

Section 2.300A

GENERAL ASSISTANCE BUDGET MANUAL

DO NOT CIRCULATE

New Jersey.

DEPARTMENT OF INSTITUTIONS AND AGENCIES.

DIVISION OF PUBLIC WELFARE,

NJ/KA8

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SECTION 2.300A
GENERAL ASSISTANCE BUDGET MANUAL

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Purpose

This section of the General Assistance Manual (2.300A) is issued pursuant to and in implementation of Chapter 8 of Title 44, N.J.S. It specifies the kinds, amounts, and conditions of allowances and payments made by Municipal Welfare Directors which will be recognized as payments of "General Assistance" for purposes of "State Aid".

This section of the Manual does not relate to, and does not purport to have any control or effect on payments, allowances, or other expenditures made by municipal welfare departments, or other municipal officers or expending bodies, pursuant to Chapters 1, 3, 4, 5 or 6 of Title 44 or any other authorizing statute.

I LIMITATION OF GRANTS

In determining grants paid through General Assistance, the Director of Welfare, although vested with the authority to "exercise his discretion", must of necessity measure the extent of such assistance in a way to achieve equity between persons and families and with other public assistance programs.

Maximum matchable assistance allowances as given in Schedules I and II establish an equitable and uniform standard for public assistance as required by the laws and regulations of this State.

Therefore, General Assistance grants in order to be recognized for matching by the State shall at no time exceed the maximum allowances in Schedule I and II and/or as stated in Section VII (Medical Payments), Section VIII (Emergency Assistance), and Section IX (Child Care and Homemaker Service).

If the budgets prepared for individuals and families, or the actual payments to or for such cases, include item(s) the dollar amount of which exceeds the maximum assistance allowances permitted under the regulations in this Manual, it shall be incumbent upon the municipality to bear the cost of such "overpayment".

Payment

Payment may be in the form of cash, check, or voucher to the recipient or vendor payment on his behalf, or in a combination of these forms.

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II ELIGIBLE UNIT

1. The eligible unit shall be comprised of one or more persons applying for and eligible to receive General Assistance. All income of persons in the eligible unit must be taken into account as prescribed in Section IV and balanced against the maximum assistance allowance in Schedule I or II.
2. The eligible unit may include individuals, families without children, families with children, or children only. The eligible unit must include, when such persons are in the home, the following:
 - a. The parent(s) or other related person(s) standing in loco parentis, of minor children for whom assistance is requested, unless such person(s) is receiving public assistance through another program; and
 - b. The spouse of the person applying for assistance, unless such spouse is not living in the home or is receiving public assistance through another program.
3. When the parent of a child is not included in the eligible unit because he is receiving assistance under another program, a prorata share of his gross earned income shall be considered available to the child (see Section IV, paragraph 5.).
4. Other members of the household who are legally responsible relatives shall be evaluated according to Section V, and appropriate contributions considered in determining the eligible unit's grant.
5. Relatives, whatever the relationship and wherever they may live, are a possible resource. It shall be the obligation of the Director of Welfare to determine the willingness of such relatives to contribute to the support of the client(s) irrespective of the issue of "legal responsibility", and to evaluate, in accordance with Section V, those who are legally responsible.

III MAXIMUM ASSISTANCE ALLOWANCES

1. The maximum assistance allowances in Schedule I and II are the total maximum amounts of General Assistance which may be recognized for each of the enumerated eligible units.
2. In Schedules I and II:

the eligible unit includes those family members who are applying for and are eligible to receive General Assistance;

the household represents the number of persons living together as a family unit, regardless of relationship or eligibility for other public assistance programs.

3. Maximum allowance means the total amount of payment to be granted any eligible unit in any one month (other than payment for medical needs and such allowances as may be deemed necessary in Sections VIII and IX). Such amount shall include direct or voucher payment to members of the eligible unit or vendor payment on their behalf. It is inclusive of all allowances itemized previously under food, household necessities, shelter, fuel, refrigeration, clothing, personal incidentals, restaurant meals, therapeutic diets, and room and board, except as listed in paragraphs 7. and 8. of this section.
4. Maximum allowances as given in Schedule I apply only to adults who, because of physical, mental, or emotional handicaps, are unable to accept employment.

In all situations when the eligible unit includes an adult who is employable, Schedule II shall be used.
5. Maximum allowances as given on Schedule II apply to all eligible units which include one or more children.
6. If assistance is required for a period of less than one month, the maximum allowance as given in Schedules I and II shall be prorated as necessary.
7. When an adult is purchasing a room and board living arrangement in an approved group facility such as an Approved Boarding Home for Sheltered Care or an Intermediate Care Facility, the following maximum rates shall apply, provided that the cost of purchasing such living arrangement does 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.

