municipality to appoint any other necessary employees. These requirements are mandatory upon every municipality regardless of whether or not State aid is requested for the administration of General Assistance.

1. Faulkner Act Municipalities: Municipalities governed under an optional form of government pursuant to the Faulkner Act are referred to in this manual as Faulkner Act municipalities. During the transition period to such optional form, the municipal governing body will determine whether the LAB is to be continued or abolished and will act accordingly. After the transition period the governing body may abolish the LAB only by adoption of an appropriate ordinance. (See N.J.A.C. 10:85-2.2(g), Duties of LAB).

(b) Composition of the board and terms of office: The LAB shall be composed of either three or five members, as determined by the municipal governing body. On both a three member board and a five member board, at least one member must be a woman. While it is not mandatory for a member of the municipal governing body to serve on the LAB, the law prohibits the appointment of more than one such member. Members of the LAB shall serve without compensation but will be allowed necessary and actual expenses.

10:85-2.2(b) (continued)

1. In Faulkner Act municipalities, the municipal governing body may, by adoption of an appropriate ordinance, reorganize the LAB and/or adjust the terms of office of the members. In such event, the LAB shall, nonetheless, be composed as described in this section.

2. Terms of office rules are:

   i. Municipalities with a board of three members: The term of one member shall be for one year only, and such one year term must be assigned to the member of the municipal governing body if there is one. The other two members serve terms of two years each, with expiration dates staggered in order to expire at the end of alternate years.

   ii. Municipalities with a board of five members: One member shall serve a term of one year only, and such one year term must be assigned to the municipality governing body representative if there is one. The other four members serve terms of four years each. Such terms are staggered in order that only one expires at the end of each successive year.

   iii. The term of each member of the LAB shall begin on the first day of January. When a vacancy occurs before the expiration of a term, the new member serves only the unexpired portion of the term of the person he/she is replacing.

   iv. When circumstances such as illness or a governmental irregularity preclude timely appointment of a new member, the incumbent shall continue until such new appointee can take office.

   v. Annually at the first of each year, each LAB shall organize and select, from among its own membership, a chairman and a secretary. The Director of Welfare shall be the chief administrative officer of the board.

(c) Certification to the Bureau of Local Operations DPW/BLO: Each municipality, whether or not applying for State aid, shall submit annually a certification form, Status Report and Request for State Aid for Calendar Year (Form GA-15), to the DPW/BLO signed by the municipal clerk and attesting to the appointment of the board members, if any, and the Director of Welfare.

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   ii. Municipalities with a board of five members: One member shall serve a term of one year only, and such one year term must be assigned to the municipality governing body representative if there is one. The other four members serve terms of four years each. Such terms are staggered in order that only one expires at the end of each successive year.

   iii. The term of each member of the LAB shall begin on the first day of January. When a vacancy occurs before the expiration of a term, the new member serves only the unexpired portion of the term of the person he/she is replacing.

   iv. When circumstances such as illness or a governmental irregularity preclude timely appointment of a new member, the incumbent shall continue until such new appointee can take office. If this period extends beyond 30 days, approval for the continuation shall be obtained from the DPW/BLO.

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   i. Municipalities with a board of three members: the term of one member shall be for one year only, and such one year term must be assigned to the member of the municipal governing body if there is one. The other two members serve terms of two years each, with expiration dates staggered in order to expire at the end of alternate years.

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200. ADMINISTRATIVE RESPONSIBILITIES OF THE MUNICIPALITIES

201. Statutory Obligation to Provide Assistance at Municipal Expense - It is the basic obligation of every municipality in the State to provide financial assistance and medical care to the extent established by State regulations for all persons living in that community who are in need. This essential obligation is embodied in N.J.S.A. Chapter One of Title 44. Commitments and obligations incurred by any municipality in carrying out responsibilities under this act are entirely at municipal expense, unless conditions for State financial participation are met (Section 202).

202. General Conditions for State Financial Participation - State aid, which is made available through provisions of N.J.S.A. Chapter Eight, Title 44, is not disbursed automatically to all municipalities, but is limited to those municipalities which apply annually for participation in the State program and which, upon application, are found to be eligible. (See Section 213.)

The amount of State aid which a municipality may receive is 75% of its current year's approved public assistance expenditures, exclusive of the cost of administration, but only to the extent that such expenditures are made from municipal funds not derived from any direct or indirect grant from the federal, State, or county government.

210. ESTABLISHMENT OF LOCAL ASSISTANCE BOARD

211. Statutory Requirements - The law stipulates that each municipality shall appoint a local assistance board (LAB); specifies the composition of the Board and the terms of office; empowers the LAB to appoint a Director of Welfare; and authorizes the municipality to appoint any other necessary employees. These requirements are mandatory upon every municipality regardless of whether or not State aid is requested for the administration of general assistance.

212. Composition of the Board and Terms of Office - The LAB shall be composed of either three or five members, as determined by the municipal governing body. On both a three member board and a five member board, at least one member must be a woman. While it is not mandatory for a member of the municipal governing body to serve on the LAB, the law prohibits the appointment of more than one such member. Members of the LAB shall serve without compensation but will be allowed necessary and actual expenses.

212.1 Terms of Office

(a) Municipalities with a board of three members: the term of one member shall be for one year only, and such one year term must be assigned to the member of the municipal governing body if there is one. The other two members serve terms of two years each, with expiration dates staggered in order to expire at the end of alternate years.

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(c) The term of each member of the LAB shall begin on the first day of January. When a vacancy occurs before the expiration of a term, the new member serves only the unexpired portion of the term of the person he/she is replacing.

(d) When circumstances such as illness or a governmental irregularity preclude timely appointment of a new member, the incumbent shall continue until such new appointee can take office. If this period extends beyond 30 days, approval for the continuation shall be obtained from the DPW/BLO.

(e) Annually at the first of each year, each LAB shall organize and select, from among its own membership, a chairman and a secretary. The Director of Welfare shall be the chief administrative officer of the Board.

213. Certification to Bureau of Management Services (DPW/BMS) - Each municipality, whether or not applying for State aid, shall submit annually a certification form, Status Report and Request for State Aid for Calendar Year (Form GA-15), to the DPW/BMS signed by the municipal clerk and attesting to the appointment of the board members and the Director of Welfare.

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212. Composition of the Board and Terms of Office - The LAB shall be composed of either three or five members, as determined by the municipal governing body. On both a three member board and a five member board, at least one member must be a woman. While it is not mandatory for a member of the municipal governing body to serve on the LAB, the law prohibits the appointment of more than one such member. Members of the LAB shall serve without compensation but will be allowed necessary and actual expenses.

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(d) When circumstances such as illness or a governmental irregularity preclude timely appointment of a new member, the incumbent shall continue until such new appointee can take office. If this period extends beyond 30 days, approval for the continuation shall be obtained from the DPW/BLO.

(e) Annually at the first of each year, each LAB shall organize and select, from among its own membership, a chairman and a secretary. The Director of Welfare shall be the chief administrative officer of the Board.

213. Certification to Bureau of Management Services (DPW/BMS) - Each municipality, whether or not applying for State aid, shall submit annually a certification form, Status Report and Request (Form GA-15), to the DPW/BMS signed by the municipal clerk and attesting to the appointment of the board members and the Director of Welfare.

The Director of Welfare shall be responsible for informing the municipal clerk and other appropriate local officials regarding the required certification, and arranging for the completion of the Status Report and Request and filing same with the DPW/BLO on or before March 1 of the year to which the certification applies.

1. Participating municipalities: Prior to January 1 of the next calendar year, three copies of Form GA-15, with necessary instructions, will be distributed by the DPW/BLO to welfare directors in municipalities currently participating in the State aid program.

2. Non-participating municipalities: Municipalities which did not receive State aid for the year immediately prior to January 1 will receive instructions and Form GA-15 forwarded by DPW/BLO to the municipal clerk.

3. Failure to submit certification: Municipalities which fail to submit the required certification in accordance with specified instructions will not be eligible to receive State financial aid for the ensuing year.

(d) Rules concerning appointment of director of welfare are:

1. Power to appoint: Under law, the LAB is solely responsible for the appointment and reappointment of a Director of Welfare. Appointment must be by formal action of the board at a regular or special meeting and such action duly recorded in the minutes. All appointments and reappointments to the position of Director of Welfare require the approval of the DPW as a condition for receiving State aid (see paragraph 4 of this subsection).

2. Qualifications for director:

   i. Regardless of the population of a municipality, the duties of a Director of Welfare are such that it is essential that the LAB select a person who has the respect of the community, is concerned about needy persons, and has had training and experience in the public or private welfare field.

ii. A candidate for Director should have education and experience commensurate with the duties of the office and the administrative responsibilities necessitated by the extent of the general assistance caseload. Graduation from a college or university and/or courses for credit in public welfare administration or social work are desirable qualifications. However, consideration may be given to a candidate who has at least graduated from high school, and has had two years experience in public or private welfare work or equivalent experience in such related fields as teaching, guidance, nursing, or personnel work.

iii. In situations where the LAB cannot locate a candidate possessing the qualifications enumerated above but nevertheless has a candidate whom it believes capable to function adequately as a Director of Welfare, action may be taken as provided in N.J.A.C. 10:85-2.2(d)4.iii.

3. Terms of appointment: The Director of Welfare shall be appointed for a full term of five years or a temporary term not to exceed 90 days. Appointment for any other period is prohibited.

i. Full-term appointments: A full term appointment to the office of Director of Welfare shall be for a period of five years, beginning from the date of appointment. When a vacancy occurs and a new director is duly appointed and approved before the expiration of a previous director's term, the new appointee's term of office begins on the date of his/her appointment and continues for five years; it is not limited to the "unexpired term" of his/her predecessor.

213. Certification to Bureau of Management Services (DPW/BMS) (continued)

The Director of Welfare shall be responsible for informing the municipal clerk and other appropriate local officials regarding the required certification, and arranging for the completion of the Status Report and Request and filing same with the DPW/BMS on or before March 1 of the year to which the certification applies.

213.1 Participating Municipalities - Prior to January 1 of the next calendar year, three copies of Form GA-15, with necessary instructions, will be distributed by the DPW/BMS to welfare directors in municipalities currently participating in the State aid program.

213.2 Non-Participating Municipalities - Municipalities which did not receive State aid for the year immediately prior to January 1 will receive instructions and Forms GA-15 forwarded by DPW/BMS to the municipal clerk.

213.3 Failure to Submit Certification - Municipalities which fail to submit the required certification in accordance with specified instructions will not be eligible to receive State financial aid for the ensuing year.

214. Appointment of Director of Welfare

214.1 Power to Appoint - Under law, the LAB is solely responsible for the appointment and reappointment of a Director of Welfare. Appointment must be by formal action of the Board at a regular or special meeting and such action duly recorded in the minutes. All appointments and reappointments to the position of Director of Welfare require the approval of the DPW as a condition for receiving State aid (See Section 214.4).

214.2 Qualifications for Director

(a) Regardless of the population of a municipality, the duties of a Director of Welfare are such that it is essential that the LAB select a person who has the respect of the community, is concerned about needy persons, and has had training and experience in the public or private welfare field.

214.2 Qualifications for Director (continued)

(b) A candidate for Director should have education and experience commensurate with the duties of the office and the administrative responsibilities necessitated by the extent of the general assistance caseload. Graduation from a college or university and/or courses for credit in public welfare administration or social work are desirable qualifications. However, consideration may be given to a candidate who has at least graduated from high school, and has had two years experience in public or private welfare work or equivalent experience in such related fields as teaching, guidance, nursing, or personnel work.

(c) In situations where the LAB cannot locate a candidate possessing the qualifications enumerated above but nevertheless has a candidate whom it believes capable to function adequately as a Director of Welfare, action may be taken as provided in Section 214.4(c).

214.3 Terms of Appointment - The Director of Welfare shall be appointed for a full term of five years or a temporary term not to exceed 90 days. Appointment for any other period is prohibited.

(a) Full-Term Appointments - A full term appointment to the office of Director of Welfare shall be for a period of five years, beginning from the date of appointment. When a vacancy occurs and a new director is duly appointed and approved before the expiration of a previous director's term, the new appointee's term of office begins on the date of his/her appointment and continues for five years; it is not limited to the "unexpired term" of his/her predecessor.

214.3 Terms of Appointment (cont'd)

(b) Temporary Appointments - In case of a vacancy in the office of Director of Welfare, one temporary or acting director may be appointed for a term not to exceed 90 days. Such appointment is not subject to extension or renewal.

Note: A protracted illness of whatever duration, so long as it does not exceed the individual's term of office, shall not be construed as a vacancy; however, the LAB may appoint an acting director where necessary. The prohibitions of Section 214.6 apply to acting directors. Members of the municipal governing body are not eligible for appointment as acting directors.

1) The temporary appointee may be a member of the LAB, preferably the chairman, a subordinate employee of the welfare agency, or any other person deemed competent to serve as temporary director and so designated by the LAB. The prohibitions of Section 214.6 apply to temporary appointees. Members of the municipal governing body are not eligible for temporary appointment.

2) The appointment of a temporary Director of Welfare is an interim measure to ensure the efficient functioning of the welfare agency until a full term director can be appointed by the LAB and approved by the DPW. The LAB is required to notify the DPW immediately, in writing, of the name and address of the temporary designee and the date he/she has or will take office. If the temporary director is not to be selected for a full five year term, it is not necessary to submit Form GA-14, Preliminary Personnel Record.

214.3 (c) Reappointment (cont'd)

(c) Reappointments - Reappointment of an incumbent director at the expiration of a current five year term is solely the responsibility of the LAB. Upon decision of the Board to reappoint the incumbent for a full five year term, the Secretary of the LAB will notify the DPW. After receipt of DPW approval, formal action will be taken at a regular or special Board meeting and duly recorded in the minutes. In such case, submittal of another Form GA-14 to the DPW is not necessary.

1) Should the LAB decide not to reappoint the incumbent director, or should he/she decline reappointment, it shall be the responsibility of the Board to select promptly a new full-term candidate and to secure approval of the DPW (as described in Section 214.4) or to designate a temporary director while a qualified full term candidate is being sought.

2) Regardless of the type of appointment made, the LAB shall act to assure that the position of director does not remain vacant at any time.

(d) Removal from Office - Removal of the Director from office must be by official action of the LAB and based upon appropriately documented evidence of mismanagement or wrongdoing.

214.4 Procedures for State Approval of New Appointees- Formal appointment to the position of director for a full term is valid only after the candidate's qualifications have been submitted to and approved by the DPW/BLO.

214.3 Terms of Appointment (continued)

(b) Temporary Appointments - In case of a vacancy in the office of Director of Welfare, one temporary or acting director may be appointed for a term not to exceed 90 days. Such appointment is not subject to extension or renewal.

Note: A protracted illness of whatever duration, so long as it does not exceed the individual's term of office, shall not be construed as a vacancy; however, the LAB may appoint an acting director where necessary.

1) The temporary appointee may be a member of the LAB, preferably the chairman, a subordinate employee of the welfare agency, or any other person deemed competent to serve as temporary director and so designated by LAB.

2) The appointment of a temporary Director of Welfare is an interim measure to ensure the efficient functioning of the welfare agency until a full-term director can be appointed by the LAB and approved by the DPW. The LAB is required to notify the DPW immediately, in writing, of the name and address of the temporary designee and the date he/she has or will take office. If the temporary director is not to be selected for a full five year term, it is not necessary to submit Form GA-14, Preliminary Personnel Record.

214.3 (c) Reappointment (continued)

(c) Reappointments - Reappointment of an incumbent director at the expiration of a current five year term is solely the responsibility of the LAB. Upon decision of the Board to reappoint the incumbent for a full five year term, the Secretary of the LAB will notify the DPW. After receipt of DPW approval, formal action will be taken at a regular or special Board meeting and duly recorded in the minutes. In such case, submittal of another Form GA-14 to the DPW is not necessary.

1) Should the LAB decide not to reappoint the incumbent director, or should he/she decline reappointment, it shall be the responsibility of the Board to select promptly a new full-term candidate and to secure approval of the DPW (as described in Section 214.4) or to designate a temporary director while a qualified full term candidate is being sought.

2) Regardless of the type of appointment made, the LAB shall act to assure that the position of director does not remain vacant at any time.

(d) Removal from Office - Removal of the Director from office must be by official action of the LAB and based upon appropriately documented evidence of mismanagement or wrongdoing.

214.4 Procedures for State Approval of New Appointees- Formal appointment to the position of director for a full term is valid only after the candidate's qualifications have been submitted to and approved by the DPW/BLO.

10:85-2.2(d)4 (continued)

i. Submittal of form GA-14, Preliminary Personnel Record: For purposes of securing State approval of a full term candidate designated by the LAB, the individual shall prepare, in triplicate, Form GA-14, Preliminary Personnel Record, which is certified by the Secretary of the LAB. The original shall be submitted to the DPW/BLO for approval. Copies will be retained in the Board's personnel file and by the candidate. (Form GA-14 is available upon request from the DPW.)

ii. After receipt of Form GA-14 by the DPW/BLO, the candidate will be interviewed by a representative of that bureau. Questions relevant to the candidate's qualifications will be reviewed with the chairperson of the LAB. A written decision regarding the candidate's qualifications and the DPW/BLO's approval or disapproval will be sent to the Secretary of the LAB.

iii. While it is preferable that a candidate for the position of full term Director possess all of the requisite education and experience, the LAB, after failure to find a properly qualified person (See paragraph 2 of this subsection), may recommend an otherwise qualified individual. In such instance, the Secretary of the LAB shall submit the Preliminary Personnel Record, accompanied by a letter which includes an account of the efforts made to locate a qualified candidate, the reasons for which the candidate merits consideration, and indication of his/her intention to take advantage of available opportunities for additional training or study.

iv. If the qualifications of a new candidate for the full term position of Director of Welfare have been duly approved by the DPW prior to the expiration date of the term of the incumbent director, the LAB may formally appoint the candidate for the full term of office without making an initial "temporary appointment."

10:85-2.2(d) (continued)

5. Duties and responsibilities of the Director of Welfare: The Municipal Director of Welfare is responsible for ensuring equitable and efficient administration of General Assistance within the community, in accordance with standards and policies set forth in this chapter. The Director of Welfare is accountable to the LAB. His/her duties and responsibilities include the following:

   i. Determinations and redeterminations of eligibility of applicants for and recipients of general assistance, and determination of the nature and amount of grant entitlement.

   ii. Initiation of action to help clients obtain an adequate standard of living, receive essential aid through other agencies or individuals, and become self-supporting.

   iii. Arrangements for the custodial care by the State, county or competent persons, of clients when it is in the best interest of such individuals and the community.

   iv. Direction of daily and overall operations of the local agency, including maintenance of records for accounting and statistical purposes relevant to the public assistance program.

   v. Supervison of other personnel employed by the local agency.

   vi. Functioning as liaison officer between the LAB and the DPW.

   vii. Maintenance and protection of all records and appropriate documents required by the DPW.

214.4 Procedures for State Approval of New Appointees (continued)

(a) Submittal of Form GA-14, Preliminary Personnel Record - For purposes of securing State approval of a full term candidate designated by the LAB, the individual shall prepare, in triplicate, Form GA-14, Preliminary Personnel Record, which is certified by the Secretary of the LAB. The original shall be submitted to the DPW/BLO for approval. Copies will be retained in the Board's personnel file and by the candidate. (Form GA-14 is available upon request from the DPW.)

(b) After receipt of Form GA-14 by the DPW/BLO, the candidate will be interviewed by a representative of that bureau. Questions relevant to the candidate's qualifications will be reviewed with the chairperson of the LAB. A written decision regarding the candidate's qualifications and the DPW/BLO's approval or disapproval will be sent to the Secretary of the LAB.

(c) While it is preferable that a candidate for the position of full term Director possess all of the requisite education and experience, the LAB, after failure to find a properly qualified person (See Section 214.2), may recommend an otherwise qualified individual. In such instance, the Secretary of the LAB shall submit the Preliminary Personnel Record, accompanied by a letter which includes an account of the efforts made to locate a qualified candidate, the reasons for which the candidate merits consideration, and indication of his/her intention to take advantage of available opportunities for additional training or study.

214.4 Procedures for State Approval of New Appointees (continued)

(d) If the qualifications of a new candidate for the full term position of Director of Welfare have been duly approved by the DPW prior to the expiration date of the term of the incumbent director, the LAB may formally appoint the candidate for the full term of office without making an initial "temporary appointment."

214.5 Duties and Responsibilities of the Director of Welfare - The Municipal Director of Welfare, as the chief administrative officer of the LAB, is responsible for ensuring equitable and efficient administration of general assistance within the community, in accordance with standards and policies set forth in this manual.

The Director of Welfare is accountable to the LAB. His/her duties and responsibilities include the following:

(a) Determinations and redeterminations of eligibility of applicants for and recipients of general assistance, and determination of the nature and amount of grant entitlement.

(b) Initiation of action to help clients obtain an adequate standard of living, receive essential aid through other agencies or individuals, and become self-supporting.

(c) Arrangements for the custodial care by the State, county or competent persons, of clients when it is in the best interest of such individuals and the community.

10:85-2.2(d) (continued)

6. Prohibition to engage in political activities: The Director of Welfare or any employee of the municipal welfare department shall not:

   i. Hold any elective governmental office, be a member of a county committee of any political party, serve on a local election board, or hold office in a political club (These limitations are not relevant to elections or positions which are clearly outside of the political process, such as local school board elections);

   ii. Make political speeches or participate in political canvassing;

   iii. Do clerical work connected with a political campaign for any candidate or party;

   iv. Participate in political activity on election day, except for casting his/her personal ballot;

   v. Divulge, or make available for political purposes, the names of persons receiving general assistance;

   vi. Engage in any political activity for the purpose of influencing the political action of or in any way exploiting applicants for or recipients of general assistance.

   vii. Directly or indirectly demand, solicit, collect or receive or be in any manner concerned in demanding, soliciting or receiving any assessment, subscription or contribution, whether voluntary or involuntary, intended for any political purpose.

   viii. The law provides that individuals in violation of these regulations are, upon conviction, subject to forfeiture of position or employment, and shall further be punished by a fine of not more than $500.00 or by imprisonment for not more than one year.

10:85-2.2 (continued)

(e) Salary of director and other employees: The salary of the Director of Welfare shall be set by the LAB, subject to approval of the municipal governing body. The setting of salaries of other employees shall be the responsibility of the governing body.

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

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

2. Day and hours: The office of the municipal welfare department shall be open to the public during the five-day work week at hours specified by the LAB. Additional arrangements shall be instituted by the LAB to ensure that persons in need of assistance are served without delay at times other than normal office hours.

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

1. Additional activities: The LAB shall undertake the following additional activities:

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

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

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

214.5 Duties and Responsibilities of the Director of Welfare (continued)

(d) Direction of daily and overall operations of the local agency, including maintenance of records for accounting and statistical purposes relevant to the public assistance program.

(e) Supervison of other personnel employed by the local agency.

(f) Functioning as liaison officer between the LAB and the DPW.

(g) Maintenance and protection of all records and appropriate documents required by the DPW.

214.6 Prohibition to Engage in Political Activities - The Director of Welfare or any employee of the municipal welfare department shall not:

(a) Hold any elective office, be a member of a county committee of any political party, serve on a local election board, or hold office in a political club; (These limitations are not relevant to elections or positions which are clearly devoid of political party affiliations, such as local school board elections or offices or candidacy for a non-partisan office);

(b) Make political speeches or participate in political canvassing;

(c) Do clerical work connected with a political campaign for any candidate or party;

(d) Participate in political activity on election day, except for casting his/her personal ballot;

214.6 Prohibition to Engage in Political Activities (continued)

(e) Divulge, or make available for political purposes, the names of persons receiving general assistance;

(f) Engage in any political activity for the purpose of influencing the political action of or in any way exploiting applicants for or recipients of general assistance.

(g) Directly or indirectly demand, solicit, collect or receive or be in any manner concerned in demanding, soliciting or receiving any assessment, subscription or contribution, whether voluntary or involuntary, intended for any political purpose.

The law provides that individuals in violation of these regulations are, upon conviction, subject to forfeiture of position or employment, and shall further be punished by a fine of not more than $500 or by imprisonment for not more than one year.

215. Salary of Director and Other Employees - The salary of the Director of Welfare shall be set by the LAB, subject to approval of the municipal governing body. The setting of salaries of other employees shall be the responsibility of the governing body.

216. Designation of Office and Hours - The LAB is responsible for establishment of the official municipal welfare agency office and designation of hours of operation.

216.1 Official Office - The office of the municipal welfare department shall be in a location accessible to the general public and adequate for efficient operation.

216.2 Day and Hours - The office of the municipal welfare department shall be open to the public during the five-day work week at hours specified by the LAB. Additional arrangements shall be instituted by the LAB to ensure that persons in need of assistance are served without delay at times other than normal office hours.

10:85-2.2(g)1 (continued)

iv. Accept and act upon complaints relating to the administration of general assistance when submitted to the Board in writing prior to its meeting.

v. Review problem cases presented by the Director for discussion.

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

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

i. Maintenance and protection of records: The LAB shall provide space within the MWD office for the proper protection and maintenance of all reports, case records, and any other materials essential to the administration of general assistance.

(1) Access to case records shall be granted by the LAB, through the Director of Welfare, only to the following persons: employees of the MWD acting in an official capacity; representatives of another recognized public or private health or welfare agency, organization or institution for the purpose of obtaining information relevant to providing service to a current or former recipient of general assistance or to a member of his/her family; the client or his/her representative, in accordance with N.J.A.C. 10:85-7.3(b)5; and authorized representatives of the DPW relevant to State audits and quality control review. (See also N.J.A.C. 10:85-1.5(b).)

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

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

ii. Assurance of nondiscrimination: Responsibility is vested in the LAB to safeguard the applicants for and/or recipients of public assistance from discrimination by MWD employees and vendors who provide services to clients. Any discrimination based upon race, color, sex, religious creed, national origin, marital or birth status, or political beliefs is unlawful and subject to appropriate action (see N.J.A.C. 10:85-1.4).

10:85-2.2 (continued)

(h) Nothing in this section shall be construed so as to allow access to confidential information beyond that authorized in N.J.A.C. 10:85-1.5(a).

(i) In Faulkner Act municipalities where no LAB exists, the authority, duties and responsibilities of the LAB are assumed by the municipal governing body except as specifically indicated in this chapter. Functions of the Secretary of the LAB are assumed by the municipal clerk.

217. Duties of the LAB - The LAB shall act as a body in discharging its duties. A Board member shall not individually take upon him/herself the responsibility for creation of policy, investigation of a client or disclosure of data contained in a case record. Actions taken by the LAB on all matters pertaining to the administration of general assistance shall be discharged by the Board at regular or special meetings and recorded in the secretary's minutes.

Functions and activities of the LAB include the study of employment possibilities in local industry, health, housing, and social conditions of the community. Analysis of municipal financial needs, insofar as they are related to general assistance, shall also be a matter of concern to the LAB.

217.1 Additional Activities - The LAB shall undertake the following additional activities:

(a) Seek and utilize opportunties to interpret to the community the purposes of the General Assistance program as provided by law, and the needs of the community as revealed through the LAB's experience with the administration of the program.

(b) Confer with the Director on concerns, criticisms or recommendations coming to it from citizens in the community.

(c) Meet with individuals and organizations interested in the administration of the assistance program.

(d) Accept and act upon complaints relating to the administration of general assistance when submitted to the Board in writing prior to its meeting.

(e) Review problem cases presented by the Director for discussion.

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217.2 Duties Described - Specific duties of the local assistance board include, but are not limited to, the following:

(a) Maintenance and Protection of Records - The LAB shall provide space within the MWD office for the proper protection and maintenance of all reports, case records, and any other materials essential to the administration of general assistance.

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

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220. APPOINTMENT OF EMPLOYEES - Employees for the MWD shall be appointed by the governing body in accordance with municipal ordinances and in numbers adequate for the proper administration of the General Assistance program. While the LAB shall appoint the Director of Welfare, the municipal governing body is responsible for the appointing of department staff.

230. FISCAL ARRANGEMENTS

231. Establishment of Public Assistance Trust Fund Account - The governing body of the municipality shall establish a bank account titled "Public Assistance Trust Fund Account", with the municipal treasurer or other designated official as custodian. (See Section 630.)

232. Establishment of Public Assistance Petty Cash Fund Account - The governing body of the municipality may, at the request of the LAB, establish a Public Assistance Petty Cash Fund Account. Such fund shall be established and operated in accordance with Section 660 of this manual and the subsequent related subsections.

233. Lost or Stolen Checks - The municipal welfare director will arrange for a duplicate check to be issued within five working days of receipt of notification from the client that his/her assistance check has been lost or stolen, unless extraordinary circumstances are present and a longer period of time is approved by the Division of Public Welfare. The client shall complete an affidavit stating that he/she did not receive or endorse the check. The agency shall file a stop payment order with the bank.

240. REQUEST FOR STATE ADMINISTRATION

241. Municipal Request - A municipality may request the DPW to assume administration of its General Assistance program when the preceding year's public assistance millage exceeds 7.0 mills. For this purpose, the municipality shall submit a written application on or before March 1 of the year in which it is requesting administration.

242. Responsibilities and Procedures - Detailed information regarding duties of a municipality under State control and fiscal procedures are available upon request from the DPW.

250. FRAUDULENT RECEIPT OF ASSISTANCE - To protect the local assistance agency and the public, it is essential to exercise appropriate controls against the commission of fraud. Likewise, the individual's rights must be protected on the basis that a person is presumed innocent until proven guilty.

251. Applicant/Recipient Suspected of Fraud - Resolution of the question of possible fraud requires the cooperation of the recipient to protect his/her own interest; failure or refusal to cooperate is grounds for denial or termination of assistance.

251.1 Recipient - If the recipient continues to cooperate with the MWD in its investigations regarding eligibility, assistance shall be continued while the suspected fraud is under review by the agency or law enforcement authority.

251.2 Applicant - If substantial evidence of fraud appears during investigation of an application for assistance, disposition of the application shall be deferred pending resolution of the issue.

252. Criteria for identifying Cases of Possible Fraud

252.1 Definition of Fraud - Fraud is defined as obtaining or attempting to obtain payments of assistance to which an individual is not entitled, by means of willful misrepresentation or by intentional concealment of a relevant fact. There are three basic elements which must be established:

(a) The misrepresentation or concealment must have been deliberate and done knowingly. Fraud does not exist if the misrepresentation or concealment is the result of an unintentional act, a misunderstanding or mental incompetency. Distinction must also be made between intent to defraud by the individual and omission, neglect or error by the MWD in securing and recording information.

(b) The misrepresentation or concealment must have been undertaken for the express purpose of receiving or obtaining benefit from, or attempting to receive or obtain benefit from, a payment of assistance to which the individual was not entitled.

220. APPOINTMENT OF EMPLOYEES - Employees for the MWD shall be appointed by the governing body in accordance with municipal ordinances and in numbers adequate for the proper administration of the General Assistance program. While the LAB shall appoint the Director of Welfare, the municipal governing body is responsible for the appointing of department staff.

230. ESTABLISHMENT OF PUBLIC ASSISTANCE TRUST FUND ACCOUNT - The governing body of the municipality shall establish a bank account titled "Public Assistance Trust Fund", with the municipal treasurer or other designated official as custodian. (See Section 630).

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241. Municipal Request - A municipality may request the DPW to assume administration of its General Assistance program when the preceding year's public assistance millage exceeds 7.0 mills. For this purpose, the municipality shall submit a written application on or before March 1 of the year in which it is requesting administration.

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(b) The misrepresentation or concealment must have been undertaken for the express purpose of receiving or obtaining benefit from, or attempting to receive or obtain benefit from, a payment of assistance to which the individual was not entitled.

252.1 Definition of Fraud (continued)

(c) If the misrepresentation or concealment, or attempt to misrepresent or conceal a relevant fact, had been known to the MWD, assistance would not have been granted or would have been granted in a lesser amount.

252.2 Evidence of Fraud - The evidence to establish these points must be factual and capable of being demonstrated in a court of law through the testimony of witnesses or by documentary evidence.

253. Limitations of MWD Responsibility - The role of the municipal welfare agency is limited to responsibility for determining whether there is basis in fact for believing that fraud may have been committed so that referral to the county prosecutor or other proper law enforcement official for legal action is justified. The action taken by the law enforcement official following referral determines what further legal action shall be pursued. Whether or not fraud has actually occurred is a question for the court.

260. REPORTING CRIMINAL OFFENSES TO LAW ENFORCEMENT AUTHORITIES - Investigation of new applications or investigations for redetermination of eligibility may indicate to the municipal welfare department that a crime may have been committed. Allegations of the suspected commission of a crime may also be made known through various other sources, e.g., phone calls, written communications, verbal communications from individuals, etc. In such instances, the MWD may be under a legal obligation to report the situation to the appropriate law enforcement agency.

261. Nature of Offenses Which Must be Reported

261.1 To Local Authorities - Arson, manslaughter, murder or any crimes which constitute high misdemeanors such as atrocious assault and battery, carnal abuse, incest or rape. (Refer to legal counsel for additional information identifying high misdemeanors.)

261.2 To the Division of Youth and Family Services - If any of the following conditions appear to exist regarding a child, the case shall immediately be referred to the Division of Youth and Family Services (DYFS) for appropriate action. The MWD shall provide DYFS with available information and will cooperate as necessary.

(a) Physical or sexual abuse or cruel treatment.

(b) Exploitation by prostitution or overwork, having the child beg or involving the child in illegal activities.

(c) Neglect as shown by apparent malnutrition or lack of supervision necessary for the health and safety of the child.

In the event of any indication that the death of a child resulted from abuse or neglect, such matter shall be reported immediately to DYFS.

261.3 To Federal Authorities - Knowledge of the actual commission of a federal felony unless disclosure of such information is prohibited by law (see Sections 150 and 217.2). (Refer to legal counsel for identification of federal felonies.)

262. Procedures - When the MWD becomes aware of facts that would indicate that one of the above mentioned crimes has been or may have been committed or receives a direct allegation in any form, written, verbal or anonymous, that such a crime has been committed, it shall proceed as follows:

262.1 The director shall personally, and in collaboration with counsel, review whatever facts and circumstances are immediately available in order to determine whether there is suspicion that a crime was committed.

262.2 If the director is satisfied that there is evidence to support an investigation as to whether a crime has been committed, he/she shall, after consultation with counsel, report the matter to the county prosecutor, or to a local police department or to the State Police if so directed by the Office of the Prosecutor. If such matter involves suspected child abuse or neglect, it shall also be reported to the Division of Youth and Family Services.

262.3 When a decision has been made to report the alleged or suspected commission of the crime, such report shall be made in written form to the appropriate law enforcement agency. Where a direct allegation charging commission of a crime has been made by an identified person, such person shall be advised of his/her responsibility to report this information to the proper authorities. In these instances, the report of the agency shall include a statement that the individual originally making the allegation had been informed of his/her responsibility to report this information to the appropriate law enforcement agency.

252.1 Definition of Fraud (continued)

(c) If the misrepresentation or concealment, or attempt to misrepresent or conceal a relevant fact, had been known to the MWD, assistance would not have been granted or would have been granted in a lesser amount.

252.2 Evidence of Fraud - The evidence to establish these points must be factual and capable of being demonstrated in a court of law through the testimony of witnesses or by documentary evidence.

253. Limitations of MWD Responsibility - The role of the municipal welfare agency is limited to responsibility for determining whether there is basis in fact for believing that fraud may have been committed so that referral to the county prosecutor or other proper law enforcement official for legal action is justified. The action taken by the law enforcement official following referral determines what further legal action shall be pursued. Whether or not fraud has actually occurred is a question for the court.

262.4 The MWD shall cooperate fully with any subsequent investigation initiated by the law enforcement agency within the limits of the policy and regulations of the Division of Public Welfare. An MWD staff member may sign a written complaint only upon a written request from the law enforcement agency and provided his/her information of the facts to be stated in such complaint is based upon his/her own personal knowledge and belief.

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311. General Statement - General Assistance shall be provided to all needy persons who, while in the State, are entitled to receive such assistance. Entitlement does not extend to persons who have been found eligible for or are recipients of public assistance programs administered by the county welfare agency, or who have been found ineligible for such programs due to voluntary refusal to comply with program requirements. (See also Sections 313 and 314.)

311.1 Exceptions Relevant to Medical Care

(a) Individuals or families whose level of income renders them ineligible for other public assistance programs, including SSI, may nevertheless apply to the MWD for assistance in meeting certain excessive medical care costs. (See Section 337.1.)

(b) See Section 337.2 regarding Medicaid coverage for individuals under age 21.

(c) When an individual whose application for SSI is pending requires in-patient hospital care or care in a long term care facility, the MWD shall withhold payment for such care in accordance with Section 560.

311.2 Citizen/Alien Status

Eligibility for General Assistance is not related to citizenship. No inquiry about citizenship need be made except for purposes of obtaining support from the sponsor of an alien admitted for permanent residence in accordance with Section 342.1.

312. Eligible Unit Concept - Eligibility for General Assistance is determined according to the number of persons applying as a unit (eligible unit) and the number of persons with whom such person(s) lives (household size).

312.1 Eligible Unit - The eligible unit shall be comprised of one or more persons. In most cases, it will consist of a single individual, 18 years of age or over, or a couple without children. Families with children are referred to the county welfare agency for assistance through the AFDC program. General Assistance may be granted to such families on an emergency basis only (see Section 313).

(a) The eligible unit must include the spouse of the person who is applying for assistance when the spouse is living in the home, unless such spouse is receiving SSI or public assistance through another program.

(b) Persons living together and representing themselves to the community as man and wife shall be budgeted as one eligible unit. Other persons, such as brother and sister or parent and adult child, shall be considered as separate eligible units.

312.2 Household Size - The number of persons living together as a family unit, without regard to relationship by blood or marriage or to eligibility for other public assistance programs. Such persons shall be recognized as a household when they comprise an economic unit which shares cooking facilities and for which food is customarily purchased in common.

(a) Roomers, table-boarders and roomer-boarders are not counted in the household size. (See Section 335.2 regarding income received from such persons.)

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(a) The eligible unit must include the spouse of the person who is applying for assistance when the spouse is living in the home, unless such spouse is receiving SSI or public assistance through another program.

(b) Persons living together and representing themselves to the community as man and wife shall be budgeted as one eligible unit. Other persons, such as brother and sister or parent and adult child, shall be considered as separate eligible units.

312.2 Household Size - The number of persons living together as a family unit, without regard to relationship by blood or marriage or to eligibility for other public assistance programs. Such persons shall be recognized as a household when they comprise an economic unit which shares cooking facilities and for which food is customarily purchased in common.

(a) Roomers, table-boarders and roomer-boarders are not counted in the household size. (See Section 335.2 regarding income received from such persons.)

300. ELIGIBILITY FOR ASSISTANCE

310. PERSONS ELIGIBLE FOR GENERAL ASSISTANCE

311. General Statement - General Assistance shall be provided to all needy persons who, while in the State, are entitled to receive such assistance. Entitlement does not extend to persons who have been found eligible for or are recipients of public assistance programs administered by the county welfare agency, or who have been found ineligible for such programs due to voluntary refusal to comply with program requirements, nor to persons receiving benefits under the Supplemental Security Income (SSI) program. (See also Sections 313 and 314.)

311.1 Exceptions Relevant to Medical Care

(a) Individuals or families whose level of income renders them ineligible for other public assistance programs, including SSI, may nevertheless apply to the MWD for assistance in meeting certain excessive medical care costs. (See Section 337.1.)

(b) See Section 337.2 regarding Medicaid coverage for individuals under age 21.

311.2 Citizen/Alien Status

Eligibility for General Assistance is not related to citizenship. No inquiry about citizenship need be made except for purposes of obtaining support from the sponsor of an alien admitted for permanent residence in accordance with Section 342.1.

312. Eligible Unit Concept - Eligibility for General Assistance is determined according to the number of persons applying as a unit (eligible unit) and the number of persons with whom such person(s) lives (household size).

312.1 Eligible Unit - The eligible unit shall be comprised of one or more persons. In most cases, it will consist of a single individual, 18 years of age or over, or a couple without children. Families with children are referred to the county welfare agency for assistance through the AFDC program. General Assistance may be granted to such families on an emergency basis only (see Section 313).

(a) The eligible unit must include the spouse of the person who is applying for assistance when the spouse is living in the home, unless such spouse is receiving SSI or public assistance through another program.

(b) Persons living together and representing themselves to the community as man and wife shall be budgeted as one eligible unit. Other persons, such as brother and sister or parent and adult child, shall be considered as separate eligible units.

312.2 Household Size - The number of persons living together as a family unit, without regard to relationship by blood or marriage or to eligibility for other public assistance programs. Such persons shall be recotnized as a household when they comprise an economic unit which shares cooking facilities and for which food is customarily purchased in common.

(a) Roomers, table-boarders and roomer-boarders are not counted in the household size. (See Section 335.2 regarding income received from such persons.)

312.2 Household Size (continued)

(b) Recipients of SSI who are not roomers, roomer-boarders, or table-boarders are counted in the household size even though not includable in the eligible unit.

(c) Children in foster placement or otherwise under supervision of the Division of Youth and Family Services for whom payments are received by a member of the household are counted in the household size but not in the eligible unit. (See Section 335.5 for consideration of the DYFS payments.)

312.3 Income to be Counted - All income of persons in the eligible unit shall be taken into account as prescribed in Section 330 and subtracted from the applicable general assistance allowance standard. (See Schedules I and II at the end of this chapter.)

313. Persons Found Ineligible by CWA

313.1 Families

(a) When the county welfare agency determines a family to be financially ineligible for AFDC, such family is not eligible to receive General Assistance from the MWD. The family should be advised, however, that it may apply for medical assistance and that excessive medical costs will be considered in accordance with Section 337.1.

10:85-3.1(c)1 (continued)

ii. Families determined by the CWA to be ineligible for AFDC due to eligibility factors other than financial need (such as age of children or alien status) may be eligible for General Assistance. Applications will be accepted and processed in accordance with the regulations stated in this manual.

(1) An individual member (parent or child) of an AFDC unit who is otherwise eligible but incurs a penalty of ineligibility and whose needs are therefore deleted from the AFDC grant, or whose application is therefore denied, is not eligible for General Assistance.

iii. When adult family members are determined ineligible for AFDC-N by the CWA because the father has voluntarily ceased employment within 90 days prior to application, such persons are ineligible for General Assistance.

2. Child temporarily in home on visit: When an institutionalized child is on temporary visit home but is not a member of an AFDC eligible unit, he/she may be eligible for General Assistance if the visit does not exceed 21 consecutive days. If the length of such child's visit exceeds 21 days, he/she shall be referred to the CWA.

(d) Rules concerning aged, blind and disabled are as follows.

1. Referral for SSI: Individuals who are aged, blind or disabled shall be referred to the nearest Social Security District Office (SSA/DO) to apply for Supplemental Security Income (SSI). However, any immediate need shall be met through General Assistance as a loan to the needy individual. (See N.J.A.C. 10:85-8.3(c)3ii for referral procedures and N.J.A.C. 10:85-6 for reimbursement procedures.)

2. Ineligible for SSI: In the event an aged, blind or disabled individual is determined by the SSA/DO to be ineligible for SSI, he/she may apply for and/or continue to receive General Assistance, so long as financial eligibility exists. (See N.J.A.C. 10:85-8.3(c)3iii for procedures for appeal of SSI denials.)

10:85-3.1(d) (continued)

3. SSI Recipients: If an individual (or couple) who is receiving SSI benefits does not receive his/her SSI payment promptly, such person(s) may be in immediate need and may apply for General Assistance. Under these circumstances, the MWD shall contact the SSA/DO to determine the anticipated length of the delay and shall provide assistance for that period, based on the allowance standards in Schedule I and provided that financial eligibility exists in accordance with this subchapter. (See N.J.A.C. 10:85-4.2 regarding periods for which assistance may be granted.)

   i. This provision also applies when a new SSI applicant has been officially notified of eligibility to receive SSI benefits and a Form GA-30 was not submitted in accordance with N.J.A.C. 10:85-6.5(c).

   ii. In any situation where a Form GA-30 is not in effect, reimbursement to the MWD of any assistance granted to an eligible SSI beneficiary will be on a voluntary basis only. The MWD shall not require the client to sign a voluntary agreement to repay.

   iii. Refer to N.J.A.C. 10:85-7.2(b)2 regarding use of a time-limited notice.

(e) Rules concerning eligibility of young people are as follows.

1. Single persons under age 18: Assistance is provided through the AFDC program for needy families with children under age 18 (or in certain situations under age 19 if the child is attending secondary school/ vocational training). Therefore, when an unmarried individual under age 18 applies for General Assistance, the MWD shall make every effort to locate the family and refer it and the child to the appropriate county welfare agency.

10:85-3.1(c)1. (continued)

ii. Families determined by the CWA to be ineligible for AFDC due to eligibility factors other than financial need (such as age of children or alien status) may be eligible for General Assistance. Applications will be accepted and processed in accordance with the regulations stated in this manual.

(1) An individual member (parent or child) of an AFDC unit who is otherwise eligible but incurs a penalty of ineligibility and whose needs are therefore deleted from the AFDC grant, or whose application is therefore denied, is not eligible for General Assistance.

iii. When adult family members are determined ineligible for AFDC-N by the CWA because the father has voluntarily ceased employment within 90 days prior to application, such persons are ineligible for General Assistance.

2. Child temporarily in home on visit: When an institutionalized child is on temporary visit home but is not a member of an AFDC eligible unit, he/she may be eligible for General Assistance if the visit does not exceed 21 consecutive days. If the length of such child's visit exceeds 21 days, he/she shall be referred to the CWA.

(d) Rules concerning aged, blind and disabled are as follows.

1. Referral for SSI: Individuals who are aged, blind or disabled shall be referred to the nearest Social Security District Office (SSA/DO) to apply for Supplemental Security Income (SSI). However, any immediate need shall be met through General Assistance as a loan to the needy individual. (See N.J.A.C. 10:85-8.3(c)3.ii. for referral procedures and N.J.A.C. 10:85-6 for reimbursement procedures.)

2. Ineligible for SSI: In the event an aged, blind or disabled individual is determined by the SSA/DO to be ineligible for SSI, he/she may apply for and/or continue to receive General Assistance, so long as financial eligibility exists. (See N.J.A.C. 10:85-8.3(c)3.iii. for procedures for appeal of SSI denials.)

10:85-3.1(d) (continued)

3. SSI Recipients: If an individual (or couple) who is receiving SSI benefits does not receive his/her SSI payment promptly, such person(s) may be in immediate need and may apply for General Assistance. Under these circumstances, the MWD shall contact the SSA/DO to determine the anticipated length of the delay and shall provide assistance for that period, based on the allowance standards in Schedule I and provided that financial eligibility exists in accordance with this subchapter. (See N.J.A.C. 10:85-4.2 regarding periods for which assistance may be granted.)

   i. This provision also applies when a new SSI applicant has been officially notified of eligibility to receive SSI benefits and a Form GA-30 was not submitted in accordance with N.J.A.C. 10:85-6.5(c).

   ii. In any situation where a Form GA-30 is not in effect, reimbursement to the MWD of any assistance granted to an eligible SSI beneficiary will be on a voluntary basis only. The MWD shall not require the client to sign a voluntary agreement to repay.

   iii. Refer to N.J.A.C. 10:85-7.2(b)2. regarding use of a time-limited notice.

(e) Rules concerning eligibility of young people are as follows.

1. Single persons under age 18: Assistance is provided through the AFDC program for needy families with children under age 18 (or under 21 if the child is attending school). Therefore, when an unmarried individual under age 18 applies for General Assistance, the MWD shall make every effort to locate the family and refer it and the child to the appropriate county welfare agency.

SUPERSEDED

313.1 Families (continued)

(b) Families determined by the CWA to be ineligible for AFDC due to eligibility factors other than financial need (such as age of children or alien status) may be eligible for General Assistance. Applications will be accepted and processed in accordance with the regulations stated in this manual.

1) An individual member (parent or child) of an AFDC unit who is otherwise eligible but incurs a penalty of ineligibility and whose needs are therefore deleted from the AFDC grant, or whose application is therefore denied, is not eligible for General Assistance.

(c) When adult family members are determined ineligible for AFDC-N by the CWA because the father has voluntarily ceased employment within 90 days prior to application, such persons are ineligible for General Assistance.

313.2 Child Temporarily in Home on Visit - When an institutionalized child is on temporary visit home but is not a member of an AFDC eligible unit, he/she may be eligible for General Assistance if the visit does not exceed 21 consecutive days. If the length of such child's visit exceeds 21 days, he/she shall be referred to the CWA.

314. Aged, Blind and Disabled

314.1 Referral for SSI - Individuals who are aged, blind or disabled shall be referred to the nearest Social Security District Office (SSA/DO) to apply for Supplemental Security Income (SSI). However, any immediate need shall be met through General Assistance as a loan to the needy individual. (See Section 650 for reimbursement procedures.)

314.2 Ineligible for SSI - In the event an aged, blind or disabled individual is determined by the SSA/DO to be ineligible for SSI, he/she may apply for and/or continue to receive General Assistance, so long as financial eligibility exists.

314.3 SSI Recipients - If an individual (or couple) who is receiving SSI benefits does not receive his/her SSI payment promptly, such person(s) may be in immediate need and may apply for General Assistance. Under these circumstances, the MWD shall contact the SSA/DO to determine the anticipated length of the delay and shall provide assistance for that period, based on the allowance standards in Schedule I and provided that financial eligibility exists in accordance with Sections 330-336. (See Section 410 regarding periods for which assistance may be granted.)

(a) This provision also applies when a new SSI applicant has been officially notified of eligibility to receive SSI benefits and a Form GA-30 was not submitted in accordance with Section 653.

(b) In any situation where a Form GA-30 is not in effect, reimbursement to the MWD of any assistance granted to an eligible SSI beneficiary will be on a voluntary basis only. The MWD shall not require the client to sign a voluntary agreement to repay.

(c) Refer to Section 712.2 regarding use of a time-limited notice.

315. Eligibility of Young People

315.1 Single Persons under Age 18 - Assistance is provided through the AFDC program for needy families with children under age 18 (or under 21 if the child is attending school). Therefore, when an unmarried individual under age 18 applies for General Assistance, the MWD shall make every effort to locate the family and refer it and the child to the appropriate county welfare agency.

(a) An unmarried, unattached child under the age of 18, although not legally an adult, may in fact be emancipated. That he/she is under age 18 is not, of itself, a bar to eligibility for assistance; it is, however, reason for additional action relating to eligibility. The MWD will provide assistance to any such person who applies and is eligible, based on the following action:

1) The MWD will make all reasonable efforts to bring about the return of the child to his/her own family and/or support by his/her own parents.

2) If such efforts are not successful within one week of the first grant of assistance or if no such efforts are possible, the MWD will immediately refer the case to the appropriate district office of the Division of Youth and Family Services (DYFS).

(a) For cases between ages 16 and 18, the DYFS office may accept those for which it can provide services and/or maintenance. The MWD will continue assistance for each case so long as the case remains eligible or until the date on which DYFS assumes responsibility for maintenance.

(b) For all cases under age 16, it is expected that DYFS will act promptly to accept responsibility for services and maintenance. The MWD will continue assistance until the date on which DYFS assumes responsibility. The MWD will notify DPW/BLO of any case under age 16 which is still active on the GA rolls 30 days after referral to DYFS.

(c) The MWD will be notified in writing by DYFS when a case referred to DYFS cannot be accepted for services.

(b) See Section 313.2 regarding an institutionalized child who visits his/her home.

315.2 Married Person under Age 18 - Persons under age 18 who are married, living with their spouses, and without children of their own may be eligible for General Assistance.

(a) An individual who is married but does not live with his/her spouse shall be treated in accordance with Section 315.1 above.

315.3 Persons Aged 18 or Over - An individual aged 18 or over may be eligible for General Assistance, whether or not he/she is residing with his/her family.

313.1 Families (continued)

(b) Families determined by the CWA to be ineligible for AFDC due to eligibility factors other than financial need (such as age of children or alien status) may be eligible for General Assistance. Applications will be accepted and processed in accordance with the regulations stated in this manual.

1) An individual member (parent or child) of an AFDC unit who is otherwise eligible but incurs a penalty of ineligibility and whose needs are therefore deleted from the AFDC grant, or whose application is therefore denied, is not eligible for General Assistance.

(c) When adult family members are determined ineligible for AFDC-N by the CWA because the father has voluntarily ceased employment within 90 days prior to application, such persons are ineligible for General Assistance (see also Section 327.4).

313.2 Child Temporarily in Home on Visit - When an institutionalized child is on temporary visit home but is not a member of an AFDC eligible unit, he/she may be eligible for General Assistance if the visit does not exceed 21 consecutive days. If the length of such child's visit exceeds 21 days, he/she shall be referred to the CWA.

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314.2 Ineligible for SSI - In the event an aged, blind or disabled individual is determined by the SSA/DO to be ineligible for SSI, he/she may apply for and/or continue to receive General Assistance, so long as financial eligibility exists.

315. Eligibility of Young People

315.1 Single Persons under Age 18 - Assistance is provided through the AFDC program for needy families with children under age 18(or under 21 if the child is attending school). Therefore, when an unmarried individual under age 18 applies for General Assistance, the MWD shall make every effort to locate the family and refer it and the child to the appropriate county welfare agency.

(a) An unmarried, unattached child under the age of 18, although not legally an adult, may in fact be emancipated. That he/she is under age 18 is not, of itself, a bar to eligibility for assistance; it is, however, reason for additional action relating to eligibility. The MWD will provide assistance to any such person who applies and is eligible, based on the following action:

1) The MWD will make all reasonable efforts to bring about the return of the child to his/her own family and/or support by his/her own parents.

2) If such efforts are not successful within one week of the first grant of assistance or if no such efforts are possible, the MWD will immediately refer the case to the appropriate district office of the Division of Youth and Family Services (DYFS).

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b) For all cases under age 16, it is expected that DYFS will act promptly to accept responsibility for services and maintenance. The MWD will continue assistance until the date on which DYFS assumes responsibility. The MWD will notify DPW/BLO of any case under age 16 which is still active on the GA rolls 30 days after referral to DYFS.

c) The MWD will be notified in writing by DYFS when a case referred to DYFS cannot be accepted for services.

(b) See Section 313.2 regarding an institutionalized child who visits his/her home.

315.2 Married Person under Age 18 - Persons under age 18 who are married, living with their spouses, and without children of their own may be eligible for General Assistance.

(a) An individual who is married but does not live with his/her spouse shall be treated in accordance with Section 315.1 above.

315.3 Persons Aged 18 or Over - An individual aged 18 or over may be eligible for General Assistance, whether or not he/she is residing with his/her family.

313.1 Families (continued)

(b) Families determined by the CWA to be ineligible for AFDC due to eligibility factors other than financial need (such as age of children or alien status) may be eligible for general assistance. Applications will be accepted and processed in accordance with the regulations stated in this manual.

1) An individual member (parent or child) of an AFDC unit who is otherwise eligible but incurs a penalty of ineligibility and whose needs are therefore deleted from the AFDC grant, or whose application is therefore denied, is not eligible for general assistance.

(c) When adult family members are determined ineligible for AFDC-N by the CWA because the father has voluntarily ceased employment within 90 days prior to application, such persons are ineligible for general assistance (see also Section 327.4).

313.2 Child Temporarily in Home on Visit - When an institutionalized child is on temporary visit home but is not a member of an AFDC eligible unit, he/she may be eligible for general assistance if the visit does not exceed 21 consecutive days. If the length of such child's visit exceeds 21 days, he/she shall be referred to the CWA.

314. Aged, Blind and Disabled

314.1 Referral for SSI - Individuals who are aged, blind or disabled shall be referred to the nearest Social Security District Office (SSA/DO) to apply for Supplemental Security Income (SSI). However, any immediate need shall be met though general assistance as a loan to the needy individual. (See Section 650 for reimbursement procedures.)

314.2 Ineligible for SSI - In the event an aged, blind or disabled individual is determined by the SSA/DO to be ineligible for SSI, he/she may apply for and/or continue to receive general assistance, so long as financial eligibility exists.

315. Eligibility of Young People

315.1 Single Persons under Age 18 - Assistance is provided through the AFDC program for needy families with children under age 18 (in AFDC-C and F segments, under 21 if the child is attending school). Therefore, when an unmarried individual under age 18 applies for general assistance, the MWD shall make every effort to locate the family and refer it and the child to the appropriate county welfare agency.

(a) An unmarried child under the age of 18 who represents him/herself as being completely disassociated from his/her family is not eligible for general assistance except on an emergency basis (see Section 454). He/she shall be referred to the nearest district office of the Division of Youth and Family Services in order that appropriate arrangements can be made for his/her care.

(b) See Section 313.2 regarding an institutionalized child who visits his/her home.

315.2 Married Person under Age 18 - Persons under age 18 who are married, living with their spouses, and without children of their own may be eligible for general assistance.

(a) An individual who is married but does not live with his/her spouse shall be treated in accordance with Section 315.1 above.

315.3 Persons Aged 18 or Over - An individual aged 18 or over may be eligible for general assistance, whether or not he/she is residing with his/her family.

316. Persons Released from Institutions - This section applies to persons released from State and/or county psychiatric hospitals, State schools for the mentally retarded, the New Jersey Neuro-psychiatric Institute, and Veterans Administration (V.A.) hospitals (see also Section 328). For procedures to be followed for individuals released from a State psychiatric hospital refer to Section 329.

316.1 Eligibility for Public Assistance

(a) Voluntary Patient - Eligibility for public assistance is not affected by periods of care in a mental institution or V.A. hospital for an individual who was admitted as a voluntary patient. The individual must, however, be again living outside the institution and free of institutional restraint, control and supervision prior to receipt of assistance.

1) Exception - When a voluntary patient is on convalescent leave with relatives who are unable to provide support, he/she may apply for and receive general assistance if he/she is otherwise eligible.

(b) Involuntary Commitment - Officially Discharged - An individual who was involuntarily committed by the court and who has been officially discharged from a mental institution or V.A. hospital resumes his/her former status in the community and is fully entitled to apply for and receive public assistance if otherwise eligible.

1) An individual released on a Trial Visit, Convalescent Visit or Extended Visit is likewise eligible to apply for and receive assistance.

316.1 Eligibility for Public Assistance (cont'd)

c. Interim Assistance - Trial Placement Family Care - An individual who is placed in a Interim Assistance-Trial Placement program by a State psychiatric hospital is not eligible for any form of public assistance; this applies to both voluntary and involuntarily committed patients. However, veterans placed in Family Care by a V.A. hospital or individuals discharged to Family Care by a State school for the mentally retarded may apply for and receive public assistance if otherwise eligible.

(d) Referral and Application - See Section 328.

320. THE APPLICATION PROCESS - The application process begins with an individual's initial contact with the agency and includes determination of eligibility, verification of the applicant's statements, and decision by the municipal welfare department regarding issuance of assistance. Both the applicant and the MWD have responsibility in verifying and documenting eligibility (see Section 325).

321. Initial Contact with Agency - An individual's initial contact with the municipal welfare department may be in form of an inquiry, a referral, or an application for public assistance.

321.1 Inquiry - Any request for information about assistance programs which does not result in an application. A record is necessary only when the inquiry requires follow-up action.

321.2 Referral - A request from a public or private agency or individual for assistance on behalf of a person who has indicated need of such help. All referrals must be recorded, including appropriate facts and action taken.

321.3 Application - A written request for General Assistance by an individual who wishes to apply for him/herself and his/her dependent, if any, or a request from an authorized agent acting on behalf of such an individual (see Section 323.2).

316. Persons Released from Institutions - This section applies to persons released from State and/or county psychiatric hospitals, State schools for the mentally retarded, the New Jersey Neuro-psychiatric Institute, and Veterans Administration (V.A.) hospitals (see also Section 328). For procedures to be followed for individuals released from a State psychiatric hospital refer to Section 329.

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(a) Voluntary Patient - Eligibility for public assistance is not affected by periods of care in a mental institution or V.A. hospital for an individual who was admitted as a voluntary patient. The individual must, however, be again living outside the institution and free of institutional restraint, control and supervision prior to receipt of assistance.

1) Exception - When a voluntary patient is on convalescent leave with relatives who are unable to provide support, he/she may apply for and receive general assistance if he/she is otherwise eligible.

(b) Involuntary Commitment - Officially Discharged - An individual who was involuntarily committed by the court and who has been officially discharged from a mental institution or V.A. hospital resumes his/her former status in the community and is fully entitled to apply for and receive public assistance if otherwise eligible.

1) An individual released on a Trial Visit, Convalescent Visit or Extended Visit is likewise eligible to apply for and receive assistance.

316.1 Eligibility for Public Assistance (cont'd)

(c) Interim Assistance - Trial Placement/Family Care - An individual who is placed in a Interim Assistance-Trial Placement program by a State psychiatric hospital is not eligible for any form of public assistance; this applies to both voluntary and involuntarily committed patients. However, veterans placed in Family Care by a V.A. hospital or individuals discharged to Family Care by a State school for the mentally retarded may apply for and receive public assistance if otherwise eligible.

(d) Referral and Application - See Section 328.

320. THE APPLICATION PROCESS - The application process begins with an individual's initial contact with the agency and includes determination of eligibility, verification of the applicant's statements, and decision by the municipal welfare department regarding issuance of assistance. Both the applicant and the MWD have responsibility in verifying and documenting eligibility (see Section 325).

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321.1 Inquiry - Any request for information about assistance programs which does not result in an application. A record is necessary only when the inquiry requires follow-up action.

321.2 Referral - A request from a public or private agency or individual for assistance on behalf of a person who has indicated need of such help. All referrals must be recorded, including appropriate facts and action taken.

321.3 Application - A written request for general assistance by an individual who wishes to apply for him/herself and his/her dependent, if any.

316. Persons Released from Institutions - This section applies to persons released from State mental hospitals, State schools for the mentally retarded, the New Jersey Neuro-psychiatric Institute, and Veterans Administration (V.A.) hosptials. (See also Section 328.)

316.1 Eligibility for Public Assistance

(a) Voluntary Patient - Eligibility for public assistance is not affected by periods of care in a mental institution or V.A. hospital for an individual who was admitted as a voluntary patient. The individual must, however, be again living outside the institution and free of institutional restraint, control and supervision prior to receipt of assistance.

1) Exception - When a voluntary patient is on convalescent leave with relatives who are unable to provide support, he/she may apply for and receive general assistance if he/she is otherwise eligible.

(b) Involuntary Commitment - Officially Discharged - An individual who was involuntarily committed by the court and who has been officially discharged from a mental institution or V.A. hospital resumes his/her former status in the community and is fully entitled to apply for and receive public assistance if otherwise eligible.

1) An individual released on a Trial Visit, Convalescent Visit or Extended Visit is likewise eligible to apply for and receive assistance.

316.1 Eligibility for Public Assistance (continued)

(c) Family Care - An individual who is placed in a Family Care program by a State institution is not eligible for any form of public assistance; this applies to both voluntary and involuntarily committed patients. However, veterans placed in Family Care by a V.A. hospital may apply for and receive public assistance if otherwise eligible.

(d) Referral and Application - See Section 328.

320. THE APPLICATION PROCESS - The application process begins with an individual's initial contact with the agency and includes determination of eligibility, verification of the applicant's statements, and decision by the municipal welfare department regarding issuance of assistance. Both the applicant and the MWD have responsibility in verifying and documenting eligibility (see Section 325).

321. Initial Contact with Agency - An individual's initial contact with the municipal welfare department may be in form of an inquiry, a referral, or an application for public assistance.

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321.2 Referral - A request from a public or private agency or individual for assistance on behalf of a person who has indicated need of such help. All referrals must be recorded, including appropriate facts and action taken.

321.3 Application - A written request for general assistance by an individual who wishes to apply for him/herself and his/her dependent, if any.

322. Responsibilities of the Agency

322.1 Initial Contact - Upon initial contact, the municipal welfare department is responsible for informing the individual of the following:

(a) The general requirements of the application process, including the necessity of contacting certain relatives and of making certain other collateral contacts; the right of the applicant to confidentiality and to be the primary source of information; an explanation of the blanket consent statement; and the fact that the applicant is, by signing this form, consenting to have the MWD contact others (except the Social Security Administration which releases information only upon written consent of the client).

(b) The availability of the Food Stamp Program to eligible non-public assistance households, with instructions about where to apply.

(c) Other programs (services and assistance) which are appropriate and for which the individual may be eligible. (See Chapter VIII.)

322.2 Decision to Apply - The agency shall determine whether or not the individual does indeed wish to apply, with his/her full understanding of the MWD's need to verify essential eligibility factors and of the requirement for a personal interview.

322.3 Immediate Application - When the individual indicates his/her decision to apply for general assistance, an application shall be taken immediately.

322.4 Referral to CWA

(a) When, during the initial contact, it appears that potential eligibility for AFDC exists, the municipal welfare department shall immediately refer the individual(s) to the county welfare agency to make application.

(b) When such referral is made at a time other than the normal business hours of the county welfare agency or when, in the opinion of the municipal welfare director, the individual cannot reasonably be expected to reach the CWA offices before the end of the business day, general assistance may be granted on an emergency basis only, in accordance with Section 450.

1) When immediate need exists (see Section 331.1), such emergency grant shall be made in an amount sufficient to provide for the family's immediate needs from the date of application until the reopening of the CWA office. (See Section 413.1 for method of prorating allowance.)

323. Taking Application

323.1 Application/Affidavit - Any person who indicates a wish to apply for General Assistance shall be recognized as an applicant. Such individual will be assisted by an MWD worker in completing the application (Form GA-1). He/she shall then be required to sign under oath the attached affidavit attesting to the correctness of his/her statements.

(a) Form GA-1, Application and Affidavit for General Assistance, shall be used in every case for the initial application. The Director of Welfare or MWD caseworker is empowered to receive the oath and witness the applicant's signature or the signature of an authorized agent acting in situations described in Section 323.2.

322. Responsibilities of the Agency

322.1 Initial Contact - Upon initial contact, the municipal welfare department is responsible for informing the individual of the following:

(a) The general requirements of the application process, including the necessity of contacting certain relatives and of making certain other collateral contacts; the right of the applicant to confidentiality and to be the primary source of information; an explanation of the blanket consent statement; and the fact that the applicant is, by signing this form, consenting to have the MWD contact others (except the Social Security Administration which releases information only upon written consent of the client).

(b) The availability of the Food Stamp Program to eligible non-public assistance households, with instructions about where to apply.

(c) Other programs (services and assistance) which are appropriate and for which the individual may be eligible. (See Chapter VIII)

322.2 Decision to Apply - The agency shall determine whether or not the individual does indeed wish to apply, with his/her full understanding of the MWD's need to verify essential eligibility factors and of the requirement for a personal interview.

322.3 Immediate Application - When the individual indicates his/her decision to apply for general assistance, an application shall be taken immediately.

322.4 Referral to CWA

(a) When, during the initial contact, it appears that potential eligibility for AFDC exists, the municipal welfare department shall immediately refer the individual(s) to the county welfare agency to make application.

(b) When such referral is made at a time other than the normal business hours of the county welfare agency or when, in the opinion of the municipal welfare director, the individual cannot reasonably be expected to reach the CWA offices before the end of the business day, general assistance may be granted on an emergency basis only, in accordance with Section 450.

1) When immediate need exists (see Section 331.1), such emergency grant shall be made in an amount sufficient to provide for the family's immediate needs from the date of application until the reopening of the CWA office. (See Section 413.1 for method of prorating allowance.)

323. Taking Application

323.1 Application/Affidavit - Any person who indicates a wish to apply for general assistance shall be recognized as an applicant. Such individual will be assisted by an MWD worker in completing the application (Form GA-1). He/she shall then be required to sign under oath the attached affidavit attesting to the correctness of his/her statements.

(a) Form GA-1, Application and Affidavit shall be used in every case for the initial application. The Director of Welfare or MWD caseworker is empowered to receive the oath and witness the applicant's signature.

323.1 Application/Affidavit (cont'd)

(b) When application is being made for more than one person, it must be signed by all persons for whom assistance is requested except dependent children under age 18.

(c) See Section 515.2 regarding delay in completion of the application when applicant is hospitalized.

(d) At the time of application the MWD shall advise the applicant(s) of his/her obligation to promptly report changes in income, resources or other circumstances. The applicants shall be required to sign two copies of Form GA-51 (Important Reminder of Your Obligation to Report Changes). The applicant shall retain one copy and the original shall be filed in the case record. In addition, the applicant(s) shall be provided with the pamphlet, Your Rights and Responsibilities (Form GA-197) and any oral explanations the individual(s) may request.

(e) Upon request, the MWD shall provide the applicant(s) with a copy of the completed GA-1 form.

323.2 Authorized Agent - A legally appointed guardian shall always be recognized as an authorized agent to initiate an application to establish eligibility for General Assistance.

In General Assistance, an individual who wishes to apply may be confined at home or at an institution, or may be subject to a critical illness or injury which impedes action on his/her own behalf. Consequently, the MWD shall accept any one of the following, in the order of priority as listed, as an authorized agent for the purpose of initiating an application:

a. A relative by blood or marriage;

b. A staff member of a public or private welfare agency of which the person is a client, who has been designated by the agency to so act;

c. A physician or attorney of whom the person is respectively a patient or client;

323.2 Authorized Agent (cont'd)

d. A staff member of an institution or facility in which a person is receiving care, who has been designated by the institutional facility to so act.

323.3 Binding Upon Eligible Unit - The application and affidavit is binding upon the individual(s) signing this document and upon any other member(s) of the eligible unit for whom he/she is applying. An authorized agent is obliged to complete the application to the best of his/her knowledge.

323.4 Personal Interview - The application shall be taken at a personal interview with the client unless an authorized agent is acting on behalf of a client in accordance with Section 323.2. The interview may occur at the welfare office or in the client's home (or hospital or other institution, if necessary).

323.5 Social Security Number - The Social Security number of every recipient of General Assistance must be recorded on the application form (Form GA-1) and elsewhere in the record as may be appropriate to the facts of the case. Any person who has a number and whose number is not disclosed and recorded is not eligible for assistance. (This regulation is not applicable to undocumented aliens because they are not permitted to have Social Security accounts.)

(a) When assistance is requested for a person who does not have a Social Security number, the MWD will make referral (using Referral for Services Form PA-14) to the appropriate district office of the Social Security Administration. Form PA-14 shall explain that the purpose of the referral is to make application for a Social Security number. The MWD will grant assistance while issuance of the number is pending if the person is otherwise eligible. Failure to apply for a number or to cooperate with the Social Security Administration in those things necessary for issuance of a number renders the applicant ineligible for assistance.

(b) The MWD will maintain appropriate follow-up of the referral.

323.6 Registration and Case Number - The application shall be immediately registered and a number assigned.

323.1 Application/Affidavit (cont'd)

(b) When application is being made for more than one person, it must be signed by all persons for whom assistance is requested except dependent children under age 18.

(c) See Section 515.2 regarding delay in completion of the application when applicant is hospitalized.

(d) At the time of application the MWD shall advise the applicant(s) of his/her obligation to promptly report changes in income, resources or other circumstances. The applicant shall be required to sign two copies of Form GA-51 (Important Reminder of Your Obligation to Report Changes). The applicant shall retain one copy and the original shall be filed in the case record.

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a. A relative by blood or marriage;

b. A staff member of a public or private welfare agency of which the person is a client, who has been designated by the agency to so act;

c. A physician or attorney of whom the person is respectively a patient or client;

d. A staff member of an institution or facility in which a person is receiving care, who has been designated by the institutional facility to so act.

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SUPERSEDED

323.1 Application/Affidavit (continued)

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324. Immediate Need

324.1 Assistance Granted - When immediate need is apparent, the Director of Welfare shall grant such assistance as may be necessary to ensure that the applicant is provided with food, shelter and clothing pending further verification of the case. (See also Section 331.)

324.2 Prompt Verification - Verification shall be initiated promptly and in accordance with the regulations in Section 325.

325. Verification and Sources of Evidence

325.1 Applicant's Statements

(a) The client's statements regarding his/her eligibility are evidence. For purposes of public assistance, the client's statements must be consistent, and certain facts must be verified and documented. The applicant will be informed that the municipal welfare department is required to document the facts regarding certain eligibility criteria and that this process will include contacting collateral sources as necessary.

323.1 Application/Affidavit (continued)

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(b) Affidavits shall be used only when other sources have failed or have produced inconclusive data. Documentation obtained in this manner shall be taken under oath from a person who has factual knowledge of the relevant circumstances. The affidavit shall show the circumstances under which this person has known the applicant, as well as the factual basis of his/her statements relating to the applicable eligibility requirements.

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10:85-3.2(e) (continued)

3. Sources of evidence:

i. Public records are preferred evidence, and investigation of these sources shall be exhausted before other sources are used.

ii. Sources of collateral evidence to establish eligibility include but are not limited to the following: birth, death and marriage certificates, church records, immigration and naturalization papers, census records, school records, military service record, court records, employment records, records of public or private welfare agencies, voting records, medical records, personal records, and affidavits from knowledgeable persons.

iii. While it is usually desirable to obtain evidence in written form, personal inspection of records by the agency personnel, where permission can be secured, is an acceptable practice and is often quicker and simpler. See paragraph 5 of this subsection for recording of such information.

4. Verification of income and resources:

i. Earned income: The worker will verify, either through examination of pay stubs or with the client's employer, the amount of gross income received.

ii. Unearned income: All unearned income must be verified by examination of benefit check or by contact with the company or agency granting such benefit. (Note: The Social Security Administration will release information only with written consent of the client.)

(1) For situations of incomplete or inconsistent information about Unemployment/Disability Insurance benefits from the client himself/herself, or, where the agency experiences difficulty in securing verification, the MWD may send Form PA-24 (Verification of Unemployment/Disability Insurance) to DPW, Attn: Integrity Control Section.

iii. Previous support: Previous sources of support shall be explored with the client.

10:85-3.2(e)4 (continued)

iv. Resources: All resources shall be evaluated and, where appropriate, a plan for their liquidation developed and undertaken by the client. (See N.J.A.C. 10:85-3.4(d).)

v. Legally responsible relatives: Relatives who are responsible for one or more members of the eligible unit shall be contacted and their ability to contribute support evaluated. However, assistance shall not be withheld pending this evaluation. See N.J.A.C. 10:85-9.2(a) regarding support as countable income.

5. Recording of verification: All information upon which verification is based, whether written or oral, shall be recorded in the case record, including sources from which it was obtained and methods utilized.

i. Incomplete information in the case record may, at the time of State review, be considered insufficient evidence to substantiate eligibility.

(f) Resident defined: A resident of a municipality is a person who maintains a permanent customary home in the municipality, a person who is in the municipality with intention to remain, a person who did maintain such a home prior to entering a medical facility, or a person who enters a New Jersey medical facility from out of state and qualifies as a resident in accordance with (f)1iii below. No time intervals are relevant so long as the home is not established for a temporary purpose such as for a visit or vacation. A resident may live in his/her own home, a rented home or apartment, the home of a friend or relative, in a boarding home or, in accordance with (f)1iii below, in a residential medical facility.

1. A person in a hospital, nursing home, intermediate care facility, maternity home or a center for treatment of drug or alcohol abuse shall be considered a resident of the last municipality in which he/she was a resident prior to entering the facility. (Exception: A GA recipient who continues to reside in a municipality in which GA payment status was acquired prior to May 31, 1978 by reason of having achieved "legal settlement" there as a private patient in a medical institution will

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(c) While it is usually desirable to obtain evidence in written form, personal inspection of records by the agency personnel, where permission can be secured, is an acceptable practice and is often quicker and simpler. See Section 325.5 for recording of such information.

325.4 Verification of Income and Resources

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(c) Previous Support - Previous sources of support shall be explored with the client.

325.4 Verification of Income and Resources (cont'd)

(d) Resources - All resources shall be evaluated and, where appropriate, a plan for their liquidation developed and undertaken by the client. (See Section 344.)

(e) Legally Responsible Relatives - Relatives who are responsible for one or more members of the eligible unit shall be contacted and their ability to contribute support evaluated. However, assistance shall not be withheld pending this evaluation. (See Section 911 regarding support as countable income.)

325.5 Recording of Verification - All information upon which verification is based, whether written or oral, shall be recorded in the case record, including sources from which it was obtained and methods utilized.

(a) Incomplete information in the case record may, at the time of State review, be considered insufficient evidence to substantiate eligibility.

326. Resident Defined - A resident of a municipality is a person who maintains a permanent customary home in the municipality, a person who is in the municipality with intention to remain, a person who did maintain such a home prior to entering a medical facility, or a person who enters a New Jersey medical facility from out of state and qualifies as a resident in accordance with Section 326.1(c) below. No time intervals are relevant so long as the home is not established for a temporary purpose such as for a visit or vacation. A resident may live in his/her own home, a rented home or apartment, the home of a friend or relative, in a boarding home or, in accordance with Section 326.1(c) below, in a residential medical facility.

326.1 A person in a hospital, nursing home, intermediate care facility, maternity home or a center for treatment of drug or alcohol abuse shall be considered a resident of the last municipality in which he/she was a resident prior to entering the facility. (Exception: a GA recipient who continues to reside in a municipality in which GA payment status was acquired prior to May 31, 1978 by reason of having achieved "legal settlement" there as a private patient in a medical institution will

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325.4 Verification of Income and Resources (continued)

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326. Resident Defined - A resident of a municipality is a person who maintains a permanent customary home in the municipality, a person who is in the municipality with intention to remain, or a person who did maintain such a home prior to entering a medical facility. No time intervals are relevant so long as the home is not established for a temporary purpose such as for a visit, vacation, or receipt of medical care. A resident may live in his/her own home, a rented home or apartment, the home of a friend or relative, or in a boarding home.

326.1 A person in a hospital, nursing home, intermediate care facility, maternity home or in drug treatment center shall be considered a resident of the last municipality in which he/she was a resident prior to entering the facility. Only facilities which are licensed by the N.J. Department of Health in the stated categories are to be recognized as being a temporary residence of an applicant or recipient for medical care.

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(a) Incomplete information in the case record may, at the time of State review, be considered insufficient evidence to substantiate eligibility.

326. Resident Defined - A resident of a municipality is a person who maintains a permanent customary home in the municipality, a person who is in the municipality with intention to remain, or a person who did maintain such a home prior to entering a medical facility. No time intervals are relevant so long as the home is not established for a temporary purpose such as for a visit, vacation, or receipt of medical care. A resident may live in his/her own home, a rented home or apartment, the home of a friend or relative, or in a boarding home.

326.1 A person in a hospital, nursing home, intermediate care facility, maternity home or in drug treatment center shall be considered a resident of the last municipality in which he/she was a resident prior to entering the facility. Only facilities which are licensed by the N.J. Department of Health in the stated categories are to be recognized as being a temporary residence of an applicant or recipient for medical care. For a person in such a facility who is a resident elsewhere in New Jersey, the MWD in the municipality in which the facility is located will process all parts of the application except the making of payments. The local MWD will send the results of such eligibility determinations to the MWD of the responsible municipality for payment and/or other appropriate action.

326. Resident Defined (cont'd)

continue to be considered as living in that municipality.) When the last municipality of residence, other than in a medical facility, was not in New Jersey and the person qualifies in accordance with Section 326.1(c) below, that person shall be considered a resident of the municipality in which the medical facility is located. Only facilities which are licensed by the N.J. Department of Health in the stated categories are to be recognized as being a temporary residence of an applicant or recipient for medical care.

(a) For a person in such a facility who is a resident elsewhere in New Jersey, the MWD in the municipality in which the facility is located will process all parts of the application except the making of payments. The local MWD will send the results of such eligibility determinations to the MWD of the responsible municipality for payment and/or other appropriate action. (Exception: Municipalities to which Section 570 applies will be charged for prescriptions for all patients in residential medical facilities, except hospitals subject to a per diem rate, and will bill the municipality responsible for the charge when appropriate. See Section 681.2 regarding chargebacks.)

(b) Whenever State reimbursement of a payment is declined as having been improper or not in accord with regulations (see Sections 130, 202, 620) the declination will apply to the responsible (paying) municipality, errors by the servicing municipality notwithstanding. Any further adjustments are matters between or among the municipalities involved.

(c) A person who enters a New Jersey medical facility directly from out of state shall be considered a New Jersey resident for purposes of the General Assistance program if all of the following exist:

(1) the person makes a clear statement of intention to remain in New Jersey, and

326. Resident Defined (cont'd)

(2) there is a reason, other than the availability of assistance, for the move to New Jersey, e.g., nearness to relatives, unavailability of medical treatment elsewhere, and

(3) the medical care being provided will be required for an indefinite period, and

(4) there is no clear indication that the person has retained residence out of the state, and

(5) the state of prior residence does not recognize the person as having continuing residence there for assistance purposes.

326.2 Transients - Persons who are not residents of the State of New Jersey and do not intend to establish residence shall receive such assistance as is necessary for them to return to their state of origin. However, no individual shall be forced to return to his/her state of origin if he/she wishes to establish residence in this State. Assistance in any amount over $25.00 to non-resident persons enroute to other states shall be granted only with prior approval from the DPW.

326.1 (continued)

(a) For a person in such a facility who is a resident elsewhere in New Jersey, the MWD in the municipality in which the facility is located will process all parts of the application except the making of payments. The local MWD will send the results of such eligibility determinations to the MWD of the responsible municipality for payment and/or other appropriate action.

(b) Whenever State reimbursement of a payment is declined as having been improper or not in accord with regulations (see Sections 130, 202, 620) the declination will apply to the responsible (paying) municipality, errors by the servicing municipality notwithstanding. Any further adjustments are matters between or among the municipalities involved.

326.2 Transients - Persons who are not residents of the State of New Jersey and do not intend to establish residence shall receive such assistance as is necessary for them to return to their state of origin. However, no individual shall be forced to return to his/her state of origin if he/she wishes to establish residence in this State. Assistance in any amount over $25.00 to non-resident persons enroute to other states shall be granted only with prior approval from the DPW.

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10:85-3.2(f) (continued)

3. College students: An individual age 18 or over who is attending school or college may be found eligible for General Assistance only when all of the following conditions are present:

   i. He/she is a resident of the municipality in which application is made, and such municipality is his/her acknowledged home on a year-round basis;

      (1) An individual coming from another state for the purpose of attending school or college is not eligible for General Assistance during the period he/she is attending school.

   ii. He/she is financially eligible, in accordance with the provisions of N.J.A.C. 10:85-3.3.

   iii. He/she registered with the State Employment Service, in accordance with (g) below; is available for and agrees to accept employment offered through that agency or by any other source.

      (1) The MWD shall caution the individual that a bona fide offer of employment may, at any time, interrupt his/her course of studies.

      (2) See (g) below regarding refusal to register for work.

   iv. A college student shall not be eligible for General Assistance while residing out-of-state in order to attend school.

4. Absence from State: The MWD shall not be obligated to provide assistance to persons who leave the State for more than seven consecutive days or who regularly leave the State for three or more days each week, unless such absence is required by the individual's employment.

10:85-3.2 (continued)

(g) Work requirement: Eligibility for public assistance in New Jersey is directly related to an individual's willingness to work when he or she is able to do so. It is, therefore, a part of the application process to explain the work requirement to the applicant and to record in the case file the reasons for any exemption from this requirement.

1. For persons who are registered in accordance with (g)2i below, the case folder must contain copies of the requisite forms demonstrating that registration was current throughout all periods covered by grants of assistance. Those MWDs receiving lists of GA clients registered for work must keep these lists in a central location and make them available to State staff.

2. Elements of the work requirement: Unless specifically exempt, all recipients of General Assistance benefits must comply with all parts of this section:

   i. Maintain current registration with the New Jersey Division of Employment Services. All registrations will be accomplished by submittal of Form NJES-511F by the MWD to the appropriate Special Programs Office of the New Jersey Division of Employment Services. Once registered, a GA recipient remains registered as long as he or she remains on assistance.

   ii. Report to the Employment Service office upon request, providing all required information.

   iii. Report for employment interviews as scheduled by the Employment Service.

   iv. Accept employment or better employment if and when offered. This requirement is not limited to offers made through or on referral of the Employment Service.

   v. In the absence of employment, accept training for employment as offered.

   vi. Continue in employment or training unless good cause for discontinuance exists.

10:85-3.2(f) (continued)

3. College students: An individual age 18 or over who is attending school or college may be found eligible for General Assistance only when all of the following conditions are present:

   i. He/she is a resident of the municipality in which application is made, and such municipality is his/her acknowledge home on a year-round basis;

      (1) An individual coming from another state for the purpose of attending school or college is not eligible for General Assistance during the period he/she is attending school.

   ii. He/she is financially eligible, in accordance with the provisions of N.J.A.C. 10:85-3.3.

   iii. He/she registered with the State Employment Service, in accordance with (g) below; is available for and agrees to accept employment offered through that agency or by any other source.

      (1) The MWD shall caution the individual that a bona fide offer of employment may, at any time, interrupt his/her course of studies.

      (2) See (g) below regarding refusal to register or work.

   iv. A college student shall not be eligible for General Assistance while residing out-of-state in order to attend school.

4. Absence from State: The MWD shall not be obligated to provide assistance to persons who leave the State for more than seven consecutive days or who regularly leave the State for three or more days each week, unless such absence is required by the individual's employment.

SUPERSEDED

10:85-3.2 (continued)

(g) Work requirement: Eligibility for public assistance in New Jersey is directly related to an individual's willingness to work when he or she is able to do so. It is, therefore, a part of the application process to explain the work requirement to the applicant and to record in the case file the reasons for any exemption from this requirement.

1. For persons who are registered in accordance with (g)2i below, the case folder must contain copies of the requisite forms demonstrating that registration was current throughout all periods covered by grants of assistance. Those MWDs receiving lists of GA clients registered for work must keep these lists in a central location and make them available to State staff.

2. Elements of the work requirement: Unless specifically exempt, all recipients of General Assistance benefits must comply with all parts of this section:

   i. Maintain current registration with the New Jersey Division of Employment Services. All registrations will be accomplished by submittal of Form NJES-511B by the MWD to the appropriate Special Programs Office of the New Jersey Division of Employment Services. Once registered, a GA recipient remains registered as long as he/she remains on assistance.

   ii. Report to the Employment Service office upon request, providing all required information.

   iii. Report for employment interviews as scheduled by the Employment Service.

   iv. Accept employment or better employment if and when offered. This requirement is not limited to offers made through or on referral of the Employment Service.

   v. In the absence of employment, accept training for employment as offered.

   vi. Continue in employment or training unless good cause for discontinuance exists.

326.3 College Students - An individual age 18 or over who is attending school or college may be found eligible for General Assistance only when all of the following conditions are present:

(a) He/she is a resident of the municipality in which application is made, and such municipality is his/her acknowledged home on a year-round basis;

1) An individual coming from another state for the purpose of attending school or college is not eligible for General Assistance during the period he/she is attending school.

(b) He/she is financially eligible, in accordance with the provisions of Section 330.

(c) He/she has registered with the State Employment Service, in accordance with Section 327; is available for and agrees to accept employment offered through that agency or by any other source.

1) The MWD shall caution the individual that a bona fide offer of employment may, at any time, interrupt his/her course of studies.

2) See Section 327 regarding refusal to register or work.

(d) A college student shall not be eligible for General Assistance while residing out-of-state in order to attend school.

326.4 Absence from State - The MWD shall not be obligated to provide assistance to persons who leave the State for more than seven consecutive days or who regularly leave the State for three or more days each week, unless such absence is required by the individual's employment.

327. Work Requirement - Eligibility for public assistance in New Jersey is directly related to an individual's willingness to work when he/she is able to do so. It is, therefore, a part of the application process to explain the work requirement to the applicant and to record in the case file the reasons for any exemption from this requirement.

For persons who are registered in accordance with 327.1(a) below, the case folder must contain copies of the requisite forms demonstrating that registration was current throughout all periods covered by grants of assistance. Those MWDs receiving lists of GA clients registered for work must keep these lists in a central location and make them available to State staff.

327.1 Elements of the Work Requirement - Unless specifically exempt, all recipients of General Assistance benefits must comply with all parts of this section:

(a) Maintain current registration with the New Jersey Division of Employment Services. All registrations will be accomplished by submittal of Form NJES-511B by the MWD to the appropriate Special Programs Office of the New Jersey Division of Employment Services. Once registered, a GA recipient remains registered as long as he/she remains on assistance.