III-7. (continued)

- a. When an adult is purchasing a room and board living arrangement in any Approved Boarding Home for Sheltered Care, the monthly allowance shall be \$150.
 - b. When an adult, who is in need of extensive personal services on a regular and continuous basis, is purchasing a room and board living arrangement with personal service in a private family home other than that of a relative, in which he is the only guest receiving such service, the monthly allowance may be an amount up to \$150.
 - c. When an adult is purchasing room, board, and services in an approved Intermediate Care Facility, the monthly allowance for these arrangements shall not exceed \$200.
 - d. In all such cases (a., b., and c.), a personal allowance not to exceed \$20. per month shall be provided.
8. When it is necessary to pay for temporary room, board and care for a child in the home of unrelated persons, the authorized allowance for this service is the actual amount charged for such service by the person providing it, up to a maximum of \$100. per month.

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Schedule I-B

Program Eligibility Standard
for adult recipients of Categorical Assistance

Number in Household	Eligible Unit	
	1	2
1	195.	
2	134.	267.
3	120.	241.
4	107.	214.
5	99.	197.
6	93.	185.
7	79.	159.
8	76.	152.
9	73.	147.
10	70.	140.
11	69.	137.
12	67.	135.
13	66.	132.
14	65.	130.
15	64.	128.

Schedule I

Maximum Assistance Allowances
(Limited to adults who are unable to accept employment)

Number in Household	Eligible Unit	
	1	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.

Maximum Assistance Allowances

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.

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In eligible units of more than 15, add \$27. for each additional member.

IV INCOME

Income may be derived from wages, salaries, part-time or casual employment, rent payments, insurance adjustments or claims, unemployment benefit payments, Social Security payments, Workmen's compensation, pensions, boarders, alimony, union or lodge benefits, gifts or contributions from individuals, churches or private organizations or any other known source. All income from whatever source must be recognized in computing the eligible unit's grant. Reasonable and necessary expenses of employment shall be deducted from earnings, and only net income after such deductions will be considered available for the eligible unit's needs.

1. Earned Income

Earned income refers to gross income earned by an individual through the receipt of wages, salaries or commissions from activities in which he is engaged as an employee or from his own employment. It includes earnings over a period of time for which settlement is made at one given time, as in the sale of farm crops.

- a. \$60. per month shall be considered a reasonable amount for expenses of employment for each employed member of the eligible unit. This amount includes mandatory payroll deductions and all expenses of employment other than costs of child care (see Section IX).

In addition, one-third of the total remaining earned income of all members of the eligible unit shall be disregarded.

- b. When the monthly earnings of an individual are less than \$60., such earnings shall be disregarded.
- c. All earned income of children under 16 years of age shall be disregarded.
- d. All earned income of children 16 to 18 years of age who are attending an accredited education institution on a full time basis shall be disregarded.

2. Net Earned Income From Self-Employment

Net earned income from self-employment is the gross proceeds of a trade, business or enterprise, adjusted by deducting business expenses or cost of producing the income. Personal expenses, income tax payments, lunches, transportation, child care, etc., are not classified as business expenses for this purpose.

IV-2. (continued)

- a. Persons who are self-employed shall be required to submit evidence of business receipts and expenditures as the basis for a sound estimate of earned income. The method utilized by the individual and accepted by the Internal Revenue Service for determining net income is acceptable.

3. Initial Eligibility

Initial eligibility must be established for all persons who have earned income and are applying for assistance. Schedule III indicates the amount of monthly gross earnings at which initial eligibility for a monthly grant ceases to exist. (See page 11).

- a. When the total monthly gross earnings or the net earned income from self-employment of an individual or eligible unit equals or is greater than the applicable amount in Schedule III, the individual or unit is not eligible for a regular monthly grant.
- b. Schedule III shall be used for establishing initial eligibility only. A continuing case remains eligible for a monthly grant so long as the computation of the grant on Form GA-19 results in a deficit.
- c. When the computation of the grant results in a surplus, eligibility for excessive medical payments may nevertheless exist, subject to the provisions of G.A. 2.301, V-B. Any such surplus as determined on Form GA-19 shall be subtracted from the total medical cost, and the medical payment shall not exceed the difference thereof.

4. Income Which is Not Earned Income

Net income from roomers, roomer-boarders, table-boarders, rental of apartments or housekeeping units, returns from capital investment such as dividends and interest, benefits and pensions, annuities, contributions from relatives, compensation payments, etc., are not to be interpreted as earned income. However, all such income shall be recognized in computing the assistance grant.

IV-4. (continued)

a. Roomers, Roomer-Boarders, and Table-Boarders

Net income from a roomer(s), table-boarder(s) or roomer-boarder(s) shall be determined by deducting the monthly cost to the client, as shown below, from the actual amount paid by such person.

Roomer - \$20.00 Table-Boarder - \$45.00

Roomer-Boarder - (cost figures include shelter, food, utilities, house-cleaning supplies, fuel, refrigeration, water, bed and bathroom linens and laundry of same). . . \$70.00

If it is found that a roomer, boarder or roomer-boarder is paying less than the above cost, prompt efforts should be made to see that

- 1) the roomer, boarder or roomer-boarder increases his payment to at least equal the cost (if his income is insufficient to make adequate payment, his possible need for assistance should be considered); or
- 2) the roomer or boarder should be requested to make arrangements to live elsewhere.

b. Rental of Apartment or Housekeeping Units in the Eligible Unit's Home

When the eligible unit is receiving payment from rental of apartments or housekeeping units, the net income shall be determined by deducting a cost figure of \$15. per room as the cost of maintenance and operation from the gross payment received.

5. If an individual receives free shelter or other basic needs in return for performing work duties, the monetary value when identifiable shall be considered as unearned income in computing the amount of assistance.
 - a. The monetary value of such income shall be established, when possible, with the employer. (An example of this would be a person who receives part of his subsistence for such work as helper in a house, janitor, etc.).

IV (continued)

6. A prorata share of gross income earned by a parent receiving public assistance under another program may be available to a child who is applying for General Assistance. Such income, minus the prorata mandatory payroll deductions, shall be listed as "other income" in computing the amount of assistance to be provided.
7. Income in the form of assistance, grants or earnings received from any Federal bureau or agency must be applied in computing the amount of the eligible unit's grant.

SCHEDULE III

Determination of Initial Eligibility Only

Amount of Monthly Gross Earnings at Which
Initial Eligibility Ceases to Exist*

Number in Household	Number in Eligible Unit														
	A D U L T S A N D C H I L D R E N														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	179.														
2	142.	223.													
3	129.	198.	267.												
4	119.	179.	238.	297.											
5	114.	168.	223.	277.	331.										
6	111.	162.	213.	264.	315.	366.									
7	108.	156.	204.	253.	301.	349.	397.								
8	106.	153.	199.	245.	291.	338.	384.	430.							
9	104.	149.	193.	237.	282.	326.	370.	415.	459.						
10	103.	145.	188.	230.	273.	315.	358.	400.	443.	485.					
11	102.	143.	185.	227.	268.	310.	351.	393.	435.	476.	518.				
12	101.	142.	183.	224.	265.	306.	346.	387.	428.	469.	510.	551.			
13	100.	141.	181.	222.	262.	302.	343.	383.	423.	464.	504.	545.	585.		
14	100.	139.	179.	218.	258.	297.	337.	376.	416.	455.	495.	534.	574.	613.	
15	99.	137.	176.	215.	254.	292.	331.	370.	409.	447.	486.	525.	564.	602.	641.

*When more than one member of the eligible unit is employed, add \$60. to the applicable amount in this schedule for each additional employed person.

General Assistance Manual
Division of Public Welfare

SCHEDULE III-A
Adjusted Earnings (one employed person)
CONVERSION TABLE FOR 60 & 1/3 DISREGARD

G.A. 2.300A
9/1/73

WKLY	MONTHLY		WKLY	MONTHLY		WKLY	MONTHLY		WKLY	MONTHLY	
GROSS	GROSS	ADJUSTED	GROSS	GROSS	ADJUSTED	GROSS	GROSS	ADJUSTED	GROSS	GROSS	ADJUSTED
\$14	\$ 60.67	\$.45	\$46	\$199.33	\$ 92.89	\$78	\$338.00	\$185.33	\$110	\$476.67	\$277.78
15	65.00	3.33	47	203.67	95.78	79	342.33	188.22	111	481.00	280.67
16	69.33	6.22	48	208.00	98.67	80	346.67	191.11	112	485.33	283.55
17	73.67	9.11	49	212.33	101.55	81	351.00	194.00	113	489.67	286.45
18	78.00	12.00	50	216.67	104.45	82	355.33	196.89	114	494.00	289.33
19	82.33	14.89	51	221.00	107.33	83	359.67	199.78	115	498.33	292.22
20	86.67	17.78	52	225.33	110.22	84	364.00	202.67	116	502.67	295.11
21	91.00	20.67	53	229.67	113.11	85	368.33	205.55	117	507.00	298.00
22	95.33	23.55	54	234.00	116.00	86	372.67	208.45	118	511.33	300.89
23	99.67	26.45	55	238.33	118.89	87	377.00	211.33	119	515.67	303.78
24	104.00	29.33	56	242.67	121.78	88	381.33	214.22	120	520.00	306.67
25	108.33	32.22	57	247.00	124.67	89	385.67	217.11	121	524.33	309.55
26	112.67	35.11	58	251.33	127.55	90	390.00	220.00	122	528.67	312.45
27	117.00	38.00	59	255.67	130.45	91	394.33	222.89	123	533.00	315.33
28	121.33	40.89	60	260.00	133.33	92	398.67	225.78	124	537.33	318.22
29	125.67	43.78	61	264.33	136.22	93	403.00	228.67	125	541.67	321.11
30	130.00	46.67	62	268.67	139.11	94	407.33	231.55	126	546.00	324.00
31	134.33	49.55	63	273.00	142.00	95	411.67	234.45	127	550.33	326.89
32	138.67	52.45	64	277.33	144.89	96	416.00	237.33	128	554.67	329.78
33	143.00	55.33	65	281.67	147.78	97	420.33	240.22	129	559.00	332.67
34	147.33	58.22	66	286.00	150.67	98	424.67	243.11	130	563.33	335.55
35	151.67	61.11	67	290.33	153.55	99	429.00	246.00	131	567.67	338.45
36	156.00	64.00	68	294.67	156.45	100	433.33	248.89	132	572.00	341.33
37	160.33	66.89	69	299.00	159.33	101	437.67	251.78	133	576.33	344.22
38	164.67	69.78	70	303.33	162.22	102	442.00	254.67	134	580.67	347.11
39	169.00	72.67	71	307.67	165.11	103	446.33	257.55	135	585.00	350.00
40	173.33	75.55	72	312.00	168.00	104	450.67	260.45	136	589.33	352.89
41	177.67	78.45	73	316.33	170.89	105	455.00	263.33	137	593.67	355.78
42	182.00	81.33	74	320.67	173.78	106	459.33	266.22	138	598.00	358.67
43	186.33	84.22	75	325.00	176.67	107	463.67	269.11	139	602.33	361.55
44	190.67	87.11	76	329.33	179.55	108	468.00	272.00	140	606.67	364.45
45	195.00	90.00	77	333.67	182.45	109	472.33	274.89	*		