(b) Report to the Employment Service office upon request, providing all required information.

(c) Report for employment interviews as scheduled by the Employment Service.

(d) Accept employment or better employment if and when offered. This requirement is not limited to offers made through or on referral of the Employment Service.

(e) In the absence of employment, accept training for employment as offered.

(f) Continue in employment or training unless good cause for discontinuance exists.

326.3 College Students - An individual age 18 or over who is attending school or college may be found eligible for General Assistance only when all of the following conditions are present:

(a) He/she is a resident of the municipality in which application is made, and such municipality is his/her acknowledged home on a year-round basis;

1) An individual coming from another state for the purpose of attending school or college is not eligible for General Assistance during the period he/she is attending school.

(b) He/she is financially eligible, in accordance with the provisions of Section 330.

(c) He/she has registered with the State Employment Service, in accordance with Section 327; is available for and agrees to accept employment offered through that agency or by any other source.

1) The MWD shall caution the individual that a bona fide offer of employment may, at any time, interrupt his/her course of studies.

2) See Section 327 regarding refusal to register or work.

(d) A college student shall not be eligible for General Assistance while residing out-of-state in order to attend school.

326.4 Absence from State - The MWD shall not be obligated to provide assistance to persons who leave the State for more than seven consecutive days or who regularly leave the State for three or more days each week, unless such absence is required by the individual's employment.

SUPERSEDED

327. Work Requirement - Eligibility for public assistance in New Jersey is directly related to an individual's willingness to work when he/she is able to do so. It is, therefore, a part of the application process to explain the work requirement to the applicant and to record in the case file the reasons for any exemption from this requirement.

327.1 Elements of the Work Requirement - Unless specifically exempt, all recipients of General Assistance benefits must comply with all parts of this section:

(a) Maintain current registration with the State Employment Service office. To be current, such registration must be renewed at intervals of 90 days or less. All registrations will be accomplished by submittal of Form NJES - 511B by the MWD to the appropriate office of the Employment Service.

Re-registrations will be accomplished by return of Form NJES-1A. (See Appendix for samples of forms and instructions for their use.)

(b) Report to the Employment Service office upon request, providing all required information.

(c) Report for employment interviews as scheduled by the Employment Service.

(d) Accept employment or better employment if and when offered. This requirement is not limited to offers made through or on referral of the Employment Service.

(e) In the absence of employment, accept training for employment as offered.

(f) Continue in employment or training unless good cause for discontinuance exists.

10:85-3.2(g) (continued)

3. Exemptions from work requirement: An individual shall be exempt from the work requirement if any of the following exist:

   i. The individual is participating in a lawful strike or is locked-out because of a labor dispute. Participation in an unlawful strike, a "sympathy" strike, or walkout or refusal to cross a picket line is, however, voluntary cessation of work and is to be processed in accordance with paragraph 6 of this subsection.

   ii. The individual is under age 16 or is under age 18 and is a full-time student; or

   iii. The individual is applying for or is receiving medical benefits only without maintenance payments; or

   iv. The individual is receiving inpatient hospital care and treatment; or

   v. The individual is unemployable: For purposes of General Assistance, unavailability of employment cannot be the basis of a determination of unemployability. Only persons included in any of the following groups are unemployable:

      (1) Persons age 65 or over;

      (2) Persons whose presence is required at home to care for one or more children under age 6 or for disabled family member(s). No more than one person in a household may be exempt for this reason without written authorization from DPW/BLO;

      (3) Persons receiving inpatient hospital care and treatment who were or would have been classified as unemployable prior to entering the hospital (persons who were or would have been listed as employable shall retain such status until hospital discharge);

      (4) Patients in long term care facilities;

      (5) Persons normally eligible to receive RSDI (Title II benefits), SSI or Railroad Retirement benefits on the basis of disability, but due to recovery of overpayments or administrative delays, payments are being withheld;

      (6) Persons who have been determined to be legally blind by the N.J. Commission for the Blind and Visually Impaired;

      (7) Pregnant persons when an examining physician certifies that employment poses a threat to the mother or the fetus;

10:85-3.2(g)3v (continued)

(8) Persons in the third trimester of pregnancy when an examining physician certifies to both the pregnancy and its term;

(9) Persons determined by the MWD to be unemployable when such determination is supported by any of the following:

(A) Written certification by an examing physician that the individual is, by reason of an identified physical or mental defect, disease, or impairment, unable to engage in any useful occupation for which he/she has competence. Any time period or termination date included in the written certification shall be observed. A time period of "indefinite" shall be construed to mean three months unless renewed by the examining physician or extended under (g)3v(9)(D) below. When no date or time period is indicated, the certification shall be renewed monthly or such longer period as may be specified under (g)3v(9)(D) below.

(B) An obvious disability or impairment which makes employment unrealistic. A determination on this basis shall be valid for up to three months or such longer period as may be specified under (g)3v(9)(D) below.

(C) The individual's history of unemployment and lack of vocational training and/or education, combined with medical evidence of the existence of a mental or physical disability or impairment, negates all possible employment. Facts leading to such determination must be recorded in the case file. A determination on this basis shall be valid for three months or such longer period as may be specified under (g)3v(9)(D) below.

(D) Written Record of Action (Form GA-38) from DPW/BMA. Such may be applied for by MWD submission of such documentary material as the MWD finds appropriate. This may include medical or hospital reports and the MWD's own statement of specific observations and recommendations with reasons. Form PA-5 may be used. Social information submitted should include as a minimum the client's age, education, experience, and general description of applicant, especially as it may relate to employment. The BMA/DPW will consider the individual's age, experience, education, vocational training, and work history as well as physical or mental defects, diseases or impairments in determining whether an individual is able to engage in any useful occupation for which he has competence or ability to engage in retraining.

10:85-3.2(g) (continued)

3. Exemptions from work requirement: An individual shall be exempt from the work requirement if any of the following exist:

   i. The individual is participating in a lawful strike or is locked-out because of a labor dispute. Participation in an unlawful strike, a "sympathy" strike, or walkout or refusal to cross a picket line is, however, voluntary cessation of work and is to be processed in accordance with paragraph 6 of this subsection.

   ii. The individual is under age 16 or is under age 18 and is a full-time student; or

   iii. The individual is applying for or is receiving medical benefits only without maintenance payments; or

   iv. The individual is receiving inpatient hospital care and treatment; or

   v. The individual is unemployable: For purposes of General Assistance, unavailability of employment cannot be the basis of a determination of unemployability. Only persons included in any of the following groups are unemployable:

      (1) Persons age 65 or over;

      (2) Persons whose presence is required at home to care for one or more children under age 6 or for disabled family member(s). No more than one person in a household may be exempt for this reason without written authorization from DPW/BLO;

      (3) Persons receiving inpatient hospital care and treatment who were or would have been classified as unemployable prior to entering the hospital (persons who were or would have been listed as employable shall retain such status until hospital discharge);

      (4) Patients in long term care facilities;

      (5) Persons normally eligible to receive RSDI (Title II benefits), SSI or Railroad Retirement benefits on the basis of disability, but due to recovery of overpayments or administrative delays, payments are being withheld;

      (6) Persons who have been determined to be legally blind by the N.J. Commission for the Blind and Visually Impaired;

      (7) Pregnant persons when an examining physician certifies that employment poses a threat to the mother or the fetus;

10:85-3.2(g)3v (continued)

(8) Persons in the third trimester of pregnancy when an examining physician certifies to both the pregnancy and its term;

(9) Persons determined by the MWD to be unemployable when such determination is supported by any of the following:

(A) Written certification by an examing physician that the individual is, by reason of an identified physical or mental defect, disease, or impairment, unable to engage in any useful occupation for which he/she has competence. Any time period or termination date included in the written certification shall be observed. A time period of "indefinite" shall be construed to mean three months unless renewed by the examining physician or extended under (g)3v(9)(D) below. When no date or time period is indicated, the certification shall be renewed monthly or such longer period as may be specified under (g)3v(9)(D) below.

(B) An obvious disability or impairment which makes employment unrealistic. A determination on this basis shall be valid for up to three months or such longer period as may be specified under (g)3v(9)(D) below.

(C) The individual's history of unemployment and lack of vocational training and/or education which negates all possible employment. Facts leading to such determination must be recorded in the case file. A determination on this basis shall be valid for three months or such longer period as may be specified under (g)3v(9)(D) below.

(D) Written Record of Action (Form GA-38) from DPW/BMA. Such may be applied for by MWD submission of such documentary material as the MWD finds appropriate. This may include medical or hospital reports and the MWD's own statement of specific observations and recommendations with reasons. Form PA-5 may be used. Social information submitted should include as a minimum the client's age, education, experience, and general description of applicant, especially as it may relate to employment. The BMA/DPW will consider the individual's age, experience, education, vocational training, and work history as well as physical or mental defects, diseases or impairments in determining whether an individual is able to engage in any useful occupation for which he has competence or ability to engage in retraining.

10:85-3.2(g) (continued)

3. Exemptions from work requirement: An individual shall be exempt from the work requirement if any of the following exist:

   i. The individual is participating in a lawful strike or is locked-out because of a labor dispute. Participation in an unlawful strike, a "sympathy" strike, or walkout or refusal to cross a picket line is, however, voluntary cessation of work and is to be processed in accordance with paragraph 6 of this subsection.

   ii. The individual is determined by the MWD to be unemployable. Unemployability is established when any of the following exist:

      (1) The individual is over age 65.

      (2) The individual is receiving Social Security, SSI or Railroad Retirement benefits as an aged, retired, or disabled person or would receive such benefits but for failure of the paying agency to deliver benefits or a discontinuance of benefits on account of a previous overpayment.

      (3) The individual's presence is required at home to care for one or more children under age 7 or for ill family member(s). No more than one person in a household may be exempt for this reason without written authorization from DPW/BLO.

      (4) The individual has a physical or mental condition which has been verified by an examining physician with written certification that the condition renders the individual unable to work.

      (5) An obvious disability or impairment makes employment unrealistic; or

      (6) The Director of Welfare determines that the individual's history of unemployment and lack of vocational training and/or education negates all possible employment. (Facts leading to such determination must be recorded in the case file.)

10:85-3.2(g)3. (continued)

iii. Pregnancy: Pregnancy, in and of itself, is not a reason for exemption from the work requirement. Determinations will be made on an individual basis, with primary consideration given to the physician's statement regarding the individual's current capacity to work.

vi. The individual is applying for or is receiving medical benefits only without maintenance payments.

vii. The individual is under age 16 or is under age 18 and is a full time student.

4. Action in situations of exemption:

i. Action by MWD:

(1) The MWD will record dates and reasons for all determinations of exemption.

(2) When an exemption is authorized for any reason which is subject to change, the MWD will make redeterminations at appropriate intervals.

(3) When appropriate, the MWD will make referral of the recipient to the Division of Vocational Rehabilitation Services (see N.J.A.C. 10:85-8.4(h)) and/or to the Social Security Administration for RSDI and/or SSI benefits (see N.J.A.C. 10:85-8.3(c)).

327.2 Exemptions from Work Requirement - An individual shall be exempt from the work requirement if any of the following exist:

(a) The individual is participating in a lawful strike or is locked-out because of a labor dispute. Participation in an unlawful strike, a "sympathy" strike, or walkout or refusal to cross a picket line is, however, a voluntary cessation of work and is to be processed in accordance with Section 327.6.

(b) The individual is determined by the MWD to be unemployable. Unemployability is established when any of the following exist:

1) The individual is over age 65.

2) The individual is receiving Social Security, SSI or Railroad Retirement benefits as an aged, retired, or disabled person or would receive such benefits but for failure of the paying agency to deliver benefits or a discontinuance of benefits on account of a previous overpayment.

3) The individual's presence is required at home to care for one or more children under age 7 or for ill family member(s). No more than one person in a household may be exempt for this reason without written authorization from DPW/BLO.

4) The individual has a physical or mental condition which has been verified by an examining physician with written certification that the condition renders the individual unable to work.

327.2 Exemptions from Work Requirement (cont'd)

5) An obvious disability or impairment makes employment unrealistic; or

6) The Director of Welfare determines that the individual's history of unemployment and lack of vocational training and/or education negates all possible employment. (Facts leading to such determination must be recorded in the case file.)

(c) Pregnancy - Pregnancy, in and of itself, is not a reason for exemption from the work requirement. Determinations will be made on an individual basis, with primary consideration given to the physician's statement regarding the individual's current capacity to work.

(d) The individual is applying for or is receiving medical benefits only without maintenance payments.

(e) The individual is under age 16 or is under age 18 and is a full time student.

327.3 Action in Situations of Exemption

(a) Action by MWD:

1) The MWD will record dates and reasons for all determinations of exemption.

2) When an exemption is authorized for any reason which is subject to change, the MWD will make redeterminations at appropriate intervals.

3) When appropriate, the MWD will make referral of the recipient to the Division of Vocational Rehabilitation Services.

327.2 Exemptions from Work Requirement - An individual shall be exempt from the work requirement if any of the following exist:

(a) The individual is participating in a lawful strike or is locked-out because of a labor dispute. Participation in an unlawful strike, a "sympathy" strike, or walkout or refusal to cross a picket line is, however, a voluntary cessation of work and is to be processed in accordance with Section 327.6.

(b) The individual is determined by the MWD to be unemployable. Unemployability is established when any of the following exist:

1) The individual is under age 16 or is under age 18 and is a full time student.

2) The individual is over age 65.

3) The individual is receiving Social Security, SSI or Railroad Retirement benefits as an aged, retired, or disabled person or would receive such benefits but for failure of the paying agency to deliver benefits or a discontinuance of benefits on account of a previous overpayment.

4) The individual's presence is required at home to care for one or more children under age 7 or for ill family member(s). No more than one person in a household may be exempt for this reason without written authorization from DPW/BLO.

5) The individual has a physical or mental condition which has been verified by an examining physician with written certification that the condition renders the individual unable to work.

327.2 (cont'd.)

6) An obvious disability or impairment makes employment unrealistic; or

7) The Director of Welfare determines that the individual's history of unemployment and lack of vocational training and/or education negates all possible employment. (Facts leading to such determination must be recorded in the case file.)

(c) Pregnancy - Pregnancy, in and of itself, is not a reason for exemption from the work requirement. Determinations will be made on an individual basis, with primary consideration given to the physician's statement regarding the individual's current capacity to work.

(d) The individual is applying for or is receiving medical benefits only without maintenance payments.

327.3 Action in Situations of Exemption

(a) Action by MWD:

1) The MWD will record dates and reasons for all determinations of exemption.

2) When an exemption is authorized for any reason which is subject to change, the MWD will make redeterminations at appropriate intervals.

3) When appropriate, the MWD will make referral of the recipient to the Division of Vocational Rehabilitation Services.

10:85-3.2(g) (continued)

4. Action in situations of exemption:

   i. Action by MWD:

      (1) The MWD will record dates and reasons for all determinations of exemption.

      (2) When an exemption is authorized for any reason which is subject to change, the MWD will make redeterminations at appropriate intervals.

      (3) When appropriate, the MWD will make referral of the recipient to the Division of Vocational Rehabilitation Services (see N.J.A.C. 10:85-8.4(h)) and/or to the Social Security Administration for RSDI and/or SSI benefits (see N.J.A.C. 10:85-8.3(c)).

   ii. Action by recipient:

      (1) In accordance with the signed application, the recipient will provide all information required for determination of exemption or continuing exemption and will provide cooperation in obtaining any necessary information from others.

      (2) The recipient will report as referred for medical services and/or rehabilitation for purposes of restoring or improving employability and will cooperate in efforts to that end.

5. Project Activity: Employable recipients for whom the Employment Service is unable to locate immediate employment shall be assigned to work projects in accordance with the provisions of subchapter 10 of this chapter. Persons who fail or refuse to perform in such assignments shall be subject to penalty as prescribed in that subchapter and subparagraph 7i of this subsection. The MWD will provide all necessary cooperation with the Employment Service.

6. Good cause: For individuals involved in worksites supervised by the Special Programs Office of the New Jersey Employment Service, that agency will make the good cause determination. For interim worksites supervised by the MWD, the MWD will make the determination (see N.J.A.C. 10:85-10.7). The failure or refusal to accept or retain employment for good cause is established when any of the following exist:

   i. No bona fide offer of employment was received by the individual.

   ii. Rates offered or paid were less than an applicable minimum wage established by law.

327.3 Action in Situations of Exemption (cont'd.)

(b) Action by Recipient:

1) In accordance with the signed application, the recipient will provide all information required for determination of exemption or continuing exemption and will provide cooperation in obtaining any necessary information from others.

2) The recipient will report as referred for medical services and/or rehabilitation for purposes of restoring or improving employability and will cooperate in efforts to that end.

327.4 Project Activity - Employable recipients for whom the Employment Service is unable to locate immediate employment shall be assigned to work projects in accordance with the provisions of Chapter 1000 of this manual. Persons who fail or refuse to perform in such assignments shall be subject to penalty as prescribed in that chapter and 327.6(c). The MWD will provide all necessary cooperation with the Employment Service.

327.5 Good Cause - For individuals involved in worksites supervised by the Special Programs Office of the New Jersey Employment Service, that agency will make the good cause determination. For interim worksites supervised by the MWD, the MWD will make the determination (see Section 1052). The failure or refusal to accept or retain employment for good cause is established when any of the following exist:

(a) No bona fide offer of employment was received by the individual.

(b) Rates offered or paid were less than an applicable minimum wage established by law.

(c) The individual was physically unable to engage in the employment in question.

(d) No reasonable means of transportation to work was available.

(e) Working conditions were hazardous to health or safety.

(f) An offered job was available solely because of a strike or walkout of other employees of the employer or organization offering employment.

(g) The job required membership in a union which the recipient did not wish to join.

327.6 Failure to Comply - Persons who are not exempt (Section 327.2) and who fail or refuse without good cause (Section 327.5) to comply with applicable parts of this work requirement section are considered to be unwilling to work and are subject to penalty as indicated in (c) below.

(a) In an eligible unit of more than one, when a person incurs a penalty of ineligibility, the grant will be reduced by the penalized person's pro rata share.

(b) The penalty shall be removed when the person meets the criteria for reinstatement (see Section 1053).

SUPERSEDED

327.3 (cont'd.)

(b) Action by Recipient:

1) In accordance with the signed application, the recipient will provide all information required for determination of exemption or continuing exemption and will provide cooperation in obtaining any necessary information from others.

2) The recipient will report as referred for medical services and/or rehabilitation for purposes of restoring or improving employability and will cooperate in efforts to that end.

327.4 Project Activity - Employable recipients for whom the Employment Service is unable to locate immediate employment may be assigned to work activity developed by the Employment Service. The MWD will provide all necessary cooperation with the Employment Service.

(a) Development of projects and designation of participants are functions assigned by law to the Employment Service. The MWD may recommend proposed projects to the Employment Service but will not undertake development of nor assign recipients to projects.

(b) The Employment Service will select the participants by review of Work Registration Forms (NJES - 511B). The MWD will supply to the Employment Service on request the amount and period of grant of each selected recipient.

Payments for medical care will not be included in the report to the Employment Service.

327.4 (cont'd.)

(c) The MWD will receive written notice (Form NJES - 1A) from the Employment Service office of the assignment of any recipient to project activity, satisfactory or unsatisfactory performance, any offer of regular employment, or completion of the assignment.

1) Upon notice of assignment to a work project, the MWD will immediately advise the recipient via written notice of adverse action that assistance will be terminated upon failure without good cause to perform in the assigned activity in a satisfactory manner.

2) Upon receipt of notice from the Employment Service of unsatisfactory performance without good cause, the MWD will discontinue assistance in accordance with Section 327.6(c)2).

In the absence of a report of unsatisfactory performance, the MWD will assume that performance is satisfactory.

327.5 Good Cause - The New Jersey Employment Service will determine whether or not good cause existed for failure or refusal to participate in project activity. In all other situations, the failure or refusal to accept or retain employment for good cause is established when any of the following exist:

(a) No bona fide offer of employment was received by the individual.

(b) Rates offered or paid were less than an applicable minimum wage established by law.

327.6 Failure to Comply (cont'd)

(c) Penalties

1) Any recipient of assistance who fails or refuses without good cause to comply with any part of Section 327.1 (a) through (f) or any person who voluntarily ceases employment without good cause during a period of non-receipt of assistance shall be considered unwilling to work for the 90 day period immediately following such failure, refusal, or voluntary termination. The MWD will deny or terminate (with notice) all assistance to or for such person for the 90 day period or the remainder of it or until the penalty is removed in accordance with Section 327.6(b) above.

327.7 MWDs must notify the Special Programs Office of the termination of assistance to any client registered for employment services. Such notification shall be made by use of Form NJES-1A or a monthly listing giving the name, Social Security number and case number of the applicable client(s).

328. Persons Released from an Institution (See also Sections 316 and 329)

328.1 Place of Referral - Referral will be made to the municipal welfare director as follows:

(a) If the patient is under care in the institution and is to be discharged or released to return to his/her home or the home of relatives, or is already in such home, referral will be made to the director of the municipality where the home is located.

(b) If the patient is currently under the institutional Interim Assistance-Trial Placement program, but is to be discharged or released from that program to return to his/her home or the home of relatives, referral will be made to the Director of the municipality where the patient is to live.

328.1 Place of Referral (cont'd)

(c) If the patient to be discharged or released from Interim Assistance-Trial Placement has no other home and wishes to remain in the Trial Placement boarding home, referral will be made to the Director of the municipality where such Trial Placement boarding home is located.

327.5 (cont'd.)

(c) The individual was physically unable to engage in the employment in question.

(d) No reasonable means of transportation to work was available.

(e) Working conditions were hazardous to health or safety.

(f) An offered job was available solely because of a strike or walkout of other employees of the employer or organization offering employment.

(g) The job required membership in a union which the recipient did not wish to join.

327.6 Failure to Comply - Persons who are not exempt (Section 327.2) and who fail or refuse without good cause (Section 327.5) to comply with applicable parts of this work requirement section are considered to be unwilling to work and are subject to penalty as indicated in (c) below.

(a) In an eligible unit of more than one, when a person incurs a penalty of ineligibility, the grant will be reduced by the penalized person's pro rata share.

(b) The penalty will be removed upon demonstration of a willingness to work. Such demonstration may be made by the client's actual compliance at a level of effort at least equal to that at which the failure or refusal occurred.

(c) Penalties

1) Any recipient of assistance who fails or refuses without good cause to comply with any part of Section 327.1 (a) through (f) or any person who voluntarily ceases employment without good cause during a period of non-receipt of assistance shall be considered unwilling to work for the 90 day period immediately following

327.6 (cont'd.)

such failure, refusal, or voluntary termination. The MWD will deny or terminate (with notice) all assistance to or for such person for the 90 day period or the remainder of it or until the penalty is removed in accordance with Section 327.6(b) above. Such persons are not eligible for project work (Section 327.4).

2) Any person who fails or refuses without good cause, as determined by the NJES, to perform satisfactorily in assigned project activity (Section 327.4) shall be ineligible for cash assistance. If the notice of adverse action required in Section 327.4(c)1) was sent at least 10 days prior to the MWD's receipt of information from NJES, assistance shall be discontined immediately. If not, assistance shall be discontinued at the termination of the 10 day notice period. In either event, the MWD will notify the recipient of the date of termination citing this section and advising of fair hearing rights in accordance with Section 713. The requirement for 10 day advance notice need be met only once per termination. Note that in event of a fair hearing request based on this section, the provision for continued assistance does not apply. (See Section 722.2(b).) Payments for medical care will not be discontinued under this section.

(a) A person who satisfactorily performs only part of assigned project activity shall be subject to deletion of that amount of his/her grant which represents the part of the work not satisfactorily performed.

(b) A penalty of ineligibility invoked for this reason shall be

327.5 (cont'd.)

(c) The individual was physically unable to engage in the employment in question.

(d) No reasonable means of transportation to work was available.

(e) Working conditions were hazardous to health or safety.

(f) An offered job was available solely because of a strike or walkout of other employees of the employer or organization offering employment.

(g) The job required membership in a union which the recipient did not wish to join.

327.6 Failure to Comply - Persons who are not exempt (Section 327.2) and who fail or refuse without good cause (Section 327.5) to comply with applicable parts of this work requirement section are considered to be unwilling to work and are subject to penalty as indicated in (c) below.

(a) In an eligible unit of more than one, when a person incurs a penalty of ineligibility, the grant will be reduced by the penalized person's pro rata share.

(b) The penalty will be removed upon demonstration of a willingness to work. Such demonstration may be made by the client's actual compliance at a level of effort at least equal to that at which the failure or refusal occurred.

(c) Penalties

1) Any recipient of assistance who fails or refuses without good cause to comply with any part of Section 327.1 (a) through (f) or any person who voluntarily ceases employment without good cause during a period of non-receipt of assistance shall be considered unwilling to work for the 90 day

SUPERSEDED

327.6 (cont'd.)

period immediately following such failure, refusal, or voluntary termination. The MWD will deny or terminate (with notice) all assistance to or for such person for the 90 day period or the remainder of it or until the penalty is removed in accordance with Section 327.6(b) above. Such persons are not eligible for project work (Section 327.4).

2) Any person who fails or refuses without good cause, as determined by the NJES, to perform satisfactorily in assigned project activity (Section 327.4) shall be ineligible for cash assistance. If the notice of adverse action required in Section 327.4(c)1) was sent at least 10 days prior to the MWD's receipt of information from NJES, assistance shall be discontinued immediately. If not, assistance shall be discontinued at the termination of the 10 day notice period. Payments for medical care will not be discontinued for this reason.

(a) A person who satisfactorily performs only part of assigned project activity shall be subject to deletion of that amount of his/her grant which represents the part of the work not satisfactorily performed.

(b) A penalty of ineligibility invoked for this reason shall be lifted upon a demonstration of willingness to work or willingness to resume project work. The demonstration may be accomplished by actual performance in employment or

327.6 Failure to Comply (cont'd.)

lifted upon a demonstration of willingness to work or willingness to resume project work. The demonstration may be accomplished by actual performance in employment or in project activity if either is still available. If neither is available, the person's signed and credible statement of intention to resume will suffice until one or the other becomes available.

327.7 MWDs must notify the Special Programs Office of the termination of assistance to any client registered for employment services. Such notification shall be made by use of Form NJES-1A or a monthly listing giving the name, Social Security number and case number of the applicable client(s).

328. Persons Released from an Institution (See also Sections 316 and 329.)

328.1 Place of Referral - Referral will be made to the municipal welfare director as follows:

(a) If the patient is under care in the institution and is to be discharged or released to return to his/her home or the home of relatives, or is already in such home, referral will be made to the director of the municipality where the home is located.

(b) If the patient is currently under the institutional Interim Assistance-Trial Placement program, but is to be discharged or released from that program to return to his/her home or the home of relatives, referral will be made to the Director of the municipality where the patient is to live.

(c) If the patient to be discharged or released from Interim Assistance-Trial Placement has no other home and wishes to remain in the Trial Placement boarding home, referral will be made to the Director of the municipality where such Trial Placement boarding home is located.

327.6 (cont'd.)

lifted upon a demonstration of willingness to work or willingness to resume project work. The demonstration may be accomplished by actual performance in employment or in project activity if either is still available. If neither is available, the person's signed and credible statement of intention to resume will suffice until one or the other becomes available.

328. Persons Released from an Institution (See also Section 316.)

328.1 Place of Referral - Referral will be made to the municipal welfare director as follows:

(a) If the patient is under care in the institution and is to be discharged or released to return to his/her home or the home of relatives, or is already in such home, referral will be made to the director of the municipality where the home is located.

(b) If the patient is currently under the institutional Family Care program, but is to be discharged or released from that program to return to his/her home or the home of relatives, referral will be made to the Director of the municipality where the patient is to live.

(c) If the patient to be discharged or released from Family Care has no other home and wishes to remain in the Family Care boarding home, referral will be made to the Director of the municipality where such Family Care boarding home is located.

327.6 (cont'd.)

in project activity if either is still available. If neither is available, the person's signed and credible statement of intention to resume will suffice until one or the other becomes available.

328. Persons Released from an Institution (See also Section 316.)

328.1 Place of Referral - Referral will be made to the municipal welfare director as follows:

(a) If the patient is under care in the institution and is to be discharged or released to return to his/her home or the home of relatives, or is already in such home, referral will be made to the director of the municipality where the home is located.

(b) If the patient is currently under the institutional Family Care program, but is to be discharged or released from that program to return to his/her home or the home of relatives, referral will be made to the Director of the municipality where the patient is to live.

(c) If the patient to be discharged or released from Family Care has no other home and wishes to remain in the Family Care boarding home, referral will be made to the Director of the municipality where such Family Care boarding home is located.

328.1 Place of Referral (cont'd)

(d) If the patient is either under care in the institution proper or in Interim Assistance-Trial Placement and plans must be made to locate a suitable home for him/ her, referral will be made to the municipality where patient was living at the time he/she entered the institution, and the responsibility for establishing a suitable living arrangement will rest with that municipal welfare department.

1) However, in the event the patient expresses a specific desire to establish him/herself in a certain locality, referral shall be made to such municipality.

328.2 Methods of Referral - Referrals for general assistance of persons released or about to be released from State institutions or V.A. hospitals may be made to the MWD by the Bureau of Field Services, Division of Mental Retardation, by the Bureau of Transitional Services of the Division of Mental Health and Hospitals, or by the institution or hospital itself.

(a) When the referral is made directly by a State institution, it will be requested to prepare and send to the municipal welfare director Form PA-12, Referral by State Mental Institution to Public Assistance Agency.

(b) A Veterans Administration hospital will send the following, in writing and with knowledge and consent of the veteran, to the municipal welfare director:

Identifying data
Anticipated date of discharge
Description of any known or tentative living arrangement following discharge.

328.3 Application Interview - Upon receipt of a referral, the municipal welfare director or caseworker will arrange for an interview with the referred individual (and the family member who is the head of the household if patient is to return to relatives) as promptly as possible but in any event within 2 working days, to be held at a mutually convenient place.

328.4 Notice of Eligibility - The referring agency or institution shall be advised promptly, in writing, whether or not the individual is eligible to receive general assistance and, if eligible, the date on which assistance will be available.

328.5 Responsibility for Transportation - Any necessary transportation of individuals from the institution to a community living arrangement shall be provided by the institution.

328.6 Continuing Service to Recipient of General Assistance - The social service staff of the agency or institution may continue to visit and consult with client as arranged between the social worker and the client. If a question of the client's mental condition or adjustment comes to the attention of either the social worker or the MWD worker, there shall be consultation and joint planning for appropriate action.

328.1 Place of Referral (continued)

(d) If the patient is either under care in the institution proper or in Family Care and plans must be made to locate a suitable home for him/her, referral will be made to the municipality where patient was living at the time he/she entered the institution, and the responsibility for establishing a suitable living arrangement will rest with that municipal welfare department.

1) However, in the event the patient expresses a specific desire to establish him/herself in a certain locality, referral shall be made to such municipality.

328.2 Methods of Referral - Referrals for general assistance of persons released or about to be released from State institutions or V.A. hospitals may be made to the MWD by the BLO/ISS of the Division of Public Welfare, by the Bureau of Field Services, Division of Mental Retardation, or by the institution or hospital itself.

(a) When the referral is made directly by a State institution, it will be requested to prepare and send to the municipal welfare director Form PA-12, Referral by State Mental Institution to Public Assistance Agency.

(b) A Veterans Administration hospital will send the following, in writing and with knowledge and consent of the veteran, to the municipal welfare director:

Identifying data
Anticipated date of discharge
Description of any known or tentative living arrangement following discharge.

328.3 Application Interview - Upon receipt of a referral, the municipal welfare director or caseworker will arrange for an interview with the referred individual (and the family member who is the head of the household if patient is to return to relatives) as promptly as possible but in any event within 2 working days, to be held at a mutually convenient place.

328.4 Notice of Eligibility - The referring agency or institution shall be advised promptly, in writing, whether or not the individual is eligible to receive general assistance and, if eligible, the date on which assistance will be available.

328.5 Responsibility for Transportation - Any necessary transportation of individuals from the institution to a community living arrangement shall be provided by the institution.

328.6 Continuing Service to Recipient of General Assistance - The social service staff of the agency or institution may continue to visit and consult with client as arranged between the social worker and the client. If a question of the client's mental condition or adjustment comes to the attention of either the social worker or the MWD worker, there shall be consultation and joint planning for appropriate action.

328.7 Notice of Change of Status - The institution will promptly notify the municipal welfare director of any change in status of an individual receiving general assistance while on Convalescent Leave or Extended Visit (i.e., return to institution, transfer to Family Care, or official discharge).

The municipal welfare director shall promptly notify the institution in the event that a client becomes ineligible for general assistance and the reason therefore.

329. Procedure for Individuals Released from a State Psychiatric Hospital

329.1 If the individual is under care in the institution and plans are to be made to locate a placement for him/her, prior to discharge to the community, the Bureau of Transitional Services (BTS) in the Division of Mental Health and Hospitals (DMHH) will have the responsibility to contact the municipality where the person was living at the time he/she entered the institution.

(a) In the event the person indicates that he/she wishes to locate in a specific municipality, BTS will make referral to that municipality.

(b) In any event, placement in the community will be the responsibility of the BTS worker.

(c) Under the contractural agreement between the U.S. Department of Health, Education and Welfare and the State of New Jersey, DMHH may be reimbursed for interim assistance it grants to individuals while eligibility for SSI is being determined. (See Section 651.) If the individual is receiving such interim assistance, BTS will not refer the individual for GA until notified by the Social Security Administration that the client's application for SSI has been denied. The BTS worker will notify the MWD that interim assistance is being terminated and GA is now required.

329.2 The BTS worker will fully complete Form GA-1 (Application and Affidavit), prior to discharge, for the person needing assistance.

329.3 The BTS worker will arrange for completion of a Social Service Plan and a physician's report or medical abstract and will forward both together with the PA-7 (Report of Findings by Psychiatric Diagnostic Group), PA-12 (Referral by State Mental Institution to Public Assistance Agency) and GA-18 (Certification of Need for Patient Care in Facility Other than Public or Private General Hospital), if applicable, to the MWD.

392.4 The municipal welfare director or an authorized case worker will receive the material, review it for completeness and determine eligibility for assistance as soon as possible, but shall, in any event, make a decision within 30 days of receipt of such material, pursuant to GAM 703.

(a) If the individual has been referred for SSI by DMHH/BTS but is not receiving interim assistance from that agency, prior to granting GA the municipal welfare director or authorized case worker must ensure that the applicant has signed Form GA-30 in accordance with the procedures outlined in Section 653.

329.5 If placement must be made before a final decision as to eligibility can be rendered by the MWD, or the BTS worker is not in a position to have the appropriate material prepared and submitted before discharge to the community, both agencies will retain their respective responsibilities as defined above and shall keep the other agency fully informed of any action taken on behalf of the discharged persons. However, in accordance with GAM 331, no person shall be denied assistance if in immediate need, if he/she is otherwise apparently eligible, because necessary material identified above as coming from the BTS has not been completed and submitted.

329.6 The provision of social services incident to discharge of individuals from the State institution shall be the responsibility of the BTS social worker, at least until such time as a decision with respect to SSI eligibility is made or eligibility for GA is determined. Thereafter, either the CWA or MWD will provide social services independently or in conjunction with BTS staff.

329.7 All disputes shall be referred to the Division of Public Welfare, Bureau of Local Operations (DPW/BLO) field representative assigned to the specific area wherein the dispute occurs for appropriate resolution. The field representative shall render a decision and notify BTS and MWD within five (5) working days after the dispute has been referred.

330. FINANCIAL ELIGIBILITY

331. Immediate Need

331.1 Definition - Immediate need is the condition in which the available resources of an applicant are insufficient to meet current living expenses.

331.2 Immediate Assistance - When immediate need is apparent and the applicant provides affirmative evidence of eligibility by a written application signed under oath (Form GA-1), the Director of Welfare shall issue a grant, effective as of the date of application, in an amount sufficient to assure that the applicant is provided with food, shelter and clothing pending further verification of the case. Refer to Section 410 for periods for which assistance may be granted. (See Section 325 regarding verification and sources of evidence.)

332. Countable Income

332.1 Requirement - All income from whatever source must be considered in establishing the applicant's eligibility and in computing the grant.

332.2 Definition - Income is countable when it is in cash or in some other form readily available to meet the needs of the eligible unit.

(a) "Some other form" means income-in-kind, such as shelter or food provided at no cost to the client. See Sections 333.3 and 335.4.

(b) Income which is not readily available is considered a resource and will be counted only when it actually becomes available. See Section 340 for regulations regarding resources.

332.3 Availability of Income - For purposes of determining immediate need either at the time of initial application or at any point prior to completion of verification, monies which may have been received in the past, even though recently, and which the applicant has already spent cannot be counted as available so long as he/she provides reasonable explanation or evidence of such expenditures.

(a) Having provided for immediate need, the MWD shall determine financial eligibility for continuing assistance on a monthly or weekly basis (see Section 410), in accordance with Sections 333, 334, and 335.

329.7 All disputes shall be referred to the Division of Public Welfare, Bureau of Local Operations (DPW/BLO) field representative assigned to the specific area wherein the dispute occurs for appropriate resolution. The field representative shall render a decision and notify BTS and MWD within five (5) working days after the dispute has been referred.

330. FINANCIAL ELIGIBILITY

331. Immediate Need

331.1 Definition - Immediate need exists when an applicant's available income and cash (Section 332.3) at the time of initial application are less than the applicable public assistance allowance standard, and the applicant appears to be eligible.

331.2 Immediate Assistance - When immediate need is apparent and the applicant provides affirmative evidence of eligibility by a written application signed under oath (Form GA-1), the Director of Welfare shall issue a grant, effective as of the date of application, in an amount sufficient to assure that the applicant is provided with food, shelter and clothing pending further verification of the case. Refer to Section 410 for periods for which assistance may be granted. (See Section 325 regarding verification and sources of evidence.)

328.7 Notice of Change of Status - The institution will promptly notify the municipal welfare director of any change in status of an individual receiving general assistance while on Convalescent Leave or Extended Visit (i.e., return to institution, transfer to Family Care, or official discharge).

The municipal welfare director shall promptly notify the institution in the event that a client becomes ineligible for general assistance and the reason therefore.

330. FINANCIAL ELIGIBILITY

331. Immediate Need

331.1 Definition - Immediate need exists when an applicant's available income and cash (Section 332.3) at the time of initial application are less than the applicable public assistance allowance standard, and the applicant appears to be eligible.

331.2 Immediate Assistance - When immediate need is apparent and the applicant provides affirmative evidence of eligibility by a written application signed under oath (Form GA-1), the Director of Welfare shall issue a grant, effective as of the date of application, in an amount sufficient to assure that the applicant is provided with food, shelter and clothing pending further verification of the case. Refer to Section 410 for periods for which assistance may be granted. (See Section 325. regarding verification and sources of evidence).

332. Countable Income

332.1 Requirement - All income from whatever source must be considered in establishing the applicant's eligibility and in computing the grant.

332.2 Definition - Income is countable when it is in cash or in some other form readily available to meet the needs of the eligible unit.

(a) "Some other form" means income-in-kind, such as shelter or food provided at no cost to the client. See Sections 333.3 and 335.4.

(b) Income which is not readily available is considered a resource and will be counted only when it actually becomes available. See Section 340 for regulations regarding resources.

332.3 Availability of Income - For purposes of determining immediate need either at the time of initial application or at any point prior to completion of verification, monies which may have been received in the past, even though recently, and which the applicant has already spent cannot be counted as available so long as he/she provides reasonable explanation or evidence of such expenditures.

(a) Having provided for immediate need, the MWD shall determine financial eligibility for continuing assistance on a monthly or weekly basis (see Section 410.), in accordance with Sections 333, 334, and 335.

333. Earned Income

333.1 Definition - Earned income is income earned by an individual through the receipt of wages, salaries or commissions from activities in which he/she is engaged as an employee or from his/her self employment. It includes earnings over a period of time for which settlement is made in one payment, as in the sale of farm crops.

333.2 Self Employment - Earned income from self-employment is the total income from a trade, business or enterprise adjusted by deducting business expenses or the cost of producing the income. Personal expenses, income tax payments, lunches, transportation, child care, etc., are not classified as business expenses for this purpose.

(a) Persons who are self-employed shall be required to submit evidence of business receipts and expenditures as the basis for determining earned income. A reliable, accurate accounting system or the method utilized in reporting to the Internal Revenue Service shall be acceptable for determining net income.

(b) An individual who is providing extensive personal services together with room and board accommodation to an adult other than a relative shall be considered self-employed. Any income from this arrangement in excess of the room and board cost figure as given in Section 335.2 shall be recognized as earned income.

333.2 Self Employment (continued)

(1) "Extensive personal services" means care given an ill or aged person, such as feeding bathing and dressing.

(2) "Relative" in this section includes spouse, child, parent, grandparent, brother or sister.

333.3 Shelter or Food as Part of Wages

When an individual is provided with shelter and/or food without charge in return for performing work duties, the monetary value shall be counted as gross earned income. Such value shall not exceed $55 per month for shelter and/or $45 per month for food; however, a lesser amount may be counted where warranted by conditions. (See Section 335.4 for other income-in-kind situations).

333.4 Disregards - Certain earnings shall be disregarded in determining the amount of countable income.

(a) A standard disregard of $60 per month ($14. per week) for each employed member of the eligible unit engaged in either full or part-time employment shall be deducted from gross earned income. This amount represents mandatory payroll deductions and all other expenses of employment.

(b) In addition, after initial eligibility has been established (see Section 334), one-third of the total remaining earned income of all employed members of the eligible unit shall be disregarded.

iii. When the earnings of an individual are less than $60.00 per month or $14.00 per week, the entire amount of such earnings shall be disregarded.

5. Monthly earnings: Monthly gross earnings are established by multiplying the client's weekly gross earnings by 4 1/3.

6. Irregular earnings: When earnings are irregular, the weekly gross earnings for the four weeks preceding the date the grant becomes effective shall be averaged to determine a weekly amount for the purpose of grant computation.

   i. When the client has been employed less than four weeks prior to the determination, the average shall be based on the actual employment period of one, two, or three weeks.

      (1) Example: New employment began three weeks ago, with wages (gross earnings) in amounts of $80.00, $62.00, and $68.00. Average weekly earnings are $70.00.

   ii. The weeks must be identified in the case record and the amounts of earnings utilized in determining the average documented therein.

7. Change in earned income: Any change in employment circumstances, such as change in base pay, change to full or part-time work or to a different job, must be reported to the MWD immediately and a recalculation of earned income promptly made. If this change has occurred less than four weeks prior to the date the new determination is made and the earnings are irregular, an average shall be determined only for the period since the change occurred. (See example in paragraph 6 of this subsection.)

8. Contract income: Earnings payable under the terms of a renewable contract, e.g., earnings of school teachers, are to be prorated over the stated term of the contract only.

(d) Initial eligibility (earned income): Initial eligibility must be established for all persons who have earned income and are applying for assistance.

1. Determination: To determine initial eligibility, an initial disregard of $60.00 shall be deducted from the total monthly gross earnings or the net earned income from self-employment. When the resultant amount is less than the applicable allowance standard, according to Schedule II, financial eligibility exists.

   i. When initial eligibility has been established, the income shall be computed in accordance with paragraph (c)4 of this section to determine the amount of assistance to which the eligible unit is entitled.

2. Continuing eligibility: A continuing case remains financially eligible so long as the income as computed on Form GA-19 is less than the applicable allowance standard.

3. Eligibility for excessive medical costs: When computation of initial eligibility or of the grant results in a surplus (income exceeds assistance standard), eligibility for excessive medical costs may nevertheless exist, subject to the provisions of subsection (g)1. of this section. Any such surplus, as determined on Form GA-19, shall be subtracted from applicant's total medical costs and payment provided for the remaining unpaid medical bills.

333.4 Disregards (continued)

(c) When the earnings of an individual are less than $60 per month or $14 per week, the entire amount of such earnings shall be disregarded.

333.5 Monthly Earnings - Monthly gross earnings are established by multiplying the client's weekly gross earnings by 4 1/3.

333.6 Irregular Earnings - When earnings are irregular, the weekly gross earnings for the four weeks preceding the date the grant becomes effective shall be averaged to determine a weekly amount for the purpose of grant computation.

(a) When the client has been employed less than four weeks prior to the determination, the average shall be based on the actual employment period of one, two, or three weeks.

Example: New employment began three weeks ago, with wages (gross earnings) in amounts of $80, $62, and $68. Average weekly earnings are $70.

(b) The weeks must be identified in the case record and the amounts of earnings utilized in determining the average documented therein.

333.4 Disregards (continued)

(c) When the earnings of an individual are less than $60 per month or $14 per week, the entire amount of such earnings shall be disregarded.

333.5 Monthly Earnings - Monthly gross earnings are established by multiplying the client's weekly gross earnings by 4 1/3.

333.6 Irregular Earnings - When earnings are irregular, the weekly gross earnings for the four weeks preceding the date the grant becomes effective shall be averaged to determine a weekly amount for the purpose of grant computation.

(a) When the client has been employed less than four weeks prior to the determination, the average shall be based on the actual employment period of one, two, or three weeks.

Example: New employment began three weeks ago, with wages (gross earnings) in amounts of $80, $62, and $68. Average weekly earnings are $70.

(b) The weeks must be identified in the case record and the amounts of earnings utilized in determining the average documented therein.

333.7 Change in Earned Income - Any change in employment circumstances, such as change in base pay, change to full or part-time work or to a different job, must be reported to the MWD immediately and a recalculation of earned income promptly made. If this change has occurred less than four weeks prior to the date the new determination is made and the earnings are irregular, an average shall be determined only for the period since the change occurred. (See example in Section 333.6 (a).)

334. Initial Eligibility (Earned Income) - Initial eligibility must be established for all persons who have earned income and are applying for assistance.

334.1 Determination - To determine initial eligibility, an initial disregard of $60 shall be deducted from the total monthly gross earnings or the net earned income from self-employment. When the resultant amount is less than the applicable allowance standard, according to Schedule II, financial eligibility exists.

(a) When initial eligibility has been established, the income shall be computed in accordance with Section 333.4 to determine the amount of assistance to which the eligible unit is entitled.

334.2 Continuing Eligibility - A continuing case remains financially eligible so long as the income as computed on Form GA-19 is less than the applicable allowance standard.

334.3 Eligibility for Excessive Medical Costs - When computation of initial eligibility or of the grant results in a surplus (income exceeds assistance standard), eligibility for excessive medical costs may nevertheless exist, subject to the provisions of Section 337.1. Any such surplus, as determined on Form GA-19, shall be subtracted from applicant's total medical costs and payment provided for the remaining unpaid medical bills.

333.7 Change in Earned Income - Any change in employment circumstances, such as change in base pay, change to full or part-time work or to a different job, must be reported to the MWD immediately and a recalculation of earned income promptly made. If this change has occurred less than four weeks prior to the date the new determination is made and the earnings are irregular, an average shall be determined only for the period since the change occurred. (See example in Section 333.6 (a).)

333.8 Earnings of Teachers and Other School Employees - Earned income of a teacher or other professional or nonprofessional school employee shall be considered on a yearly basis. So long as the individual is employed at the end of the school term and there is no indication that he/she will not be employed at the beginning of the following term, total earnings shall be prorated over a 12 month period regardless of frequency of payment.

334. Initial Eligibility (Earned Income) - Initial eligibility must be established for all persons who have earned income and are applying for assistance.

334.1 Determination - To determine initial eligibility, an initial disregard of $60 shall be deducted from the total monthly gross earnings or the net earned income from self-employment. When the resultant amount is less than the applicable allowance standard, according to Schedule II, financial eligibility exists.

(a) When initial eligibility has been established, the income shall be computed in accordance with Section 333.4 to determine the amount of assistance to which the eligible unit is entitled.

334.2 Continuing Eligibility - A continuing case remains financially eligible so long as the income as computed on Form GA-19 is less than the applicable allowance standard.

334.3 Eligibility for Excessive Medical Costs - When computation of initial eligibility or of the grant results in a surplus (income exceeds assistance standard), eligibility for excessive medical costs may nevertheless exist, subject to the provisions of Section 337.1. Any such surplus, as determined on Form GA-19, shall be subtracted from applicant's total medical costs and payment provided for the remaining unpaid medical bills.

10:85-3.3 (continued)

(e) Rules concerning unearned income are:

1. Definition: Unearned income includes net income from roomers, roomer-boarders (except as in (c)2ii above), table-boarders, rental of apartments or housekeeping units, returns from capital investments such as dividends and interest, benefits and pensions, annuities, contributions from relatives or others, compensation payments, etc.

   i. All unearned income which is actually being received during the period for which assistance is being provided shall be counted in determining eligibility and in computing the grant.

   ii. Income in the form of benefits, grants or earnings received from any Federal bureau or agency must be applied in computing the amount of the eligible unit's grant.

2. Income from roomers, roomer-boarders, and table-boarders: The presence of roomers, roomer-boarders, or boarders in the eligible unit's home constitutes a business arrangement. Monies received from such arrangements shall be considered gross unearned income to the eligible unit. (Note that income from provision of extensive personal services is earned income. See (c)2ii above.)

   i. The monthly cost figures to be used in determination of net income are as follows:

      (1) Roomer $40.00;

      (2) Table-boarder $80.00;

      (3) Roomer-boarder $120.00;

   ii. To determine the net income, subtract the appropriate monthly cost figure from the monthly amount paid to the eligible unit. The difference is net unearned income.

   iii. If the roomer, table-boarder or roomer-boarder pays an amount less than the applicable monthly cost figure, no countable income shall be recognized. However, the eligible unit should be advised that it is in fact subsidizing such person and urged to request a more equitable payment.

10:85-3.3(e) (continued)

3. Income from rental of apartment or housekeeping unit: When payment is received for rental of an apartment or housekeeping unit in the eligible unit's home, the countable net income shall be determined by deducting the cost of operation and maintenance from the gross income received.

   i. Monthly cost figure: The monthly cost figure per room for operation and maintenance are as follows:

      (1) With no utilities - $23.00;

      (2) Including one major utility such as heat or electricity - $29.00;

      (3) Including two or more (or all) utilities - $34.00.

   ii. To determine the total cost, multiply the monthly cost figure by the number of rooms in each apartment or housekeeping unit, excluding any room used solely as a bathroom.

   iii. Deduct the total cost from the amount of rental income received by the eligible unit. The difference is the net unearned income.

4. Income-in-kind: Contributions provided in the form of goods or services rather than cash are to be considered in accordance with the provisions below. Cash contributions made for or on behalf of a client and which if paid to the client directly would be considered as countable income are to be treated as though they were actually received by the client. Such payments are not recognized as in-kind income.

335. Unearned Income

335.1 Definition - Unearned income includes net income from roomers, roomer-boarders (except as in Section 333.2 (b)), table-boarders, rental of apartments or housekeeping units, returns from capital investments such as dividends and interest, benefits and pensions, annuities, contributions from relatives or others, compensation payments, etc.

(a) All unearned income which is actually being received during the period for which assistance is being provided shall be counted in determining eligibility and in computing the grant.

(b) Income in the form of benefits, grants or earnings received from any Federal bureau or agency must be applied in computing the amount of the eligible unit's grant.

335.2 Income From Roomers, Roomer-Boarders, and Table-Boarders - The presence of roomers, roomer-boarders, or boarders in the eligible unit's home constitutes a business arrangement. Monies received from such arrangements shall be considered gross unearned income to the eligible unit. (Note that income from provision of extensive personal services is earned income. See Section 333.2 (b).)

335.2 Income From Roomers, Roomer-Boarders, and Table-Boarders (Cont'd)

(a) The monthly cost figures to be used in determination of net income are as follows:

Roomer	- $ 40.
Table-Boarder	- $ 80.
Roomer-Boarder	- $120.

(b) To determine the net income, subtract the appropriate monthly cost figure from the monthly amount paid to the eligible unit. The difference is net unearned income.

(c) If the roomer, table-boarder or roomer-boarder pays an amount less than the applicable monthly cost figure, no countable income shall be recognized. However, the eligible unit should be advised that it is in fact subsidizing such person and urged to request a more equitable payment.

335.3 Income from Rental of Apartment or Housekeeping Unit - When payment is received for rental of an apartment or housekeeping unit in the eligible unit's home, the countable net income shall be determined by deducting the cost of operation and maintenance from the gross income received.

(a) Monthly Cost Figure - The monthly cost figure per room for operation and maintenance are as follows:

With no utilities	- $23.
Including one major utility such as heat or electricity	- $29.
Including two or more (or all) utilities	- $34.

10:85-3.3(e)4 (continued)

i. Shelter: When shelter is provided without charge to an applicant/recipient but is not part of his/her wages as described in N.J.A.C. 10:85-3.3(c)3, it shall be recognized as income-in-kind. An amount equal to 25 percent of the applicable allowance standard shall be deducted as unearned income. When utilities are included, the amount shall be 30 percent of the allowance standard.

ii. Hospital services: When grants are being continued under the provisions for shelter continuity (see N.J.A.C. 10:85-3.3(f)5), an in-kind income item for hospital services shall be used in grant computations to accommodate for the absence of the individual from his/her home. The amount for employable persons is $17.00 monthly; for unemployable persons, $25.00 monthly.

iii. Other items: No deductions will be made for other in-kind items, except as stated in (c) above or unless they are contributed by an LRR in accordance with N.J.A.C. 10:85-9.5. However, cash contributions from whatever source are countable income, except for occasional gifts.

5. Income exclusions: The following shall not be counted when determining financial eligibility:

i. Excess value of food stamps: For any household participating in the Food Stamp Program of the U.S. Department of Agriculture, the value of the coupon allotment.

ii. Supplemental aid by other agencies or organizations, whether public or private, provided that:

(1) There is no duplication between such aid and the public assistance grant; and

(2) Such aid is for a special purpose not within the function of the public assistance agency (for example, vocational rehabilitation).

iii. Subsidization of adoption: Any income received through the subsidized adoption program of the Division of Youth and Family Services pursuant to N.J.A.C. 30:4C - 45 thru 49 (P.L. 1973C.81).

iv. Foster care payments: The regular monthly payment and clothing allowance paid by DYFS for care of children shall be considered as equal to the cost of providing the care. Extra payments for special services shall, however, be considered as earned income from self-employment.

10:85-3.3(e)5 (continued)

v. Occasional gifts and contributions of nominal amount or value, such as those received on birthdays, Christmas or other holidays.

vi. HUD payments: Any HUD (Housing and Urban Development) vendor payments made on behalf of recipients.

vii. Payments for supportive services or reimbursement of out-of-pocket expenses made to individual volunteers, grandparents, senior health aides, senior companions, volunteers under Title I (VISTA) of Public Law 93-113, persons serving in the Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE) and any programs under Titles II and III of the Domestic Volunteer Service Act of 1973 (Public Law 93-113) shall be disregarded.

viii. Personal loans: Personal loans are exempt when such loans are evidenced by a document, signed by the client and the lender, which states the amount of the loan and terms of repayment. (See also (e)5ix below for student loans.)

ix. Student income: Loans, grants, scholarships, and income from workstudy programs which may be received by full time undergraduate students are to be disregarded in computing eligibility or the amount of General Assistance to be granted. Stipends provided for living expenses, however, are not to be disregarded. (See also N.J.A.C. 10:85-3.2(f)3 on eligibility of college students.)

x. Relocation payments: Payments made under the authority of the New Jersey Relocation Assistance Act (Chapter 362, Laws of 1971, N.J.S.A. 20:4-1 et seq.).

xi. Energy Assistance Payments: Payments and credits made under the Home Energy Assistance (HEA) Program, the Lifeline Assistance Program (LAP) and the Tenants Lifeline Assistance Program (TLAP).

10:85-3.3(e)4 (continued)

i. Shelter: When shelter is provided without charge to an applicant/recipient but is not part of his/her wages as described in N.J.A.C. 10:85-3.3(c)3, it shall be recognized as income-in-kind. An amount equal to 25 percent of the applicable allowance standard shall be deducted as unearned income. When utilities are included, the amount shall be 30 percent of the allowance standard.

ii. Hospital services: When grants are being continued under the provisions for shelter continuity (see N.J.A.C. 10:85-3.3(f)5), an in-kind income item for hospital services shall be used in grant computations to accommodate for the absence of the individual from his/her home. The amount for employable persons is $17.00 monthly; for unemployable persons, $25.00 monthly.

iii. Other items: No deductions will be made for other in-kind items, except as stated in subsection (c) of this section or unless they are contributed by an LRR in accordance with N.J.A.C. 10:85-9.5. However, cash contributions from whatever source are countable income, except for occasional gifts (see (e)5v).

5. Income exclusions: The following shall not be counted when determining financial eligibility:

i. Excess value of food stamps: For any household participating in the Food Stamp Program of the U.S. Department of Agriculture, the value of the coupon allotment.

ii. Supplemental aid by other agencies or organizations, whether public or private, provided that:

(1) There is no duplication between such aid and the public assistance grant; and

(2) Such aid is for a special purpose not within the function of the public assistance agency (for example, vocational rehabilitation).

iii. Subsidization of adoption: Any income received through the Subsidized Adoption Program of the Division of Youth and Family Services pursuant to N.J.A.C. 30:4C - 45 thru 49 (P.L. 1973C.81).

10:85-3.3(e)5 (continued)

iv. Foster care payments: The regular monthly payment and clothing allowance paid by DYFS for care of children shall be considered as equal to the cost of providing the care. Extra payments for special services shall, however, be considered as earned income from self-employment.

v. Occasional gifts and contributions of nominal amount or value, such as those received on birthdays, Christmas or other holidays.

vi. HUD payments: Any HUD (Housing and Urban Development) vendor payments made on behalf of recipients.

vii. VISTA volunteer payments: Payments made to persons who have been receiving General Assistance and who qualify as VISTA volunteers. This exemption does not apply to stipends or other monies received by persons who have not been receiving General Assistance prior to qualification as VISTA volunteers, nor does it apply to payments to persons who work for VISTA in a capacity other than as a volunteer.

viii. Personal loans: Personal loans are exempt when such loans are evidenced by a document, signed by the client and the lender, which states the amount of the loan and terms of repayment. (See also (e)5ix below for student loans.)

10:85-3.3(e)3.

ii. To determine the total cost, multiply the monthly cost figure by the number of rooms in each apartment or housekeeping unit, excluding any room used solely as a bathroom.

iii. Deduct the total cost from the amount of rental income received by the eligible unit. The difference is the net unearned income.

4. Income-in-kind:

i. Shelter: When shelter is provided without charge to an applicant/recipient but is not part of his/her wages as described in N.J.A.C. 10:85-3.3(c)3., it shall be recognized as income-in-kind. An amount equal to 25% of the applicable allowance standard shall be deducted as unearned income. When utilities are included, the amount shall be 30% of the allowance standard. These percentage deductions apply even though an in-kind payment by an LRR (N.J.A.C. 10:85-9.5(c)) and/or the dollar credit to the LRR's contribution may be in a different amount.

ii. Other items: No deductions will be made for other in-kind items, except as stated in subsection (c) of this section or unless they are contributed by an LRR in accordance with N.J.A.C. 10:85-9.5. However, cash contributions from whatever source are countable income, except for occasional gifts (see (e)5.v.).

5. Income exclusions: The following shall not be counted when determining financial eligibility:

i. Excess value of food stamps: For any household participating in the Food Stamp Program of the U.S. Department of Agriculture, the value of the coupon allotment.

ii. Supplemental aid by other agencies or organizations, whether public or private, provided that:

(1) There is no duplication between such aid and the public assistance grant; and

(2) Such aid is for a special purpose not within the function of the public assistance agency (for example, vocational rehabilitation).

iii. Subsidization of adoption: Any income received through the Subsidized Adoption Program of the Division of Youth and Family Services pursuant to N.J.A.C. 30:4C - 45 thru 49 (P.L. 1973C.81).

10:85-3.3(e)5. (continued)

iv. Foster care payments: The regular monthly payment and clothing allowance paid by DYFS for care of children shall be considered as equal to the cost of providing the care. Extra payments for special services shall, however, be considered as earned income from self-employment.

v. Occasional gifts and contributions of nominal amount or value, such as those received on birthdays, Christmas or other holidays.

vi. HUD payments: Any HUD (Housing and Urban Development) vendor payments made on behalf of recipients.

vii. VISTA volunteer payments: Payments made to persons who have been receiving General Assistance and who qualify as VISTA volunteers. This exemption does not apply to stipends or other monies received by persons who have not been receiving General Assistance prior to qualification as VISTA volunteers, nor does it apply to payments to persons who work for VISTA in a capacity other than as a volunteer.

viii. Personal loans: Personal loans are exempt when such loans are evidenced by a document, signed by the client and the lender, which states the amount of the loan and terms of repayment. (See also subparagraph ix. below for student loans.)

335.3 Income from Rental of Apartment or Housekeeping Units (Cont'd)

1) To determine the total cost, multiply the monthly cost figure by the number of rooms in each apartment or housekeeping unit, excluding any room used solely as a bathroom.

2) Deduct the total cost from the amount of rental income received by the eligible unit. The difference is the net unearned income.

335.4 Income-In-Kind

(a) Shelter - When shelter is provided without charge to an applicant/recipient but is not part of his/her wages as described in Section 333.3, it shall be recognized as income-in-kind. An amount equal to 25% of the applicable allowance standard shall be deducted as unearned income. When utilities are included, the amount shall be 30% of the allowance standard. These percentage deductions apply even though an in-kind payment by an LRR (Section 943) and/or the dollar credit to the LRR's contribution may be in a different amount.

(b) Other Items - No deductions will be made for other in-kind items, except as stated in Section 333 or unless they are contributed by an LRR in accordance with Section 940. However, cash contributions from whatever source are countable income, except for occasional gifts (see Section 335.5 (e)).

335.5 Income Exclusions - The following shall not be counted when determining financial eligibility:

335.5 Income Exclusions (Cont'd)

(a) Excess Value of Food Stamps - For any household participating in the Food Stamp Program of the U.S. Department of Agriculture, the value of the coupon allotment in excess of the amount paid by the household for such allotment.

(b) Supplemental Aid by Other Agencies or Organizations, Whether Public or Private, provided that:

1) There is no duplication between such aid and the public assistance grant; and

2) Such aid is for a special purpose not within the function of the public assistance agency (for example, vocational rehabilitation).

(c) Subsidization of Adoption - Any income received through the Subsidized Adoption Program of the Division of Youth and Family Services pursuant to N.J.S.A. 30:4C - 45 thru 49 (P.L.1973C.81).

(d) Personal Loans - Personal loans are exempt when such loans are evidenced by a document, signed by the client and the lender, which states the amount of the loan and terms of repayment. (See also 335.5 (i) below for student loans.)

(e) Foster Care Payments - The regular monthly payment and clothing allowance paid by DYFS for care of children shall be considered as equal to the cost of providing the care. Extra payments for special services shall, however, be considered as earned income from self-employment.

(f) HUD Payments - Any HUD (Housing and Urban Development) vendor payments made on behalf of recipients.

335.3 Income from Rental of Apartment or Housekeeping Units (Cont'd)

1) To determine the total cost, multiply the monthly cost figure by the number of rooms in each apartment or housekeeping unit, excluding any room used solely as a bathroom.

2) Deduct the total cost from the amount of rental income received by the eligible unit. The difference is the net unearned income.

335.4 Income-In-Kind

(a) Shelter - When shelter is provided without charge to an applicant/recipient but is not part of his/her wages as described in Section 333.3, it shall be recognized as income-in-kind. An amount equal to 25% of the applicable allowance standard shall be deducted as unearned income. When utilities are included, the amount shall be 30% of the allowance standard. These percentage deductions apply even though an in-kind payment by an LRR (Section 943) and/or the dollar credit to the LRR's contribution may be in a different amount.

(b) Other Items - No deductions will be made for other in-kind items, except as stated in Section 333 or unless they are contributed by an LRR in accordance with Section 940. However, cash contributions from whatever source are countable income, except for occasional gifts (see Section 335.5 (e)).

335.5 Income Exclusions - The following shall not be counted when determining financial eligibility:

335.5 Income Exclusions (Cont'd)

(a) Excess Value of Food Stamps - For any household participating in the Food Stamp Program of the U.S. Department of Agriculture, the value of the coupon allotment in excess of the amount paid by the household for such allotment.

(b) Supplemental Aid by Other Agencies or Organizations, Whether Public or Private, provided that:

1) There is no duplication between such aid and the public assistance grant; and

2) Such aid is for a special purpose not within the function of the public assistance agency (for example, vocational rehabilitation).

(c) Subsidization of Adoption - Any income received through the Subsidized Adoption Program of the Division of Youth and Family Services pursuant to N.J.S.A. 30:4C - 45 thru 49 (P.L.1973C.81).

(d) Personal Loans - Personal loans are exempt when such loans are evidenced by a document, signed by the client and the lender, which states the amount of the loan and terms of repayment.

(e) Foster Care Payments - The regular monthly payment and clothing allowance paid by DYFS for care of children shall be considered as equal to the cost of providing the care. Extra payments for special services shall, however, be considered as earned income from self-employment.

(f) HUD Payments - Any HUD (Housing and Urban Development) vendor payments made on behalf of recipients.

10:85-3.3(e)5. (continued)

ix. Student income: Loans, grants, scholarships, and income from workstudy programs which may be received by full time undergraduate students are to be disregarded in computing eligibility or the amount of General Assistance to be granted. Stipends provided for living expenses, however, are not to be disregarded. (See also N.J.A.C. 10:85-3.2(f)3. on eligibility of college students.)

x. Relocation payments: Payments made under the authority of the New Jersey Relocation Assistance Act (Chapter 362, Laws of 1971, N.J.S.A. 20:4-1 et seq.).

(f) Assistance allowance standards are:

1. An allowance standard is the total amount of need recognized for a particular eligible unit for a specified period of time, other than payment for medical needs, homemaker service, or such emergency grants as may be deemed necessary under N.J.A.C. 10:85-4.6.

2. Allowance schedules: Schedules I and II, at the end of this chapter, have been established under the authority in N.J.S.A. Title 44 and give the standards, in monthly amounts, to be used as the basis for granting assistance to specified eligible units, based on the number of persons in the household.

i. The eligible unit represents the person(s) applying for and eligible to receive General Assistance (see N.J.A.C. 10:85-3.1(b)1).

ii. The household size represents the number of persons living together as a family unit, regardless of relationship or eligibility for other public assistance programs (see N.J.A.C. 10:85-3.1(b)2).

iii. Assistance allowance standards as given in Schedule I apply only to persons who, because of physical, mental, or emotional handicaps, are unable to accept employment.

iv. In all situations when the eligible unit includes at least one individual who is employable, Schedule II shall be used.

10:85-3.3(f)2. (continued)

v. If assistance is required for a period of less than one month, the allowance standard as given in Schedules I or II shall be prorated as necessary.

vi. To prorate, divide the monthly allowance by 30 (regardless of the actual number of days in that particular month) to determine the per diem amount. Multiply the per diem amount by the number of days for which the grant is to be made.

3. Recognized for State aid: State aid will be provided in accordance with the appropriate allowance standard when payments, as related to the periods of time described in N.J.A.C. 10:85-4.2, adhere to the standards and regulations in this manual.

i. A MWD providing additional amounts of assistance to any given month (other than for homemaker service, emergency assistance or medical care) will receive no State aid for the amount in excess of the applicable standard.

335.5 Income Exclusions (cont'd)

(g) Occasional gifts and contributions of nominal amount or value, such as those received on birthdays, Christmas or other holidays.

(h) VISTA Volunteer Payments - Payments made to persons who have been receiving General Assistance and who qualify as VISTA volunteers. This exemption does not apply to stipends or other monies received by persons who have not been receiving General Assistance prior to qualification as VISTA volunteers, nor does it apply to payments to persons who work for VISTA in a capacity other than as a volunteer.

(i) Student Income - Loans, grants, scholarships, and income from wordstudy programs which may be received by full time undergraduate students are to be disregarded in computing eligibility or the amount of General Assistance to be granted. Stipends provided for living expenses, however, are not to be disregarded. (See also Section 326.3 on eligibility of college students.)

(j) Relocation Payments - Payments made under the authority of the New Jersey Relocation Assistance Act (Chapter 362, Laws of 1971, N.J.S.A. 20:4-1 et seq.).

336. Assistance Allowance Standards

336.1 Definition

(a) An allowance standard is the total amount of need recognized for a particular eligible unit for a specified period of time, other than payment for medical needs, homemaker service, or such emergency grants as may be deemed necessary under Section 450.

336.2 Allowance Schedules - Schedules I and II, at the end of this chapter, have been established under the authority in N.J.S.A. Title 44 and give the standards, in monthly amounts, to be used as the basis for granting assistance to specified eligible units, based on the number of persons in the household.

(a) The eligible unit represents the person(s) applying for and eligible to receive General Assistance (see Section 312.1).

(b) The household size represents the number of persons living together as a family unit, regardless of relationship or eligibility for other public assistance programs (see Section 312.2).

(c) Assistance allowance standards as given in Schedule I apply only to persons who, because of physical, mental, or emotional handicaps, are unable to accept employment.

(d) In all situations when the eligible unit includes at least one individual who is employable, Schedule II shall be used.

(e) If assistance is required for a period of less than one month, the allowance standard as given in Schedules I or II shall be prorated as necessary.

(f) To prorate, divide the monthly allowance by 30 (regardless of the actual number of days in that particular month) to determine the per diem amount. Multiply the per diem amount by the number of days for which the grant is to be made.

336.3 Recognized for State Aid - State aid will be provided in accordance with the appropriate allowance standard when payments, as related to the periods of time described in Section 410, adhere to the standards and regulations in this Manual.

(a) A MWD providing additional amounts of assistance in any given month (other than for homemaker service, emergency assistance or medical care) will receive no State aid for the amount in excess of the applicable standard.

335.5 Income Exclusions (cont'd)

(g) Occasional gifts and contributions of nominal amount or value, such as those received on birthdays, Christmas or other holidays.

(h) VISTA Volunteer Payments - Payments made to persons who have been receiving General Assistance and who qualify as VISTA volunteers. This exemption does not apply to stipends or other monies received by persons who have not been receiving General Assistance prior to qualification as VISTA volunteers, nor does it apply to payments to persons who work for VISTA in a capacity other than as a volunteer.

336. Assistance Allowance Standards

336.1 Definition

(a) An allowance standard is the total amount of need recognized for a particular eligible unit for a specified period of time, other than payment for medical needs, homemaker service, or such emergency grants as may be deemed necessary under Section 450.

336.2 Allowance Schedules - Schedules I and II, at the end of this chapter, have been established under the authority in N.J.S.A. Title 44 and give the standards, in monthly amounts, to be used as the basis for granting assistance to specified eligible units, based on the number of persons in the household.

(a) The eligible unit represents the person(s) applying for and eligible to receive General Assistance (see Section 312.1).

(b) The household size represents the number of persons living together as a family unit, regardless of relationship or eligibility for other public assistance programs (see Section 312.2).

(c) Assistance allowance standards as given in Schedule I apply only to persons who, because of physical, mental, or emotional handicaps, are unable to accept employment.

336.2 Allowance Schedules continued

(d) In all situations when the eligible unit includes at least one individual who is employable, Schedule II shall be used.

(e) If assistance is required for a period of less than one month, the allowance standard as given in Schedules I or II shall be prorated as necessary.

(f) To prorate, divide the monthly allowance by 30 (regardless of the actual number of days in that particular month) to determine the per diem amount. Multiply the per diem amount by the number of days for which the grant is to be made.

336.3 Recognized for State Aid - State aid will be provided in accordance with the appropriate allowance standard when payments, as related to the periods of time described in Section 410, adhere to the standards and regulations in this Manual.

(a) A MWD providing additional amounts of assistance in any given month (other than for homemaker service, emergency assistance or medical care) will receive no State aid for the amount in excess of the applicable standard.

335.5 Income Exclusions (Cont'd)

(g) Occasional gifts and contributions of nominal amount or value, such as those received on birthdays, Christmas or other holidays.

336. Assistance Allowance Standards

336.1 Definition

(a) An allowance standard is the total amount of need recognized for a particular eligible unit for a specified period of time, other than payment for medical needs, homemaker service, or such emergency grants as may be deemed necessary under Section 450.

336.2 Allowance Schedules - Schedules I and II, at the end of this chapter, have been established under the authority in N.J.S.A. Title 44 and give the standards, in monthly amounts, to be used as the basis for granting assistance to specified eligible units, based on the number of persons in the household.

(a) The eligible unit represents the person(s) applying for and eligible to receive General Assistance (see Section 312.1).

(b) The household size represents the number of persons living together as a family unit, regardless of relationship or eligibility for other public assistance programs (see Section 312.2).

(c) Assistance allowance standards as given in Schedule I apply only to persons who, because of physical, mental, or emotional handicaps, are unable to accept employment.

336.2 Allowance Schedules continued

(d) In all situations when the eligible unit includes at least one individual who is employable, Schedule II shall be used.

(e) If assistance is required for a period of less than one month, the allowance standard as given in Schedules I or II shall be prorated as necessary.

(f) To prorate, divide the monthly allowance by 30 (regardless of the actual number of days in that particular month) to determine the per diem amount. Multiply the per diem amount by the number of days for which the grant is to be made.

336.3 Recognized for State Aid - State aid will be provided in accordance with the appropriate allowance standard when payments, as related to the periods of time described in Section 410, adhere to the standards and regulations in this Manual.

(a) A MWD providing additional amounts of assistance in any given month (other than for homemaker service, emergency assistance or medical care) will receive no State aid for the amount in excess of the applicable standard.

10:85-3.3 (continued)

(f) Assistance allowance standards are as follows:

1. An allowance standard is the total amount of need recognized for a particular eligible unit for a specified period of time, other than payment for medical needs, homemaker service, or such emergency grants as may be deemed necessary under N.J.A.C. 10:85-4.6.

2. Allowance schedules: Schedules I and II, at the end of this chapter, have been established under the authority in N.J.S.A. Title 44 and give the standards, in monthly or weekly amounts, to be used as the basis for granting assistance to specified eligible units, based on the number of persons in the household.

   i. The eligible unit represents the person(s) applying for and eligible to receive General Assistance (see N.J.A.C. 10:85-3.1(b)1).

   ii. The household size represents the number of persons living together as a family unit, regardless of relationship or eligibility for other public assistance programs (see N.J.A.C. 10:85-3.1(b)2).

   iii. Assistance allowance standards as given in Schedule I apply only to persons who, because of physical, mental, or emotional handicaps, are unable to accept employment.

   iv. In all situations when the eligible unit includes at least one individual who is employable, Schedule II shall be used.

   v. If assistance is required for a period of less than one month, the allowance standard as given in Schedules I or II shall be prorated as necessary.

   vi. To prorate, divide the monthly allowance by 30 (regardless of the actual number of days in that particular month) to determine the per diem amount. Multiply the per diem amount by the number of days for which the grant is to be made.

3. Recognized for State aid: State aid will be provided in accordance with the appropriate allowance standard when payments, as related to the periods of time described in N.J.A.C. 10:85-4.2, adhere to the standards and regulations in this manual.

   i. A MWD providing additional amounts of assistance in any given month (other than for homemaker service, emergency assistance or medical care) will receive no State aid for the amount in excess of the applicable standard.

10:85-3.3(f) (continued)

4. Room and board living arrangements: When an individual is purchasing a room and board living arrangement, the following shall apply:

   i. Residential health care facility: When an individual who is in need of extensive personal services on a regular and continuous basis is purchasing a room and board living arrangement in a Residential Health Care Facility (licensed by the N.J. Department of Health for purposes other than the care or treatment of drug or alcohol abuse), the monthly assistance payment, including a personal allowance, shall not exceed $430.20 less any countable income. However, the cost of purchasing such living arrangement shall not exceed the minimum amount which the establishment customarily charges to or for other guests not dependent on public assistance, for the same accommodations and/or services.

   ii. Other boarding homes: When an individual is purchasing room and board in a group facility or a boarding home (including a private home) other than a Residential Health Care Facility as in (f)4i above, or a center for treatment of drug or alcohol abuse as in (f)4iv below, the total monthly allowance shall be the amount for a single individual in a household of one as given in Schedule I or Schedule II, as appropriate, less any countable income.

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

      (2) A child age 18 or over of a boarding home operator may be a boarder in the home of the parent/operator if the parent/operator (or one of them if both are present) is age 60 or over. Otherwise such child shall not be considered a boarder but a member of the parent's household.

   iii. Long term care facilities: See N.J.A.C. 10:85-5.3(e) regarding care in skilled nursing homes and intermediate care facilities.

   iv. Drug and alcohol treatment centers: When an individual is receiving room and board in a residential center for the treatment of drug or alcohol abuse, whether or not the center is licensed by the New Jersey Department of Health, the total allowance shall not exceed the amount to which the individual would be entitled as an eligible unit of one as given in Schedule I or Schedule II, as appropriate. Of that amount, $25.00 shall be considered as an allowance for personal incidentals and the remainder as the room and board payment to the center. (Note: Licensure of the center by the New Jersey Department of Health as a medical institution will not affect the payment rate even though it may be a factor in determining which municipality is financially responsible.)

10:85-3.3(f) (continued)

4. Room and board living arrangements: When an individual is purchasing a room and board living arrangement, the following shall apply:

i. Residential health care facility: When an individual who is in need of extensive personal services on a regular and continuous basis is purchasing a room and board living arrangement in a Residential Health Care Facility (licensed by the N.J. Department of Health for purposes other than the care or treatment of drug or alcohol abuse), the monthly assistance payment, including a personal allowance, shall not exceed $430.20 less any countable income. However, the cost of purchasing such living arrangement shall not exceed the minimum amount which the establishment customarily charges to or for other guests not dependent on public assistance, for the same accommodations and/or services.

ii. Other boarding homes: When an individual is purchasing room and board in a group facility or a boarding home (including a private home) other than a Residential Health Care Facility as in (f)4i above, or a center for treatment of drug or alcohol abuse as in (f)4iv below, the total monthly allowance shall be the amount for a single individual in a household of one as given in Schedule I or Schedule II, as appropriate, less any countable income.

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

(2) A child age 18 or over of a boarding home operator may be a boarder in the home of the parent/operator if the parent/operator (or one of them if both are present) is age 60 or over. Otherwise such child shall not be considered a boarder but a member of the parent's household.

iii. Long term care facilities: See N.J.A.C. 10:85-5.3(f) regarding care in skilled nursing homes and intermediate care facilities.

iv. Drug and alcohol treatment centers: When an individual is receiving room and board in a residential center for the treatment of drug or alcohol abuse, whether or not the center is licensed by the N.J. Department of Health, the total allowance shall not exceed the amount to which the individual would be entitled as an eligible unit of one as given in Schedule I or Schedule II, as appropriate. Of that amount, $25.00 shall be considered as an allowance for personal incidentals and the remainder as the room and board payment to the center. (Note: Licensure of the center by the N.J. Department of Health as a medical institution will not affect the payment rate even though it may be a factor in determining which municipality is financially responsible.)

10:85-3.3(f) (continued)

5. Shelter continuity: When a person who had been living alone and is otherwise eligible for General Assistance is hospitalized for more than 30 days, grants of assistance may be continued for up to 60 additional days for the purpose of retaining shelter to which the person can return. See N.J.A.C. 10:85-3.3(e)4ii for appropriate deduction for in-kind income.

(g) Medical care: Persons found eligible for General Assistance in accordance with the procedures and standards established in this subchapter (N.J.A.C. 10:85-3) are likewise eligible for medical care. (See N.J.A.C. 10:85-5 regarding provision of medical care.) In addition, certain other individuals and families are eligible for medical assistance from the MWD or for referral to the county welfare agency.

1. Medically needy: Individuals and families who are ineligible for public assistance (General Assistance, AFDC, Cuban or Indochinese Refugee Assistance) or for SSI payments because their income exceeds the standards established for the applicable program may apply to the MWD on a monthly basis for assistance in paying excessive medical costs. The provisions of this subsection are not applicable to the payment of bills for inpatient hospitalization or for medical services rendered to an inpatient. (See N.J.A.C. 10:85-5.2(f)1.)

i. "Excessive" defined: When an individual's or family's income over and above the appropriate income level as explained in (g)1ii below has been used to pay medical bills, any additional medical costs are considered excessive.

ii. Income levels: For the purpose of determing excessive medical costs, the total available monthly income (see (g)1iii below) of individuals, couples or families with children is measured against the appropriate allowance standard. (See N.J.A.C. 10:85-3.1(b) regarding eligible unit concept and Appendix C for schedules in AFDC and SSI.)

iii. Computing total income: Form GA-19 will be used to determine income and the amount of excessive medical costs. Monthly earned income is adjusted by deducting $60.00 plus any child care necessary for employment of the parent(s) and/or court ordered support payments: no further disregards are recognized. This adjusted amount added to any unearned income equals the total monthly income available to the eligible unit.

10:85-3.3(f) (continued)

5. Shelter continuity: When a person who had been living alone and is otherwise eligible for General Assistance is hospitalized for more than 30 days, grants of assistance may be continued for up to 60 additional days for the purpose of retaining shelter to which the person can return. See N.J.A.C. 10:85-3.3(e)4ii for appropriate deduction for in-kind income.

(g) Medical care: Persons found eligible for General Assistance in accordance with the procedures and standards established in this subchapter (N.J.A.C. 10:85-3) are likewise eligible for medical care. (See N.J.A.C. 10:85-5 regarding provision of medical care.) In addition, certain other individuals and families are eligible for medical assistance from the MWD or for referral to the county welfare agency.

1. Medically needy: Individuals and families who are ineligible for public assistance (General Assistance, AFDC, Cuban or Indochinese Refugee Assistance) or for SSI payments because their income exceeds the standards established for the applicable program may apply to the MWD on a monthly basis for assistance in paying excessive medical costs. The provisions of this subsection are not applicable to the payment of bills for inpatient hospitalization or for medical services rendered to an inpatient. (See N.J.A.C. 10:85-5.2(e)1.)

i. "Excessive" defined: When an individual's or family's income over and above the appropriate income level as explained in (g)1ii below has been used to pay medical bills, any additional medical costs are considered excessive.

ii. Income levels: For the purpose of determing excessive medical costs, the total available monthly income (see (g)1iii below) of individuals, couples or families with children is measured against the appropriate allowance standard. (See N.J.A.C. 10:85-3.1(b) regarding eligible unit concept and Appendix C for schedules in AFDC and SSI.)

iii. Computing total income: Form GA-19 will be used to determine income and the amount of excessive medical costs. Monthly earned income is adjusted by deducting $60.00 plus any child care necessary for employment of the parent(s) and/or court ordered support payments; no further disregards are recognized. This adjusted amount added to any unearned income equals the total monthly income available to the eligible unit.

10:85-3.3(f) (continued)

4. Room and board living arrangements: When an individual is purchasing a room and board living arrangement, the following shall apply:

   i. Residential health care facility: When an individual who is in need of extensive personal services on a regular and continuous basis is purchasing a room and board living arrangement in a Residential Health Care Facility (licensed by the N.J. Department of Health for purposes other than the care or treatment of drug or alcohol abuse), the monthly assistance payment, including a personal allowance, shall not exceed $408.50 less any countable income. However, the cost of purchasing such living arrangement shall not exceed the minimum amount which the establishment customarily charges to or for other guests not dependent on public assistance, for the same accommodations and/or services.

   ii. Other boarding homes: When an individual is purchasing room and board in a group facility or a boarding home (including a private home) other than a Residential Health Care Facility as in (f)4i above, or a center for treatment of drug or alcohol abuse as in (f)4iv below, the total monthly allowance shall be the amount for a single individual in a household of one as given in Schedule I or Schedule II, as appropriate, less any countable income.

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

      (2) A child age 18 or over of a boarding home operator may be a boarder in the home of the parent/operator if the parent/operator (or one of them if both are present) is age 60 or over. Otherwise such child shall not be considered a boarder but a member of the parent's household.

   iii. Long term care facilities: See N.J.A.C. 10:85-5.3(f) regarding care in skilled nursing homes and intermediate care facilities.

   iv. Drug and alcohol treatment centers: When an individual is receiving room and board in a residential center for the treatment of drug or alcohol abuse, whether or not the center is licensed by the N.J. Department of Health, the total allowance shall not exceed the amount to which the individual would be entitled as an eligible unit of one as given in Schedule I or Schedule II, as appropriate. Of that amount, $25.00 shall be considered as an allowance for personal incidentals and the remainder as the room and board payment to the center. (Note: Licensure of the center by the N.J. Department of Health as a medical institution will not affect the payment rate even though it may be a factor in determining which municipality is financially responsible.)

10:85-3.3(f) (continued)

4. Room and board living arrangements: When an individual is purchasing a room and board living arrangement, the following shall apply:

   i. Residential health care facility: When an individual who is in need of extensive personal services on a regular and continuous basis is purchasing a room and board living arrangement in a Residential Health Care Facility (licensed by the N.J. Department of Health for purposes other than the care or treatment of drug or alcohol abuse), the monthly assistance payment, including a personal allowance, shall not exceed $408.50 less any countable income. However, the cost of purchasing such living arrangement shall not exceed the minimum amount which the establishment customarily charges to or for other guests not dependent on public assistance, for the same accommodations and/or services.

   ii. Other boarding homes: When an individual other than a spouse or dependent child under 18 of the operator is purchasing room and board in a group facility or a boarding home (including a private home) other than a Residential Health Care Facility as in (f)4i above, or a center for treatment of drug or alcohol abuse as in (f)4iv below, the total monthly allowance shall be the amount for a single individual as given in Schedule I or Schedule II, as appropriate, less any countable income.

   iii. Long term care facilities: See N.J.A.C. 10:85-5.3(f) regarding care in skilled nursing homes and intermediate care facilities.

   iv. Drug and alcohol treatment centers: When an individual is receiving room and board in a residential center for the treatment of drug or alcohol abuse, whether or not the center is licensed by the N.J. Department of Health, the total allowance shall not exceed the amount to which the individual would be entitled as an eligible unit of one as given in Schedule I or Schedule II, as appropriate. Of that amount, $25.00 shall be considered as an allowance for personal incidentals and the remainder as the room and board payment to the center. (Note: Licensure of the center by the N.J. Department of Health as a medical institution will not affect the payment rate even though it may be a factor in determining which municipality is financially responsible.)

10:85-3.3(f) (continued)

5. Shelter continuity: When a person who had been living alone and is otherwise eligible for General Assistance is hospitalized for more than 30 days, grants of assistance may be continued for up to 60 additional days for the purpose of retaining shelter to which the person can return. See N.J.A.C. 10:85-3.3(e)4ii for appropriate deduction for in-kind income.

(g) Medical care: Persons found eligible for General Assistance in accordance with the procedures and standards established in this subchapter (N.J.A.C. 10:85-3) are likewise eligible for medical care. (See N.J.A.C. 10:85-5 regarding provision of medical care.) In addition, certain other individuals and families are eligible for medical assistance from the MWD or for referral to the county welfare agency.

1. Medically needy: Individuals and families who are ineligible for public assistance (General Assistance, AFDC, Cuban or Indochinese Refugee Assistance) or for SSI payments because their income exceeds the standards established for the applicable program may apply to the MWD on a monthly basis for assistance in paying excessive medical costs. The provisions of this subsection are not applicable to the payment of bills for inpatient hospitalization or for medical services rendered to an inpatient. (See N.J.A.C. 10:85-5.2(e)1.)

i. "Excessive" defined: When an individual's or family's income over and above the appropriate income level as explained in (g)1ii below has been used to pay medical bills, any additional medical costs are considered excessive.

ii. Income levels: For the purpose of determing excessive medical costs, the total available monthly income (see (g)1iii below) of individuals, couples or families with children is measured against the appropriate allowance standard. (See N.J.A.C. 10:85-3.1(b) regarding eligible unit concept and Appendix C for schedules in AFDC and SSI.)

iii. Computing total income: Form GA-19 will be used to determine income and the amount of excessive medical costs. Monthly earned income is adjusted by deducting $60.00 plus any child care necessary for employment of the parent(s) and/or court ordered support payments; no further disregards are recognized. This adjusted amount added to any unearned income equals the total monthly income available to the eligible unit.