*For amounts above \$140.: for each additional dollar, add \$4.33 to monthly gross and \$2.89 to adjusted earnings.

V CONTRIBUTIONS FROM LEGALLY RESPONSIBLE RELATIVES

A. Relatives Who Are Legally Responsible

Certain relatives are specifically identified by law as legally responsible relatives for persons applying for or receiving General Assistance, as follows:

Persons under age 55 are responsible for parents, spouse, children and grandchildren.

Persons aged 55 and over are responsible only for spouse and minor children.

Grandchildren are not responsible for grandparents.

B. Contributions to Support

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. It shall be recognized that a person's obligation to support those relatives for whom he is legally responsible takes precedence over any voluntary preference on his part to support relatives or other persons for whom he is not legally responsible, except those included in the LRR's family size (see Schedules IV and V).
 - a. Responsibility of a person for the support of his or her own minor children takes priority over any obligations to contribute to support of any other dependent relatives.
3. When a relative is legally responsible for all members of an eligible unit, this LRR's financial capacity to support shall be considered as a resource to the eligible unit as a whole.
 - a. 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 shall be the per capita share of the eligible unit's deficit for those persons for whom he is legally responsible.
 - b. When a relative is legally responsible for two or more persons who are not members of the same eligible unit, his 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 deficit.

V-B. (continued)

4. The eligible unit will not be eligible for assistance when the amount of the LRR's evaluated capacity to support equals or exceeds their deficit and this support is actually available to the eligible unit.
 - a. When the eligible unit is living in the same household with the LRR, the amount of the relative's contribution shall be considered available, unless and until there is affirmative and persuasive evidence that the relative is in fact failing or refusing to contribute such amount or its equivalent in goods or services.
 - b. When any LRR not living in the same household with eligible unit fails or refuses to make available to the eligible unit all or any portion of his contribution, and this has been verified, such amount shall not be considered as income. However, in every such case, the agency shall, no later than 30 days from the date of application, take appropriate action in accordance with available procedure to compel contribution in the amount of the deficit or the evaluated capacity to support, whichever is less.
5. Where it is determined that an LRR does not have a capacity to contribute to support, then the amount, if any, he may have voluntarily offered to contribute shall be accepted as satisfactory.
6. Refusal to Furnish Information

Whenever the LRR fails or refuses to furnish or produce information concerning his 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.

V (continued)

C. Determination of a Legally Responsible Relative's Capacity to Support

1. Method for Determination of Capacity to Support

The capacity of legally responsible relatives to contribute to support is determined by Schedules IV and V, as follows:

- a. Determine the relative's gross monthly income.
- b. Subtract any authorized extraordinary expenses (as identified in paragraph 3.) from the monthly gross income.
- c. The monthly gross income, or where applicable, the adjusted monthly gross income, for the appropriate family size of the LRR determines the capacity to contribute.

2. Income of Legally Responsible Relative

- a. Gross monthly income means income before deductions, or the net profit from a business, farm or profession before income and other personal taxes are deducted. This includes all income of whatever kind and from whatever source except as stated in subsection b.

- 1) "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.
- 2) The average income for the most recent period of 4 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.
- 3) Income in the Form of Maintenance

When an LRR is receiving food or lodging or both as part of his income, his total gross income shall be determined as follows:

V-C.-3) (continued)

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 withholding taxes).

4) Net Income of LRR's Child

With respect to any child for whom an LRR is providing support, any net income of such child shall be counted as income of the LRR unless information is provided by the LRR to substantiate that he by actual practice is foregoing both directly and indirectly all claim to that income.

5) 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 IV, paragraph 4. shall be used to determine the net income to the LRR from such roomers or roomer-boarders.

6) 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 net income to the eligible unit from this arrangement, this income shall be entered in the computation of the eligible unit's grant as income to the eligible unit, and does not diminish or otherwise affect the LRR's evaluated capacity, if any, to contribute to support.

7) 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 the net income to the LRR determined accordingly.

- (a) If the emancipated child is turning over all his income to the LRR, add this income to the parent's income and include the child as a member of the LRR's family size.

V-C.-2. (continued)

b. Special Benefits

Whenever an LRR or his dependents are the recipient 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, rehabilitation, medical care, etc., such benefits shall not be included in the income of the LRR for the purpose of computing his evaluated capacity to support.

3. Extraordinary Expenses of the Legally Responsible Relative

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.

a. LRR's Contribution to Persons Other Than the Eligible Unit

When an LRR or his spouse is supporting or making contributions to support (including judicial orders for support) of a parent, child, grandparent, grandchild, 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 monthly income. These persons shall not be included in the determination of the LRR's family size.

V-3. (continued)

b. Excessive Medical Expenses

Where the average monthly cost for medical, dental, etc. services exceeds the appropriate amount shown in the following schedule of medical expenses, the amount of the excess shall be subtracted from the LRR's monthly income:

LRR's Family Size	Monthly Medical Expenses
1	\$17.00
2	23.00
3	30.00
4	34.00
5	41.00
6 or more	45.00

c. Educational Expenses

If educational expenses are being incurred for a member of the family (other than the LRR himself) for whom free educational facilities are not available, proceed as follows:

- 1) When the member of the LRR's family unit is being maintained at home, the verified cost of tuition, fees, books and transportation shall, when prorated on a 12 month basis, be subtracted from the LRR's monthly income;
- 2) When the member of the LRR's family unit is being maintained away from home, the verified costs of tuition, fees, books and transportation, plus any cost of maintenance, in excess of \$450. per annum shall, when prorated on a 12 month basis, be subtracted from the LRR's monthly income.

d. Indebtedness Due to Castastrophic Events

When an LRR, whether before or following the determination of his capacity to support, is required to incur debts due to catastrophic events, other than medical, over which he had no control (for example: fire, flood, etc.) the verified monthly amount of payments necessary to liquidate these debts shall be subtracted from his monthly income.

V-C.-3.-d. (continued)

- 1) Whenever an LRR has been determined not to have a capacity to support for a specified period in order to liquidate the indebtedness due to catastrophic events, the agency shall reevaluate the LRR's capacity to support at the date set for full payment of the debt.

e. Extraordinary Needs Arising From Major Health or Social Problems

- 1) Situations may arise in which an LRR may have an extraordinary need other than those identified above and, in the judgement of the agency, this need involves an expense which is not manageable within the exemptions and should be recognized in order to be fair and reasonable.
- 2) Each such case shall be brought to the attention of the State office for approval prior to the recognition of this cost as an amount to be subtracted from the LRR's monthly income.

4. Resources, Other Than Income, of a Legally Responsible Relative

Although the application of the Schedule IV and V does not provide for evaluating resources other than income of an LRR, it is not intended that the agency shall totally disregard the LRR's other financial resources; neither is it intended that the agency shall be precluded from taking such resources into consideration in arriving at a determination concerning the LRR's capacity to support.

- a. In considering any such resources of the LRR other than current income, the agency shall limit its consideration to bank accounts, savings bonds, stocks, securities, and real property other than the LRR's dwelling. The total value of such items in combination need not be regarded as sufficiently significant if it does not exceed the appropriate amount as follows:

<u>LRR's FAMILY SIZE</u>	<u>AMOUNT</u>
1	\$ 8,160.
2	11,160.
3	14,280.
4	16,440.
5	19,680.
6	21,360.

For each additional person in the family over 6, add \$1,200.

D. Legally Responsible Relative's Support to the Eligible Unit

1. The LRR may fulfill his obligation for the support of the person or persons for whom he is responsible by contributing one or more of the following:

Cash

Shelter and household needs

Any other item determined to be mutually satisfactory between the LRR and welfare agency, for which equitable monetary value can be clearly established.

2. Such contribution must be substantial, regular, and reliable.
 - a. Contribution other than cash must be acceptable to the eligible unit, unless otherwise ordered by the courts.
 - b. The monetary value shall be deducted from the monthly amount of the LRR's capacity to support.
 - c. When the LRR's contribution is shelter and household needs, the following monthly monetary values shall be used:

Number in Eligible Unit	Monthly Monetary Value
1	\$50.00
2	55.00
3	60.00
4	65.00
5	70.00
6	75.00
7 or more	80.00

V (continued)

E. Schedule IV, Capacity to Support of Specified Relatives Only

1. The capacity of a relative as identified in this section to contribute to the support of the person for whom he is legally responsible is determined by Schedule IV and in accordance with the preceding regulations.
 - a. The LRR has no dependents other than a member(s) of the eligible unit and is living in the same household as the eligible unit.
 - b. The LRR is the spouse of an eligible person who is purchasing patient care in a medical institution, and they had customarily been living together.
2. The family size of the LRR identified above shall include the following persons (family size for this purpose does not include any members of the eligible unit):
 - a. the LRR and any of his or her minor children living in the home;
 - b. his or her spouse in the home;
 - c. spouse's legal dependents who are unemancipated and under 21 years of age;
 - d. dependents who are blind or disabled.