336.4 Room and Board Living Arrangements - When an individual is purchasing a room and board living arrangement, the following shall apply:

(a) Residential Health Care Facility - When an individual who is in need of extensive personal services on a regular and continuous basis is purchasing a room and board living arrangement in a Residential Health Care Facility (licensed by the N.J. Department of Health for purposes other than the care or treatment of drug or alcohol abuse), the monthly assistance payment, including a personal allowance of $40 per month, shall not exceed $369, less any countable income. However, the cost of purchasing such living arrangement shall not exceed the minimum amount which the establishment customarily charges to or for other guests not dependent on public assistance, for the same accommodations and/or services.

(b) Other Boarding Homes - When an individual other than a spouse or dependent child under 18 of the operator is purchasing room and board in a group facility or a boarding home (including a private home) other than a Residential Health Care Facility as in (a) above, or a center for treatment of drug or alcohol abuse as in (d) below, the total monthly allowance shall be the amount for a single individual as given in Schedule I or Schedule II, as appropriate, less any countable income.

336.4 Room and Board Living Arrangements (cont'd)

(c) Long Term Care Facilities - See Section 525 regarding care in skilled nursing homes and intermediate care facilities.

(d) Drug and Alcohol Treatment Centers - When an individual is receiving room and board in a residential center for the treatment of drug or alcohol abuse, whether or not the center is licensed by the N.J. Department of Health, the total allowance shall not exceed the amount to which the individual would be entitled as an eligible unit of one as given in Schedule I or Schedule II, as appropriate. Of that amount, $25 shall be considered as an allowance for personal incidentals and the remainder as the room and board payment to the center. (Note: Licensure of the center by the N.J. Department of Health as a medical institution will not affect the payment rate even though it may be a factor in determining which municipality is financially responsible.)

337. Medical Care - Persons found eligible for general assistance in accordance with the procedures and standards established in this chapter are likewise eligible for medical care. (See Chapter V regarding provision of medical care.) In addition, certain other individuals and families are eligible for medical assistance from the MWD or for referral to the county welfare agency.

337.1 Medically Needy - Individuals and families who are ineligible for public assistance (General Assistance, AFDC, Cuban or Indochinese Refugee Assistance) or for SSI payments because their income exceeds the standards established for the applicable program may apply to the MWD on a monthly basis for assistance in paying excessive medical costs. The provisions of this section are not applicable to the payment of bills for inpatient hospitalization or for medical services rendered to an inpatient. (See Section 515.1.)

336.4 Room and Board Living Arrangements - When an individual is purchasing a room and board living arrangement, the following shall apply:

(a) Licensed Boarding Home - When an individual who is in need of extensive personal services on a regular and continuous basis is purchasing a room and board living arrangement in a Licensed Boarding Home for Sheltered Care (licensed by the N.J. Department of Health for purposes other than the care or treatment of drug or alcohol abuse), the monthly assistance payment, including a personal allowance of up to $30 per month, shall not exceed $339, less any countable income. However, the cost of purchasing such living arrangement shall not exceed the minimum amount which the establishment customarily charges to or for other guests not dependent on public assistance, for the same accommodations and/or services.

(b) Other Boarding Homes - When an individual is purchasing a room and/or living arrangement in a group facility other than a Licensed Boarding Home for Sheltered Care, the monthly allowance, including personal incidental allowance, shall be the amount for a single individual as given in Schedule I, less any countable income.

SUPERSEDED

336.4 Room and Board Living Arrangements (cont'd)

(c) Long Term Care Facilities - See Section 525 regarding care in skilled nursing homes and intermediate care facilities.

(d) Drug and Alcohol Treatment Centers - When an individual is receiving room and board in a residential center for the treatment of drug or alcohol abuse, whether or not the center is licensed by the N.J. Department of Health, the total allowance shall not exceed the amount to which the individual would be entitled as an eligible unit of one. Of that amount, $25 shall be considered as an allowance for personal incidentals and the remainder as the room and board payment to the center. (Note: Licensure of the center by the N.J. Department of Health as a medical institution will not affect the payment rate even though it may be a factor in determining which municipality is financially responsible.)

337. Medical Care - Persons found eligible for general assistance in accordance with the procedures and standards established in this chapter are likewise eligible for medical care. (See Chapter V regarding provision of medical care.) In addition, certain other individuals and families are eligible for medical assistance from the MWD or for referral to the county welfare agency.

337.1 Medically Needy - Individuals and families who are ineligible for public assistance (General Assistance, AFDC, Cuban or Indochinese Refugee Assistance) or for SSI payments because their income exceeds the standards established for the applicable program may apply to the MWD on a monthly basis for assistance in paying excessive medical costs. The provisions of this section are not applicable to the payment of bills for in-patient hospitalization or for medical services rendered to an in-patient. (See Section 515.1.)

336.4 Room and Board Living Arrangements - When an individual is purchasing a room and board living arrangement, the following shall apply:

(a) Licensed Boarding Home - When an individual who is in need of extensive personal services on a regular and continuous basis is purchasing a room and board living arrangement in a Licensed Boarding Home for Sheltered Care (licensed by the N.J. Department of Health), the monthly assistance payment, including a personal allowance of up to $25 per month, shall not exceed $298, less any countable income. However, the cost of purchasing such living arrangement shall not exceed the minimum amount which the establishment customarily charges to or for other guests not dependent on public assistance, for the same accommodations and/or services.

(b) Other Boarding Homes - When an individual is purchasing a room and/or living arrangement in a group facility other than a Licensed Boarding Home for Shelter Care, the monthly allowance, including personal incidental allowance, shall be the amount for a single individual as given in Schedule I, less any countable income.

336.4 Room and Board Living Arrangements continued

(c) Long Term Care Facilities - See Section 525 regarding care in skilled nursing homes and intermediate care facilities.

(d) Drug Treatment Centers - When an individual is receiving room and board in a Residential Drug Treatment Center, the total allowance shall not exceed $125 per month. Of this amount, room and board payment made to the center by the MWD shall not exceed $100 per month.

337. Medical Care - Persons found eligible for general assistance in accordance with the procedures and standards established in this chapter are likewise eligible for medical care. (See Chapter V regarding provision of medical care.) In addition, certain other individuals and families are eligible for medical assistance from the MWD or for referral to the county welfare agency.

337.1 Medically Needy - Individuals and families who are ineligible for public assistance (General Assistance, AFDC, Cuban or Indochinese Refugee Assistance) or for SSI payments because their income exceeds the standards established for the applicable program may apply to the MWD on a monthly basis for assistance in paying excessive medical costs. The provisions of this section are not applicable to the payment of bills for in-patient hospitalization or for medical services rendered to an in-patient. (See Section 515.1.)

10:85-3.3(f)4 (continued)

v. Maternity homes: When an individual is receiving room and board in a home for expectant mothers for which a rate has been established by the Division of Youth and Family Services (DYFS), the total monthly allowance shall be the DYFS rate. When no such rate has been established, the total monthly allowance shall be the amount for a single individual as given in Schedule I or Schedule II as appropriate, less any countable income. The MWD may obtain current rate information as needed by communicating with DPW/BLO.

5. Shelter continuity: When a person who had been living alone and is otherwise eligible for General Assistance is hospitalized for more than 30 days, grants of assistance may be continued for up to 60 additional days for the purpose of retaining shelter to which the person can return. See N.J.A.C. 10:85-3.3(e)4iii for appropriate deduction for in-kind income.

(g) Medical care: Persons found eligible for General Assistance maintenance payments in accordance with the procedures and standards established in this subchapter (N.J.A.C. 10:85-3) are likewise eligible for medical care (see N.J.A.C. 10:85-5 regarding provision of medical care). In addition, certain other individuals and families are eligible for medical assistance from the MWD or for referral to the county welfare agency.

1. Medically needy: Individuals and families who are ineligible for public assistance (General Assistance, AFDC, Cuban or Indochinese Refugee Assistance) or for SSI payments because their income exceeds the standards established for the applicable program may apply to the MWD on a monthly basis for assistance in paying excessive medical costs. The provisions of this subsection are not applicable to the payment of bills for inpatient hospitalization or for medical services rendered to an inpatient.

i. "Excessive" defined: When an individual's or family's income over and above the appropriate income level as explained in (g)1ii below has been used to pay medical bills, any additional medical costs are considered excessive.

ii. Income levels: For the purpose of determining excessive medical costs, the total available monthly income (see (g)1iii below) of individuals, couples or families with children is measured against the appropriate allowance standard. (See N.J.A.C. 10:85-3.1(b) regarding eligible unit concept and subchapter 12 for schedules in AFDC and SSI.)

10:85-3.3(g)1 (continued)

iii. Computing total income: Form GA-19 will be used to determine income and the amount of excessive medical costs. Monthly earned income is adjusted by deducting $60.00 plus any child care necessary for employment of the parent(s) and/or court ordered support payments; no further disregards are recognized. This adjusted amount added to any unearned income equals the total monthly income available to the eligible unit.

iv. Payment determination: When the appropriate standard ((g)1ii above) is subtracted from the total available income, the difference or "surplus" is the amount of medical expenses the client is expected to pay him/herself. When the client has proof of paid medical bills in the amount of the "surplus", the MWD shall provide payment for any unpaid medical costs in excess of the "surplus", in accordance with the regulations and rates set forth in N.J.A.C. 10:85-5.

v. Application required: N.J.A.C. 10:85-3.2(c), (e) and (f) shall constitute the application process relevant to the medically needy. See also N.J.A.C. 10:85-3.5(a) regarding redeterminations.

2. Medicaid Special: Certain low income persons under age 21 and certain low income pregnant women, regardless of age, may be eligible for Medicaid even though they may or may not be living with parents, may or may not be eligible for General Assistance, and may not be eligible for cash assistance from a county welfare agency.

i. The MWD will, via Form PA-14, refer all GA recipients under age 21 and all pregnant recipients to the county welfare agency for Medicaid Special. Referral of those who have income marginally above GA eligibility standards is also indicated. The CWA will advise as to the eligibility determination made.

ii. Persons found eligible for Medicaid Special are not thereby disqualified for grants of General Assistance but the MWD will make no medical payments for such persons.

3. Inpatient hospitalization: Eligibility for payment of inpatient hospital costs described in N.J.A.C. 10:85-5.2 shall be limited to:

i. Persons who, at the time of admission, are receiving General Assistance maintenance payments other than medical payments; or

ii. Persons who, at the time of admission, have an application for General Assistance pending and who are subsequently found eligible for maintenance payments other then medical payments; or

iii. Persons who, after admission but before discharge from the hospital apply for General Assistance are subsequently found eligible for maintenance payments other then medical payments.

10:85-3.3(g)1 (continued)

iv. Payment determination: When the appropriate standard ((g)1ii above) is subtracted from the total available income, the difference or "surplus" is the amount of medical expenses the client is expected to pay him/herself. When the client has proof of paid medical bills in the amount of the "surplus", the MWD shall provide payment for any unpaid medical costs in excess of the "surplus", in accordance with the regulations and rates set forth in N.J.A.C. 10:85-5.

v. Application required: N.J.A.C. 10:85-3.2(c), (e) and (f) shall constitute the application process relevant to the medically needy. See also N.J.A.C. 10:85-3.5(a) regarding redeterminations.

2. Medicaid Special: Certain low income persons under age 21 and certain low income pregnant women, regardless of age, may be eligible for Medicaid even though they may or may not be living with parents, may or may not be eligible for General Assistance, and may not be eligible for cash assistance from a county welfare agency.

i. The MWD will, via Form PA-14, refer all GA recipients under age 21 and all pregnant recipients to the county welfare agency for Medicaid Special. Referral of those who have income marginally above GA eligibility standards is also indicated. The CWA will advise as to the eligibility determination made.

ii. Persons found eligible for Medicaid Special are not thereby disqualified for grants of General Assistance but the MWD will make no medical payments for such persons.

10:85-3.4 Resources

(a) Definition: For purposes of this manual, resources are defined as real or personal property which is within the control of one or more of the individuals applying for General Assistance or to which he/she (they) may have a valid claim; and certain other benefits and contributions of support which may become available.

1. Resources must be reported in full to the agency and a determination made as to status as either exempt or potential.

   i. Medicare benefits must be utilized first before determining the amount of unpaid medical bills. (See N.J.A.C. 10:85-5.3(i).)

   ii. No-fault auto insurance shall be utilized in the payment of medical expenses relative to auto accidents, hit and run accidents, etc. (See N.J.A.C. 10:85-5.4(c).)

2. No person shall be eligible for assistance within one year after having disposed of a resource for less than adequate consideration or after having abandoned a resource of value when such disposal or abandonment was made for the purpose of qualifying for assistance or of avoiding repayment of assistance. Any assistance granted by reason of nondisclosure during such one year period represents an overpayment and is to be processed accordingly.

   i. Any disposal or abandonment for reasons other than to qualify or to avoid repayment shall be reviewed by the MWD to determine whether or not recovery can be effected. If so, the matter is subject to the provisions of (d) below, potential resources. If recovery cannot be effected, the matter shall be disregarded in the determination of eligibility and computation of assistance grants.

337.1 Medically Needy (cont'd)

(a) "Excessive" Defined - When an individual's or family's income over and above the appropriate income level as explained in (b) has been used to pay medical bills, any additional medical costs are considered excessive.

(b) Income Levels - For the purpose of determining excessive medical costs, the total available monthly income (see (c) below) of individuals, couples or families with children is measured against the appropriate allowance standard. (See Section 312 regarding eligible unit concept and Appendix C for schedules in AFDC and SSI.)

(c) Computing Total Income - Form GA-19 will be used to determine income and the amount of excessive medical costs. Monthly earned income is adjusted by deducting $60 plus any child care necessary for employment of the parent(s) and/or court ordered support payments; no further disregards are recognized. This adjusted amount added to any unearned income equals the total monthly income available to the eligible unit.

(d) Payment Determination - When the appropriate standard (subsection (b) above) is subtracted from the total available income, the difference or "surplus" is the amount of medical expenses the client is expected to pay him/herself. When the client has proof of paid medical bills in the amount of the "surplus", the MWD shall provide payment for any unpaid medical costs in excess of the "surplus", in accordance with the regulations and rates set forth in Chapter V.

337.1 Medically Needy (cont'd)

(e) Application Required - Sections 323, 325, 326, shall constitute the application process relevant to the medically needy. See also Section 351 regarding redeterminations.

337.2 Medicaid Special - Certain low income persons under age 21 and certain low income pregnant women, regardless of age, may be eligible for Medicaid even though they may or may not be living with parents, may or may not be eligible for General Assistance, and may not be eligible for cash assistance from a county welfare agency.

(a) The MWD will, via Form PA-14, refer all GA recipients under age 21 and all pregnant recipients to the county welfare agency for Medicaid Special. Referral of those who have income marginally above GA eligibility standards is also indicated. The CWA will advise as to the eligibility determination made.

(b) Persons found eligible for Medicaid Special are not thereby disqualified for grants of General Assistance but the MWD will make no medical payments for such persons.

337.1 Medically Needy (cont'd)

(a) "Excessive" Defined - When an individual's or family's income over and above the appropriate income level as explained in (b) has been used to pay medical bills, any additional medical costs are considered excessive.

(b) Income Levels - For the purpose of determining excessive medical costs, the total available monthly income (see (c) below) of individuals, couples or families with children is measured against the appropriate allowance standard. (See Section 312 regarding eligible unit concept and Appendix C for schedules in AFDC and SSI.)

(c) Computing Total Income - Form GA-19 will be used to determine income and the amount of excessive medical costs. Monthly earned income is adjusted by deducting $60 plus any child care necessary for employment of the parent(s) and/or court ordered support payments; no further disregards are recognized. This adjusted amount added to any unearned income equals the total monthly income available to the eligible unit.

(d) Payment Determination - When the appropriate standard (subsection (b) above) is subtracted from the total available income, the difference or "surplus" is the amount of medical expenses the client is expected to pay him/herself. When the client has proof of paid medical bills in the amount of the "surplus", the MWD shall provide payment for any unpaid medical costs in excess of the "surplus", in accordance with the regulations and rates set forth in Chapter V.

SUPERSEDED

337.1 Medically Needy (cont'd)

(e) Application Required - Sections 323, 325, 326, shall constitute the application process relevant to the medically needy. See also Section 351 regarding redeterminations.

337.2 Medicaid Coverage for Persons under Age 21 - An individual under age 21 whose income (or the income of his/her family with whom he/she lives) is less than that of the appropriate AFDC allowance standard*, but who would not otherwise be eligible for an AFDC money payment, may be eligible for medical care through the Medicaid program. Such person shall be referred to the CWA to make application for "Medicaid Special".

(a) Referral to the CWA is accomplished by use of Form PA-14, Referral for Services. The MWD will be notified of the individual's eligibility for Medicaid Special through the return of the appropriate portion of Form PA-14.

(b) Eligibility for Medicaid under these provisions does not disqualify the individual for receipt of general assistance.

*NOTE: The AFDC allowance standards are the same as those contained in Schedule I, except that the standard for a single child (individual under age 21) is $118.

337.1 Medically Needy (Cont'd)

(a) "Excessive" Defined - When an individual's or family's income over and above the appropriate income level as explained in (b) has been used to pay medical bills, any additional medical costs are considered excessive.

(b) Income Levels - For the purpose of determining excessive medical costs, the total available monthly income (see (c) below) of individuals, couples or families with children is measured against the appropriate allowance standard in Schedule I, (see Section 312 regarding eligible unit concept.)

(c) Computing Total Income - Form GA-19 will be used to determine income and the amount of excessive medical costs. Monthly earned income is adjusted by deducting $60 plus any child care necessary for employment of the parent(s) and/or court ordered support payments; no further disregards are recognized. This adjusted amount added to any unearned income equals the total monthly income available to the eligible unit.

(d) Payment Determination - When the appropriate standard (subsection (b) above) is subtracted from the total available income, the difference or "surplus" is the amount of medical expenses the client is expected to pay him/herself. When the client has proof of paid medical bills in the amount of the "surplus", the MWD shall provide payment for any unpaid medical costs in excess of the "surplus", in accordance with the regulations and rates set forth in Chapter V.

337.1 Medically Needy (Cont'd)

(e) Application Required - Sections 323, 325, 326, shall constitute the application process relevant to the medically needy. See also Section 351 regarding redeterminations.

337.2 Medicaid Coverage for Persons under Age 21

An individual under age 21 whose income (or the income of his/her family with whom he/she lives) is less than that of the appropriate AFDC allowance standard,* but who would not otherwise be eligible for an AFDC money payment, may be eligible for medical care through the Medicaid program. Such person shall be referred to the CWA to make application for "Medicaid Special."

(a) Referral to the CWA is accomplished by use of Form PA-14, Inter-agency Referral. The MWD will be notified of the individual's eligibility for Medicaid Special through the return of the appropriate portion of Form PA-14.

(b) Eligibility for Medicaid under these provisions does not disqualify the individual for receipt of general assistance.

*NOTE: The AFDC allowance standards are the same as those contained in Schedule I, except that the standard for a single child (individual under age 21) is $118.

10:85-3.3(g) (continued)

4. Payment for hospitalization being provided by a third party at the time of application is not considered as income in establishing eligibility.

10:85-3.4 Resources

(a) Definition: For purposes of this manual, resources are defined as real or personal property which is within the control of one or more of the individuals applying for General Assistance or to which he/she (they) may have a valid claim; and certain other benefits and contributions of support which may become available.

1. Resources must be reported in full to the agency and a determination made as to status as either exempt or potential.

   i. Medicare benefits must be utilized first before determining the amount of unpaid medical bills (see N.J.A.C. 10:85-5.3(h)).

   ii. No-fault auto insurance shall be utilized in the payment of medical expenses relative to auto accidents, hit and run accidents, and so forth.

2. No person shall be eligible for assistance within one year after having disposed of a resource for less than adequate consideration or after having abandoned a resource of value when such disposal or abandonment was made for the purpose of qualifying for assistance or of avoiding repayment of assistance. Any assistance granted by reason of nondisclosure during such one year period represents an overpayment and is to be processed accordingly.

   i. Any disposal or abandonment for reasons other than to qualify or to avoid repayment shall be reviewed by the MWD to determine whether or not recovery can be effected. If so, the matter is subject to the provisions of (d) below, potential resources. If recovery cannot be effected, the matter shall be disregarded in the determination of eligibility and computation of assistance grants.

(b) Identification: The person(s) applying for assistance shall identify all his/her resources, shall assist in their evaluation, and, where indicated, shall participate in planning and carrying out their liquidation. The failure of any individual to identify a resource and to participate in its evaluation and/or liquidation shall render that individual ineligible for assistance.

1. Each alien admitted for permanent residence is required to have a sponsor who has certified that he/she will provide support to prevent the alien from becoming a public charge. Therefore, an alien admitted for permanent residence shall supply the name and address of his/her sponsor to the MWD or, if unable to do so, must cooperate in the agency's efforts to obtain the information from the Immigration and

10:85-3.4(b)1 (continued)

Naturalization Service (INS). The alien shall also cooperate in the agency's efforts to obtain support from the sponsor.

i. Aliens other than those admitted for permanent residence do not have sponsors and are not subject to this section.

ii. Communication between the MWDs and the INS for purposes other than obtaining support for an alien admitted for permanent residence is permitted only to the extent authorized in N.J.A.C. 10:85-1.5(b).

iii. The income and resources of an alien's sponsor shall be deemed to be unearned income and resources of an alien applicant or recipient for three years following the alien's entry into the United States. For purposes of this section, a sponsor is an individual (not an organization) who executed an affidavit of support or similar agreement on behalf of an alien (who is not the sponsor's child) as a condition of the alien's entry into the United States. No income or resources shall be deemed from a sponsor who is receiving public assistance.

iv. The amount of income of a sponsor which shall be deemed to be the unearned income of an alien shall be determined as follows:

(1) The sponsor's monthly earned income (and that of his/her spouse if living with the sponsor) shall be reduced by 20 percent (not to exceed $175.00) plus the full amount of any costs incurred in producing income from self-employment.

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

(3) The amount determined in (b)1iv(2) above shall be reduced by the following:

(A) The appropriate amount in Schedule I or II as applicable for the sponsor, spouse, and other persons residing in his/her household who are claimed by the sponsor as dependents for Federal personal income tax liability and who are not recipients of public assistance;

(B) Any amounts actually paid by the sponsor to people not living in the household who are claimed by the sponsor as dependents for Federal personal income tax liability; and

(C) Actual payments of alimony or child support with respect to individuals not in the household.

10:85-3.4 (continued)

(b) Identification: The person(s) applying for assistance shall identify all his/her resources, shall assist in their evaluation, and, where indicated, shall participate in planning and carrying out their liquidation. The failure of any individual to identify a resource and to participate in its evaluation and/or liquidation shall render that individual ineligible for assistance.

1. Each alien admitted for permanent residence is required to have a sponsor who has certified that he/she will provide support to prevent the alien from becoming a public charge. Therefore, an alien admitted for permanent residence shall supply the name and address of his/her sponsor to the MWD or, if unable to do so, must cooperate in the agency's efforts to obtain the information from the Immigration and Naturalization Service (INS). The alien shall also cooperate in the agency's efforts to obtain support from the sponsor.

   i. Aliens other than those admitted for permanent residence do not have sponsors and are not subject to this section.

   ii. Communication between the MWDs and the INS for purposes other than obtaining support for an alien admitted for permanent residence is permitted only to the extent authorized in N.J.A.C. 10:85-1.5(b).

   iii. The income and resources of an alien's sponsor shall be deemed to be unearned income and resources of an alien applicant or recipient for three years following the alien's entry into the United States. For purposes of this section, a sponsor is an individual (not an organization) who executed an affidavit of support or similar agreement on behalf of an alien (who is not the sponsor's child) as a condition of the alien's entry into the United States. No income or resources shall be deemed from a sponsor who is receiving public assistance.

10:85-3.4(b)1 (continued)

iv. The amount of income of a sponsor which shall be deemed to be the unearned income of an alien shall be determined as follows:

(1) The sponsor's monthly earned income (and that of his/her spouse if living with the sponsor) shall be reduced by 20 percent (not to exceed $175.00) plus the full amount of any costs incurred in producing income from self-employment.

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

(3) The amount determined in (b)1iv(2) above shall be reduced by the following:

(A) The appropriate amount in Schedule I or II as applicable for the sponsor, spouse, and other persons residing in his/her household who are claimed by the sponsor as dependents for Federal personal income tax liability and who are not recipients of public assistance;

(B) Any amounts actually paid by the sponsor to people not living in the household who are claimed by the sponsor as dependents for Federal personal income tax liability; and

(C) Actual payments of alimony or child support with respect to individuals not in the household.

(4) The remaining amount shall be deemed to the alien and shall be counted as unearned income in the determination of eligibility and grant amount.

v. The amount of resources (and of the sponsor's spouse if living with the sponsor) shall be determined in accordance with the provisions of this manual. The value of the sponsor's resources shall be reduced by $1,500.00 and remaining amount shall be deemed available to the alien and counted in the determination of eligibility and payment level.

10:85-3.4(b)1 (continued)

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

vii. Income and resources which are deemed to an alien shall not be considered in determing the need of other unsponsored members of the alien's family except to the extent the income and resources are actually available.

viii. Any sponsor of an alien, and the alien, shall be jointly and severally, liable for any overpayment made to the alien during the three years after the alien's entry into the United States that was caused by the sponsor's failure to provide correct information under the provisions of this section, except where the sponsor was without fault or where good cause existed.

(1) Any overpayments described in (b)1viii above which are not repaid or recovered shall be withheld from any future General Assistance payments to which the alien or sponsor is entitled.

(c) Exempt resources: Exempt resources are not subject to any requirement for liquidation and are not considered in determining the assistance grant. Any resource which is not or is no longer exempt shall be considered as either available income or a potential resource, according to its nature. The exempt resources are:

1. Real property owned by the eligible unit and used as a home by the eligible unit, together with so much of the land on which the house stands as is reasonably necessary for the maintenance of the house.

2. Personal property which is used or likely to be used. Included are:

340. RESOURCES

341. Definition - For purposes of this manual, resources are defined as real or personal property which is within the control of one or more of the individuals applying for General Assistance or to which he/she (they) may have a valid claim; and certain other benefits and contributions of support which may become available.

341.1 Resources must be reported in full to the agency and a determination made as to status as either exempt or potential.

(a) Medicare benefits must be utilized first before determining the amount of unpaid medical bills. (See Section 528.)

(b) No-fault auto insurance shall be utilized in the payment of medical expenses relative to auto accidents, hit and run accidents, etc. (See Section 533.)

341.2 No person shall be eligible for assistance within one year after having disposed of a resource for less than adequate consideration or after having abandoned a resource of value when such disposal or abandonment was made for the purpose of qualifying for assistance or of avoiding repayment of assistance. Any assistance granted by reason of nondisclosure during such one year period represents an overpayment and is to be processed accordingly.

(a) Any disposal or abandonment for reasons other than to qualify or to avoid repayment shall be reviewed by the MWD to determine whether or not recovery can be effected. If so, the matter is subject to the provisions of Section 344, Potential Resources. If recovery cannot be effected, the matter shall be disregarded in the determination of eligibility and computation of assistance grants.

342. Identification - The person(s) applying for assistance shall identify all his/her resources, shall assist in their evaluation, and, where indicated, shall participate in planning and carrying out their liquidation. The failure of any individual to identify a resource and to participate in its evaluation and/or liquidation shall render that individual ineligible for assistance.

342.1 Each alien admitted for permanent residence is required to have a sponsor who has certified that he/she will provide support to prevent the alien from becoming a public charge. Therefore, an alien admitted for permanent residence shall supply the name and address of his/her sponsor to the MWD or, if unable to do so, must cooperate in the agency's efforts to obtain the information from the Immigration and Naturalization Service (INS). The alien shall also cooperate in the agency's efforts to obtain support from the sponsor.

Aliens other than those admitted for permanent residence do not have sponsors and are not subject to this section.

Communication between the MWDs and the INS for purposes other than obtaining support for an alien admitted for permanent residence is permitted only to the extent authorized in Section 152.

343. Exempt Resources - Exempt resources are not subject to any requirement for liquidation and are not considered in determining the assistance grant. Any resource which is not or is no longer exempt shall be considered as either available income or a potential resource, according to its nature. The exempt resources are:

343.1 Real property owned by the eligible unit and used as a home by the eligible unit, together with so much of the land on which the house stands as is reasonably necessary for the maintenance of the house.

343.2 Personal property which is used or likely to be used. Included are:

340. **RESOURCES**

341. Definition - For purposes of this manual, resources are defined as real or personal property which is within the control of one or more of the individuals applying for general assistance or to which he/she (they) may have a valid claim; and certain other benefits and contributions of support which may become available.

341.1 Resources must be reported in full to the agency and a determination made as to status as either exempt or potential.

(a) Medicare benefits must be utilized first before determining the amount of unpaid medical bills. (See Section 528.)

(b) No-fault auto insurance shall be utilized in the payment of medical expenses relative to auto accidents, hit and run accidents, etc. (See Section 533.)

342. Identification - The person(s) applying for assistance shall identify all his/her resources, shall assist in their evaluation, and, where indicated, shall participate in planning and carrying out their liquidation. The failure of any individual to identify a resource and to participate in its evaluation and/or liquidation shall render that individual ineligible for assistance.

342.1 Each alien admitted for permanent residence is required to have a sponsor who has certified that he/she will provide support to prevent the alien from becoming a public charge. Therefore, an alien admitted for permanent residence shall supply the name and address of his/her sponsor to the MWD or, if unable to do so, must cooperate in the agency's efforts to obtain the information from the Immigration and Naturalization Service (INS). The alien shall also cooperate in the agency's efforts to obtain support from the sponsor.

Aliens other than those admitted for permanent residence do not have sponsors and are not subject to this section.

342.1 (Cont'd.)

Communication between the MWDs and the INS for purposes other than obtaining support for an alien admitted for permanent residence is permitted only to the extent authorized in Section 152.

343. Exempt Resources - Exempt resources are not subject to any requirement for liquidation and are not considered in determining the assistance grant. Any resource which is not or is no longer exempt shall be considered as either available income or a potential resource, according to its nature. The exempt resources are:

343.1 Real property owned by the eligible unit and used as a home by the eligible unit, together with so much of the land on which the house stands as is reasonably necessary for the maintenance of the house.

343.2 Personal property which is used or likely to be used. Included are:

(a) House furnishings and clothing in regular use. Furnishings and clothing in storage may be deemed to be exempt in the presence of a reasonable plan for their use.

(b) Personal effects if regularly used or of small intrinsic value. Items of exceptional value not regularly used and not essential to the physical health and safety of the eligible unit are not exempt.

343.3 Automobile, when at least one of the following conditions exists:

(a) The automobile would, if sold, produce less than $500 net revenue to the eligible unit; or

(b) No other transportation is available; or

10:85-3.4(b)1iv (continued)

(4) The remaining amount shall be deemed to the alien and shall be counted as unearned income in the determination of eligibility and grant amount.

v. The amount of resources (and of the sponsor's spouse if living with the sponsor) shall be determined in accordance with the provisions of this manual. The value of the sponsor's resources shall be reduced by $1,500.00 and remaining amount shall be deemed available to the alien and counted in the determination of eligibility and payment level.

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

vii. Income and resources which are deemed to an alien shall not be considered in determining the need of other unsponsored members of the alien's family except to the extent the income and resources are actually available.

viii. Any sponsor of an alien, and the alien, shall be jointly and severally, liable for any overpayment made to the alien during the three years after the alien's entry into the United States that was caused by the sponsor's failure to provide correct information under the provisions of this section, except where the sponsor was without fault or where good cause existed.

(1) Any overpayments described in (b)1viii above which are not repaid or recovered shall be withheld from any future General Assistance payments to which the alien or sponsor is entitled.

(c) Exempt resources: Exempt resources are not subject to any requirement for liquidation and are not considered in determining the assistance grant. Any resource which is not or is no longer exempt shall be considered as either available income or a potential resource, according to its nature. The exempt resources are:

1. Real property owned by the eligible unit and used as a home by the eligible unit, together with so much of the land on which the house stands as is reasonably necessary for the maintenance of the house.

2. Personal property which is used or likely to be used. Included are:

10:85-3.4(c)2 (continued)

i. House furnishings and clothing in regular use. Furnishings and clothing in storage may be deemed to be exempt in the presence of a reasonable plan for their use.

ii. Personal effects if regularly used or of small intrinsic value. Items of exceptional value not regularly used and not essential to the physical health and safety of the eligible unit are not exempt.

3. Automobile, when at least one of the following conditions exists:

i. The automobile would, if sold, produce less than $500.00 net revenue to the eligible unit; or

ii. No other transportation is available; or

iii. Illness or infirmity of a member of the eligible unit prevents use of other transportation; or

iv. An automobile is necessary to obtain or retain employment or is essential as an incentive to self-help.

4. Life insurance policies;

5. Livestock, machinery, tools, equipment, and stock-in-trade which serve to produce some net income in cash or in-kind or serve as an incentive for self-help. Livestock or property owned or used by a child in connection with a group or school activity (such as 4-H) is also exempt.

6. No net revenue: Any asset, real or personal, the liquidation of which would produce no net revenue to the eligible unit.

7. Savings: Funds up to three times the amount of the monthly assistance allowance standard for the eligible unit which have been set aside during a continuous period of receipt of assistance. Funds which exist at the time of initial application or reopening of a case are not exempt under this section. Any funds above three times the amount of the monthly assistance allowance (not necessarily the monthly grant) are to be considered as an available resource.

343.2 Personal Property (cont'd)

(a) House furnishings and clothing in regular use. Furnishings and clothing in storage may be deemed to be exempt in the presence of a reasonable plan for their use.

(b) Personal effects if regularly used or of small intrinsic value. Items of exceptional value not regularly used and not essential to the physical health and safety of the eligible unit are not exempt.

343.3 Automobile, when at least one of the following conditions exists:

(a) The automobile would, if sold, produce less than $500 net revenue to the eligible unit; or

(b) No other transportation is available; or

(c) Illness or infirmity of a member of the eligible unit prevents use of other transportation; or

(d) An automobile is necessary to obtain or retain employment or is essential as an incentive to self-help.

343.4 Life Insurance Policies

343.5 Livestock, machinery, tools, equipment, and stock-in-trade which serve to produce some net income in cash or in-kind or serve as an incentive for self-help. Livestock or property owned or used by a child in connection with a group or school activity (such as 4-H) is also exempt.

343.6 No Net Revenue - Any asset, real or personal, the liquidation of which would produce no net revenue to the eligible unit.

343.7 Savings - Funds up to three times the amount of the monthly assistance allowance standard for the eligible unit which have been set aside during a continuous period of receipt of assistance. Funds which exist at the time of

343.7 Savings (cont'd)

initial application or reopening of a case are not exempt under this section. Any funds above three times the amount of the monthly assistance allowance (not necessarily the monthly grant) are to be considered as an available resource.

343.8 Relocation Payments - Payments made under the authority of the New Jersey Relocation Assistance Act (Chapter 362, Laws of 1971, N.J.S.A. 20:4-1 et seq.).

344. Potential Resources - Potential resources are resources which are neither exempt nor currently available for expendable use.

344.1 Principles Affecting Potential Resources - Liquidation or conversion of potential resources shall be undertaken and completed as promptly as the nature of the resource and the circumstances permit. Such liquidation or conversion to an expendable form creates countable income as defined in Section 332, and the agency shall take prompt and appropriate action to redetermine eligibility or adjust the payment as indicated.

(a) If a member of an eligible unit willfully fails or refuses, within a period of 30 days after being requested in writing, to consent to or to take any action necessary in connection with a plan for liquidation, such individual shall be ineligible for assistance.

344.2 Responsibilities Regarding Potential Resources

(a) The municipal welfare department shall:

1) Inform the applicant at the time of application or as promptly thereafter as possible that all potential resources must be liquidated;

2) Develop with the eligible unit a plan for the liquidation of resources and for the use of the proceeds; and

3) Assist in carrying out the plan.

343.2 Personal Property (Cont'd)

(a) House furnishings and clothing in regular use. Furnishings and clothing in storage may be deemed to be exempt in the presence of a reasonable plan for their use.

(b) Personal effects if regularly used or of small intrinsic value. Items of exceptional value not regularly used and not essential to the physical health and safety of the eligible unit are not exempt.

343.3 Automobile, when at least one of the following conditions exists:

(a) The automobile would, if sold, produce less than $500 net revenue to the eligible unit; or

(b) No other transportation is available; or

(c) Illness or infirmity of a member of the eligible unit prevents use of other transportation; or

(d) An automobile is necessary to obtain or retain employment or is essential as an incentive to self-help.

343.4 Life Insurance Policies

343.5 Livestock, machinery, tools, equipment, and stock-in-trade which serve to produce some net income in cash or in-kind or serve as an incentive for self-help. Livestock or property owned or used by a child in connection with a group or school activity (such as 4-H) is also exempt.

343.6 No Net Revenue - Any asset, real or personal, the liquidation of which would produce no net revenue to the eligible unit.

343.7 Savings for a Specified Purpose - Funds up to three times the amount of the monthly assistance allowance standard for the eligible unit which have been set aside during a continuous period of receipt of assistance for an identified item of family living. Examples include clothing, fuel, furniture. Funds, even for such purposes, which exist at the time of

343.7 Savings for a Specified Purpose (Cont'd)

initial application or reopening of a case are not exempt under this section. Any funds above three times the amount of the monthly assistance allowance (not necessarily the monthly grant) are to be considered as an available resource.

343.8 Relocation Payments - Payments made under the authority of the New Jersey Relocation Assistance Act (Chapter 362, Laws of 1971, N.J.S.A. 20:4-1 et seq.).

344. Potential Resources - Potential resources are resources which are neither exempt nor currently available for expendable use.

344.1 Principles Affecting Potential Resources - Liquidation or conversion of potential resources shall be undertaken and completed as promptly as the nature of the resource and the circumstances permit. Such liquidation or conversion to an expendable form creates countable income as defined in Section 332, and the agency shall take prompt and appropriate action to redetermine eligibility or adjust the payment as indicated.

(a) If a member of an eligible unit willfully fails or refuses, within a period of 30 days after being requested in writing, to consent to or to take any action necessary in connection with a plan for liquidation, such individual shall be ineligible for assistance.

344.2 Responsibilities Regarding Potential Resources

(a) The municipal welfare department shall:

1) Inform the applicant at the time of application or as promptly thereafter as possible that all potential resources must be liquidated;

2) Develop with the eligible unit a plan for the liquidation of resources and for the use of the proceeds; and

3) Assist in carrying out the plan.

343.2 Personal Property (Cont'd)

(a) House furnishings and clothing in regular use. Furnishings and clothing in storage may be deemed to be exempt in the presence of a reasonable plan for their use.

(b) Personal effects if regularly used or of small intrinsic value. Items of exceptional value not regularly used and not essential to the physical health and safety of the eligible unit are not exempt.

343.3 Automobile, when at least one of the following conditions exists:

(a) The automobile would, if sold, produce less than $500 net revenue to the eligible unit; or

(b) No other transportation is available; or

(c) Illness or infirmity of a member of the eligible unit prevents use of other transportation; or

(d) An automobile is necessary to obtain or retain employment or is essential as an incentive to self-help.

343.4 Life Insurance Policies

343.5 Livestock, machinery, tools, equipment, and stock-in-trade which serve to produce some net income in cash or in-kind or serve as an incentive for self-help. Livestock or property owned or used by a child in connection with a group or school activity (such as 4-H) is also exempt.

343.6 No Net Revenue - Any asset, real or personal, the liquidation of which would produce no net revenue to the eligible unit.

343.7 Savings for a Specified Purpose - Funds up to three times the amount of the monthly assistance allowance standard for the eligible unit which have been set aside during a continuous period of receipt of assistance for an identified item of family living. Examples include clothing, fuel, furniture. Funds, even for such purposes, which exist at the time of initial application or reopening of a case are not exempt under this section. Any funds above three times the amount of the monthly assistance allowance (not necessarily the monthly grant) are to be considered as an available resource.

344. Potential Resources - Potential resources are resources which are neither exempt nor currently available for expendable use.

344.1 Principles Affecting Potential Resources - Liquidation or conversion of potential resources shall be undertaken and completed as promptly as the nature of the resource and the circumstances permit. Such liquidation or conversion to an expendable form creates countable income as defined in Section 332, and the agency shall take prompt and appropriate action to redetermine eligibility or adjust the payment as indicated.

(a) If a member of an eligible unit willfully fails or refuses, within a period of 30 days after being requested in writing, to consent to or to take any action necessary in connection with a plan for liquidation, such individual shall be ineligible for assistance.

344.2 Responsibilities Regarding Potential Resources

(a) The municipal welfare department shall:

1) Inform the applicant at the time of application or as promptly thereafter as possible that all potential resources must be liquidated;

2) Develop with the eligible unit a plan for the liquidation of resources and for the use of the proceeds; and

3) Assist in carrying out the plan.

343.3 (Cont'd.)

(c) Illness or infirmity of a member of the eligible unit prevents use of other transportation; or

(d) An automobile is necessary to obtain or retain employment or is essential as an incentive to self-help.

343.4 Life Insurance Policies

343.5 Livestock, machinery, tools, equipment, and stock-in-trade which serve to produce some net income in cash or in-kind or serve as an incentive for self-help. Livestock or property owned or used by a child in connection with a group or school activity (such as 4-H) is also exempt.

10:85-3.4(c) (continued)

8. Relocation payments: Payments made under the authority of the New Jersey Relocation Assistance Act (Chapter 362, Laws of 1971, N.J.S.A. 20:4-1 et seq.).

9. Energy assistance payments: Payments and funds remaining from payments received under the Home Energy Assistance Program (HEA), the Lifeline Assistance Program (LAP), and the Tenants Lifeline Assistance Program (TLAP).

(d) Potential resources: Potential resources are resources which are neither exempt nor currently available for expendable use.

1. Principles affecting potential resources: Liquidation or conversion of potential resources shall be undertaken and completed as promptly as the nature of the resource and the circumstances permit. Such liquidation or conversion to an expendable form creates countable income as defined in N.J.A.C. 10:85-3.3(b) and the agency shall take prompt and appropriate action to redetermine eligibility or adjust the payment as indicated.

   i. If a member of an eligible unit willfully fails or refuses, within a period of 30 days after being requested in writing, to consent to or to take any action necessary in connection with a plan for liquidation, such individual shall be ineligible for assistance.

2. Responsibilities regarding potential resources:

   i. The municipal welfare department shall:

      (1) Inform the applicant at the time of application or as promptly thereafter as possible that all potential resources must be liquidated;

      (2) Develop with the eligible unit a plan for the liquidation of resources and for the use of the proceeds; and

      (3) Assist in carrying out the plan.

343.6 No Net Revenue - Any asset, real or personal, the liquidation of which would produce no net revenue to the eligible unit.

344. Potential Resources - Potential resources are resources which are neither exempt nor currently available for expendable use.

344.1 Principles Affecting Potential Resources - Liquidation or conversion of potential resources shall be undertaken and completed as promptly as the nature of the resource and the circumstances permit. Such liquidation or conversion to an expendable form creates countable income as defined in Section 332, and the agency shall take prompt and appropriate action to redetermine eligibility or adjust the payment as indicated.

(a) If a member of an eligible unit willfully fails or refuses, within a period of 30 days after being requested in writing, to consent to or to take any action necessary in connection with a plan for liquidation, such individual shall be ineligible for assistance.

344.2 Responsibilities Regarding Potential Resources

(a) The municipal welfare department shall:

1) Inform the applicant at the time of application or as promptly thereafter as possible that all potential resources must be liquidated;

2) Develop with the eligible unit a plan for the liquidation of resources and for the use of the proceeds; and

3) Assist in carrying out the plan.

344.2 Responsibilities Regarding Potential Resources (cont'd)

(b) Members of the eligible unit shall:

1) Develop with the agency a plan for the liquidation of resources and for the use of the proceeds; and

(2) Consent to and cooperate in carrying out the plan.

344.3 Liquidation of Real Property

(a) The eligible unit shall be required to offer real property, other than that which is exempt, for sale at an asking price named by the unit but not lower than the price set by an independent appraisal paid for by the MWD.

(b) The eligible unit shall be required to sell such property within a period of six months at the highest offer, provided such offer is not less than the independent appraisal.

(c) Whenever the eligible unit presents evidence that such property cannot be sold, or that all efforts have failed to provide a buyer who is willing to purchase the property at the appraisal price, the property must be reevaluated.

(d) If the eligible unit has used reasonable diligence in seeking a purchaser and is unable to sell the property at the price established by the reevaluation, such property may be evaluated as having no present substantive value, pending any change which might give value to the property.

(e) If encumbrances against the property, plus the cost of sale, equal or exceed the price at which it can be sold, the property need not be considered as a potential resource.

344.2 Responsibilities Regarding Potential Resources (cont'd)

(b) Members of the eligible unit shall:

1) Develop with the agency a plan for the liquidation of resources and for the use of the proceeds; and

2) Consent to and cooperate in carrying out the plan.

344.3 Liquidation of Real Property

(a) The eligible unit shall be required to offer real property, other than that which is exempt, for sale at an asking price named by the unit but not lower than the price set by an independent appraisal paid for by the MWD.

(b) The eligible unit shall be required to sell such property within a period of six months at the highest offer, provided such offer is not less than the independent appraisal.

(c) Whenever the eligible unit presents evidence that such property cannot be sold, or that all efforts have failed to provide a buyer who is willing to purchase the property at the appraisal price, the property must be reevaluated.

(d) If the eligible unit has used reasonable diligence in seeking a purchaser and is unable to sell the property at the price established by the reevaluation, such property may be evaluated as having no present substantive value, pending any change which might give value to the property.

(e) If encumbrances against the property, plus the cost of sale, equal or exceed the price at which it can be sold, the property need not be considered as a potential resource.

344.4 Liquidation of Personal Property - Liquidation of personal property which is not exempt shall be handled in such a way as to assure the highest net revenue. The MWD and the eligible unit may use such methods as are appropriate and mutually agreeable in determining an acceptable sale price. These include but are not necessarily limited to: professional appraisal, competitive bids, and public auction.

(a) Automobiles subject to liquidation shall be sold at or above the higher of two or more bids from reputable buyers.

(b) Securities, stocks and bonds can usually be liquidated through reputable local brokers at market prices. The holding of such securities in the hope of a higher price is speculation and is not an appropriate activity for either the agency or its clients.

(c) Mortgages, notes receivable and other less liquid securities shall be sold as quickly and advantageously as possible.

344.5 Suits and Claims - Where a member of the eligible unit is, at time of application, or subsequently becomes the owner of an interest in a suit or claim arising out of an accident, inheritance or legacy, insurance on the lives of relatives or others, statutory benefits or pensions, unfulfilled contracts or obligations, etc., such interests constitute personal property and are potential resources which must be recognized.

344.5 Suits and Claims (cont'd)

(a) Where assistance is extended during the period that the receipt or liquidation of such interest is pending, an agreement shall be made whereby the eligible unit will, when liquidation occurs, repay the agency the amount of assistance granted since the incident or claim occurred, or the amount received as the result of the claim, whichever is less.

344.6 Benefits Not Subject to Repayment

The following are not subject to repayment to the MWD: retroactive Social Security (RSDI) payments, Veteran's benefits, workers' compensation, temporary disability benefits, and SSI payments not repayable to the DPW/MWD in accordance with a valid Form GA-30. However, when such monies are received, they shall be recognized as countable income and the client's eligibility shall immediately be redetermined.

344.7 Trust Funds - When a trust fund exists for a member of the eligible unit, the MWD shall determine whether or not funds are currently accessible. If accessible, the funds represent an available resource and must be considered in determining eligibility.

(a) When funds in trust are not currently accessible and the trust exists at the time of application, the client must, as a condition of eligibility, make a bona fide presentation of a petition to the appropriate court for release of the funds for current and future support. The agency with the aid of counsel will assist the client if necessary.

(b) When funds in trust are not currently accessible and the trust came into being during the term of the assistance case, the agency will with the aid of counsel present a petition to the appropriate court for release of funds for current and future support. The client must, as a condition of continuing eligibility, provide whatever cooperation may be necessary in the presentation of the petition.

350. CONTINUING ELIGIBILITY

351. Monthly Review - The eligibility of each case shall be reviewed at least once each calendar month. This review provides an opportunity for the municipal welfare department to evaluate any change in the client's circumstances or income and to make appropriate adjustments on Form GA-19 in the amount of assistance to be granted. (See Section 711 regarding timely notice of adverse action.)

(a) Form GA-3 shall be utilized for the monthly review, including entry of all income received. Any changes in income shall be shown on Form GA-19.

(b) For all persons not exempt from the work requirement, the most recent date of registration with the New Jersey Division of Employment Services shall be recorded (see Section 327.1).

(c) When so designated by the MWD, the review shall occur at more frequent intervals.

344.4 Liquidation of Personal Property - Liquidation of personal property which is not exempt shall be handled in such a way as to assure the highest net revenue. The MWD and the eligible unit may use such methods as are appropriate and mutually agreeable in determining an acceptable sale price. These include but are not necessarily limited to: professional appraisal, competitive bids, and public auction.

(a) Automobiles subject to liquidation shall be sold at or above the higher of two or more bids from reputable buyers.

(b) Securities, stocks and bonds can usually be liquidated through reputable local brokers at market prices. The holding of such securities in the hope of a higher price is speculation and is not an appropriate activity for either the agency or its clients.

(c) Mortgages, notes receivable and other less liquid securities shall be sold as quickly and advantageously as possible.

344.5 Suits and Claims - Where a member of the eligible unit is, at time of application, or subsequently becomes the owner of an interest in a suit or claim arising out of an accident, inheritance or legacy, insurance on the lives of relatives or others, statutory benefits or pensions, unfulfilled contracts or obligations, etc., such interests constitute personal property and are potential resources which must be recognized.

344.5 Suits and Claims (ocnt'd)

(a) Where assistance is extended during the period that the receipt or liquidation of such interest is pending, an agreement shall be made whereby the eligible unit will, when liquidation occurs, repay the agency the amount of assistance granted since the incident or claim occurred, or the amount received as the result of the claim, whichever is less.

344.6 Benefits Not Subject to Repayment

The following are not subject to repayment to the MWD: retroactive Social Security (RSDI) payments, Veteran's benefits, workmen's compensation, temporary disability benefits, and SSI payments not repayable to the DPW/MWD in accordance with a valid Form GA-30. However, when such monies are received, they shall be recognized as countable income and the client's eligibility shall immediately be redetermined.

350. CONTINUING ELIGIBILITY

351. Monthly Review - The eligibility of each case shall be reviewed at least once each calendar month. This review provides an opportunity for the municipal welfare department to evaluate any change in the client's circumstances or income and to make appropriate adjustments on Form GA-19 in the amount of assistance to be granted. (See Section 711 regarding timely notice of adverse action.)

(a) Form GA-3 shall be utilized for the monthly review, including entry of all income received. Any changes in income shall be shown on Form GA-19.

(b) For all persons not exempt from the work requirement, the most recent date of registration with the New Jersey Division of Employment Services shall be recorded (see Section 327.1).

(c) When so designated by the MWD, the review shall occur at more frequent intervals.

344.4 Liquidation of Personal Property - Liquidation of personal property which is not exempt shall be handled in such a way as to assure the highest net revenue. The MWD and the eligible unit may use such methods as are appropriate and mutually agreeable in determining an acceptable sale price. These include but are not necessarily limited to: professional appraisal, competitive bids, and public auction.

(a) Automobiles subject to liquidation shall be sold at or above the higher of two or more bids from reputable buyers.

(b) Securities, stocks and bonds can usually be liquidated through reputable local brokers at market prices. The holding of such securities in the hope of a higher price is speculation and is not an appropriate activity for either the agency or its clients.

(c) Mortgages, notes receivable and other less liquid securities shall be sold as quickly and advantageously as possible.

344.5 Suits and Claims - Where a member of the eligible unit is, at time of application, or subsequently becomes the owner of an interest in a suit or claim arising out of an accident, inheritance or legacy, insurance on the lives of relatives or others, statutory benefits or pensions, unfulfilled contracts or obligations, etc., such interests constitute personal property and are potential resources which must be recognized.

344.5 Suits and Claims (Cont'd)

(a) Where assistance is extended during the period that the receipt or liquidation of such interest is pending, an agreement shall be made whereby the eligible unit will, when liquidation occurs, repay the agency the amount of assistance granted since the incident or claim occurred, or the amount received as the result of the claim, whichever is less.

344.6 Benefits Not Subject to Repayment

The following are not subject to repayment to the MWD: retroactive Social Security (RSDI) payments, Veteran's benefits, workmen's compensation, temporary disability benefits, and SSI payments not repayable to the DPW/MWD in accordance with a valid Form GA-30. However, when such monies are received, they shall be recognized as countable income and the client's eligibility shall immediately be redetermined.

350. CONTINUING ELIGIBILITY

351. Monthly Review - The eligibility of each case shall be reviewed at least once each calendar month. This review provides an opportunity for the municipal welfare department to evaluate any change in the client's circumstances or income and to make appropriate adjustments on Form GA-19 in the amount of assistance to be granted. (See Section 711 regarding timely notice of adverse action.)

(a) Form GA-3 shall be utilized for the monthly review, including entry of all income received. Any changes in income shall be shown on Form GA-19.

(b) For all persons not exempt from the work requirement, the most recent date of registration (or renewal of registration) with the State Employment Service shall be recorded (see Section 327.1).

(c) When so designated by the MWD, the review shall occur at more frequent intervals.

10:85-3.5 (continued)

(b) Redetermination of eligibility: In order to continue granting assistance, the MWD shall make a complete redetermination for each case at least once every six months except that for the chronically ill, recertification by a physician via Form GA-18 shall be made at time intervals in accordance with N.J.A.C. 10:85-5.3(e)1i.

1. Redetermination for General Assistance, Form GA-1R: At the time of the redetermination, a Form GA-1R (Redetermination for General Assistance) shall be completed and signed by the applicant. This form shall contain an affidavit attesting to the truth of all information provided therein.

   i. The MWD worker shall assist the client in completing the application, providing explanation as necessary. If the client cannot read, the contents of the form shall be read to him/her. Upon request, the client shall be given a copy of the executed application and affidavit.

   ii. At the time of redetermination the applicant will be required to sign two copies of Form GA-51 (Important Reminder of Your Obligation to Report Changes). The MWD worker shall explain the contents of the form, if necessary, and provide the applicant with a copy.

2. Computation of Eligible Unit's Grant and Record of Payments, Form GA-19: At the time of the redetermination, a new Form GA-19 shall be prepared by the MWD worker.

3. Verification and decision: All facts and circumstances related to the recipient's application for continuation of assistance must be verified in accordance with N.J.A.C. 10:85-3.2(e), in order that the MWD may reach a decision regarding continued grants.

4. Reevaluation of legally responsible relatives: A reevaluation of LRRs shall be made during each six month period, in accordance with N.J.A.C. 10:85-9.6.

10:85-3.5 (continued)

(c) Personal interview rules are as follows:

1. Requirement: Personal interviews shall be required for the monthly review and the semiannual redetermination. Such interviews shall be held with the client at the municipal welfare office or in client's home. Appointments will be scheduled in advance for a time acceptable to both client and agency and confirmed by the MWD in writing.

2. Failure to hold interview: Should the individual fail to appear for the interview at the time specified without good cause for such nonattendance, no further assistance shall be granted until the required interview is held. If the MWD is responsible for failure to hold the interview, the client's continued receipt of assistance shall not be jeopardized.

(d) Change in need or circumstances: Any change in need or circumstances shall be acted upon promptly in order to ensure that the eligible unit receives the full amount of assistance to which the MWD has determined he/she is entitled and that public funds are not granted illegally.

1. Municipal welfare department's responsibility: The MWD shall be alert to indications of change in the eligible unit's need for financial assistance or in the circumstances which may affect the recipient's continuing eligibility or amount of payment. Any adjustments in the grant shall be made promptly and in accordance with the requirements for timely notice (see N.J.A.C. 10:85-7.2(a)).

2. Recipient's responsibility: The client has a responsibility to inform the municipal welfare department as promptly as possible whenever any change in income or circumstances occurs. Such notification may be by telephone, mail or in person. In acknowledgement of this responsibility, each applicant/recipient shall, as a condition of eligibility at the time of application, at each redetermination, and at such other times as the MWD may require, execute Form GA-51 in duplicate. The applicant/recipient keeps one copy; the MWD retains the other (with original signature(s)) in the case folder.

352. Redetermination of Eligibility

In order to continue granting assistance, the MWD shall make a complete redetermination for each case at least once every six months except that for the chronically ill, recertification by a physician via Form GA-18 shall be made at time intervals in accordance with Section 525.1(a).

352.1 Redetermination for General Assistance, Form GA-1R - At the time of the redetermination, a Form GA-1R (Redetermination for General Assistance) shall be completed and signed by the applicant. This form shall contain an affidavit attesting to the truth of all information provided therein.

(a) The MWD worker shall assist the client in completing the application, providing explanation as necessary. If the client cannot read, the contents of the form shall be read to him/her. Upon request, the client shall be given a copy of the executed application and affidavit.

(b) At the time of redetermination the applicant will be required to sign two copies of Form GA-51 (Important Reminder of Your Obligation to Report Changes). The MWD worker shall explain the contents of the form, if necessary, and provide the applicant with a copy.

352.2 Computation of Eligible Unit's Grant and Record of Payments, Form GA-19 - At the time of the redetermination, a new Form GA-19 shall be prepared by the MWD worker.

352.3 Verification and Decision - All facts and circumstances related to the recipient's application for continuation of assistance must be verified in accordance with Section 325, in order that the MWD may reach a decision regarding continued grants.

352.4 Reevaluation of Legally Responsible Relatives - A reevaluation of LRRs shall be made during each six month period, in accordance with Section 950.

353. Personal Interview

(a) Requirement - Personal interviews shall be required for the monthly review and the semiannual redetermination. Such interviews shall be held with the client at the municipal welfare office or in client's home. Appointments will be scheduled in advance for a time acceptable to both client and agency and confirmed by the MWD in writing.

(b) Failure to Hold Interview - Should the individual fail to appear for the interview at the time specified without good cause for such nonattendance, no further assistance shall be granted until the required interview is held. If the MWD is responsible for failure to hold the interview, the client's continued receipt of assistance shall not be jeopardized.

354. Change in Need or Circumstances - Any change in need or circumstances shall be acted upon promptly in order to ensure that the eligible unit receives the full amount of assistance to which the MWD has determined he/she is entitled and that public funds are not granted illegally.

354.1 Municipal Welfare Department's Responsibility - The MWD shall be alert to indications of change in the eligible unit's need for financial assistance or in the circumstances which may affect the recipient's continuing eligibility or amount of payment. Any adjustments in the grant shall be made promptly and in accordance with the requirements for timely notice (see Section 711).

354.2 Recipient's Responsibility - The client has a responsibility to inform the municipal welfare department as promptly as possible whenever any change in income or circumstances occurs. Such notification may be by telephone, mail or in person. In acknowledgement of this responsibility, each applicant/recipient shall, as a condition of eligibility at the time of application, at each redetermination, and at such other times as the MWD may require, execute Form GA-51 in duplicate. The applicant/recipient keeps one copy; the MWD retains the other (with original signature(s)) in the case folder.

352. Redetermination of Eligibility

In order to continue granting assistance, the MWD shall make a complete redetermination for each case at least once every six months.

352.1 Redetermination for General Assistance, Form GA-1R - At the time of the redetermination, a Form GA-1R (Redetermination for General Assistance) shall be completed and signed by the applicant. This form shall contain an affidavit attesting to the truth of all information provided therein.

(a) The MWD worker shall assist the client in completing the application, providing explanation as necessary. If the client cannot read, the contents of the form shall be read to him/her. Upon request, the client shall be given a copy of the executed application and affidavit.

(b) At the time of redetermination the applicant will be required to sign two copies of Form GA-51 (Important Reminder of Your Obligation to Report Changes). The MWD worker shall explain the contents of the form, if necessary, and provide the applicant with a copy.

352.2 Computation of Eligible Unit's Grant and Record of Payments, Form GA-19 - At the time of the redetermination, a new Form GA-19 shall be prepared by the MWD worker.

352.3 Verification and Decision - All facts and circumstances related to the recipient's application for continuation of assistance must be verified in accordance with Section 325, in order that the MWD may reach a decision regarding continued grants.

352.4 Reevaluation of Legally Responsible Relatives - A reevaluation of LRRs shall be made during each six month period, in accordance with Section 950.

353. Personal Interview

(a) Requirement - Personal interviews shall be required for the monthly review and the semiannual redetermination. Such interviews shall be held with the client at the municipal welfare office or in client's home. Appointments will be scheduled in advance for a time acceptable to both client and agency and confirmed by the MWD in writing.

(b) Failure to Hold Interview - Should the individual fail to appear for the interview at the time specified without good cause for such nonattendance, no further assistance shall be granted until the required interview is held. If the MWD is responsible for failure to hold the interview, the client's continued receipt of assistance shall not be jeopardized.

354. Change in Need or Circumstances - Any change in need or circumstances shall be acted upon promptly in order to ensure that the eligible unit receives the full amount of assistance to which the MWD has determined he/she is entitled and that public funds are not granted illegally.

354.1 Municipal Welfare Department's Responsibility - The MWD shall be alert to indications of change in the eligible unit's need for financial assistance or in the circumstances which may effect the recipient's continuing eligibility or amount of payment. Any adjustments in the grant shall be made promptly and in accordance with the requirements for timely notice (see Section 711).

354.2 Recipient's Responsibility - The client has a responsibility to inform the municipal welfare department as promptly as possible whenever any change in income or circumstances occurs. Such notification may be by telephone, mail or in person. In acknowledgement of this responsibility, each applicant/recipient shall, as a condition of eligibility at the time of application, at each redetermination, and at such other times as the MWD may require, execute Form GA-51 in duplicate. The applicant/recipient keeps one copy; the MWD retains the other (with original signature(s)) in the case folder.

352. Redetermination of Eligibility

In order to continue granting assistance, the MWD shall make a complete redetermination for each case at least once every six months.

352.1 Redetermination for General Assistance, Form GA-1R - At the time of the redetermination, a Form GA-1R (Redetermination for General Assistance) shall be completed and signed by the applicant. This form shall contain an affidavit attesting to the truth of all information provided therein.

(a) The MWD worker shall assist the client in completing the application, providing explanation as necessary. If the client cannot read, the contents of the form shall be read to him/her. Upon request, the client shall be given a copy of the executed application and affidavit.

(b) At the time of redetermination the applicant will be required to sign two copies of Form GA-51 (Important Reminder of Your Obligation to Report Changes). The MWD worker shall explain the contents of the form, if necessary, and provide the applicant with a copy.

352.2 Authorization and Worksheet, Form GA-19 - At the time of the redetermination, a new Form GA-19 shall be prepared by the MWD worker.

352.3 Verification and Decision - All facts and circumstances related to the recipient's application for continuation of assistance must be verified in accordance with Section 325, in order that the MWD may reach a decision regarding continued grants.

352.4 Reevaluation of Legally Responsible Relatives - A reevaluation of LRRs shall be made during each six month period, in accordance with Section 950.

353. Personal Interview

(a) Requirement - Personal interviews shall be required for the monthly review and the semiannual redetermination. Such interviews shall be held with the client at the municipal welfare office or in client's home. Appointments will be scheduled in advance for a time acceptable to both client and agency and confirmed by the MWD in writing.

(b) Failure to Hold Interview - Should the individual fail to appear for the interview at the time specified without good cause for such nonattendance, no further assistance shall be granted until the required interview is held. If the MWD is responsible for failure to hold the interview, the client's continued receipt of assistance shall not be jeopardized.

354. Change in Need or Circumstances - Any change in need or circumstances shall be acted upon promptly in order to ensure that the eligible unit receives the full amount of assistance to which the MWD has determined he/she is entitled and that public funds are not granted illegally.

354.1 Municipal Welfare Department's Responsibility - The MWD shall be alert to indications of change in the eligible unit's need for financial assistance or in the circumstances which may effect the recipient's continuing eligibility or amount of payment. Any adjustments in the grant shall be made promptly and in accordance with the requirements for timely notice (see Section 711).

354.2 Recipient's Responsibility - The client has a responsibility to inform the municipal welfare department as promptly as possible whenever any change in income or circumstances occurs. Such notification may be by telephone, mail or in person. In acknowledgement of this responsibility, each applicant/recipient shall, as a condition of eligibility at the time of application, at each redetermination, and at such other times as the MWD may require, execute Form GA-51 in duplicate. The applicant/recipient keeps one copy; the MWD retains the other (with original signature(s)) in the case folder.

360. ADJUSTMENTS IN PAYMENTS

361. Overpayments - Underpayments - In all situations of overpayments or underpayments, the facts and circumstances in each case shall be evaluated, and where indicated, action taken as appropriate in accordance with the following manual regulations.

361.1 Overpayments

(a) The MWD may, at its discretion, recoup overpayments of assistance upon a determination that the overpayment occurred after the client signed Form GA-51 and resulted from the willful withholding of information which would, if revealed, have resulted in a smaller grant or in denial or termination of eligibility.

(b) Recoupment shall be made from future assistance grants by reducing the payments in amounts of up to ten percent (10%) of the monthly assistance allowance until the amount of the overpayment is thereby repaid. When earned income disregards are applicable, the MWD may deduct up to an additional ten percent (10%) of the monthly assistance allowance but not more than the amount of the disregard ($60 plus 1/3).

(c) Deductions for overpayments which resulted from agency error or for any reason other than willful withholding of information are not authorized.

(d) Eligibility for medical payments shall not be influenced by grant reductions made on account of previous overpayments.

361.2 Underpayments

(a) When underpayment was due to failure of a member of the eligible unit to provide appropriate information, the next regular payment following discovery of the underpayment shall reflect the corrected grant for that payment period and the amount necessary to correct the payment for the period immediately preceding.

361.2 Underpayments (cont'd)

(b) When underpayment was due exclusively to administrative error by the agency, corrective payment shall be made retroactively to that month, within the 12 months immediately preceding the discovery of the underpayment, in which the administrative error first occurred. Corrective payment resulting from a fair hearing decision shall be retroactive to the date the incorrect action was taken.

1) Such retroactive adjustment shall be made as an additional payment as promptly as possible but in no event later than the time of the next regular payment.

2) For purposes of determining continuing eligibility or the amount of assistance, retroactive corrective payments shall not be considered as income or resource to the eligible unit either in the month paid or in the following month(s).

360. RECOUPMENT OF OVERPAYMENTS

The MWD may, at its discretion, recoup overpayments of assistance upon a determination that the overpayment occurred after the client signed Form GA-51 and resulted from the willful withholding of information which would, if revealed, have resulted in a smaller grant or in denial or termination of eligibility.

(a) Recoupment shall be made from future assistance grants by reducing the payments in amounts of up to ten percent (10%) of the monthly assistance allowance until the amount of the overpayment is thereby repaid. When earned income disregards are applicable, the MWD may deduct up to an additional ten percent (10%) of the monthly assistance allowance but not more than the amount of the disregard ($60 plus 1/3).

(b) Deductions for overpayments which resulted from agency error or for any reason other than willful withholding of information are not authorized.

(c) Eligibility for medical payments shall not be influenced by grant reductions made on account of previous overpayments.

352. Redetermination of Eligibility

In order to continue granting assistance, the MWD shall make a complete redetermination for each case at least once every six months.

352.1 Application and Affidavit, Form GA-1 - At the time of the redetermination, a new application, Form GA-1, shall be completed and signed by the applicant. This form shall contain an affidavit attesting to the truth of all information provided therein.

(a) The MWD worker shall assist the client in completing the application, providing explanation as necessary. If the client cannot read, the contents of the form shall be read to him/her. Upon request, the client shall be given a copy of the executed application and affidavit.

352.2 Authorization and Worksheet, Form GA-19 - At the time of the redetermination, a new Form GA-19 shall be prepared by the MWD worker.

352.3 Verification and Decision - All facts and circumstances related to the recipient's application for continuation of assistance must be verified in accordance with Section 325, in order that the MWD may reach a decision regarding continued grants.

352.4 Reevaluation of Legally Responsible Relatives - A reevaluation of LRRs shall be made during each six month period, in accordance with Section 950.

353. Personal Interview

(a) Requirement - Personal interviews shall be required for the monthly review and the semiannual redetermination. Such interviews shall be held with the client at the municipal welfare office or in client's home. Appointments will be scheduled in advance for a time acceptable to both client and agency and confirmed by the MWD in writing.

353. Personal Interview (Cont'd)

(b) Failure to Hold Interview - Should the individual fail to appear for the interview at the time specified without good cause for such nonattendance, no further assistance shall be granted until the required interview is held. If the MWD is responsible for failure to hold the interview, the client's continued receipt of assistance shall not be jeopardized.

354. Change in need or Circumstances - Any change in need or circumstances shall be acted upon promptly in order to ensure that the eligible unit receives the full amount of assistance to which the MWD has determined he/she is entitled and that public funds are not granted illegally.

354.1 Municipal Welfare Department's Repsponsibility - The MWD shall be alert to indications of change in the eligible unit's need for financial assistance or in the circumstances which may effect the recipient's continuing eligibility or amount of payment. Any adjustments in the grant shall be made promptly and in accordance with the requirements for timely notice (see Section 711.).

354.2 Recipient's Responsibility - The client has a responsibility to inform the municipal welfare department as promptly as possible whenever any change in income or circumstances occurs. Such notification may be by telephone, mail or in person.

Schedule I

Monthly Assistance Allowances
(Limited to persons determined unable to accept employment)

Number in Household	Eligible Unit 1	Eligible Unit 2
1	178.	
2	122.	244.
3	110.	220.
4	98.	196.
5	90.	180.
6	85.	170.
7	72.	145.
8	69.	139.
9	66.	133.
10	64.	127.
11	62.	125.
12	61.	123.
13	60.	120.
14	59.	118.
15	58.	116.

SCHEDULE II
Monthly Assistance Allowances
(For eligible units in which at least one person is employable)

Number in Household	Number in Eligible Unit 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	119.														
2	82.	163.													
3	69.	138.	207.												
4	59.	119.	178.	237.											
5	54.	108.	163.	217.	271.										
6	51.	102.	153.	204.	255.	306.									
7	48.	96.	144.	193.	241.	289.	337.								
8	46.	93.	139.	185.	231.	278.	324.	370.							
9	44.	89.	133.	177.	222.	266.	310.	355.	399.						
10	43.	85.	128.	170.	213.	255.	298.	340.	383.	425.					
11	42.	83.	125.	167.	208.	250.	291.	333.	375.	416.	458.				
12	41.	82.	123.	164.	205.	246.	286.	327.	368.	409.	450.	491.			
13	40.	81.	121.	162.	202.	242.	283.	323.	363.	404.	444.	485.	525.		
14	40.	79.	119.	158.	198.	237.	277.	316.	356.	395.	435.	474.	514.	553.	
15	39.	77.	116.	155.	194.	232.	271.	310.	349.	387.	426.	465.	504.	542.	581.

In eligible units of more than 15, add $27. for each additional member.

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400. GENERAL ASSISTANCE PAYMENTS

401. State and Local Responsibilities

401.1 Division of Public Welfare - In order to achieve equity among individuals and with other public assistance programs within the State, the State Division of Public Welfare has been given responsibility for establishing, in accordance with State law and regulations, the conditions under which and procedures by which all payments of general assistance are to be made.

(a) The standards set forth in this manual have been established by the DPW as the amounts to which eligible individuals are entitled, less countable income and other available resources.

401.2 Municipal Welfare Director - The municipal welfare director is responsible for determining the eligibility of persons applying for general assistance and for providing assistance, based on the established standards, necessary to prevent needy persons from suffering from cold, hunger, lack of shelter or sickness. He/she has specific authority to issue payments to or on behalf of such persons and to expedite investigation of the circumstances of each case.

(a) When the conditions of immediate need exist (Section 331), the director shall issue a grant sufficient to sustain the applicant(s) until a conclusive determination of eligibility can be made.

(b) See Section 325 regarding verification of eligibility and sources of evidence.

402. Excessive Payments

If the total monthly payment by the MWD exceeds the amount of assistance for which an individual is determined to be eligible in any calendar month in accordance with the regulations in this manual, the amount in excess of such determination will not be matchable through State aid. It shall be incumbent upon the municipality to bear the cost of such excess amount.

410. PERIODS FOR WHICH ASSISTANCE IS GRANTED - General assistance is granted to meet needs of individuals in a variety of situations. The Director of Welfare shall determine which of the following is appropriate:

411. Monthly Period - When authorized, payment shall be issued once each calendar month and will be determined from the applicable monthly allowance standard less any countable income.

412. Weekly or Biweekly Period - When authorized, payment shall be issued on a weekly or biweekly basis, and will be determined by prorating the applicable monthly allowance standard (see Section 336.2(f)). The total payments to the client in any calendar month shall not exceed the full monthly allowance less any countable income for that monthly period.

413. Periods of Less Than One Week - When authorized, payment shall be issued for one or more days to meet temporary situations. A per diem (daily) amount is determined by dividing the applicable monthly allowance standard by 30 (see Section 336.2(f)). Any income actually available on that day or days shall be deducted from the per diem amount. Such grants qualify for State aid up to the amount to which a client would be entitled under Section 411.

414. Grants for Specific Needs - When an individual specifically requests assistance in an amount less than that to which he/she is entitled (e.g., for shelter only, food only, etc.), such amount may be granted, subject to the notice requirement in Section 712.2. However, the total amount granted during one calendar month to the client for such specific needs shall not exceed the amount for which he/she is eligible, unless the following Section 415 applies.

10:85-4.2(a) (continued)

5. Emergency grant: An emergency grant may be made to individuals under the conditions stated in N.J.A.C. 10:85-4.6. Emergency grants made in accordance with such regulations qualify for State aid.

6. Initial period of assistance: In all cases for which a starting date is not specified elsewhere in this manual, the starting date for the initial period of assistance shall be the date of the application or the date on which eligibility actually began, whichever is later.

10:85-4.3 Methods of payment

(a) Acceptable forms: Acceptable forms of payment to or on behalf of an eligible unit include:

1. A direct grant of cash or check drawn to the client; or

2. An order for a specific item or items or for a specific service (Form GA-11). A check is subsequently drawn to a vendor for the specified commodity or service. Neither the order nor any information provided about the order may limit the client's choice of vendor in any way except that the client may not, by his/her choice of vendor, incur a charge against the municipality higher than the limits provided in this manual.

(b) Numbering and signatures: Assistance orders shall be serially numbered when printed. Assistance orders submitted for payment shall bear the signatures of the director of welfare, the recipient and the vendor except that orders for residential services such as room and board or residential health care need not bear the signature of the recipient. Rubber stamp or typescript signatures are not valid unless countersigned by a duly authorized staff member. Reimbursement to municipalities will be contingent upon compliance with this regulation.

10:85-4.4 Designation of a temporary payee

(a) In situations where a recipient of General Assistance demonstrates an inability to manage his/her money and is, therefore, unable to provide for his/her own physical health and safety, the director may deem it necessary to designate a temporary payee to receive such assistance on behalf of the client. Such designation shall be reviewed every 30 days.

1. Responsibility of temporary payee: The temporary payee shall use any assistance granted to the client solely for the benefit of such client and shall be responsible to the director for his/her actions in this respect.

2. Selection of payee: A temporary payee may be any person age 18 or over who, in the judgement of the director, is capable of satisfactorily dispensing the assistance granted to the client. Preference shall be given to relatives of the recipient wherever practical.

10:85-4.4(a)2 (continued)

i. Client's cooperation in selection: The cooperation of the client shall be sought, but is not required, in selection of the temporary payee. The client shall, however, be advised of his or her right to request a local hearing regarding the designation of a temporary payee (see N.J.A.C. 10:85-7.3(a)).

10:85-4.5 Changes in need while assistance is being received

(a) When a change in the circumstances of the recipient results in an adjustment upward or downward in the amount of assistance payment, such adjustment shall be made promptly following verification of the change and in accordance with requirements for timely notice (see N.J.A.C. 10:85-7.2).

1. Reduced or terminated payments: When payment to a recipient is to be reduced or terminated for whatever reason, a timely notice of such action must be mailed (postmarked) or handed to the recipient at least ten days before the reduction or termination is made, unless N.J.A.C. 10:85-7.2(b) applies.

10:85-4.6 Emergency grants

(a) An emergency grant shall be authorized to or for an individual(s) otherwise eligible to receive general assistance under the regulations in this manual when circumstances set forth in (a)1 through 3 below exist. In addition, these regulations shall apply to an emergency (as described in (a)1 through 3 below) which occurred within the 7 calendar days immediately prior to the application for General Assistance if the applicant(s) is determined eligible at the time of application under established procedures and standards.

1. Fire or natural disaster: There has been substantial loss of shelter, food, clothing and/or household furnishings by fire, flood or other similar natural disaster, and the director determines that the provision of one or more of these basic needs is essential for the health and safety of the individual; or

2. Situation beyond client's control: Because of an emergent situation over which the individual had no control or opportunity to plan in advance, he/she is in a state of homelessness, and the municipal welfare director determines that provision of shelter, food, clothing, and/or minimum essential house furnishings are necessary for the health and safety of the individual:

i. Domestic violence: The state of homelessness may result from imminent or demonstrated violence which imperiled the health and safety of the individual or eligible unit; or

415. Emergency Grant - An emergency grant may be made to individuals under the conditions stated in Section 450. Emergency grants made in accordance with such regulations qualify for State aid.

420. METHODS OF PAYMENT

421. Acceptable Forms - Acceptable forms of payment to or on behalf of an eligible unit include:

(a) A direct grant of cash or check drawn to the client; or

(b) An order for a specific item or items or for a specific service (Form GA-11). A check is subsequently drawn to a vendor for the specified commodity or service. Neither the order nor any information provided about the order may limit the client's choice of vendor in any way except that the client may not, by his/her choice of vendor, incur a charge against the municipality higher than the limits provided in this manual.

422. Numbering and Signatures - Assistance orders shall be serially numbered when printed. Assistance orders submitted for payment shall bear the signatures of the Director of Welfare, the recipient and the vendor. Rubber stamp or typescript signatures are not valid unless countersigned by a duly authorized staff member. Reimbursement to municipalities will be contingent upon compliance with this regulation.

430. DESIGNATION OF A TEMPORARY PAYEE - In situations where a recipient of General Assistance demonstrates an inability to manage his/her money and is, therefore, unable to provide for his/her own physical health and safety, the municipal welfare director may deem it necessary to designate a temporary payee to receive such assistance on behalf of the client. Such designation shall be reviewed every 30 days.

431. Responsibility of Temporary Payee - The temporary payee shall use any assistance granted to the client solely for the benefit of such client and shall be responsible to the municipal welfare director for his/her actions in this respect.

432. Selection of Payee - A temporary payee may be any person age 18 or over who, in the judgement of the municipal director, is capable of satisfactorily dispensing the assistance granted to the client. Preference shall be given to relatives of the recipient wherever practical.

SUPERSEDED

432.1 Client's Cooperation in Selection - The cooperation of the client shall be sought, but is not required, in selection of the temporary payee. The client shall, however, be advised of his/her right to request a local hearing regarding the designation of a temporary payee (see Section 721).

440. CHANGES IN NEED WHILE ASSISTANCE IS BEING RECEIVED - When a change in the circumstances of the recipient results in an adjustment upward or downward in the amount of assistance payment, such adjustment shall be made promptly following verification of the change and in accordance with requirements for timely notice (see Section 710).

441. Reduced or Terminated Payments - When payment to a recipient is to be reduced or terminated for whatever reason, a timely notice of such action must be mailed (postmarked) or handed to the recipient at least ten days before the reduction or termination is made, unless Section 712 applies.

450. EMERGENCY GRANTS

451. Conditions for Emergency Grants - An emergency grant shall be authorized to or for an individual(s) otherwise eligible to receive General Assistance under the regulations in this manual when circumstances set forth in Sections 451.1 through 451.3 exist. In addition, these regulations shall apply to an emergency (as described in Section 451.1 through 451.3) which occurred within the 7 calendar days immediately prior to the application for General Assistance if the applicant(s) is determined eligible at the time of application under established procedures and standards.

451.1 Fire or Natural Disaster - there has been substantial loss of shelter, food, clothing and/or household furnishings by fire, flood or other similar natural disaster, and the municipal welfare director determines that the provision of one or more of these basic needs is essential for the health and safety of the individual; or

451.2 Situation Beyond Client's Control - because of an emergent situation over which the individual had no control or opportunity to plan in advance, he/she is in a state of homelessness, and the municipal welfare director determines that provision of shelter, food, clothing, and/or minimum essential house furnishings are necessary for the health and safety of the individual;

(a) Domestic Violence - The state of homelessness may result from imminent or demonstrated violence which imperiled the health and safety of the individual or eligible unit; or

415. Emergency Grant - An emergency grant may be made to individuals under the conditions stated in Section 450. Emergency grants made in accordance with such regulations qualify for State aid.

420. METHODS OF PAYMENT

421. Acceptable Forms - Acceptable forms of payment to or on behalf of an eligible unit include:

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440. CHANGES IN NEED WHILE ASSISTANCE IS BEING RECEIVED - When a change in the circumstances of the recipient results in an adjustment upward or downward in the amount of assistance payment, such adjustment shall be made promptly following verification of the change and in accordance with requirements for timely notice (see Section 710).

441. Reduced or Terminated Payments - When payment to a recipient is to be reduced or terminated for whatever reason, a timely notice of such action must be mailed (post-marked) or handed to the recipient at least ten days before the reduction or termination is made, unless Section 712 applies.

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451. Conditions for Emergency Grants - An emergency grant shall be authorized to or for an individual otherwise eligible to receive General Assistance under the regulations in this manual when:

451.1 Fire or Natural Disaster - there has been substantial loss of shelter, food, clothing and/or household furnishings by fire, flood or other similar natural disaster, and the municipal welfare director determines that the provision of one or more of these basic needs is essential for the health and safety of the individual; or

451.2 Situation Beyond Client's Control - because of an emergent situation over which the individual had no control or opportunity to plan in advance, he/she is in a state of homelessness, and the municipal welfare director determines that provision of shelter, food, clothing, and/or minimum essential house furnishings are necessary for the health and safety of the individual.

451.3 Away From Home - When a person is present under emergency conditions such that he/she wishes but is unable to return, for the purpose of making application for General Assistance, to the place where he/she lives. (See also Section 326.2.)

415. Emergency Grant - An emergency grant may be made to individuals under the conditions stated in Section 450. Emergency grants made in accordance with such regulations qualify for State aid.

420. METHODS OF PAYMENT

421. Acceptable Forms - Acceptable forms of payment to or on behalf of an eligible unit include:

(a) A direct grant of cash or check drawn to the client; or

(b) An order for a specific item or items or for a specific service (Form GA-11). A check is subsequently drawn to a vendor for the specified commodity or service.

422. Signature on Orders - Orders submitted to the municipality for payment shall bear the signatures of the Director of Welfare, the client (or his/her authorized representative) and the vendor.

430. DESIGNATION OF A TEMPORARY PAYEE - In situations where a recipient of general assistance demonstrates an inability to manage his/her money and is, therefore, unable to provide for his/her own physical health and safety, the municipal welfare director may deem it necessary to designate a temporary payee to receive such assistance on behalf of the client. Such designation shall be reviewed every 30 days.

431. Responsibility of Temporary Payee - The temporary payee shall use any assistance granted to the client solely for the benefit of such client and shall be responsible to the municipal welfare director for his/her actions in this respect.

432. Selection of Payee - A temporary payee may be any person age 18 or over who, in the judgement of the municipal director, is capable of satisfactorily dispensing the assistance granted to the client. Preference shall be given to relatives of the recipient wherever practical.

432.1 Client's Cooperation in Selection - The cooperation of the client shall be sought, but is not required, in selection of the temporary payee. The client shall, however, be advised of his/her right to request a local hearing regarding the designation of a temporary payee (see Section 721).

440. CHANGES IN NEED WHILE ASSISTANCE IS BEING RECEIVED - When a change in the circumstances of the recipient results in an adjustment upward or downward in the amount of assistance payment, such adjustment shall be made promptly following verification of the change and in accordance with requirements for timely notice (see Section 710).

441. Reduced or Terminated Payments - When payment to a recipient is to be reduced or terminated for whatever reason, a timely notice of such action must be mailed (post-marked) or handed to the recipient at least ten days before the reduction or termination is made, unless Section 711.3 or Section 712 applies.

450. EMERGENCY GRANTS

451. Conditions for Emergency Grants - An emergency grant shall be authorized to or for an individual otherwise eligible to receive General Assistance under the regulations in this manual when:

451.1 Fire or Natural Disaster - there has been substantial loss of shelter, food, clothing and/or household furnishings by fire, flood or other similar natural disaster, and the municipal welfare director determines that the provision of one or more of these basic needs is essential for the health and safety of the individual; or

451.2 Situation Beyond Client's Control - because of an emergent situation over which the individual had no control or opportunity to plan in advance, he/she is in a state of homelessness, and the municipal welfare director determines that provision of shelter, food, clothing, and/or minimum essential house furnishings are necessary for the health and safety of the individual.

451.3 Away From Home - When a person is present under emergency conditions such that he/she wishes but is unable to return, for the purpose of making application for General Assistance, to the place where he/she lives. (See also Section 326.2.)

10:85-4.6(a) (continued)

3. Away from home: When a person is present under emergency conditions such that he/she wishes but is unable to return, for the purpose of making application for General Assistance, to the place where he/she lives. (See also N.J.A.C. 10:85-3.2(f)2.)

(b) Standards for emergency grants are:

1. Emergency shelter: When an actual state of homelessness exists or is manifestly imminent in accordance with (a)1 or (a)2 of this section, the authorized payment shall be the actual cost of adequate emergency shelter arrangements, at the most reasonable rate available, for a specified temporary period not to exceed the calendar month following the month in which the state of homelessness first became known.

   i. Payment may be authorized for security deposits for rent and/or utilities when the municipal welfare director determines it is necessary to establish the client in a new permanent living arrangement.

   ii. The regular grant of assistance (including calculated earned income and exempt income) is not to be counted in the determination of eligibility for or the amount of emergency assistance payments authorized for temporary emergency shelter.

      (1) When plans for more permanent living arrangements are made, any funds actually available to the client are to be counted in the determination of emergency assistance payments for shelter, utility deposits, furniture and appliances.

2. Emergency food: As authorized in subsection (a) of this section, when food is not available from any other source, an amount of $1.50 per day per person shall be allowed for a specified number of days only, and in no event beyond such time as other funds become available (e.g., next regular assistance payment, support payment, receipt of earnings, etc.).

   i. When it is necessary to provide temporary living arrangements in a hotel, motel, or other facility in which cooking facilities are not available or are determined by the MWD to be inadequate, payment for restaurant meals shall not exceed $4.50 per person per day.

10:85-4.6(b)

3. Emergency clothing: When authorized under (a) above to the individual(s) to purchase minimum essential clothing for physical health and safety, payment may be granted not to exceed the amounts stated below:

Age		Amount
Adult		$86.00
Child:	13 and over	86.00
Child:	5 through 12	48.00
Child:	Birth through 4	29.00

i. Funds from the regular assistance grant or funds considered in developing the amount of that grant are not to be considered in computing the amount of payment for replacement of clothing lost or destroyed in the incident giving rise to the emergency.

451.3 Away From Home - When a person is present under emergency conditions such that he/she wishes but is unable to return, for the purpose of making application for General Assistance, to the place where he/she lives. (See also Section 326.2.)

452. Standards for Emergency Grants

452.1 Emergency Shelter - When an actual state of homelessness exists or is manifestly imminent in accordance with Section 451.1 or 451.2 the authorized payment shall be the actual cost of adequate emergency shelter arrangements, at the most reasonable rate available, for a specified temporary period not to exceed the calendar month following the month in which the state of homelessness first became known.

(a) Payment may be authorized for security deposits for rent and/or utilities when the municipal welfare director determines it is necessary to establish the client in a new permanent living arrangement.

(b) For victims of domestic violence the regular grant of assistance (including calculated earned income and exempt income) is not to be counted in the determination of eligibility for or the amount of emergency assistance payments authorized for "temporary" emergency arrangements in shelters.

When plans for more permanent living arrangements are made, any funds actually available to the client are to be counted in the determination of emergency assistance payments for shelter, utility deposits, furniture and appliances.

452.2 Emergency Food - As authorized in Section 451, when food is not available from any other source, an amount of $1.50 per day per person shall be allowed for a specified number of days only, and in no event beyond such time as other funds become available (e.g., next regular assistance payment, support payment, receipt of earnings, etc.).

(a) When it is necessary to provide temporary living arrangements in a hotel, motel, or other facility in which cooking facilities are not available or are determined by the MWD to be inadequate, payment for restaurant meals shall not exceed $4.50 per person per day.

452.3 Emergency Clothing - When authorized under Section 451 to the individual(s) to purchase minimum essential clothing for physical health and safety, payment may be granted not to exceed the amounts stated below:

Age	Amount
Adult	$86.00
Child: 13 and over	86.00
Child: 5 thru 12	48.00
Child: Birth thru 4	29.00

451.3 Away From Home - When a person is present under emergency conditions such that he/she wishes but is unable to return, for the purpose of making application for General Assistance, to the place where he/she lives. (See also Section 326.2.)

452. Standards for Emergency Grants

452.1 Emergency Shelter - When an actual state of homelessness exists or is manifestly imminent in accordance with Section 451.1 or 451.2 the authorized payment shall be the actual cost of adequate emergency shelter arrangements, at the most reasonable rate available, for a specified temporary period not to exceed the calendar month following the month in which the state of homelessness first became known.

(a) Payment may be authorized for security deposits for rent and/or utilities when the municipal welfare director determines it is necessary to establish the client in a new permanent living arrangement.

452.2 Emergency Food - As authorized in Section 451, when food is not available from any other source, an amount of $1.50 per day per person shall be allowed for a specified number of days only, and in no event beyond such time as other funds become available (e.g., next regular assistance payment, support payment, receipt of earnings, etc.).

(a) When it is necessary to provide temporary living arrangements in a hotel, motel, or other facility in which cooking facilities are not available or are determined by the MWD to be inadequate, payment for restaurant meals shall not exceed $4.50 per person per day.

452.3 Emergency Clothing - When authorized under Section 451 to the individual(s) to purchase minimum essential clothing for physical health and safety, payment may be granted not to exceed the amounts stated below:

Age	Amount
Adult	$86.00
Child: 13 and over	86.00
Child: 5 thru 12	48.00
Child: Birth thru 4	29.00

452.4 Emergency House Furnishings - When authorized under Section 451, emergency grants for house furnishings which the MWD deems urgent and essential to the physical health and safety of the eligible unit shall not exceed the maximum allowances in the following table, which are applicable to new items. Where satisfactory used items in good condition are available, the amount granted shall be proportionately less, to be determined through the sound and reasonable discretion of the MWD.

Number of Persons in Eligible Unit	1	2	3	4	5	6 or more
Kitchen Furnishings:						
Range	$130	$130	$130	$130	$130	$160
Refrigerator	200	200	220	220	220	260
Washing Machine			200	200	200	200
Dinette Set	45	45	65	65	85	85*
Kitchen Equipment	50	60	60	72	72	80
Living Room Furnishings:						
Couch and Chair(s)	125	175	175	225	225	225
Table	20	20	20	20	20	20
Lamp(s)	20	20	20	35	35	35
Floor Covering	25	25	25	25	25	25

* Over 6 - $12 each additional person

Bedroom & Bath Furnishings:		
Box Spring, Mattress, and Frame, per set	$110 Twin	$130 Double
Bunk Beds, per set of 2 (complete)	$135	
Crib with Mattress	$ 50	
Chest(s) of Drawers	$ 50 Per Person	
Bed and Bath Linens and Miscellaneous Furnishings	$ 36 Per Person	(Not to exceed $200 per family)
Window Coverings	$2.50 Per Window	

452. Standards for Emergency Grants

452.1 Emergency Shelter - When an actual state of homelessness exists or is manifestly imminent in accordance with Section 451.1 or 451.2 the authorized payment shall be the actual cost of adequate emergency shelter arrangements, at the most reasonable rate available, for a specified temporary period not to exceed the calendar month following the month in which the state of homelessness first became known.

452.2 Emergency Food - As authorized in Section 451, when food is not available from any other source, an amount of $1.50 per day per person shall be allowed for a specified number of days only, and in no event beyond such time as other funds become available (e.g., next regular assistance payment, support payment, receipt of earnings, etc.).

(a) When it is necessary to provide temporary living arrangements in a hotel, motel, or other facility in which cooking facilities are not available or are determined by the MWD to be inadequate, payment for restaurant meals shall not exceed $4.50 per person per day.

452.3 Emergency Clothing - When authorized under Section 451 to the individual(s) to purchase minimum essential clothing for physical health and safety, payment may be granted not to exceed the amounts stated below:

Age	Amount
Adult	$86.00
Child: 13 and over	86.00
Child: 5 thru 12	48.00
Child: Birth thru 4	29.00

452.4 Emergency House Furnishings - When authorized under Section 451, emergency grants for house furnishings which the MWD deems urgent and essential to the physical health and safety of the eligible unit shall not exceed the maximum allowances in the following table, which are applicable to new items. Where satisfactory used items in good condition are available, the amount granted shall be proportionately less, to be determined through the sound and reasonable discretion of the MWD.

452.4 Emergency House Furnishings (Cont'd)

Number of Persons in Eligible Unit	1	2	3	4	5	6 or more
Kitchen Furnishings:						
Range	$130	$130	$130	$130	$130	$160
Refrigerator	200	200	220	220	220	260
Washing Machine			200	200	200	200
Dinette Set	45	45	65	65	85	85*
Kitchen Equipment	50	60	60	72	72	80
Living Room Furnishings:						
Couch and Chair(s)	125	175	175	225	225	225
Table	20	20	20	20	20	20
Lamp(s)	20	20	20	35	35	35
Floor Covering	25	25	25	25	25	25

* Over 6 - $12 each additional person

Bedroom & Bath Furnishings:		
Box Spring, Mattress, and Frame, per set	$110 Twin	$130 Double
Bunk Beds, per set of 2 (complete)	$135	
Crib with Mattress	$ 50	
Chest(s) of Drawers	$ 50 Per Person	
Bed and Bath Linens and Miscellaneous Furnishings	$ 36 Per Person	(Not to exceed $200 per family)
Window Coverings	$2.50 Per Window	

10:85-4.6(b) (continued)

4. Emergency house furnishings: When authorized under (a) above, emergency grants for house furnishings which the MWD deems urgent and essential to the physical health and safety of the eligible unit shall not exceed the maximum allowances in the following table.

Number of Persons in Eligible Unit	1	2	3	4	5	6 or more
Kitchen Furnishings:						
Range	$130	$130	$130	$130	$130	$160
Refrigerator	200	200	220	220	220	260
Washing Machine			200	200	200	200
Dinette Set	45	45	65	65	85	85*
Kitchen Equipment	50	60	60	72	72	80
Living Room Furnishings:						
Couch and Chair(s)	125	175	175	225	225	225
Table	20	20	20	20	20	20
Lamp(s)	20	20	20	35	35	35
Floor Covering	25	25	25	25	25	25

* Over 6 - $12 each additional person

Bedroom & Bath Furnishings:		
Box Spring, Mattress, and Frame, per set	$110 Twin	$130 Double
Bunk Beds, per set of 2 (complete)	$135	
Crib with Mattress	$ 50	
Chest(s) of Drawers	$ 50 Per Person	
Bed and Bath Linens and Miscellaneous Furnishings	$ 36 Per Person	(Not to exceed $200 per family)
Window Coverings	$2.50 Per Window	

10:85-4.6(b)4 (continued)

i. Funds from the regular assistance grant or funds considered in the development of that grant are not to be considered in computing the amount of payment for replacement of house furnishings lost or destroyed in the incident giving rise to the emergency.

5. Emergency travel and related costs: When authorized under N.J.A.C. 10:85-4.6(a)3, an emergency grant for a person away from home shall be sufficient for that person to travel to his/her own municipality or to the nearest place at which it has been confirmed that help from non-assistance funds may be expected. Travel costs shall be estimated or ascertained, as appropriate, according to the least expensive method of travel which is appropriate. The emergency grant shall be sufficient to allow payment for such food, clothing, or shelter as may be essential during the trip.

i. When circumstances prevent an accurate determination as to whether an applicant would be "otherwise eligible to receive General Assistance" as required in subsection (a) of this section, the MWD will evaluate the application according to the best information available.

10:85-4.6(b)

4. Emergency house furnishings: When authorized under (a) above, emergency grants for house furnishings which the MWD deems urgent and essential to the physical health and safety of the eligible unit shall not exceed the maximum allowances in the following table, which are applicable to new items. Where satisfactory used items in good condition are available, the amount granted shall be proportionately less, to be determined through the sound and reasonable discretion of the MWD.

Number of Persons in Eligible Unit	1	2	3	4	5	6 or more
Kitchen Furnishings:						
Range	$130	$130	$130	$130	$130	$160
Refrigerator	200	200	220	220	220	260
Washing Machine			200	200	200	200
Dinette Set	45	45	65	65	85	85*
Kitchen Equipment	50	60	60	72	72	80
Living Room Furnishings:						
Couch and Chair(s)	125	175	175	225	225	225
Table	20	20	20	20	20	20
Lamp(s)	20	20	20	35	35	35
Floor Covering	25	25	25	25	25	25

* Over 6 - $12 each additional person

Bedroom & Bath Furnishings:		
Box Spring, Mattress, and Frame, per set	$110 Twin	$130 Double
Bunk Beds, per set of 2 (complete)	$135	
Crib with Mattress	$ 50	
Chest(s) of Drawers	$ 50 Per Person	
Bed and Bath Linens and Miscellaneous Furnishings	$ 36 Per Person	(Not to exceed $200 per family)
Window Coverings	$2.50 Per Window	

10:85-4.6(b)4 (continued)

i. Funds from the regular assistance grant or funds considered in the development of that grant are not to be considered in computing the amount of payment for replacement of house furnishings lost or destroyed in the incident giving rise to the emergency.

5. Emergency travel and related costs: When authorized under N.J.A.C. 10:85-4.6(a)3, an emergency grant for a person away from home shall be sufficient for that person to travel to his/her own municipality or to the nearest place at which it has been confirmed that help from non-assistance funds may be expected. Travel costs shall be estimated or ascertained, as appropriate, according to the least expensive method of travel which is appropriate. The emergency grant shall be sufficient to allow payment for such food, clothing, or shelter as may be essential during the trip.

i. When circumstances prevent an accurate determination as to whether an applicant would be "otherwise eligible to receive General Assistance" as required in subsection (a) of this section, the MWD will evaluate the application according to the best information available.

452.4 Emergency House Furnishings - When authorized under Section 451, emergency grants for house furnishings which the MWD deems urgent and essential to the physical health and safety of the eligible unit shall not exceed the maximum allowances in the following table, which are applicable to new items. Where satisfactory used items in good condition are available, the amount granted shall be proportionately less, to be determined through the sound and reasonable discretion of the MWD.

Number of Persons in Eligible Unit	1	2	3	4	5	6 or more
Kitchen Furnishings:						
Range	$130	$130	$130	$130	$130	$160
Refrigerator	200	200	220	220	220	260
Washing Machine			200	200	200	200
Dinette Set	45	45	65	65	85	85*
Kitchen Equipment	50	60	60	72	72	80
Living Room Furnishings:						
Couch and Chair(s)	125	175	175	225	225	225
Table	20	20	20	20	20	20
Lamp(s)	20	20	20	35	35	35
Floor Covering	25	25	25	25	25	25

* Over 6 - $12 each additional person

Bedroom & Bath Furnishings:		
Box Spring, Mattress, and Frame, per set	$110 Twin	$130 Double
Bunk Beds, per set of 2 (complete)	$135	
Crib with Mattress	$ 50	
Chest(s) of Drawers	$ 50 Per Person	
Bed and Bath Linens and Miscellaneous Furnishings	$ 36 Per Person	(Not to exceed $200 per family)
Window Coverings	$2.50 Per Window	

452.5 Emergency Travel and Related Costs - When authorized under Section 451.3, an emergency grant for a person away from home shall be sufficient for that person to travel to his/her own municipality or to the nearest place at which it has been confirmed that help from non-assistance funds may be expected. Travel costs shall be estimated or ascertained, as appropriate, according to the least expensive method of travel which is appropriate. The emergency grant shall be sufficient to allow payment for such food, clothing, or shelter as may be essential during the trip.

(a) When circumstances prevent an accurate determination as to whether an applicant would be "otherwise eligible to receive General Assistance" as required in Section 451, the MWD will evaluate the application according to the best information available.

452.5 Emergency Travel and Related Costs - When authorized under Section 451.3, an emergency grant for a person away from home shall be sufficient for that person to travel to his/her own municipality or to the nearest place at which it has been confirmed that help from non-assistance funds may be expected. Travel costs shall be estimated or ascertained, as appropriate, according to the least expensive method of travel which is appropriate. The emergency grant shall be sufficient to allow payment for such food, clothing, or shelter as may be essential during the trip.

(a) When circumstances prevent an accurate determination as to whether an applicant would be "otherwise eligible to receive General Assistance" as required in Section 451, the MWD will evaluate the application according to the best information available.

10:85-4.6 (continued)

(c) Potential AFDC eligibility: Persons who appear to be eligible for AFDC shall be referred immediately to the county welfare agency. However, an emergency grant may be provided under the conditions stated in N.J.A.C. 10:85-3.2(b)4ii and in accordance with the foregoing regulations in section 6 of this subchapter.

(d) Emergency care arrangements for children: In an emergency situation such as sudden removal of the mother or responsible caretaker from the home, the MWD may be called upon to provide a temporary care arrangement for the child(ren) until it is possible to refer the situation to the county welfare agency or the appropriate office of the Division of Youth and Family Services. (See N.J.A.C. 10:85-3.2(b)4.)

1. Maximum rates: Unless care is available without charge, payment shall be authorized as follows:

i. When the child is placed in a temporary home or shelter, the rate shall not exceed $5.50 per day per child.

ii. When arrangement is made for temporary care in the child's own home, payment to the individual providing such care shall be at the most reasonable rate available but shall in no event exceed the rate for homemaker service in that community, regardless of the number of children involved.

(e) Forms of payment: Emergency payments shall be made by order or check drawn to a vendor or as direct payment to the recipient, in accordance with N.J.A.C. 10:85-4.3.

10:85-4.7 Homemaker service

(a) When illness, death or some other disruption in the normal living pattern of an eligible individual makes the provision of homemaker service essential, the municipal welfare director shall authorize payment for such service, provided it is not otherwise available without cost.

1. Method of payment: Payment for such service shall be made by direct contractual agreement between the municipal welfare department and the agency or individual furnishing the service.

2. Maximum rate: Payment shall not exceed the most reasonable rate for which such service can be obtained in the community.

10:85-4.8 Funeral and burial expenses

(a) Rules concerning availability of State aid are as follows.

1. Restrictions on costs: For purposes of State aid, the Division of Public Welfare authorizes the payment of funeral and burial expenses (including cremation) provided that:

   i. Total cost is not in excess of $900.00;

   ii. All resources (life insurance, RSDHI death benefits, contributions by relatives or others, etc.), are explored and taken into account toward the total cost; and

   iii. The amount to be paid from General Assistance funds shall not exceed $550.

2. Eligible persons: When the provisions of (a)1 above are met, payment of funeral and burial expenses may be made in behalf of the following persons:

   i. A person who is an active recipient of General Assistance at the time of death;

   ii. A person whose eligibility had been established within 15 days prior to death, but for whom no payment of General Assistance had been issued;

   iii. A person who dies while a patient in a general hospital or in any private institution to which he/she had been admitted for temporary care, and who had been receiving General Assistance at the point of admission to such hospital or private institution;

453. Potential AFDC Eligibility - Persons who appear to be eligible for AFDC shall be referred immediately to the county welfare agency. However, an emergency grant may be provided under the conditions stated in Section 322.4(b) and in accordance with the foregoing regulations in Section 450.

454. Emergency Care Arrangements for Children - In an emergency situation such as sudden removal of the mother or responsible caretaker from the home, the MWD may be called upon to provide a temporary care arrangement for the child(ren) until it is possible to refer the situation to the county welfare agency or the appropriate office of the Division of Youth and Family Services. (See Sections 322.4 and 832.3.)

454.1 Maximum Rates - Unless care is available without charge, payment shall be authorized as follows:

(a) When the child is placed in a temporary home or shelter, the rate shall not exceed $5.50 per day per child.

(b) When arrangement is made for temporary care in the child's own home, payment to the individual providing such care shall be at the most reasonable rate available but shall in no event exceed the rate for homemaker service in that community, regardless of the number of children involved.

455. Forms of Payment - Emergency payments shall be made by order or check drawn to a vendor or as direct payment to the recipient, in accordance with Section 420.

460. HOMEMAKER SERVICE - When illness, death or some other disruption in the normal living pattern of an eligible individual makes the provision of homemaker service essential, the municipal welfare director shall authorize payment for such service, provided it is not otherwise available without cost.

461. Method of Payment - Payment for such service shall be made by direct contractual agreement between the municipal welfare department and the agency or individual furnishing the service.

462. Maximum Rate - Payment shall not exceed the most reasonable rate for which such service can be obtained in the community.

470. FUNERAL AND BURIAL EXPENSES

471. Availability of State Aid

471.1 Restrictions on Costs - For purposes of State aid, the Division of Public Welfare authorizes the payment of funeral and burial expenses (including cremation) provided that:

(a) Total cost is not in excess of $800.;

(b) All resources (life insurance, RSDHI death benefits, contributions by relatives or others, etc.), are explored and taken into account toward the total cost; and

(c) The amount to be paid from General Assistance funds shall not exceed $550.

471.2 Eligible Persons - When the provisions of Section 471.1 are met, payment of funeral and burial expenses may be made in behalf of the following persons:

(a) A person who is an active recipient of General Assistance at the time of death;

(b) A person whose eligibility had been established within 15 days prior to death, but for whom no payment of General Assistance had been issued;

(c) A person who dies while a patient in a general hospital or in any private institution to which he/she had been admitted for temporary care, and who had been receiving General Assistance at the point of admission to such hospital or private institution;

453. Potential AFDC Eligibility - Persons who appear to be eligible for AFDC shall be referred immediately to the county welfare agency. However, an emergency grant may be provided under the conditions stated in Section 322.4(b) and in accordance with the foregoing regulations in Section 450.

454. Emergency Care Arrangements for Children - In an emergency situation such as sudden removal of the mother or responsible caretaker from the home, the MWD may be called upon to provide a temporary care arrangement for the child(ren) until it is possible to refer the situation to the county welfare agency or the appropriate office of the Division of Youth and Family Services. (See Sections 322.4 and 832.3).

454.1 Maximum Rates - Unless care is available without charge, payment shall be authorized as follows:

(a) When the child is placed in a temporary home or shelter, the rate shall not exceed $5.50 per day per child.

(b) When arrangement is made for temporary care in the child's own home, payment to the individual providing such care shall be at the most reasonable rate available but shall in no event exceed the rate for homemaker service in that community, regardless of the number of children involved.

455. Forms of Payment - Emergency payments shall be made by order or check drawn to a vendor or as direct payment to the recipient, in accordance with Section 420.

460. HOMEMAKER SERVICE - When illness, death or some other disruption in the normal living pattern of an eligible individual makes the provision of homemaker service essential, the municipal welfare director shall authorize payment for such service, provided it is not otherwise available without cost.

461. Method of Payment - Payment for such service shall be made by direct contractual agreement between the municipal welfare department and the agency or individual furnishing the service.

462. Maximum Rate - Payment shall not exceed the most reasonable rate for which such service can be obtained in the community.

470. FUNERAL AND BURIAL EXPENSES

471. Availability of State Aid

471.1 Restrictions on Costs - For purposes of State aid, the Division of Public Welfare authorizes the payment of funeral and burial expenses (including cremation) provided that:

(a) Total cost is not in excess of $500.;

(b) All resources (life insurance, RSDHI death benefits, contributions by relatives or others, etc.), are explored and taken into account toward the total cost; and

(c) The amount to be paid from general assistance funds shall not exceed $350.

471.2 Eligible Persons - When the provisions of Section 471.1 are met, payment of funeral and burial expenses may be made in behalf of the following persons:

(a) A person who is an active recipient of general assistance at the time of death;

(b) A person whose eligibility had been established within 15 days prior to death, but for whom no payment of general assistance had been issued;

(c) A person who dies while a patient in a general hospital or in any private institution to which he/she had been admitted for temporary care, and who had been receiving general assistance at the point of admission to such hospital or private institution;

471.2 Eligible Persons (cont'd)

(d) A person who had formerly received general assistance at any time within six months prior to death and who at the time of death is determined to be without resources in an amount sufficient to defray burial expenses.

472. Cases Ineligible for Purposes of State Aid - It is recognized that municipal directors of welfare, who are also exercising the functions previously charged to the overseer of the poor, encounter situations where burials must be provided at public expense for persons who do not come within the classifications specified in the preceding section. Such burials are governed by N.J.S.A. 44:1-157, which states: "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 and superintend... the burial of the deceased person, and the necessary and reasonable expenses as fixed by the governing body chargeable therewith shall be paid by it upon the order of the overseer..."

Under Chapter 156 of the Laws of 1947, expenditures for such burials are not eligible for State aid.

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SUBCHAPTER 5. MEDICAL CARE

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SUBCHAPTER 5. MEDICAL CARE

10:85-5.1 General provisions

(a) The municipal director of welfare shall authorize payment for medical and hospital care and services to General Assistance recipients and eligible applicants when such care and services are deemed necessary and appropriate. The MWD may seek the advice of DPW/BMA in determining whether particular elements or programs of care or service are necessary and appropriate.

1. In no instance will the rate exceed that payable under the Medicaid Program. Payment for services not provided for under the Medicaid Program shall not be authorized.

2. Medical bills which have been paid by the client or on his or her behalf are not subject to reimbursement by the MWD.

3. In the event that payment is obtained from a third party by or for any client for whom the MWD has made medical payments, the welfare agency shall seek recovery of such payment from the beneficiary.

10:85-5.2 Inpatient hospital care

(a) The director of welfare may authorize payment for inpatient care and services in an approved hospital if such has been prescribed by a fully licensed physician, dentist or podiatrist for medical, surgical or psychiatric treatment, diagnosis, and/or rehabilitation. When an eligible person is hospitalized in a county of the first class, the director of welfare of the municipality of residence, wherever in New Jersey that municipality may be located, must authorize the payment. Currently the counties of the first class are Essex and Bergen.

(b) The director of welfare may authorize payment of Blue Cross or other hospital insurance premiums.

(c) Hospital all-inclusive rate: To the extent that they are prescribed by a physician, dentist or podiatrist as necessary for the diagnosis and/or treatment of the condition for which hospitalization is required, the following hospital care and services are included in the hospital all-inclusive rate:

1. Bed and board: The cost of bed, board, meals and dietary service in "semi-private" (two to four beds per room) accommodations.

   i. Private accomodations: Should the patient or the hospital, for whatever reason, decide on patient utilization of a private room, the payment of additional charges resulting from the occupancy of such room shall not be authorized.

10:85-5.2(c) (continued)

2. Special facilities: Use of the operating room, recovery room, intensive care unit, and coronary care unit, etc., including their respective facilities and equipment;

3. Medical supplies: Therapeutic solutions, all types of anesthetics, oxygen, serums, dressings, bandages, and plaster casts;

4. Medications: Drugs and medications supplied during the period of hospitalization;

5. Restorative services: Physical, occupational or speech therapy;

6. Radiology services: Therapeutic or diagnostic service;

7. Inhalation therapy services;

8. Laboratory services: Clinical and pathological laboratory services;

9. Other services: Any service not specifically excluded under (d) below.

SUPERSEDED

SUBCHAPTER 5. MEDICAL CARE

10:85-5.1 General provisions

The Municipal Director of Welfare shall authorize payment for medical and hospital care and services to general assistance recipients and eligible applicants to the extent provided by this subchapter.

10:85-5.2 Inpatient hospital care

(a) The Director of Welfare may authorize payment for inpatient care and services in an approved hospital if such has been prescribed by a fully licensed physician, dentist or podiatrist for medical, surgical or psychiatric treatment, diagnosis, and/or rehabilitation. When an eligible person is hospitalized in a county of the first class, the Director of Welfare of the municipality of residence, wherever in New Jersey that municipality may be located, must authorize the payment. Currently the counties of the first class are Essex and Bergen.

(b) Certification of medical necessity: The Director of Welfare shall require the submission of written certification confirming the medical necessity of initial and continued inpatient hospital care. Such certification must be signed by the patient's physician, podiatrist, or dentist, and will be submitted either by the person receiving the services or on his/her behalf.

1. Periodic certifications: Certification of medical necessity shall be requested by the Director of Welfare at such intervals as he/she deems appropriate and consistent with the diagnosis for which hospital care is required. Such certification shall be requested at least every 30 days.

2. Reimbursement contingent upon certification: Inpatient hospital expenses incurred in the absence of written certification covering the specified period of hospitalization shall not qualify for State aid.

(c) All inclusive hospital per diem: To the extent that they are prescribed by a physician, dentist or podiatrist as necessary for the diagnosis and/or treatment of the condition for which hospitalization is required, the following hospital care and services are included in the all-inclusive hospital per diem:

1. Bed and board: The cost of bed, board, meals and dietary service in "semi-private" (two to four beds per room) accommodations.

10:85-5.2(c)1. (continued)

i. Private accomodations: Should the patient or the hospital, for whatever reason, opt for patient utilization of a private room, additional charges resulting from the occupancy of such room shall not qualify for State aid.

2. Special facilities: Use of the operating room, recovery room, intensive care unit and coronary care unit, including their respective facilities and equipment;

3. Medical supplies: Therapeutic solutions, all types of anesthetics, oxygen, serums, blood and plasma, dressings, bandages, and plaster casts;

4. Medications: Drugs and medications supplied during the period of hospitalization;

5. Restorative services: Physical, occupational or speech therapy;

6. Radiology services: Therapeutic or diagnostic service;

7. Inhalation therapy services

8. Laboratory services: Clinical and pathological laboratory services;

9. Other services: Any service not specifically excluded under subsection (d) of this section.

500. MEDICAL CARE - The Municipal Director of Welfare shall authorize payment for medical and hospital care and services to general assistance recipients and eligible applicants to the extent provided by this chapter.

510. INPATIENT HOSPITAL CARE - The Director of Welfare may authorize payment for inpatient care and services in an approved hospital if such has been prescribed by a fully licensed physician, dentist or podiatrist for medical, surgical or psychiatric treatment, diagnosis, and/or rehabilitation. When an eligible person is hospitalized in a county of the first class, the Director of Welfare of the municipality of residence, wherever in New Jersey that municipality may be located, must authorize the payment. Currently the counties of the first class are Hudson, Essex, and Bergen.

511. Certification of Medical Necessity - The Director of Welfare shall require the submission of written certification confirming the medical necessity of initial and continued inpatient hospital care. Such certification must be signed by the patient's physician, podiatrist, or dentist, and will be submitted either by the person receiving the services or on his/her behalf.

511.1 Periodic Certifications - Certification of medical necessity shall be requested by the Director of Welfare at such intervals as he/she deems appropriate and consistent with the diagnosis for which hospital care is required. Such certification shall be requested at least every 30 days.

511.2 Reimbursement Contingent upon Certification - Inpatient hospital expenses incurred in the absence of written certification covering the specified period of hospitalization shall not qualify for State aid.

512. All Inclusive Hospital Per Diem - To the extent that they are prescribed by a physician, dentist or podiatrist as necessary for the diagnosis and/or treatment of the condition for which hospitalization is required, the following hospital care and services are included in the all-inclusive hospital per diem:

Bed and Board - The cost of bed, board, meals and dietary service in "semi-private" (2 to 4 beds per room) accommodations.

512. All Inclusive Hospital Per Diem (cont'd)

(a) Private Accommodations - Should the patient or the hospital, for whatever reason, opt for patient utilization of a private room, additional charges resulting from the occupancy of such room shall not qualify for State aid.

Special Facilities - Use of the operating room, recovery room, intensive care unit and coronary care unit, including their respective facilities and equipment;

Medical Supplies - Therapeutic solutions, all types of anesthetics, oxygen, serums, blood and plasma, dressings, bandages, and plaster casts;

Medications - Drugs and medications supplied during the period of hospitalization;

Restorative Services - Physical, occupational or speech therapy;

Radiology Services - Therapeutic or diagnostic service;

Inhalation Therapy Services

Laboratory Services - Clinical and pathological laboratory services;

Other Services - Any service not specifically excluded under Section 513.

500. MEDICAL CARE - The Municipal Director of Welfare shall authorize payment for medical and hospital care and services to general assistance recipients and eligible applicants to the extent provided by this chapter.

510. INPATIENT HOSPITAL CARE - The Director of Welfare may authorize payment for inpatient care and services in an approved hospital if such has been prescribed by a fully licensed physician, dentist or podiatrist for medical, surgical or psychiatric treatment, diagnosis, and/or rehabilitation. Such payment(s) must be authorized for eligible persons living in municipalities located in First Class Counties (currently, Essex, Bergen, and Hudson) and entering hospitals in such counties.

511. Certification of Medical Necessity - The Director of Welfare shall require the submission of written certification confirming the medical necessity of initial and continued inpatient hospital care. Such certification must be signed by the patient's physician, podiatrist, or dentist, and will be submitted either by the person receiving the services or on his/her behalf.

511.1 Periodic Certifications - Certification of medical necessity shall be requested by the Director of Welfare at such intervals as he/she deems appropriate and consistent with the diagnosis for which hospital care is required. Such certification shall be requested at least every 30 days.

511.2 Reimbursement Contingent upon Certification - Inpatient hospital expenses incurred in the absence of written certification covering the specified period of hospitalization shall not qualify for State aid.

512. All Inclusive Hospital Per Diem - To the extent that they are prescribed by a physician, dentist or podiatrist as necessary for the diagnosis and/or treatment of the condition for which hospitalization is required, the following hospital care and services are included in the all-inclusive hospital per diem:

Bed and Board - The cost of bed, board, meals and dietary service in "semi-private" (2 to 4 beds per room) accommodations.

512. All Inclusive Hospital Per Diem (Cont'd)

(a) Private Accommodations - Should the patient or the hospital, for whatever reason, opt for patient utilization of a private room, additional charges resulting from the occupancy of such room shall not qualify for State aid.

Special Facilities - Use of the operating room, recovery room, intensive care unit and coronary care unit, including their respective facilities and equipment;

Medical Supplies - Therapeutic solutions, all types of anesthetics, oxygen, serums, blood and plasma, dressings, bandages, and plaster casts;

Medications - Drugs and medications supplied during the period of hospitalization;

Restorative Services - Physical, occupational or speech therapy;

Radiology Services - Therapeutic or diagnostic service;

Inhalation Therapy Services

Laboratory Services - Clinical and pathological laboratory services;

Other Services - Any service not specifically excluded under Section 513.

500. MEDICAL CARE - The Municipal Director of Welfare shall authorize payment for medical and hospital care and services to general assistance recipients and eligible applicants to the extent provided by this chapter.

510. INPATIENT HOSPITAL CARE - The Director of Welfare may authorize payment for inpatient care and services in an approved hospital if such has been prescribed by a fully licensed physician, dentist or podiatrist for medical, surgical or psychiatric treatment, diagnosis, and/or rehabilitation. Such payment(s) must be authorized for eligible persons living in municipalities located in First Class Counties (currently, Essex and Hudson) and entering hospitals in such counties.

511. Certification of Medical Necessity - The Director of Welfare shall require the submission of written certification confirming the medical necessity of initial and continued inpatient hospital care. Such certification must be signed by the patient's physician, podiatrist, or dentist, and will be submitted either by ther person receiving the services or on his/her behalf.

511.1 Periodic Certifications - Certification of medical necessity shall be requested by the Director of Welfare at such intervals as he/she deems appropriate and consistent with the diagnosis for which hospital care is required. Such certification shall be requested at least every 30 days.

511.2 Reimbursement Contingent upon Certification - Inpatient hospital expenses incurred in the absence of written certification covering the specified period of hospitalization shall not qualify for State aid.

512. Reimbursable Expenses - To the extent that they are prescribed by a physician, dentist or podiatrist as necessary for the diagnosis and/or treatment of the condition for which hospitalization is required, the following hospital care and services qualify for State aid:

Bed and Board - The cost of bed, board, meals and dietary service in "semi-private" (2 to 4 beds per room) accommodations.

512. Reimbursable Expenses (Medical) (Continued)

(a) Private Accomodations - Should the patient or the hospital, for whatever reason, opt for patient utilization of a private room, additional charges resulting from the occupancy of such room shall not qualify for State aid.

Special Facilities - Use of the operating room, recovery room, intensive care unit and coronary care unit, including their respective facilities and equipment;

Medical Supplies - Therapeutic solutions, all types of anesthetics, oxygen, serums, blood and plasma, dressings, bandages, and plaster casts;

Medications - Drugs and medications supplied during the period of hospitalization;

Restorative Services - Physical, occupational or speech therapy;

Radiology Services - Therapeutic or diagnostic service;

Inhalation Therapy Services

Laboratory Services - Clinical and pathological laboratory services;

Other Services - Any service not specifically excluded under Section 513.

10:85-5.2 (continued)

(d) Expenses not covered: The MWD shall not authorize payments for any of the following:

1. Services rendered in a nonapproved hospital.

2. Rest cures and other care: Hospital services, in whole or in part incurred for the purposes of obtaining bed rest or a rest cure; cosmetic surgery not incidental to accidental injury; and convalescent, custodial, or sanatorium care.

3. Miscellaneous expenses: Private duty nursing; services and supplies not directly related to the care of the patient (for example, guest meals and accommodations, travel expenses, TV and telephone charges, take-home supplies, and so forth); and all charges incurred during temporary absence of the patient from the hospital premises prior to actual discharge from the hospital.

4. Services covered under other laws or appropriations: Hospital services to the full extent, if any, that are covered under any foreign, Federal, or State law (other than the New Jersey General Assistance Law) or by county appropriations. The amount to which the patient is entitled, when identifiable, whether or not he or she asserts right to that coverage, shall be deducted from the total amount incurred for hospitalization and the remainder, if any, may be paid.

   i. Hospital services paid for by the municipality with money appropriated by any foreign, Federal, State, or county government and paid to the municipality either directly or indirectly shall not be considered as a General Assistance program expense.

5. Employment related injury or disease: Hospital services for the treatment of any condition, disease, ailment, or accidental injury stemming from or incurred in the course of employment, for which benefits (in whole or in part) are payable under the provisions of any Workmen's Compensation Law, Temporary Disability Benefits Law, Occupational Disease Law, or similar foreign, Federal, or State law. It makes no difference whether a person actually receives benefits for hospital services under any of the aforementioned laws, nor does it matter whether any recovery is made by the patient against a third party for damages resulting from such condition, disease, ailment, or accidental injury.

10:85-5.2(d) (continued)

6. Otherwise collectible costs: Hospital services to the extent, if any, that they are or may be collectible by the hospital or by the patient through civil suit against a third party.

7. Services covered by health insurance: Hospital services to the extent, if any, that such costs are or may be payable under a policy which insures the patient.

   i. Medicare program: Persons eligible for Medicare benefits must have health services billed to the appropriate carrier (Prudential Insurance Company or Hospital Service Plan, Blue Cross of New Jersey) by the provider before submitting bills to the MWD for consideration. The amount of the Medicare deductible may be paid by the MWD.

   ii. Any benefits which are or may be provided through no-fault insurance.

   iii. Any benefits provided through the Medical Assistance Program (Medicaid) of the State of New Jersey or any other state.

8. Death benefits (life insurance): Hospital services to persons who subsequently die and have life insurance, death benefits, or estate assets sufficient to cover burial and hospitalization.

9. Routine physical examinations: Hospital services for research studies, screening, routine physical examinations or any examination not incident to or necessary for the diagnosis and/or treatment of an illness or injury.

513. Nonreimbursable Expenses - For purposes of qualifying for State aid, hospital care and services shall not include the following:

513.1 Services Rendered in a Nonapproved Hospital - Services rendered in a nonapproved hospital shall not be reimbursable. (See Glossary for a definition of an approved hospital.)

513.2 Rest Cures and Other Care - Hospital services (in whole or in part) incurred for the purposes of obtaining bed rest or a rest cure; cosmetic surgery not incidental to accidental injury; convalescent, custodial, or sanatorium care shall not be reimbursable.

513.3 Miscellaneous Expenses - Private duty nursing; services and supplies not directly related to the care of the patient (e.g., guest meals and accommodations, travel expenses, TV and telephone charges, take-home supplies, etc.); and all charges incurred during temporary absence of the patient from the hospital premises prior to actual discharge from the hospital shall not be reimbursable.

513.4 Services Covered Under Other Laws or Appropriations - Hospital services to the full extent, if any, that are covered under any foreign, federal, or State law (other than the New Jersey General Assistance Law) or by county appropriations shall not be reimbursable. The amount to which the patient is entitled, when identifiable, whether or not he/she asserts right to that coverage, shall be deducted from the total amount incurred for hospitalization and the remainder, if any, may be a reimbursable expense.

Hospital services paid for by the municipality with money appropriated by any foreign, federal, State, or county government and paid to the municipality either directly or indirectly shall not be reimbursable.

513. Nonreimbursable Expenses (cont'd)

513.5 Employment Related Injury or Disease - Hospital services for the treatment of any condition, disease, ailment, or accidental injury stemming from or incurred in the course of employment, for which benefits (in whole or in part) are payable under the provisions of any Workers' Compensation Law, Temporary Disability Benefits Law, Occupational Disease Law, or similar foreign, federal, or State law shall not be reimbursable. It makes no difference whether a person actually receives benefits for hospital services under any of the aforementioned laws, nor does it matter whether any recovery is made by the patient against a third party for damages resulting from such condition, disease, ailment, or accidental injury.

513.6 Otherwise Collectible Costs - Hospital services to the extent, if any, that they are or may be collectible by the hospital or by the patient through civil suit against a third party shall not be reimbursable.

513.7 Services Covered by Health Insurance - Hospital services to the extent, if any, that such costs are or may be payable under a policy which insures the patient shall not be reimbursable.

(a) Medicare Program - Persons eligible for Medicare Part A benefits must have health services billed to the appropriate carrier (Prudential Insurance Co. or Hospital Service Plan, Blue Cross of N.J.) by the provider before submitting bills to the MWD for consideration. The amount of the Medicare deductible may be paid by the MWD.

(b) Any benefits provided through no-fault insurance are not reimbursable.

(c) Any benefits provided through the Medical Assistance Program (Medicaid) of the State of New Jersey or any other state are not reimbursable.

513. Nonreimbursable Expenses - For purposes of qualifying for State aid, hospital care and services shall not include the following:

513.1 Services Rendered in a Nonapproved Hospital - Services rendered in a nonapproved hospital shall not be reimbursable. (See Glossary for a definition of an approved hospital.)

513.2 Rest Cures and Other Care - Hospital services (in whole or in part) incurred for the purposes of obtaining bed rest or a rest cure; cosmetic surgery not incidental to accidental injury; convalescent, custodial, or sanatorium care shall not be reimbursable.

513.3 Miscellaneous Expenses - Private duty nursing; services and supplies not directly related to the care of the patient (e.g., guest meals and accommodations, travel expenses, TV and telephone charges, take-home supplies, etc.); and all charges incurred during temporary absence of the patient from the hospital premises prior to actual discharge from the hospital shall not be reimbursable.

513.4 Services Covered Under Other Laws or Appropriations - Hospital services to the full extent, if any, that are covered under any foreign, federal, or State law (other than the New Jersey General Assistance Law) or by county appropriations shall not be reimbursable. The amount to which the patient is entitled, when identifiable, whether or not he/she asserts right to that coverage, shall be deducted from the total amount incurred for hospitalization and the remainder, if any, may be a reimbursable expense.

Hospital services paid for by the municipality with money appropriated by any foreign, federal, State, or county government and paid to the municipality either directly or indirectly shall not be reimbursable.

513. Nonreimbursable Expenses (Continued)

513.5 Employment Related Injury or Disease - Hospital services for the treatment of any condition, disease, ailment, or accidental injury stemming from or incurred in the course of employment, for which benefits (in whole or in part) are payable under the provisions of any Workmen's Compensation Law, Temporary Disability Benefits Law, Occupational Disease Law, or similar foreign, federal, or State law shall not be reimbursable. It makes no difference whether a person actually receives benefits for hospital services under any of the aforementioned laws, nor does it matter whether any recovery is made by the patient against a third party for damages resulting from such condition, disease, ailment, or accidental injury.

513.6 Otherwise Collectible Costs - Hospital services to the extent, if any, that they are or may be collectible by the hospital or by the patient through civil suit against a third party shall not be reimbursable.

513.7 Services Covered by Health Insurance - Hospital services to the extent, if any, that such costs are or may be payable under a policy which insures the patient shall not be reimbursable.

a. Medicare Program - Persons eligible for Medicare Part A benefits must have health services billed to the appropriate carrier (Prudential Insurance Co. or Hospital Service Plan, Blue Cross of N.J.) by the provider before submitting bills to the MWD for consideration. The amount of the Medicare deductible may be paid by the MWD.

b. Any benefits provided through no-fault insurance are not reimbursable.

10:85-5.2 (continued)

(e) Out-of-State hospitalization: In cases where the type of treatment required is not available in a New Jersey hospital or in which a hospital beyond State borders is more accessible to the patient, the director may authorize payment for hospital services to the same extent authorized under the provisions of (a) through (d) above. Payment shall not exceed the appropriate Blue Cross or Medicaid rate, whichever is less.

(f) Period to be covered: When the MWD establishes eligibility for General Assistance, payment for hospitalization may be authorized retroactive to the date 30 days prior to the date of the initial application. (Any written referral made to the MWD by the hospital shall be considered as initiation of an application, even though the actual application form is not completed until after discharge.) Form PA-1C may be used for this purpose.

(g) Payment for hospitalization: Upon certification of hospitalization, the director of welfare shall approve payment as approved by DPW/BMA which shall cover all items listed in (c) above.

1. Method of payment: Payment shall be made directly to the hospital by the municipal department of welfare from the Public Assistance Trust Fund Account.

2. Amount of payment: Payment for hospital services by the municipal department of welfare shall be at the Diagnostic Related Group (DRG) rate if such a rate is applicable. If a DRG rate is not applicable, payment shall be authorized at the least of the following. (The MWD shall submit all inpatient hospital bills to DPW/BMA for costing before making payments):

   i. The current Medicaid rate, future retroactive changes notwithstanding;

   ii. The current Blue Cross all-inclusive per diem rate, future retroactive changes notwithstanding;

   iii. A rate not in excess of actual charges which has been negotiated between the MWD and the hospital.

10:85-5.2(g) (continued)

3. Reporting requirements: Each month the municipal director of welfare shall submit Form GA-6 (Report of Assistance Commitments) and Form GA-6C (Hospitalization Report), to the Division of Public Welfare, recording actual payments to hospitals for inpatient care made from the Public Trust Fund Account.

   i. Date of submission of forms: Forms GA-6 and 6C shall be submitted by the 10th of the month following the month for which activity is being reported.

10:85-5.3 Other medical payments

(a) The director of welfare shall authorize payment for medical care and professional practitioner services if such care and services are deemed necessary and appropriate.

(b) Physicians, dentists and other health care providers: The director of welfare shall authorize payment for services provided by licensed physicians (M.D. or D.O.), dentists and other health care providers including podiatrists, optometrists, pharmacists, opticians, prosthotists and orthotists who have not been deleted for cause from the current list of approved Medicaid providers, unless such services are specifically prohibited under (b)2 below. The DPW/BMA will advise all MWDs of deletions from the approved list and of any reinstatements.

1. Amount of payment: The amount of the payment which the MWD shall authorize for any medical product or service shall be the lowest amount for which the service or product or a comparable service or product can be reasonably supplied to the recipient but in no event shall total payment for each service or product be more than the rate indicated as a maximum by DPW/BMA.

   i. Municipalities to which N.J.A.C 10:85-5.8 applies will be charged for prescriptions at the Medicaid rate for the product. (See N.J.A.C. 10:85-5.8(e) and 10:85-6.8(d).)

2. Payments not authorized: Payment to physicians, dentists or other health care providers shall not be authorized for the following services:

   i. Inpatient hospital care: Payment shall not be authorized for professional services (for example, physicians, dentists, podiatrists) rendered to persons receiving inpatient hospital care.

513. Nonreimbursable Expenses (cont'd)

513.8 Death Benefits (Life Insurance) - Hospital services to persons who subsequently die and have life insurance, death benefits, or estate assets sufficient to cover burial and hospitalization shall not be reimbursable.

513.9 Routine Physical Examinations - Hospital services for research studies, screening, routine physical examinations or any examination not incident to or necessary for the diagnosis and/or treatment of an illness or injury shall not be reimbursable.

514. Out-of-State Hospitalization - In cases where the type of treatment required is not available in a New Jersey hospital or in which a hospital beyond State borders is more accessible to the patient, the Director of Welfare may authorize payment for hospital services to the same extent authorized under the provisions of Section 510 through 513. Payment shall not exceed the appropriate Blue Cross all-inclusive per diem rate.

515. Authorization for Payment - Authorization by the municipal welfare department to accept responsibility for the payment of hospitalization shall be by letter, or other form of written notice, issued to both the hospital and the patient. Such authorization must be signed by the Director of Welfare on an individual case basis.

515.1 Persons Eligible for Hospitalization - The following and only the following shall be issued authorization for hospitalization:

(a) Persons who, at the time of admission, are receiving General Assistance maintenance payments. Payments solely for excessive medicals shall not be considered as maintenance payments (see Section 337.1).

(b) Persons who, at the time of admission, have an application for General Assistance pending and who are subsequently found eligible for maintenance payments without reference to hospital or excessive medical costs.

(c) Persons who, after admission but before discharge from the hospital, apply for General Assistance and are subsequently found eligible for maintenance payments without reference to hospital or excessive medical costs.

515.2 Period to be Covered - When the MWD establishes eligibility for General Assistance, payment for hospitalization may be authorized for a period up to 30 days prior to the date of the initial application. (Any referral made to the MWD by the hospital shall be considered as initiation of an application even though the actual application form is not completed until after discharge.)

515.3 Third Party Payment - Payment for hospitalization, being provided by a third party at time of application, is not considered as income in establishing eligibility.

516. Payment for Hospitalization - Upon certification of hospitalization, the Director of Welfare shall approve an authorized all-inclusive rate which shall cover all items listed in Section 512.

516.1 Method of Payment - Payment shall be made directly to the hospital by the municipal department of welfare from the Public Assistance Trust Fund Account.

516.2 Amount of Payment - Payment for hospital services by the municipal department of welfare shall be at the Diagnosis - Related Group (DRG) rate if such a rate is applicable. If a DRG rate is not applicable, payment shall be authorized at the least of the following:

1) the current Medicaid rate, future retroactive changes notwithstanding.

2) the current Blue Cross all-inclusive per diem rate, future retroactive changes notwithstanding.

3) a rate not in excess of actual charges which has been negotiated between the MWD and the hospital.

The MWD may consult by telephone or letter with DPW/BMA about any of the above mentioned rates and their applicability to particular cases or situations.

513. Nonreimbursable Expenses (continued)

513.8 Death Benefits (Life Insurance) - Hospital services to persons who subsequently die and have life insurance, death benefits, or estate assets sufficient to cover burial and hospitalization shall not be reimbursable.

513.9 Routine Physical Examinations - Hospital services for research studies, screening, routine physical examinations or any examination not incident to or necessary for the diagnosis and/or treatment of an illness or injury shall not be reimbursable.

514. Out-of-State Hospitalization - In cases where the type of treatment required is not available in a New Jersey hospital or in which a hospital beyond State borders is more accessible to the patient, the Director of Welfare may authorize payment for hospital services to the same extent authorized under the provisions of Section 510 through 513. Payment shall not exceed the appropriate Blue Cross all-inclusive per diem rate.

515. Authorization for Payment - Authorization by the municipal welfare department to accept responsibility for the payment of hospitalization shall be by letter, or other form of written notice, issued to both the hospital and the patient. Such authorization must be signed by the Director of Welfare on an individual case basis.

515.1 Persons Eligible for Hospitalization - The following and only the following shall be issued authorization for hospitalization:

(a) Persons who, at the time of admission, are receiving General Assistance maintenance payments. Payments solely for excessive medicals shall not be considered as maintenance payments (see Section 337.1).

(b) Persons who, at the time of admission, have an application for General Assistance pending and who are subsequently found eligible for maintenance payments without reference to hospital or excessive medical costs.

(c) Persons who, after admission but before discharge from the hospital, apply for General Assistance and are subsequently found eligible for maintenance payments without reference to hospital or excessive medical costs.

515.2 Period to be Covered - When the MWD establishes eligibility for General Assistance, payment for hospitalization may be authorized for a period up to 30 days prior to the date of the initial application. (Any referral made to the MWD by the hospital shall be considered as initiation of an application even though the actual application form is not completed until after discharge.)

515.3 Third Party Payment - Payment for hospitalization, being provided by a third party at time of application, is not considered as income in establishing eligibility.

516. Payment for Hospitalization - Upon certification of hospitalization, the Director of Welfare shall approve an authorized all-inclusive per diem rate.

516.1 Method of Payment - Payment shall be made directly to the hospital by the municipal department of welfare from the Public Assistance Trust Fund Account.

516.2 Amount of Payment - Payment for hospital services by the municipal department of welfare shall not exceed the current Blue Cross all-inclusive per diem hospital rate; the Medicaid rate; or a rate, not to exceed the actual charges, negotiated between the hospital and the municipal department of welfare, whichever is less. The MWD may contact the DPW/BMA by phone or letter for the appropriate rates. Payment rates based on Blue Cross or Medicaid rates are based on those rates in effect at the time of the hospitalization, later retroactive changes in Blue Cross or Medicaid rates notwithstanding.

516.3 Reporting Requirements - Each month the Municipal Director of Welfare shall submit Form GA-6, Report of Assistance Commitments and Form GA-6C, Hospitalization Report, to the Division of Public Welfare, recording actual payments to hospitals for inpatient care made from the Public Trust Fund Account.

(a) Date of Submission of Forms - Forms GA-6 and 6C shall be submitted by the 10th of the month following the month for which activity is being reported.

513. Nonreimbursable Expenses (continued)

513.8 Death Benefits (Life Insurance) - Hospital services to persons who subsequently die and have life insurance, death benefits, or estate assets sufficient to cover burial and hospitalization shall not be reimbursable.

513.9 Routine Physical Examinations - Hospital services for research studies, screening, routine physical examinations or any examination not incident to or necessary for the diagnosis and/or treatment of an illness or injury shall not be reimbursable.

514. Out-of-State Hospitalization - In cases where the type of treatment required is not available in a New Jersey hospital or in which a hospital beyond State borders is more accessible to the patient, the Director of Welfare may authorize payment for hospital services to the same extent authorized under the provisions of Section 510 through 513. Payment shall not exceed the appropriate Blue Cross all-inclusive per diem rate.

515. Authorization for Payment - Authorization by the municipal welfare department to accept responsibility for the payment of hospitalization shall be by letter, or other form of written notice, issued to both the hospital and the patient. Such authorization must be signed by the Director of Welfare on an individual case basis.

515.1 Persons Eligible for Hospitalization - The following and only the following shall be issued authorization for hospitalization:

(a) Persons who, at the time of admission, are receiving general assistance maintenance payments. Payments solely for excessive medicals shall not be considered as maintenance payments (see Section 337.1).

(b) Persons who, at the time of admission, have an application for general assistance pending and who are subsequently found eligible for maintenance payments without reference to hospital or excessive medical costs.

(c) Persons who, after admission but before discharge from the hospital, apply for general assistance and are subsequently found eligible for maintenance payments without reference to hospital or excessive medical costs.

515.2 Period to be Covered - When the MWD establishes eligibility for general assistance, payment for hospitalization may be authorized for a period up to 30 days prior to the date of the initial application. (Any referral made to the MWD by the hospital shall be considered as initiation of an application even though the actual application form is not completed until after discharge.)

515.3 Third Party Payment - Payment for hospitalization, being provided by a third party at time of application, is not considered as income in establishing eligibility.

516. Payment for Hospitalization - Upon certification of hospitalization, the Director of Welfare shall approve an authorized all-inclusive per diem rate.

516.1 Method of Payment - Payment shall be made directly to the hospital by the municipal department of welfare from the Public Assistance Trust Fund Account.

516.2 Amount of Payment - Payment for hospital services by the municipal department of welfare shall not exceed the current Blue Cross all-inclusive per-diem hospital rate; the Medicaid rate; or a rate negotiated between the hospital and the municipal department of welfare, whichever is less. The MWD may contact the DPW/BMA by phone or letter for the appropriate rates.

516.3 Reporting Requirements - Each month the Municipal Director of Welfare shall submit Form GA-6, Report of Assistance Commitments and Form GA-6C, Hospitalization Report, to the Division of Public Welfare, recording actual payments to hospitals for inpatient care made from the Public Trust Fund Account.

(a) Date of Submission of Forms - Forms GA-6 and 6C shall be submitted by the 10th of the month following the month for which activity is being reported.

513. Nonreimbursable Expenses (continued)

513.8 Death Benefits (Life Insurance) - Hospital services to persons who subsequently die and have life insurance, death benefits, or estate assets sufficient to cover burial and hospitalization shall not be reimbursable.

513.9 Routine Physical Examinations - Hospital services for research studies, screening, routine physical examinations or any examination not incident to or necessary for the diagnosis and/or treatment of an illness or injury shall not be reimbursable.

514. Out-of-State Hospitalization - In cases where the type of treatment required is not available in a New Jersey hospital or in which a hospital beyond State borders is more accessible to the patient, the Director of Welfare may authorize payment for hospital services to the same extent authorized under the provisions of Section 510 through 513. Payment shall not exceed the appropriate Blue Cross all-inclusive per diem rate.

515. Authorization for Payment - Authorization by the municipal welfare department to accept responsibility for the payment of hospitalization shall be by letter, or other form of written notice, issued to both the hospital and the patient. Such authorization must be signed by the Director of Welfare on an individual case basis.

515.1 Persons Eligible for Hospitalization - Such authorization shall be issued to:

(a) Persons who, at time of admission, are receiving general assistance.

(b) Persons who, at the time of admission, have an application for general assistance pending.

(c) Persons who, after admission but before discharge from the hospital, apply for general assistance.

515.2 Period to be Covered - When the MWD establishes eligibility for general assistance, payment for hospitalization may be authorized for a period up to 30 days prior to the date of the initial application. (Any referral made to the MWD by the hospital shall be considered as initiation of an application even though the actual application form is not completed until after discharge.)

515.3 Third Party Payment - Payment for hospitalization, being provided by a third party at time of application, is not considered as income in establishing eligibility.

516. Payment for Hospitalization - Upon certification of hospitalization, the Director of Welfare shall approve an authorized all-inclusive per diem rate.

516.1 Method of Payment - Payment shall be made directly to the hospital by the municipal department of welfare from the Public Assistance Trust Fund Account.

516.2 Amount of Payment - Payment for hospital services by the municipal department of welfare shall not exceed the current Blue Cross all-inclusive per-diem hospital rate; the Medicaid rate; or a rate negotiated between the hospital and the municipal department of welfare, whichever is less. The MWD may contact the DPW/BMA by phone or letter for the appropriate rates.

516.3 Reporting Requirements - Each month the Municipal Director of Welfare shall submit Form GA-6, Report of Assistance Commitments and Form GA-6C, Hospitalization Report, to the Division of Public Welfare, recording actual payments to hospitals for inpatient care made from the Public Trust Fund Account.

(a) Date of Submission of Forms - Forms GA-6 and 6C shall be submitted by the 10th of the month following the month for which activity is being reported.

10:85-5.3(b)2 (continued)

ii. Outpatient or clinic care: Payment shall not be authorized for professional services rendered in the outpatient department of a hospital, or in a clinic of any kind. (Clinic fee may be paid when such service is not available without charge.)

iii. Institutional care: Payment shall not be authorized for professional services rendered to residents of public medical institutions.

iv. Municipal/county physician care: Payment shall not be authorized for services rendered by practitioners who are employed by a municipality or county for the purpose of treating recipients of general assistance or other low-income inhabitants of the community.

v. Private duty nursing: Payment shall not be authorized for private duty nursing, whether in the home, hospital or elsewhere.

vi. Pedicure service: Payment shall not be authorized for normal pedicure service.

3. Obtaining a physician and so forth: When an appropriate clinic is not available without charge, the patient shall be provided the opportunity to select a physician, dentist or podiatrist of his or her choice. In the event that a person has no such practitioner or his or her personal practitioner is not available, the director of welfare may assist in obtaining a physician, dentist or podiatrist. The MWD may consult the DMAHS District Office to learn the names of practitioners participating in the Medicaid Program. (The practitioner shall be advised that payment cannot exceed the current Medicaid rate.)

4. Consultation by a specialist: Payment shall be authorized for services provided by a medical specialist whose advice and recommendations are requested by another physician or by the municipal welfare department with respect to the non-hospital evaluation and/or treatment of a patient. (See (b)1 above regarding maximum fee.)

i. Prior authorization: Payment for consultation services shall be approved only when performed by a qualified specialist who has received prior authorization from the municipal director of welfare to perform such services.

10:85-5.3 (continued)

(c) Outpatient facility services are as follows:

1. Hospital emergency room: The director of welfare shall authorize payment of an all-inclusive rate not to exceed the authorized Medicaid allowance for emergency room use or $35, whichever is less. The rate covers all supplies and services including physician's services but does not include X-ray, diagnostic studies and laboratory fees, payment for which may be authorized in accordance with Section (c)2i below.

2. Hospital and independent clinics: The director of welfare shall authorize payment of an all-inclusive charge (except for X-ray, diagnostic study and laboratory fees) not to exceed $12.00.

   i. X-ray, diagnostic study and laboratory fees: A fixed fee, which shall be the maximum payment allowed by Medicaid when such service is provided by a private radiologist, physician specialist or independent laboratory, may be authorized. The MWD may contact the DPW/BMA for such information.

3. Outpatient mental health facilities: The municipal director of welfare shall authorize payment for out-patient services rendered by the mental health facilities listed below when services have been approved by DPW/BMA. Approvals are made for periods of six months or less. Requests for approval of initial or continuing therapy may be submitted in any appropriate form or format including Medicaid Form FD-07-C1.

   i. New Jersey State mental hospitals: Payment shall be authorized for treatment in the outpatient department of any New Jersey State mental hospital.

      (1) Maximum fee: Payment for such treatment shall not exceed the minimum fee for which treatment is supplied to non-public assistance recipients.

   ii. Community mental health clinics: Payment shall be authorized for diagnosis and/or treatment in any community mental health facility, provided that such treatment is not available to the client without cost.

      (1) Maximum fee: Payment for such treatment shall not exceed the minimum fee for which treatment is supplied to non-public assistance recipients, or the applicable Medicaid rate (if any), whichever is less.

10:85-5.2(g) (continued)

3. Reporting requirements: Each month the Municipal Director of Welfare shall submit Form GA-6, Report of Assistance Commitments and Form GA-6C, Hospitalization Report, to the Division of Public Welfare, recording actual payments to hospitals for inpatient care made from the Public Trust Fund Account.

   i. Date of submission of forms: Forms GA-6 and 6C shall be submitted by the 10th of the month following the month for which activity is being reported.

10:85-5.3 Other medical payments

(a) The Director of Welfare shall authorize payment for medical care and services if such care and services are deemed necessary and appropriate.

(b) Physicians, dentists and other health care providers: The Director of Welfare shall authorize payment for services provided by licensed physicians (M.D. or D.O.), dentists and other health care providers including podiatrists, optometrists, pharmacists, opticians, prosthotists and orthotists who have not been deleted for cause from the current list of approved Medicaid providers, unless such services are specifically prohibited under paragraph 3 of this subsection. The DPW/BMA will advise all MWDs of deletions from the approved list and of any reinstatements.

1. Place of service: Payment shall be authorized when services are rendered in the patient's home (or in the home of a person other than the patient), in the provider's office, in a skilled nursing home, an intermediate care facility, a center for treatment of drug or alcohol abuse, or in a residential health care facility.

2. Amount of payment: The amount of the payment which the MWD shall authorize for any medical product or service shall be the lowest amount for which the service or product or a comparable service or product can be reasonably supplied to the recipient but in no event shall total payment for each service or product be more than the rate indicated as a maximum by DPW/BMA. (See N.J.A.C 10:85-5.3(i) and 10:85-5.4(a).) If comparable services or products are accessible and readily available free, no payment shall be authorized.

   i. Municipalities to which N.J.A.C 10:85-5.8 applies will be charged for prescriptions at the Medicaid rate for the product. (See N.J.A.C. 10:85-5.8(e) and 10:85-6.8(d).)

10:85-5.3(b) (continued)

3. Nonreimbursable services: Payment to physicians, dentists or other health care providers shall not be authorized for the following services:

   i. Inpatient hospital care: Payment shall not be authorized for professional services (e.g. - physicians, dentists, podiatrists) rendered to persons receiving inpatient hospital care.

   ii. Outpatient or clinic care: Payment shall not be authorized for professional services rendered in the Outpatient Department of a hospital, or in a clinic of any kind. (Clinic fee may be paid when such service is not available without charge.)

   iii. Institutional care: Payment shall not be authorized for professional services rendered to residents of public medical institutions.

   iv. Municipal/county physician care: Payment shall not be authorized for services rendered by practitioners who are employed by a municipality or county for the purpose of treating recipients of General Assistance or other low-income inhabitants of the community.

   v. Private duty nursing: Payment shall not be authorized for private duty nursing, whether in the home, hospital or elsewhere.

   vi. Pedicure service: Payment shall not be authorized for normal pedicure service.

516.3 Reporting Requirements - Each month the Municipal Director of Welfare shall submit Form GA-6, Report of Assistance Commitments and Form GA-6C, Hospitalization Report, to the Division of Public Welfare, recording actual payments to hospitals for inpatient care made from the Public Trust Fund Account.

(a) Date of Submission of Forms - Forms GA-6 and 6C shall be submitted by the 10th of the month following the month for which activity is being reported.

520. OTHER MEDICAL PAYMENTS - The Director of Welfare shall authorize payment for medical care and services if such care and services are deemed necessary and appropriate.

521. Physicians, Dentists and Other Health Care Providers - The Director of Welfare shall authorize payment for services provided by licensed physicians (M.D. or D.O.), dentists and other health care providers including podiatrists, optometrists, pharmacists, opticians, prosthotists and orthotists who have not been deleted for cause from the current list of approved Medicaid providers, unless such services are specifically prohibited under Section 521.3. The DPW/BMA will advise all MWDs of deletions from the approved list and of any reinstatements.

521.1 Place of Service - Payment shall be authorized when services are rendered in the patient's home (or in the home of a person other than the patient), in the provider's office, in a skilled nursing home, an intermediate care facility, a center for treatment of drug or alcohol abuse, or in a residential health care facility.

521.2 Amount of Payment - The amount of the payment which the MWD shall authorize for any medical product or service shall be the lowest amount for which the service or product or a comparable service or product can be reasonably supplied to the recipient but in no event more than the rate indicated as a maximum by DPW/BMA. (See Sections 528 and 531.) If comparable services or products are accessible and readily available free, no payment shall be authorized.

(a) Municipalities to which Section 570 applies will be charged for prescriptions at the Medicaid rate for the product. (See Sections 574 and 683.)

521.3 Nonreimbursable Services - Payment to physicians, dentist or other health care providers shall not be authorized for the following services:

(a) Inpatient Hospital Care - Payment shall not be authorized for professional services (e.g. - physicians, dentists, podiatrists) rendered to persons receiving inpatient hospital care.

(b) Outpatient or Clinic Care - Payment shall not be authorized for professional services rendered in the Outpatient Department of a hospital, or in a clinic of any kind. (Clinic fee may be paid when such service is not available without charge.)

(c) Institutional Care - Payment shall not be authorized for professional services rendered to residents of public medical institutions.

(d) Municipal/County Physician Care - Payment shall not be authorized for services rendered by practitioners who are employed by a municipality or county for the purpose of treating recipients of General Assistance or other low-income inhabitants of the community.

(e) Private Duty Nursing - Payment shall not be authoriz for private duty nursing, whether in the home, hospital or elsewhere.

(f) Pedicure Service - Payment shall not be authorized for normal pedicure service.

520. OTHER MEDICAL PAYMENTS - The Director of Welfare shall authorize payment for medical care and services if such care and services are deemed necessary and appropriate.

521. Physicians, Dentists and Other Health Care Providers - The Director of Welfare shall authorize payment for services provided by licensed physicians (M.D. or D.O.), dentists and other health care providers including podiatrists, optometrists, pharmacists, opticians, prosthotists and orthotists who have not been deleted for cause from the current list of approved Medicaid providers, unless such services are specifically prohibited under Section 521.3. The DPW/BMA will advise all MWDs of deletions from the approved list and of any reinstatements.

521.1 Place of Service - Payment shall be authorized when services are rendered in the patient's home (or in the home of a person other than the patient), in the provider's office, in a skilled nursing home, an intermediate care facility, a center for treatment of drug or alcohol abuse, or in a licensed boarding home for sheltered care.

521.2 Amount of Payment - The amount of the payment which the MWD shall authorize for any medical product or service shall be the lowest amount for which the service or product or a comparable service or product can be reasonably supplied to the recipient but in no event more than the rate indicated as a maximum by DPW/BMA. (See Sections 528 and 531.) If comparable services or products are accessible and readily available free, no payment shall be authorized.

(a) Municipalities to which Section 570 applies will be charged for prescriptions at the Medicaid rate for the product. (See Sections 574 and 683.)

SUPERSEDED

521.3 Nonreimbursable Services - Payment to physicians, dentists or other health care providers shall not be authorized for the following services:

(a) Inpatient Hospital Care - Payment shall not be authorized for professional services (e.g. - physicians, dentists, podiatrists) rendered to persons receiving inpatient hospital care.

(b) Outpatient or Clinic Care - Payment shall not be authorized for professional services rendered in the Outpatient Department of a hospital, or in a clinic of any kind. (Clinic fee may be paid when such service is not available without charge.)

(c) Institutional Care - Payment shall not be authorized for professional services rendered to residents of public medical institutions.

(d) Municipal/County Physician Care - Payment shall not be authorized for services rendered by practitioners who are employed by a municipality or county for the purpose of treating recipients of General Assistance or other low-income inhabitants of the community.

(e) Private Duty Nursing - Payment shall not be authorized for private duty nursing, whether in the home, hospital or elsewhere.

(f) Pedicure Service - Payment shall not be authorized for normal pedicure service.

520. OTHER MEDICAL PAYMENTS - The Director of Welfare shall authorize payment for medical care and services if such care and services are deemed necessary and appropriate.

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521.1 Place of Service - Payment shall be authorized when services are rendered in the patient's home (or in the home of a person other than the patient), in the provider's office, in a skilled nursing home, an intermediate care facility, a center for treatment of drug or alcohol abuse, or in a licensed boarding home for sheltered care.

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521.1 Reimbursable Services - Payment shall be authorized when services are rendered in the patient's home (or in the home of a person other than the patient), in the provider's office, in a skilled nursing home, an intermediate care facility, or in a licensed boarding home for sheltered care.

521.2 Maximum Fee - The DPW/BMA will determine an appropriate fee for services rendered when the provider submits itemized charges to the MWD on official Medicaid voucher forms, properly completed as for a Medicaid eligible client. The MWD will forward such claims to the DPW/BMA for determination that the charge does not exceed the appropriate Medicaid rate. (See Section 531).

(a) Medicare - Benefits provided through Medicare are not reimbursable. However, for clients who are Medicare beneficiaries, the annual Medicare deductible may be paid by the MWD. Part B (medical) co-insurance is not to be reimbursed.

521.3 Nonreimbursable Services - Payment to physicians, dentists or other health care providers shall not be authorized for the following services:

(a) Inpatient Hospital Care - Payment shall not be authorized for professional services (e.g. - physicians, dentists, podiatrists) rendered to persons receiving inpatient hospital care.

(b) Outpatient or Clinic Care - Payment shall not be authorized for professional services rendered in the Outpatient Department of a hospital, or in a clinic of any kind. (Clinic fee may be paid when such service is not available without charge.)

(c) Institutional Care - Payment shall not be authorized for professional services rendered to residents of public medical institutions.

(d) Municipal/County Physician Care - Payment shall not be authorized for services rendered by practitioners who are employed by a municipality or county for the purpose of treating recipients of general assistance or other low-income inhabitants of the community.

(e) Private Duty Nursing - Payment shall not be authorized for private duty nursing, whether in the home, hospital or elsewhere.

(f) Pedicure Service - Payment shall not be authorized for normal pedicure service.

520. OTHER MEDICAL PAYMENTS - The Director of Welfare shall authorize payment for medical care and services if such care and services are deemed necessary and appropriate.

521. Physicians, Dentists and Other Health Care Providers - The Director of Welfare may authorize payment for services provided by licensed physicians (M.D. or D.O.), dentists and other health care providers including podiatrists, optometrists, pharmacists, opticians, prosthotists and orthotists, unless such services are specifically prohibited under Section 521.3.

521.1 Reimbursable Services - Payment shall be authorized when services are rendered in the patient's home (or in the home of a person other than the patient), in the provider's office, in a skilled nursing home, an intermediate care facility, or in a licensed boarding home for sheltered care.

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(a) Inpatient Hospital Care - Payment shall not be authorized for professional services (e.g. - physicians, dentists, podiatrists) rendered to persons receiving inpatient hospital care.

(b) Outpatient or Clinic Care - Payment shall not be authorized for professional services rendered in the Outpatient Department of a hospital, or in a clinic of any kind. (Clinic fee may be paid when such service is not available without charge.)

(c) Institutional Care - Payment shall not be authorized for professional services rendered to residents of public medical institutions.

(d) Municipal/County Physician Care - Payment shall not be authorized for services rendered by practitioners who are employed by a municipality or county for the purpose of treating recipients of general assistance or other low-income inhabitants of the community.

(e) Private Duty Nursing - Payment shall not be authorized for private duty nursing, whether in the home, hospital or elsewhere.

(f) Pedicure Service - Payment shall not be authorized for normal pedicure service.

10:85-5.3(c)3 (continued)

iii. Private psychologist or psychiatrist: If no local clinic offers such services, the director of welfare shall authorize payment to a private psychologist or psychiatrist, to the extent that such payment does not exceed the applicable Medicaid rate.

iv. Mental health services: Services provided by psychiatric social workers, unlicensed psychologists or psychiatric assistants in private practice are not payable.

(d) Visiting nurse or home health agency services: The municipal director of welfare shall authorize payment for services rendered by a Visiting Nurses Association or Home Health Agency provided that the client is not entitled to such services without cost.

1. Maximum fee: Payment shall not exceed the applicable Medicaid rate.

(e) Care for the chronically ill: The director of welfare shall authorize payments for patient care and a personal incidental allowance in a skilled nursing home, intermediate care facility, or public medical institution when a physician certifies that a client has a defect, disease, or impairment (other than psychosis) which necessitates such care, the client is not eligible for Medicaid, and there is no person available who will provide such care without cost to the client.

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

i. Physician recertification by means of a new Form GA-18 shall be completed annually.

2. Maximum fees: Payment to the facility shall not exceed the rates for such facility as established by Medicaid or, for non-Medicaid facilities by DPW/BMA. The MWD may contact the DPW/BMA to obtain the per diem rate for room, board and nursing care. A personal incidental allowance of $25.00 per month shall be allowed to the patient.

10:85-5.3(e)2 (continued)

i. In determining the amount the MWD will be authorized to pay the facility for room, board and nursing care, the Medicaid rate times the number of days of care less the payment by or on behalf of client shall be used. Each month the MWD will obtain a current bill for all services rendered during the previous month and will submit it to DPW/BMA for costing prior to payment.

(1) The MWD may authorize per diem payments for periods of up to 14 days during which the client is temporarily absent from the facility for hospitalization or therapeutic visits.

ii. Prescription drugs, laboratory, X-ray, physician, dental, podiatry services and supplies are not included in the Medicaid per diem rate. Such services shall be paid directly to the provider. An order for lab, X-ray, pharmacy services, and so forth must be based on a written prescription from the attending physician (see N.J.A.C. 10:85-8.4(g)1i regarding the Pharmaceutical Assistance to the Aged and Disabled program).

(f) The director of welfare shall authorize payment for physical, occupational, or speech therapy under the conditions and in the amounts indicated in (f)1 through 2 below.

1. Conditions:

i. The therapy must have been recommended in writing by a physician.

ii. The therapy must be a part of a planned physical restoration program.

iii. The therapy must be performed by an appropriately qualified therapist under the direction and supervision of a physician.

iv. The therapy has been approved in advance by DPW/BMA. Request for DPW/BMA approval shall be submitted via Form GA-18A with any other documentation which is appropriate and available or is requested by BMA. Approvals by DPW/BMA will be made for a maximum of three months. Requests for approval for an additional three month period shall be made prior to the commencement of the additional period. Such a request must include a new Form GA-18A if appropriate or a written statement by the supervising physician describing all changes since the previous submittal.

521.4 Obtaining a Physician, Etc. - When an appropriate clinic is not available without charge, the patient shall be provided the opportunity to select a physician, dentist or podiatrist of his/her choice. In the event that a person has no such practitioner or his/her personal practitioner is not available, the Director of Welfare may assist in obtaining a physician, dentist or podiatrist. (The practitioner shall be advised that payment cannot exceed the current Medicaid rate.)

521.5 Consultation by a Specialist - Payment shall be authorized for services provided by a medical specialist whose advice and recommendations are requested by another physician or by the municipal welfare department with respect to the non-hospital evaluation and/or treatment of a patient. (See Section 521.2 regarding maximum fee.)

(a) Prior Authorization - Payment for consultation services shall be approved only when performed by a qualified specialist who has received prior authorization, in writing, from the Municipal Director of Welfare to perform such services.

522. Outpatient Services

522.1 Hospital Emergency Room - The Director of Welfare shall authorize payment of an all-inclusive rate not to exceed the authorized Medicaid allowance for emergency room use or $35, whichever is less. The rate covers all supplies and services including physician's services but does not include X-ray, diagnostic studies and laboratory fees, payment for which may be authorized in accordance with Section 522.2(a) below.

522.2 Hospital and Independent Clinics - The Director of Welfare shall authorize payment of an all-inclusive charge (except for X-ray and laboratory fees) not to exceed $12.00.

(a) X-ray and Laboratory Fees - A fixed fee, which shall be the maximum payment allowed by Medicaid when such service is provided by a private radiologist or independent laboratory, may be authorized. The MWD may contact the DPW/BMA for such information.

522.3 Outpatient Mental Health Facilities - The Municipal Director of Welfare shall authorize payment for out-patient services rendered by the following mental health facilities:

(a) New Jersey State Mental Hospitals - Payment shall be authorized for treatment in the Outpatient Department of any New Jersey State mental hospital.

(1) Maximum Fee - Payment for such treatment shall not exceed the minimum fee for which treatment is supplied to non-public assistance recipients.

(b) Community Mental Health Clinics - Payment shall be authorized for diagnosis and/or treatment in any community mental health facility, provided that such treatment is not available to the client without cost.

(1) Maximum Fee - Payment for such treatment shall not exceed the minimum fee for which treatment is supplied to non-public assistance recipients, or the applicable Medicaid rate (if any), whichever is less.

521.4 Obtaining a Physician, Etc. - When an appropriate clinic is not available without charge, the patient shall be provided the opportunity to select a physician, dentist or podiatrist of his/her choice. In the event that a person has no such practitioner or his/her personal practitioner is not available, the Director of Welfare may assist in obtaining a physician, dentist or podiatrist. (The practitioner shall be advised that payment cannot exceed the current Medicaid rate.)

521.5 Consultation by a Specialist - Payment may be authorized for services provided by a medical specialist whose advice and recommendations are requested by another physician or by the municipal welfare department with respect to the non-hospital evaluation and/or treatment of a patient. (See Section 521.2 regarding maximum fee.)

(a) Prior Authorization - Payment for consultation services shall be approved only when performed by a qualified specialist who has received prior authorization, in writing, from the Municipal Director of Welfare to perform such services.

522. Outpatient Services

522.1 Hospital Emergency Room - The Director of Welfare may authorize payment of an all-inclusive rate not to exceed the authorized Medicaid allowance for emergency room use or $35, whichever is less. The rate covers all supplies and services including physician's services but does not include X-ray, diagnostic studies and laboratory fees, payment for which may be authorized in accordance with Section 522.2(a) below.

522.2 Hospital and Independent Clinics - The Director of Welfare may authorize payment of an all-inclusive charge (except for X-ray and laboratory fees) not to exceed $12.00.

(a) X-ray and Laboratory Fees - A fixed fee, which shall be the maximum payment allowed by Medicaid when such service is provided by a private radiologist or independent laboratory, may be authorized. The MWD may contact the DPW/BMA for such information.

522.3 Outpatient Mental Health Facilities - The Municipal Director of Welfare may authorize payment for outpatient services rendered by the following mental health facilities:

(a) New Jersey State Mental Hospitals - Payment may be authorized for treatment in the Outpatient Department of any New Jersey State mental hospital.

(1) Maximum Fee - Payment for such treatment shall not exceed the minimum fee for which treatment is supplied to non-public assistance recipients.

(b) Community Mental Health Clinics - Payment may be authorized for diagnosis and/or treatment in any community mental health facility, provided that such treatment is not available to the client without cost.

521.4 Obtaining a Physician Etc. - When an appropriate clinic is not available without charge, the patient shall be provided the opportunity to select a physician, dentist or podiatrist of his/her choice. In the event that a person has no such practitioner or his/her personal practitioner is not available, the Director of Welfare may assist in obtaining a physician, dentist or podiatrist. (The practitioner shall be advised that payment cannot exceed the current Medicaid rate).

521.5 Consultation by a Specialist - Payment may be authorized for services provided by a medical specialist whose advice and recommendations are requested by another physician or by the municipal welfare department with respect to the non-hospital evaluation and/or treatment of a patient. (See Section 521.2 regarding maximum fee).

(b) Prior Authorization - Payment for consultation services shall be approved only when performed by a qualified specialist who has received prior authorization, in writing, from the Municipal Director of Welfare to perform such services.

522. Outpatient Services

522.1 Hospital Emergency Room - The Director of Welfare may authorize payment of an all-inclusive rate (except X-ray and laboratory fees) not to exceed the authorized Medicaid allowance for emergency room use.

522.2 Hospital and Independent Clinics - The Director of Welfare may authorize payment of an all inclusive charge (except for X-ray and laboratory fees) not to exceed $12.00.

(a) X-ray and Laboratory Fees - A fixed fee, which shall be the maximum payment allowed by Medicaid when such service is provided by a private radiologist or independent laboratory, may be authorized. The MWD may contact the DPW/BMA for such information.

522.3 Outpatient Mental Health Facilities - The Municipal Director of Welfare may authorize payment for outpatient services rendered by the following mental health facilities:

(a) New Jersey State Mental Hospitals - Payment may be authorized for treatment in the Outpatient Department of any New Jersey State mental hospital.

(1) Maximum Fee - Payment for such treatment shall not exceed the minimum fee for which treatment is supplied to non-public assistance recipients.

(b) Community Mental Health Clinics - Payment may be authorized for diagnosis and/or treatment in any community mental health facility, provided that such treatment is not available to the client without cost.

10:85-5.3(f) (continued)

2. Amount of payment: The MWD will authorize no payment for therapy which is available or could have been provided to the client without cost. The amount of payment shall be at the rate established for the service by the Medicaid program. The DPW/BMA will ascertain the rate and indicate it in the notice of approval. Welfare directors in need of rate information before submitting an approval request may communicate with the DPW/BMA.

(g) Miscellaneous services: The director of welfare shall authorize payment for drugs, blood, blood plasma, infusions, hearing aids, prosthetics, oxygen, dental services or dentures, eyeglasses and other visual prosthetics, braces and appliances, if recommended in writing by an appropriately licensed practitioner and if not otherwise available without cost to the patient.

1. Maximum fee: The DPW/BMA will determine an appropriate fee for the services provided as stated in (b)1.

2. PAAD Program: See N.J.A.C. 10:85-8.4(g)1i regarding referral to the Pharmaceutical Assistance to the Aged and Disabled program.

3. Prosthetics & orthotics (for example, artificial limb, eye or brace): Clients who have a job handicap which may be reduced or diminished if provided with an appliance (that is, prosthesis or brace) should be referred to the Division of Vocational Rehabilitation Services (see N.J.A.C. 10:85-8.4(h)). If accepted for service by that agency, the cost of the appliance is the responsibility of DVRS. Only if the client is rejected as not feasible for the services furnished by DVRS should the municipal welfare agency consider authorizing payment for such an appliance, and then only after consulting with the Bureau of Medical Affairs.

(h) Medicare program: Persons eligible for Medicare Part B (medical insurance) benefits must have health care services billed to the appropriate carrier (Prudential Insurance Company or Hospital Service Plan of New Jersey) by the practitioner or other provider before submitting bills to the MWD for consideration. Recipients eligible for Medicare Part B benefits shall submit the statement, "Explanation of Benefits", from the Medicare carrier before the MWD determines if additional payment may be allowed.

(i) Resident treatment for drug or alcohol abuse: When the director of welfare authorizes payment for room and board, and personal incidentals in amounts as specified in N.J.A.C. 10:85-3.3(f)4iv, the payment shall be considered as inclusive of all goods and services.

10:85-5.4 Procedure for payment of medical bills

Note: This section does not apply to prescription bills except for medical supplies and equipment, in those municipalities which pay presciption charges through Medicaid.

(a) Rules concerning determination of Medicaid rate are as follows:

1. MWD responsibility: The MWD shall submit bills received from providers of health services, or requests for authorized fee levels, to the DPW/BMA. Such bills and/or requests should be submitted on official Medicaid vendor voucher forms which all providers servicing Medicaid recipients utilize. The forms must contain the following: signature of the vendor and client, date, and description of the commodity delivered or service rendered with full Medicaid product and procedure codes. Exception: The signature of the client/designee is not required on bills for residential services such as Long Term Care Facilities (see (a)4 below for requirement of client/designee signature).

   i. Bills/requests shall include age of the patient, diagnosis, and whether or not he or she is receiving disability insurance benefits. The signature of the MWD director, preceded by the words "approved by" is required on the bottom or on the reverse side of the Medicaid vendor form. This signature may be affixed either before or after submission to DPW/BMA for rate approval but prior to payment.

   ii. Medicaid vendor forms not completed in accordance with the above instructions must be accompanied by a Form GA-11, General Assistance Order, properly completed.

   iii. In instances of repeated submission of a Medicaid vendor form showing the same client, same vendor, same commodity or service and same price, the MWD may, for audit purposes, attach a photocopy of the previous rate-approved form to each resubmittal in lieu of submission to DPW/BMA as required above.

(c) Private Psychologist or Psychiatrist - If no local clinic offers such services, the Director of Welfare shall authorize payment to a private psychologist or psychiatrist, to the extent that such payment does not exceed the applicable Medicaid rate.

(d) Mental Health Services Not Reimbursed - Services provided by psychiatric social workers, unlicensed psychologists or psychiatric assistants are not reimbursable.

522.4 Outpatient Drug and Alcohol Abuse Treatment Centers - The Director of Welfare shall authorize payment for services and products provided by duly licensed persons to outpatient participants in programs of rehabilitation operated by centers for treatment of drug or alcohol abuse. Licensure of the center itself is not a requirement for payment.

(a) Maximum Fee - Payment for such services and products shall not exceed the minimum fee for which such services and products are provided by the center to non-public assistance recipients, the lowest fee for which comparable products or services are available to the recipient, or the fee specified by DPW/BMA, whichever is least.

523. Visiting Nurse or Home Health Agency Services -The Municipal Director of Welfare shall authorize payment for services rendered by a Visiting Nurses Association or Home Health Agency provided that the client is not entitled to such services without cost.

523.1 Physician's Statement - Such services shall be provided only upon written order of the attending physician.

523.2 Maximum Fee - Payment shall not exceed the applicable Medicaid rate.

524. Maternity Home Care - The Director of Welfare shall authorize payment for maternity home care for expectant mothers at the applicable rate established by the Division of Youth and Family Services. Municipal welfare departments may call the DPW/BLO to obtain the applicable rate.

524.1 Approved Maternity Homes - Listed below are maternity homes which have been approved for use by General Assistance recipients:

524.1 Approved Maternity Homes (cont'd)

Essex County
St. Martha's Residence
31 Mulberry Street
Newark

Mercer County
Florence Crittenton Home
1212 Edgewood Avenue
Trenton

St. Elizabeth's Home
Bordentown and Crosswicks Road
Yardville

Passaic County
Florence Christian Home
700 East 18th Street
Paterson

Philadelphia
Booth Maternity Home
6051 Overbrook Avenue
Philadelphia, Pennsylvania

525. Care for the Chronically Ill - The Director of Welfare shall authorize payments for patient care and a personal incidental allowance in a skilled nursing home, intermediate care facility, or public medical institution when a physician certifies that a client has a defect, disease, or impairment (other than psychosis) which necessitates such care, and there is no person available who will provide such care without cost to the client.

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

(a) Physician recertification by means of a new Form GA-18 shall be completed annually.

(c) Private Psychologist or Psychiatrist - If no local clinic offers such services, the Director of Welfare shall authorize payment to a private psychologist or psychiatrist, to the extent that such payment does not exceed the applicable Medicaid rate.

(d) Mental Health Services Not Reimbursed - Services provided by psychiatric social workers, unlicensed psychologists or psychiatric assistants are not reimbursable.

522.4 Outpatient Drug and Alcohol Abuse Treatment Centers - The Director of Welfare shall authorize payment for services and products provided by duly licensed persons to outpatient participants in programs of rehabilitation operated by centers for treatment of drug or alcohol abuse. Licensure of the center itself is not a requirement for payment.

(a) Maximum Fee - Payment for such services and products shall not exceed the minimum fee for which such services and products are provided by the center to non-public assistance recipients, the lowest fee for which comparable products or services are available to the recipient, or the fee specified by DPW/BMA, whichever is least.

523. Visiting Nurse or Home Health Agency Services -The Municipal Director of Welfare shall authorize payment for services rendered by a Visiting Nurses Association or Home Health Agency provided that the client is not entitled to such services without cost.

523.1 Physician's Statement - Such services shall be provided only upon written order of the attending physician.

523.2 Maximum Fee - Payment shall not exceed the applicable Medicaid rate.

524. Maternity Home Care - The Director of Welfare shall authorize payment for maternity home care for expectant mothers at the applicable rate established by the Division of Youth and Family Services. Municipal welfare departments may call the DPW/BLO to obtain the applicable rate.

524.1 Approved Maternity Homes - Listed below are maternity homes which have been approved for use by General Assistance recipients:

524.1 Approved Maternity Homes (cont'd)

Essex County
St. Martha's Residence
31 Mulberry Street
Newark

Mercer County
Florence Crittenton Home
1212 Edgewood Avenue
Trenton

St. Elizabeth's Home
Bordentown and Crosswicks Road
Yardville

Passaic County
Florence Christian Home
700 East 18th Street
Paterson

Philadelphia
Booth Maternity Home
6051 Overbrook Avenue
Philadelphia, Pennsylvania

525. Care for the Chronically Ill - The Director of Welfare shall authorize payments for patient care and a personal incidental allowance in a skilled nursing home, intermediate care facility, or public medical institution when a physician certifies that a client has a defect, disease, or impairment (other than psychosis) which necessitates such care, and there is no person available who will provide such care without cost to the client.

525.1 Physician Certification (Completion of GA-18) - Physician certification shall be accomplished by means of Form GA-18, Certification of Need for Patient Care in Facility Other than Public or Private General Hospital. This form must be completed in duplicate, by the attending or staff physician and the operator or superintendent of the appropriate facility. One copy shall be filed in the case record and the other copy shall be retained by the nursing home or institution.

(a) Physician recertification by means of a new Form GA-18 shall be required according to the date shown in Section A.8. of the previous certification or one year from the date of the physician's signature, whichever is earlier.

525.2 Maximum Fees - Payment to the facility shall not exceed the rates for such facility as established by Medicaid. The MWD may contact the DPW/BMA to obtain the per diem rate for room, board and nursing care. A personal incidental allowance of $25.00 per month shall be allowed to the patient.