SCHEDULE IV - FOR DETERMINING CAPACITY TO SUPPORT OF SPECIFIED RELATIVES ONLY

Gross Monthly Income	Monthly Capacity to Contribute by Family Unit Size							
	1	2	3	4	5	6	7	8 or more
\$ 300 - 309.99								
310 - 319.99								
320 - 329.99	\$ 10.00							
330 - 339.99	13.00							
340 - 349.99	17.00							
350 - 359.99	20.00							
360 - 369.99	24.00							
370 - 379.99	27.00							
380 - 389.99	30.00							
390 - 399.99	35.00							
400 - 409.99	39.00	\$10.00						
410 - 419.99	42.00	13.00						
420 - 429.99	46.00	16.00						
430 - 439.99	49.00	20.00						
440 - 449.99	55.00	23.00						
450 - 459.99	59.00	26.00						
460 - 469.99	62.00	29.00	\$10.00					
470 - 479.99	66.00	34.00	12.00					
480 - 489.99	69.00	37.00	15.00					
490 - 499.99	75.00	41.00	18.00					
500 - 509.99	79.00	44.00	21.00					
510 - 519.99	83.00	47.00	24.00					
520 - 529.99	87.00	53.00	27.00					
530 - 539.99	90.00	56.00	31.00	\$10.00				
540 - 549.99	98.00	60.00	34.00	13.00				
550 - 559.99	101.00	63.00	37.00	16.00				
560 - 569.99	105.00	67.00	40.00	18.00				
570 - 579.99	109.00	73.00	43.00	21.00				
580 - 589.99	113.00	76.00	48.00	23.00				
590 - 599.99	121.00	80.00	52.00	27.00				

SCHEDULE IV - FOR DETERMINING CAPACITY TO SUPPORT OF SPECIFIED RELATIVES ONLY - (continued)

Gross Monthly Income	Monthly Capacity to Contribute by Family Unit Size							
	1	2	3	4	5	6	7	8 or more
\$ 600 - 609.99	\$125.00	\$83.00	\$54.00	\$30.00				
610 - 619.99	129.00	87.00	58.00	32.00				
620 - 629.99	133.00	94.00	61.00	35.00				
630 - 639.99	137.00	98.00	66.00	38.00				
640 - 649.99	146.00	101.00	70.00	42.00				
650 - 659.99	150.00	105.00	73.00	45.00	\$10.00			
660 - 669.99	154.00	109.00	74.00	48.00	12.00			
670 - 679.99	158.00	116.00	77.00	50.00	13.00			
680 - 689.99	162.00	120.00	80.00	53.00	14.00			
690 - 699.99	172.00	124.00	86.00	58.00	16.00	\$10.00		
700 - 709.99	176.00	128.00	90.00	61.00	18.00	12.00		
710 - 719.99	180.00	132.00	93.00	64.00	21.00	14.00		
720 - 729.99	184.00	140.00	97.00	67.00	23.00	16.00		
730 - 739.99	189.00	144.00	100.00	70.00	26.00	18.00	\$10.00	
740 - 749.99	199.00	148.00	106.00	75.00	30.00	20.00	12.00	
750 - 759.99	203.00	152.00	110.00	78.00	34.00	22.00	16.00	
760 - 769.99	208.00	156.00	114.00	81.00	38.00	26.00	19.00	
770 - 779.99	212.00	165.00	118.00	84.00	45.00	28.00	21.00	
780 - 789.99	217.00	169.00	121.00	87.00	49.00	30.00	23.00	\$10.00
790 - 799.99	228.00	173.00	129.00	93.00	54.00	33.00	25.00	12.00
800 - 809.99	232.00	177.00	132.00	96.00	56.00	35.00	26.00	14.00
810 - 819.99	237.00	182.00	136.00	99.00	60.00	37.00	29.00	16.00
820 - 829.99	241.00	191.00	140.00	102.00	64.00	41.00	31.00	17.00
830 - 839.99	246.00	196.00	144.00	105.00	70.00	43.00	33.00	19.00
840 - 849.99	257.00	200.00	152.00	112.00	74.00	46.00	35.00	21.00
850 - 859.99	262.00	204.00	156.00	115.00	78.00	49.00	37.00	22.00
860 - 869.99	267.00	208.00	159.00	118.00	82.00	51.00	41.00	25.00
870 - 879.99	271.00	219.00	163.00	122.00	86.00	53.00	43.00	26.00
880 - 889.99	276.00	223.00	167.00	125.00	90.00	56.00	45.00	28.00
890 - 899.99	289.00	228.00	176.00	132.00	95.00	60.00	47.00	30.00

SCHEDULE IV - FOR DETERMINING CAPACITY TO SUPPORT OF SPECIFIED RELATIVES ONLY - (continued)