(c) Private Psychologist or Psychiatrist - If no local clinic offers such services, the Director of Welfare shall authorize payment to a private psychologist or psychiatrist, to the extent that such payment does not exceed the applicable Medicaid rate.

(d) Mental Health Services Not Reimbursed - Services provided by psychiatric social workers, unlicensed psychologists or psychiatric assistants are not reimbursable.

522.4 Outpatient Drug Alcohol Abuse Treatment Centers - The Director of Welfare shall authorize payment for services and products provided by duly licensed persons to outpatient participants in programs of rehabilitation operated by centers for treatment of drug or alcohol abuse. Licensure of the center itself is not a requirement for payment.

(a) Maximum Fee - Payment for such services and products shall not exceed the minimum fee for which such services and products are provided by the center to non-public assistance recipients, the lowest fee for which comparable products or services are available to the recipient, or the fee specified by DPW/BMA, whichever is least.

523. Visiting Nurse or Home Health Agency Services - The municipal Director of Welfare shall authorize payment for services rendered by a Visiting Nurses Association or Home Health Agency provided that the client is not entitled to such services without cost.

523.1 Physician's Statement - Such services shall be provided only upon written order of the attending physician.

523.2 Maximum Fee - Payment shall not exceed the applicable Medicaid rate.

524. Maternity Home Care - The Director of Welfare shall authorize payment for maternity home care for expectant mothers at the applicable rate established by the Division of Youth and Family Services. Municipal welfare departments may call the DPW/BLO to obtain the applicable rate.

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525.2 Maximum Fees - Payment to the facility shall not exceed the rates for such facility as established by Medicaid. The MWD may contact the DPW/BMA to obtain the per diem rate for room, board and nursing care. A personal incidental allowance of $25.00 per month shall be allowed to the patient.

(c) Private Psychologist or Psychiatrist - If no local clinic offers such services, the Director of Welfare shall authorize payment to a private psychologist or psychiatrist, to the extent that such payment does not exceed the applicable Medicaid rate.

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(a) Maximum Fee - Payment for such services and products shall not exceed the minimum fee for which such services and products are provided by the center to non-public assistance recipients, the lowest fee for which comparable products or services are available to the recipient, or the fee specified by DPW/BMA, whichever is least.

523. Visiting Nurse or Home Health Agency Services -The Municipal Director of Welfare shall authorize payment for services rendered by a Visiting Nurses Association or Home Health Agency provided that the client is not entitled to such services without cost.

523.1 Physician's Statement - Such services shall be provided only upon written order of the attending physician.

523.2 Maximum Fee - Payment shall not exceed the applicable Medicaid rate.

524. Maternity Home Care - The Director of Welfare shall authorize payment for maternity home care for expectant mothers at the applicable rate established by the Division of Youth and Family Services. Municipal welfare departments may call the DPW/BLO to obtain the applicable rate.

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525.1 Physician Certification (Completion of GA-18) - Physician certification shall be accomplished by means of Form GA-18, Certification of Need for Patient Care in Other than Public or Private General Hospital. This form must be completed in duplicate, by the attending or staff physician and the operator or superintendent of the appropriate facility. One copy shall be filed in the case record and the other copy shall be retained by the nursing home or institution.

525.2 Maximum Fees - Payment to the facility shall not exceed the rates for such facility as established by Medicaid. The MWD may contact the DPW/BMA to obtain the per diem rate for room, board and nursing care. A personal incidental allowance of $25.00 per month shall be allowed to the patient.

(1) Maximum Fee - Payment for such treatment shall not exceed the minimum fee for which treatment is suppled to non-public assistance recipients, or the applicable Medicaid rate (if any), whichever is less.

(c) Private Psychologist or Psychiatrist - If no local clinic offers such services, the Director of Welfare may authorize payment to a private psychologist or psychiatrist, to the extent that such payment does not exceed the applicable Medicaid rate.

(d) Mental Health Services Not Reimbursed - Services provided by psychiatric social workers, unlicensed psychologists or psychiatric assistants are not reimbursable.

523. Visiting Nurse or Home Health Agency Services - The Municipal Director of Welfare may authorize payment for services rendered by a Visiting Nurses Association or Home Health Agency provided that the client is not entitled to such services without cost.

523.1 Physician's Statement - Such services shall be provided only upon written order of the attending physician.

523.2 Maximum Fee - Payment shall not exceed the applicable Medicaid rate.

524. Maternity Home Care - The Director of Welfare may authorize payment for maternity home care for expectant mothers at the applicable rate established by the Division of Youth and Family Services. Municipal welfare departments may call the DPW/BLO to obtain the applicable rate.

524.1 Approved Maternity Homes - Listed below are maternity homes which have been approved for use by general assistance recipients:

524.1 Approved Maternity Homes (Continued)

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525. Care for the Chronically Ill - The Director of Welfare shall authorize payments for patient care and a personal incidental allowance in a skilled nursing home, intermediate care facility, or public medical institution when a physician certifies that a client has a defect, disease, or impairment (other than psychosis) which necessitates such care, and there is no person available who will provide such care without cost to the client.

525.1 Physician Certification (Completion of GA-18) - Physician certification shall be accomplished by means of Form GA-18, Certification of Need for Patient Care in Other than Public or Private General Hospital. This form must be completed in duplicate, by the attending or staff physician and the operator or superintendent of the appropriate facility. One copy shall be filed in the case record and the other copy shall be retained by the nursing home or institution.

525.2 Maximum Fees - Payment to the facility shall not exceed the rates for such facility as established by Medicaid. The MWD may contact the DPW/BMA to obtain the per diem rate for room, board and nursing care. A personal incidental allowance of $25.00 per month shall be allowed to the patient.

10:85-5.4(a) (continued)

2. State responsibility: It is the responsibility of the DPW/BMA to authorize appropriate rates in accordance with those established by the State Medicaid Program insofar as feasible. The DPW/BMA will return disapproved any voucher submitted from a provider who has been deleted for cause from the current list of approved Medicaid providers. Such disapproval will prevent State matching on the payment but will not eliminate any responsibility for payment which the MWD may have incurred by prior authorization.

   i. The DPW/BMA will enter the appropriate fee for each service listed, mark the bill or voucher as approved for amount of payment and return it to the MWD. The MWD shall retain this form in file for audit purposes.

3. Notification of provider: The MWD shall promptly notify the provider of the authorized fee and shall make payment accordingly.

4. Client/designee signature requirements: The following procedures may be used when the patient's signature is unobtainable.

   i. Illiterate patient: The patient may sign by mark (X), and the signature must be witnessed by another person and also the provider of the service must sign his or her name and address on the same line.

   ii. Client designee: If the patient is physically or mentally incapable of signing, a minor child, deceased, or for other reasons the patient's signature is not obtainable, through reasonable effort, the form may be signed on the patient's behalf by:

      (1) A parent; or

      (2) A legal guardian; or

      (3) A relative; or

      (4) A friend; or

      (5) An individual provider; or

      (6) A representative of the institution/agency providing care and/or support; or

      (7) A representative of a governmental agency providing assistance.

10:85-5.4(a)4 (continued)

iii. A brief explanation of reason patient was not personally able to sign voucher form must be written directly on the form or recorded on an attachment should additional space be required. The explanation must include a statement as to how the designee and the patient are related.

(b) Retroactive medical eligibility: In the event that a person who is determined ineligible for Medicaid Only benefits by the county welfare agency applies promptly and is found eligible for General Assistance, payment of medical expenses shall be made retroactive to the date of application for Medicaid Only.

10:85-5.5 Travel costs for health care

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

1. Method of payment: To the extent possible, such services shall be purchased directly from the vendor.

i. Payment to the recipient: Payment may be made directly to the recipient when prior authorization for the expenditure has been obtained from the MWD.

2. Maximum rate: Payment shall not exceed the Medicaid rate when appropriate, or the most reasonable rate for which service may be obtained.

525.2 Maximum Fee (cont'd)

(a) In determining the amount the MWD will be authorized to pay the facility for room, board and nursing care, the Medicaid rate times the number of days of care less the payment by or on behalf of client shall be used.

(b) Prescription drugs, laboratory, X-ray, physician, dental, podiatry services and supplies are not included in the Medicaid per diem rate. Such services shall be paid directly to the provider. An order for lab, X-ray, pharmacy services, etc. must be based on a written prescription from the attending physician. (See Section 836.1(a) regarding the Pharmaceutical Assistance to the Aged program.)

526. Physical Restorative Services - The Director of Welfare shall authorize payment for physical, occupational, or speech therapy for a maximum of three months, provided that such therapy is not otherwise available without cost to the client.

526.1 Conditions for Authorization - Payment for such services shall be authorized only when the therapy has been recommended in writing by a physician as part of a planned physical restoration or rehabilitation program. The therapy must be performed by an appropriately qualified therapist working under the direction and supervision of a physician.

526.2 Authorization for Therapy - The Municipal Director of Welfare shall authorize payment for therapy by means of Form GA-18A, prior to the rendering of such services. (See Appendix A for sample form.)

526.3 Prior Approval From the Division of Public Welfare - Prior approval for such services shall be obtained from the Bureau of Medical Affairs, Division of Public Welfare.

526.4 Maximum Fee - The DPW/BMA will determine an appropriate fee for the services provided.

(a) Completion of GA-18A - Form GA-18A, Certification of Need for Physical, Occupational or Speech Therapy, shall be completed by the attending physician and therapist and submitted by the MWD to the DPW/BMA with the official invoice.

527. Miscellaneous Services - The Director of Welfare shall authorize payment for drugs, blood, blood plasma, infusions, hearing aids, prosthetics, oxygen, dental services or dentures, eyeglasses and other visual prosthetics, braces and appliances, if recommended in writing by an appropriately licensed practitioner and if not otherwise available without cost to the patient.

527.1 Maximum Fee - The DPW/BMA will determine an appropriate fee for the services provided as stated in Section 521.2.

527.2 PAA Program - See Section 836.1(a) regarding referral to the Pharmaceutical Assistance to the Aged program.

527.3 Prosthetics & Orthotics (e.g., Artificial Limb, Eye or Brace) -Clients who have a job handicap which may be reduced or diminished if provided with an appliance (i.e., prosthesis or brace) should be referred to the Division of Vocational Rehabilitation Services (see Section 837). If accepted for service by that agency, the cost of the appliance is the responsibility of DVRS Only if the client is rejected as not feasible for the services furnished by DVRS should the municipal welfare agency consider authorizing payment for such an appliance, and then only after consulting with the Bureau of Medical Affairs.

525.2 Maximum Fee (continued)

(a) In determining the amount the MWD will be authorized to pay the facility for room, board and nursing care, the Medicaid rate times the number of days of care less the payment by or on behalf of client shall be used.

(b) Prescription drugs, laboratory, X-ray, physician, dental, podiatry services and supplies are not included in the Medicaid per diem rate. Such services shall be paid directly to the provider. An order for lab, X-ray, pharmacy services, etc. must be based on a written prescription from the attending physician. (See Section 836.1(a) regarding the Pharmaceutical Assistance to the Aged program).

526. Physical Restorative Services - The Director of Welfare shall authorize payment for physical, occupational, or speech therapy for a maximum of three months, provided that such therapy is not otherwise available without cost to the client.

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526.2 Authorization for Therapy - The Municipal Director of Welfare shall authorize payment for therapy by means of Form GA-18A, prior to the rendering of such services. (See Appendix A for sample form.)

526.3 Prior Approval From the Division of Public Welfare - Prior approval for such services shall be obtained from the Bureau of Medical Affairs, Division of Public Welfare.

526.4 Maximum Fee - The DPW/BMA will determine an appropriate fee for the services provided.

(a) Completion of GA-18A - Form GA-18A, Certification of Need for Physical, Occupational or Speech Therapy shall be completed by the attending physician and therapist and submitted by the MWD to the DPW/BMA with the official invoice.

527. Miscellaneous Services - The Director of Welfare shall authorize payment for drugs, blood, blood plasma, infusions, hearing aids, prosthetics, oxygen, dental services or dentures, eyeglasses and other visual prosthetics, braces and appliances, if recommended in writing by an appropriately licensed practitioner and if not otherwise available without cost to the patient.

527.1 Maximum Fee - The DPW/BMA will determine an appropriate fee for the services provided as stated in Section 521.2.

527.2 PAA Program - See Section 836.1(a) regarding referral to the Pharmaceutical Assistance to the Aged program.

527.3 Prosthetics & Orthotics (e.g., Artificial Limb, Eye or Brace) -Clients who have a job handicap which may be reduced or diminished if provided with an appliance (i.e., prosthesis or brace) should be referred to the Division of Vocational Rehabilitation Services (see Section 837). If accepted for service by that agency, the cost of the appliance is the responsibility of DVRS. Only if the client is rejected as not feasible for the services furnished by DVRS should the municipal welfare agency consider authorizing payment for such an appliance, and then only after consulting with the Bureau of Medical Affairs.

SUPERSEDED

525.2 Maximum Fee (continued)

(a) In determining the amount the MWD will be authorized to pay the facility for room, board and nursing care, the Medicaid rate times the number of days of care less the payment by or on behalf of client shall be used.

(b) Prescription drugs, laboratory, X-ray, physician, dental, podiatry services and supplies are not included in the Medicaid per diem rate. Such services shall be paid directly to the provider. An order for lab, X-ray, pharmacy services, etc. must be based on a written prescription from the attending physician. (See Section 836.1(a) regarding the Pharmaceutical Assistance to the Aged program).

526. Physical Restorative Services - The Director of Welfare may authorize payment for physical, occupational, or speech therapy for a maximum of three months, provided that such therapy is not otherwise available without cost to the client.

526.1 Conditions for Authorization - Payment for such services may be authorized only when the therapy has been recommended in writing by a physician as part of a planned physical restoration or rehabilitation program. The therapy must be performed by an appropriately qualified therapist working under the direction and supervision of a physician.

526.2 Authorization for Therapy - The Municipal Director of Welfare shall authorize payment for therapy by means of Form GA-18A, prior to the rendering of such services. (See Appendix A for sample forms.)

526.3 Prior Approval From the Division of Public Welfare - Prior approval for such services shall be obtained from the Bureau of Medical Affairs, Division of Public Welfare.

526.4 Maximum Fee - The DPW/BMA will determine an appropriate fee for the services provided.

(a) Completion of GA-18A - Form GA-18A, Certification of Need for Physical, Occupational or Speech Therapy shall be completed by the attending physician and therapist and submitted by the MWD to the DPW/BMA with the official invoice.

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527.1 Maximum Fee - The DPW/BMA will determine an appropriate fee for the services provided as stated in Section 521.2.

527.2 PAA Program - See Section 836.1(a) regarding referral to the Pharmaceutical Assistance to the Aged program.

527.3 Prosthetics & Orthotics (e.g., Artificial Limb, Eye or Brace) - Clients who have a job handicap which may be reduced or diminished if provided with an appliance (i.e., prosthesis or brace) should be referred to the Division of Vocational Rehabilitation Services (see Section 837). If accepted for service by that agency, the cost of the appliance is the responsibility of DVRS. Only if the client is rejected as not feasible for the services furnished by DVRS should the municipal welfare agency consider authorizing payment for such an appliance, and then only after consulting with the Bureau of Medical Affairs.

10:85-5.6 Medical care for recipients with chronic renal failure

(a) Most patients with chronic renal failure requiring dialysis or transplantation are eligible for Medicare coverage the first day of the third month following the first dialysis treatment, or immediately upon hospitalization for transplantation. Medicare provides payment for the hospitalization. Medicare Part B must be purchased to provide payment for 80 percent of the cost of outpatient care, including dialysis treatment. Drugs not prescribed as part of the dialysis treatment are not eligible for payment by Medicare.

1. Responsibility of other agencies: It is the responsibility of the administrator or coordinator of the dialysis unit to initiate the application for Medicare and to contact all other possible resources. These include: the Social Security Administration for DIB and/or SSI benefits; the county welfare agency for "Medicaid Only" and transportation, and the Division of Medical Assistance and Health Services for Pharmaceutical Assistance to the Aged and Disabled (PAAD).

   i. PAAD applications can be obtained from county offices on aging, local Medicaid offices, county welfare agencies and local pharmacies.

2. MWD responsibility: When utilization of benefits from other sources leaves a medical cost deficit, the municipal welfare director will determine eligibility for hospitalization payment through General Assistance, if needed, in accordance with N.J.A.C. 10:85-5.2. The MWD will determine eligibility for payment for other medical costs, if needed, in accordance with N.J.A.C. 10:85-5.3 with due regard for the medically needy provisions of N.J.A.C. 10:85-3.3(g). Maximum fees will be determined by DPW/BMA in accordance with N.J.A.C. 10:85-5.3(b)1.

   i. Written verification: As part of the application process for assistance for individuals with chronic renal failure, the municipal welfare director must obtain, from the administrator of the dialysis unit, written verification that the patient's eligibility for any or all of the above resources has been explored.

10:85-5.7 SSI application pending

(a) In situations where residential medical care is required by an eligible person whose SSI application is pending, the MWD will assure the provider of payment in accordance with all regulations in this chapter. Such payment will, however, be withheld during the period in which the SSI application is pending. The MWD shall authorize payment of all other medical expenses as for other GA recipients.

(b) Payment following SSI determination: If the application is approved, the withheld payments will be made through the Medical Assistance (Medicaid) program on a retroactive basis. If the application is denied, the MWD shall promptly make payment for the withheld costs incurred during the pending period, such payments being eligible for reimbursement to the same extent as other medical payments. For purposes of this section an SSI application shall not be considered as denied until there has been a decision acceptable to the MWD that no appeal or no further appeal is to be taken.

10:85-5.8 Pharmaceutical payments through DMAHS

(a) Prescription bills, except for medical supplies and equipment, incurred on behalf of recipients in certain municipalities will be processed through the New Jersey Division of Medical Assistance and Health Services (DMAHS).

(b) General operation: A General Assistance recipient who requires a pharmaceutical product will take his/her prescription to a Medicaid participating pharmacy. The pharmacist will procure an authorization number (see (d) below), complete Form MC-24, and supply the product. Payment will be as provided in (e) below.

(c) Form MC-24, GA prescription claim form: Each MWD will maintain in a secure location a supply of Form MC-24. Forms are available from the Bureau of Management Services, Division of Public Welfare. The MWD will enter its four-digit municipality code in the first four of the ten blocks over "Patient's First Name" on each form upon receipt and record the receipt of the serially numbered forms on a MC-24 Record Log (Form GA-20). In cases which cover the needs of more than one person, the "Person No." blocks on the MC-24 Form must be completed. The number 01 shall apply to adult males; 02 to adult females; the numbers 20, 21, 22 etc. shall apply to children. All person numbers must be recorded by the MWD to ensure that the assigned numbers are applied consistently to the same individual. The MWD will supply forms without charge to pharmacies which provide services to GA recipients, recording on a separate MC-24 Control Log (Form GA-20A), the serial numbers of forms supplied to each pharmacy.

10:85-5.3 (continued)

(i) Medicare program: Persons eligible for Medicare Part B (medical insurance) benefits must have health care services billed to the appropriate carrier (Prudential Insurance Company or Hospital Service Plan of New Jersey) by the practitioner or other provider before submitting bills to the MWD for consideration. Recipients eligible for Medicare Part B benefits shall submit the statement, "Explanation of Benefits", from the Medicare carrier before the MWD determines if additional payment may be allowed.

(j) Resident treatment for drug or alcohol abuse: When the Director of Welfare authorizes payment for room and board, and personal incidentals in amounts as specified in N.J.A.C. 10:85-3.3(f)4iv, the payment shall be considered as inclusive of all goods and services which are supplied without added cost to non-public assistance recipients.

10:85-5.4 Procedure for payment of medical bills

Note: This section does not apply to prescription bills except for medical supplies and equipment, in those municipalities to which N.J.A.C. 10:85-5.8 applies.

(a) Rules concerning determination of Medicaid rate are as follows:

1. MWD responsibility: The MWD shall submit bills received from providers of health services, or requests for authorized fee levels, to the DPW/BMA. Such bills and/or requests should be submitted on official Medicaid vendor voucher forms which all providers servicing Medicaid recipients utilize. The forms must contain the following: signature of the vendor and client, date, and description of the commodity delivered or service rendered with full Medicaid product and procedure codes. (See (a)4 below for requirement of client/designee signature.)

i. Bills/requests shall include age of the patient, diagnosis, and whether or not he/she is receiving disability insurance benefits. The signature of the MWD director, preceded by the words "approved by" is required on the bottom or on the reverse side of the Medicaid vendor form. This signature may be affixed either before or after submission to DPW/BMA for rate approval but prior to payment.

ii. Medicaid vendor forms not completed in accordance with the above instructions must be accompanied by a Form GA-11, General Assistance Order, properly completed.

iii. In instances of repeated submission of a Medicaid vendor form showing the same client, same vendor, same commodity or service and same price, the MWD may, for audit purposes, attach a photocopy of the previous rate-approved form to each resubmittal in lieu of submission to DPW/BMA as required above.

10:85-5.4(a) (continued)

2. State responsibility: It is the responsibility of the DPW/BMA to authorize appropriate rates in accordance with those established by the State Medicaid Program insofar as feasible. The DPW/BMA will return disapproved any voucher submitted from a provider who has been deleted for cause from the current list of approved Medicaid providers. Such disapproval will prevent State matching on the payment but will not eliminate any responsibility for payment which the MWD may have incurred by prior authorization.

   i. The DPW/BMA will enter the appropriate fee for each service listed, mark the bill or voucher as approved for amount of payment and return it to the MWD. The MWD shall retain this form in file for audit purposes.

3. Notification of provider: The MWD shall promptly notify the provider of the authorized fee and shall make payment accordingly.

4. Client/designee signature requirements: The following procedures may be used when the patient's signature is unobtainable.

   i. Illiterate patient: The patient may sign by mark (X), and the signature must be witnessed by another person and also the provider of the service must sign his/her name and address on the same line.

   ii. Client designee: If the patient is physically or mentally incapable of signing, a minor child, deceased, or for other reasons the patient's signature is not obtainable, through reasonable effort, the form may be signed on the patient's behalf by:

      (1) A parent; or
      (2) A legal guardian; or
      (3) A relative; or
      (4) A friend; or
      (5) An individual provider; or
      (6) A representative of the institution/agency providing care and/or support; or
      (7) A representative of a governmental agency providing assistance.

   iii. A brief explanation of reason patient was not personally able to sign voucher form must be written directly on the form or recorded on an attachment should additional space be required. The explanation must include a statement as to how the designee and the patient are related.

(b) Bills paid by client or on behalf of client: Medical bills which have been paid by the client or on his/her behalf are not subject to reimbursement by the MWD.

10:85-5.4(b) (continued)

1. See N.J.A.C. 10:85-5.2(d)7, 5.3(b)2 and 5.3(i) regarding Medicare.

(c) Liability of recipient: In the event that payment is obtained from a third party by or for any client for whom the MWD has made medical payments under this subchapter, the welfare agency shall have the right to recover such payment from the beneficiary.

10:85-5.5 Travel costs for health care

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

1. Method of payment: To the extent possible, such services shall be purchased directly from the vendor.

i. Payment to the recipient: Payment may be made directly to the recipient when prior authorization for the expenditure has been obtained from the MWD.

528. Medicare Program - Persons eligible for Medicare Part B (medical insurance) benefits must have health care services billed to the appropriate carrier (Prudential Insurance Company or Hospital Service Plan of New Jersey) by the practitioner or other provider before submitting bills to the MWD for consideration. Recipients eligible for Medicare Part B benefits shall submit the statement, "Explanation of Benefits", from the Medicare carrier before the MWD determines if additional payment may be allowed.

529. Resident Treatment for Drug or Alcohol Abuse - When the Director of Welfare authorizes payment for room and board, and personal incidentals in amounts as specified in Section 336.4(d), the payment shall be considered as inclusive of all goods and services which are supplied without added cost to non-public assistance recipients.

530. PROCEDURE FOR PAYMENT OF MEDICAL BILLS

531. Determination of Medicaid Rate

(Note: This section does not apply to prescription bills except for medical supplies and equipment, in those municipalities to which Section 570 applies.)

531.1 MWD Responsibility - The MWD shall submit bills received from providers of health services, or requests for authorized fee levels, to the DPW/BMA. Such bills and/or requests should be submitted on official Medicaid vendor voucher forms which all providers servicing Medicaid recipients utilize. The forms must contain the following: signature of the vendor and client, date, and description of the commodity delivered or service rendered with full Medicaid product and procedure codes.

(a) Bills/requests shall include age of the patient, diagnosis, and whether or not he/she is receiving disability insurance benefits. The signature of the MWD director, preceded by the words "approved by" is required on the bottom or on the reverse side of the Medicaid vendor form. This signature may be affixed either before or after submission to DPW/BMA for rate approval but prior to payment.

(b) Medicaid vendor forms not completed in accordance with the above instructions must be accompanied by a Form GA-11, General Assistance Order, properly completed.

(c) In instances of repeated submission of a Medicaid vendor form showing the same client, same vendor, same commodity or service and same price, the MWD may, for audit purposes, attach a photocopy of the previous rate-approved form to each resubmittal in lieu of submission to DPW/BMA as required above.

531.2 State Responsibility - It is the responsibility of the DPW/BMA to authorize appropriate rates in accordance with those established by the State Medicaid Program insofar as feasible. The DPW/BMA will return disapproved any voucher submitted from a provider who has been deleted for cause from the current list of approved Medicaid providers. Such disapproval will prevent State matching on the payment but will not eliminate any responsibility for payment which the MWD may have incurred by prior authorization.

(a) The DPW/BMA will enter the appropriate fee for each service listed, mark the bill or voucher as approved for amount of payment and return it to the MWD. The MWD shall retain this form in file for audit purposes.

531.3 Notification of Provider - The MWD shall promptly notify the provider of the authorized fee and shall make payment accordingly.

532. Bills Paid by Client or on Behalf of Client - Medical bills which have been paid by the client or on his/her behalf are not subject to reimbursement by the MWD.

532.1 See Sections 513.7, 521.2 and 528 regarding Medicare.

533. Liability of Recipient - In the event that payment is obtained from a third party by or for any client for whom the MWD has made medical payments under this chapter, the welfare agency shall have the right to recover such payment from the beneficiary.

540. TRAVEL COSTS FOR HEALTH CARE - The Director of Welfare shall authorize payment for travel costs necessary for the receipt of health services, provided that such transportation is not otherwise available without cost.

541. Method of Payment - To the extent possible, such services shall be purchased directly from the vendor.

541.1 Payment to the Recipient - Payment may be made directly to the recipient when prior authorization for the expenditure has been obtained from the MWD.

528. Medicare Program - Persons eligible for Medicare Part B (medical insurance) benefits must have health care services billed to the appropriate carrier (Prudential Insurance Company or Hospital Service Plan of New Jersey) by the practitioner or other provider before submitting bills to the MWD for consideration. Recipients eligible for Medicare Part B benefits shall submit the statement, "Explanation of Benefits", from the Medicare carrier before the MWD determines if additional payment may be allowed.

529. Resident Treatment for Drug or Alcohol Abuse - When the Director of Welfare authorizes payment for room and board, and personal incidentals in amounts as specified in Section 336.4(d), the payment shall be considered as inclusive of all goods and services which are supplied without added cost to non-public assistance recipients.

530. PROCEDURE FOR PAYMENT OF MEDICAL BILLS

531. Determination of Medicaid Rate

531.1 MWD Responsibility - The MWD shall submit bills received from providers of health services, or requests for authorized fee levels, to the DPW/BMA. Such bills and/or requests should be submitted on official Medicaid vendor voucher forms which all providers servicing Medicaid recipients utilize. The forms must contain the following: signature of the vendor and client, date, and description of the commodity delivered or service rendered with full Medicaid product and procedure codes.

(a) Bills/requests shall include age of the patient, diagnosis, and whether or not he/she is receiving disability insurance benefits. The signature of the MWD director, preceded by the words "approved by" is required on the bottom or on the reverse side of the Medicaid vendor form. This signature may be affixed either before or after submission to DPW/BMA for rate approval but prior to payment.

(b) Medicaid vendor forms not completed in accordance with the above instructions must be accompanied by a Form GA-11, General Assistance Order, properly completed.

(c) In instances of repeated submission of a Medicaid vendor form showing the same client, same vendor, same commodity or service and same price, the MWD may, for audit purposes, attach a photocopy of the previous rate-approved form to each resubmittal in lieu of submission to DPW/BMA as required above.

531.2 State Responsibility - It is the responsibility of the DPW/BMA to authorize appropriate rates in accordance with those established by the State Medicaid Program insofar as feasible. The DPW/BMA will return disapproved any voucher submitted from a provider who has been deleted for cause from the current list of approved Medicaid providers. Such disapproval will prevent State matching on the payment but will not eliminate any responsibility for payment which the MWD may have incurred by prior authorization.

(a) The DPW/BMA will enter the appropriate fee for each service listed, mark the bill or voucher as approved for amount of payment and return it to the MWD. The MWD shall retain this form in file for audit purposes.

531.3 Notification of Provider - The MWD shall promptly notify the provider of the authorized fee and shall make payment accordingly.

532. Bills Paid by Client or on Behalf of Client - Medical bills which have been paid by the client or on his/her behalf are not subject to reimbursement by the MWD.

532.1 See Sections 513.7, 521.2 and 528 regarding Medicare.

533. Liability of Recipient - In the event that payment is obtained from a third party by or for any client for whom the MWD has made medical payments under this chapter, the welfare agency shall have the right to recover such payment from the beneficiary.

540. TRAVEL COSTS FOR HEALTH CARE - The Director of Welfare shall authorize payment for travel costs necessary for the receipt of health services, provided that such transportation is not otherwise available without cost.

541. Method of Payment - To the extent possible, such services shall be purchased directly from the vendor.

541.1 Payment to the Recipient - Payment may be made directly to the recipient when prior authorization for the expenditure has been obtained from the MWD.

SUPERSEDED

528. Medicare Program - Persons eligible for Medicare Part B (medical insurance) benefits must have health care services billed to the appropriate carrier (Prudential Insurance Company or Hospital Service Plan of New Jersey) by the practitioner or other provider before submitting bills to the MWD for consideration. Recipients eligible for Medicare Part B benefits shall submit the statement, "Explanation of Benefits", from the Medicare carrier before the MWD determines if additional payment may be allowed.

530. PROCEDURE FOR PAYMENT OF MEDICAL BILLS

531. Determination of Medicaid Rate

531.1 MWD Responsibility - The MWD shall submit bills received from providers of health services, or requests for authorized fee levels, to the DPW/BMA. Such bills and/or requests should be submitted on official Medicaid vendor voucher forms which all providers servicing Medicaid recipients utilize. The forms must contain the following: signature of the vendor and client, date, and description of the commodity delivered or service rendered with full Medicaid product and procedure codes.

(a) Bills/requests shall include age of the patient, diagnosis, and whether or not he/she is receiving disability insurance benefits. The signature of the MWD director, preceded by the words "approved by" is required on the bottom or on the reverse side of the Medicaid vendor form. This signature may be affixed either before or after submission to DPW/BMA for rate approval but prior to payment.

(b) Medicaid vendor forms not completed in accordance with the above instructions must be accompanied by a Form GA-11, General Assistance Order, properly completed.

(c) In instances of repeated submission of a Medicaid vendor form showing the same client, same vendor, same commodity or service and same price, the MWD may, for audit purposes, attach a photocopy of the previous rate-approved form to each resubmittal in lieu of submission to DPW/BMA as required above.

531.2 State Responsibility - It is the responsibility of the DPW/BMA to authorize appropriate rates in accordance with those established by the State Medicaid Program insofar as feasible. The DPW/BMA will return disapproved any voucher submitted from a provider who has been deleted for cause from the current list of approved Medicaid providers. Such disapproval will prevent State matching on the payment but will not eliminate any responsibility for payment which the MWD may have incurred by prior authorization.

(a) The DPW/BMA will enter the appropriate fee for each service listed, mark the bill or voucher as approved for amount of payment and return it to the MWD. The MWD shall retain this form in file for audit purposes.

531.3 Notification of Provider - The MWD shall promptly notify the provider of the authorized fee and shall make payment accordingly.

532. Bills Paid by Client or on Behalf of Client - Medical bills which have been paid by the client or on his/her behalf are not subject to reimbursement by the MWD.

532.1 See Sections 513.7, 521.2 and 528 regarding Medicare.

533. Liability of Recipient - In the event that payment is obtained from a third party by or for any client for whom the MWD has made medical payments under this chapter, the welfare agency shall have the right to recover such payment from the beneficiary.

540. TRAVEL COSTS FOR HEALTH CARE - The Director of Welfare may authorize payment for travel costs necessary for the receipt of health services, provided that such transportation is not otherwise available without cost.

541. Method of Payment - To the extent possible, such services shall be purchased directly from the vendor.

541.1 Payment to the Recipient - Payment may be made directly to the recipient when prior authorization for the expenditure has been obtained from the MWD.

528. Medicare Program - Persons eligible for Medicare Part B (medical insurance) benefits must have health care services billed to the appropriate carrier (Prudential Insurance Company or Hospital Service Plan of New Jersey) by the practitioner or other provider before submitting bills to the MWD for consideration. Recipients eligible for Medicare Part B benefits shall submit the statement, "Explanation of Benefits", from the Medicare carrier before the MWD determines if additional payment may be allowed.

530. PROCEDURE FOR PAYMENT OF MEDICAL BILLS

531. Determination of Medicaid Rate

531.1 MWD Responsibility-The MWD shall submit bills received from providers of health services, or requests for authorized fee levels, to the DPW/BMA. Such bills and/or requests must be itemized regarding the specific services rendered and should be submitted on official Medicaid vendor voucher forms which all providers servicing Medicaid recipients utilize.

(a) Bills/requests shall include age of the patient, diagnosis, whether or not he/she is receiving disability insurance benefits and the Medicaid Code or procedure.

531.2 State Responsibility - It is the responsibility of the DPW/BMA to authorize appropriate rates in accordance with those established by the State Medicaid Program insofar as feasible. The DPW/BMA will return disapproved any voucher submitted from a provider who has been deleted for cause from the current list of approved Medicaid providers. Such disapproval will prevent State matching on the payment but will not eliminate any responsibility for payment which the MWD may have incurred by prior authorization.

(a) The DPW/BMA will enter the appropriate maximum fee for each service listed, and will sign and return the bill or voucher to the MWD. The MWD shall retain this signed form in the file for audit purposes.

531.3 Notification of Provider

The MWD shall promptly notify the provider of the authorized fee and shall make payment accordingly.

532. Bills Paid by Client or on Behalf of Client

Medical bills which have been paid by the client or on his/her behalf are not subject to reimbursement by the MWD.

532.1 See Sections 513.7, 521.2 and 528 regarding Medicare.

533. Liability of Recipient - In the event that payment is obtained from a third party by or for any client for whom the MWD has made medical payments under this chapter, the welfare agency shall have the right to recover such payment from the beneficiary.

540. TRAVEL COSTS FOR HEALTH CARE - The Director of Welfare may authorize payment for travel costs necessary for the receipt of health services, provided that such transportation is not otherwise available without cost.

541. Method of Payment - To the extent possible, such services shall be purchased directly from the vendor.

541.1 Payment to the Recipient - Payment may be made directly to the recipient when prior authorization for the expenditure has been obtained from the MWD.

542. Maximum Rate - Payment shall not exceed the Medicaid rate when appropriate, or the most reasonable rate for which service may be obtained.

10:85-5.8 (continued)

(d) Recipient identification: Participating pharmacies have been instructed to obtain an authorization number before dispensing a product to a GA recipient. This is a 10-digit number, the first four of which were entered by the MWD. The last six digits are those of the agency-assigned case number preceded by zeroes, if necessary, to fill all spaces. Pharmacies may obtain the last part of the number through either one or a combination of the following two ways at the option of the agency:

1. Telephone: The pharmacy will contact a MWD representative by telephone prior to dispensing the prescription. The person providing the authorization (which includes provision of the four-digit municipality code and six-digit (maximum) case number) shall record the date of authorization, the recipient's name and case number, and his/her own name as the official authorizing the service next to the applicable MC-24 serial number on the Form GA-20A maintained for that pharmacy. Agencies using this method only must maintain procedures whereby pharmacies can obtain authorizations outside of agency business hours.

2. Validation cards: The recipient presents a current validation card to the pharmacist who completes the transaction without additional contact with the agency. Agencies using this method must supply a card to each recipient at each opening or reopening of a case and at least monthly thereafter with dates such as to ensure validity throughout all periods of assistance eligibility. With this method, the agency will complete the GA-20A record, except for the name of the official authorizing service and date authorization was provided, upon receipt of the detailed statement provided by Blue Cross (see N.J.A.C. 10:85-6.8(b)). The size and layout of the validation card are optional with the agency. Each card must contain as a minimum:

   i. Name, address, phone number and four-digit municipality code of the agency.

   ii. First and last name(s) of client(s) for whom card applies.

   iii. Six-digit (maximum) case number.

   iv. Expiration date.

   v. Notice to client as follows: This validation form indicates eligibility for General Assistance benefits and is to be presented to the pharmacist when having a prescription filled.

   vi. Notice to pharmacist as follows: Please complete MC-24 (green) General Assistance Prescription Claim Form according to Medicaid policies and procedures and forward to Blue Cross for payment.

10:85-5.8 (continued)

(e) Payment: The MWD will make no payment directly to a pharmacy for any prescription charge other than those for medical supplies or equipment. Payment at the Medicaid rate will be made by Blue Cross and reported and charged as described in N.J.A.C. 10:85-6.8(d).

10:85-5.5(a) (continued)

2. Maximum rate: Payment shall not exceed the Medicaid rate when appropriate, or the most reasonable rate for which service may be obtained.

10:85-5.6 Medical care for recipients with chronic renal failure

(a) Most patients with chronic renal failure requiring dialysis or transplantation are eligible for Medicare coverage the first day of the third month following the first dialysis treatment, or immediately upon hospitalization for transplantation. Medicare provides payment for the hospitalization. Medicare Part B must be purchased to provide payment for 80 percent of the cost of outpatient care, including dialysis treatment. Drugs not prescribed as part of the dialysis treatment are not eligible for payment by Medicare.

1. Responsibility of other agencies: It is the responsibility of the administrator or coordinator of the dialysis unit to initiate the application for Medicare and to contact all other possible resources. These include: the Social Security Administration for DIB and/or SSI benefits; the county welfare agency for "Medicaid Only", Medical Assistance for the Aged (MAA) and transportation, and the Division of Medical Assistance and Health Services for Pharmaceutical Assistance to the Aged (PAA).

   i. PAA applications can be obtained from county offices on aging, local Medicaid offices, county welfare agencies and local pharmacies.

2. MWD responsibility: When utilization of benefits from other sources leaves a medical cost deficit, the municipal welfare director will determine eligibility for hospitalization payment through General Assistance, if needed, in accordance with N.J.A.C. 10:85-5.2. The MWD will determine eligibility for payment for other medical costs, if needed, in accordance with N.J.A.C. 10:85-5.3 with due regard for the medically needy provisions of N.J.A.C. 10:85-3.3(g)1. Maximum fees will be determined by DPW/BMA in accordance with N.J.A.C. 10:85-5.3(b)2.

   i. Written verification: As part of the application process for assistance for individuals with chronic renal failure, the municipal welfare director must obtain, from the administrator of the dialysis unit, written verification that the patient's eligibility for any or all of the above resources has been explored.

10:85-5.7 SSI application pending

(a) In situations where inpatient hospital care or care in a long term care facility is required by an eligible person whose SSI application is pending, the MWD will assure the provider of payment in accordance with all regulations in this chapter. Such payment will, however, be withheld during the period in which the SSI application is pending. The MWD shall authorize payment of all other medical expenses as for other GA recipients.

(b) Payment following SSI determination: If the application is approved, the withheld payments will be made through the Medical Assistance (Medicaid) program on a retroactive basis. If the application is denied, the MWD shall promptly make payment for the costs incurred during the pending period, such payments being eligible for reimbursement to the same extent as other medical payments.

10:85-5.8 Pharmaceutical payments through DMAHS

(a) Prescription bills, except for medical supplies and equipment, incurred on behalf of recipients in certain municipalities will be processed through the New Jersey Division of Medical Assistance and Health Services (DMAHS). The municipalities involved (and four-digit codes for each) are listed in N.J.A.C. 10:85-5.9.

(b) General operation: A General Assistance recipient who requires a pharmaceutical product will take his/her prescription to a Medicaid participating pharmacy. The pharmacist will procure an authorization number (see (d) below), complete Form MC-24, and supply the product. Payment will be as provided in (e) below.

(c) Form MC-24, GA prescription claim form: Each MWD will maintain in a secure location a supply of Form MC-24. Forms are available from the Bureau of Management Services, Division of Public Welfare. The MWD will enter its four-digit municipality code in the first four of the ten blocks over "Patient's First Name" on each form upon receipt and record the receipt of the serially numbered forms on a MC-24 Record Log (Form GA-20). The MWD will supply forms without charge to pharmacies which provide services to GA recipients, recording on a separate MC-24 Control Log (Form GA-20A), the serial numbers of forms supplied to each pharmacy.

(d) Recipient identification: Participating pharmacies have been instructed to obtain an authorization number before dispensing a product to a GA recipient. This is a 10-digit number, the first four of which were entered by the MWD. The last six digits are those of the agency-assigned case number preceded by zeroes, if necessary, to fill all spaces. Pharmacies may obtain the last part of the number through either one or a combination of the following two ways at the option of the agency:

542. Maximum Rate - Payment shall not exceed the Medicaid rate when appropriate, or the most reasonable rate for which service may be obtained.

550. MEDICAL CARE FOR RECIPIENTS WITH CHRONIC RENAL FAILURE - Most patients with chronic renal failure requiring dialysis or transplantation are eligible for Medicare coverage the first day of the third month following the first dialysis treatment, or immediately upon hospitalization for transplantation. Medicare provides payment for the hospitalization. Medicare Part B must be purchased to provide payment for 80% of the cost of outpatient care, including dialysis treatment. Drugs not prescribed as part of the dialysis treatment are not eligible for payment by Medicare.

551. Responsibility of Other Agencies - It is the responsibility of the administrator or coordinator of the dialysis unit to initiate the application for Medicare and to contact all other possible resources. These include: the Social Security Administration for DIB and/or SSI benefits; the county welfare agency for "Medicaid Only", Medical Assistance for the Aged (MAA) and transportation, the State Department of Health for the Renal Disease Program and the Division of Medical Assistance and Health Services for Pharmaceutical Assistance to the Aged (PAA).

(a) PAA applications can be obtained from county offices on aging, local Medicaid offices, county welfare agencies and local pharmacies.

552. MWD Responsibility - When utilization of benefits from other sources leaves a medical cost deficit, the municipal welfare director will determine eligibility for hospitalization payment through General Assistance, if needed, in accordance with Section 510 and its subsections. The MWD will determine eligibility for payment for other medical costs, if needed, in accordance with Section 520 and its subsections with due regard for the medically needy provisions of Section 337.1. Maximum fees will be determined by DPW/BMA in accordance with Section 521.2.

552.1 Written Verification - As part of the application process for assistance for individuals with chronic renal failure, the municipal welfare director must obtain, from the administrator of the dialysis unit, written verification that the patient's eligibility for any or all of the above resources has been explored.

560. SSI APPLICATION PENDING - In situations where inpatient hospital care or care in a long term care facility is required by an eligible person whose SSI application is pending, the MWD will assure the provider of payment in accordance with all regulations in this chapter. Such payment will, however, be withheld during the period in which the SSI application is pending. The MWD shall authorize payment of all other medical expenses as for other GA recipients.

561. Payment Following SSI Determination - If the application is approved, the withheld payments will be made through the Medical Assistance (Medicaid) program on a retroactive basis. If the application is denied, the MWD shall promptly make payment for the costs incurred during the pending period, such payments being eligible for reimbursement to the same extent as other medical payments.

570. PHARMACEUTICAL PAYMENTS THROUGH DMAHS - Prescription bills, except for medical supplies and equipment, incurred on behalf of recipients in certain municipalities will be processed through the New Jersey Division of Medical Assistance and Health Services (DMAHS). The municipalities involved (and 4 digit codes for each) are listed in Section 580.

571. General Operation

A General Assistance recipient who requires a pharmaceutical product will take his/her prescription to a Medicaid participating pharmacy. The pharmacist will procure an authorization number (see Section 573), complete Form MC-24, and supply the product. Payment will be as provided in Section 574.

572. Form MC-24, GA Prescription Claim Form

Each MWD will maintain in a secure location a supply of Form MC-24. Forms are available from the Bureau of Management Services, Division of Public Welfare. The MWD will enter its 4 digit municipality code in the first four of the ten blocks over "Patient's First Name" on each form upon receipt and record the receipt of the serially numbered forms on a MC-24 Record Log (Form GA-20). The MWD will supply forms without charge to pharmacies which provide services to GA recipients, recording on a separate MC-24 Control Log (Form GA-20A), the serial numbers of forms supplied to each pharmacy.

573. Recipient Identification

Participating pharmacies have been instructed to obtain an authorization number before dispensing a product to a GA recipient. This is a ten digit number, the first four of which were entered by the MWD. The last six digits are those of the agency-assigned case number preceded by zeroes, if necessary, to fill all spaces. Pharmacies may obtain the last part of the number through either one or a combination of the following two ways at the option of the agency:

542. Maximum Rate - Payment shall not exceed the Medicaid rate when appropriate, or the most reasonable rate for which service may be obtained.

550. MEDICAL CARE FOR RECIPIENTS WITH CHRONIC RENAL FAILURE - Most patients with chronic renal failure requiring dialysis or transplantation are eligible for Medicare coverage the first day of the third month following the first dialysis treatment, or immediately upon hospitalization for transplantation. Medicare provides payment for the hospitalization. Medicare Part B must be purchased to provide payment for 80% of the cost of outpatient care, including dialysis treatment. Drugs not prescribed as part of the dialysis treatment are not eligible for payment by Medicare.

551. Responsibility of Other Agencies - It is the responsibility of the administrator or coordinator of the dialysis unit to initiate the application for Medicare and to contact all other possible resources. These include: the Social Security Administration for DIB and/or SSI benefits; the county welfare agency for "Medicaid Only", Medical Assistance for the Aged (MAA) and transportation, the State Department of Health for the Renal Disease Program and the Division of Medical Assistance and Health Services for Pharmaceutical Assistance to the Aged (PAA).

(a) PAA applications can be obtained from county offices on aging, local Medicaid offices, county welfare agencies and local pharmacies.

552. MWD Responsibility - When utilization of benefits from other sources leaves a medical cost deficit, the municipal welfare director will determine eligibility for hospitalization payment through General Assistance, if needed, in accordance with Section 510 and its subsections. The MWD will determine eligibility for payment for other medical costs, if needed, in accordance with Section 520 and its subsections with due regard for the medically needy provisions of Section 337.1. Maximum fees will be determined by DPW/BMA in accordance with Section 521.2.

552.1 Written Verification - As part of the application process for assistance for individuals with chronic renal failure, the municipal welfare director must obtain, from the administrator of the dialysis unit, written verification that the patient's eligibility for any or all of the above resources has been explored.

560. SSI APPLICATION PENDING - In situations where in-patient hospital care or care in a long term care facility is required by an eligible person whose SSI application is pending, the MWD will assure the provider of payment in accordance with all regulations in this chapter. Such payment will, however, be withheld during the period in which the SSI application is pending. The MWD shall authorize payment of all other medical expenses as for other GA recipients.

561. Payment Following SSI Determination - If the application is approved, the withheld payments will be made through the Medical Assistance (Medicaid) program on a retroactive basis. If the application is denied, the MWD shall promptly make payment for the costs incurred during the pending period, such payments being eligible for reimbursement to the same extent as other medical payments.

542. Maximum Rate - Payment shall not exceed the Medicaid rate when appropriate, or the most reasonable rate for which service may be obtained.

550. MEDICAL CARE FOR RECIPIENTS WITH CHRONIC RENAL FAILURE - Most patients with chronic renal failure requiring dialysis or transplantation are eligible for Medicare coverage the first day of the third month following the first dialysis treatment, or immediately upon hospitalization for transplantation. Medicare provides payment for the hospitalization. Medicare Part B must be purchased to provide payment for 80% of the cost of outpatient care, including dialysis treatment. Drugs not prescribed as part of the dialysis treatment are not eligible for payment by Medicare.

551. Responsibility of Other Agencies - It is the responsibility of the administrator or coordinator of the dialysis unit to initiate the application for Medicare and to contact all other possible resources. These include: the Social Security Administration for DIB and/or SSI benefits; the county welfare agency for "Medicaid Only", Medical Assistance for the Aged (MAA) and transportation, the State Department of Health for the Renal Disease Program and the Division of Medical Assistance and Health Services for Pharmaceutical Assistance to the Aged (PAA).

(a) PAA applications can be obtained from county offices on aging, local Medicaid offices, county welfare agencies and local pharmacies.

552. MWD Responsibility - When utilization of benefits from other sources leaves a medical cost deficit, the municipal welfare director will determine eligibility for hospitalization payment through General Assistance, if needed, in accordance with Section 510 and its sub-sections. The MWD will determine eligibility for payment for other medical costs, if needed, in accordance with Section 520 and its subsections with due regard for the medically needy provisions of Section 337.1. Maximum fees will be determined by DPW/BMA in accordance with Section 521.2.

552.1 Written Verification - As part of the application process for assistance for individuals with chronic renal failure, the municipal welfare director must obtain, from the administrator of the dialysis unit, written verification that the patient's eligibility for any or all of the above resources has been explored.

573.1 Telephone - The pharmacy will contact a MWD representative by telephone prior to dispensing the prescription. The person providing the authorization (which includes provision of the 4 digit municipality code and 6 digit (maximum) case number) shall record the date of authorization, the recipient's name and case number, and his/her own name as the official authorizing the service next to the applicable MC-24 serial number on the Form GA-20A maintained for that pharmacy. Agencies using this method only must maintain procedures whereby pharmacies can obtain authorizations outside of agency business hours.

573.2 Validation Cards - The recipient presents a current validation card to the pharmacist who completes the transaction without additional contact with the agency. Agencies using this method must supply a card to each recipient at each opening or reopening of a case and at least monthly thereafter with dates such as to ensure validity throughout all periods of assistance eligibility. With this method, the agency will complete the GA-20A record, except for the name of the official authorizing service and date authorization was provided, upon receipt of the detailed statement provided by Blue Cross (see Section 681). The size and layout of the validation card are optional with the agency. Each card must contain as a minimum:

(a) Name, address, phone number and 4 digit municipality code of the agency.

(b) First and last name(s) of client(s) for whom card applies.

(c) Six digit (maximum) case number.

(d) Expiration date.

(e) Notice to client as follows:

This validation form indicates eligibility for General Assistance benefits and is to be presented to the pharmacist when having a prescription filled.

(f) Notice to pharmacist as follows:

Please complete MC-24 (green) General Assistance Prescription Claim Form according to Medicaid policies and procedures and forward to Blue Cross for payment.

SUPERSEDED

574. Payment

The MWD will make no payment directly to a pharmacy for any prescription charge other than those for medical supplies or equipment. Payment at the Medicaid rate will be made by Blue Cross and reported and charged as described in Section 683.

580. LIST OF MWDs (AND FOUR DIGIT CODES) PARTICIPATING IN THE PROCESSING OF PHARMACEUTICAL PAYMENTS BY DMAHS

MUNICIPALITY	COUNTY	CODE
Asbury Park	Monmouth	5384
Atlantic City	Atlantic	5002
Barnegat	Ocean	5491
Bayonne	Hudson	5286
Bridgeton	Cumberland	5211
Burlington City	Burlington	5705
Burlington Township	Burlington	5706
Camden	Camden	5748
Deptford	Gloucester	5257
Dover	Ocean	5498
East Orange	Essex	5235
Edison	Middlesex	5355
Elizabeth	Union	5629
Englewood	Bergen	5042
Franklin Township	Somerset	5578
Hamilton Township	Mercer	5338
Harrison	Hudson	5289
Hazlet Township	Monmouth	5398
Hoboken	Hudson	5290
Howell	Monmouth	5401
Irvington	Essex	5239
Jackson	Ocean	5502
Jersey City	Hudson	5291
Keansburg	Monmouth	5403
Kearny	Hudson	5292
Lakewood	Ocean	5505
Lincoln Park	Morris	5456
Linden	Union	5634
Lindenwold	Camden	5762
Long Branch	Monmouth	5407
Millville	Cumberland	5220
Montclair	Essex	5243
Neptune Township	Monmouth	5415
Newark	Essex	5244
New Brunswick	Middlesex	5363
North Bergen	Hudson	5293
Old Bridge	Middlesex	5365
Orange City	Essex	5247

580. LIST OF MWDs (AND FOUR DIGIT CODES) PARTICIPATING IN THE PROCESSING OF PHARMACEUTICAL PAYMENTS BY DMAHS (cont'd)

MUNICIPALITY	COUNTY	CODE
Passaic City	Passaic	5537
Paterson	Passaic	5538
Perth Amboy	Middlesex	5366
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610. STATUTORY AUTHORITY - Under the provisions of N.J.S.A. 44:8-111, the Commissioner is empowered to make and to enforce rules and regulations governing the provision of General Assistance.

Further, N.J.S.A. 44:8-112 provides that the Commissioner may require keeping of records and submission of reports, investigate the administration of public assistance within each municipality, and withhold payment of State aid from municipalities which neglect to keep such records, make such reports, or fail to comply with the standards and requirements prescribed by the Department of Human Services or applicable provisions of the law.

611. Qualifications for State Aid - In accordance with the foregoing authority, this chapter sets forth the fiscal regulations, procedures and policies which must be uniformly observed in the administration of General Assistance by municipalities in order to qualify for State aid.

620. STATE FINANCIAL PARTICIPATION - The amount of State aid for General Assistance which an approved municipality may receive shall equal 75% of the amount of municipal funds expended and approved for public assistance. The amount of such State aid shall be exclusive of any costs incurred in the administration of the program. Funds provided to the municipality through any other State financial assistance program, through any federal program or through the county government, either directly or indirectly, may not be used to make up the 25% local share of public assistance expenditures.

630. PUBLIC ASSISTANCE TRUST FUND ACCOUNT (See Section 231) - The law provides that every payment made to a municipality as State aid for General Assistance, including all monies received as a refund or in restitution of any year's assistance expenditures, shall be made payable to the treasurer (but not by name) of the municipality and deposited by him/her in the Public Assistance Trust Fund Account.

631. Calendar-Year Continuation of Trust Fund Account - A municipality which has received State aid in the year last preceding shall not close out its Public Assistance Trust Fund Account at the end of that calendar year. Municipalities which have filed with the Division of Public Welfare reports of commitments (Form GA-6) made by them for assistance during the year last preceding, in anticipation of receiving State aid in succeeding years, shall maintain existing Public Assistance Trust Fund Accounts in order to qualify for State aid. Such accounts and any balance used for public assistance only, exclusive of administrative costs, shall be carried over to the next calendar year.

632. Non-transferability of Funds - Under no circumstances shall payments made to a municipality as State aid for General Assistance in the current year or in prior years be deposited or transferred to the municipal current account or used for any purpose other than public assistance grants exclusive of administrative costs. Likewise, no municipality which receives State aid shall transfer any part of its current year's municipal budget appropriation to any other account or appropriation or use it for any purpose other than public assistance grants exclusive of administrative costs. Transfer of surpluses arising from municipal appropriations in prior years is not barred by this regulation.

633. Deposit of Refunds and Receipts - All payments received by a municipal welfare department or any other municipal department from or on behalf of current or former recipients shall be deposited in the "Public Assistance Trust Fund Account" and duly accounted for on a monthly basis.

633.1 Preparation of Statement of Refunds and Receipts - Each municipal welfare department is required to prepare a Statement of General Assistance Refunds and Receipts (Form GA-12). Refunds are separated according to items eligible and ineligible for State participation. Form GA-12 shall be prepared in triplicate; the original shall be submitted to the auditor for the Bureau of Business Services, Division of Public Welfare, during his/her examination of the General (Public) Assistance Accounts;

600. FISCAL PROCEDURES

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630. PUBLIC ASSISTANCE TRUST FUND ACCOUNT (See Section 230) - The law provides that every payment made to a municipality as State aid for General Assistance, including all monies received as a refund or in restitution of any year's assistance expenditures, shall be made payable to the treasurer (but not by name) of the municipality and deposited by him/her in the Public Assistance Trust Fund Account. All checks drawn on the Public Assistance Trust Fund Account shall be issued by the treasurer or authorized official for payment of General Assistance, exclusive of administrative costs.

631. Calendar-Year Continuation of Trust Fund Account - A municipality which has received State aid in the year last preceding shall not close out its Public Assistance Trust Fund Account at the end of that calendar year. Municipalities which have filed with the Division of Public Welfare reports of commitments (Form GA-6) made by them for assistance during the year last preceding, in anticipation of receiving State aid in succeeding years, shall maintain existing Public Assistance Trust Fund Accounts in order to qualify for State aid. Such accounts and any balance used for public assistance only, exclusive of administrative costs, shall be carried over to the next calendar year.

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600. FISCAL PROCEDURES

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Further, N.J.S.A. 44:8-112 provides that the Commissioner may require keeping of records and submission of reports, investigate the administration of public assistance within each municipality, and withhold payment of State aid from municipalities which neglect to keep such records, make such reports, or fail to comply with the standards and requirements prescribed by the Department of Human Services or applicable provisions of the law.

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630. PUBLIC ASSISTANCE TRUST FUND ACCOUNT (continued)

631. Calendar-Year Continuation of Trust Fund Account - A municipality which has received State aid in the year last preceding shall not close out its Public Assistance Trust Fund Account at the end of that calendar year. Municipalities which have filed with the Division of Public Welfare reports of commitments (Form GA-6) made by them for assistance during the year last preceding, in anticipation of receiving State aid in succeeding years, shall maintain existing Public Assistance Trust Fund Accounts in order to qualify for State aid. Such accounts and any balance used for public assistance only, exclusive of administrative costs, shall be carried over to the next calendar year.

632. Non-transferability of Funds - Under no circumstances shall payments made to a municipality as State aid for general assistance, or any balance remaining after all costs for the assistance year have been paid or provided for, be deposited or transferred to the municipal current account or used for any purpose other than public assistance, exclusive of administrative costs.

633. Deposit of Refunds and Receipts - All payments received by a municipal welfare department or any other municipal department from or on behalf of current or former recipients shall be deposited in the "Public Assistance Trust Fund" and duly accounted for on a monthly basis.

633.1 Preparation of Statement of Refunds and Receipts - Each municipal welfare department is required to prepare a Statement of General Assistance Refunds and Receipts (Form GA-12). Refunds are separated according to items eligible and ineligible for State participation. Form GA-12 shall be prepared in triplicate; the original shall be submitted to the auditor for the Bureau of Business Services, Division of Public Welfare, during his/her examination of the General (Public) Assistance Accounts;

633.1 Preparation of Statement of Refunds and Receipts (continued)

the duplicate retained by the municipal welfare department; and the third copy sent to the chief financial officer of the municipality.

633.2 Adjustment of State Reimbursement - Following the DPW's receipt of Form GA-12 at the close of each calendar year, appropriate adjustment is made to State reimbursement for committed refunds received during the year. Failure to submit reports will be deemed sufficient cause to withhold State aid in the future.

634. Disbursements from Account - Disbursements may be made from the Public Assistance Trust Fund Account only for payment of public assistance costs, exclusive of administrative costs. Disbursements will be made on the authority of the municipal treasurer or other authorized official.

634.1 Types of Disbursements Authorized - Disbursements from this account are limited to:

(a) Direct payment to eligible clients;

(b) Direct payment to vendors for goods and/or services provided to or on behalf of eligible clients which are made after specific authorization by the municipal welfare director; and

(c) Payment to establish or replenish the Public Assistance Petty Cash Fund Account.

Disbursements from this account to another municipal account are prohibited without the written approval of the Director, Division of Public Welfare.

634.2 Promptness of Payment - Those municipalities which issue checks in direct payment of assistance to eligible persons shall arrange their fiscal procedures so as to result in the delivery of all initial and regular checks on the first day of each period of eligibility and the delivery of replacement checks which are issued in accordance with Section 233 within the time period required in that section. (See Section 410 for periods of eligibility.)

10:85-6.4 Fiscal and statistical reporting requirements

(a) General completion and submittal requirements: Forms described below shall be completed and either submitted to the Division of Public Welfare, as indicated, or retained by each municipality approved to receive State aid in the General Assistance program. Use of the forms described herein is required.

1. Application Register (Form GA-7): Each application shall be entered on the Application Register (Form GA-7) and shall be maintained by the MWD on an updated basis. The Application Register is subject to review by representatives of the Division of Public Welfare.

2. Report of Assistance Commitments (Form GA-6): Form GA-6, accompanied by Form GA-6A, will be submitted on a monthly basis to the DPW/BBS within ten days after the end of the assistance month. Cases are to be listed in sequential order according to case number. The list will include all cases for which assistance was granted during the calendar month of the report and for which the reporting municipality is financially responsible. It will include cases for which payments were made to medical facilities whether or not serviced by another municipality in accordance with N.J.A.C. 10:85-3.2(f)1 but shall not include any cases being serviced for another municipality. Payment for medical goods and/or services are to be reported on the Form GA-6 for the month in which the payments are actually made, date of authorization or commitment notwithstanding. Column 1-C (Social Security number) must be completed in the months of January, April, July and October.

3. Statistical summary (Form GA-6A):

   i. Form GA-6A is a summary of data contained on Forms GA-6 and GA-7. Items on all forms, (that is, GA-6, GA-6A and GA-7) must correspond for use in computing other statistical data. Section VI of Form GA-6A must include information on the monthly total numbers and costs of salaried employees related solely to the administration of the General Assistance program regardless of the source of funds;

   ii. All information supplied refers to the assistance month or, when applicable, to data derived from the month immediately preceding;

   iii. The "Certification of Director of Welfare" section of Form GA-6A shall be signed by the director of welfare before submittal to State Division.

10:85-6.4(a) (continued)

4. Hospitalization Report for Assistance Month (Form GA-6C): The record of payment for inpatient hospital care (payable upon receipt of patient's bill) for cases as listed on Form GA-6 (see (a)2 above) shall be summarized on Form GA-6C, prepared in triplicate and distributed as follows (record only after payment has been made by the MWD):

   i. The original is submitted to DPW/BBS monthly and must accompany the commitment report Form GA-6;

   ii. The duplicate copy is retained for municipal welfare department files;

   iii. An additional copy(ies) is forwarded to the hospital(s) providing service.

633.1 Preparation of Statement of Refunds and Receipts (continued)

the duplicate retained by the municipal welfare department; and the third copy sent to the chief financial officer of the municipality.

633.2 Adjustment of State Reimbursement - Following the DPW's receipt of Form GA-12 at the close of each calendar year, appropriate adjustment is made to State reimbursement for committed refunds received during the year. Failure to submit reports will be deemed sufficient cause to withhold State aid in the future.

634. Disbursements from Account - Disbursements may be made from the Public Assistance Trust Fund Account only for payment of public assistance costs, exclusive of administrative costs. Disbursements will be made on the authority of the municipal treasurer or other authorized official.

634.1 Types of Disbursements Authorized - Disbursements from this account are limited to:

(a) Direct payment to eligible clients;

(b) Direct payment to vendors for goods and/or services provided to or on behalf of eligible clients which are made after specific authorization by the municipal welfare director; and

(c) Payment to establish or replenish the Public Assistance Petty Cash Fund Account.

Disbursements from this account to another municipal account are prohibited without the written approval of the Director, Division of Public Welfare.

634.2 Promptness of Payment - Those municipalities which issue checks in direct payment of assistance to eligible persons shall arrange their fiscal procedures so as to result in the delivery of all initial and regular checks on the first day of each period of eligibility and delivery of replacement checks which are issued in accordance with Section 233 within the time period required in that section.

640. FISCAL AND STATISTICAL REPORTING REQUIREMENTS

641. General Completion and Submittal Requirements - Forms described below shall be completed and either submitted to the Division of Public Welfare, as indicated, or retained by each municipality approved to receive State aid in the General Assistance program. Use of the forms described herein is required.

641.1 Application Register (Form GA-7) - Each application shall be entered on the Application Register (Form GA-7) and shall be maintained by the MWD on an updated basis. The Application Register is subject to review by representatives of the Division of Public Welfare.

641.2 Report of Assistance Commitments (Form GA-6) - Form GA-6, accompanied by Form GA-6A, will be submitted on a monthly basis to the DPW/BBS within 10 days after the end of the assistance month. Cases are to be listed in sequential order according to case number.

(a) The list will include all cases for which assistance was granted during the calendar month of the report and for which the reporting municipality is financially responsible. It will include cases for which payments were made to medical facilities whether or not serviced by another municipality in accordance with Section 326.1 but shall not include any cases being serviced for another municipality.

640. FISCAL AND STATISTICAL REPORTING REQUIREMENTS

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641.3 Statistical Summary (Form GA-6A)

(a) Form GA-6A is a summary of data contained on Forms GA-6 and GA-7. Items on all forms, (i.e., GA-6, GA-6A, and GA-7) must correspond for use in computing other statistical data.

(b) All information supplied refers to the assistance month or, when applicable, to data derived from the month immediately preceding.

(c) The "Certification of Director of Welfare" section of Form GA-6A shall be signed by the Director of Welfare before submittal to State Division.

641.4 Hospitalization Report for Assistance Month (Form GA-6C) - The record of payment for inpatient hospital care (payable upon receipt of patient's bill) for cases as listed on Form GA-6 (see Section 641.2) shall be summarized on Form GA-6C, prepared in triplicate and distributed as follows: (Record only after payment has been made by the MWD).

(a) The original is submitted to DPW/BBS monthly and must accompany the commitment report Form GA-6;

(b) The duplicate copy is retained for municipal welfare department files;

(c) An additional copy(ies) is forwarded to the hospital(s) providing service.

641.3 Statistical Summary (Form GA-6A)

(a) Form GA-6A is a summary of data contained on Forms GA-6 and GA-7. Items on all forms, (i.e., GA-6, GA-6A, and GA-7) must correspond for use in computing other statistical data.

(b) All information supplied refers to the assistance month or, when applicable, to data derived from the month immediately preceding.

(c) The "Certification of Case Eligibility" section of Form GA-6A shall be signed by the Director of Welfare before submittal to State Division.

641.4 Hospitalization Report for Assistance Month (Form GA-6C) - The record of payment for inpatient hospital care (payable upon receipt of patient's bill) for cases as listed on Form GA-6 (see Section 641.2) shall be summarized on Form GA-6C, prepared in triplicate and distributed as follows: (Record only after payment has been made by the MWD).

(a) The original is submitted to DPW/BSS monthly and must accompany the commitment report Form GA-6;

(b) The duplicate copy is retained for municipal welfare department files;

(c) An additional copy(ies) is forwarded to the hospital(s) providing service.

633.1 Preparation of Statement of Refunds and Receipts (continued)

the duplicate retained by the municipal welfare department; and the third copy sent to the chief financial officer of the municipality.

633.2 Adjustment of State Reimbursement - Following the DPW's receipt of Form GA-12 at the close of each calendar year, appropriate adjustment is made to State reimbursement for committed refunds received during the year. Failure to submit reports will be deemed sufficient cause to withhold State aid in the future.

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(a) The list will include all cases for which assistance was granted during the calendar month of the report and for which the reporting municipality is financially responsible. It will include cases for which payments were made to medical facilities whether or not serviced by another municipality in accordance with Section 326.1 but shall not include any cases being serviced for another municipality.

641.3 Statistical Summary (Form GA-6A)

(a) Form GA-6A is a summary of data contained on Forms GA-6 and GA-7. Items on all forms, (i.e., GA-6, GA-6A, and GA-7) must correspond for use in computing other statistical data.

(b) All information supplied refers to the assistance month or, when applicable, to data derived from the month immediately preceding.

(c) The "Certification of Case Eligibility" section of Form GA-6A shall be signed by the Director of Welfare before submittal to State Division.

641.4 Hospitalization Report for Assistance Month (Form GA-6C) - The record of payment for inpatient hospital care (payable upon receipt of patient's bill) for cases as listed on Form GA-6 (see Section 641.2) shall be summarized on Form GA-6C, prepared in triplicate and distributed as follows: (Record only after payment has been made by the MWD).

(a) The original is submitted to DPW/BSS monthly and must accompany the commitment report Form GA-6;

(b) The duplicate copy is retained for municipal welfare department files;

(c) An additional copy(ies) is forwarded to the hospital(s) providing service.

10:85-6.5 Reimbursement of assistance provided to applicants for SSI

(a) Basis for reimbursement: A contractual agreement between the United States Department of Health, Education, and Welfare and the State of New Jersey provides for reimbursement to the State (that is, Division of Public Welfare) for assistance granted to individuals while eligibility for SSI on the basis of disability, blindness or the attainment of age 65 is being determined. During such time, the SSA/DO may refer such persons to the municipal welfare department for General Assistance.

(b) Referral for assistance: When the SSA/DO refers an individual to the municipal welfare department, such referral will be made on the form entitled Social Security Referral for Services, two copies of which will be given to the applicant to take to the MWD.

1. Action by municipal welfare department: If the application for General Assistance results in denial, the MWD will file both copies of the referral form in the case record and take no further action. If the application for General Assistance is approved, one copy of the referral form will be retained by the MWD in the case record, and the other returned to the SSA/DO with a letter stating that the individual concerned is receiving General Assistance.

(c) Completion of Form GA-30 and GA-30A: When an individual is about to apply or has already applied for SSI, the municipal welfare department will require that he or she sign Form GA-30, Authorization for Reimbursement of General Assistance from Initial SSI Payment and Form GA-30A, Agreement to Repay Assistance from Initial SSI Payment, before granting assistance. These forms pertain to the applicant's obligation to repay the municipal welfare agency for assistance granted while the applicant's SSI application is being processed. The GA-30 is prepared in quadruplicate and forwarded to the Social Security Administration as described in (c)1 below. This form authorizes the Social Security Administration to forward the applicant's initial SSI payment to the State Division so that repayment of assistance may be accomplished. A single copy of Form GA-30A is prepared at the time of application and is retained in the case record. This form contains a repayment agreement which is to be enforced in cases in which, for whatever reason, the initial SSI payment is sent directly to the applicant.

1. Routing of Form GA-30: Reimbursement of assistance thus granted is distributed to municipal welfare departments only when the necessary forms are properly completed and routed in accordance with the following provisions:

10:85-6.5(c)1 (continued)

i. The Form GA-30 shall be prepared in quadruplicate, with the front side of each copy signed by applicant and the reverse side signed by the director of welfare;

ii. The original form shall be promptly submitted to the local SSA/DO by registered mail, so that the first SSI check will be forwarded to the Division of Public Welfare;

iii. The first copy will be sent to the DPW/BBS;

iv. The second copy will be retained by the municipal department of welfare; and

v. The third copy will be given to the SSI applicant.

2. Couples applying for SSI: When both spouses are applying for SSI, separate sets of the GA-30 and the GA-30A must be completed for each individual.

3. In any case in which the retroactive SSI check is sent directly to the client, the MWD will compute the reimbursement due in accordance with (d) below and will seek repayment from the client on the basis of the GA-30A agreement. The GA-30A is to be prepared in duplicate. The client is to receive a copy. The original is to be retained in the agency's file.

(d) Treatment of retroactive SSI award: Since the initial check received by the municipal welfare department through the Division of Public Welfare will cover both the retroactive and initial SSI awards for one eligible person only, deductions when both spouses are involved shall be computed as follows:

10:85-6.5 Reimbursement of assistance provided to applicants for SSI

(a) Basis for reimbursement: A contractural agreement between the United States Department of Health, Education, and Welfare and the State of New Jersey provides for reimbursement to the State (that is, Division of Public Welfare) for assistance granted to individuals while eligibility for SSI on the basis of disability, blindness or the attainment of age 65 is being determined. During such time, the SSA/DO may refer such persons to the municipal welfare department for General Assistance.

(b) Referral for assistance: When the SSA/DO refers an individual to the municipal welfare department, such referral will be made on the form entitled Social Security Referral for Services, two copies of which will be given to the applicant to take to the MWD.

1. Action by municipal welfare department: If the application for General Assistance results in denial, the MWD will file both copies of the referral form in the case record and take no further action. If the application for General Assistance is approved, one copy of the referral form will be retained by the MWD in the case record, and the other returned to the SSA/DO with a letter stating that the individual concerned is receiving General Assistance.

(c) Completion of Form GA-30 and GA-30A: When an individual is about to apply or has already applied for SSI, the municipal welfare department will require that he or she sign Form GA-30, Authorization for Reimbursement of General Assistance from Initial SSI Payment and Form GA-30A, Agreement to Repay Assistance from Initial SSI Payment, before granting assistance.

1. Routing of Form GA-30: Reimbursement of assistance thus granted is distributed to municipal welfare departments only when the necessary forms are properly completed and routed in accordance with the following provisions:

10:85-6.5(c)1 (continued)

i. The Form GA-30 shall be prepared in quadruplicate, with the front side of each copy signed by applicant and the reverse side signed by the director of welfare;

ii. The original form shall be promptly submitted to the local SSA/DO by registered mail, so that the first SSI check will be forwarded to the Division of Public Welfare;

iii. The first copy will be sent to the DPW/BBS;

iv. The second copy will be retained by the municipal department of welfare; and

v. The third copy will be given to the SSI applicant.

2. Couples applying for SSI: When both spouses are applying for SSI, separate sets of the GA-30 and the GA-30A must be completed for each individual. When one spouse is applying for SSI, the other spouse may be included in the SSI application as an "essential person", and only one GA-30 and GA-30A is to be completed.

3. In any case in which the retroactive SSI check is sent directly to the client, the MWD will compute the reimbursement due in accordance with (d) below and will seek repayment from the client on the basis of the GA-30A agreement. The GA-30A is to be prepared in duplicate. The client is to receive a copy. The original is to be retained in the agency's file.

(d) Treatment of retroactive SSI award: Since the initial check received by the municipal welfare department through the Division of Public Welfare will cover both the retroactive and initial SSI awards for one eligible person only, deductions when both spouses are involved shall be computed as follows:

SUPERSEDED

SUPERSEDED

650. REIMBURSEMENT OF ASSISTANCE PROVIDED TO APPLICANTS FOR SSI

651. Basis for Reimbursement - A contractural agreement between the U.S. Department of Health, Education, and Welfare and the State of New Jersey provides for reimbursement to the State (i.e., Division of Public Welfare) for assistance granted to individuals while eligibility for SSI on the basis of disability, blindness or the attainment of age 65 is being determined. During such time, the SSA/DO may refer such persons to the municipal welfare department for general assistance.

652. Referral for Assistance - When the SSA/DO refers an individual to the municipal welfare department, such referral will be made on the form entitled Social Security Referral for Services, two copies of which will be given to the applicant to take to the MWD.

652.1 Action by Municipal Welfare Department - If the application for general assistance results in denial, the MWD will file both copies of the referral form in the case record and take no further action. If the application for general assistance is approved, one copy of the referral form will be retained by the MWD in the case record, and the other returned to the SSA/DO with a letter stating that the individual concerned is receiving general assistance.

653. Completion of Form GA-30 - When an individual is about to apply or has already applied for SSI, the municipal welfare department will require that he/she sign Form GA-30, Authorization for Reimbursement of General Assistance from Initial SSI Payment, before granting assistance.

653.1 Routing of Form GA-30 - Reimbursement of assistance thus granted is distributed to municipal welfare departments only when the necessary forms are properly completed and routed in accordance with the following provisions:

SUPERSEDED

653.1 Routing of Form GA-30 (cont'd)

(a) The Form GA-30 shall be prepared in quadruplicate, with the front side of each copy signed by applicant and the reverse side signed by the Director of Welfare;

(b) The original form shall be promptly submitted to the local SSA/DO by registered mail, so that the first SSI check will be forwarded to the Division of Public Welfare;

(c) the first copy will be sent to the DPW/BBS;

(d) The second copy will be retained by the municipal department of welfare; and

(e) The third copy will be given to the SSI applicant.

653.2 Couples Applying for SSI - When both spouses are applying for SSI, separate sets of the GA-30 must be completed for each individual. When one spouse is applying for SSI, the other spouse may be included in the SSI application as an "essential person", and only one GA-30 is to be completed.

654. Treatment of Retroactive SSI Award - Since the initial check received by the municipal welfare department through the Division of Public Welfare will cover both the retroactive and initial SSI awards for one eligible person only, deductions when both spouses are involved shall be computed as follows:

650. REIMBURSEMENT OF ASSISTANCE PROVIDED TO APPLICANTS FOR SSI

651. Basis for Reimbursement - A contractural agreement between the U.S. Department of Health, Education, and Welfare and the State of New Jersey provides for reimbursement to the State (i.e., Division of Public Welfare) for assistance granted to individuals while eligibility for SSI on the basis of disability, blindness or the attainment of age 65 is being determined. During such time, the SSA/DO may refer such persons to the municipal welfare department for general assistance.

652. Referral for Assistance - When the SSA/DO refers an individual to the municipal welfare department, such referral will be made on the form entitled Social Security Referral for Services, two copies of which will be given to the applicant to take to the MWD.

652.1 Action by Municipal Welfare Department - If the application for general assistance results in denial, the MWD will file both copies of the referral form in the case record and take no further action. If the application for general assistance is approved, one copy of the referral form will be retained by the MWD in the case record, and the other returned to the SSA/DO with a letter stating that the individual concerned is receiving general assistance.

653. Completion of Form GA-30 - When an individual is about to apply or has already applied for SSI, the municipal welfare department will require that he/she sign Form GA-30, Authorization for Reimbursement of Assistance from SSI and Statement by Municipal Director of Welfare, before granting assistance.

653.1 Routing of Form GA-30 - Reimbursement of assistance thus granted is distributed to municipal welfare departments only when the necessary forms are properly completed and routed in accordance with the following provisions:

653.1 Routing of Form GA-30 (continued)

(a) The Form GA-30 shall be prepared in quadruplicate, with each copy signed by applicant and the Director of Welfare;

(b) The original form shall be promptly submitted to the local SSA/DO by registered mail, so that the first SSI check will be forwarded to the Division of Public Welfare;

(c) the first copy will be sent to the DPW/BBS;

(d) The second copy will be retained by the municipal department of welfare; and

(e) The third copy will be given to the SSI applicant.

653.2 Couples Applying for SSI - When both spouses are applying for SSI, separate sets of the GA-30 must be completed for each individual. When one spouse is applying for SSI, the other spouse may be included in the SSI application as an "essential person", and only one GA-30 is to be completed.

654. Treatment of Retroactive SSI Award - Since the initial check received by the municipal welfare department through the Division of Public Welfare will cover both the retroactive and initial SSI awards for one eligible person only, deductions when both spouses are involved shall be computed as follows:

10:85-6.5(d) (continued)

1. Both spouses eligible: When both spouses filed and both are found eligible for SSI, the amount of General Assistance previously granted to each individual is deducted from his/her separate SSI award;

2. One spouse eligible: When both spouses filed and only one is determined eligible, the amount of the eligible person's portion of the General Assistance payment will be deducted from the SSI award.

3. Eligible spouse and essential person: When only one spouse is found eligible and the other spouse is designated as an "essential person", the amount of General Assistance received by both persons will be deducted from the amount of the SSI award.

(e) Rules concerning remittal of balance to clients are:

1. Transmitting letter, Form GA-31: Within five working days of receipt from the Division of Public Welfare of the check covering the SSI award, the municipal welfare department will make the proper deduction for General Assistance expended, excluding any medical payments, since the first day of the first month of SSI eligibility, and shall forward to the client a check equal to the net benefit remaining, if any, together with a letter, Form GA-31, indicating how the amount of the net benefit was computed.

   i. The transmitting letter, Form GA-31, shall advise the client of his/her right to appeal in accordance with the provisions of N.J.A.C. 10:85-7.3 and 7.4 should questions arise concerning the computation.

   ii. A copy of Form GA-31, shall be forwarded to the Division of Public Welfare.

(f) Medical payments: A reimbursement procedure for repayment to the MWD for medical payments has not yet been developed.

10:85-6.6 Establishment of petty cash fund account

(a) The LAB shall request the municipal governing body to establish a General Assistance Petty Cash Fund for use by the municipal department of welfare, unless the MWD is able to make direct payments to clients from the Public Assistance Trust Fund Account.

1. Utilization of Petty Cash Fund Account: Monies in the Petty Cash Fund Account shall be withdrawn by check for direct disbursement to SSI recipients (see N.J.A.C. 10:85-6.5(e)) and/or for direct payment of General Assistance.

2. Application procedure: To establish a Petty Cash Fund, Form GA-32, Application to Establish a Petty Cash Fund for Direct Payment of General Public Assistance, must be completed in triplicate, signed and dated by the clerk of the municipality and submitted to the Director of Local Government Services, P.O. Box 1959, Trenton, New Jersey 08625.

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

      (1) All claims being paid by check will be signed by municipal welfare director, who is the designated custodian of the fund.

      (2) No deposits may be made to this account other than funds transferred from the Public Assistance Trust Fund Account. (Note: SSI checks are deposited in the Trust Fund Account.)

654.1 Both Spouses Eligible - When both spouses filed and both are found eligible for SSI, the amount of General Assistance previously granted to each individual is deducted from his/her separate SSI award;

654.2 One Spouse Eligible - When both spouses filed and only one is determined eligible, the amount of the eligible person's portion of the General Assistance payment will be deducted from the SSI award.

654.3 Eligible Spouse and Essential Person - When only one spouse is found eligible and the other spouse is designated as an "essential person", the amount of General Assistance received by both persons will be deducted from the amount of the SSI award.

655. Remittal of Balance to Clients

655.1 Transmitting Letter, Form GA-31 - Within five working days of receipt from the Divison of Public Welfare of the check covering the SSI award, the municipal welfare department will make the proper deduction for General Assistance expended, excluding any medical payments, since the first day of the first month of SSI eligibility, and shall forward to the client a check equal to the net benefit remaining, if any, together with a letter, Form GA-31, indicating how the amount of the net benefit was computed.

(a) The transmitting letter, Form GA-31, shall advise the client of his/her right to appeal in accordance with the provisions of Sections 720 and 730 should questions arise concerning the computation.

(b) A copy of Form GA-31, shall be forwarded to the Division of Public Welfare.

656. Medical Payments - A reimbursement procedure for repayment to the MWD for medical payments has not yet been developed.

660. ESTABLISHMENT OF PETTY CASH FUND ACCOUNT - The LAB shall request the municipal governing body to establish a General Assistance Petty Cash Fund for use by the municipal department of welfare, unless the MWD is able to make direct payments to clients from the Public Assistance Trust Fund Account.

661. Utilization of Petty Cash Fund Account - Monies in the Petty Cash Fund Account shall be withdrawn by check for direct disbursement to SSI recipients (see Section 655), and/or for the purchase of Food Stamps, and/or for direct payment of General Assistance.

662. Application Procedure - To establish a Petty Cash Fund, Form GA-32, Application to Establish a Petty Cash Fund for Direct Payment of General Public Assistance, must be completed in triplicate, signed and dated by the clerk of the municipality and submitted to the Director of Local Government Services, P.O. Box 1959, Trenton, New Jersey 08625.

662.1 Conditions for Approval - Conditions under which the Director of Local Government Services may grant approval are as follows:

(a) All claims being paid by check will be signed by municipal welfare director, who is the designated custodian of the fund.

(b) No deposits may be made to this account other than funds transferred from the Public Assistance Trust Fund Account. (Note: SSI checks are deposited in the Trust Fund Account.)

654.1 Both Spouses Eligible - When both spouses filed and both are found eligible for SSI, the amount of general assistance previously granted to each individual is deducted from his/her separate SSI award;

654.2 One Spouse Eligible - When both spouses filed and only one is determined eligible, the amount of the eligible person's portion of the general assistance payment will be deducted from the SSI award.

654.3 Eligible Spouse and Essential Person - When only one spouse is found eligible and the other spouse is designated as an "essential person", the amount of general assistance received by both persons will be deducted from the amount of the SSI award.

655. Remittal of Balance to Clients

655.1 Transmitting Letter, Form GA-31 - Within five working days of receipt from the Divison of Public Welfare of the check covering the SSI award, the municipal welfare department will make the proper deduction for general assistance expended, excluding any medical payments, from the date on which the Form GA-30 was signed and witnessed by the applicant, and shall forward to the client a check equal to the net benefit remaining, if any, together with a letter, Form GA-31, indicating how the amount of the net benefit was computed.

(a) The transmitting letter, Form GA-31, shall advise the client of his/her right to appeal in accordance with the provisions of Sections 720 and 730 should questions arise concerning the computation.

(b) A copy of Form GA-31, shall be forwarded to the Division of Public Welfare.

656. Medical Payments - A reimbursement procedure for repayment to the MWD for medical payments has not yet been developed.

660. ESTABLISHMENT OF PETTY CASH FUND ACCOUNT - The LAB shall request the municipal governing body to establish a General Assistance Petty Cash Fund for use by the municipal department of welfare, unless the MWD is able to make direct payments to clients from the Public Assistance Trust Fund Account.

661. Utilization of Petty Cash Fund Account - Monies in the Petty Cash Fund Account shall be withdrawn by check for direct disbursement to SSI recipients (see Section 655), and/or for the purchase of Food Stamps, and/or for direct payment of general assistance.

662. Application Procedure - To establish a Petty Cash Fund, Form GA-32, Application to Establish a Petty Cash Fund for Direct Payment of General Public Assistance, must be completed in triplicate, signed and dated by the clerk of the municipality and submitted to the Director of Local Government Services, P.O. Box 1959, Trenton, New Jersey 08625.

662.1 Conditions for Approval - Conditions under which the Director of Local Government Services may grant approval are as follows:

(a) All claims being paid by check will be signed by municipal welfare director, who is the designated custodian of the fund.

(b) No deposits may be made to this account other than funds transferred from the Public Assistance Trust Fund Account. (Note: SSI checks are deposited in the Trust Fund Account).

662.1 Establishment of Petty Cash Fund Account (cont'd)

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

(d) The fund shall be closed out to a zero balance on December 31 of each year and reestablished after January 1 of the following year. (Also see Form GA-32 for additional requirements).

663. Welfare Director Designated as Custodian - The municipal welfare director shall be the designated custodian of the General Assistance Petty Cash Fund. He/she shall be responsible for depositing into the Petty Cash Fund checks drawn on the Public Assistance Trust Fund Account, payable to: "(Name), Director of Welfare," in order to replenish balance to the authorized amount (see Form GA-32).

664. Existing Petty Cash Funds - In those municipalities where a General Assistance Petty Cash Fund Account is already in existence, additional funds may be deposited in order to meet an anticipated increase in expenditures from this account. In order to increase the amount in the account, a new application (Form GA-32) must be completed and submitted to the Director, Bureau of Local Government Services.

665. Identification of Checks - General Assistance Petty Cash Fund checks and Public Assistance Trust Fund checks shall be of two distinct colors for the purpose of readily distinguishing between the two accounts.

670. RETENTION AND DESTRUCTION OF CASE RECORDS

671. MWD Responsibility - The MWD director shall have the responsibility of determining which case records may be destroyed. In selecting these cases, he/she shall follow the procedures set forth in this section and shall not destroy or otherwise dispose of any case record before the expiration of the retention requirement as specified in Section 673.

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

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

(a) Cases which have been closed for a period exceeding that indicated in Section 673 will be removed and destroyed after authorization has been received from the DPW/BMS (See Section 672.2).

672. Request and Authorization for Records Disposal (Form ED-6)

672.1 Requests for destruction of case records will be submitted in triplicate on Form ED-6, Request and Authorization for Records Disposal, to the Division of Public Welfare.

(a) Supplies of Form ED-6 may be obtained from the DPW/BMS. All copies of the completed form shall be forwarded to that office for approval.

(b) A follow-up copy will be returned to the municipal welfare office and the remaining forms forwarded to the Bureau of Archives and History with recommendation for suitable action.

672.2 The MWD shall not destroy any records until approval has been received in writing. After records are destroyed, the MWD will maintain a list of the names and case numbers of the cases destroyed. This list must be made available for inspection by representatives of this Division upon request.

673. Retention Schedule - Cases are to be selected for destruction in accordance with the following schedule:

Record	Retention Period
Inactive Case Records	6 years
Denied Cases	10 years
Copies of Relief Orders	6 years
General correspondence not relating to policy or active cases	3 years
Form GA-6, Report of Assistance Commitments	6 years
Form 100, Original Invoice for Expenses	6 years

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

680. PHARMACEUTICAL PAYMENTS - The provisions of this section apply only to those municipalities in which certain pharmacy charges are paid by Blue Cross as described in Section 570.

681. Monthly Statement - Each month Blue Cross will provide to DPW, through DMAHS, a detailed statement of pharmacy bills paid for General Assistance recipients. The DPW will forward this report to the respective municipal welfare departments. The monthly statement will show:

Municipal Code	Amount dispensed
Provider (Medicaid I.D.#)	Number of days supply
Sequential claim #	Prescription (Rx) #
Recipient #	Individual Medicaid Practitioner (IMP) #
National Drug Code	Date of Service
Name of Drug	Amount paid
Metric quantity	

681.1 Action Upon Receipt of Statement - Upon receipt of its statement each month the MWD will reconcile it with the GA-20A forms maintained for the various pharmacies. Payments may be recorded in individual case records if desired.

(a) MWDs giving authorizations via telephone only, will have completed all columns of Form GA-20A at the time authorization is given.

(b) MWDs using an identification card system only, will at this time complete each GA-20A, except the columns for "Official Authorizing the Service" and "Authorization Date".

(c) MWDs using a combination of these systems will have completed all columns on the GA-20A for prescriptions authorized via telephone, but must at this time complete the GA-20A as in (b) above for all authorizations made via identification card.

681.2 Chargebacks - For any charges shown on the MWD statement which are the payment responsibility of another municipality, as for certain medical institution patients, the MWD will bill the responsible municipality noting this action on the GA-20A.

(a) A responsible municipality will, upon receipt of a bill for an item appearing on the monthly statement of a servicing municipality, make prompt payment. This transaction must be reported on Form GA-6 by the responsible municipality.

672. Request and Authorization for Records Disposal (Form ED-6)

672.1 Requests for destruction of case records will be submitted in triplicate on Form ED-6, Request and Authorization for Records Disposal, to the Division of Public Welfare.

(a) Supplies of Form ED-6 may be obtained from the DPW/BMS. All copies of the completed form shall be forwarded to that office for approval.

(b) A follow-up copy will be returned to the municipal welfare office and the remaining forms forwarded to the Bureau of Archives and History with recommendation for suitable action.

672.2 The MWD shall not destroy any records until approval has been received in writing. After records are destroyed, the MWD will maintain a list of the names and case numbers of the cases destroyed. This list must be made available for inspection by representatives of this Division upon request.

673. Retention Schedule - Cases are to be selected for destruction in accordance with the following schedule:

Record	Retention Period
Inactive Case Records	6 years
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General correspondence not relating to policy or active cases	3 years
Form GA-6, Report of Assistance Commitments	6 years
Form 100, Original Invoice for Expenses	6 years

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

672. Request and Authorization for Records Disposal (Form ED-6)

672.1 Requests for destruction of case records will be submitted in triplicate on Form ED-6, Request and Authorization for Records Disposal, to the Division of Public Welfare.

(a) Supplies of Form ED-6 may be obtained from the DPW/BMS. All copies of the completed form shall be forwarded to that office for approval.

(b) A follow-up copy will be returned to the municipal welfare office and the remaining forms forwarded to the Bureau of Archives and History with recommendation for suitable action.

672.2 The MWD shall not destroy any records until approval has been received in writing. After records are destroyed, the DPW/BMS will be furnished a list of the names and case numbers of the case destroyed.

673. Retention Schedule - Cases are to be selected for destruction in accordance with the following schedule:

Record	Retention Period
Inactive Case Records	6 years
Denied Cases	10 years
Copies of Relief Orders	6 years
General correspondence not relating to policy or active cases	3 years
Form GA-6, Report of Assistance Commitments	6 years
Form 100, Original Invoice for Expenses	6 years

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

(b) A servicing municipality will, upon receipt of payment from a responsible municipality, deposit the funds in the Public Assistance Trust Fund Account and include the amount on Form GA-12, Statement of Refunds.

681.3 Retention - Monthly statements shall be retained for the same periods applicable to Form GA-6.

682. Report of Assistance Commitments - Form GA-6 - The monthly statement will serve as a supplementary Form GA-6. It will therefore be unnecessary to transfer the statement listings to a regular Form GA-6. However, because the Bureau of Business Services will have retained a copy for charging purposes, it will be necessary to notify that bureau of any adjustments made in the reconciliation process.

683. Charges to Municipalities - Periodically, the municipal share of costs up to that time will be deducted from payments of State aid to the respective municipalities.

683.1 Assistance Costs - Deductions for the State aid payments for prescription costs as listed on the monthly statements will represent the same municipal share (currently 25%) as is applicable to other assistance costs.

683.2 Administrative Costs - In addition to the assistance costs deduction discussed above, a separately identified administrative cost will also be deducted. This will represent the cost of processing the MC-24 forms. Since this deduction will result in a reduction in available funds, a check must be drawn from the account used for administrative expenses payable to the Public Assistance Trust Fund Account for the total amount of the administrative cost of processing the forms.

Form GA-20

MC-24 RECORD LOG

Date Batch Received_____

Beginning Serial Number_____

Ending Serial Number_____

Received by:_____
(Name of MWD Official)

(A separate log sheet must be maintained for each shipment of MC-24 forms received by the agency)

N.J. Department of Human Services - Division of Public Welfare

Form GA-20A

_____MWD

MC-24 CONTROL LOG

Name of Provider_____

Beginning Serial No._____

Provider's Medicaid ID #_____

Ending Serial No._____

Date Batch Sent_____

Prescription Claim Form Number	Authorization Date	Case Name	Case Number	Official Authorizing the Service

(A separate log sheet must be maintained for each pharmacy.)

N.J. Department of Human Services - Division of Public Welfare

SUBCHAPTER 7 NOTICES AND HEARINGS

10:85-7.1 General provisions

(a) Rights of applicant/recipient: An individual who applies for or receives General Assistance is entitled to a written notice of denial, reduction or termination of such assistance. Moreover, an applicant or recipient has a right, upon his/her request, to a local hearing and a State fair hearing, if appropriate, in accordance with the procedures established in this chapter.

(b) Opportunity to apply: Any person who is in need and believes he/she is eligible for General Assistance shall be given the opportunity to make application in the municipality in which he/she is living at that time. Such opportunity shall be available during normal business hours and, on an emergency basis, at other times.

(c) Immediate assistance: When an applicant is in immediate need according to the provisions of N.J.A.C. 10:85-3.3(a), assistance shall be granted on the day of application (see N.J.A.C. 10:85-4.2(a)3 and 4.2(a)4). When, however, immediate need does not exist or there are, in the judgment of the municipal welfare director, persuasive and compelling reasons to conduct an investigation of the applicant's eligibility before any assistance is granted, a final decision on the application shall be made as soon as eligibility can be verified, but in no event later than 30 days from the date of application.

1. Effective date of grant: When immediate assistance is not granted and eligibility is subsequently established, assistance shall be granted retroactive to the date of application, or to the date eligibility first existed if such date is more recent.

(d) Approval of application: If immediate assistance is not granted but eligibility is subsequently verified, a notice shall be sent to the applicant informing him/her of the action taken (see also N.J.A.C. 10:85-7.2(b)2).

(e) Denial of assistance: When an application for assistance is denied, the applicant shall be so informed in writing by a notice mailed as soon as possible, but in no event later than 30 days from the date of application. Such notice shall include a statement of the applicant's right to appeal the decision. (See notice forms in Appendix A.)

1. Right to appeal: Upon receipt of the notice of such denial, the applicant is entitled to a local fair hearing, provided such request is received within 10 days from the mailing date of the notice. Following receipt of a written decision on the local hearing, he/she may further request a State fair hearing if dissatisfied with the local hearing decision (see N.J.A.C. 10:85-7.4(a)).

2. Delay in scheduling: When a local hearing has not been convened within the 15 days specified in N.J.A.C. 10:85-7.3(b)4, the applicant may request and be granted a State fair hearing. In such event, the request for a local hearing is considered cancelled but local efforts at reconciliation may and should continue to the maximum extent possible.

10:85-7.2 Notices to applicants/recipients

(a) Timely notice: A timely notice is the notice which must be sent by the municipal welfare department in advance of any action which adversely affects the eligibility of a person who is receiving assistance.

1. Termination or reduction of assistance: The municipal welfare department shall send a notice to every recipient for whom assistance is to be terminated or reduced no later than ten days before the date such action will be taken (see Appendix A for notice forms). In the event the ten day period extends beyond the last date for which assistance has already been granted, the MWD will continue assistance at an unreduced per diem rate for the balance of the full 10 day period.

700. NOTICES AND HEARINGS

701. Rights of Applicant/Recipient - An individual who applies for or receives General Assistance is entitled to a written notice of denial, reduction or termination of such assistance. Moreover, an applicant or recipient has a right, upon his/her request, to a local hearing and a State fair hearing, if appropriate, in accordance with the procedures established in this chapter.

702. Opportunity to Apply - Any person who is in need and believes he/she is eligible for General Assistance shall be given the opportunity to make application in the municipality in which he/she is living at that time. Such opportunity shall be available during normal business hours and, on an emergency basis, at other times.

703. Immediate Assistance - When an applicant is in immediate need according to the provisions of Section 331, assistance shall be granted on the day of application (see Sections 413 and 414).

When, however, immediate need does not exist or there are, in the judgment of the municipal welfare director, persuasive and compelling reasons to conduct an investigation of the applicant's eligibility before any assistance is granted, a final decision on the application shall be made as soon as eligibility can be verified, but in no event later than 30 days from the date of application.

703.1 Effective Date of Grant - When immediate assistance is not granted and eligibility is subsequently established, assistance shall be granted retroactive to the date of application, or to the date eligibility first existed if such date is more recent.

704. Approval of Application - If immediate assistance is not granted but eligibility is subsequently verified, a notice shall be sent to the applicant informing him/her of the action taken (see also Section 712.2).

705. Denial of Assistance - When an application for assistance is denied, the applicant shall be so informed in writing by a notice mailed as soon as possible, but in no event later than 30 days from the date of application. Such notice shall include a statement of the applicant's right to appeal the decision. (See Notice Forms in Appendix A).

705.1 Right to Appeal - Upon receipt of the notice of such denial, the applicant is entitled to a local fair hearing, provided such request is received within 10 days from the mailing date of the notice. Following receipt of a written decision on the local hearing, he/she may further request a State fair hearing if dissatisfied with the local hearing decision (see Section 731).

705.2 Delay in Scheduling - When a local hearing has not been convened within the 15 days specified in Section 724, the applicant may request and be granted a State fair hearing. In such event, the request for a local hearing is considered cancelled but local efforts at reconciliation may and should continue to the maximum extent possible.

710. NOTICES TO APPLICANTS/RECIPIENTS

711. Timely Notice - A timely notice is the notice which must be sent by the municipal welfare department in advance of any action which adversely affects the eligibility of a person who is receiving assistance.

711.1 Termination or Reduction of Assistance - The municipal welfare department shall send a notice to every recipient for whom assistance is to be terminated or reduced no later than ten days before the date such action will be taken. (See Appendix A for Notice Forms.)

700. NOTICES AND HEARINGS

701. Rights of Applicant/Recipient - An individual who applies for or receives general assistance is entitled to a written notice of denial, reduction or termination of such assistance. Moreover, an applicant or recipient has a right, upon his/her request, to a local hearing and a State fair hearing, if appropriate, in accordance with the procedures established in this chapter.

702. Opportunity to Apply - Any person who is in need and believes he/she is eligible for general assistance shall be given the opportunity to make application in the municipality in which he/she is living at that time. Such opportunity shall be available during normal business hours and, on an emergency basis, at other times.

703. Immediate Assistance - When an applicant is in immediate need according to the provisions of Section 331, assistance shall be granted on the day of application (see Sections 413 and 414).

When, however, immediate need does not exist or there are, in the judgment of the municipal welfare director, persuasive and compelling reasons to conduct an investigation of the applicant's eligibility before any assistance is granted, a final decision on the application shall be made as soon as eligibility can be verified, but in no event later than 30 days from the date of application.

703.1 Effective Date of Grant - When immediate assistance is not granted and eligibility is subsequently established, assistance shall be granted retroactive to the date of application, or to the date eligibility first existed if such date is more recent.

704. Approval of Application - If immediate assistance is not granted but eligibility is subsequently verified, a notice shall be sent to the applicant informing him/her of the action taken (see also Section 712.2).

705. Denial of Assistance - When an application for assistance is denied, the applicant shall be so informed in writing by a notice mailed as soon as possible, but in no event later than 30 days from the date of application. Such notice shall include a statement of the applicant's right to appeal the decision. (See Notice Forms in Appendix A).

705.1 Right to Appeal - Upon receipt of the notice of such denial, the applicant is entitled to a local fair hearing, provided such request is received within 10 days from the mailing date of the notice. Following receipt of a written decision on the local hearing, he/she may further request a State fair hearing if dissatisfied with the local hearing decision (see Section 731).

710. NOTICES TO APPLICANTS/RECIPIENTS

711. Timely Notice - A timely notice is the notice which must be sent by the municipal welfare department in advance of any action which adversely affects the eligibility of a person who is receiving assistance.

711.1 Termination or Reduction of Assistance - The municipal welfare department shall send a notice to every recipient for whom assistance is to be terminated or reduced no later than ten days before the date such action will be taken. (See Appendix A for Notice Forms).

712. Exceptions to Timely Notice

712.1 Requirement Waived - A timely notice shall not be required when:

(a) Assistance is terminated due to an individual's receipt of SSI benefits;

(b) There is verified evidence that the individual is no longer living in the municipality;

(c) The client is confined to jail for a period in excess of seven days;

(d) The agency has information confirming the client's death;

(e) The client disappears, leaving no known forwarding address.

712.2 Time-Limited Assistance - When it is mutually understood between the applicant and the MWD that assistance is requested for and will be granted to cover only a limited period of time, or is limited to a specific purpose or an emergency grant (see Sections 414 and 415), the MWD will send a time-limited notice promptly when such assistance is granted. No further notice will be required.

(a) The time-limited notice shall include information regarding the client's right to appeal (see Section 713.2).

713. Content of Notices - Notices of denial, reduction or termination and time-limited notices shall state in clear, simple language the nature of the action, the effective date and the reason such action is being taken. (See Notice Forms in Appendix A.)

713.1 Basis for Action - In addition, all notices of adverse action (denials, reductions and terminations) shall contain the citation upon which such action is based.

713. Content of Notices (continued)

713.2 Right to Appeal - The notice shall include an explanation of the client's right to request, within 10 days, a local hearing and his/her further right to a State fair hearing if a local fair hearing is not convened within 15 days of the date of the hearing request.

713.3 Statement in Spanish - Each notice shall include a statement in Spanish cautioning the individual that the information contained therein relates to his/her eligibility for assistance and, if he/she does not understand it, he/she should contact the MWD.

720. LOCAL HEARING

721. Basis for Hearings - An applicant/recipient may request a local hearing regarding any action on the part of the municipal welfare department concerning a denial, reduction or termination of assistance; designation of a temporary payee; the amount of assistance granted; or timeliness of action on an application. A person/household may also request a local hearing when not afforded the right to apply for assistance or not provided with a formal response to an application for assistance.

722. Request for Local Hearing - A request for a local hearing may be either oral or written. However, if the request is oral, it shall be the responsibility of the MWD staff to assist the individual in preparing the request in writing.

722.1 Time Limitations on Request for Hearing - A local hearing shall be held when the request for such hearing is made within 10 days of the mailing date of the notice of adverse action. Requests based on denial of the right to apply are timely if made within 10 days of the contact with the MWD. Requests based on lack of a formal response to an application are timely if made within 10 days subsequent to the end of the 30 day processing period.

722.2 Continuation of Assistance - When a local hearing is requested within ten days of the mailing date of a notice of adverse action, assistance shall be continued unreduced until the hearing is held and the decision rendered by the hearing officer.

(a) When a request for a State fair hearing has been made in accordance with Section 705.2, on account of delay in local scheduling, assistance shall be continued unreduced until the written decision of the State hearing is rendered unless the recipient agrees in writing to reduction or termination.

712. Exceptions to Timely Notice

712.1 Requirement Waived - A timely notice shall not be required when:

(a) Assistance is terminated due to an individual's receipt of SSI benefits;

(b) There is verified evidence that the individual is no longer living in the municipality;

(c) The client is confined to jail for a period in excess of seven days;

(d) The agency has information confirming the client's death;

(e) The client disappears, leaving no known forwarding address.

712.2 Time-Limited Assistance - When it is mutually understood between the applicant and the MWD that assistance is requested for and will be granted to cover only a limited period of time, or is limited to a specific purpose or an emergency grant (see Sections 414 and 415), the MWD will send a time-limited notice promptly when such assistance is granted. No further notice will be required.

(a) The time-limited notice shall include information regarding the client's right to appeal (see Section 713.2).

713. Content of Notices - Notices of denial, reduction or termination and time-limited notices shall state in clear, simple language the nature of the action, the effective date and the reason such action is being taken. (See Notice Forms in Appendix A).

713.1 Basis for Action - In addition, all notices of adverse action (denials, reductions and terminations) shall contain the citation upon which such action is based.

713. Content of Notices (continued)

713.2 Right to Appeal - The notice shall include an explanation of the client's right to request, within 10 days, a local hearing and his/her further right to a State fair hearing if dissatisfied with the local hearing decision.

713.3 Statement in Spanish - Each notice shall include a statement in Spanish cautioning the individual that the information contained therein relates to his/her eligibility for assistance and, if he/she does not understand it, he/she should contact the MWD.

720. LOCAL HEARING

721. Basis for Hearings - An applicant/recipient may request a local hearing regarding any action on the part of the municipal welfare department concerning a denial, reduction or termination of assistance; designation of a temporary payee; the amount of assistance granted; or timeliness of action on an application.

722. Request for Local Hearing - A request for a local hearing may be either oral or written. However, if the request is oral, it shall be the responsibility of the MWD staff to assist the individual in preparing the request in writing.

722.1 Time Limitations on Request for Hearing - A local hearing shall be held when the request for such hearing is made within 10 days of the mailing date of the notice of adverse action.

722.2 Continuation of Assistance - When a local hearing is requested within ten days of the mailing date of a notice of adverse action, assistance shall be continued unreduced until the hearing is held and the decision rendered by the hearing officer.

10:85-7.3(b) (continued)

3. Selection of hearing officer: The hearing officer shall be the Municipal Director of Welfare unless he/she has participated in the action or inaction which gave rise to the request for a hearing.

   i. Alternative selection: If the Director has been so involved, the Director will select a hearing officer who has not been involved. The selection will be made from among the following in order of priority:

      (1) A professional staff member of the agency; or

      (2) A member of the LAB other than an elected official as designated by the LAB; or

      (3) With the advice and consent of the LAB of the municipality of the hearing,

         (A) A Director of Welfare of another municipality, or

         (B) A professional staff member of supervisory rank of the MWD of another municipality.

4. Scheduling of local hearing: The hearing shall be held with reasonable promptness, but in no event later than 15 days after the request is received, at a date and time convenient to the applicant/recipient (appellant) and the municipal welfare department. The MWD will, upon request, provide the appellant with transportation to the hearing and return.

   i. Abandonment of hearing: A request for a hearing will be considered abandoned if neither the appellant nor his/her representative appears at the time and place established for the hearing, unless notice is received not later than the scheduled date of hearing that the appellant will be unable to attend for unavoidable cause, in which case the hearing shall be adjourned and rescheduled.

5. Accessibility of records: The appellant or his/her representative will be provided adequate opportunity, at a reasonable time before the date of the hearing as well as during the hearing, to examine the contents of his/her file and all documents and records to be used at the hearing.

10:85-7.3(b) (continued)

6. Conduct of local hearing:

i. Participants: Participants in the local hearing will include, at a minimum, the appellant or his/her representative, the MWD staff member who made the decision, and hearing officer who will hear both sides of the issue and decide whether or not the action was correct.

(1) Generally, only those persons will be admitted to the hearing whose testimony and presence are necessary to a full and fair determination. The appellant may exercise a right to be assisted in his/her presentation by a relative, friend or other spokesman, or to be legally represented by a lawyer of his/her choosing. Observers may attend at the discretion of the hearing officer and with the appellant's consent.

ii. Informal atmosphere: Hearings shall in all respects be informal and conducted in an atmosphere conducive to the full development of facts. An effort will be made to conduct the hearing in such manner that all parties feel free and able to present all relevant aspects of the situation. All parties will be given opportunity to offer evidence and to question witnesses.

iii. Opportunity for statement: At the beginning of the hearing, the appellant will be given the opportunity to make a statement of the situation as he/she sees it. The hearing officer will state the point(s) at issue, subject to amendment or correction by the appellant or any of the other parties concerned. At the end of the hearing, the hearing officer will summarize the issue(s).

iv. Report and decision: Within ten working days following the hearing, the hearing officer will prepare a brief written report. This report shall include a summary of facts presented at the hearing and the findings (decision) of the hearing officer; it will also state the regulation(s) upon which the decision is based. The final sentence on the report shall advise the appellant of the availability of a State fair hearing.

(1) This report and decision will be filed with the Local Assistance Board, a copy mailed to the appellant, and a copy forwarded to the State Division of Public Welfare's Bureau of Administrative Review and Appeal (BARA).

7. Implementation of decision: When a decision has been rendered by the hearing officer, it shall be implemented immediately by the municipal welfare department.

723. Selection of Hearing Officer - The hearing officer shall be the Municipal Director of Welfare unless he/she has participated in the action or inaction which gave rise to the request for a hearing.

723.1 Alternative Selection - If the Director has been so involved, the Director will select a hearing officer who has not been involved. The selection will be made from among the following in order of priority:

(a) a professional staff member of the agency; or

(b) a member of the LAB as designated by the LAB; or

(c) with the advice and consent of the LAB of the municipality of the hearing,

1) a Director of Welfare of another municipality, or

2) a professional staff member of supervisory rank of the MWD of another municipality.

724. Scheduling of Local Hearing - The hearing shall be held with reasonable promptness, but in no event later than 15 days after the request is received, at a date and time convenient to the applicant/recipient (appellant) and the municipal welfare department. The MWD will, upon request, provide the appellant with transportation to the hearing and return.

724.1 Abandonment of Hearing - A request for a hearing will be considered abandoned if neither the appellant nor his/her representative appears at the time and place established for the hearing, unless notice is received not later than the scheduled date of hearing that the appellant will be unable to attend for unavoidable cause, in which case the hearing shall be adjourned and rescheduled.

725. Accessibility of Records - The appellant or his/her representative will be provided adequate opportunity, at a reasonable time before the date of the hearing as well as during the hearing, to examine the contents of his/her file and all documents and records to be used at the hearing.

726. Conduct of Local Hearing

726.1 Participants - Participants in the local hearing will include, at a minimum, the appellant or his/her representative, the MWD staff member who made the decision, and hearing officer who will hear both sides of the issue and decide whether or not the action was correct.

(a) Generally, only those persons will be admitted to the hearing whose testimony and presence are necessary to a full and fair determination. The appellant may exercise a right to be assisted in his/her presentation by a relative, friend or other spokesman, or to be legally represented by a lawyer of his/her choosing. Observers may attend at the discretion of the hearing officer and with the appellant's consent.

726.2 Informal Atmosphere - Hearings shall in all respects be informal and conducted in an atmosphere conducive to the full development of facts. An effort will be made to conduct the hearing in such manner that all parties feel free and able to present all relevant aspects of the situation. All parties will be given opportunity to offer evidence and to question witnesses.

726.3 Opportunity for Statement - At the beginning of the hearing, the appellant will be given the opportunity to make a statement of the situation as he/she sees it. The hearing officer will state the point(s) at issue, subject to amendment or correction by the appellant or any of the other parties concerned. At the end of the hearing, the hearing officer will summarize the issue(s).

726.4 Report and Decision - Within ten working days following the hearing, the hearing officer will prepare a brief written report. This report shall include a summary of facts presented at the hearing and the findings (decision) of the hearing officer; it will also state the regulation(s) upon which the decision is based. The final sentence on the report shall advise the appellant of the availability of a State fair hearing.

(a) This report and decision will be filed with the Local Assistance Board, a copy mailed to the appellant, and a copy forwarded to the State Division of Public Welfare's Bureau of Administrative Review and Appeal (BARA).

727. Implementation of Decision - When a decision has been rendered by the hearing officer, it shall be implemented immediately by the municipal welfare department.

722.2 Continuation of Assistance (cont'd.)

(b) Exception: The continuation of assistance does not apply in hearing situations based on NJES determinations of failure or refusal without good cause to perform (Section 327.6(c)2).

723. Selection of Hearing Officer - The hearing officer shall be the Municipal Director of Welfare unless he/she has participated in the action or inaction which gave rise to the request for a hearing.

723.1 Alternative Selection - If the Director has been so involved, the Director will select a hearing officer who has not been involved. The selection will be made from among the following in order of priority:

(a) a professional staff member of the agency; or

(b) a member of the LAB as designated by the LAB; or

(c) with the advice and consent of the LAB of the municipality of the hearing,

1) a Director of Welfare of another municipality, or

2) a professional staff member of supervisory rank of the MWD of another municipality.

724. Scheduling of Local Hearing - The hearing shall be held with reasonable promptness, but in no event later than 15 days after the request is received, at a date and time convenient to the applicant/recipient (appellant) and the municipal welfare department. The MWD will, upon request, provide the appellant with transportation to the hearing and return.

724.1 Abandonment of Hearing - A request for a hearing will be considered abandoned if neither the appellant nor his/her representative appears at the time and place established for the hearing, unless notice is received not later than the scheduled date of hearing that the appellant will be unable to attend for unavoidable cause, in which case the hearing shall be adjourned and rescheduled.

725. Accessibility of Records - The appellant or his/her representative will be provided adequate opportunity, at a reasonable time before the date of the hearing as well as during the hearing, to examine the contents of his/her file and all documents and records to be used at the hearing.

726. Conduct of Local Hearing

726.1 Participants - Participants in the local hearing will include, at a minimum, the appellant or his/her representative, the MWD staff member who made the decision, and hearing officer who will hear both sides of the issue and decide whether or not the action was correct.

(a) Generally, only those persons will be admitted to the hearing whose testimony and presence are necessary to a full and fair determination. The appellant may exercise a right to be assisted in his/her presentation by a relative, friend or other spokesman, or to be legally represented by a lawyer of his/her choosing. Observers may attend at the discretion of the hearing officer and with the appellant's consent.

726.2 Informal Atmosphere - Hearings shall in all respects be informal and conducted in an atmosphere conducive to the full development of facts. An effort will be made to conduct the hearing in such manner that all parties feel free and able to present all relevant aspects of the situation. All parties will be given opportunity to offer evidence and to question witnesses.

726.3 Opportunity for Statement - At the beginning of the hearing, the appellant will be given the opportunity to make a statement of the situation as he/she sees it. The hearing officer will state the point(s) at issue, subject to amendment or correction by the appellant or any of the other parties concerned. At the end of the hearing, the hearing officer will summarize the issue(s).

726.4 Report and Decision - Within ten working days following the hearing, the hearing officer will prepare a brief written report. This report shall include a summary of facts presented at the hearing and the findings (decision) of the hearing officer; it will also state the regulation(s) upon which the decision is based. The final sentence on the report shall advise the appellant of the availability of a State fair hearing.

(a) This report and decision will be filed with the Local Assistance Board, a copy mailed to the appellant, and a copy forwarded to the State Division of Public Welfare's Bureau of Administrative Review and Appeal (BARA).

727. Implementation of Decision - When a decision has been rendered by the hearing officer, it shall be implemented immediately by the municipal welfare department.

723. Selection of Hearing Officer - The hearing officer shall be the Municipal Director of Welfare unless he/she has participated in the adverse action decision. If the Director of Welfare has been so involved, then the hearing officer shall be either a staff member of the municipal welfare department or any member of the Local Assistance Board as designated by the Board, so long as such person had no participation in the determination of denial, reduction or termination of assistance or designation of a temporary payee.

724. Scheduling of Local Hearing - The hearing shall be held with reasonable promptness, but in no event later than 15 days after the request is received, at a date and time convenient to the applicant/recipient (appellant) and the municipal welfare department.

724.1 Abandonment of Hearing - A request for a hearing will be considered abandoned if neither the appellant nor his/her representative appears at the time and place established for the hearing, unless notice is received not later than the scheduled date of hearing that the appellant will be unable to attend for unavoidable cause, in which case the hearing shall be adjourned and rescheduled.

725. Accessibility of Records - The appellant or his/her representative will be provided adequate opportunity, at a reasonable time before the date of the hearing as well as during the hearing, to examine the contents of his/her file and all documents and records to be used at the hearing.

726. Conduct of Local Hearing

726.1 Participants - Participants in the local hearing will include, at a minimum, the appellant or his/her representative, the MWD staff member who made the decision, and hearing officer who will hear both sides of the issue and decide whether or not the action was correct.

(a) Generally, only those persons will be admitted to the hearing whose testimony and presence are necessary to a full and fair determination. The appellant may exercise a right to be assisted in his/her presentation by a relative, friend or other spokesman, or to be legally represented by a lawyer of his/her choosing. Observers may attend at the discretion of the hearing officer and with the appellant's consent.

726.2 Informal Atmosphere - Hearings shall in all respects be informal and conducted in an atmosphere conducive to the full development of facts. An effort will be made to conduct the hearing in such manner that all parties feel free and able to present all relevant aspects of the situation. All parties will be given opportunity to offer evidence and to question witnesses.

726.3 Opportunity for Statement - At the beginning of the hearing, the appellant will be given the opportunity to make a statement of the situation as he/she sees it. The hearing officer will state the point(s) at issue, subject to amendment or correction by the appellant or any of the other parties concerned. At the end of the hearing, the hearing officer will summarize the issue(s).

726.4 Report and Decision - Within ten working days following the hearing, the hearing officer will prepare a brief written report. This report shall include a summary of facts presented at the hearing and the findings (decision) of the hearing officer; it will also state the regulation(s) upon which the decision is based. The final sentence on the report shall advise the appellant of the availability of a State fair hearing.

(a) This report and decision will be filed with the Local Assistance Board, a copy mailed to the appellant, and a copy forwarded to the State Division of Public Welfare's Bureau of Administrative Review and Appeal (BARA).

727. Implementation of Decision - When a decision has been rendered by the hearing officer, it shall be implemented immediately by the municipal welfare department.

730. STATE FAIR HEARING

731. Request for State Fair Hearing - Any client who wishes to appeal the decision resulting from a local hearing is entitled to request a State fair hearing within 10 days of the mailing date of the local hearing decision. Such request must be written and may be made to the municipal welfare department or directly to the Division of Public Welfare.

731.1 Request to Municipal Welfare Department - When the MWD receives a request for a State fair hearing from a client who is dissatisfied with the decision of a local hearing, the MWD shall inform the BARA by telephone on the same day the request is received.

731.2 Request to State Division of Public Welfare - When a request for a State fair hearing is received by the Division of Public Welfare, it shall be immediately registered as of that date. The municipal welfare department shall be informed by telephone within one working day of the receipt of the request.

732. Scheduling of Hearing - The BARA shall, to the maximum extent feasible, schedule the fair hearing within 21 days of the receipt of the request. The hearing will be held at a time and date convenient to the client and the agencies.

732.1 Notice of Fair Hearing - The BARA shall give all parties concerned at least seven days notice in writing of the time, date and place to appear for the hearing.

732.2 Contact by MWD - The MWD shall contact the appellant not less than two days prior to the hearing date to confirm the appellant's attendance.

733. Withdrawal or Abandonment of Hearing

733.1 Disposition of Hearing Through Withdrawal - The filing of a request for State fair hearing shall not of itself preclude continued effort to accomplish corrective action or interpretation by the State Division of Public Welfare and/or the MWD through informal adjustment procedures. The MWD may amend or reverse its decision at any time before the State fair hearing, or the client may have his/her dissatisfaction clarified through explanation or interpretation at any time before the hearing.

733.1 Disposition of Hearing Through Withdrawal (cont'd)

(a) It shall be the policy to accomplish disposition of complaints through direct informal and personal relationship with the client wherever possible.

(b) If, as the result of satisfactory adjustment or for any other reason, the client desires that a hearing shall be discontinued or cancelled, his/her request to that effect shall be confirmed in writing.

733.2 Abandonment of Hearing - See Section 724.1 regarding abandonment of a hearing request. This regulation applies equally to local or State fair hearings.

734. Conduct of State Fair Hearing - A State fair hearing shall be conducted by a State fair hearing officer, following the same procedures as a local hearing (see Sections 725 and 726 regarding accessibility of records, participants, informal atmosphere and opportunity for client's statement).

735. Report of Hearing Officer

735.1 Content of Report - The hearing officer shall prepare a report summarizing who appeared and what transpired at the fair hearing. This summary shall include the issues, findings of fact, supporting regulations, and the hearing officer's conclusions, based exclusively on the evidence and on matters officially noticed.

735.2 Filing of Report - The hearing officer's report shall be filed with the BARA and, on the same date, mailed to the client, the client's representative, if any, and the municipal welfare director.

(a) If any of the parties at interest wish to take exception to the hearing officer's report, such exception must be submitted in writing to the BARA and to all parties concerned. To be considered, it must be received by the State Division of Public Welfare no later than ten working days after the mailing date of the hearing officer's report.

736. Final Fair Hearing Decision

736.1 Decision by Director - The final decision in a State fair hearing shall be rendered in writing by the Director of the Division of Public Welfare. Such decision shall be final and binding upon all parties concerned.

736.2 Prerogatives of Final Decision - The final decision shall adopt, reject or modify the findings and conclusion of the hearing officer. It shall give findings of fact and conclusions of law and shall contain a concise, explicit statement of the underlying facts supporting the findings.

(a) The final decision may confirm, reverse or modify the local hearing decision.

736.3 Corrective Action - In the event the final decision requires corrective action on the part of the municipal welfare department, such action shall be implemented within 15 days of the publication of the decision and shall be retroactive to the date upon which assistance was denied, reduced or terminated.

736.4 Final Administrative Action - Final administrative action on all State fair hearings shall be completed within 90 days of the date of the request for the State hearing.

740. PROCESSING STATE HEARING REQUESTS

741. Responsibilities of Municipal Welfare Department

741.1 Upon Receipt of Hearing Request by the MWD - It is the responsibility of the municipal welfare department to:

(a) Notify the BARA of receipt of a request for a State fair hearing on the same day the request is received;

(b) Provide the BARA with the case number, name and address, the date the request was received, the nature of the contested action, date of the action, and reason for the action.

741.1 Upon Receipt of Hearing Request by the MWD (Cont'd)

(c) Stamp every request with the date received and forward it within one working day to the BARA; and

(d) Review the request for possible corrective action prior to the State fair hearing.

741.2 Prior to Hearing - It is the responsibility of the MWD to:

(a) Identify and arrange for participation of MWD staff who are essential to the hearing;

(b) Assemble all records relevant to the hearing; and

(c) Arrange for an interpreter when the appellant is non-English speaking.

(d) Contact the appellant not less than two days prior to the hearing date to confirm attendance.

741.3 Following Decision - The MWD shall:

(a) Implement action as set forth in the final decision within 15 days of its official publication; and

(b) Promptly report such implementation to the Division of Public Welfare.

750. EMERGENCY FAIR HEARINGS

751. Definition and Criteria - An emergency fair hearing is one conducted by the MWD within accelerated time frames. It is in all other respects conducted in accordance with the provisions applicable to other fair hearings. It will be convened when and only when either or both of the following exist:

751.1 The hearing request results from the lack or insufficiency of a grant under the provisions of Section 450 of this manual and the appellant claims to be without funds or resources.

751.2 The DPW/BARA determines that there exists a threat to physical health and safety sufficiently compelling and imminent to require accelerated procedures.

736. Final Fair Hearing Decision

736.1 Decision by Director - The final decision in a State fair hearing shall be rendered in writing by the Director of the Division of Public Welfare. Such decision shall be final and binding upon all parties concerned.

736.2 Prerogatives of Final Decision - The final decision shall adopt, reject or modify the findings and conclusion of the hearing officer. It shall give findings of fact and conclusions of law and shall contain a concise, explicit statement of the underlying facts supporting the findings.

(a) The final decision may confirm, reverse or modify the local hearing decision.

736.3 Corrective Action - In the event the final decision requires corrective action on the part of the municipal welfare department, such action shall be implemented within 15 days of the publication of the decision and shall be retroactive to the date upon which assistance was denied, reduced or terminated.

736.4 Final Administrative Action - Final administrative action on all State fair hearings shall be completed within 90 days of the date of the request for the State hearing.

740. PROCESSING STATE HEARING REQUESTS

741. Responsibilities of Municipal Welfare Department

741.1 Upon Receipt of Hearing Request by the MWD - It is the responsibility of the municipal welfare department to:

(a) Notify the BARA of receipt of a request for a State fair hearing on the same day the request is received;

(b) Provide the BARA with the case number, name and address, the date the request was received, the nature of the contested action, date of the action, and reason for the action.

741.1 Upon Receipt of Hearing Request by the MWD (Cont'd)

(c) Stamp every request with the date received and forward it within one working day to the BARA; and

(d) Review the request for possible corrective action prior to the State fair hearing.

741.2 Prior to Hearing - It is the responsibility of the MWD to:

(a) Identify and arrange for participation of MWD staff who are essential to the hearing;

(b) Assemble all records relevant to the hearing; and

(c) Arrange for an interpreter when the appellant is non-English speaking.

(d) Contact the appellant not less than two days prior to the hearing date to confirm attendance.

741.3 Following Decision - The MWD shall:

(a) Implement action as set forth in the final decision within 15 days of its official publication; and

(b) Promptly report such implementation to the Division of Public Welfare.

752. Scheduling - The hearing shall be scheduled by the MWD within two working days of the date of the initial request, oral or written. Notice of time, date, and place will be transmitted by telephone or in person. Upon a delay by the MWD beyond the two-day period or a delay in decision (753 below), the appellant may request a State emergency hearing which will be convened within three working days of the appellant's request for a State emergency hearing.

753. Decision - The decision of the hearing officer may be announced at the close of the hearing or later but must be made known to the MWD and the appellant before 12 noon of the next working day. The hearing officer will file a written report and decision with DPW/BARA within two working days of the hearing, sending copies to the MWD and to the appellant.

754. Appeal - An appellant who wishes to appeal the decision in an emergency local fair hearing may do so within two working days of the date on which the appellant receives initial notice of the decision of the local hearing. A State hearing will be convened on the appealed decision within three working days. All parties will be notified by telephone or mailgram of time, date, and place. An interim decision will be rendered and conveyed to the MWD by telephone by 12 noon of the next working day following the date of the hearing, specifying the type and amount of assistance to be provided immediately to forestall the effects of the emergency.

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800. REFERRAL TO OTHER AGENCY PROGRAMS - Since general assistance is a program of last resort, the Municipal Director of Welfare shall refer all persons who are potentially eligible for other programs to the appropriate agency. Payment of general assistance may be authorized for maintenance and services pending the receipt of benefits from other agencies and programs. (See also Section 322.1.)

810. REFERRAL TO COUNTY WELFARE AGENCY - Referral shall be made to the county welfare agency when the general assistance applicant appears to be eligible for any of the programs identified in Section 812.

811. Method of Referral - Referral shall be made via Form PA-14 (Referral for Services). This form shall be given to the client; one copy shall be sent to the county welfare agency; and the remaining copy shall be kept on file in the MWD.

811.1 Disposition of Referral Action - The county welfare agency shall complete the "tear sheet" portion of Form PA-14 and return it to the MWD.

(a) Denial of CWA Application - When a CWA application is denied due to lack of need (excess income or resources), voluntary withdrawal of the CWA application, failure to provide information to the CWA, or refusal to comply with CWA program requirements, the client shall be ineligible for general assistance for the same reason.

1) Eligibility of Household Members Not Included in the CWA Grant - In situations where one or more household members is not included in the eligible unit to which the CWA grants assistance, such person(s) shall be eligible, if need exists, for general assistance payment and services.

811.1 Disposition of Referral Action (cont'd)

(b) Approval of CWA Application - If a recipient of general assistance becomes eligible for a CWA program identified in this section, other than Food Stamps, and a CWA application is approved, the client shall immediately become ineligible for further general assistance payments.

812. County Welfare Agency Programs - Programs administered by the county welfare agency include the following:

812.1 Aid to Families with Dependent Children (AFDC) - This program provides cash benefits to eligible families with children under three segments: "C" segment-with federal financial participation, to eligible children and parent(s) or parent person where there is death, absence, or incapacity of one or both natural or adoptive parents;

"F" segment-with federal financial participation, to eligible children and both parents when the father meets the federal criteria as unemployed;

"N" segment-through State funding only, to children and both parents when the father is underemployed.

(a) Eligibility Requirements - Eligibility requirements for the AFDC program are described in detail in the Public Assistance Manual and the Assistance Standards Handbook. These manuals are available from the Division of Public Welfare.

SUPERSEDED

800. REFERRAL TO OTHER AGENCY PROGRAMS - Since general assistance is a program of last resort, the Municipal Director of Welfare shall refer all persons who are potentially eligible for other programs to the appropriate agency. Payment of general assistance may be authorized for maintenance and services pending the receipt of benefits from other agencies and programs. (See also Section 322.1).

810. REFERRAL TO COUNTY WELFARE AGENCY - Referral shall be made to the county welfare agency when the general assistance applicant appears to be eligible for any of the programs identified in Section 812.

811. Method of Referral - Referral shall be made via Form PA-14 (Inter-Agency Referral). This form shall be given to the client; one copy shall be sent to the county welfare agency; and the remaining copy shall be kept on file in the MWD.

811.1 Disposition of Referral Action - The county welfare agency shall complete the "tear sheet" portion of Form PA-14 and return it to the MDW.

(a) Denial of CWA Application - When a CWA application is denied due to lack of need (excess income or resources), voluntary withdrawal of the CWA application, failure to provide information to the CWA, or refusal to comply with CWA program requirements, the client shall be ineligible for general assistance for the same reason.

1) Eligibility of Household Members Not Included in the CWA Grant - In situations where one or more household members is not included in the eligible unit to which the CWA grants assistance, such person(s) shall be eligible, if need exists, for general assistance payment and services.

811.1 Disposition of Referral Action (continued)

(b) Approval of CWA Application - If a recipient of general assistance becomes eligible for a CWA program identified in this section, other than Food Stamps, and a CWA application is approved, the client shall immediately become ineligible for further general assistance payments.

812. County Welfare Agency Programs - Programs administered by the county welfare agency include the following:

812.1 Aid to Families with Dependent Children (AFDC) - This program provides cash benefits to eligible families with children under three segments: "C" segment-with federal financial participation, to eligible children and parent(s) or parent person where there is death, absence, or incapacity of one or both natural or adoptive parents;

"F" segment-with federal financial participation, to eligible children and both parents when the father meets the federal criteria as unemployed;

"N" segment-through State funding only, to children and both parents when the father is underemployed.

(a) Eligibility Requirements - Eligibility requirements for the AFDC program are described in detail in the Public Assistance Manual and the Assistance Standards Handbook. These manuals are available from the Division of Public Welfare.

10:85-8.2(c) (continued)

2. Medicaid Only: This Federal/State program offers payment for medical care to persons who qualify for participation in the AFDC or SSI program, but who do not receive cash maintenance payments available under the program for which they qualify. Also eligible are certain persons under age 21 and certain pregnant women, regardless of age, who have income below the AFDC standard but are not eligible for cash AFDC payments.

   i. Eligibility requirements: Eligibility requirements for the Medicaid Only program are described in detail in the applicable program manuals available from the Division of Public Welfare.

3. Food Stamps: This Federal program provides eligible households with food stamps which are redeemed at face value for food.

   i. Eligibility requirements: Eligibility requirements for this purpose are described in detail in the Food Stamp Manual, available from the Division of Public Welfare.

      (1) Receipt of food stamps does not disqualify a person for General Assistance.

4. Medical Assistance to the Aged: This State program provides payment for hospitalization, care in long term care facilities, or home health care to certain persons age 65 or over who do not qualify for participation in the SSI or AFDC program.

   i. Eligibility requirements: Eligibility requirements for this program are available from the Division of Public Welfare; however, income standards are generally lower than those for the Medicaid Only program (see paragraph 2 of this subsection).

5. Cuban/Haitian Entrant Program: This Federal program offers cash benefits and medical care to eligible families who have recently immigrated to the United States from Cuba or Haiti.

   i. Eligibility requirements: Eligibility requirements are available from the county welfare agency.

10:85-8.2(c) (continued)

6. Refugee Resettlement Program: This Federal program offers cash benefits and medical care to eligible families who have recently come to the United States from countries such as, but not limited to, Vietnam.

   i. Eligibility requirements: Eligibility requirements are available from the county welfare agency.

10:85-8.3 Referral to SSA district office

(a) Referral shall be made to the appropriate Social Security Administration district office when the General Assistance applicant appears eligible for the programs identified in subsection (c) of this section.

(b) Method of referral: Referral for RSDI benefits shall be made via Form PA-14 (Referral for Services). This form shall be given to the client, one copy shall be sent to the SSA district office, and the remaining copy shall be kept on file in the municipal department of welfare. Referral for SSI benefits shall be made in accordance with (c)3ii below.

(c) SSA programs: Programs administered by the Social Security Administration include the following:

1. Retirement, Survivors, Disability and Health Insurance (RSDHI): This Federal program protects workers and their families from loss or stoppage of earnings resulting from retirement at age 62 (or older), death, or disability.

10:85-8.2(c) (continued)

2. Medicaid Only: This Federal/State program offers payment for medical care to persons who qualify for participation in the AFDC or SSI program, but who do not receive cash maintenance payments available under the program for which they qualify. Also eligible are certain persons under age 21 and certain pregnant women, regardless of age, who have income below the AFDC standard but are not eligible for cash AFDC payments.

   i. Eligibility requirements: Eligibility requirements for the Medicaid Only program are described in detail in the applicable program manuals available from the Division of Public Welfare.

3. Food Stamps: This Federal program provides eligible households with food stamps which are redeemed at face value for food.

   i. Eligibility requirements: Eligibility requirements for this purpose are described in detail in the Food Stamp Manual, available from the Division of Public Welfare.

      (1) Receipt of food stamps does not disqualify a person for General Assistance.

4. Medical Assistance to the Aged: This State program provides payment for hospitalization, care in long term care facilities, or home health care to certain persons age 65 or over who do not qualify for participation in the SSI or AFDC program.

   i. Eligibility requirements: Eligibility requirements for this program are available from the Division of Public Welfare; however, income standards are generally lower than those for the Medicaid Only program (see paragraph 2 of this subsection).

5. Cuban Refugee Assistance: This Federal program offers cash benefits and medical care to eligible families who have recently immigrated to the United States from Cuba.

   i. Eligibility requirements: Eligibility requirements for this program are described in detail in Appendix A of the Public Assistance Manual.

10:85-8.2(c) (continued)

6. Indochinese Refugee Program: This Federal program offers cash benefits and medical care to eligible families who have recently come to the United States from Vietnam, Cambodia, and Laos.

   i. Eligibility requirements: Eligibility requirements for this program are available from the Division of Public Welfare.

10:85-8.3 Referral to SSA district office

(a) Referral shall be made to the appropriate Social Security Administration district office when the General Assistance applicant appears eligible for the programs identified in subsection (c) of this section.

(b) Method of referral: Referral for RSDI benefits shall be made via Form PA-14 (Referral for Services). This form shall be given to the client, one copy shall be sent to the SSA district office, and the remaining copy shall be kept on file in the municipal department of welfare. Referral for SSI benefits shall be made in accordance with (c)3.ii. below.

(c) SSA programs: Programs administered by the Social Security Administration include the following:

1. Retirement, Survivors, Disability and Health Insurance (RSDHI): This Federal program protects workers and their families from loss or stoppage of earnings resulting from retirement at age 62 (or older), death, or disability.

812.2 Medicaid Only - This federal/State program offers payment for medical care to persons who qualify for participation in the AFDC or SSI program, but who do not receive cash maintenance payments available under the program for which they qualify. Also eligible are certain persons under age 21 and certain pregnant women, regardless of age, who have income below the AFDC standard but are not eligible for cash AFDC payments.

(a) Eligibility Requirements - Eligibility requirements for the Medicaid Only program are described in detail in the applicable program manuals available from the Division of Public Welfare.

812.3 Food Stamps - This federal program provides eligible families with food stamps which are purchased at a discount and later redeemed at face value for food.

(a) Eligibility Requirements - Eligibility requirements for this purpose are described in detail in the Food Stamp Manual, available from the Division of Public Welfare.

1) Receipt of food stamps does not disqualify a person for General Assistance.

812.4 Medical Assistance to the Aged - This State program provides payment for hospitalization, care in long term care facilities, or home health care to certain persons age 65 or over who do not qualify for participation in the SSI or AFDC program.

(a) Eligibility Requirements - Eligibility requirements for this program are available from the Division of Public Welfare; however, income standards are generally lower than those for the Medicaid Only program (see Section 812.2).

812.5 Cuban Refugee Assistance - This federal program offers cash benefits and medical care to eligible families who have recently immigrated to the United States from Cuba.

(a) Eligibility Requirements - Eligibility requirements for this program are described in detail in Appendix A of the Public Assistance Manual.

812.6 Indochinese Refugee Program - This federal program offers cash benefits and medical care to eligible families who have recently come to the United States from Vietnam, Cambodia, and Laos.

(a) Eligibility Requirements - Eligibility requirements for this program are available from the Division of Public Welfare.

820. REFERRAL TO SSA DISTRICT OFFICE - Referral shall be made to the appropriate Social Security Administration district office when the General Assistance applicant appears eligible for the programs identified in Section 822.

821. Method of Referral - Referral shall be made via Form PA-14 (Referral for Services). This form shall be given to the client, one copy shall be sent to the SSA district office, and the remaining copy shall be kept on file in the municipal department of welfare.

822. SSA Programs - Programs administered by the Social Security Administration include the following:

822.1 Retirement, Survivors, Disability and Health Insurance (RSDHI) - This federal program protects workers and their families from loss or stoppage or earnings resulting from retirement at age 62 (or older), death, or disability.

812.2 Medicaid Only - This federal/State program offers purchase of service benefits for medical care to persons who qualify for participation in the AFDC or SSI program, but who do not receive cash maintenance payments available under the program for which they qualify.

(a) Eligibility Requirements - Eligibility requirements for the Medicaid Only program are described in detail in the applicable program manuals available from the Division of Public Welfare.

812.3 Food Stamps - This federal program provides eligible families with food stamps which are purchased at a discount and later redeemed at face value for food.

(a) Eligibility Requirements - Eligibility requirements for this purpose are described in detail in the Food Stamp Manual, available from the Division of Public Welfare.

1) Receipt of food stamps does not disqualify a person for general assistance.

812.4 Medical Assistance to the Aged - This State program provides payment for hospitalization, care in long term care facilities, or home health care to certain persons age 65 or over who do not qualify for participation in the SSI or AFDC program.

(a) Eligibility Requirements - Eligibility requirements for this program are available from the Division of Public Welfare; however, income standards are generally lower than those for the Medicaid Only program (see Section 812.2).

812.5 Cuban Refugee Assistance - This federal program offers cash benefits and medical care to eligible families who have recently immigrated to the United States from Cuba.

(a) Eligibility Requirements - Eligibility requirements for this program are described in detail in Appendix A of the Public Assistance Manual.

812.6 Indochinese Refugee Program - This federal program offers cash benefits and medical care to eligible families who have recently come to the United States from Vietnam, Cambodia, and Laos.

(a) Eligibility Requirements - Eligibility requirements for this program are available from the Division of Public Welfare.

820. REFERRAL TO SSA DISTRICT OFFICE - Referral shall be made to the appropriate Social Security Administration district office when the general assistance applicant appears eligible for the programs identified in Section 822.

821. Method of Referral - Referral shall be made via Form PA-14 (Referral for Services). This form shall be given to the client, one copy shall be sent to the SSA district office, and the remaining copy shall be kept on file in the municipal department of welfare.

822. SSA Programs - Programs administered by the Social Security Administration include the following:

822.1 Retirement, Survivors, Disability and Health Insurance (RSDHI) - This federal program protects workers and their families from loss or stoppage or earnings resulting from retirement at age 62 (or older), death, or disability.

812.2 Medicaid Only - This federal/state program offers purchase of service benefits for medical care to persons who qualify for participation in the AFDC or SSI program, but who do not receive cash maintenance payments available under the program for which they qualify.

(a) Eligibility Requirements - Eligibility requirements for the Medicaid Only program are described in detail in the applicable program manuals available from the Division of Public Welfare.

812.3 Food Stamps - This federal program provides eligible families with food stamps which are purchased at a discount and later redeemed at face value for food.

(a) Eligibility Requirements - Eligibility requirements for this purpose are described in detail in the Food Stamp Manual, available from the Division of Public Welfare.

1) Receipt of food stamps does not disqualify a person for general assistance.

812.4 Medical Assistance to the Aged - This State program provides payment for hospitalization, care in long term care facilities, or home health care to certain persons age 65 or over who do not qualify for participation in the SSI or AFDC program.

(a) Eligibility Requirements - Eligibility requirements for this program are available from the Division of Public Welfare; however, income standards are generally lower than those for the Medicaid Only program (see Section 812.2).

812.5 Cuban Refugee Assistance - This federal program offers cash benefits and medical care to eligible families who have recently immigrated to the United States from Cuba.

(a) Eligibility Requirements - Eligibility requirements for this program are described in detail in Appendix A of the Public Assistance Manual.

812.6 Indochinese Refugee Program - This federal program offers cash benefits and medical care to eligible families who have recently come to the United States from Vietnam, Cambodia, and Laos.

(a) Eligibility Requirements - Eligibility requirements for this program are available from the Division of Public Welfare.

820. REFERRAL TO SSA DISTRICT OFFICE - Referral shall be made to the appropriate Social Security Administration district office when the general assistance applicant appears eligible for the programs identified in Section 822.

821. Method of Referral - Referral shall be made via Form PA-14 (Inter-Agency Referral). This form shall be given to the client, one copy shall be sent to the SSA district office, and the remaining copy shall be kept on file in the municipal department of welfare.

822. SSA Programs - Programs administered by the Social Security Administration include the following:

822.1 Retirement, Survivors, Disability and Health Insurance (RSDHI) - This federal program protects workers and their families from loss or stoppage or earnings resulting from retirement at age 62 (or older), death, or disability.

822.1 Retirement, Survivors, Disability and Health Insurance (RSDHI) (continued)

(a) Eligibility Requirements - In order to receive benefits, an employee must have worked in covered employment for a certain number of quarters. (A quarter is a three month calendar period in which wages of $50 or more were earned). The amount of quarters necessary to establish entitlement varies according to the type of social security benefit (e.g., widow's or children's benefit, retirement, disability, etc.) being sought.

(b) Lump-Sum Death Benefits - This program provides for a lump-sum payment upon the death of a covered employee. Application for benefits must ordinarily be filed no later than the second anniversary of the person's death.

1) Eligibility Requirements - In order to be eligible for benefits, an employee must have been working in covered employment for at least one and one half years within the three years prior to his/her death.

822.2 Medicare - This is a federal health insurance program available to all individuals over age 65 and those under 65 who either have received Social Security disability benefits for 2 consecutive years or who are insured under the Social Security system and need dialysis or a kidney transplant due to chronic kidney disease. The dependents of an insured individual are also entitled to Medicare if they require dialysis or a kidney transplant. The program has two parts:

822.2 Medicare (continued)

(a) Hospital Insurance

1) The following are eligible for hospital insurance coverage:

a) Individuals over 65 who are entitled to Social Security or Railroad Retirement benefits are automatically eligible; others may be eligible if they have worked a sufficient number of quarters. Additionally, hospital insurance may be purchased in conjunction with medical insurance by paying a monthly premium.

b) Individuals under 65 who are disabled and receiving Social Security disability benefits for 2 years, railroad disability annuities or retirement benefits due to a disability.

c) An individual or his/her dependent who needs dialysis or kidney transplant, beginning either the first day of the month following 2 full months of dialysis or immediately upon admission to the hospital for transplant surgery.

2) Benefits - Medicare pays the cost of room and meals in a semiprivate accommodation, regular nursing service and service in intensive care, drugs, supplies, appliances, and equipment for

a) 90 days of inpatient care in each benefit period;

b) 190 days of lifetime reserve psychiatric hospital care;

10:85-8.3(c)2.i.(2) (continued)

(C) Lifetime reserve of 60 inpatient hospital days;

(D) One hundred days of care in each benefit period in a participating skilled nursing facility if the individual's medical condition is determined by the physician as warranting extended care, and provided the individual has been hospitalized at least three consecutive days and is admitted to a skilled nursing facility for further treatment of a condition for which he/she was hospitalized within 14 days of discharge from the hospital;

(E) One hundred home health visits from a participating home health agency for each benefit period, but only if a physician determines that the continuing care needed includes part time skilled nursing care or physical or speech therapy, and individual is confined to his/her home after having been hospitalized for three consecutive days, or the health care is for further treatment of a condition for which individual was hospitalized.

ii. Medical insurance:

(1) Eligible groups: All individuals, including those disabled who are entitled to hospital insurance, are automatically eligible for medical insurance at a small annual premium cost.

(2) Services covered: Physician services, medical supplies and drugs used as part of treatment, outpatient hospital services in an emergency room or outpatient clinic, outpatient physical therapy and speech, pathology services, x-rays or radiation treatments, surgical dressings, splints, casts, braces, artificial limbs and eyes, certain psychiatric and ambulance services.

(3) Amount of coverage: Medical insurance pays 80% of the reasonable charges exceeding the first $60.00 in each calendar year, with the exception of laboratory and radiology services which are covered at 100% of charge, and home health services which are covered at 100% after the first $60.00 deductible. Additionally, medical insurance pays for physical therapy after an expenditure of $80.00 each year, and for physician psychiatric services after $250.00 each year.

10:85-8.3(c) (continued)

3. Supplemental Security Income (SSI): This Federal program provides cash benefits to eligible individuals who are over 65 years of age, blind, or disabled.

   i. Eligibility requirements: In addition to the age or disability requirement, an individual must be a citizen of the United States (or a lawfully admitted alien) and satisfy certain income and resource standards. (See N.J.A.C. 10:85-3.1(d)1. regarding eligibility for General Assistance to meet immediate need.)

   ii. Referral procedures: Whenever an individual appears to be eligible for SSI, the MWD shall provide the individual with a copy of the pamphlet, How to Apply for SSI (Form GA-191). Such individuals are to be referred to the appropriate Social Security Administration district office (SSA/DO). Referrals for blind and disabled individuals shall be made via Form GA-41 (Supplemental Referral Form) which shall be completed in duplicate, the original shall be sent to the SSA/DO and copy retained in the case record. All aged individuals shall be referred via Form PA-14. If a client who appears to be ineligible for SSI requests a referral, this shall also be made via Form PA-14 or GA-41 as deemed appropriate.

   iii. Appeal procedures: Whenever SSI benefits are denied to an individual referred by the MWD for reasons related to degree of disability or blindness, or for any other reason, and in the view of the MWD the denial seems inappropriate to the circumstances, the MWD shall refer the individual, with his/her knowledge, via Form PA-14 to the appropriate Legal Services office for assistance in the appeal process. The MWD will supply to Legal Services, with the client's consent, whatever required information is available.

822.2 Medicare (continued)

c) Lifetime reserve of 60 inpatient hospital days;

d) 100 days of care in each benefit period in a participating skilled nursing facility if the individual's medical condition is determined by the physician as warranting extended care, and provided the individual has been hospitalized at least 3 consecutive days and is admitted to a skilled nursing facility for further treatment of a condition for which he/she was hospitalized within 14 days of discharge from the hospital;

e) 100 home health visits from a participating home health agency for each benefit period, but only if a physician determines that the continuing care needed includes part time skilled nursing care or physical or speech therapy, and individual is confined to his/her home after having been hospitalized for 3 consecutive days, or the health care is for further treatment of a condition for which individual was hospitalized.

(b) Medical Insurance

1) Eligible Groups - All individuals, including those disabled who are entitled to hospital insurance, are automatically eligible for medical insurance at a small annual premium cost.

822.2 Medicare (continued)

2) Services Covered - Physician services, medical supplies and drugs used as part of treatment, outpatient hospital services in an emergency room or outpatient clinic, outpatient physical therapy and speech, pathology services, x-rays or radiation treatments, surgical dressings, splints, casts, braces, artificial limbs and eyes, certain psychiatric and ambulance services.

3) Amount of Coverage - Medical insurance pays 80% of the reasonable charges exceeding the first $60 in each calendar year, with the exception of laboratory and radiology services which are covered at 100% of charge, and home health services which are covered at 100% after the first $60 deductible. Additionally, medical insurance pays for physical therapy after an expenditure of $80 each year, and for physician psychiatric services after $250 each year.

822.3 Supplemental Security Income (SSI) - This federal program provides cash benefits to eligible individuals who are over 65 years of age, blind, or disabled.

(a) Eligibility Requirements - In addition to the age or disability requirement, an individual must be a citizen of the United States (or a lawfully admitted alien) and satisfy certain income and resource standards. (See Section 314.1 regarding eligibility for general assistance to meet immediate need).

10:85-8.4 Referral to State agencies

(a) Referral shall be made to the appropriate State agency when the general assistance applicant appears to be eligible for any of the programs identified in this section and N.J.A.C. 10:85-8.5(a).

(b) State programs: State agencies which administer or fund programs of cash assistance or services include, but are not necessarily limited to, those identified in subsection (d) of this section and N.J.A.C. 10:85-8.5(b).

(c) Method of referral: In cases where the applicant may be entitled to cash benefits or services, referral shall be made via Form PA-14 (Referral for Services). This form shall be given to the client, one copy shall be sent to the appropriate State agency, and the remaining copy shall be kept on file in the municipal department of welfare.

(d) Department of Health: The New Jersey State Department of Health administers the programs and services described in (d)2 below.

1. General eligibility requirements: Eligibility requirements vary from program to program: however, many of the programs have no financial eligibility criteria and are given without charge to anyone needing service. In general, persons who are not eligible for medical assistance through the AFDC, Medicaid Only, MAA (see county welfare agency programs) or SSI (see SSA programs) programs are eligible for services funded through the Department of Health.

2. Description of programs: The Department of Health administers the following programs:

10:85-8.4(d)2 (continued)

i. Visiting homemaker-home health aide service: This is a local non-profit agency sponsored by the New Jersey Department of Health as a community health agency. A homemaker-home health aide is assigned to work in the home of an individual or family when home life is disrupted by illness, disability or social disadvantage or when the family or individuals within the family are in danger of physical, social, or emotional breakdown because of disorganization or stress with which they are unable to cope effectively. The homemaker-home health aide agency charges a reasonable hourly rate for services plus normal travel expenses. (The homemaker is paid weekly by the agency which, in turn, bills the patient, the patient's family, or another social agency.) Inquiry may be made by phoning the appropriate member agency. A list of these agencies (there is at least one in each county) is available by writing to the Visiting Homemaker Association of New Jersey, Inc., Box 1540, Trenton, New Jersey, 08625.

ii. Hemophilia program: This program pays 100 percent of the cost of blood products used by a hemophiliac who is registered in the program. Inquiries should be addressed to the Administrator, Hemophilia Program, CN 364, Trenton, New Jersey 08625.

iii. Maternal and child health: This program provides maternity services and consultation and a referral network to child health conferences. The program provides follow-up on newborn screening - currently PKU, hypothyroidism and risk of hearing impairment. The Women, Infant and Children (WIC) supplementary foods program is also administered under this general program heading as well as Family Planning Services. Complete information on the various services available under this Maternal and Child Health Program may be found in the Directory of Preventive Health Services which gives the location of publicly funded Family Planning, Prenatal and Child Health Supervision Services, including those which are WIC sites throughout the State. Copies of the directory may be obtained by writing to the Maternal and Child Health Program, New Jersey State Department of Health, 120 So. Stockton St., CN 364, Trenton, New Jersey 08625.

830. REFERRAL TO STATE AGENCIES - Referral shall be made to the appropriate State agency when the general assistance applicant appears to be eligible for any of the programs identified in Sections 830-840.

831. State Programs - State agencies which administer or fund programs of cash assistance or services include, but are not necessarily limited to, those identified in Sections 833 through 841.

832. Method of Referral - In cases where the applicant may be entitled to cash benefits or services, referral shall be made via Form PA-14 (Referral for Services). This form shall be given to the client, one copy shall be sent to the appropriate State agency, and the remaining copy shall be kept on file in the municipal department of welfare.

833. Department of Health - The New Jersey State Department of Health administers the programs and services described in Section 833.2.

833.1 General Eligibility Requirements - Eligibility requirements vary from program to program; however, many of the programs have no financial eligibility criteria and are given without charge to anyone needing service. In general, persons who are not eligible for medical assistance through the AFDC, Medicaid Only, MAA (see county welfare agency programs) or SSI (see SSA programs) programs are eligible for services reimbursed through Department of Health funds.

833.2 Description of Programs - The Department of Health administers the following programs:

833. Department of Health (cont'd)

(a) Crippled Children Program - This program assists in paying for restorative services for children with physical handicaps. It pays for hospitalization, evaluation examinations, home nursing visits, physical therapy, speech therapy, braces, appliances, and certain other items for handicapped persons under 21 years of age whose families are unable to pay the entire cost themselves. It covers a wide variety of conditions, including both congenital defects and those acquired as a result of injury or illness. Inquiry may be made by phone (609-292-5676) or in writing to the New Jersey State Department of Health, Crippled Children Program, P.O. Box 1540, Trenton, New Jersey 08625. Copies of the Procedures Manual for this program are available from the State Department of Health, at a cost of $2.00 each.

(b) Visiting Homemaker-Home Health Aide Service - This is a local nonprofit agency sponsored by the New Jersey Department of Health as a community health agency. A Homemaker-Home Health Aide is assigned to work in the home of an individual or family when home life is disrupted by illness, disability or social disadvantage or when the family or individuals within the family are in danger of physical, social, or emotional breakdown because of disorganization or stress with which they are unable to cope effectively. The Homemaker-Home Health Aide agency charges a reasonable hourly rate for services plus normal travel expenses. (The Homemaker is paid weekly by the agency which, in turn, bills the patient, the patient's family, or another social agency.) Inquiry may be made by phoning the appropriate member agency. A list of

830. REFERRAL TO STATE AGENCIES - Referral shall be made to the appropriate State agency when the general assistance applicant appears to be eligible for any of the programs identified in Sections 830-840.

831. State Programs - State agencies which administer or fund programs of cash assistance or services include, but are not necessarily limited to, those identified in Sections 833 through 841.

832. Method of Referral - In cases where the applicant may be entitled to cash benefits or services, referral shall be made via Form PA-14 (Inter-Agency Referral). This form shall be given to the client, one copy shall be sent to the appropriate State agency, and the remaining copy shall be kept on file in the municipal department of welfare.

833. Department of Health - The New Jersey State Department of Health administers the programs and services described in Section 833.2.

833.1 General Eligibility Requirements - Eligibility requirements vary from program to program; however, many of the programs have no financial eligibility criteria and are given without charge to anyone needing service. In general, persons who are not eligible for medical assistance through the AFDC, Medicaid Only, MAA (see county welfare agency programs) or SSI (see SSA programs) programs are eligible for services reimbursed through Department of Health funds.

833.2 Description of Programs - The Department of Health administers the following programs:

833. Department of Health (continued)

(a) Crippled Children Program - This program assists in paying for restorative services for children with physical handicaps. It pays for hospitalization, evaluation examinations, home nursing visits, physical therapy, speech therapy, braces, appliances, and certain other items for handicapped persons under 21 years of age whose families are unable to pay the entire cost themselves. It covers a wide variety of conditions, including both congential defects and those acquired as a result of injury or illness. Inquiry may be made by phone (609-292-5676) or in writing to the New Jersey State Department of Health, Crippled Children Program, P.O. Box 1540, Trenton, New Jersey 08625. Copies of the Procedures Manual for this program are available from the State Department of Health, at a cost of $2.00 each.

(b) Visiting Homemaker-Home Health Aide Service - This is a local nonprofit agency sponsored by the New Jersey Department of Health as a community health agency. A Homemaker-Home Health Aide is assigned to work in the home of an individual or family when home life is disrupted by illness, disability or social disadvantage or when the family or individuals within the family are in danger of physical, social, or emotional breakdown because of disorganization or stress with which they are unable to cope effectively. The Homemaker-Home Health Aide agency charges a reasonable hourly rate for services plus normal travel expenses. (The Homemaker is paid weekly by the agency which, in turn, bills the patient, the patient's family, or another social agency). Inquiry may be made by phoning the appropriate member agency. A list of

10:85-8.4(d)2

iv. Special Child Health Services (SCHS): This program is designed to promote early identification, diagnosis, evaluation and treatment of any child under the age of 21 with handicapping or potentially handicapping conditions.

(1) This program replaces the former "Crippled Children's Program" and "Juvenile Terminal Illness Assistance Program" with expanded services for children and families who are at risk for developing a handicapping condition. Services are provided by health care agencies/facilities throughout the State, which have contracted with the State Department of Health. Financial assistance is available through these agencies/facilities on a limited basis when third party resources are exhausted or unavailable to the child or family. Services that are supported include:

(A) Specialized and subspecialized evaluation, diagnostic and treatment services for infants and children who have multiple handicapping conditions, chronic diseases/disorders and/or are at risk for delayed development.

(B) Genetic testing and counseling services.

(C) Direct financial assistance for the purchase of certain appliances such as braces, prosthetic devices and hearing aids.

(D) Case management services for those disabled children, under 16 years of age, who receive Supplemental Security Income (SSI) benefits, and those children who receive or require services from multiple agencies.

(2) Additional information may be obtained by telephone (609-292-5676) or requesting a copy of "Resources for Detection, Prevention and Treatment Services for Children with Handicapping conditions", from Special Child Health Services, CN 364, Trenton, New Jersey 08625. The individual program details may be obtained from the same address. Referrals may be made directly to the appropriate health care agency/facilities that the State Department of Health lists as an approved contracted provider in their resource directory.

10:85-8.4 (continued)

(e) Division of Unemployment and Disability Insurance: This State agency, which is a Division of the New Jersey Department of Labor and Industry, administers the following programs:

1. New Jersey temporary disability insurance program: This program pays cash benefits to a person who cannot work because of sickness or injury not caused by his/her job.

833. Department of Health (continued)

these agencies (there is at least one in each county) is available by writing to the Visiting Homemaker Association of New Jersey, Inc., Box 1540, Trenton, New Jersey, 08625.

(c) Chronic Renal Disease Program - This program is involved with the development, expansion, improvement, and coordination of facilities for chronic hemodialysis. Available funds are used to defray hemodialysis maintenance costs of those New Jersey residents for whom applications have been received. Inquires should be addressed to the New Jersey Department of Health.

(d) Hemophilia Program - This program pays 100% of the cost of blood products used by a hemophiliac who is registered in the program. Inquires should be addressed to the New Jersey Department of Health.

(e) Juvenile Terminal Illness Assistance Program - This program provides medical care and supportive services needed by children with terminal illness whose families are unable to pay for such treatment. (Some examples of medical and supportive services include: outpatient radiotherapy, special duty nursing services, transportation services, telephone services and babysitting services.) Help is provided for children, under age 21, who have an illness for which there is no known cure and which is expected to cause death within a short time. (The terminal status of the patient must be certified by two physicians licensed to practice medicine and surgery in New Jersey.)

833. Department of Health (continued)

Inquires may be made by phone (609-292-5656) or in writing to the New Jersey Department of Health, Juvenile Terminal Illness Assistance Program, Box 1540, Trenton, New Jersey 08625.

(f) Maternal and Child Health - This program provides maternity services and consultation, well child conferences, PKU screening, diagnostic evaluations of children with complex health problems, family health services, family planning services, and clinic services for well-babies and adolescents. The Immunization Program, Early Periodic Screening Diagnosis and Treatment (EPSDT) Program, and Women, Infants, and Children's (WIC) Programs are also administered under this general program heading. Complete information on the various services available under this Maternal and Child Health Program, including the location of appropriate Department of Health offices, may be found in the Directory of Preventive Health Services. Copies may be obtained by writing to the Maternal and Child Health Program, Room 701, New Jersey Department of Health, John Fitch Plaza, P.O. Box 1540, Trenton, New Jersey 08625.

834. Division of Unemployment and Disability Insurance - This State agency, which is a Division of the New Jersey Department of Labor and Industry, administers the following programs:

834.1 New Jersey Temporary Disability Insurance Program - This program pays cash benefits to a person who cannot work because of sickness or injury not caused by his/her job.

834. Division of Unemployment and Disability Insurance (continued)

(a) Eligibility Requirements - A person must have at least 17 base weeks of employment in the 52 weeks immediately preceding the week in which he/she became disabled, in order to have a valid claim. (A base week is one in which a person earned at least $15 working for a New Jersey covered employer.) In addition, a physician, dentist, osteopath, chiropractor, or chiropodist must certify that the claimant is too disabled to continuously do the regular work which he/she was doing immediately before becoming disabled.

(b) How to Apply for Benefits - Workers covered by a Private Plan who became disabled should advise their employers as soon as possible and ask for the necessary form to claim benefits. To claim benefits under the State Plan (workers who are not covered under a Private Plan are automatically covered under the State Plan), a person must obtain Form DS-1 (Claim for State Disability Benefits) from his/her employer, union, or nearest office of the State Employment Service. This may be done by telephone or letter. Mail the completed Claim immediately to the Disability Insurance Service, P.O. Box 825, Trenton, New Jersey 08625. (A person may lose some or all of his/her benefits if a claim is filed more than 30 days after the start of the disability.)

(c) Period of Eligibility Determination - A determination with regard to a claim for State Plan benefits may take approximately two or three weeks. The average time lapse from the receipt of the claim form to issuance of a determination is 12 days.

834. Division of Unemployment and Disability Insurance (continued)

834.2 State Unemployment Insurance - This program pays cash benefits to covered workers who have lost their jobs through circumstances beyond their control, or who are working less than full-time because of a lack of full-time work.

(a) Eligibility Requirements - A person must have wages of at least $30 in each of 20 weeks, or have earned $2200 or more during the base year in employment covered by the Unemployment Compensation Law of New Jersey. (A base year is the first 52 of the 53 weeks preceding the date of the filing of the claim.) In addition, the claimant must register for work with the New Jersey State Training and Employment Service, be able and available for work at all times, make an active search for work, and report to the unemployment office as directed.

(b) How To Apply For Benefits - Covered workers who become unemployed should obtain Form BC-10 (Instructions for Claiming Unemployment Benefits) from their last employer(s). The completed form must then be submitted, in person, to the nearest Unemployment Insurance Claims Office, as quickly as possible. (No credit can be allowed for weeks of unemployment occurring before the claim is filed.) The claimant should have his/her Social Security account card available when filing a claim.

(c) Period of Eligibility Determination - A determination with regard to a claim for State Unemployment Insurance benefits may take approximately two or three weeks; time lapse periods may vary from office to office. Actual cash benefits are issued within four to five weeks of receipt of the claim.

835. Division of Youth and Family Services (DYFS) - This State agency, which is a division of the New Jersey Department of Institutions and Agencies, administers foster care, homemaker service, adoption, counseling, residential placement, parole supervisor, and child abuse services.

835.1 Eligibility Requirements - These services are available to New Jersey residents. Fees for services (if any) are based on the applicant's ability to pay.

835.2 How to Apply for Services - Information and application for adoption services may be made at one of the Division's four regional offices. Information and application for all other services may be made at the Division's district office serving the area in which the MWD is located. The DYFS district offices are listed below:

ATLANTIC
26 S. Pennsylvannia Avenue
Atlantic City, New Jersey 08401
(609) 344-4141 (effective Sept. 1)

BERGEN
190 Main Street
Hackensack, New Jersey 07601
(201) 487-5380

BURLINGTON
50 Rancocas Road
Mt. Holly, New Jersey 08060
(609) 267-7750

CAMDEN
808 Market Street
Camden, New Jersey 08102
(609) 757-2710

CAPE MAY
County Social Services Center
P.O. Box 222 Rts. 47 and 9
Rio Grande, New Jersey 08242
(609) 886-1105

CUMBERLAND-SALEM
40 E. Broad Street
Bridgeton, New Jersey 08302
(609) 451-3100

ESSEX NEWARK
Newark Center Building
1100 Raymond Boulevard
Newark, New Jersey 07102
(201) 648-2644

SUBURBAN ESSEX
139 Main Street, 2nd Floor
Orange, New Jersey 07050
(201) 672-2900

GLOUCESTER
Southwood Shopping Center
Route 45
Woodbury, New Jersey 08096
(609) 848-6604

HUDSON
550 Summit Avenue
Jersey City, New Jersey 07306
(201) 653-5750

835.2 How to Apply for Services (continued)

HUNTERDON
52 Main Street
Flemington, New Jersey 08822
(201) 782-8784

MERCER
1901 N. Olden Avenue
Trenton, New Jersey 08618
(609) 883-7970

MIDDLESEX
78 Carroll Place
New Brunswick, New Jersey 08901
(201) 249-4880

MONMOUTH
Family Center
270 State Highway 35
Middletown, New Jersey 07748
(201) 741-5220

MORRIS
187 Columbia Turnpike
Lower Level
Florham Park, New Jersey 07923
(201) 822-1770

OCEAN
954 Lakewood Road
Toms River, New Jersey 08753
(201) 244-4300

PASSAIC
370 Broadway
Paterson, New Jersey 07501
(201) 742-1428

SOMERSET
73 E. High Street
Somerville, New Jersey 08876
(201) 722-2224

SUSSEX
P.O. Box 903
200 Woodport Road
Sparta, New Jersey 07871
(201) 729-9163

UNION
80 Broad Street
Elizabeth, New Jersey 07201
(201) 289-3333

WARREN
Runyon Building
P.O. Box 126
325 Front Street
Belvidere, New Jersey 07823
(201) 475-3903

10:85-8.4 (continued)

(g) Division of Medical Assistance and Health Services: The Division of Medical Assistance and Health Services, which is a division of the New Jersey Department of Human Services, administers the following programs:

1. Pharmaceutical Assistance to the Aged and Disabled (PAAD) program: Under this program, eligible persons are reimbursed for approved claims covering the cost of prescription drugs including insulin, insulin syringes and needles. Each eligible individual pays a fixed amount (currently $2.00) for each prescription or each purchase of diabetic supplies.

   i. Eligibility requirements: This program restricts eligibility to residents of New Jersey who are 65 years of age or older and to Social Security Disability benefits recipients (eligibility limited to the person actually disabled) whose annual income is less than $12,000 (married couple $15,000).

   ii. Application procedures: Application forms with instructions are available at county offices on Aging, county welfare agencies, and the local Division of Medical Assistance and Health Services (DMAHS) offices called Medicaid District Offices (MDO). Applications are also available at many pharmacies.

2. Medicaid program: This program provides purchase of medical care and services rendered to eligible persons.

   i. Eligibility requirements: To be eligible for Medicaid, an individual must qualify for SSI (see section 2 of this Subchapter) or for the AFDC, CRA, IRP, or Medicaid Only program. Children under the care of the Division of Youth and Family Services are also eligible for Medicaid benefits.

   ii. How to apply: Application and inquiry for the AFDC, CRA, IRP, or Medicaid Only programs should be directed to the county welfare agency. Information regarding the SSI program may be obtained from the SSA district office. General information about the Medicaid program is available from the local medical assistance units.

10:85-8.4 (continued)

(h) Division of Vocational Rehabilitation Services: The Division of Vocational Rehabilitation Services, which is a division of the New Jersey Department of Labor and Industry, is responsible for the administration of services described in paragraph 2 of this Subsection.

1. General eligibility requirements: To be eligible for vocational rehabilitation services, a person must be at or near working age, have a physical or mental disability that is or will be a substantial handicap to employment, and have a capacity for benefiting from services offered under the rehabilitation program to the extent that he/she can become employable in a competitive or sheltered situation. Financial help offered by the division is based upon establishment of economic need.

10:85-8.4 (continued)

(g) Division of Medical Assistance and Health Services: The Division of Medical Assistance and Health Services, which is a division of the New Jersey Department of Human Services, administers the following programs:

1. Pharmaceutical Assistance to the Aged and Disabled (PAAD) program: Under this program, eligible persons are reimbursed for approved claims covering the cost of prescription drugs including insulin, insulin syringes and needles. Each eligible individual pays a fixed amount (currently $2.00) for each prescription or each purchase of diabetic supplies.

   i. Eligibility requirements: This program restricts eligibility to residents of New Jersey who are 65 years of age or older to Social Security Disability benefits recipients (eligibility limited to the person actually disabled) whose annual income is less than $12,000 (married couple $15,000).

   ii. Application procedures: Application forms with instructions are available at county offices on Aging, county welfare agencies, and the local Division of Medical Assistance and Health Services (DMAHS) offices called Medicaid District Offices (MDO). Applications are also available at many pharmacies.

2. Medicaid program: This program provides purchase of medical care and services rendered to eligible persons.

   i. Eligibility requirements: To be eligible for Medicaid, an individual must qualify for SSI (see section 2 of this Subchapter) or for the AFDC, CRA, IRP, or Medicaid Only program. Children under the care of the Division of Youth and Family Services are also eligible for Medicaid benefits.

   ii. How to apply: Application and inquiry for the AFDC, CRA, IRP, or Medicaid Only programs should be directed to the county welfare agency. Information regarding the SSI program may be obtained from the SSA district office. General information about the Medicaid program is available from the local medical assistance units.

SUPERSEDED

10:85-8.4 (continued)

(h) Division of Vocational Rehabilitation Services: The Division of Vocational Rehabilitation Services, which is a division of the New Jersey Department of Labor and Industry, is responsible for the administration of services described in paragraph 2 of this Subsection.

1. General eligibility requirements: To be eligible for vocational rehabilitation services, a person must be at or near working age, have a physical or mental disability that is or will be a substantial handicap to employment, and have a capacity for benefiting from services offered under the rehabilitation program to the extent that he/she can become employable in a competitive or sheltered situation. Financial help offered by the division is based upon establishment of economic need.

836. Division of Medical Assistance and Health Services - This State agency, which is a division of the New Jersey Department of Institutions and Agencies, administers the following programs:

836.1 Pharmaceutical Assistance to the Aged (PAA) Program - Under this program, eligible persons are reimbursed for approved claims covering the cost of prescription drugs and insulin. Payment is limited to 80% of the allowable costs in excess of the deductible established by law. (The amount of the deductible will vary for each individual since it is based on a percentage of net income.)

(a) Eligibility Requirements - This program restricts eligibility to residents of New Jersey who are 65 years of age or older and whose annual income is less than $9,000.

(b) How to Apply - Inquiry should be made to the Local Medical Assistance Unit (there is one in each county). These offices provide liaison with providers of health services and serve as information centers for the Division's program.

836.2 Medicaid Program - This program provides purchase of medical care and services rendered to eligible persons.

(a) Eligibility Requirements - To be eligible for Medicaid, an individual must qualify for SSI (see Section 822.1) or for the AFDC, CRA, IRP, or Medicaid Only program (see Section 812). Children under the care of the Division of Youth and Family Services are also eligible for Medicaid benefits.

836.2 Medicaid Program (continued)

(b) How to Apply - Application and inquiry for the AFDC, CRA, IRP, or Medicaid Only programs should be directed. to the county welfare agency. Information regarding the SSI program may be obtained from the SSA district office. General information about the Medicaid program is available from the Local Medical Assistance Units.

837. Division of Vocational Rehabilitation Services - This State agency, which is a division of the New Jersey Department of Labor and Industry, is responsible for the administration of services described in Section 837.2.

837.1 General Eligibility Requirements - To be eligible for vocational rehabilitation services, a person must be at or near working age, have a physical or mental disability that is or will be a substantial handicap to employment, and have a capacity for benefiting from services offered under the rehabilitation program to the extent that he/she can become employable in a competitive or sheltered situation. Financial help offered by the Division is based upon establishment of economic need.

837.2 Services Available - The services of the Division include:

(a) Rehabilitation Evaluation - A medical examination required in every case to determine the extent of disability; to discover possible hidden or secondary disabilities; to help determine work potential; and to aid in the determination of eligibility for services.

(b) Vocational Guidance and Counseling - Individual counsel and guidance through every step of the rehabilitation process is given by the vocational rehabilitation counselor to help the disabled person select and attain the most adequate job objective possible.

(c) Medical Services - To restore or improve the disabled person's ability to do a job, medical services may be provided. Such services include medical, surgical, psychiatric, and hospital care, if they are needed, to reduce or remove the disability.

(d) Appliances - When they will increase work capacity, special devices, such as artificial limbs, hearing aids, braces, optical aids, wheel chairs, and other prosthetic appliances are prescribed by qualified professional persons.

837. Division of Vocational Rehabilitation Services (continued)

(e) Occupational Equipment and Tools - If an individual is unable to purchase necessary tools, occupational equipment and licenses required by his/her employment, they can be provided.

(f) Training - Training to provide necessary skills for suitable employment. Vocational training to prepare the individual for gainful employment may be secured in colleges, universities, trade schools, on-the-job, and in sheltered workshops. Training supplies, books, and tools are furnished if needed.

(g) Room, Board, and Transportation - If necessary, costs for room, board, transportation and other necessary expenses may be provided, within certain limitations, while the disabled persons is preparing for work or is being helped to find a job.

(h) Job Placement and Follow-up - Placement in an appropriate job for which the individual has been thoroughly prepared is the ultimate goal of rehabilitation. The counselor continues to follow up the disabled person until the individual is suitably placed and as self-sufficient as possible, and doing work that is satisfactory to his employer.

837.3 How to Apply for Services - The New Jersey Division of Vocational Rehabilitation Services maintains a network of offices throughout the State. The addresses of these offices, with area of coverage, may be obtained directly from the Division's main office, which is located in the Labor and Industry Building, Room 1005, John Fitch Plaza, Trenton, New Jersey 08625. A handicapped person, or a relative or friend acting on his/her behalf, may make inquiry at any of the district offices.

837. Division of Vocational Rehabilitation Services (continued)

837.4 Agreement of Cooperation - See Appendix B for the Agreement of Cooperation with the Division of Vocational Rehabilitation Services.

838. New Jersey Commission for the Blind and Visually Impaired - This State agency, which is a component of the New Jersey Department of Institutions and Agencies, administers the programs and services described in Section 838.2 below.

838.1 General Eligibility Requirements - Eligibility criteria for each service varies somewhat; however, in general the Commission endeavors to serve anyone with a visual impairment so severe as to interfere with day to day activities (this includes blind individuals as well as those who have been classified as having impaired vision). Services provided by the Commission are free of charge; however, if a client needs a service which must be purchased by the Commission, a financial survey (needs test) is required.

838.2 Description of Programs - Services are available through the following programs:

(a) Education Department - This program serves children from preschool age through college in public, private, and parochial schools. Services range from instruction in Braille and communication skills through diverse counseling aimed to prepare a student for either an academic or vocational future. As part of his/her educational experience, the child is psychologically tested.

(b) Home Industries - This program serves homebound blind individuals, providing instruction in diverse craft activities, not only as a leisure outlet but as an income-producing activity. Net income from the sale of articles goes directly to the blind worker.

838. New Jersey Commission for the Blind and Visually Impaired (continued)

(c) Contract Workshops - This program makes employment available to blind workers until they can be placed in private industry. Work is obtained through contact with local industry.

(d) Home Services - This program provides counseling for newly-blind persons. The home teacher introduces new techniques for the performance of everyday activities and gives lessons in Braille and typewriting.

(e) Vocational Rehabilitation Department - This program attempts to place capable blind persons in renumerative work. It also attempts to help the newly-blind person adjust to his/her handicap.

(f) Eye Health Division - This program offers direct assistance or referral service to cooperating agencies in arranging for: eye examinations and treatment; hosptialization for eye care; artificial eyes and post-operative glasses; services of the Traveling Health Unit; preschool vision training; glaucoma control; consultation; eye health education; financial assistance; and casework services.