Gross Monthly Income	Monthly Capacity to Contribute by Family Unit Size							
	1	2	3	4	5	6	7	8 or more
\$ 900 - 909.99	\$293.00	\$232.00	\$180.00	\$135.00	\$100.00	\$62.00	\$49.00	\$31.00
910 - 919.99	298.00	232.00	184.00	139.00	104.00	65.00	52.00	34.00
920 - 929.99	303.00	248.00	188.00	142.00	108.00	67.00	55.00	36.00
930 - 939.99	308.00	252.00	192.00	145.00	112.00	70.00	56.00	38.00
940 - 949.99	321.00	257.00	201.00	153.00	119.00	74.00	58.00	40.00
950 - 959.99	326.00	261.00	205.00	156.00	122.00	77.00	60.00	41.00
960 - 969.99	331.00	266.00	209.00	160.00	125.00	79.00	63.00	45.00
970 - 979.99	336.00	278.00	213.00	163.00	128.00	82.00	65.00	46.00
980 - 989.99	341.00	282.00	217.00	167.00	131.00	84.00	67.00	48.00
990 - 999.99	355.00	287.00	226.00	175.00	138.00	89.00	69.00	50.00
1000 -1009.99	360.00	291.00	232.00	179.00	141.00	92.00	71.00	52.00
1010 -1019.99	365.00	296.00	236.00	182.00	144.00	95.00	74.00	55.00
1020 -1029.99	370.00	309.00	240.00	186.00	147.00	97.00	73.00	57.00
1030 -1039.99	375.00	314.00	244.00	189.00	150.00	100.00	80.00	59.00
1040 -1049.99	390.00	318.00	253.00	198.00	158.00	105.00	82.00	61.00
1050 -1059.99	395.00	323.00	259.00	201.00	161.00	108.00	85.00	63.00
1060 -1069.99	400.00	327.00	264.00	205.00	164.00	111.00	87.00	65.00
1070 -1079.99	406.00	341.00	268.00	209.00	167.00	114.00	90.00	67.00
1080 -1089.99	411.00	346.00	272.00	212.00	170.00	116.00	92.00	69.00
1090 -1099.99	426.00	351.00	280.00	222.00	178.00	120.00	94.00	71.00
1100 -1109.99	432.00	356.00	288.00	226.00	181.00	124.00	97.00	72.00
1110 -1119.99	437.00	361.00	293.00	229.00	185.00	128.00	99.00	74.00
1120 -1129.99	442.00	370.00	297.00	233.00	188.00	131.00	101.00	76.00
1130 -1139.99	448.00	380.00	306.00	237.00	191.00	133.00	104.00	79.00
1140 -1149.99	464.00	385.00	314.00	247.00	200.00	139.00	107.00	81.00
1150 -1159.99	470.00	390.00	318.00	251.00	203.00	143.00	109.00	83.00
1160 -1169.09	475.00	395.00	323.00	255.00	207.00	146.00	112.00	85.00
1170 -1179.99	480.00	405.00	327.00	258.00	210.00	148.00	114.00	87.00
1180 -1189.99	486.00	410.00	332.00	262.00	213.00	151.00	116.00	90.00
1190 -1199.99	503.00	415.00	345.00	273.00	222.00	158.00	118.00	91.00

SCHEDULE IV - FOR DETERMINING CAPACITY TO SUPPORT OF SPECIFIED RELATIVES ONLY (continued)

Gross Monthly Income	Monthly Capacity to Contribute by Family Unit Size							
	1	2	3	4	5	6	7	8 or more
\$1200 -1209.99	\$509.00	\$420.00	\$350.00	\$277.00	\$226.00	\$161.00	\$121.00	\$93.00
1210 -1219.99		425.00	354.00	281.00	245.00	164.00	122.00	95.00
1220 -1229.99		431.00	359.00	284.00	249.00	167.00	124.00	97.00
1230 -1239.99		440.00	363.00	295.00	253.00	170.00	127.00	99.00
1240 -1249.99		446.00	372.00	299.00	256.00	173.00	129.00	102.00
1250 -1259.99		452.00	380.00	303.00	260.00	176.00	132.00	105.00
1260 -1269.99		457.00	387.00	306.00	265.00	180.00	136.00	107.00
1270 -1279.99		462.00	391.00	310.00	272.00	183.00	138.00	109.00
1280 -1289.99		467.00	396.00	321.00	278.00	186.00	141.00	111.00
1290 -1299.99		484.00	412.00	325.00	281.00	189.00	144.00	113.00
1300 -1309.99		489.00	415.00	329.00	287.00	195.00	146.00	118.00
1310 -1319.99		495.00	420.00	332.00	298.00	200.00	148.00	120.00
1320 -1329.99		500.00	425.00	336.00	296.00	204.00	150.00	123.00
1330 -1339.99		505.00	430.00	340.00	303.00	207.00	152.00	125.00
1340 -1349.99		511.00	439.00	344.00	306.00	210.00	155.00	127.00
1350 -1359.99		516.00	447.00	357.00	310.00	214.00	157.00	130.00
1360 -1369.99		521.00	455.00	361.00	318.00	218.00	160.00	131.00
1370 -1379.99		526.00	460.00	365.00	321.00	221.00	163.00	133.00
1380 -1389.99		532.00	465.00	370.00	325.00	225.00	165.00	135.00
1390 -1399.99		537.00	470.00	374.00	329.00	231.00	172.00	137.00
1400 -1409.99		545.00	475.00	387.00	333.00	240.00	176.00	139.00
1410 -1419.99		555.00	480.00	391.00	336.00	243.00	178.00	142.00
1420 -1429.99		560.00	485.00	396.00	344.00	246.00	181.00	145.00
1430 -1439.99		566.00	490.00	400.00	352.00	249.00	184.00	149.00
1440 -1449.99		570.00	495.00	404.00	357.00	253.00	190.00	150.00
1450 -1459.99		575.00	505.00	409.00	360.00	262.00	191.00	152.00
1460 -1469.99		580.00	513.00	413.00	364.00	266.00	193.00	155.00
1470 -1479.99		585.00	520.00	417.00	368.00	269.00	196.00	157.00
1480 -1489.99		590.00	525.00	421.00	372.00	272.00	199.00	160.00
1490 -1499.99		595.00	530.00	425.00	376.00	276.00	202.00	163.00