838.3 How to Apply - Write or call the nearest district office of the New Jersey Commission for the Blind and Visually Impaired. The main office is located at 110 Raymond Boulevard, Newark, New Jersey 07102.

839. Division on Aging - This State agency, which is a division of the New Jersey Department of Community Affairs, is charged with the responsibility of administering funds under the Federal Older Americans Act of 1965 (as amended). It functions as the single State agency responsible for coordinating programs and services related to the aging population of New Jersey.

839. Division on Aging (continued)

839.1 General Eligibility Requirement - To be eligible for programs or services funded by the Division on Aging, a person must be sixty years of age or older.

839.2 Description of Programs - The Nutrition Program for the Elderly, which provides hot nutritious meals (once a day, five days a week) for senior citizens and their spouses in a congregate setting, is the only program directly administered by the Division on Aging. Other programs or services are sponsored by organizations or groups which receive approval, through the county Offices on Aging, for funding by the Division.

839.3 How to Apply - Inquiry should be made to the local Office on Aging (there is one in each county). These offices, which contract directly with providers of services, function as information and referral centers for elderly residents within their jurisdiction.

840. Division of Mental Health and Hospitals - This State agency, which is a division of the New Jersey Department of Institutions and Agencies, operates four psychiatric hospitals, a child residential treatment center, and an adult diagnostic and treatment center.

840.1 Services Available

(a) Hospital services - These services are divided into sections as follows:

Children's Sections which provide for the care and treatment of specified types of psychiatric disabilities in children under the age of 17.

Geriatric Sections which provide therapeutic care for older residents.

Medical-Surgical Sections which provide services for the residents comparable to those provided by an accredited community general hospital and which includes an infirmary section.

Psychiatric Sections which are the core of the residential program.

(b) Mental Hospitals - These are inpatient medical facilities, public or private, so designated by the State Board of Institutional Trustees. Such hospitals may be institutions exclusively for the care of the mentally ill, or they may be general hospitals providing facilities for the diagnosis, care and treatment on an inpatient basis of individuals with mental illnesses.

840.2 Admission for Treatment - Admission may be voluntary or involuntary:

(a) Voluntary Admissions - Any person present in the State, 18 years of age or over, who feels him/herself to be mentally ill and who desires treatment for the betterment of his/her mental condition may be admitted to any public or private mental hospital by completing a voluntary application at the hospital on a form supplied by the hospital.

(b) Involuntary Admissions - Application for commitment of a person who is deemed a threat to him/herself and/or to others may be made of the following:

a relative (by blood or marriage); someone having charge of the person; the sheriff; the county prosecutor; the municipal or county director of welfare; any chief of police or police captain of any municipality in the State where such patient may be; the chief executive officer of any correctional institution or any public or private charitable institution; the Commissioner of Institutions and Agencies.

Certificates from two physicians must accompany the patient.

840.3 How to Make Inquiry - Inquiry regarding type and/or cost of services (if any) may be obtained by directly contacting the appropriate institution. The locations and telephone numbers of the Division's facilities are as follows:

Trenton Psychiatric Hospital, Trenton, N.J. 08628
Telephone - 396-8261, Area Code 609

Greystone Park Psychiatric Hospital, Greystone Park, N.J. 07950
Telephone - 538-1800, Area Code 201

Marlboro Psychiatric Hospital, Marlboro, N.J. 07746
Telephone - 946-8100, Area Code 201

Ancora Psychiatric Hospital, P.O. Ancora Branch, Hammonton, N.J. 08037
Telephone - 561-1700, Area Code 609

Arthur Brisbane Child Treatment Center, Allaire (P.O. Farmingdale), N.J. 07727
Telephone - 938-5061, Area Code 201

Adult Diagnostic and Treatment Center, 8 Production Way, Avenel, N.J. 07001
Telephone - 547-2250, Area Code 201

841. Division of Mental Retardation - This State agency, which is a component of the New Jersey Department of Institutions and Agencies, administers the programs and services described in Section 841.1.

841.1 Services Available - Specific functional services provided by Field Services of the Division of Mental Retardation include: (1) social work supervision of a retarded person in the community to help such client make a better adjustment; (2) family care, a program of community residence for adults in need of sheltered boarding care; (3) day training for children over 4 1/2 years who need a daytime program in training and adjustment; (4) adult activities for retarded adults who are not eligible for a sheltered workshop or the job market; (5) guardianship, a protective service for adults who have been evaluated as "mentally deficient" and do not have a legal guardian; (6) residential care through purchase of care in a private facility, admission to a State school or guest placement.

841.2 How to Apply - Anyone may request information from the Regional Office which services his/her county. When a decision is made to apply, an Application for Determination of Eligibility may be filled:

841. Division of Mental Retardation (cont'd)

(a) For Persons Under Age 18 - By parent or guardian, by the Division of Youth and Family Services under its care and custody program, or by the juvenile court.

(b) For Persons Age 18 and Over - By an individual on his/her own behalf, by the guardian of a person who has been judged through the courts to be mentally incompetent, or by any court where the issue of mental deficiency is raised and where it is in the interest of the individual to determine his/her eligibility.

Upon receipt of an application, a social worker from Field Services will arrange an appointment with the applicant and/or the client's family to review the request for services and to determine that the request is for an apparently mentally retarded person whose needs or problems require State-sponsored services. The worker will then involve the applicant in a more detailed evaluation.

850. REFERRAL TO VETERANS ADMINISTRATION - Referral shall be made to the Veterans Administration when the general assistance applicant appears to be eligible for veterans benefits.

851. Method of Referral - Referral shall be made via Form PA-14 (Referral for Services). This form shall be given to the client, one copy shall be sent to the local service office, and the remaining copy shall be kept on file in the municipal department of welfare.

852. Description of Program - The Veterans Administration operates the federal program of benefit payments and health and welfare services to veterans and certain of their dependents or survivors. The details of all benefits and services are clearly outlined in a Fact Sheet entitled "Federal Benefits for Veterans and Dependents", which is issued by the Veterans Administration.

852.1 Eligibility Requirements - To be eligible for these benefits and services, a veteran of either war or peacetime service, must have been released with other than a dishonorable discharge.

840.3 How to Make Inquiry - Inquiry regarding type and/or cost of services (if any) may be obtained by directly contacting the appropriate institution. The locations and telephone numbers of the Division's facilities are as follows:

Trenton Psychiatric Hospital, Trenton, N.J. 08628
Telephone - 396-8261, Area Code 609

Greystone Park Psychiatric Hospital, Greystone Park, N.J. 07950
Telephone - 538-1800, Area Code 201

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841. Division of Mental Retardation - This State agency, which is a component of the New Jersey Department of Institutions and Agencies, administers the programs and services described in Section 841.1.

841.1 Services Available - Specific functional services provided by Field Services of the Division of Mental Retardation include: (1) social work supervision of a retarded person in the community to help such client make a better adjustment; (2) family care, a program of community residence for adults in need of sheltered boarding care; (3) day training for children over 4 1/2 years who need a daytime program in training and adjustment; (4) adult activities for retarded adults who are not eligible for a sheltered workshop or the job market; (5) guardianship, a protective service for adults who have been evaluated as "mentally deficient" and do not have a legal guardian; (6) residential care through purchase of care in a private facility, admission to a State school or guest placement.

841.2 How to Apply - Anyone may request information from the Regional Office which services his/her county. When a decision is made to apply, an Application for Determination of Eligibility may be filled:

841. Division of Mental Retardation (continued)

(a) For Persons Under Age 18 - By parent or guardian, by the Division of Youth and Family Services under its care and custody program, or by the juvenile court.

(b) For Persons Age 18 and Over - By an individual on his/her own behalf, by the guardian of a person who has been judged through the courts to be mentally incompetent, or by any court where the issue of mental deficiency is raised and where it is in the interest of the individual to determine his/her eligibility.

Upon receipt of an application, a social worker from Field Services will arrange an appointment with the applicant and/or the client's family to review the request for services and to determine that the request is for an apparently mentally retarded person whose needs or problems require State-sponsored services. The worker will then involve the applicant in a more detailed evaluation.

850. REFFERRAL TO VETERANS ADMINISTRATION - Referral shall be made to the Veterans Administration when the general assistance applicant appears to be eligible for veterans benefits.

851. Method of Referral - Referral shall be made via Form PA-14 (Inter-Agency Referral). This form shall be given to the client, one copy shall be sent to the local service office, and the remaining copy shall be kept on file in the municipal department of welfare.

852. Description of Program - The Veterans Administration operates the federal program of benefit payments and health and welfare services to veterans and certain of their dependents or survivors. The details of all benefits and services are clearly outlined in a Fact Sheet entitled "Federal Benefits for Veterans and Dependents", which is issued by the Veterans Administration.

852.1 Eligibility Requirements - To be eligible for these benefits and services, a veteran of either war or peacetime service, must have been released with other than a dishonorable discharge.

(a) How to Apply for Benefits - The New Jersey Bureau of Veterans Services, Department of Institutions and Agencies, maintains service offices to which persons seeking information or wishing to file for Veterans benefits or services may be referred.

860. REFERRAL TO OTHER AGENCIES - The Municipal Director of Welfare shall maintain a resource file and/or obtain directories of other human services programs or organizations which are located in or near the municipality. When a client appears eligible for any such program, he/she shall be referred to the appropriate agency.

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SUBCHAPTER 9. LEGALLY RESPONSIBLE RELATIVES

10:85-9.1 General provisions

(a) Evaluation required: The law requires periodic evaluation of legally responsible relatives (LRRs) for the purpose of obtaining support for persons who apply for and receive public assistance. This chapter provides regulations for evaluating the LRR's capacity to contribute support and the method for determining the appropriate amount of such contribution.

(b) Relatives who are legally responsible: Certain relatives are specifically identified by law as legally responsible for persons applying for or receiving General Assistance:

1. An individual under age 55 is responsible for his/her parents, spouse, and children under age 18.

2. A person aged 55 or older is responsible only for spouse and children under age 18.

(c) Relatives who are not legally responsible are:

1. Grandparents/grandchildren: Grandparents are not responsible for their grandchildren, nor are grandchildren responsible for their grandparents.

2. Other relatives: Relatives, whatever the relationship and wherever they may live, may be a possible resource. The Director of Welfare should, whenever possible, determine the willingness of such relatives to contribute to the support of the client(s), irrespective of the issue of "legal responsibility".

(d) Potential support (aliens): The MWD will seek voluntary support from the sponsor of an alien in compliance with the sponsorship document. In instances where the sponsor fails to provide full support, MWD shall request and comply with instruction from United States Immigration and Naturalization Service (INS).

10:85-9.2 Available support

(a) Rules concerning support as countable income are:

1. The agency shall determine what contributions, and whether in cash or in-kind, the relative is currently contributing or is willing to contribute toward the support of the eligible unit.

2. Only the amount of support, whether in cash or in-kind, actually being received by the eligible unit from an LRR outside the home shall be considered as countable income.

3. When the LRR lives in the same home as the eligible unit, it shall be assumed that the LRR's contribution is in fact available, either in cash or in-kind, unless the client presents persuasive information to the contrary.

4. When an LRR fails to make available to the eligible unit the amount of the contribution for support as determined by the following methods, such support shall be considered as a potential resource.

(b) Priorities for support are:

1. It shall be recognized that a person's obligation to support those relatives for whom he/she is legally responsible takes precedence over any voluntary preference on his/her part to support relatives or other persons for whom he/she is not legally responsible, except as provided in section 4 of this subchapter.

   i. Responsibility of a person for the support of his/her own minor children takes priority over any obligations to contribute to support of any other dependent relatives.

900. LEGALLY RESPONSIBLE RELATIVES

901. Evaluation Required - The law requires periodic evaluation of legally responsible relatives (LRRs) for the purpose of obtaining support for persons who apply for and receive public assistance. This chapter provides regulations for evaluating the LRR's capacity to contribute support and the method for determining the appropriate amount of such contribution.

902. Relatives Who Are Legally Responsible - Certain relatives are specifically identified by law as legally responsible for persons applying for or receiving general assistance:

(a) An individual under age 55 is responsible for his/her parents, spouse, and children of any age.

(b) A person aged 55 or older is responsible only for spouse and children under age 18.

903. Relatives Who Are Not Legally Responsible

903.1 Grandparents/Grandchildren

Grandparents are not responsible for their grandchildren, nor are grandchildren responsible for their grandparents.

903.2 Other Relatives

Relatives, whatever the relationship and wherever they may live, may be a possible resource. The Director of Welfare should, whenever possible, determine the willingness of such relatives to contribute to the support of the client(s), irrespective of the issue of "legal responsibility".

904. Potential Support (Aliens)

The MWD will seek voluntary support from the sponsor of an alien in compliance with the sponsorship document. In instances where the sponsor fails to provide full support, MWD shall request and comply with instruction from U. S. Immigration and Naturalization Service (INS).

910. AVAILABLE SUPPORT

911. Support as Countable Income

911.1 The agency shall determine what contributions, and whether in cash or in-kind, the relative is currently contributing or is willing to contribute toward the support of the eligible unit.

911.2 Only the amount of support, whether in cash or in-kind, actually being received by the eligible unit from an LRR outside the home shall be considered as countable income.

911.3 When the LRR lives in the same home as the eligible unit, it shall be assumed that the LRR's contribution is in fact available, either in cash or in-kind, unless the client presents persuasive information to the contrary.

911.4 When an LRR fails to make available to the eligible unit the amount of the contribution for support as determined by the following methods, such support shall be considered as a potential resource.

912. Priorities for Support

912.1 It shall be recognized that a person's obligation to support those relatives for whom he/she is legally responsible takes precedence over any voluntary preference on his/her part to support relatives or other persons for whom he/she is not legally responsible, except as provided in Section 932.1(b).

(a) Responsibility of a person for the support of his/her own minor children takes priority over any obligations to contribute to support of any other dependent relatives.

912.2 When a relative is legally responsible for all members of an eligible unit, this LRR's finanical capacity to support shall be considered as a resource to the eligible unit as a whole.

912.3 Where it is determined that an LRR does not have a capacity to contribute to support, then the amount, if any, he/she may voluntarily offer to contribute shall be accepted as satisfactory.

913. Allocation of Support

913.1 When a relative is legally responsible for one or more, but not all member(s) of the eligible unit, the LRR's obligation to support is limited to the per capita needs of the person(s) for whom he/she is legally responsible.

913.2 When a relative is legally responsible for two or more persons who are not members of the same eligible unit, his/her capacity to support may be allocated according to the relative's wishes, provided that the amount allocated to any one individual does not exceed that individual's share of the adjusted allowance.

914. Support Equal to Need

914.1 The eligible unit ceases to be eligible for assistance when the amount of the LRR's evaluated capacity to support equals or exceeds their adjusted allowance and this support is actually available to the eligible unit.

915. Refusal by LRR

915.1 Failure to Contribute - When a LRR fails or refuses to make available to the eligible unit all or any portion of his/her contribution, and this has been verified, such amount shall not be entered as income on Form GA-19.

915.1 Failure to Contribute (cont'd)

(a) In the event of such refusal or failure, the MWD shall initiate appropriate court action.

915.2 Refusal to Furnish Information - Whenever an LRR fails or refuses to furnish or produce information concerning his/her ability to support members of the eligible unit, it shall be deemed a failure or refusal to provide support as required by law.

(a) In every such case, the agency shall take appropriate action no later than 30 days from date of application, in accordance with available procedure, to secure judicial determination of the LRR's ability to support the eligible unit member.

920. EVALUATING LRR'S CAPACITY TO SUPPORT - The LRR's capacity to support shall be based on his/her total gross monthly income, including all income of whatever kind and from whatever source except as stated in Sections 922. and 923.

921. Countable Income

921.1 Income Defined - Gross income means income before deductions, or the net profit from a business, farm or profession before income and other personal taxes are deducted. "Net profit" is the total revenue less the cost of producing the revenue. Business deductions which are allowable for income tax purposes may be recognized as expenses of producing this revenue.

921.2 Income Averaged - The average income for the most recent period of four months may be accepted as satisfactory evidence of the average for the last year, but the income record for the entire 12 month period may be considered if the individual so requests and makes the necessary information available.

921.3 Income in the Form of Maintenance - When an LRR is receiving food or lodging or both as part of his/her income, the total gross income shall be determined as follows:

The gross cash payment plus the monetary value of the maintenance received as used by the employer for tax purposes (the employer's monetary evaluation for payment of Social Security and/or withholding taxes).

921.4 Roomer-Boarder in LRR's Home - If an LRR has either related or unrelated roomer-boarders living in the home, the method as outlined in Section 333.2(b) or 335.2(b) shall be used to determine the net income to the LRR from such roomer-boarders.

921.5 LRR is Roomer-Boarder in Home of an Eligible Unit - When an LRR is a roomer, table-boarder or roomer-boarder in the home of an eligible unit and there is income to the eligible unit from this arrangement, this income shall be entered on Form GA-19 as income to the eligible unit, in accordance with Section 335.2. Such arrangement does not diminish or otherwise affect the LRR's evaluated capacity, if any, to contribute to support.

921.6 Emancipated Child in LRR's Home - When an LRR has an emancipated child living in the home, such child shall be considered as a roomer or roomer-boarder, and Section 335.2 shall be used to determine the net income to the LRR.

922. Special Benefits Excluded as Income - Whenever an LRR or his/her dependents are the recipients of benefits, current or accrued, which are granted for and restricted to a specific purpose in accordance with the requirements of the law or contract under which they are provided, such as education, relocation, rehabilitation, medical care, etc., such benefits shall not be included in the income of the LRR for the purpose of computing his/her evaluated capacity to support.

923. Extraordinary Expenses of the LRR - The following types of extraordinary expenses shall be considered in the manner specified, as affecting the LRR's capacity to contribute to the support of the eligible unit.

923.1 LRR's Contribution to Persons Other Than the Eligible Unit - When an LRR is supporting or making contributions to support (including judicial orders for support) of a parent, child, separated or divorced spouse who is not living in the home of the LRR, the actual amount of such contribution shall be subtracted from the LRR's gross monthly income. These persons shall not be included in the determination of the LRR's family size.

923.2 Excessive Medical Expenses - Where the LRR's average monthly cost for medical, dental, etc., services exceeds the applicable amount shown in the following schedule of medical expenses, the amount of the excess shall be subtracted from the LRR's gross monthly income:

SCHEDULE III

LRR's Family Size	Monthly Medical Expenses
1	$ 45
2	60
3	75
4	90
5	100
6 or more	110

921.3 Income in the Form of Maintenance - When an LRR is receiving food or lodging or both as part of his/her income, the total gross income shall be determined as follows:

The gross cash payment plus the monetary value of the maintenace received as used by the employer for tax purposes (the employer's monetary evaluation for payment of Social Security and/or withholding taxes).

921.4 Roomer-Boarder in LRR's Home - If an LRR has either related or unrelated roomers-boarders living in the home, the method as outlined in Section 333.2(b) or 335.2(b) shall be used to determine the net income to the LRR from such roomer-boarders.

921.5 LRR is Roomer-Boarder in Home of an Eligible Unit - When an LRR is a roomer, table-boarder or roomer-boarder in the home of an eligible unit and there is income to the eligible unit from this arrangement, this income shall be entered on Form GA-19 as income to the eligible unit, in accordance with Section 335.2. Such arrangement does not diminish or otherwise affect the LRR's evaluated capacity, if any, to contribute to support.

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922. Special Benefits Excluded as Income - Whenever an LRR or his/her dependents are the recipients of benefits, current or accrued, which are granted for and restricted to a specific purpose in accordance with the requirements of the law or contract under which they are provided, such as education, relocation, rehabilitation, medical care, etc., such benefits shall not be included in the income of the LRR for the purpose of computing his/her evaluated capacity to support.

923. Extraordinary Expenses of the LRR - The following types of extraordinary expenses shall be considered in the manner specified, as affecting the LRR's capacity to contribute to the support of the eligible unit.

923.1 LRR's Contribution to Persons Other Than the Eligible Unit - When an LRR is supporting or making contributions to support (including judicial orders for support) of a parent, child, separated or divorced spouse who is not living in the home of the LRR, the actual amount of such contribution shall be subtracted from the LRR's gross monthly income. These persons shall not be included in the determination of the LRR's family size.

923.2 Excessive Medical Expenses - Where the LRR's average monthly cost for medical, dental, etc., services exceeds the applicable amount shown in the following schedule of medical expenses, the amount of the excess shall be subtracted from the LRR's gross monthly income:

SCHEDULE III

LRR's Family Size	Monthly Medical Expenses
1	$30.
2	40.
3	50.
4	60.
5	70.
6 or more	75.

923.3 Indebtedness Due To Catastrophic Events - When an LRR, whether before or following the determination of his/her capacity to support, is required to incur debts due to catastrophic events over which the LRR had no control (for example: fire, flood, etc.), other than medical (see 923.2), the verified monthly amount of payments necessary to liquidate these debts shall be subtracted from his/her gross monthly income.

(a) Whenever an LRR has been determined not to have a capacity to support for a specified period in order to liquidate indebtedness due to catastrophic events, the agency shall re-evaluate the LRR's capacity to support at the date set for full payment of the debt.

923.4 Educational Expenses - If the LRR is providing educational expenses for one or more of his/her dependents for whom free educational facilities are not available, such expenses shall be deducted from the LRR's gross monthly income as follows:

(a) When the individual is being maintained in the LRR's home, subtract the verified cost of tuition, fees, books and transportation, prorated on a 12 month basis.

(b) When the individual is being maintained away from home, subtract the above items plus any cost of maintenance in excess of $1,075. per annum, prorated on a 12 month basis.

930. DETERMINING AMOUNT OF SUPPORT

931. Monthly Income Standards - Two sets of standards provide the basis for evaluation of an LRR's capacity to contribute to the support of the eligible unit:

931.1 Spouse or Parent - Schedule IV-A applies to a spouse or a parent of a child under age 18, regardless of where the spouse or parent is residing. The monthly income standard is derived from the applicable assistance standard plus average medical costs and the standard allowance for expenses of employment.

931.2 Other LRRs - Schedule IV-B applies to all other legally responsible relatives and is based on the U.S. Bureau of Labor Statistics moderate standard of living.

931.3 Tax Allowance - The LRR's capacity to contribute is determined as 70% of the amount of income in excess of the applicable standard, in order to allow for Federal income and other taxes. Schedule V is used to determine the 70% figure.

932. Determination of LRR Capacity to Support

932.1 Family Size - Family size of the LRR shall include the following persons, except that any members of the family who are applying for or receiving public assistance through AFDC, or general assistance shall not be counted:

(a) the LRR and any of his/her minor children who are living with the LRR;

(b) the LRR's spouse who is living with him/her;

(c) any relative of the LRR or of his/her spouse who is and has been customarily living in LRR's home and for whom the LRR or spouse is providing at least one-half the support.

932.2 Two Incomes - When the LRR is married and both the LRR and his/her spouse have income, consider the LRR's income only, including in the family size only the LRR and his/her minor children.

(a) When both persons are LRRs, consider their total income and include all persons identified in Section 932.1 in the family size.

932.3 Method for Determining Capacity

(a) The amount of the obligatory contribution is calculated as follows:

1) Determine the LRR's gross monthly income, including both earned and unearned income.

2) Deduct the verified amount of extraordinary expenses as identified in Section 923.

3) Compare this adjusted income with the applicable Monthly Income Standard on Schedule IV - Part A or Part B.

4) When the LRR's adjusted income is less than the applicable standard on the schedule, no capacity to support exists.

5) When the LRR's adjusted income exceeds the applicable standard, 70% of the amount in excess of the standard shall be the contribution for support of the eligible unit. See Schedule V.

(b) Limitation of obligatory contributions:

1) The LRR's obligatory contribution shall not exceed the per capita share of the eligible unit's adjusted allowance for the person(s) for whom the LRR is liable.

2) Evaluated contributions of less than $20. per month will be requested on a voluntary basis only.

Schedule IV - Monthly Income Standards

Part A Spouse, or Parent of Child Under Age 18	Family Size	Part B All Other LRR's
$300	1	$ 750
400	2	1050
500	3	1350
550	4	1650
600	5	1900
650	6	2100
700	7	2300
750	8	2500
+ $ 50	Each Additional Person	+ $ 200

Schedule V
70% Table
for establishing LRR's contribution for support

Determine the difference between the LRR's adjusted income and the applicable monthly income standard on Schedule IV. In Column (A) below find the amount of this difference. The amount in Column (B) is the contribution to be made by the LRR.

When the difference is more than $100, add appropriate contribution figures; e.g., for difference of $423, add $280 (400) and $16 (23) for a contribution of $296.

(A) When difference is:	(B) Contribution is: *	(A) When difference is: *	(B) Contribution is: *	(A) When difference is: *	(B) Contribution is: *
$ 1	$ 1	$38	$27	$75	$53
2	1	39	27	76	53
3	2	40	28	77	54
4	3	41	29	78	55
5	4	42	29	79	55
6	4	43	30	80	56
7	5	44	31	81	57
8	6	45	32	82	57
9	6	46	32	83	58
10	7	47	33	84	59
11	8	48	34	85	60
12	8	49	34	86	60
13	9	50	35	87	61
14	10	51	36	88	62
15	11	52	36	89	62
16	11	53	37	90	63

932.3 Method for Determining Capacity

(a) The amount of the obligatory contribution is calculated as follows:

1) Determine the LRR's gross monthly income, including both earned and unearned income.

2) Deduct the verified amount of extraordinary expenses as identified in Section 923.

3) Compare this adjusted income with the applicable Monthly Income Standard on Schedule IV - Part A or Part B.

4) When the LRR's adjusted income is less than the applicable standard on the schedule, no capacity to support exists.

5) When the LRR's adjusted income exceeds the applicable standard, 70% of the amount in excess of the standard shall be the contribution for support of the eligible unit. See Schedule V.

(b) Limitation of obligatory contributions:

1) The LRR's obligatory contribution shall not exceed the per capita share of the eligible unit's adjusted allowance for the person(s) for whom the LRR is liable.

2) Evaluated contributions of less than $20. per month will be requested on a voluntary basis only.

Schedule IV - Monthly Income Standards

Part A Spouse, or Parent of Child Under Age 18	Family Size	Part B All Other LRR's
$260.	1	$ 550.
340.	2	800.
410.	3	1020
470.	4	1220.
530.	5	1410.
590.	6	1590.
640.	7	1760.
690.	8	1920.
+ $ 50.	Each Additional person	+ $ 160.

Schedule V
70% Table
for establishing LRR's contribution for support

Determine the difference between the LRR's adjusted income and the applicable monthly income standard on Schedule IV. In Column (A) below find the amount of this difference. The amount in Column (B) is the contribution to be made by the LRR.

When the difference is more than $100., add appropriate contribution figures; e.g., for difference of $423., add $280. (400) and $16. (23) for a contribution of $296.

(A) When difference is:	(B) Contribution is: *	(A) When difference is: *	(B) Contribution is: *	(A) When difference is: *	(B) Contribution is: *
$ 1	$ 1	$38	$27	$75	$53
2	1	39	27	76	53
3	2	40	28	77	54
4	3	41	29	78	55
5	4	42	29	79	55
6	4	43	30	80	56
7	5	44	31	81	57
8	6	45	32	82	57
9	6	46	32	83	58
10	7	47	33	84	59
11	8	48	34	85	60
12	8	49	34	86	60
13	9	50	35	87	61
14	10	51	36	88	62
15	11	52	36	89	62
16	11	53	37	90	63

932.3 (cont'd.)

(A) When difference is:	(B) Contribution is: *	(A) When difference is:	(B) Contribution is: *	(A) When difference is:	(B) Contribution is: *
$17	$12	$54	$38	$91	$64
18	13	55	39	92	64
19	13	56	39	93	65
20	14	57	40	94	66
21	15	58	41	95	67
22	15	59	41	96	67
23	16	60	42	97	68
24	17	61	43	98	69
25	18	62	43	99	69
26	18	63	44	100	70
27	19	64	45		
28	20	65	46		
29	20	66	46	200	140
30	21	67	47	300	210
31	22	68	48	400	280
32	22	69	48	500	350
33	23	70	49	600	420
34	24	71	50	700	490
35	25	72	50	800	560
36	25	73	51	900	630
37	26	74	52	1000	700

*Contributions of less than $20 may be made on a voluntary basis; they are not required.

940. ACCEPTABLE FORMS OF SUPPORT

941. Types of Contributions - The LRR may fulfill his/her obligation to support the person or persons for whom he/she is responsible by contributing one or more of the following:

(a) Cash, and/or

(b) Shelter and household needs, and/or

(c) Any other item determined to be mutually satisfactory to the client and municipal welfare board, for which equitable monetary value can be clearly established.

942. In-Kind Contributions - When a contribution other than cash is substantial, regular, and reliable, the monetary value shall be deducted from the monthly amount of the LRR's capacity to support. Such contribution must be acceptable to the eligible unit, except when ordered by the courts.

943. Shelter Provided by LRR - When an LRR who has a capacity to support is providing shelter and household needs, whether in his/her own home or elsewhere, and payment for such arrangement is neither made directly to the client nor stipulated by court order to be made in an identifiable cash amount to a third party, the monthly monetary value to be credited to the LRR's contribution shall be determined according to Schedule VI. However, the value thus established shall not exceed the LRR's evaluated capacity.

Note that deductions of in-kind contributions from grants shall, nonetheless, be in accordance with Section 335.4.

Schedule VI
Shelter and Household Needs

Number in Eligible Unit for Whom LRR Is Responsible	Monthly Monetary Value
1	$100
2	110
3	120
4	130
5	140
6	150
7 or more	160

932.3 (cont'd.)

(A) When difference is:	(B) Contribution is: *	(A) When difference is:	(B) Contribution is: *	(A) When difference is:	(B) Contribution is: *
$17	$12	$54	$38	$91	$64
18	13	55	39	92	64
19	13	56	39	93	65
20	14	57	40	94	66
21	15	58	41	95	67
22	15	59	41	96	67
23	16	60	42	97	68
24	17	61	43	98	69
25	18	62	43	99	69
26	18	63	44	100	70
27	19	64	45		
28	20	65	46		
29	20	66	46	200	140
30	21	67	47	300	210
31	22	68	48	400	280
32	22	69	48	500	350
33	23	70	49	600	420
34	24	71	50	700	490
35	25	72	50	800	560
36	25	73	51	900	630
37	26	74	52	1000	700

*Contributions of less than $20 may be made on a voluntary basis; they are not required.

940. ACCEPTABLE FORMS OF SUPPORT

941. Types of Contributions - The LRR may fulfill his/her obligation to support the person or persons for whom he/she is responsible by contributing one or more of the following:

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Note that deductions of in-kind contributions from grants shall, nonetheless, be in accordance with Section 335.4.

Schedule VI
Shelter and Household Needs

Number in Eligible Unit for Whom LRR Is Responsible	Monthly Monetary Value
1	$ 90.
2	100.
3	110.
4	120.
5	130.
6	140.
7 or more	150.

950. REEVALUATION OF LRRs

951. Each legally responsible relative's capacity to support shall be reevaluated every six months and adjustments made as indicated.

952. Each LRR shall be contacted unless it can be verified that the relative:

952.1 is receiving public or private financial assistance; or

952.2 has no source of support except fixed income, such as pension, retirement benefits or statutory benefits and there was no capacity to support at time of last evaluation; or

952.3 is him/herself dependent upon a relative (other than the client) for support; or

952.4 is receiving care in an institution for a mental or physical condition, or is in a penal institution and has no capacity to support; or

952.5 cannot reasonably be anticipated to have experienced a change in income since the last evaluation which would affect his/her capacity to support.

953. When a decision is made that it is not necessary to reevaluate capacity to support for one of the above reasons, the justification for such decision shall be recorded in the case record with notation of any plan for making contact in the future.

954. The MWD shall avoid making routine requests of other agencies to contact relatives for reevaluation of capacity to support. When, after careful evaluation of the need for such service, it is considered essential to request an interview, the letter of request shall clearly identify both the nature and the purpose of the desired service.

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SUBCHAPTER 10. GENERAL ASSISTANCE EMPLOYABILITY PROGRAM

SUPERSEDED

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SUBCHAPTER 10. GENERAL ASSISTANCE EMPLOYABILITY PROGRAM

10:85-10.1 Work assignments

(a) All employable recipients of General Assistance shall participate in work assignments in accordance with the provisions of this subchapter. See N.J.A.C. 10:85-3.2(g) regarding registration.

(b) Through the Employment Service/General Assistance Employability Program (ES/GAEP), the New Jersey Employment Service develops and supervises work activities and worksites to which employable General Assistance recipients are assigned by that agency. In addition, municipal welfare directors will establish worksites to which they will assign recipients, subject to final approval of ES/GAEP staff within 14 days of the initial assignment. Until such approval is received, such assignments shall be considered "interim worksite assignments". Placement of participants in "interim worksite assignments" is subject to the conditions of this section and section 2 of this subchapter.

10:85-10.2 Municipal worksite agreements

(a) To insure State Workers' Compensation coverage for all worksite participants in interim assignments developed by MWDs, a Municipal Worksite Agreement (MWSA) must be signed by both the MWD and the worksite agent who is a paid employee of the agency for whom the worksite activity is being performed with authority from that agency for conducting onsite supervision of participants and maintaining time and attendance reports.

(b) The MWD will supply to the appropriate ES/GAEP office a MWSA for each worksite established. Employment Service staff will notify the MWD of receipt of the MWSA by use of Form NJES-1A. No recipient of GA shall report to a worksite until the ES/GAEP staff has received the signed MWSA.

1. If more than one GA recipient is assigned to the same worksite, only one MWSA will be supplied to the ES/GAEP office.

2. For each GA recipient subsequently assigned to a previously agreed upon interim worksite, Forms NJES-511B and NJES-1A must be supplied to the ES/GAEP office before the recipient reports to the interim worksite. The NJES-1A must indicate that this recipient is reporting to a previously established worksite.

10:85-10.2 (continued)

(c) Attendance and worksite activity for interim worksite assignments developed by municipal welfare directors will be monitored during the interim period of not more than 14 days by the welfare director or other appropriate municipal staff so designated by the Director of Welfare.

(d) The participant shall, at the time of initial assignment, be provided with an Individual Worksite Agreement (two copies) which will be prepared by the municipal welfare director for each worksite participant (see Appendix c). This notice will inform the participant of his/her worksite schedule, the wage rate used to determine this schedule (days of the week, hours of work), to whom to report on the worksite, and the address of the worksite. This notice will also advise the participant that assistance will be terminated upon failure or refusal to perform satisfactorily in the work project. One copy will be retained by the participant; the other will be kept in the participant's case folder.

(e) Interim worksite assignments developed by the municipal welfare director will be evaluated by the ES/GAEP staff within 14 days after the ES has received the MWSA. Evaluation will be based on the following criteria:

1. The individual assigned is capable of performing the duties involved at the worksite.

2. Working conditions are such that they do not represent a substantial risk to the individual's health and safety.

3. The participant has a reasonable means of transportation to the worksite assignment. "Reasonable" shall in this case mean at no extra cost to the participant.

(f) If any of the above criteria is not met, ES staff will inform the welfare director through use of Form NJES-1A that the participant is being reassigned immediately. Reassignment may include orientation, job search, active registrant pool, or another worksite assignment if such is available. The MWD will promptly notify the participant, advising that the current assignment is no longer in effect and that the assignment by the ES is effective immediately but that the performance requirement is still in effect. The MWD will confirm the assignment change and remind the participant of the performance requirement in writing.

1. Failure by the MWD to comply with the NJES reassignment notice will lead to the municipality's assumption of responsibility for liability coverage on that worksite.

1000. GENERAL ASSISTANCE EMPLOYABILITY PROGRAM

1010. WORK ASSIGNMENTS - All employable recipients of General Assistance shall participate in work assignments in accordance with the provisions of this chapter. See Section 327.1 regarding registration. Through the Employment Service/General Assistance Employability Program (ES/GAEP), the New Jersey Employment Service develops and supervises work activities and worksites to which employable General Assistance recipients are assigned by that agency. In addition, municipal welfare directors will establish worksites to which they will assign recipients, subject to final approval of ES/GAEP staff within 14 days of the initial assignment. Until such approval is received, such assignments shall be considered "interim worksite assignments". Placement of participants in "interim worksite assignments" is subject to the conditions of Sections 1010 through 1012.1.

1011. To insure State Workers' Compensation coverage for all worksite participants in interim assignments developed by MWDs, a Municipal Worksite Agreement (MWSA) must be signed by both the MWD and the worksite agent who is a paid employee of the agency for whom the worksite activity is being performed with authority from that agency for conducting onsite supervision of participants and maintaining time and attendance reports.

1011.1 The MWD will supply to the appropriate ES/GAEP office a MWSA for each worksite established. Employment Service staff will notify the MWD of receipt of the MWSA by use of Form NJES-1A. No recipient of GA shall report to a worksite until the ES/GAEP staff has received the signed MWSA.

(a) If more than one GA recipient is assigned to the same worksite, only one MWSA will be supplied to the ES/GAEP office.

(b) For each GA recipient subsequently assigned to a previously agreed upon interim worksite, Forms NJES-511B and NJES-1A must be supplied to the ES/GAEP office before the recipient reports to the interim worksite. The NJES-1A must indicate that this recipient is reporting to a previously established worksite.

1011.2 Attendance and worksite activity for interim worksite assignments developed by municipal welfare directors will be monitored during the interim period of not more than 14 days by the welfare director or other appropriate municipal staff so designated by the Director of Welfare.

1011.3 The participant shall, at the time of initial assignment, be provided with an Individual Worksite Agreement (2 copies) which will be prepared by the municipal welfare director for each worksite participant (see Appendix). This notice will inform the participant of his/her worksite schedule, the wage rate used to determine this schedule (days of the week, hours of work), to whom to report on the worksite, and the address of the worksite. This notice will also advise the participant that assistance will be terminated upon failure or refusal to perform satisfactorily in the work project. One copy will be retained by the participant; the other will be kept in the participant's case folder.

1011.4 Interim worksite assignments developed by the municipal welfare director will be evaluated by the ES/GAEP staff within 14 days after the ES has received the MWSA. Evaluation will be based on the following criteria:

(a) The individual assigned is capable of performing the duties involved at the worksite.

(b) Working conditions are such that they do not represent a substantial risk to the individual's health and safety.

(c) The participant has a reasonable means of transportation to the worksite assignment. "Reasonable" shall in this case mean at no extra cost to the participant.

10:85-10.3 Location of worksite activity

(a) Worksite assignments may be established by the municipal welfare director to perform work for the municipality or for a non-profit agency or institution under contract to the municipality.

(b) Worksite assignments may be established by the Employment Service in the performance of work for county or State agencies as well as municipal agencies, non-profit agencies and institutions. Assignment by the Employment Service to a General Educational Development (high school equivalency) course or any other training or occupational preparedness program will be considered a worksite assignment.

(c) Efforts by either the Employment Service or municipal welfare director will be made to develop worksites in the municipality where the employable GA recipient receives his/her public assistance grant.

(d) If worksites are not available in the municipality where an employable GA recipient receives his/her public assistance grant, the municipal welfare director shall immediately notify the appropriate ES staff, and worksite development will become the responsibility of the Employment Service.

10:85-10.4 Scheduling worksite assignments

(a) Persons assigned to a worksite by either ES/GAEP or the MWD shall work only the number of hours equal to their grant divided by an hourly rate commensurate with beginning regular employees similarly employed. For this purpose, the MWD will supply to the ES/GAEP staff, on request, the amount and period of grant for persons working on GAEP supervised worksites.

(b) In such cases where there are no beginning regular employees similarly employed, the ES/GAEP or MWD will contact the local labor market analyst in the Department of Labor and Industry and determine the prevailing wage rate for that particular worksite assignment. This hourly wage rate shall be recorded as a part of the Municipal Worksite Agreement.

10:85-10.5 Types of work allowable under worksite activities

(a) The type of work to be performed by an employable GA recipient will be based upon an assessment of the individual's employment capabilities and the service needs of the municipality. Whenever possible, worksites will permit an individual to utilize and/or enhance his/her employment capabilities in order to maximize that individual's chances of obtaining unsubsidized employment.

(b) Worksite assignments will not result in either the replacement or displacement of regular employees.

10:85-10.6 Compliance

(a) Failure to perform: Any recipient who fails or refuses without good cause to perform satisfactorily in any worksite assignment made in accordance with the provisions of this chapter shall be ineligible for assistance for 90 days. Attendance at and participation in a drug or alcohol abuse program assigned or designated by the MWD or the Employment Service are essentials of satisfactory performance. Attendance at and participation in the sessions and activities involved in a training or occupational preparedness program assigned by the Employment Service are essentials of satisfactory performance. The MWD shall discontinue all assistance subject to the provision of 10 day notice of adverse action, upon a determination of the absence of good cause. (See N.J.A.C. 10:85-7.2 regarding timely notice and N.J.A.C. 10:85-7.3 regarding fair hearings and continued assistance.)

1. In the event that a person subject to penalty as above is a member of an eligible unit of more than one, the termination of assistance shall apply only to that person's per capita share of the grant. A notice explaining the change in the amount of the grant shall be sent to the other member(s) of the eligible unit with the assistance grant.

10:85-10.7 Good cause

(a) On worksites under the supervision of the ES/GAEP, the ES will advise the MWD, via NJES-1A its determination as to whether good cause existed for a failure or refusal to perform. If the ES advises the MWD in writing that good cause did not exist, the MWD will accept the determination without further review.

(b) On worksites under the supervision of the MWD, the MWD shall determine good cause in accordance with N.J.A.C. 10:85-3.2(g)5.

10:85-10.8 (Reserved)

1012. If any of the above criteria is not met, ES staff will inform the welfare director through use of Form NJES-1A that the participant is being reassigned immediately. Reassignment may include orientation, job search, active registrant pool, or another worksite assignment if such is available. The MWD will promptly notify the participant, advising that the current assignment is no longer in effect and that the assignment by the ES is effective immediately but that the performance requirement is still in effect. The MWD will confirm the assignment change and remind the participant of the performance requirement in writing.

1012.1 Failure by the MWD to comply with the NJES reassignment notice will lead to the municipality's assumption of responsibility for liability coverage on that worksite.

1020. LOCATION OF WORKSITE ACTIVITY

1021. Worksite assignments may be established by the municipal welfare director to perform work for the municipality or for a non-profit agency or institution under contract to the municipality.

1022. Worksite assignments may be established by the Employment Service in the performance of work for county or State agencies as well as municipal agencies, non-profit agencies and institutions.

1023. Efforts by either the Employment Service or municipal welfare director will be made to develop worksites in the municipality where the employable GA recipient receives his/her public assistance grant.

1024. If worksites are not available in the municipality where an employable GA recipient receives his/her public assistance grant, the municipal welfare director shall immediately notify the appropriate ES staff, and worksite development will become the responsibility of the Employment Service.

1030. SCHEDULING WORKSITE ASSIGNMENTS

1031. Persons assigned to a worksite by either ES/GAEP or the MWD shall work only the number of hours equal to their grant divided by an hourly rate commensurate with beginning regular employees similarly employed. For this purpose, the MWD will supply to the ES/GAEP staff, on request, the amount and period of grant for persons working on GAEP supervised worksites.

1032. In such cases where there are no beginning regular employees similarly employed, the ES/GAEP or MWD will contact the local labor market analyst in the Department of Labor and Industry and determine the prevailing wage rate for that particular worksite assignment. This hourly wage rate shall be recorded as a part of the Municipal Worksite Agreement.

1040. TYPES OF WORK ALLOWABLE UNDER WORKSITE ACTIVITIES

1041. The type of work to be performed by an employable GA recipient will be based upon an assessment of the individual's employment capabilities and the service needs of the municipality. Whenever possible, worksites will permit an individual to utilize and/or enhance his/her employment capabilities in order to maximize that individual's chances of obtaining unsubsidized employment.

1042. Worksite assignments will not result in either the replacement or displacement of regular employees.

1050. COMPLIANCE

1051. Failure to Perform - Any recipient who fails or refuses without good cause to perform satisfactorily in any worksite assignment made in accordance with the provisions of this chapter shall be ineligible for assistance. The MWD shall discontinue assistance except for medical payments, subject to the provision of 10 day notice of adverse action, upon a determination of the absence of good cause. (See Section 710 regarding timely notice and Section 720 regarding fair hearings and continued assistance.)

1051.1 In the event that a person subject to penalty as above is a member of an eligible unit of more than one, the termination of assistance shall apply only to that person's per capita share of the grant. A notice explaining the change in the amount of the grant shall be sent to the other member(s) of the eligible unit with the assistance grant.

1052. Good Cause

1052.1 On worksites under the supervision of the ES/GAEP, the ES will advise the MWD, via NJES-1A its determination as to whether good cause existed for a failure or refusal to perform. If the ES advises the MWD in writing that good cause did not exist, the MWD will accept the determination without further review.

1052.2 On worksites under the supervision of the MWD, the MWD shall determine good cause in accordance with Section 327.5.

1053. Reinstatement - Any person who has incurred a penalty of ineligibility as above may request reinstatement. Such a person shall be reinstated and grant payments resumed upon a demonstration of willingness to resume project work. The demonstration may be accomplished by actual performance in employment or in project activity if either is still available. If neither is available, the person's signed credible statement will suffice until one or the other becomes available.

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1000. LEGAL SETTLEMENT

1010. PURPOSE OF SETTLEMENT REQUIREMENTS - The purpose of the settlement requirement of the General Public Assistance law is to designate the ultimate financial responsibility of the various municipalities of the State and of the State itself in respect to needy persons applying for or receiving general assistance.

The legal settlement requirement is established by State law and policy as set forth in regulations. The legal settlement law governs all municipalities of the State regardless of whether or not they have applied for State financial aid. Accordingly, the regulations in this chapter are applicable to all municipalities.

1011. Immediate Assistance - Law specifically provides that "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." (See Section 331. for regulations regarding immediate need).

1011.1 "Where the person is found" is interpreted as follows:

(a) Where the person is living at the time of application; or

(b) Where the person is actually present, under emergency conditions such that he/she is unable to return, for the purpose of making application for general assistance, to the place in which he/she lives.

1011.2 This legal principle shall be followed even though the client is lacking either State or municipal settlement as defined in this regulation. (See Sections 1020 and 1030.) In such instances, ultimate financial responsibility is determined by certain procedures described in Sections 1050 and 1060 of this regulation.

1020. SETTLEMENT REQUIREMENTS

1021. State Settlement - Every person (except one whose settlement is derived from another person; see Sections 1033 and 1034) who has resided in the State without interruption for two continuous years, provided that during that time he/she has resided in one particular municipality for a total of 12 months, shall have established legal settlement in the State and in a particular municipality of the State for the purpose of general assistance. However, the continuity of residence required for establishing settlement in New Jersey for the purpose of general assistance is considered to be interrupted by the circumstances stated in Section 1030.

1022. Municipal Settlement

1022.1 Every person (except one whose settlement is derived from another person; see Sections 1033 and 1034) who has legal settlement in this State shall have municipal settlement for the purpose of general assistance in that municipality in which he/she last resided for a total of 12 months. However, accumulation of time of residence required for establishing settlement in a municipality is considered to be interrupted by the circumstances stated in Section 1030.

1022.2 A person cannot have municipal settlement unless he/she has State legal settlement. However, a person who has State legal settlement will also have municipal settlement because one of the two years required for State settlement must be spent in one municipality (See Section 1021.).

10:85-10.3 Location of worksite activity

(a) Worksite assignments may be established by the municipal welfare director to perform work for the municipality or for a non-profit agency or institution under contract to the municipality.

(b) Worksite assignments may be established by the Employment Service in the performance of work for county or State agencies as well as municipal agencies, non-profit agencies and institutions. Assignment by the Employment Service to a General Educational Development (high school equivalency) course or any other training or occupational preparedness program will be considered a worksite assignment.

(c) Efforts by either the Employment Service or municipal welfare director will be made to develop worksites in the municipality where the employable GA recipient receives his/her public assistance grant.

(d) If worksites are not available in the municipality where an employable GA recipient receives his/her public assistance grant, the municipal welfare director shall immediately notify the appropriate ES staff, and worksite development will become the responsibility of the Employment Service.

10:85-10.4 Scheduling worksite assignments

(a) Persons assigned to a worksite by either ES/GAEP or the MWD shall work only the number of hours equal to their grant divided by an hourly rate commensurate with beginning regular employees similarly employed. For this purpose, the MWD will supply to the ES/GAEP staff, on request, the amount and period of grant for persons working on GAEP supervised worksites.

(b) In such cases where there are no beginning regular employees similarly employed, the ES/GAEP or MWD will contact the local labor market analyst in the Department of Labor and Industry and determine the prevailing wage rate for that particular worksite assignment. This hourly wage rate shall be recorded as a part of the Municipal Worksite Agreement.

10:85-10.5 Types of work allowable under worksite activities

(a) The type of work to be performed by an employable GA recipient will be based upon an assessment of the individual's employment capabilities and the service needs of the municipality. Whenever possible, worksites will permit an individual to utilize and/or enhance his/her employment capabilities in order to maximize that individual's chances of obtaining unsubsidized employment.

(b) Worksite assignments will not result in either the replacement or displacement of regular employees.

10:85-10.6 Compliance

(a) Failure to perform: Any recipient who fails or refuses without good cause to perform satisfactorily in any worksite assignment made in accordance with the provisions of this chapter shall be ineligible for assistance for 90 days. Attendance at and participation in a drug or alcohol abuse program assigned or designated by the MWD or the Employment Service are essentials of satisfactory performance. Attendance at and participation in the sessions and activities involved in a training or occupational preparedness program assigned by the Employment Service are essentials of satisfactory performance. The MWD shall discontinue all assistance subject to the provision of 10 day notice of adverse action, upon a determination of the absence of good cause. (See N.J.A.C. 10:85-7.2 regarding timely notice and N.J.A.C. 10:85-7.3 regarding fair hearings and continued assistance.)

1. In the event that a person subject to penalty as above is a member of an eligible unit of more than one, the termination of assistance shall apply only to that person's per capita share of the grant. A notice explaining the change in the amount of the grant shall be sent to the other member(s) of the eligible unit with the assistance grant.

10:85-10.7 Good cause

(a) On worksites under the supervision of the ES/GAEP, the ES will advise the MWD, via NJES-1A its determination as to whether good cause existed for a failure or refusal to perform. If the ES advises the MWD in writing that good cause did not exist, the MWD will accept the determination without further review.

(b) On worksites under the supervision of the MWD, the MWD shall determine good cause in accordance with N.J.A.C. 10:85-3.2(g)6.

1030. RESTRICTIONS REGARDING STATE AND MUNICIPAL SETTLEMENT

1031. State Settlement

1031.1 For purposes of general assistance, the following shall be considered as interrupting the continuity of residence necessary for acquiring State settlement in New Jersey for the person who is or was:

(a) Receiving public assistance, as defined in Chapter 156, P.L. 1947, excluding, however, any assistance which is given by reason of quarantine because of a communicable disease or any assistance which has been repaid in full;

(b) Receiving public aid from any municipality, county, State or federal agency (including Foster Care under DYFS, receipt of SSI, Job Corps, receipt of Medicaid Only) when that aid could not have been obtained according to law unless the person is in need, whether received in the form of orders, cash or wages;

(c) Receiving assistance under (a) or aid under (b) for him/herself, for a wife or a minor child for whose support either such person or his wife is responsible in this or any other State;

(d) In a charitable, custodial or correctional institution in this State or while his wife or minor child is in a charitable, custodial or correctional institution of another state or of the federal government;

(e) On parole from an institution of this State, another state or of the federal government;

(f) A fugitive from justice;

(g) Illegally in the United States;

(h) In the armed forces of the United States;

(i) In a veterans' hospital or similar institution.

1031.2 The two year period required for State settlement must be continuous and uninterrupted. Whenever interruptions as described above occur, such time shall not be counted and the full two year computation starts anew from the date on which such interruption ends.

1032. Municipal Settlement

1032.1 For purposes of general assistance, the law requires that the time spent by a person residing in this State under any of the circumstances described in Section 1031. shall not be counted when determining the length of municipal residence needed to establish municipal settlement, but the computation does not start anew after such interruption ends.

(a) This means that municipal settlement, unlike State settlement, is acquired on a cumulative basis. In other words, although time spent under any of the circumstances in Section 1031. does not count toward the time required to gain State settlement, the length of time spent in the municipality both before and after such interruption counts towards the acquisition of municipal settlement.

1032.2 The last municipality in which a person has resided continuously for one year, or the last municipality in which he/she has resided continuously or cumulatively for one year, is his/her place of municipal settlement.

1033. Settlement of Married Women - The settlement of a married woman shall be that of her husband except:

1033.1 If her husband at the time of her marriage does not have settlement in any state, she shall retain her own settlement until her husband acquires one or until hers is lost.

10:85-10.8 GAEP reporting requirements

Selected Data on Employability Status (Form GA-6D): Form GA-6D (Selected Data on Employability Status) will be completed each month and forwarded with the regular forms in the GA-6 series identified in N.J.A.C. 10:85-6.4(a)2 through 4. All activities relating to the GAEP which occur during the calendar month of the report shall be included.

1033.2 A widow or woman who is divorced or separated by judicial decree from her husband shall have the same settlement which she had at the time of her husband's death or of her divorce or of the judicial separation. She may, however, subsequently acquire a settlement in her own right.

1033.3 If a married woman lives outside the State for one year continuously separate and apart from her husband, her settlement is lost until such time as she and her husband voluntarily resume living together, in which event her settlement shall be that of her husband.

1033.4 If a married woman who is deserted by or otherwise separated from her husband remains in New Jersey for two years and her husband's whereabouts is unknown during that time, she retains the settlement she had at the time of the desertion or separation until his whereabouts can be determined.

1033.5 For purposes of State settlement only, if a married woman has lived in New Jersey for two years or more and has been deserted by or otherwise separated from her husband for two years or more and his whereabouts is unknown for that period of time, she is considered to have acquired legal settlement of her own.

1034. Settlement of Minor Children

1034.1 Settlement of Minor Born in Wedlock - Under State law, a minor is any person under the age of 18.

(a) The settlement of a minor born in wedlock shall be that of his/her parents, surviving parent, or of the parent having custody.

1034.1 Settlement of Minor Born in Wedlock (Cont'd)

(b) If both parents die, or the minor is permanently separated from his/her parents by court order, or if custody of the minor child has been surrendered by an instrument in writing in accordance with law, then the minor's settlement shall continue as at the time of such death or separation until his/her majority unless he/she establishes a separate settlement as described in Section 1034.3.

1034.2 Settlement of Minor Born Out-of-Wedlock - The settlement of a minor born out-of-wedlock shall be that of his/her mother. However, such minor may acquire a separate settlement as described in Section 1034.3.

1034.3 Separate Settlement of a Minor - A minor establishes a separate settlement in the same manner as a person of full age if either (a) or (b) below is applicable.

(a) If he/she resides separately from his/her parents, is lawfully employed and is not wholly or partially dependent on his/her parent(s) or guardian for support. However, if such minor resumes living with either of his/her parents while still a minor, his/her settlement shall be the same as it was before his/her departure. This provision shall not apply in the case of a minor serving an apprenticeship or securing an education in a regularly organized training school or other educational institution.

(b) If a male minor marries and lives apart from his parents. (If a female minor marries, she acquires the settlement of her husband. See Section 1033.)

1034.4 Settlement of Minor Receiving Public Assistance, Upon Marriage of Mother

(a) When a child is already receiving care at public expense while in the legal custody of an agency or a person other than the mother and the mother gains a new settlement through marriage, the settlement of the child does not follow that of the mother.

(b) Such child continues to have the same settlement as existed at the time of the mother's marriage, until the child has been returned to his/her mother's custody and has remained in her care without receipt of public assistance for a period of one year.

1034.5 Settlement of Minor from Outside the State - A minor who is brought into this State does not gain a separate legal settlement except as described in the foregoing provisions.

1034.6 Settlement of Minor Placed Apart from Own Parents - A minor who is placed with any family in this State (other than his/her own parent(s) by any person, society, or corporation, public or private, of this or any other State does not acquire a separate legal settlement except as stated in the foregoing provisions.

1040. EFFECT OF ABSENCE ON SETTLEMENT

1041. Continuous Absence for One Year - Every person who has a separate legal settlement (not derived from that of another person as stated in Sections 1033. and 1034.) shall continue to have such legal settlement until he/she leaves the State and remains elsewhere continuously for one year.

1041.1 A person serving with the armed forces of the United States shall not lose his/her legal settlement due to absence from the State for one year or more, if such person entered the service while residing in this State.

1042. Absence Less than One Year - A person who has been absent from the State less than one year shall, upon his/her return, have the same municipal settlement which he/she had at the time of leaving.

1050. CASES LACKING STATE SETTLEMENT

1051. Reimbursement by State - Reimbursement will be allowed through the DPW to any municipal welfare department, regardless of whether or not it has applied for State aid, for assistance granted to non-state resident cases to the extent of 80% of the total cost of such assistance, provided, however, that such assistance is given in accordance with the standards and regulations set forth in this manual.

1051.1 The state of a client's legal settlement is not responsible for any portion of the assistance costs to such person while he/she is in New Jersey.

1052. Form GA-8, Non-State Resident Referral - A municipal welfare director who grants assistance to a person not having legal settlement in this State shall notify the DPW not later than 30 days after granting such assistance by completing Form GA-8 Non-State Resident Referral. The form shall be prepared in triplicate and all copies sent to the Division of Public Welfare. One copy will be returned to the municipal welfare department, indicating DPW action.

1053. Effect of Failure to Notify DPW - If a municipal welfare director fails to notify the DPW within 30 days after the first grant of assistance to a person lacking legal settlement in this State, such case will be considered as reimbursable only from the date of notification, unless there is a showing of cause acceptable to the DPW.

1053.1 Responsibility for the care of such person, if he/she moves to another municipality, continues to be that of the municipality which failed to notify the DPW within the required time.

1054. Identification of Records - When it has been established that a client is a non-State resident, the case record, including the social data summary, orders and other pertinent material, shall be stamped or otherwise clearly marked NON-STATE RESIDENT.

1055. Arrangements and Costs for Return to Another State

1055.1 Help with Client's Plan - The municipal welfare department shall be responsible for helping the client with his/her travel plans for return to another state. See also Section 326.1.

1055.2 Precautions for Safe Arrival - When non-State residents (such as children, aged, ill) are incapable of ensuring their own safe movement to their destination, sufficient precautions shall be taken by the municipal welfare department to assure safe arrival. Where possible, the services of travel and/or relocation agencies shall be used to arrange for the complete travel plans of the client at minimum rates.

1055.3 Transportation Costs Reimbursable - Transportation costs incurred in the voluntary resettlement of a non-State resident in another state are reimbursable to the extent of 80% of the total cost (see Section 1051.). Full advantage shall be taken of all available special or other family-reduced rates.

(a) Reimbursement will not be allowed for transportation costs incurred by a person acting as a convoy to the client being resettled, unless it is demonstrated that such convoy is essential and prior approval has been obtained from the DPW.

1056. Failure to Return - The unwillingness or failure of a person to return to his/her place of "legal settlement" or any other place is, in and of itself, insufficient reason to discontinue assistance.

1057. Statistical Reporting - Non-State resident cases are listed on the Monthly Commitment Report, Forms GA-6 and 6A in the same way as any other case for which the municipality is financially responsible.

1058. Forms - Form GA-8 Non-State Resident Referral is provided by the DPW without cost to the municipality.

1060. CASES LACKING MUNICIPAL SETTLEMENT

1061. Interpretation of Law - Law specifically provides that "When a person alleged to have a settlement elsewhere in the State than in the municipality in which he is found is in need of public assistance, the Director of Welfare of the municipality where such person is found shall provide the assistance necessary."

This legal principal shall be followed even though the client lacks municipal settlement as defined in Sections 1022 and 1032 of this regulation.

Note: See Section 1011.1 for interpretation of "in which he is found/where such person is found."

1062. Responsibility of MWD Where Client is Living

1062.1 Notice to Municipality of Alleged Settlement - The MWD of the municipality where the client is living shall, as promptly as possible, send Form GA-9 Notice to Municipality of Alleged Settlement by certified mail to the welfare director of the municipality in which the client is alleged to have settlement.

(a) In any situation where subsequent information indicates that the client has legal settlement in a municipality other than the one to which the Form GA-9 was initially sent, a new Form GA-9 will be sent by certified mail as promptly as possible.

1062.2 Determination of Amount of Assistance - The MWD issuing assistance to the client shall determine the amount of assistance needed according to State regulations and shall bill the responsible municipality for such assistance granted. A completed Form GA-19, showing the determination regarding amount of assistance granted, shall accompany the bill.

(a) The responsible municipality has no obligation to reimburse costs of hospitalization to a municipality granting such care, unless the responsible municipality is located in a Class I county or unless the Director of Welfare of the responsible municipality has agreed to do so.

1062.3 Obtaining Reimbursement from Responsible Municipality - Upon receipt of Form GA-9A Acknowledgement of Responsibility from the municipality of settlement, the welfare director where the client is receiving assistance shall bill the responsible municipality for the assistance granted from the date Form GA-9 was initially sent to such municipality.

(a) In cases of hospitalization, billing may be for the eligible period, which, in some cases, will have an effective date prior to the date Form GA-9 was sent.

[redacted]

1062.5 Identification of Records - The case record, including the social data summary, orders and other pertinent material, shall be stamped or otherwise clearly marked "NON-MUNICIPAL RESIDENT."

1063. Responsibility of MWD Receiving Notice

1063.1 Investigation and Acknowledgement - The municipal welfare director receiving Form GA-9 shall immediately investigate the residence information provided thereon.

When it is found that the client has settlement, the welfare director of the municipality where client is living shall be notified within 30 days through Form GA-9A Acknowledgement of Responsibility, by certified mail.

1063.2 Liable for Cost of Assistance - The responsible municipality is liable for the cost of all assistance granted to the client, in accordance with this manual, from the date the Form GA-9 was mailed by the municipality where client is living and receiving assistance.

(a) The responsible MWD is not obligated to reimburse the servicing municipality for assistance provided to persons determined ineligible for General Assistance or for any payments not ordinarily matched by State Aid.

1063.3 Choice of Methods for Continuing Assistance

(a) The welfare director of the responsible municipality may elect to be charged by the welfare director of the municipality in which the client is living for the cost of assistance, which shall be granted for so long as client is needy and eligible after the date of Form GA-9 and for such further period or periods, if any, which shall be agreed to by the welfare director of the municipality in which the client is living; or

1063.3 Choice of Methods for Continuing Assistance (Cont'd)

(b) The welfare director of the responsible municipality shall not grant assistance directly to a client living in another municipality without first securing written permission to do so from the welfare director of the municipality in which the client is living. However, the welfare director of the municipality in which the client is living and the welfare director of the responsible municipality may mutually agree that such an arrangement is desirable when the client has been receiving assistance from the welfare department of the municipality in which he/she has settlement or for other appropriate reasons.

1063.4 Unauthorized Conveyance of Indigent Person a Misdemeanor - It is a misdemeanor to send or convey an indigent person into a municipality for the purpose of making him/her a charge of such municipality or for the purpose of avoiding responsibility of support in the municipality in which he/she has been living.

1064. Alleged Settlement Protested

1064.1 Protest by Municipality of Alleged Settlement

(a) Form GA-9B, Protest of Settlement Allegation - If the municipal welfare director receiving a Notice (GA-9) determines, after investigation of the residence information, that the client does not have legal settlement in that municipality, he/she shall send Form GA-9B Protest of Settlement Allegation by certified mail to the welfare director of the municipality in which the client is living. Form GA-9B shall be sent as promptly as possible but, in any event, within thirty days after receipt of Form GA-9, indicating the facts upon which settlement responsibility is denied.

1064.1 Protest by Municipality of Alleged Settlement (Cont'd)

(b) Result of Failure to Protest - If a municipal welfare director fails to send Form GA-9B within the 30 day period or during any extended time granted by the DPW, his/her failure signifies a concurrence in any decision subsequently reached by the DPW, if a referral is made to the DPW by the municipality where the client is living.

1064.2 Action by Municipality Where Client is Living

(a) When Form GA-9B Indicates Another Municipality May be Responsible - In any situation where Form GA-9B, received within the thirty (30) day period, indicates that the client may have legal settlement in another municipality, the welfare director of the municipality where client is living shall send Form GA-9 to such other municipality. The statutory time limits are determined by the date Form GA-9 is sent and the policy and procedure will be the same as that applied to the first such form sent.

(b) Referral to DPW - When the welfare director of the municipality where client is living either

1) receives a notice of Protest, (GA-9B) and still has reason to believe the client has legal settlement in the municipality to which Notice, (GA-9) was sent, or

2) fails to receive any reply whatsoever from the municipality to which Notice was sent,

1064.2 Action by Municipality Where Client is Living (Cont'd)

he/she shall send Form GA-9C, Reference to Department of Institutions and Agencies, together with one copy of Form GA-9, by certified mail to the DPW as promptly as possible but, in any event, not later than 40 days after Form GA-9 Notice to Municipality of Alleged Settlement was sent. If a Form GA-9B has been received, a copy shall also be attached to the Reference (GA-9C).

A copy of Form GA-9C shall also be sent to the municipality of alleged settlement.

(c) Result of Failure to Refer to DPW - If the welfare director of the municipality where client is living fails to send Form GA-9C to the DPW in the circumstances described above within the 40 days specified, or within any extended time granted by the DPW, the DPW has no statutory authority to render a decision. In such case, unless other arrangements are made directly by the municipalities concerned, the municipality where client is living shall be considered the client's place of legal settlement. The assistance needs of such a client shall be the financial responsibility of that municipality so long as the client continues to live there.

1064.3 DPW Action and Decision

(a) Extension of Time - If the facts so warrant, the DPW may extend the time allowed for sending a Protest (GA-9B) or Reference (GA-9C).

(b) Review; Hearing - The facts in any case referred to the DPW will be reviewed. If the DPW is unable to determine settlement responsibility on the basis of the facts submitted, the respective municipal welfare directors may be notified to appear at a hearing.

1064.3 DPW Action and Decision (Cont'd)

(c) Final Decision - The decision of the DPW becomes final upon written notification to the municipalities involved.

(d) Enforcement of Decision - If the responsible municipality should fail to accept such responsibility, the DPW may enforce its decision by withholding from such municipality any State aid which such municipality would otherwise receive under the provisions of the General Public Assistance Law.

(e) Statistical Reporting - Inter-municipal settlement cases are reported on the monthly Report of Assistance Commitments (Form GA-6 and 6A) by the responsible municipality only.

(f) Forms - All forms referred to in this section (GA-9, 9A, 9B, 9C) shall be sent by certified mail. Supplies of these forms may be secured from the DPW without cost to the municipality.

G L O S S A R Y

Acronyms

Used in This Manual

AFDC	Aid to Families with Dependent Children
ATP	Authorization To Purchase (Food Stamps), (Form FSP-903)
BLO/ISS	Bureau of Local Operations, Institutional Services Section
CETA	Comprehensive Employment Training Act
CRA	Cuban Refugee Assistance
CWA	County Welfare Agency
DES	Division of Employment Security
DIB	Disability Insurance Benefits
DPW	Division of Public Welfare
DPW/BARA	Bureau of Administrative Review and Appeal, Division of Public Welfare
DPW/BBS	Bureau of Business Services, Division of Public Welfare
DPW/BLO	Bureau of Local Operations, Division of Public Welfare
DPW/BMA	Bureau of Medical Affairs, Division of Public Welfare
DPW/BMS	Bureau of Management Services, Division of Public Welfare
DPW/BQC	Bureau of Quality Control, Division of Public Welfare
DVRS	Division of Vocational and Rehabilitation Services
DYFS	Division of Youth and Family Services
EPSDT	Early Periodic Screening Diagonsis and Treatment
FNS	Food and Nutrition Service, U.S. Department of Agriculture
FSP	Food Stamp Program
GA	General Assistance
IM	Income Maintenance (county welfare agency programs)

Acronyms (continued)

INS	Immigration and Naturalization Service, U.S. Department of State
IRP	Indochinese Refugee Program
IRS	Internal Revenue Service, U.S. Department of the Treasury
LRR	Legally Responsible Relative
MA	Medical Assistance (Medicaid)
MAA	Medical Assistance for the Aged
MDTA	Manpower Development and Training Act
MRT	Medical Review Team, Bureau of Medical Affairs
MWD	Municipal Welfare Department
NJSES	New Jersey State Employment Service, N.J. Department of Labor and Industry
NPA	Non-Public Assistance
PA	Public Assistance
RSDHI	Retirement, Survivors, Disability and Health Insurance (Social Security)
RSVP	Retired Senior Volunteer Program
SMI	Supplemental Medical Insurance (Medicare Part B)
SSA	Social Security Administration
SSA/DO	Social Security Administration District Office
SSI	Supplemental Security Income
TDB	Temporary Disability Benefits
UIB	Unemployment Insurance Benefits
USDA	United States Department of Agriculture

Acronyms (continued)

VISTA	Volunteers in Service to America
WIC	Special Supplemental Food Program for Women, Infants, and Children
WIN	Work Incentive Program

GLOSSARY OF TERMS

adverse action	- any action taken by the MWD which denies, reduces, or terminates benefits received through general assistance.
Aid to Families with Dependent Children (AFDC)	- assistance program administered by county welfare agencies for financially eligible children and parent(s), or parent person(s) where there is death, absence, or incapacity of one or both natural or adoptive parents; or when both parents are in the home and the father is unemployed or underemployed.
appeal	- the process by which an individual exercises his/her right to have an agency action reviewed; a local or State fair hearing.
appellant	- an applicant or recipient who has requested a local or State hearing to contest an action by the MWD.
applicant	- an individual who has applied for program benefits, or upon whose behalf application has been made, and whose application is awaiting official action by the agency.
application process	- all activity performed by the municipal welfare board prior to the official disposition of an application.
approved hospital	- a general hospital licensed by the New Jersey Department of Health, which is not operated or controlled by the State, county or municipality; can be either a profit or non profit institution.
authorized representative	- a individual (or agency) whom a client designates orally or in writing to act on his/her behalf.

boarder, roomer, roomer-boarder	- a person, other than a member of an eligible unit, whose acceptance in the household is a business arrangement based upon payment in cash for board, room, or room and board.
bonus coupons	- the portion of the food stamp coupon allotment which is in excess of the amount paid by an eligible household for such allotment (or the total coupon allotment when the household is eligible for food stamps with no purchase requirement); the amount of "free" coupons that the household receives.
case head	- person who makes application for assistance and in whose name the case is registered.
case record	- the official file of forms, chronological narrative, correspondence, and other documents pertinent to the application and eligibility of a client; constitutes a complete record which supports the decisions and actions of the MWD regarding a particular case.
certification (food stamps)	- official determination of eligibility for food stamps.
client	- all-inclusive term indicating either an applicant or recipient of assistance benefits.
collateral contact	- contact with a source other than the applicant or recipient for the purpose of obtaining or verifying information.
contract	- a binding agreement between two or more parties.
countable income	- in computation of eligibility and amount of assistance grant, income not exempt and readily available for use by client.

deficit	- the difference between client's adjusted income and the applicable allowance standard (Form GA-19).
denied application	- official determination of ineligibility for public assistance.
determination	- decision regarding a situation, application or appeal.
documentary evidence	- written evidence and/or documents attesting to specific facts.
DPW (Division of Public Welfare)	- the office, within the State Department of Institutions and Agencies, which is responsible for the supervision of the General Assistance program.
earned income	- gross earnings received from employment or self-employment.
exempt resource	- a resource which is not to be considered in computing extent of need and is not subject to required liquidation.
"F" segment, AFDC	- assistance program administered by county welfare agencies for financially eligible families with children, in which both natural and/or adoptive parents are in the house and are not incapacitated, and the father is unemployed according to Federal criteria.
fair hearing	- the formal procedure through which a recipient or applicant may protest the municipal welfare board's action or inaction.
financially eligible	- lacking sufficient income and/or resources to maintain the public assistance standard of living.
General Assistance	- financial and/or medical assistance provided by municipal welfare departments to needy persons currently ineligible for participation in any other public assistance program in New Jersey or for Supplemental Security Income.
gross income	- income before deductions, or the net profit from a business, farm or profession before income and other personal taxes are deducted.

household	- the persons living together as a family unit, without regard to relationship by blood or marriage.
incapacity	- a physical or mental defect, illness or impairment, which is expected to last at least 30 days and which substantially reduces or eliminates ability to work.
income in-kind	- income received in the form of goods or services rather than cash.
may/shall	- may indicates optional adherence to the point(s) at issue; shall indicates mandatory adherence to such point(s).
Medicaid	- federal/State program administered by Division of Medical Assistance and Health Services which provides payment of claims for and evaluation of health services; eligibility is generally limited to persons who are receiving or who are eligible to receive AFDC, CRA, IRP or SSI.
Medical Assistance for the Aged (MAA)	- State program for eligible individuals 65 years of age or older who can normally maintain themselves and are not eligible for Medicaid, but who are in need of hospitalization, home health care or long-term care and are unable to meet such costs.
minor	- a person who is less than 18 years of age.
monthly amount	- the amount of money required to provide for one month (computed on the basis of 30 days or 4 1/3 weeks).
monthly grant	- total amount of money payment to be made each month to an eligible unit.
monthly review (of eligibility)	- required monthly evaluation of any changes in client's circumstances or income; entails appropriate grant adjustment.

"N" Segment, AFDC	- State assistance program administered by county welfare agencies for financially eligible families with children, in which both natural and/or adoptive parents are in the home and are not incapacitated, but whose earnings are insufficient for the children's support.
needy person	- a person who lacks sufficient income and/or resources to maintain the general assistance standard of living.
net profit	- total income earned, less the cost of producing the income. Business deductions which are allowable for income tax purposes may be recognized as expenses of producing this income.
ownership of real or personal property	- as referred to in this manual, includes any and all right, title or interest legal or equitable to such property.
payment in-kind	- payment in goods or services.
pending application	- general term for application, reapplication, reopened application, or transfer application prior to official disposition.
per capita	- an amount equal to one individual's share of the total.
per diem	- by the day; one day calculated on the basis of 30 days to the month.
personal interview	- a face to face discussion between individuals.
personal property	- all possessions, exclusive of real property and fixed improvements thereon.
policy	- guidelines, limited by and consistent with law, which control MWD and Division of Public Welfare staff in carrying out public assistance programs.

potential resource	- a resource which, through liquidation, will provide cash for the use of the eligible unit or for reimbursement to the agency.
public assistance	- financial assistance available to eligible persons as provided by law.
public assistance allowance	- the money amount recognized in this manual for the need of an eligible unit.
real property	- land and fixed improvements thereon.
recipient	- an individual who is receiving public assistance.
redetermination (of eligibility)	- investigation of all facts and circumstances relating to the recipient's application for continuation of assistance; decision as to whether recipient continues to be eligible.
referral	- request from an agency, institution, or individual on behalf of another individual who is interested in applying for financial assistance; or a request from the municipal welfare department to another agency.
rejected application	- an application which has been denied.
Retirement, Survivors, Disability and Health Insurance (RSDHI)	- a federal program administered by the Social Security Administration (SSA) which provides protection to workers and their families against loss or stoppage of earnings resulting from death, disability, or retirement at age 62 or older; Social Security benefits.
retroactive benefits	- benefits which cover a period of time prior to the actual date of receipt.
salary	- a fixed compensation paid regularly for services.
Social Security payment	- RSDHI benefit.
spouse	- husband or wife of a specified individual, or person so recognized by the community.

student	- a person who is attending school including high school, vocational or technical school, college or university.
Supplemental Security Income (SSI)	- federal supplemental income program for the aged, blind or disabled.
support	- payment or other provision made for the maintenance of a dependent.
surplus	- the amount by which an otherwise eligible applicant's income exceeds the applicable allowance standard.
temporary payee	- person designated by the MWD to receive an assistance payment on behalf of an eligible person.
total income	- sum of all income of the eligible unit, including adjusted earnings and unearned income.
training allowance	- a payment received from WIN, MDTA, CETA, or similar vocational and/or rehabilitation program.
trust fund	- money, securities or other property held in trust.
vendor	- individual, organization or business which provides an item or service in return for payment.
vendor payment	- check drawn to the order of a person or facility providing goods or services to or for members of an eligible unit, representing payment for such goods or services.
voucher	- an order for a specific item or service, drawn to a vendor and signed by the Director of Welfare.
wages	- payment for labor or services performed either according to contract or on an hourly, daily, or piecework basis.

Work Incentive Program (WIN) - program administered by the State Department of Labor and Industry designed to place in employment, or train for employment, appropriate recipients of the AFDC program.

GENERAL ASSISTANCE MANUAL

A P P E N D I X

FORMS DESIGNATED FOR USE IN THE GENERAL ASSISTANCE PROGRAM

GA-1	Application and Affidavit for General Assistance
GA-1R	Redetermination for General Assistance
GA-3	Authorization and Case Review Card
GA-3C	General Assistance Program Monthly Statement of Income
GA-5	Report of Assistance Orders Issued
GA-6	General Assistance Program (Report of Assistance Commitments)
GA-6A	General Assistance Program (Statistical Summary)
GA-6C	Hospitalization Report for the Assistance Month of _____
GA-6D	Selected Data on Employability Status
GA-7	General Assistance Program Application Register
GA-11	General Assistance Order
GA-12	Statement of General Assistance Refunds and Receipts
GA-13	Invoice Schedule
GA-14	Preliminary Personnel Record
GA-15	Status Report and Request for State Aid for Calendar Year
GA-18	Certification of Need for Patient Care in Facility Other than Public or Private General Hospital
GA-18A	Certification of Need for Physical, Occupational or Speech Therapy
GA-19	Computation of Eligible Unit's Grant and Record of Payments
GA-30	Authorization for Reimbursement of General Assistance from Initial SSI Payment
GA-30A	Agreement to Repay Assistance from Initial SSI Payment
GA-31	Letter Re: Net Amount Due Client from Retroactive SSI Award
GA-32	Application to Establish a Petty Cash Fund for Direct Payment of Public Assistance

FORMS (cont'd)

GA-33	Notice of Intention to Terminate Assistance
GA-34	Notice of Intention to Reduce Assistance
GA-35	Notice of Action to Deny Application
GA-36	Notice of Time-Limited Assistance
GA-51	Important Reminder of Your Obligation to Report Changes
PA-12	Referral by State Mental Institution to Public Assistance Agency
PA-14	Referral for Services
PA-24	Verification of Unemployment/Disability Insurance
ED-6	Request and Authorization for Records Disposal by State, County or Municipal Agencies

Pamphlet

The New Jersey General Assistance Program

Food Stamps

FSP-905	Food Stamp Referral Form

Unemployment and Disability

BC-10	Instructions for Claiming Unemployment Benefits
DS-1	Claim for State Disability Benefits

Vocational Rehabilitation Services

IM-2	Referral to Vocational Rehabilitation
DVR-5	Application for Vocational Rehabilitation Services

Employment Services

NJES-1A	Interagency Information Report
NJES-511B	New Jersey Job Service Self-Registration Application

SUPERSEDED

APPENDIX A

FORMS DESIGNATED FOR USE IN THE GENERAL ASSISTANCE PROGRAM

GA-1	Application and Affidavit for General Assistance
GA-3	Case Review Card
GA-5	Report of Assistance Orders Issued
GA-6	General Assistance Program (Report of Assistance Commitments)
GA-6A	General Assistance Program (Statistical Summary)
GA-6C	Hospitalization Report for the Relief Month of
GA-7	General Assistance Program Application Register
GA-8	Non-State Resident Referral
GA-9	Notice to Municipality of Alleged Settlement
GA-9A	Acknowledgement of Responsibility
GA-9B	Protest of Settlement Allegation
GA-9C	Reference to Dept. of I & A (P.L. 1941, Chapter 357, Section 21)
GA-11	General Assistance Order
GA-12	Statement of General Assistance Refunds and Receipts
GA-13	Invoice Schedule
GA-14	Preliminary Personnel Record
GA-15	Annual Status Report in Request for State Aid for Calendar Year
GA-18	Certification of Need for Patient Care in Facility Other than Public or Private General Hospital
GA-18A	Certification of Need for Physical, Occupational Speech Therapy

FORMS (continued)

GA-19 Computation of Eligible Unit's Grant and Record of Payments

GA-30 Authorization for Reimbursement of Assistance From SSI Award

GA-31 Letter Re: Net Amount due Client from Retroactive SSI Award

GA-32 Application to Establish Petty Cash Fund for Direct Payment of Public Assistance

GA-33 Notice of Intention to Terminate Assistance

GA-34 Notice of Intention to Reduce Assistance

GA-35 Notice of Action to Deny Assistance

GA-36 Notice of Time-Limited Assistance

GA-190 Information About General Assistance in New Jersey (pamphlet)

PA-12 Referral by State Mental Institution to Public Assistance Agency

PA-13 Referral for Rehabilitation Services

PA-14 Inter-Agency Referral

ED-6 Request and Authorization for Records Disposal by State, County or Municipal Agencies

FSP-905 Referral of General Assistance Recipient for Application for Food Coupons

APPLICATION AND AFFIDAVIT FOR GENERAL ASSISTANCE

GA-1 (rev. 1/72)
MUNICIPALITY _____
CASE NUMBER _____

TELEPHONE NUMBER _____ *(include area code)*

CASE HEAD _____ *(Last)* _____ *(First)* _____ *(Middle)* _____ *(Maiden name, if applicable)*

ADDRESS AT WHICH CASE HEAD RESIDES _____ *(Street and Number)* _____ *(Town or City—include Zip Code)* _____ *(County)*

MAILING ADDRESS (if different) _____ *(Street and Number or Post Office Box)* _____ *(Town or City)* _____ *(Zip Code)*

1. IDENTIFYING INFORMATION ABOUT PERSONS IN THE ELIGIBLE FAMILY UNIT:

NAME OF ELIGIBLE UNIT MEMBER(S)	RELATIONSHIP TO HEAD	DATE OF BIRTH Month/Day/Year	SEX	STATE OR COUNTRY OF BIRTH	MARITAL STATUS Code	Date	Place	HIGHEST SCHOOL GRADE COMPLETED (Except Vocational)	RSDHI OR RAILROAD RETIREMENT NUMBER	RACE CODE
	(Head)									

MARITAL STATUS CODE:
S — Single W — Widowed D — Divorced
SEP — Separated M — Married

RACE CODE:
1. Negro 3. Latin American 5. Oriental
2. White 4. American Indian 6. Other

I WISH TO APPLY FOR GENERAL ASSISTANCE FOR THE PERSON(S) WHOSE NAME(S) IS (ARE) LISTED ABOVE:

_____ *(Signature)* _____ *(Relationship or Title)* _____ *(Date)*

2. LIST ALL OTHER PERSONS IN THE HOUSEHOLD FOR WHOM ASSISTANCE IS NOT REQUESTED.

NAME	RELATIONSHIP	NAME	RELATIONSHIP

3. WHAT IS THE MAIN LANGUAGE SPOKEN IN THE HOME? _____

4. CHRONOLOGICAL RESIDENCE HISTORY SUFFICIENT TO ESTABLISH SETTLEMENT:

PERIOD FROM	TO	STREET ADDRESS	MUNICIPALITY	STATE

5. HOW LONG HAS THE CASE HEAD LIVED IN NEW JERSEY? _____ YEARS _____ MONTHS

IF HE HAS NOT ALWAYS LIVED IN NEW JERSEY, WHERE DID HE LIVE BEFORE COMING TO NEW JERSEY? _____

DOES CASE HEAD PLAN TO REMAIN IN NEW JERSEY? [ ] YES [ ] NO If "NO," explain. _____

6. IS CASE HEAD PRESENTLY RECEIVING PUBLIC ASSISTANCE, INCLUDING PAYMENT OF HOSPITALIZATION COSTS? [ ] NO [ ] YES
(If "Yes," complete the following.)

NAME OF AGENCY _____ _____ (State) _____ (County) _____ (City or Town)

7. HAS CASE HEAD RECEIVED ASSISTANCE IN NEW JERSEY OR ANY OTHER STATE WITHIN THE LAST 10 YEARS, INCLUDING PAYMENT OF HOSPITALIZATION COSTS? [ ] NO [ ] YES (If "Yes," give the following information.)

TYPE OF ASSISTANCE RECEIVED	PERIOD FROM	PERIOD TO	NUMBER OF MONTHS	STATE	COUNTY	MUNICIPALITY

8. *EMPLOYMENT HISTORY:* LIST ALL EMPLOYMENT FOR EACH ELIGIBLE UNIT MEMBER (INCLUDING SELF-EMPLOYMENT) FOR THE LAST 5 YEARS, STARTING WITH THE CURRENT OR MOST RECENT JOB. FOR ADULTS NEVER IN PAID EMPLOYMENT, EXPLAIN: _____

NAME OF PERSON(S)	DESCRIBE KIND OF WORK	NAME AND ADDRESS OF EMPLOYER	FULL TIME YES	FULL TIME NO	PERIOD OF EMPLOYMENT FROM Month/Year	PERIOD OF EMPLOYMENT TO Month/Year	GROSS WEEKLY EARNINGS	REASON FOR LEAVING

9. IF CASE HEAD IS UNEMPLOYED, WHY? _____

DATE AND PLACE LAST EMPLOYED: _____

10. WHAT CHANGE IN INCOME AND/OR CIRCUMSTANCES PROMPTED THIS APPLICATION? (EXPLAIN) _____

11. *VOCATIONAL TRAINING HISTORY:* LIST ALL VOCATIONAL TRAINING OR SCHOOLING FOR EACH ELIGIBLE UNIT MEMBER STARTING WITH THE MOST RECENT (INCLUDING MILITARY JOB TRAINING).

NAME OF PERSON(S)	TYPE OF TRAINING OR SCHOOLING	NAME OF PROGRAM OR SCHOOL	ALLOWANCE	ATTENDANCE FROM	ATTENDANCE TO	NUMBER OF MONTHS COMPLETED

12. DOES THE INDIVIDUAL OR FAMILY (Check One):
[ ] OWN THEIR OWN HOME OR TRAILER [ ] RENT A HOUSE, ROOM OR APT. (Circle One) [ ] HAVE OTHER LIVING ARRANGEMENT (Explain) _____

HOW MUCH DO THEY PAY PER MONTH? $_____ DO THEY OWN THE FURNISHINGS IN THEIR HOME? [ ] YES [ ] NO
HOW MANY ROOMS (excluding bathrooms) ARE THERE IN THE SHELTER UNIT? _____

NAME AND ADDRESS OF MORTGAGE COMPANY OR LANDLORD _____
LIST TAXES, INSURANCE AND UTILITIES *NOT* INCLUDED IN THE SHELTER COST AND AMOUNT PAID _____

13. LIST THE LEGALLY RESPONSIBLE RELATIVES OF EACH PERSON(S) IN THE ELIGIBLE UNIT WHO LIVE ELSEWHERE.

HOUSEHOLD MEMBER(S)	NAME OF LRR	RELATIONSHIP	ADDRESS	AGE

14. LIST ALL OTHER INTERESTED RELATIVES AND/OR FRIENDS.

NAME	ADDRESS	DEGREE OF RELATIONSHIP

15. LIST ALL INCOME TO EACH ELIGIBLE UNIT MEMBER FROM ANY SOURCE WHICH WAS NOT RECORDED IN #8.

SOURCE	RECEIVED BY	AMOUNT AND PERIOD
		$ per
		$ per
		$ per

16. LIST ALL INCOME OR BENEFITS OF EACH ELIGIBLE UNIT MEMBER APPLIED FOR BUT NOT YET RECEIVED (INCLUDING SUITS OR CLAIMS FOR WHICH LEGAL ACTION IS OR MAY BE NECESSARY).

SOURCE	DATE OF APPLICATION OR START OF SUIT	EXPLANATION

17. LIST ALL ASSETS OF EACH ELIGIBLE UNIT MEMBER OTHER THAN BASIC HOUSE FURNISHINGS AND CLOTHING.

TYPE OF ASSET	AMOUNT	TODAY'S VALUE	OWNER
Cash on Hand	$	x x x x x x x x	
Money in Bank		x x x x x x x x	
Christmas Club		x x x x x x x x	
U.S. Savings Bonds	x x x x x	$	
Other Stocks or Bonds	x x x x x		
Car, Truck, or Other Vehicle	x x x x x		
Real Estate	x x x x x		
Other (explain)			

18. HAS ANY ELIGIBLE UNIT MEMBER SOLD OR TRANSFERRED ANY PROPERTY WITHIN THE LAST YEAR?
[ ] NO [ ] YES (If "Yes," give the following information)

TYPE OF PROPERTY	NAME OF PERSON WHO DISPOSED OF PROPERTY	AMOUNT RECEIVED	RECEIVER OF PROPERTY	DATE OF TRANSFER
		$		
		$		
		$		
		$		

19. DOES ANYONE OWE MONEY TO ANY ELIGIBLE UNIT MEMBER? [ ] NO [ ] YES (If "Yes," explain.)

_____

20. LIST ALL LIFE, BLUE CROSS/SHIELD, DISABILITY OR MEDICAL INSURANCE POLICIES COVERING ELIGIBLE UNIT MEMBERS (INCLUDING MEDICARE COVERAGE AND CLAIM NUMBER, IF ANY).

NAME OF COMPANY OR AGENT	POLICY NUMBER	NAME OF INSURED	FACE VALUE	PREMIUM/PERIOD
				$ /
				$ /
				$ /
				$ /

STATE OF NEW JERSEY)
) S.S.
COUNTY OF _____)

_____ AND _____, OF FULL AGE, BEING DULY SWORN ACCORDING TO LAW, UPON _____ OATH DEPOSE(S) AND SAY(S):

1. I (WE) RESIDING IN THE MUNICIPALITY OF _____, IN THE COUNTY OF _____, STATE OF NEW JERSEY, DO APPLY FOR PUBLIC ASSISTANCE.

2. I (WE) HAVE CAREFULLY REVIEWED ALL OF THE INFORMATION ON THIS FORM AND DO CERTIFY THAT TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF IT IS CORRECT AND COMPLETE.

3. I (WE) UNDERSTAND THAT I (WE) AM (ARE) OBLIGATED TO GIVE PROMPT NOTICE TO THE DEPARTMENT OF MUNICIPAL WELFARE OF ANY CHANGE IN CIRCUMSTANCES WHICH MIGHT CAUSE A CHANGE, ADDITION, OR DELETION TO THE INFORMATION RECORDED ON THE ATTACHED FORM AND THAT MY (OUR) FAILURE TO DO SO MAY RESULT IN A VIOLATION PUNISHABLE UNDER LAW.

4. THIS STATEMENT IS MADE IN CONNECTION WITH AND FOR THE PURPOSE OF APPLYING FOR AND RECEIVING PUBLIC ASSISTANCE AND FOR NO OTHER PURPOSE.

_____ L.S.
(SIGNATURE)

_____ L.S.
(SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE ME)
_____DAY OF _____, 19_____)

_____
NOTARY PUBLIC OR REPRESENTATIVE OF
MUNICIPAL WELFARE DEPARTMENT

OFFICE USE ONLY

SETTLEMENT (check one)

[ ] THIS MUNICIPALITY
[ ] ANOTHER N.J. MUNICIPALITY; GA-9 SENT (Date)_____
_____MUNICIPALITY, _____COUNTY
[ ] NON-STATE; GA-8 SENT (Date)_____

REFERRAL RECEIVED FROM_____
DATE _____

REFERRED TO: (check where applicable)

[ ] CWB FOR _____ (Date) _____
[ ] NJES FOR _____ (Date) _____
[ ] REHAB. FOR _____ (Date) _____
[ ] RSDHI FOR _____ (Date) _____
[ ] OTHER FOR _____ (Date) _____
_____ (Date) _____

COMMENTS

GA-5 (Rev. 1/72)

REPORT OF ASSISTANCE ORDERS ISSUED

MUNICIPALITY _____ COUNTY _____ MONTH _____ YEAR _____

Date Issued	Order Number	Name of Recipient	Total Amount	Maintenance	Hospitalization	Other Medical	Burials	Date Bill Presented	Vendor's Name or Voucher No.

ORIGINAL MUST BE SUBMITTED TO BUREAU OF BUSINESS SERVICES BEFORE 10TH OF MONTH FOLLOWING MONTH OF REPORT.

GENERAL ASSISTANCE PROGRAM

REPORT OF ASSISTANCE COMMITMENTS

FORM GA-6 (REV. 1/15)

PAGE ___ OF ___

MUNICIPALITY _____ COUNTY _____ MONTH _____ YEAR _____

I CASE IDENTIFICATION		II CODED REASON		III NUMBER OF PERSONS IN CASE			IV ASSISTANCE COMMITMENTS AUTHORIZED DURING MONTH ELIGIBLE FOR STATE PARTICIPATION						(F) INELIGIBLE FOR STATE PARTICIPATION
(A) NUMBER	(B) SURNAME	(A) OPENED	(B) CLSD	(A) 1	(B) 2	(C) 3 OR MORE	(A) MAINTENANCE	(B) HOSPITALIZATION	(C) NURSING HOME CARE	(D) OTHER MEDICAL	(E) OTHER AMOUNT	(E) OTHER CODE	
TOTALS													

N.J. DEPARTMENT OF INSTITUTIONS AND AGENCIES, DIVISION OF PUBLIC WELFARE, BUREAU OF BUSINESS SERVICES

GENERAL ASSISTANCE PROGRAM
STATISTICAL SUMMARY

FORM GA-6A (REV. 3/75)

MUNICIPALITY _____ COUNTY _____ MONTH AND YEAR _____

SECTION I APPLICATION ACTIVITY

A. PENDING FROM ITEM G LAST MONTH.	
B. REGISTERED THIS MONTH	
C. TOTAL TO ACCOUNT FOR (A + B).	
D. CASES OPENED (TOTAL SECTION III). . . .	
E. APPLICATIONS REJECTED	
F. TOTAL CLEARED (D + E)	
G. PENDING END OF MONTH (C - F).	

SECTION II CASELOAD ACTIVITY

A. CASES OPEN BEGINNING OF MONTH (E LAST MO)	
B. CASES OPENED (SAME AS I-D).	
C. TOTAL TO ACCOUNT FOR (A + B).	
D. LESS: CASES CLOSED (TOTAL SECTION IV) .	
E. CASES OPEN END OF MONTH (C - D)	

SECTION III REASONS FOR OPENING CASES

CODE NO.	CLASSIFICATION	NUMBER
1.	AGED - EXCESSIVE MEDICAL COSTS	
2.	TEMPORARY ILLNESS	
3.	PHYSICAL OR MENTAL DISABILITY	
4.	HOSPITALIZATION	
5.	DEATH OF WAGE EARNER	
6.	PENDING CATEGORICAL ASSISTANCE	
6A.	PENDING SSI BENEFITS	
7.	INSUFFICIENT INCOME-UNEMPLOYED	
8.	INSUFFICIENT INCOME-UNDEREMPLOYED	
9.	OTHER (SPECIFY ON REVERSE SIDE)	
	TOTAL CASES OPENED (SAME AS I-D)	

SECTION IV REASONS FOR CLOSING CASES

CODE NO.	CLASSIFICATION	NUMBER
11.	DEATH	
12.	RECOVERY FROM ILLNESS OR DISABILITY	
13.	HOSPITALIZATION TERMINATED	
14.	RECEIPT OF CATEGORICAL ASSISTANCE	
15.	EMPLOYMENT	
16.	INCREASED EMPLOYMENT	
17.	INCREASED CONTRIBUTED INCOME	
18.	RECEIPT OF STATE OR FEDERAL BENEFITS	
18A.	RECEIPT OF SSI BENEFITS	
19.	OTHER (SPECIFY ON REVERSE SIDE)	
	TOTAL CASES CLOSED (SAME AS II-D)	

SECTION V SUMMARY OF COMMITMENTS ON GA-6

TYPE OF COMMITMENT	CODE	AMOUNT
A. MAINTENANCE.		
B. HOSPITALIZATION.		
C. NURSING HOME CARE.		
D. OTHER MEDICAL.		
E. OTHER COMMITMENTS:		
BURIAL	B	
CHILD CARE	C	
EMERGENCY ASSISTANCE	E	
HOMEMAKER SERVICE	H	
TRANSPORTATION	T	
TOTAL COMMITMENTS ELIGIBLE FOR STATE PARTICIPATION.		
F. COMMITMENTS INELIGIBLE FOR STATE PARTICIPATION.		
TOTAL ALL COMMITMENTS FOR MONTH		

SECTION VI GENERAL ASSISTANCE ADMINISTRATION

A. NUMBER OF SALARIED EMPLOYEES. . . .	
B. COST OF ADMINISTRATION:	
1. STAFF SALARIES	
2. ALL OTHER COSTS.	
C. TOTAL ADMINISTRATIVE COSTS (1 + 2).	

CERTIFICATION OF DIRECTOR OF WELFARE

I CERTIFY THAT THE CASES LISTED HEREIN ARE ELIGIBLE FOR GENERAL ASSISTANCE AND THAT THE COMMITMENTS ENTERED IN SECTION IV, ITEMS (A)-(E) OF FORM GA-6 ARE IN ACCORDANCE WITH CURRENT GENERAL ASSISTANC MANUALS AND REGULATIONS ISSUED BY THE NEW JERSEY STAT DIVISION OF PUBLIC WELFARE.

SIGNATURE OF DIRECTOR OF WELFARE _____ DATE _____

Form GA-6C (Rev. 7/6

_____ HOSPITAL _____ MUNICIPALITY _____ COUNTY

SHEET NO. _____

HOSPITALIZATION REPORT FOR THE RELIEF MONTH OF _____ 19____

THE COLUMNS BELOW ARE RESERVED FOR THE EXCLUSIVE USE OF THE AUDITOR.

	CASE NO.	CLIENT'S NAME	ADDRESS	DIAGNOSIS	DATE ADMITTED	DATE DISCHARGED	NO. DAYS	RATE	AMOUNT	AMOUNT APPROVED	AMOUNT DISALLOWED	REASON
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
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31												
32												
33												
34												
35												
						TOTALS						

I have checked the charges submitted on this report and certify that they are correct and cover case allowable as set forth in the bulletin, entitled "Hospitalization."

_____

HOSPITAL OFFICIAL (Title)

CERTIFIED CORRECT

_____

AUDITOR

Instructions for Completion on Reverse Side

GENERAL ASSISTANCE PROGRAM
APPLICATION REGISTER

Form GA-7 (Rev. 3/74)

Applications Registered:

From _____ To _____

_____ Municipality

_____ County

I	II	III	IV	V		VI		VII	
				Assigned for Investigation		Case Approved		Case Rejected	
				(a)	(b)	(a)	(b)	(a)	(b)
Date of Application	Case Number	Name of Applicant	Address	Date	Worker	Date	Coded Reason	Date	Reason for Rejection

NEW JERSEY DEPARTMENT OF INSTITUTIONS AND AGENCIES, DIVISION OF PUBLIC WELFARE, BUREAU OF BUSINESS SERVICES

INSTRUCTIONS FOR COMPLETION OF APPLICATION REGISTER FORM GA-7

I DATE OF APPLICATION

Enter the date on which the application is registered.

II CASE NUMBER

If the client has never previously applied for assistance in your municipality, enter the next available sequential case number. If the client had previously applied for assistance in your municipality, enter the case number assigned at that time.

III NAME OF APPLICANT

Enter the full name of the applicant for General Assistance.

IV ADDRESS

Enter the complete street address, post office, and zip code.

V ASSIGNED FOR INVESTIGATION

(a) Date

Enter the date on which the case is initially assigned to the worker.

(b) Worker

Enter the name of the worker to whom the case is initially assigned for a home visit and investigation.

VI CASE APPROVED

(a) Date

Enter the date on which the application for the listed case was approved.

(b) Coded Reason

Enter the appropriate code number to identify the reason for opening the case as shown on Form GA-6A.

VII CASE REJECTED

(a) Date

Enter the date on which the application for the listed case was rejected.

(b) Reason for Rejection

Enter a brief descriptive reason; e.g., death, withdrew application, sufficient income, etc. for each application rejected.

NON-STATE RESIDENT REFERRAL Form GA-8 (Rev.-10/71)

TO: DEPARTMENT OF INSTITUTIONS AND AGENCIES
DIVISION OF PUBLIC WELFARE
P.O. BOX 1627
TRENTON, NEW JERSEY 08625

Date_____19____

NAME: LAST	FIRST	CURRENT ADDRESS	MUNICIPALITY

I. CHRONOLOGICAL RESIDENCE HISTORY-Residence history should be sufficient to establish lack of settlement in New Jersey.
(current address first)

Residence in New Jersey			Residence in Other States			
Period	Street Address	Municipality	Period	Street Address	Municipality	Verified

II. DATA TO ESTABLISH NON-STATE SETTLEMENT-Please fill in as completely as possible.

Date of Birth of Applicant_____

OTHER STATE:		VERIFIED
General Assistance Status	:	XXXXXXXX
Landlords	:	
Present Marital Status	:	
Date and Place of Marriage	:	
Other: (Utility bills, rent receipts, etc.		

III. PERTINENT DATA-RE: PERSONS FROM WHOM SETTLEMENT IS DERIVED (If applicant is not person from whom settlement is normally derived, provide name, relationship and residence history of person from whom General Assistance recipient(s) has derivative settlement.)

Name-Date and Place of Birth :_____
Relationship :_____
Present Address :_____
Residence History in Other States :_____

IF ADDITIONAL SPACE IS REQUIRED, PLEASE MARK OVER AND LIST INFORMATION ON REVERSE SIDE.

I hereby certify that the above captioned non-resident first came to New Jersey on _____19 and to this municipality on_____19_____
The first application for assistance was made on_____19 and Granted_____19__
Present application was made on_____19__and Granted on_____19_____

Type of assistance required: ☐ General Assistance Only.

☐ Hospitalization only. If requested, identify patient(s)_____
☐ Both

SIGNED_____Director of Welfare

DO NOT WRITE BELOW THIS LINE

Reviewed by_____Date_____19_____

☐ Reimbursement not approved.
☐ Reimbursement approved for GA only from_____to_____.
☐ Reimbursement approved for hospitalization for not more than 30 days from_____.

APPROVED FOR REIMBURSEMENT:
DIVISION OF PUBLIC WELFARE
BY:_____.

APPROVAL FOR REIMBURSEMENT FOR ANY ASSISTANCE GRANTED BEYOND THE ABOVE DATE(S) MUST BE REQUESTED PRIOR TO EXPIRATION OF SUCH DATE(S).

PLEASE FILL OUT THIS FORM IN TRIPLICATE

FORM GA-9 (REV. 12/75)
REGISTERED MAIL

NOTICE TO MUNICIPALITY OF ALLEGED SETTLEMENT
(P.L. 1941, CHAPT. 357, SEC. 17)

TO: DIRECTOR OF WELFARE OF DATE

PLEASE TAKE NOTICE THAT _____ NOW RESIDING AT _____ _____ APPLIED ON THE _____ DAY OF _____ 19____ TO THE UNDERSIGNED FOR PUBLIC ASSISTANCE AND HAS BEEN FOUND ELIGIBLE. THE FOLLOWING FACTS INDICATE THAT MUNICIPAL SETTLEMENT IS IN _____ (MUNICIPALITY)

I. FAMILY COMPOSITION - RELIEF GROUP ONLY

NAME	RELATIONSHIP	DATE OF BIRTH	PLACE OF BIRTH	REMARKS	VERIFIED (CHECK)

II. CHRONOLOGICAL RESIDENCE HISTORY*
(LAST RESIDENCE FIRST)

PERIODS	RESIDENCE IN NEW JERSEY		VERIFIED (CHECK)
	STREET ADRESS	MUNICIPALITY	

*SUFFICIENT DATA TO ESTABLISH STATE AND MUNICIPAL SETTLEMENT

III. PERIODS OF RESIDENCE NOT TO BE COMPUTED (P.L. 1941, CAPT. 357, SEC.5)
(COMPLETE ONLY IF PERSON WAS ON RELIEF, ETC, WHILE RESIDING IN PLACES LISTED UNDER II

PERIODS	RESIDENCE IN NEW JERSEY		REASONS WHY NOT COMPUTABLE
	STREET ADDRESS	MUNICIPALITY	

IV. DATA TO PERMIT VERIFICATION OF SETTLEMENT IN OTHER MUNICIPALITY
(IF DOCUMENTARY PROOF IS AVAILABLE, AFFIX COPIES TO NOTICE)

EMPLOYMENT	
RELATIVES	
RELIEF STATUS	
LANDLORDS	
REFERENCES	
SCHOOL	
MISCELLANEOUS	
SOCIAL SECURITY NO.	

V. PERSONS FROM WHOM SETTLEMENT IS DERIVED
(COMPLETE IF RELIEF RECIPIENT IS A MINOR, OR WOMAN LIVING APART FROM HUSBAND AND NOT DIVORCED OR JUDICIALLY SEPARATED)

NAME	
RELATIONSHIP	
PRESENT ADDRESS	
RESIDENCE HISTORY	

REMARKS: (USE OTHER SIDE IF NECESSARY)

TO DIRECTOR RECEIVING NOTICE
SEE P.L. 1941, CHAPT. 357
SECTIONS 18, 19, 20, 21, 24 & 29

SIGNED _____
DIRECTOR OF WELFARE OF

_____
(MUNICIPALITY)

Form GA-9A (Rev. 7/75)
Registered Mail

ACKNOWLEDGEMENT OF RESPONSIBILITY

(P. L. 1941, Chapter 357, Sec. 18b)

To the Director of Welfare of_____RE:_____(Name)

_____Address)

Please be advised that I hereby accept responsibility for_____ who is now residing in _____, but who has settlement in_____. You are authorized to charge_____ (municipality) with the cost of all assistance granted subsequent to the_____ day of_____19____(date notice mailed pursuant to P. L. 1941, Chapt. 357, Sec. 17) and for such further period or periods, if any, as shall be agreed to by you as Director of Welfare.

Will you kindly send this department as soon as possible copies of all relief orders which have been issued or may be issued in this case. By so doing, payment will be made promptly and this department will be able to accurately inform the State Department of Institutions and Agencies concerning its relief expenditures.

Very truly yours,

Dated this_____day _____

of_____19__ Director of Welfare of_____

New Jersey Department of Institutions & Agencies, Division of Public Welfare

FORM GA-9B (REV. 8/69)
REGISTERED MAIL

PROTEST OF SETTLEMENT ALLEGATION
(P.L. 1941, CHAPT. 357, SEC. 19)

TO _____ DATE _____

DIRECTOR OF WELFARE OF _____ (MUNICIPALITY)

IN REPLY TO A NOTICE RECEIVED BY THE UNDERSIGNED ON THE _____ DAY OF _____ 19___ RELATING TO THE SETTLEMENT OF _____ NOW RESIDING AT _____ PLEASE BE ADVISED THAT, AS A RESULT OF AN INVESTIGATION OF THE FACTS, I DO HEREBY DENY THAT SETTLEMENT OF SUCH PERSON IS IN _____ (MUNICIPALITY). THE FACTS ARE AS FOLLOWS:

I. CHRONOLOGICAL HISTORY OF RESIDENCE IN NEW JERSEY
(ENTER LAST RESIDENCE FIRST, AND RECORD SUFFICIENT DATA TO ESTABLISH MUNICIPAL SETTLEMENT)

PERIODS		STREET ADDRESS	MUNICIPALITY	(CHECK)
FROM	TO			✓

II. PERIODS OF RESIDENCE IN NEW JERSEY NOT TO BE COMPUTED (P.L. 1941, CHAPT. 357, SEC. 5)
(COMPLETE ONLY IF PERSON WAS ON PUBLIC ASSISTANCE, ETC., WHILE RESIDING IN PLACES LISTED UNDER I)

PERIODS		STREET ADDRESS	MUNICIPALITY	REASON WHY NOT COMPUTABLE
FROM	TO			

III. DATA TO PERMIT VERIFICATION OF SETTLEMENT IN OTHER MUNICIPALITY
(IF DOCUMENTARY PROOF IS AVAILABLE, AFFIX COPIES TO PROTEST)

EMPLOYMENT	
RELATIVES	
PUBLIC ASSISTANCE STATUS	
LANDLORDS	
REFERENCES	
SCHOOL	
MISCELLANEOUS	

IV. PERSONS FROM WHOM SETTLEMENT IS DERIVED
(COMPLETE IF PUBLIC ASSISTANCE RECIPIENT IS A MINOR, OR WOMAN LIVING APART FROM HUSBAND AND NOT DIVORCED OR JUDICIALLY SEPARATED)

NAME:	RELATIONSHIP
PRESENT ADDRESS	
RESIDENCE HISTORY	
DATE OF MARRIAGE	DATE OF SEPARATION OR DIVORCE (IF APPLICABLE)

REMARKS: (USE OTHER SIDE IF NECESSARY)

SIGNED: _____
DIRECTOR OF WELFARE OF

MUNICIPALITY: _____

TO DIRECTOR RECEIVING PROTEST
SEE P.L. 1941, CHAPT. 357
SECTIONS 21, 22 & 24

Form GA-9C (Rev. 11/67)

Registered Mail

REFERENCE TO
DEPARTMENT OF INSTITUTIONS AND AGENCIES
(P. L. 1941, Chapter 357, Sec. 21)

TO Division of Public Welfare

Re: City of ..... vs City of .....
Settlement of .....
Street .....
Municipality .....

1. This matter relating to the settlement of ..... now residing at ..... is hereby referred to you for a decision pursuant to P. L. 1941, Chapter 357.

2. On the ..... day of ..... 19..... said person applied to the undersigned for public assistance which was first granted on the ..... day of ..... 19.....

3. On the ..... day of ..... 19..... I sent a notice by registered mail to ..... director of welfare of ..... alleging that settlement of said person was in ..... (municipality) a copy of which is attached hereto. I am also sending a copy of this reference to such director of welfare.

[Use 4 (a) or (b) as the case may be]

4. (a) On the ..... day of ..... 19..... I received a protest of the settlement allegation which is attached hereto, from said director of welfare in which it is denied that settlement is in ..... (municipality).

(b) To date I have not received an acceptance of responsibility pursuant to P. L. 1941, Chapter 357, Sec. 18, nor have I received a protest pursuant to Sec. 19 of said statute.

5. (State where settlement of person is and give specific reasons for such conclusion. If a protest was sent and case is disputed, affix to reference affidavits of case worker, landlord, relief client, etc., tending to prove settlement and also copies of other documentary proof which may be available). .....

.....

.....

Respectfully submitted

.....

Director of Welfare of .....

Dated this .....

day of ..... 19.....

Form GA-11 (Rev. 12-68) (SU)

GENERAL ASSISTANCE ORDER

INCLUDE ONLY ONE TYPE OF ASSISTANCE ON THIS ORDER

NOT NEGOTIABLE

SERIAL NO. _____

CASE NO. _____

_____ MUNICIPALITY

_____ DATE ISSUED

ANY AUTHORIZED _____ WILL FURNISH _____

FILL IN TYPE OF VENDOR OR PROFESSION — FILL IN COMMODITIES OR SERVICES TO BE RENDERED

VALUE NOT TO EXCEED _____ _____ DOLLARS $ _____

BENEFICIARY _____

NAME AND ADDRESS

ANY FRAUD IN CONNECTION WITH THIS ORDER BY CLIENT, VENDOR, OR OTHERS WILL BE PROSECUTED BY LAW

AUTHORIzED BY _____

MUNICIPAL WELFARE DIRECTOR

THIS PURCHASE IS EXEMPT FROM NEW JERSEY STATE SALES TAX

DATE	ITEMIZED SERVICES OR COMMODITIES PROVIDED	QUANTITY	UNIT PRICE	AMOUNT

DATE COMPLETED _____

_____ VENDOR'S SIGNATURE

RECIPIENT OR RESPONSIBLE RELATIVE SHALL SIGN FOR ABOVE COMMODITIES OR SERVICES IN PRESENCE OF VENDOR OR PERSON SUPPLYING THIS ORDER

RECEIVED _____

RECIPIENT'S SIGNATURE

IF SIGNED "X" MARK MUST BE WITNESSED

IF SIGNED BY RESPONSIBLE RELATIVE OF RECIPIENT SHOW RELATIONSHIP

N. J. Dept. of Institutions & Agencies, Division of Public Welfare, Bureau of Business Services

ORIGINAL MUST BE SUBMITTED TO THE AUDITOR OF BUREAU OF BUSINESS SERVICES DURING THE ANNUAL AUDIT.

FORM GA-12 (REV. 9/76)

GNEERAL ASSISTANCE PROGRAM
STATEMENT OF REFUNDS

MUNICIPALITY _____ COUNTY _____

LISTED BELOW ARE REFUNDS OF GENERAL ASSISTANCE WHICH WERE RECEIVED AND DEPOSITED IN PUBLIC ASSISTANCE TRUST FUND ACCOUNT DURING CALENDAR YEAR _____.

CHIEF FINANCIAL OFFICER _____ DIRECTOR OF WELFARE _____

DATE RECEIVED	CASE IDENTIFICATION NUMBER	CASE IDENTIFICATION SURNAME	TYPE OF ASSISTANCE	COMMITMENT PERIOD	AMOUNT
				TOTAL	

Form GA-13 (Rev. 11/67)

INVOICE SCHEDULE

_____
(Serial No.)

Municipality _____ County _____ Date _____

Relief Month _____ _____

Type of Assistance	INVOICE		Number of Orders	Amount of Original Submittal	Deletion	Adjusted and Approved Amount
	Date	Vendor				

Prepared and Submitted by _____ Audited by _____
Municipal Director

Approved by _____

7/63
GA-14

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

_____
Municipality (Corporate Name)

_____
County

PRELIMINARY PERSONNEL RECORD

For Director of Welfare

Full Name of Applicant _____

Home Address _____ Telephone No. _____

Date of Birth _____ Sex _____ Single [ ] Married [ ] Other [ ]

Citizen: Yes [ ] No [ ] Veteran: Yes [ ] No [ ]
Physical Defects: Yes [ ] No [ ] If yes, explain on separate sheet.
State the number of years immediately preceding date of this application that you have been a resident of the municipality, county and state in which you now reside.

Municipality	Yrs.	County	Yrs.	State	Yrs.

GENERAL EDUCATION

Grade	Name of School	City	Years Attended From	To	Degree or Certificate, if any
Elementary School					
High School or Preparatory School					
College or University					
Business or Technical School					

ADDITIONAL EDUCATION

Course Title	Institution	Duration (Semester, Year, Etc.)	Credit Points

EMPLOYMENT RECORD (Last Job First, List both Public and Private-Specify if Volunteer

Dates of Employment	Title of Positions	Name, Address and Business of Employer	Monthly Salary or Wage Received	Character of Work Performed
From: To:				

Do you now hold any other position or occupation, whether in public or private employment, or in self-employment, which you would continue to fill concurrently with the position of Director of Welfare? Yes [ ] No [ ] If yes, explain on separate sheet.

Do you now hold office in any political party or political organization? Yes[ ]No[ ]
If yes, explain on separate sheet.

Do you now occupy any position on or in connection with an election board? Yes[ ]No[ ]
If yes, explain on separate sheet.

Do you now hold any elective public office? Yes[ ]No[ ] If yes,explain on separate sheet.

Signature of Applicant _____ Date _____

TO BE COMPLETED BY LOCAL ASSISTANCE BOARD

Welfare Office Address: _____

Office Hours: _____ Office Telephone _____

Emergency Telephone _____

Welfare Director's position is Full Time[ ] Part Time[ ] Salary $ _____ per year

Number of Employees: Visitors _____ Clerical _____ Other _____

In absence of the Director, who is the responsible official or employee?

_____

Is a car immediately available for use of Welfare Department? _____

If not, describe arrangements for transportation: _____

_____

Secretary, Local Assistance Board _____ Date _____

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare
P. O. Box 1627 Trenton 08625

GA-15
1/69

NOTICE TO DIRECTOR OF WELFARE

1. Review carefully the instructions accompanying this form.
2. Return one copy only of this form; the second copy is for the files of your Municipal Clerk; the third copy is for the files of the Local Assistance Board.
3. The Municipal Clerk should check either A, B, or C Below.
4. If item A is checked, no further entries are required except the Municipal Clerk's signature.
5. If item B or C is checked, Schedules I and II must be completed.
6. Schedule II must be prepared and signed by the Secretary of the Local Assistance Board.

STATUS REPORT AND REQUEST
for State Aid for Public Assistance
for the Calendar Year 1969
(Chapter 156, P.L. 1947)

Name of Municipality_____ County_____

Check

[ ] A. This municipality DOES NOT REQUEST State Aid for 1969, and HAS NOT ORGANIZED a Local Assistance Board for 1969.

[ ] B. This municipality DOES NOT REQUEST State Aid for 1969, but HAS ORGANIZED A Local Assistance Board for 1969, in conformity with the requirements of Chapter 156, P.L. 1947, as reported in Schedules I and II following.

[ ] C. This municipality REQUESTS State Aid for 1969, and HAS ORGANIZED a Local Assistance Board for 1969, in conformity with the requirements of Chapter 156, P.L. 1947, as reported in Schedules I and II following.

SCHEDULE I

Membership of Local Assistance Board

The Local Assistance Board in this municipality consists of (underline correct number) THREE (or) FIVE members, and, as of the date of this certification, the names, addresses, and terms of such members are:

1. For a one YEAR term EXPIRING 12/31/69:
   Mr.
   Mrs. Mailing Address _____
   Miss_____ Phone No._____
2. For a (underline correct number) TWO (or) FOUR year term EXPIRING 12/31/69:
   Mr.
   Mrs. Mailing Address_____
   Miss_____ Phone No._____
3. For a (underline correct number) TWO (or) FOUR year term EXPIRING 12/31/70:
   Mr.
   Mrs. Mailing Address_____
   Miss_____ Phone No._____
4. For a FOUR year term EXPIRING 12/31/71
   Mr.
   Mrs. Mailing Address_____
   Miss_____ Phone No._____
5. For a FOUR year term EXPIRING 12.31/72
   Mr.
   Mrs. Mailing Address_____
   Miss_____ Phone No._____

CERTIFICATION BY MUNICIPAL CLERK

I HEREBY CERTIFY that the foregoing entries are true and correct, and that such entries have been authorized by official action of the governing body of this municipality.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the said municipality, this_____ day of_____,1969.

[ ]
[MUNICIPAL]
[SEAL]
[ ]

_____
Municipal Clerk

Address_____ Zip Code_____ Tel. No._____

(over)

SCHEDULE II
REPORT BY SECRETARY, LOCAL ASSISTANCE BOARD

This is to certify that:

1. The Local Assistance Board held its annual organization meeting for 1969 on_____,1969. It is the Board's plan to hold additional regular meetings during the year 1969 as follows:_____

_____

2. The current officers of the Board, duly elected by the Board, are:

   Chairman_____

   Secretary_____

3. The following member of this Board also holds office as a member of the Municipal Governing Body: (if none, enter "None")

_____

_____

4. The Director of Welfare employed by this Board is

   Mr.
   Mrs.
   Miss_____

   Home
   Address_____Phone No._____

   who was last appointed by this Board or a predecessor Local Assistance Board for a term of (underline correct number) NINETY DAYS (or) FIVE YEARS, which began as of_____
   (MONTH) (DAY) (YEAR)

   Welfare Director's position is Full Time [ ] Part Time [ ]
   Salary $_____per year

5. The Director of Welfare (underline correct statement) IS (or) IS NOT currently available for duty; in his absence the executive and administrative responsibility for the activities of this Board is vested in

   Mr.
   Mrs.
   Miss_____ Title of Office_____

   Home
   Address_____ Phone No._____

6. The official headquarters of the Welfare Department, available to the public, is maintained at (address)_____.
   Office Hours_____Phone No._____

   Employees of the Welfare Department, other than Director of Welfare, are:
   Visitors (number)_____Clerical_____(Other)_____

   Is a car immediately available for use of Welfare Department?_____
   If not, describe arrangements for transportation._____

_____

Signed_____ Date_____
Secretary, Local Assistance Board

CERTIFICATION OF NEED FOR PATIENT CARE IN FACILITY OTHER THAN PUBLIC OR PRIVATE GENERAL HOSPITAL

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

Case Name _____ **Registration No.** _____

Home Address _____
Street *Municipality* *County*

Birth Date (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 FOR THE CHRONICALLY ILL BECAUSE:

1. DIAGNOSIS (Complete) _____

2. DEGREE OF INCAPACITY (Please check each applicable item below)

BEDRIDDEN
- ____ Bedfast and 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
- ____ Catheterization
- ____ 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 care in nursing home or public medical institution now necessary? YES _____ NO _____

11. If "yes" in 10, is future discharge contemplated? YES _____ NO _____

12. Could this client 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

CP

B. STATEMENT OF INSTITUTION

NOTE: *This section is to be completed for all cases except when client is to receive patient care in his own home or home of relatives.*

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 care of the chronically ill unless he is not in need of such care.*

3. *The monthly assistance payment made to the client to cover personal needs, separate and apart from the payment to the institution of the allowable rate for board, nursing and related services, will be available to the individual for his unrestricted use—and 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 uncertified section of the institution, the public assistance agency will be notified promptly.*

5. *For any month of partial service (regardless of whether it is the entrance month or the exit month and regardless of the total number of calendar days in such month), multiply the applicable "per diem rate" by the actual number of days the patient received service in that month (counting both day of admission and day of exit as days of service). The amount so calculated will be the earned amount which the facility is entitled to receive for such month. If such earned amount has already been exceeded in an advance payment to the facility the difference will represent a refund due the agency.*

Any such refund for unearned days of service shall be accomplished by payment to the public assistance agency.

6. *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

CERTIFICATION OF NEED FOR PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY

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

Case Name _____ Case Number _____

Home Address _____
Street Municipality County

Birth Date (or age) _____ Sex: M F
(Circle correct letter)

Veteran: Yes No
(Circle correct word)

A. CERTIFICATION OF PHYSICIAN
THIS IS TO CERTIFY THAT THE ABOVE NAMED INDIVIDUAL REQUIRES
PHYSICAL OCCUPATIONAL SPEECH THERAPY BECAUSE:
(Circle one)

1. DIAGNOSIS (Complete) _____

2. DEGREE OF INCAPACITY (Please check each applicable item below)

_____ Bedridden
_____ Chairfast
_____ Independently ambulatory
_____ Able to dress self
_____ Ambulatory with assistance
_____ Able to car for toilet needs

3. TREATMENT PRESCRIBED (Be specific) _____

4. PURPOSE OR GOAL OF TREATMENT _____

5. FREQUENCY AND DURATION OF TREATMENTS PRESCRIBED _____

6. PROGRESS REPORT TO DATE _____

7. PROGNOSIS _____

8. APPROXIMATE DATE OF NEXT EVALUATION _____

_____ M.D.

_____ DATE

Form GA-19 (4/73)

County _____ Municipality _____

COMPUTATION OF ELIGIBLE UNIT'S GRANT AND RECORD OF PAYMENTS

Name: _____ Case No.: _____ Date: _____

Number in Household _____ Initial Grant (Deficit) _____

Number in Eligible Unit _____ Regular Monthly Grant (Deficit) _____

INCOME	
Gross Earned Income	$
Cost if Self Employed	
Net Earned Income	
-$60. for each Employed Adult	
Sub-total	
-1/3 of Remainder	
Adjusted Earnings	
Other Income: (Identify)	
Total Income	

ACTION	
Check One:	
Initial Grant	☐
Change in Grant	☐
Grant Continues Unchanged	☐
Termination	☐
Reason:	

MEDICAL PAYMENTS	
Commitment Month:	19
Medical Care:	$
Total Medical	
Surplus (Subtract)	
Medical Payment for Month	
Payment Month:	19

MEDICAL PAYMENTS	
Commitment Month:	19
Medical Care:	$
Total Medical	
Surplus (Subtract)	
Medical Payment for Month	
Payment Month:	19

ALLOWANCE(S)	
Maximum Allowance or	
Other:	
Total Allowance	
Total Income (Subtract)	
Deficit or Surplus	

MEDICAL PAYMENTS	
Commitment Month:	19
Medical Care:	$
Total Medical	
Surplus (Subtract)	
Medical Payment for Month	
Payment Month:	19

(Record additional Medical Payments and Other Payments on reverse side)

Caseworker's Signature _____ Approved by _____

Form GA-19 (4/73) (Reverse)

NAME: ______________________ CASE NO.: ______________________

MEDICAL PAYMENTS

Commitment Month: 19

Medical Care:

$

Total Medical

Surplus (Subtract)

Medical Payment for Month

Payment Month: 19

MEDICAL PAYMENTS

Commitment Month: 19

Medical Care:

$

Total Medical

Surplus (Subtract)

Medical Payment for Month

Payment Month: 19

MEDICAL PAYMENTS

Commitment Month: 19

Medical Care:

$

Total Medical

Surplus (Subtract)

Medical Payment for Month

Payment Month: 19

MEDICAL PAYMENTS

Commitment Month 19

Medical Care:

$

Total Medical

Surplus (Subtract)

Medical Payment for Month

Payment Month: 19

OTHER PAYMENTS

Child Care		Homemaker Service		Travel - Health Care	
Date	Amount	Date	Amount	Date	Amount
	$		$		$

EMERGENCY ASSISTANCE

Date	Reason	Amount
		$

FUNERAL EXPENSES

Date	Name	Amount
		$

New Jersey Department of Institutions and Agencies - Division of Public Welfare

FORM GA-30 (11/74)

AUTHORIZATION FOR REIMBURSEMENT OF ASSISTANCE FROM SSI AWARD

_____ (YOUR NAME)

_____ (SOCIAL SECURITY ACCOUNT NUMBER)

_____ (MAILING ADDRESS)

_____ (MUNICIPALITY OF RESIDENCE)

I understand and authorize that:

in consideration for General Assistance to be granted to me during this period beginning on the date shown below, when my application for Supplemental Security Income has been approved, the Secretary of Health, Education and Welfare will send my first SSI check to the New Jersey Division of Public Welfare which, in turn, will issue a check in the same amount to the Treasurer of the municipality specified above. Said municipality will deduct from this check the amount of assistance that was given to me while my application for SSI was being investigated.

After making deduction, the municipality shall pay the balance, if any, to me within five business days of receipt of the check.

I understand that if I disagree with the amount of the deduction and the amount I receive, if any, I have the right to an administrative review by the State Division of Public Welfare.

_____ (SIGNATURE OF APPLICANT)

_____ (DATE)

FORM GA-30 (11/74)
(Reverse Side)

STATEMENT BY MUNICIPAL DIRECTOR OF WELFARE

_____	_____	_____
(NAME OF WELFARE DIRECTOR)	(MUNICIPALITY)	(COUNTY)

As Director of Welfare of the above municipality, I agree to authorize commitments of General Assistance to or on behalf of the stated individual who is a bona fide SSI applicant for those goods and services, required during the period while the application for SSI is being investigated.

The original copy of this completed form will be sent within 24 hours to the local Social Security district office and one copy to the Division of Public Welfare, Att: Accounting Section, P. O. Box 1627, Trenton, New Jersey 08625.

If a check is received from the New Jersey Division of Public Welfare on behalf of the applicant, I will make certain it is deposited into the General Assistance Trust Fund Account. An amount equal to the total assistance granted during this period will remain in the General Assistance account, and the balance, if any, will be paid within five work days to the applicant with a completed copy of Form GA-31 explaining how the amount was computed.

All accounts and records dealing with this activity will be available for examination by duly authorized State and/or Federal representatives.

The check, payable to the Treasurer of this municipality, should be mailed to my attention at the following address:

_____

_____

_____

_____	_____
(SIGNATURE OF WELFARE DIRECTOR)	(DATE)

FORM GA-31 (11/74)

_____ Welfare Department

_____

_____
(Address)

_____
(Date)

A check has been received from the New Jersey Division of Public Welfare representing your retroactive and initial benefits from the Supplemental Security Income (SSI) program.

In accordance with your authorization on Form GA-30, an amount equal to the amount of assistance given to you while your application for SSI was being processed has been applied to that check in the following manner:

Amount of check received from New Jersey Division of Public Welfare	$_____
Less total amount of assistance given to you by this Municipality	- $_____
Net Benefit to you	$_____

If a Net Benefit is shown, a check for such amount is enclosed.

If the Net Benefit is "0", the assistance given to you was equal to or greater than the amount of the check received from the New Jersey Division of Public Welfare.

If you disagree with this computation, you have the right to come to this office to discuss the matter. If, after such discussion, you are not satisfied, you may contact the New Jersey Division of Public Welfare, P. O. Box 1627, Trenton, New Jersey 08625, to which a copy of this letter has been sent, to request an administrative review.

Very truly yours,

_____
(Welfare Director)

APPLICATION TO ESTABLISH A PETTY CASH FUND FOR DIRECT PAYMENT OF GENERAL PUBLIC ASSISTANCE IN ACCORDANCE WITH STATE LAW & REGULATION

_____ of _____ County of _____

Pursuant to the provisions of N.J.S. 40A:5-21 application is hereby made for permission to establish a petty cash fund for the following office or department and amount:

_____ $ _____

The petty cash fund will be used by such office or department to pay claims briefly described as follows: _____

_____

_____

_____

It is estimated that the maximum amount of such claims to be paid in any one month will be $_____.

Certification is hereby made that the person having custody of the fund will be bonded with corporate surety in an amount not less than $1,000.00 or the amount of the fund whichever is greater.

The custodian of such fund and the amount of surety bond will be as follows:

_____ $ _____

This application was authorized at a meeting of the _____

_____ of the _____ of _____ County of _____ held on the _____ day of _____, 19___ and upon approval of the Director of Local Government Services authorization will be given for the issuance of a check to the fund custodian in the amount set forth in the application.

I hereby certify that this application was authorized by the governing body as indicated in the application.

_____
Clerk

_____
Date

Approval is conditional upon:

All claims being paid by check signed by the custodian of this fund or the municipal treasurer (Any exception to this must be explained in detail in the application).

All claims being approved for payment by _____
(Insert name and title of approving Officer).

All checks will bear signature of _____
(Insert name and title of signers)

No deposits may be made to this account other than funds transferred from the Public Assistance Trust Fund Account.

A schedule listing all disbursements for a given period or, in the alternative, a schedule together with actual vouchers being transmitted to the governing body for approval after which a check will be drawn to reimburse the Fund.

Fund being closed out prior to December 31 of each year (This is a requirement).

Approved by:
Director of Local Government Services
Date

SI NO COMPRENDE USTED ESTA NOTICIA PORQUE NO HABLA INGLÉS, POR FAVOR, COMMUNIQUE USTED CON LA OFICINA DE BIENESTAR.

NOTICE OF INTENTION TO TERMINATE ASSISTANCE
UNDER THE
GENERAL ASSISTANCE PROGRAM

Date_____

Dear_____:

This is to notify you that it appears you are no longer eligible to continue to receive benefits under the General Assistance Program because_____

_____

and in accordance with Section _____of the General Assistance Manual. Your assistance will be terminated as of_____
(date to be entered shall be not less than ten (10) calendar days following the date of this notice)

This means that your last assistance benefit of $_____weekly/monthly

_____issued_____.
(was) (will be) (date)

If you do not understand this notice, you may ask the municipal welfare department to explain it. If you disagree with the action being taken, you have the right to request a hearing before a representative of the municipal welfare department. This request must be made within 10 days of the mailing date of this notice. If you should request a hearing, assistance will be continued unreduced until the hearing is held and a final decision is made.

At the hearing you will have the right to appear in person; to be informed of the reasons, nature and sources of any supporting evidence upon which the proposed termination of assistance is based; the right to present any proofs or witnesses as to issues of fact; and the right to be represented by an attorney if you so choose and arrange, and to be accompanied and/or assisted by friends.

_____Municipal Welfare Department

_____, Director

SI NO COMPRENDE USTED ESTA NOTICIA PORQUE NO HABLA INGLÉS, POR FAVOR, COMMUNIQUE USTED CON LA OFICINA DE BIENESTAR.

NOTICE OF INTENTION TO REDUCE ASSISTANCE
UNDER THE
GENERAL ASSISTANCE PROGRAM

Date_____

Dear_____:

This is to notify you that the amount of assistance you are eligible to receive will be changed from_____to_____effective_____.
(date to be entered shall be not less than ten (10) calendar days following the date of this notice)

This reduction is based upon_____

_____

_____

and in accordance with Section_____of the General Assistance Manual.

This means the assistance issued on_____ _____
(date) (was) (will be)

a weekly/monthly amount of_____.

If you do not understand this notice, you may ask the municipal welfare department to explain it. If you disagree with the action being taken, you have the right to request a hearing before a representative of the municipal welfare department. This request must be made within 10 days of the mailing date of this notice. If you should request a hearing, assistance will be continued unreduced until the hearing is held and a final decision is made.

_____Municipal Welfare Department

_____, Director

SI NO COMPRENDE USTED ESTA NOTICIA PORQUE NO HABLA INGLÉS, POR FAVOR, COMMUNIQUE USTED CON LA OFICINA DE BIENESTAR.

NOTICE OF ACTION TO DENY APPLICATION FOR
GENERAL ASSISTANCE

Date _____

Dear _____:

This is to notify you that your application for General Assistance has been denied

because _____

_____

_____

and in accordance with Section _____ of the General Assistance Manual.

If you do not understand this notice, you may ask the municipal welfare department to explain it. If you disagree with the action being taken, you have a right to request a hearing before a representative of the municipal welfare department. If you should desire such a hearing, your request must be made within ten (10) days of the mailing date of this notice.

At the hearing, you would have the right to appear in person; to be informed of the reasons, nature and sources of any supporting evidence upon which the denial of your application was based; the right to present any proofs or witnesses as to issues of fact; and the right to be represented by an attorney if you so choose and arrange, and to be accompanied and/or assisted by friends.

_____ Municipal Welfare Department

_____, Director

SI NO COMPRENDE USTED ESTA NOTICIA PORQUE NO HABLA INGLÉS, POR FAVOR, COMMUNIQUE USTED CON LA OFICINA DE BIENESTAR.

NOTICE OF TIME-LIMITED ASSISTANCE
UNDER THE
GENERAL ASSISTANCE PROGRAM

Date_____

Dear_____:

This is to notify you that the amount of assistance which you have requested and which has been granted is for the period_____

to_____. No further assistance will be granted without

an additional eligibility determination.

If you do not understand this notice, you may ask the municipal welfare department to explain it. If you disagree with the action being taken, you have the right to request a hearing before a representative of the municipal welfare department. This request must be made within 10 days of the mailing date of this notice. If you should request a hearing, assistance will be continued unreduced until the hearing is held and a final decision is made.

_____Municipal Welfare Department

_____, Director

FORM PA-12 (Rev. 11/68)

REFERRAL BY STATE MENTAL INSTITUTION TO PUBLIC ASSISTANCE AGENCY

From: _____ Date _____
(Identify State Institution)

To: _____
(Identify Public Assistance Agency)

The following patient may require public assistance to complete a plan to live in the community. The patient is

[ ] eligible for discharge and is being referred for _____;
(Categorical program)

[ ] eligible for [ ] Convalescent Leave [ ] Extended Visit and is being referred

a. [ ] for General Assistance

b. [ ] as member of _____ family.
(Categorical program)

The patient has been informed of this referral and is prepared to participate in an interview.

Name: _____ Sex: _____ Marital status: _____ File No.: _____

Birthdate & place: _____ Source of data: _____

Admission date: _____ Status: [ ] Voluntary [ ] Involuntary

Place of abode at time of admission: Municipality _____ County _____

[ ] County charge of _____ County;
or
[ ] State charge admitted from _____ County.

Currently under care:

[ ] Still in institution

[ ] Family care _____
(Address)

[ ] With relative _____
(Name, relationship and address)

[ ] Other _____
(Describe arrangement and give address)

List known relatives and other interested persons:

Name	Relationship	Address

Known resources:		Amount	Period	Source
Income:	Pension	$_____	per _____	_____
	Annuity	$_____	per _____	_____
	OASDI	$_____	per _____	XXXX _____
	Relative	$_____	per _____	_____
	Other	$_____	per _____	_____

Assets: Property (Location and type): _____

_____

Insurance: _____

Personal account: _____

Other: _____

Attached is a completed copy of Form PA7, Report of Findings by Psychiatric Diagnostic Group, and hospital abstract and/or summary.

Please telephone _____ and ask for _____
(Telephone no. & extension) (Caseworker's name)
to arrange appointment.

Remarks:

Signed _____
Director of Social Services

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

Form PA-13
(rev. 9/74)

REFERRAL FOR REHABILITATION SERVICES

(INSTRUCTIONS: Prepare in duplicate; send one copy to appropriate district office of Vocational Rehabilitation Services; retain second copy for case record. If another public assistance agency is to be informed of the referral, prepare referral form in triplicate and send the third copy to such agency.)

To: _____ District Office, New Jersey Division of Vocational Rehabilitation Services

From: _____ Phone (include area code) _____
(name of agency)

Address: _____

Client: _____ Case number: _____
(last name) *(first)* *(middle)*

Social Security number _____ Date of birth _____

Address: _____

Major Disability: _____

_____

_____

(INSTRUCTIONS: Items 1, 2, and 3, below, relate to the status of the case in the agency making the referral to Vocational Rehabilitation Services. Check and complete applicable item.)

PUBLIC ASSISTANCE STATUS:

1. [ ] Is receiving _____ from this agency.
(Program)

2. [ ] Application for _____ is pending in this agency.
(Program)

3. [ ] Application for _____ has been denied by this agency.
(Program)

OTHER BENEFITS:

4. [ ] Client is currently receiving Workmen's Compensation Benefits.

5. [ ] Client is currently receiving Social Security Benefits.

The above client has been advised of this referral for Rehabilitation Services, and the information known to this agency is available to the Rehabilitation Counselor upon request.

_____ _____
(Date) *(Name and Title of Agency Representative)*

ACKNOWLEDGMENT

To: _____

From: _____ District Office, New Jersey Division of Vocational Rehabilitation Services.

Re: Client's name _____ Your case number _____

This will acknowledge receipt of your referral for the above client. Assignment is being made to a Rehabilitation Counselor, who will consult your agency at an early date.

_____ _____
(Date) *(Name and Title of Agency Representative)*

DATE _____ INTER-AGENCY REFERRAL FORM PA-14 (REV. 7/73) SU

TO: _____ CASE NO. _____ (IF ASSIGNED)

FROM: _____

MR. [ ] MRS. [ ] MISS. [ ] _____

NOW RESIDING AT _____

HAS APPLIED TO THIS AGENCY FOR: [ ] FINANCIAL ASSISTANCE [ ] ADVICE OR SERVICE (SPECIFY) _____

IS RECEIVING: [ ] FINANCIAL ASSISTANCE IN THE AMOUNT OF $_____ FOR _____ (PERIOD COVERED)

[ ] SERVICE, OTHER THAN FINANCIAL ASSISTANCE, FROM THIS AGENCY (SPECIFY) _____

THE REFERRED PERSON IS INTERESTED IN THE PROGRAM(S) OF YOUR AGENCY AND INFORMS US

[ ] HE PLANS TO CALL AT YOUR OFFICE, IN PERSON, ON OR BEFORE _____ (DATE)

[ ] HE IS UNABLE TO CALL, IN PERSON, AT YOUR OFFICE.

REPLY REQUESTED: NO [ ] YES [ ]

INFORMATION KNOWN TO THIS AGENCY WILL BE MADE AVAILABLE TO YOU UPON REQUEST.

REMARKS: _____

NAME AND TITLE OF AGENCY REPRESENTATIVE: _____

(REFERRING AGENCY COMPLETES FORM ABOVE THIS LINE.)

(REPLYING AGENCY COMPLETES BELOW THIS LINE WHEN DISPOSITION OF APPLICATION IS KNOWN)

SECTION "B"

TO: _____ DATE _____ YOUR CASE NO. _____ (IF ASSIGNED)

FROM: _____ CASE NO. _____ (IF ASSIGNED)

RE: MR. [ ] MRS. [ ] MISS. [ ] _____

PRESENT STATUS: [ ] ELIGIBLE AS OF _____ INELIGIBLE AS OF _____. GIVE REASON UNDER "REMARKS" BELOW.

REMARKS: _____

DATE: _____ _____ (NAME AND TITLE OF AGENCY REPRESENTATIVE)

(REPLYING AGENCY COMPLETES FORM BELOW THIS LINE WHEN APPLICATION IS REGISTERED BUT DISPOSITION IS NOT KNOWN)

SECTION "A"

TO: _____ DATE: _____ YOUR CASE NO. _____ (IF ASSIGNED)

FROM: _____ CASE NO. _____ (IF ASSIGNED)

RE: MR. [ ] MRS. [ ] MISS. [ ] _____

APPLICATION:

[ ] CLIENT DID NOT CONTACT AGENCY. [ ] NO APPLICATION FILED. GIVE REASON UNDER "REMARKS" BELOW.

[ ] APPLICATION FILED _____ (DATE). SPECIFY TYPE OF PUBLIC ASSISTANCE OR SERVICE REQUESTED UNDER "REMARKS" BELOW.

REMARKS: _____

DATE: _____ (NAME AND TITLE OF AGENCY REPRESENTATIVE)

INSTRUCTIONS: IF UPON RECEIPT OF REFERRAL DISPOSITION IS NOT KNOWN, RECEIVING AGENCY SHALL COMPLETE SECTION "A" AND RETURN WITHIN 10 DAYS. IF UPON RECEIPT OF REFERRAL DISPOSITION IS KNOWN, OR WHEN AT SOME FUTURE TIME ARRIVED AT, RECEIVING AGENCY SHALL COMPLETE SECTION "B" AND RETURN WITHIN 10 DAYS.

REQUEST NUMBER	REQUEST and AUTHORIZATION FOR RECORDS DISPOSAL BY STATE, COUNTY or MUNICIPAL AGENCIES	AUTHORIZATION NUMBER
DATE OF REQUEST		DATE OF AUTHORIZATION

TO: **HEAD, BUREAU OF ARCHIVES AND HISTORY**
DIVISION OF STATE LIBRARY
ARCHIVES AND HISTORY
DEPARTMENT OF EDUCATION
TRENTON, N. J. 08625

FROM:

Authorization is hereby requested for the disposal of the following records under the provisions contained in Chapter 410 of the New Jersey Laws of 1953.

1. ITEM	2. RECORDS TITLE AND DESCRIPTION	3. INCLUSIVE DATES	4. VOLUME	5. RETENTION PERIOD

6. REQUESTED BY _____ NAME AND TITLE

7. APPROVED BY _____ NAME AND TITLE

AUTHORIZATION

The above authorization is granted on the express condition that all the fiscal records involved have been audited and the audit approved, or such records are not required for future audit, and that all of the records listed have ceased to have sufficient additional value to warrant future retention.

	DATE OF AUDIT	VERIFICATION	
AUDIT - STATE COUNTY MUNICIPAL			
10. DISPOSITION ACTION	DATE	METHOD	INITIALS

9. APPROVED

BY _____
HEAD, BUREAU OF ARCHIVES AND HISTORY
SECRETARY — STATE RECORDS COMMITTEE

FORM NO. ED

FSP-905 (3-67)

REFERRAL OF GENERAL ASSISTANCE RECIPIENT FOR APPLICATION FOR FOOD COUPONS

See reverse side for Definition and Special Instructions

SEC.	GA CASE NO.	FULL NAME OF HEAD OF G. A. HOUSEHOLD	MAILING ADDRESS
A.			

B. HOUSEHOLD COMPOSITION - Enter names of all persons residing in the household and the relationship of each person to the head of the General Assistance Household per codes listed on reverse side.

PERSONS IN HOUSEHOLD				PERSONS IN HOUSEHOLD			
Person No.	Name	Relationship	Age	Person No.	Name	Relationship	Age
1.	Head of G. A. Household	xxx		11.			
2.				12.			
3.				13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

C. INCOME AND RESOURCES OF HOUSEHOLD MEMBERS (Use the Column "Person No." to cross reference the recipient of the income or the owner of the resources to "Person No." listed in Section B, Household Composition.)

Person No.	I SOURCE OF INCOME	Monthly Amount	Date Verified	Complete If Earnings: Monthly Gross	Mandatory Deductions	Monthly Net Income
1.	General Assistance Grant			xxx	xxx	xxx

Person No.	II TYPE OF RESOURCE	Value	Date Verified	How Verified

Approved:

Signature of Municipal Caseworker — Date

Signature of Director of Welfare — Date

Municipality

D. FOR USE OF FOOD STAMP CERTIFICATION UNIT ONLY

The Application for participation in the Food Stamp Program of the above household has been:

☐ Rejected. _____ Rejection Code

Food Stamp Program Case No. _____

☐ Approved Frequency of Issue:

☐ Monthly.

☐ Semi-Monthly.

Each Issue for Purchase will be as follows:

Purchase Requirement	Bonus Coupons	Total Coupons
$ _____	$ _____	$ _____

Signature of Certification Unit Caseworker — Date

Signature of Certification Unit Supervisor — Date

Specific Reporting Instructions

This form shall be completed in triplicate by the General Assistance agency. The original and duplicate shall be given to the head of the General Assistance household in a sealed envelope with instructions to bring the envelope intact to the Food Stamp Program Certification Unit. The third copy shall be retained and filed in the case record of the General Assistance agency. The Food Stamp Program Certification Unit will complete Section D and return one copy to the General Assistance Agency.

Definitions

Household means a group of related or non-related individuals who are not residents of an institution or boarding home, but who are living as one economic unit sharing common cooking facilities and for whom food is customarily purchased in common. It shall also mean a single individual living alone who has cooking facilities and who purchases and prepares food for home consumption.

Head of Household is the person who is normally recognized as head of household by the other members.

Monthly income refers to all earnings, pensions, compensation payments, benefits payments, public assistance grants, annuities, etc. Monthly income is computed at 4 1/3 times weekly income.

Net income is gross income less mandatory deductions for Federal income taxes, OASDI, and union dues or other deductions which are mandatory and not elective on the part of the employee. Net income from self-employment is gross income less the cost of producing less Federal income taxes and OASDI.

Codes for Relationship to be used in reporting the relationship of each person to the head of the General Assistance household are as follows:

FA-Father	DA-Daughter	SI-Sister	WI-Wife	NR-Non-Related
MO-Mother	GR-Grandparent	BR-Brother	HU-Husband	
SO-Son	GC-Grandchild	OB-Other Blood Relative	OM-Other Relation by Marriage	

Codes For Rejection

The specific codes used to identify the various reasons for rejection of an application for food coupons are as follows:

1. No Cooking Facilities.
2. Excess Resources.
3. Excess Income.
4. Non-Resident in Food Stamp Program Area.
5. Voluntary Withdrawal or Insufficient Information.
6. Violation of Food Stamp Program Regulations.

John J. Horn
Commissioner

State of New Jersey
Department of Labor and Industry
Division of Employment Services
Labor and Industry Building
Trenton, New Jersey 08625

William A. Tracy
Director
(609) 292-2400

INDIVIDUAL WORKSITE AGREEMENT

Date _____

Case No. _____

Name _____

Social Security Number _____

Municipality _____

DOT Code or Job Title _____

Job Description _____

_____

_____ Divided By _____ Requires _____ Hours Per Month

Participant's grant on a Worksite — Hourly Wage

You are to report to (name) _____

(address) _____

on (date) _____ at (time) _____.

I have been informed of the purpose and regulations of the General Assistance Employability Program (G.A.E.P.), my scheduled hours on the Worksite, and the hourly wage. I understand that I am working off my welfare grant, and that failure to report to the worksite, substandard work performance, or poor attitude may result in termination of my grant.

_____
Participant's Signature

_____
GAEP Representative

New Jersey Is An Equal Opportunity Employer

AD-18.10 (6-79)

Appendix A

State of New Jersey
Department of Labor and Industry
Division of Employment Services
Labor and Industry Building
Trenton, New Jersey 08625

John J. Horn
Commissioner

William A. Tracy
Director
(609) 292-2400

GENERAL ASSISTANCE EMPLOYABILITY PROGRAM

Municipal Worksite Agreement

The State of New Jersey Department of Labor and Industry, and the Department of Human Services, agree to establish the following worksite:

Municipality_____

Occupational Classification_____
(DOT CODE OR JOB TITLE)

Hourly Wage Rate_____

Public Works Project Agent_____
(Agency for whom public works project is performed)

Number of General Assistance Employable
Recipients to be Assigned_____

This worksite is established in accordance with P.L. 1979, Chapter 267.

Signed,

DATE_____

_____
Labor and Industry
Special Programs Manager

_____
Municipal Welfare Director

_____
Public Works Project Agent

AD-18.10 (3-78)

AGREEMENT OF COOPERATION
Between
The Division of Vocational Rehabilitation Services
Department of Labor and Industry
and
The Divisions of Public Welfare and Youth and Family Services
Department of Institutions and Agencies

PURPOSE

It shall be the joint and common purpose of the three agencies to work together to improve and coordinate the services within the function of each agency to the end that all needy, disabled and handicapped persons who are present in the State and who may benefit in terms of employability shall be afforded the opportunity to reach the highest possible level of self-dependence through the cure, correction or amelioration of their disabling conditions.

In order to achieve this common purpose the New Jersey Division of Vocational Rehabilitation Services and the Divisions of Public Welfare and Youth and Family Services agree to:

1. Clearly identify the specific responsibilities of each agency in respect to providing to eligible persons maintenance costs, social and related services, so that there is at all times a mutual understanding in planning for the utilization of services for the individual clients, and in order that there shall be no duplication of the assistance, goods or services to be provided.

2. Mutually recognize and give full consideration to the standards established by each agency for the determination of financial and service needs of clients, and each agency to make copies of such standards available to the other.

3. Jointly develop procedures for inter-agency referral and follow-up of clients applying for assistance or services.

4. Provide for the initial and continuing exchange of information pertinent to the planning for and progress of an individual client, through written reports, exchange of case record material, including all medical reports, and joint case conferences between agency staff members.

5. Develop and carry out plans for joint staff training to equip staff with knowledge and increased understanding of the functions, policy and procedures of the three agencies in achieving the common goal of rehabilitation of disabled, needy persons.

6. Protect the rights of the individual clients and the mutual interest of the respective agencies by adherence to the principle of confidentiality of information by:

a. Securing the written consent of the client prior to the release of any information for publication.

b. Review and approval by the agencies of any publicity releases, involving identification of clients known to the agencies, prior to release for publication.

c. Securing the written consent of the client prior to the release of any case information to the other agencies.

7. Advise and confer with each other when contemplated or accomplished changes in the policy, procedure or laws governing the respective programs have direct or indirect bearing on the provision of assistance or services to disabled needy persons, or on the eligibility of persons for the services of any of the agencies.

8. The designation by each agency of one or more State staff member(s) who shall be responsible for maintaining a close working relationship among the agencies and shall have responsibility for the continuing review and evaluation of the effectiveness of the operation of this cooperative agreement.

AGENCY FUNCTIONS - GENERAL UNDERSTANDING

Division of Vocational Rehabilitation Services

By law the Division of Vocational Rehabilitation Services (DVRS) is responsible for providing vocational rehabilitation services to any physically or mentally handicapped individual, excepting blind persons under the care of the State Commission for the Blind and Visually Impaired, the deaf persons under the care of the Marie H. Katzenbach School for the Deaf, and persons, who in the judgement of the DVRS, are not feasible for vocational rehabilitation services. The law defines a "handicapped individual" as

> "... any individual (1) who has a physical or mental disability, and (2) who has a substantial handicap to employment, and (3) who is expected to benefit in terms of employability from the provision of vocational rehabilitation services or for whom an extended evaluation of rehabilitation is necessary for the purpose of determining whether he may benefit in terms of employability from the provision of rehabilitation services."

"Employability refers to a determination that the provision of vocational services is likely to enable an individual to enter employment consistent with his capacities and abilities in the competitive labor market; practice of a profession; self-employment; homemaking; farm or family work (including work for which payment is in kind rather than in cash); sheltered employment; and home bound employment or other gainful work."

The law authorizes the DVRS "To cooperate with and utilize the services of the State agency or agencies administering the State's Public Assistance program... and other public and private agencies providing services related to vocational rehabilitation..."

The DVRS is responsible for determination of the eligibility of persons for vocational rehabilitation and of the nature and scope of the rehabilitation services to be provided; and such responsibility will not be delegated to any other agency or individual.

Division of Public Welfare

The Division of Public Welfare, through its administering units, is responsible for the determination of the eligibility of persons for public assistance; and such responsibility will not be delegated to any other agency or individual not of the staffs of the Division of Welfare or its administering units.

The Division of Public Welfare (DPW) has been designated as the Departmental unit charged with the administrative supervision of the several public assistance programs, including Medical Assistance for the Aged, Medicaid Only, Assistance to Families with Dependent Children, Assistance to Families of the Working Poor, Cuban Refugee Assistance, General Assistance, and other related public assistance programs and services.

The Division of Youth and Family Services

The Division of Youth and Family Services (DYFS) has been designated as the Departmental unit charged with the administrative supervision of public welfare service programs including those related to Supplemental Security Income, Medical Assistance to the Aged, Medicaid Only, Assistance to Families with Dependent Children, Assistance to Families of the Working Poor, Cuban Refugee Assistance, and for the child welfare programs.

The Division of Youth and Family Services is responsible for directly supervising and assuring that proper program implementation is carried out by the State, County, and Municipal Units charged with service delivery, and for seeing that all human services are available, accessible, and provided with reasonable promptness to all eligible persons needing them and on an equitable basis.

CLIENTS RIGHT OF APPEAL AND HEARING

Division of Vocational Rehabilitation Services

By law any individual applying for or receiving vocational rehabilitation services who is aggrieved by any action or inaction of the DVRS is entitled to a hearing by the DVRS in accordance with regulations established by the DVRS.

Division of Public Welfare

The laws governing Assistance for Families with Dependent Children, Medical Assistance for the Aged, Medicaid Only, Assistance to Families of the Working Poor and Cuban Refugee Assistance provide that any applicant for or recipient of assistance who is dissatisfied with the decision made by or the inaction of the administering agency has the right of appeal and fair hearing. Specific regulations have been established to carry out the Department's responsibility in this area.

In General Assistance, State regulations charge the local assistance boards with responsibility for review and action on written complaints submitted to them by dissatisfied applicants and recipients.

Division of Youth and Family Services

Provision has been made for a system of appeals and fair hearings, and for the presentation of grievances, with respect to the service programs for families and children, and for the aged, blind, or disabled whereby applicants or recipients can appeal, among others:

1. denial or exlusion from a service
2. failure to take account of recipients choice of service
3. determination that the individual must participate in the service program.

The Division of Vocational Rehabilitation Services, of the Department of Labor and Industry, the Division of Public Welfare and the Division of Youth and Family Services of the Department of Institutions and Agencies, having revised this agreement and the necessary supplementary instructions covering operational details of policy and procedure filed as part of the original agreement executed June 1956, and such revision having been mutually agreed upon and approved, are filed as part of this agreement.

It is further agreed by the Division of Vocational Rehabilitation Services, of the Department of Labor and Industry, the Divisions of Public Welfare and Youth and Family Services of the Department of Institutions and Agencies, that this cooperative agreement and any jointly developed or mutually agreed upon written instructions on specific policy and procedure, are subject to joint review for revision or amendment upon the request of any of the agencies.

STATEMENT OF NON-DISCRIMINATION

Pursuant to Title VI of the Civil Rights Act of 1964, no person in the United States will be excluded from participation in, be denied the benefits of, or be subjected to discrimination under the programs of the Division of Vocational Rehabilitation Services, Public Welfare, and Youth and Family Services of the State of New Jersey on the grounds of race, color, or national origin.

Date: 9/16/74

(legal signature)
Arthur J. Sinclair
Director, Division of Vocational Rehabilitation Services
New Jersey Department of Labor and Industry

Date: 9/20/74

(legal signature)
G. Thomas Riti
Director, Division of Public Welfare
New Jersey Department of Institutions and Agencies

Date: 10/7/74

(legal signature)
James G. Kagen
Director, Division of Youth and Family Services
New Jersey Department of Institutions and Agencies

SUPPLEMENTARY STATEMENT
To
AGREEMENT OF COOPERATION
Between

The Division of Vocational Rehabilitation Services
Department of Labor and Industry
And
The Divisions of Public Welfare and Youth and Family Services
Department of Institutions and Agencies

INTRODUCTION

The common objective of vocational rehabilitation and public welfare is to help disabled clients to reach the highest possible level of self-help and economic independence. By working together, public welfare and rehabilitation agencies can increase their effectiveness in serving clients.

The effectiveness of interagency cooperation depends largely on the people who do the agencies' work. To work together constructively they must know each other, must have general knowledge of the basic functions of the respective agencies, and must have instructions regarding the policy and procedures agreed upon by the several agencies to correlate assistance and services.

This statement sets forth the operational detail of policy and procedure necessary to provide effective joint service to needy disabled clients in fulfillment of the terms of the Agreement of Cooperation, and shall be mandatory upon the several agencies.

DEFINITION OF TERMS

As used in this statement the following terms shall be understood to mean:

DVRS - Division of Vocational Rehabilitation Services

Counselor - A rehabilitation Counselor of the DVRS

Public Welfare Agency - District offices of the Division of Youth and Family Services (DYFS), County Welfare Boards (CWB), Department of Municipal Welfare (DMW).

Staff Member - An official representative of the public welfare agency.

Client - A general term referring to an applicant for or recipient of financial assistance or service from the public welfare agency of the DVRS.

A. PROVISIONS TO ASSURE NO DUPLICATION OF ASSISTANCE AND SERVICES

In order to assure that there shall be no duplication of funds, goods or services in providing for the maintenance and medical care needs of public welfare clients who are accepted for rehabilitation services by the DVRS, it shall be understood that:

1. Determination of Financial Eligibility (Economic Need)

Eligibility for public assistance in respect to financial need will be determined by the standards provided by the Division of Public Welfare.

Eligibility for Supplemental Security Income (SSI) will be determined by the standards provided by the Social Security Administration.

Determination that an individual, who is accepted for rehabilitation services by the DVRS is eligible to have the costs of such services defrayed by the DVRS shall be based upon the section of the Manual of Policies and Procedures of the New Jersey Division of Vocational Rehabilitation Services dealing with determination of economic needs.

2. Determination of Service Eligibility

Eligibility for public welfare services for families and children and for the aged, blind and disabled will be determined by standards provided by the Division of Youth and Family Services, based upon the New Jersey State Social Service Plan.

3. Allocation of Responsibility for Costs

The allocation of responsibility for costs as between the DVRS and the public welfare agency shall be based on the following general principles:

> Public welfare will provide funds for basic essentials of living to persons who qualify under State or Federal standards, and the DVRS will provide for all other costs essential to the rehabilitation plan of individuals under State rehabilitation policies.

It is necessary, however, to particularize responsibility in relation to certain specific situations and conditions.

4. Responsibility for Costs (Other Than Medical)

A. Client Continues to Live in Customary Shelter Arrangement

When a client continues to live in his customary shelter arrange-

Responsibility for Costs (continued)

ment (i.e., own or rented home, with relatives, or in a boarding home arrangement) while receiving rehabilitation services from the DVRS, responsibility for costs shall be as follows:

1) The public welfare agency or Social Security Administration (SSI) shall provide for all items of maintenance (basic requirements) for which the client is eligible by agency standards, and any authorized special service needs not directly resulting from the costs of rehabilitation services.

2) When a client must leave his home to go to treatment or training facilities, medical or vocational examinations, counseling interviews, etc., the DVRS shall be responsible for any transportation costs and any other special requirements that arise solely because of the nature of the rehabilitation program for the particular client (e.g., restaurant meals while attending school or training center).

B. Client Placed in Institutional Facility by the DVRS

When, as part of the rehabilitation program, the DVRS arranges for the client to be an inpatient or resident trainee in a medical or special rehabilitation facility for treatment and/or training.

1) The DVRS shall be responsible, whether through its own services or through cooperative arrangements with other agencies, for all costs of client's board, care, medical services and training, and any necessary transportation costs to the facility upon admission and from the facility upon discharge.

2) The public welfare agency shall provide for personal incidentals, clothing, and any other authorized special service needs for which the client is eligible under Agency regulations while living away from his customary home for a temporary period.

C. Mutual Determination of Responsibility Necessary

In respect to the situations described in A and B, the individual responsibilities of the agencies concerned must be mutually determined in each case because of the variety of arrangements which will occur. Clients may have special needs in certain circumstances in which agency responsibility must be specifically determined.

A written statement covering the determination of responsibility for all basic and special needs shall be prepared by each agency and filed in the case record.

5. Responsibility for Medical Care Costs

a. Diagnosis and Physical Restoration

The DVRS shall be responsible for all costs related to medical and vocational evaluation incident to determination of eligibility for vocational rehabilitation, and all indicated physical restorative measures, including medical treatment, prosthetics, appliances, etc., in accordance with regulations of the DVRS.

It is understood that in discharging such responsibility the DVRS will rely on and take into account the extent to which such costs may be paid by the Medicaid program or other health insurance programs for which the individual has eligibility.

b. Temporary and Acute Illness or Condition

When, subsequent to acceptance for rehabilitation services, a client becomes ill or develops a condition requiring medical care in addition to the services necessary to the rehabilitation program, the DVRS shall evaluate the effect of the illness on client's rehabilitation program. If the DVRS decides that the illness or condition is transitory and that the program may be continued, then responsibility for the additional medical care shall be assumed as follows:

1) When the public welfare agency (CWB and/or SSA/DO, DYFS/DO) is making allowances for any maintenance needs, then the costs of medical care shall be met in accordance with such client's eligibility under the Medicaid Program.

2) When the Municipal Welfare Department is making allowances for maintenance needs through the General Assistance program, then the costs of medical care may be met by that agency.

3) If the client requires such care for more than 30 days the DVRS shall re-evaluate the situation and decide whether:

a. The client should continue in active status on the rehabilitation program, or

b. The program should be temporarily suspended and the public welfare agency requested to assume total responsibility during convalescence of the client, or

c. The rehabilitation services should be terminated and the case closed.

B. REFERRAL PROCEDURES

Clients will be referred by DVRS and the appropriate public welfare agency so that the service program of each agency is made available to meet the clients' service needs. The client should be involved in the service plan prior to the referral. An interpretation of the resources of the receiving agency, and assistance, as necessary, in the arrangement for services should be provided to the client.

If the client does not communicate with the receiving agency by the indicated date on the referral forms (PA 13, PA 14, IM 2), where practical, it is incumbent upon that agency to provide outreach activities to the client, in an effort to bring about a personal contact.

In the event these efforts are not successful, the referring agency should be so notified by the return of the bottom half of the forms.

1) Public Welfare Referrals to DVRS

a. Source of Referrals to DVRS by Program

In general, the public welfare agency currently providing assistance or services will be responsible for referrals to the DVRS. It is necessary, however, to specifically allocate responsibility to cover situations where the client is known concurrently to more than one public welfare agency. The following procedures shall be observed:

1) General Assistance

The municipal welfare departments will be responsible for referral of disabled GA clients to the DVRS for consideration of eligibility for rehabilitation services.

2) Programs of the Bureau of Family Services of the Division of Youth and Family Services

The DYFS will refer to the DVRS, disabled children and parents who are under protective services, care or guardianship programs and who may be eligible for services from the DVRS.

3) Medicaid Only Cases

a) The county welfare boards shall be responsible for referral of appropriate applicants for or recipients of Medicaid Only regardless of whether Medicaid Only is granted, denied or the application withdrawn.

b) In any case in which an applicant being referred to the DVRS is one who has been referred to a county welfare board for Medicaid Only by another public welfare agency, the county welfare board shall transmit a copy of Form PA-13 to such agency as notice of the referral to the DVRS.

c) Explanation of County Welfare Board Procedure

In Medicaid Only applications the county welfare board must (in addition to establishing need, residence, etc.) submit to the Division of Public Welfare, Bureau of Medical Affairs, medical and social information for determination that the applicant is permanently and totally disabled. The Bureau of Medical Affairs makes this determination, makes recommendations regarding medical care, social problems, and for referrals to the DVRS and other community resources.

The findings and recommendations of the Bureau of Medical Affairs must be received by the county welfare board before official action is taken to grant or deny Medicaid Only (except for situation described in e. below).

There may be an occasional case in which the county welfare board questions the advisability of referral for rehabilitation services when recommended by the Bureau of Medical Affairs. When this occurs the welfare board will consult the Bureau of Medical Affairs prior to referral. Conversely, if this Bureau has not recommended referral for rehabilitation services for a client, the county welfare board may itself decide that referral is in order on the basis of staff opinion.

d) Cases Reviewed by Bureau of Medical Affairs

In making referrals to the DVRS the county welfare board shall indicate on Form PA-13 under MAJOR DISABILITY whether the case has been "approved" or "disapproved" by the Bureau of Medical Affairs.

e) Cases Not Reviewed by Bureau of Medical Affairs

There will be some persons applying for Medicaid Only whom the county welfare board wishes to refer for consideration for rehabilitation services whose applications have not been submitted to the Bureau of Medical Affairs.

e) continued

Such referrals will be limited to applications which are withdrawn, or in which it has been determined that the client is eligible for reasons other than the disability or blindness factor (e.g., not in economic need, etc.) prior to submission of the record to the State Bureau of Medical Affairs.

In any such case the county welfare board shall note on the reverse of Form PA-13 that the disability or blindness factor has not been evaluated by the Bureau of Medical Affairs, and the reason for the withdrawal or denial of the application.

4) Assistance to Families with Dependent Children

a) The county welfare boards will be responsible for referral of all parents of children over 16 years of age who are exempt from WIN Registration because they have been determined to be incapacitated, whether or not they may elect to volunteer for WIN.

b) The CWB may refer other incapacitated AFDC clients as appropriate.

5) Medical Assistance to the Aged and Cuban Refugee Program

The county welfare boards will refer to the DVRS certain CRA or MAA clients who appear to have potentiality for rehabilitation, or who have previously been known to the DVRS and need further services, or who it is believed should be recommended for service.

b. Interpretation to Client

All voluntary and mandatory referrals to the DVRS by the public welfare agency should be discussed with the client prior to referral. He/she should be offered necessary assistance in follow-up arrangements. He/she shall be informed in general terms of the opportunities available through DVRS.

The client shall be given DVRS' information pamphlet(s) as part of his/her preparation for the referral. A supply of these pamphlets are available from the DVRS.

c. Method of Referral (Form PA-13 or IM-2)

Referrals of public welfare clients other than recipients of AFDC to the DVRS shall be made by use of Form PA-13 - "Referral for Rehabilitation Services," accompanied by completed Form DVR-5 - "Application for Vocational Rehabilitation Services."

All recipients under the AFDC program who are exempt from registration because they have been determined to be incapacitated, whether or not they elect to volunteer for WIN, should be made on the IM-2 - "IM Referral to Vocational Rehabilitation."

c. (continued)

The PA-13 form is available on order from the Bureau of State Use. The DVR-5 form is available from the local offices of the DVRS. The IM-2 form is duplicated by the County Welfare Board.

d. Where to Refer

Form PA-13, IM-2 and DVR-5 shall be sent to the District Office of the DVRS serving the area in which the client lives.

2) Acknowledgement of Referrals by DVRS; Application

Upon receipt of Form PA-13 or IM-2 the DVRS will complete the acknowledgement section, detach and return it to the referring agency.

The District Supervisor or his designee shall have the referral application recorded. If the client does not communicate with DVRS within the specified time, the counselor will provide the necessary outreach activities to the referred client, in an effort to bring about a personal contact. If these efforts are not successful, the counselor will inform the appropriate public welfare staff member for appropriate action keeping the referral in pending status.

3. DVRS Referrals to Public Welfare Agencies

There will be instances in which disabled persons will apply to the DVRS direct, or be referred by agencies or institutions other than public welfare agencies, and appear to be in need of public assistance or welfare services.

a. Method of Referral (Form PA-14)

Referrals by the DVRS to public welfare agencies shall be made by use of Form PA-14, Inter-Agency Referral (Available on order from the Bureau of State Use).

b. Referrals to County Welfare Boards

If the person appears to be in need of funds for maintenance or services for himself/herself and/or dependents, including child care, and appears to be eligible for a form of public assistance administered by the CWB, a referral shall be made by DVRS.

c. Referral to Municipal Welfare Department or Social Security District Office.

If the person appears to be in need of funds for maintenance for himself/herself and/or spouse (no minor children at home) and there does not appear to be any possibility whatever of eligibility for any form of financial assistance from the CWB, he/she shall be instructed how to apply to a municipal welfare department for General Assistance or to the Social Security District Office for Supplemental Security Income.

d. Referral to District Office of the Division of Youth and Family Services

In the event that the person applying to the DVRS appears to be in need of services, including child care, for minor children in his or her care and there does not appear to be eligibility for County Welfare Board administered program, referral shall be made to the appropriate District Office of DYFS, for services and payment of services that are needed.

4. Acknowledgement of Referrals by Public Welfare Agencies

Upon receipt of Form PA-14 from the DVRS, the public welfare agency shall complete the acknowledgement section, detach and return it to the referring agency.

If the public welfare agency is unable to make contact with the client by the indicated date, the tear sheet portion of Form PA-14 shall be completed as appropriate and returned to the District Office of the DVRS which sent the referral.

C. FOLLOW-UP AND EXCHANGE OF INFORMATION

1. Agency Relationships Following Referral to DVRS

a. General Explanation

Following registration and acknowledgement of a referral from a public welfare agency on PA-13 or IM-2, an assignment to a Rehabilitation Counselor, the DVRS' working relationship will be with the agency(s) currently providing assistance or services to the client.

b. Counselor-Agency Consultation

1) Initial

Following assignment, the Counselor will promptly arrange for consultation with a staff member of the referring agency prior to his initial interview with the client.

Consultation will cover:

a) The client's social situation.

b) His/her attitude toward his/her disability and the referral for rehabilitation services.

c) Review of pertinent medical and social information in the case record and request for copies of selected reports.

d) Clear understanding of the responsibility each is to carry if the client is accepted for rehabilitation.

The Counselor and staff member should consider whether a joint interview with the client in the office or home is indicated or advisable either initially or at a later date. It provides an opportunity to clarify for the client the functions of the involved agencies and in helping him/her understand the extent of his/her responsibility.

2) Follow-up

The Counselor and staff member will consult with each other freely and as frequently as necessary throughout the period of joint service to the client to assure that the most effective methods are being used, for continuous mutual evaluation of the client's progress and for consideration of change of plan when indicated.

c. Notification and Reports

1) DVRS to Referral Agency

There shall be free sharing of the information on file with the DVRS and the referral agencies upon the request of either.

Accepted Cases

In accepted cases the notification shall include:

1) The beginning date of responsibility for services.

2) The specific items of maintenance, medical and other service costs for which the DVRS accepts responsibility.

3) A brief statement of the plan for treatment and/or training for the client; and the approximate length of time necessary to complete the plan.

Rejected Cases

In rejected cases the notification shall

1) explain the basis for rejection;

2) recommend other available sources of services which might be used to help the client with his/her problem; and

3) include any medical findings or recommendations pertinent to the client's continuing medical (including psychiatric) care.

3) continued

Notification on rejected cases shall be sent to the Agency currently providing assistance or services, and to any agency with which there is a pending application for assistance or services, and to the Agency which initiated the referral if not referred by either of the aforementioned.

Upon receipt of notification of rejection of an applicant for vocational rehabilitation services, should any of the aforementioned agencies have pertinent information to further support the applicant's claim of eligibility for such services, that agency representative should immediately confer with the appropriate representative of the DVRS.

Case Closings

Any change in case status including

1) cases closed without completion of program, and summary statement of the reasons therefore; and

2) cases closed at completion of program and evaluation of the client's adjustment, and specific data on job placement, etc.

(In accord with the policy of the DVRS, the case will not be closed following job placement for at least 30 days).

Open (Active Cases)

In open (currently active) cases the DVRS shall forward to the referral agency, two copies of a progress report, at not less than six-month intervals, covering

1) How the rehabilitation program is progressing.

2) Any program modification which has been necessary.

3) An estimate of approximate date of completion of program.

4) Request for consultation with agency personnel for joint evaluation and further planning as indicated.

Job Placement Report

When a job placement is made by the DVRS or obtained by the client, the Bureau of Medical Affairs will then determine medical eligibility for continued financial assistance. The Bureau will evaluate whether the employment is a "useful occupation" and whether the recipient is capable of "substantially gainful

employment" in accordance with the criteria set forth in the Public Assistance Manual. When a recipient has been determined capable of unlimited employment, public assistance payment may continue for one month beyond the month in which such determination is made.

2) Welfare Agency to DVRS

Throughout the period that the two agencies are jointly working with the client the public welfare agency shall keep the DVRS informed by written notice of

a) receipt of referral from DVRS (by returning tear sheet on Form PA-14); and

b) decision on eligibility for public assistance or services when determination is made subsequent to return of tear sheet on Form PA-14, changes in case status, and reports on active cases;

c) any change in policy, procedure or allowances which affect the cases;

d) any significant change in client's social situation which affects the rehabilitation plan.

D. STATE LIAISON REPRESENTATIVES AND AGREEMENT EVALUATION COMMITTEE

The State Divisions of Vocational Rehabilitation Services, Public Welfare and Youth and Family Services have appointed liaison representatives who have responsibility for clarification of policies and procedures, and review of case decision disagreements between a District office of the DVRS and a public welfare agency.

The Agreement Evaluation Committee will have responsibility for continuing review and evaluation of the effectiveness of the joint policies and procedures and for recommending changes to the state agency executives when necessary. This Committee will be comprised of the State Liaison Representatives and at least one additional representative from a District Office of the DVRS, a District Office of DYFS, and a County Welfare Board.

E. PROGRAM FOR JOINT ORIENTATION AND STAFF TRAINING

Purpose

Activities shall be specifically planned to bring together at both the State and local level, the staff of the DVRS and of the several public welfare agencies for the purpose of increasing the understanding of the functions, goals and methods of the agencies in working together effectively to achieve the rehabilitation of disabled needy persons.

Content

The focus of such activities shall be on the basic philosophy and concept of using the services of public agencies to protect, conserve and develop human resources by recognizing the potential capacity of all individuals however handicapped.

Specific help should be given on effective methods of joint planning by staff and of working with handicapped persons. It is recommended that medical and medical-social work personnel be called on to provide staff with some insight into the effect of disease and disability on personality, the attitudes and reactions which may be considered normal in these persons, and how to help such a client focus on his/her residual strengths rather than on his/her incapacities.

Opportunity should be provided for staff to learn about the services available in related fields such as, employment counseling, homemaker service, public health services, psychology, and the various State affiliates of national health groups, etc.

Except in its initial sessions the time devoted to joint staff training should not be used to instruct staff on specifics of the inter-agency procedures already provided in written form. Responsibility for instruction in this area should rest with the individual agencies. Questions and problems arising in local agencies should be referred to the respective State agencies, which, when necessary or advisable, will refer them to the appointed liaison representatives for discussion and recommended action.

Responsibility for Planning Joint Orientation and Training

Planning joint orientation and training activities shall be the responsibility of the welfare liaison in the DVRS, the Chief Training Officer of the DPW, the Administrator of the Staff Development and Training Unit of the DYFS, and any other appropriate agency, i.e., Division of Medical Assistance and Health Services.

In addition, on a local level, supervisory representatives of the agencies may arrange for joint training sessions subject to the approval of the above respective Division representatives.

TABLE A

Public Assistance Allowance Standards

AFDC Program

Schedule I AFDC-C AFDC-F	Number in Eligible Unit
$137	1
273	2
360	3
414	4
468	5
522	6
576	7
630	8
684	9
738	10
add $54 each person	more than 10

TABLE B

Variations in Living Arrangement	SSI and Medicaid Income Eligibility Standards (Countable Income)
Licensed Boarding Home	
Eligible person	$369.00
Eligible couple	$738.00
Head of Household	
Living Alone	
Eligible person	$261.00
Eligible couple	$369.00
Eligible individual with ineligible spouse only	$369.00
Living with Others	
Eligible person	$241.00
Eligible couple	$362.00
Living in Household of Another (Receiving Support and Maintenance)	
Eligible person	$184.00
Eligible couple	$312.00
Title XIX Approved Facility - includes person in acute care hospital, skilled nursing facility, intermediate care facility (Level A, B, and ICFMR), licensed special hospital (Class A, B, C) and Title XIX psychiatric hospital (for persons under 21 and 65 and over) or a combination of these facilities for a full calendar month.	$714.00*

*The Medicaid "Cap" is applied to gross income (i.e., income prior to application of income exclusions).