SCHEDULE IV - FOR DETERMINING CAPACITY TO SUPPORT OF SPECIFIED RELATIVES ONLY - (continued)

Gross Monthly Income	Monthly Capacity to Contribute by Family Unit Size							
	1	2	3	4	5	6	7	8 or more
\$1500 - 1509.99		\$600.00	\$535.00	\$430.00	\$380.00	\$284.00	\$210.00	\$166.00
1510 - 1519.99				433.00	383.00	285.00	212.00	168.00
1520 - 1529.99				438.00	387.00	292.00	215.00	170.00
1530 - 1539.99				442.00	392.00	296.00	218.00	173.00
1540 - 1549.99				447.00	397.00	306.00	221.00	176.00
1550 - 1559.99				450.00	402.00	314.00	229.00	180.00
1560 - 1569.99				453.00	407.00	320.00	232.00	182.00
1570 - 1579.99				457.00	412.00	327.00	235.00	184.00
1580 - 1589.99				460.00	417.00	333.00	238.00	187.00
1590 - 1599.99				465.00	422.00	340.00	240.00	190.00

For every \$10 of increase in income, increase capacity \$3.

V (continued)

F. Schedule V - Legally Responsible Relative's Capacity to Contribute to Support

1. For all LRRs other than those coming under the provisions of Schedule IV, the capacity to contribute to support of the person or persons for whom he is legally responsible is determined by Schedule V and in accordance with the preceding regulations.
2. Schedule V - Family Size of an LRR
 - a. In using Schedule V, the family size shall include the following (family size for this purpose does not include any members of the eligible unit):
 - 1) the LRR;
 - 2) his or her spouse;
 - 3) any relative of the LRR or his spouse who is and has been customarily living in the home and for whom the LRR or his spouse is providing support. When the amount of support for any such relative is less than \$50. per month, do not include this relative in determining the LRR's family size, but subtract the actual amount of monthly support from the LRR's monthly income.
3. LRR is Married and Both Husband and Wife Have Income
 - a. When only the husband or the wife is an LRR and both have income, proceed as follows:
 - 1) For family size of 2 only:

Consider only the income of the LRR and include the spouse in determining family size.
 - 2) For family sizes of 3 or more:

Consider only the income of the LRR and exclude the spouse only in determining family size.
 - b. When both persons are LRRs of the same eligible unit, consider both incomes in determining capacity to support.
4. Special Limitation Affecting Grandparents

Grandparents' obligation to contribute to the support of a grandchild or grandchildren not in their own household shall be considered as limited to 50% if the capacity to support as determined by Schedule V.

SCHEDULE V _ FOR DETERMINING LEGALLY RESPONSIBLE RELATIVE'S CAPACITY TO CONTRIBUTE TO SUPPORT
(To be used for all LRRs other than those coming under the provisions of Schedule IV.)

Gross Monthly Income	Monthly Capacity to Contribute by Family Unit Size							
	1	2	3	4	5	6	7	8
\$ 300 - 309.99								
310 - 319.99								
320 - 329.99								
330 - 339.99								
340 - 349.99								
350 - 359.99								
360 - 369.99								
370 - 379.99	\$10.00							
380 - 389.99	13.00							
390 - 399.99	16.00							
400 - 409.99	18.00							
410 - 419.99	21.00							
420 - 429.99	23.00							
430 - 439.99	27.00							
440 - 449.99	30.00							
450 - 459.99	33.00							
460 - 469.99	35.00							
470 - 479.99	38.00							
480 - 489.99	41.00							
490 - 499.99	44.00	\$10.00						
500 - 509.99	46.00	12.00						
510 - 519.99	49.00	14.00						
520 - 529.99	52.00	17.00						
530 - 539.99	57.00	19.00						
540 - 549.99	60.00	22.00						
550 - 559.99	63.00	25.00						
560 - 569.99	66.00	28.00						
570 - 579.99	68.00	30.00						
580 - 589.99	72.00	33.00						
590 - 599.99	74.00	35.00						

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SCHEDULE V - FOR DETERMINING LEGALLY RESPONSIBLE RELATIVE'S CAPACITY TO CONTRIBUTE TO SUPPORT

(To be used for all LRRs other than those coming under the provisions of Schedule IV.)

Gross Monthly Income	Monthly Capacity to Contribute by Family Unit Size							
	1	2	3	4	5	6	7	8
\$ 600 - 609.99	\$ 77.00	\$ 38.00						
610 - 619.99	80.00	40.00						
620 - 629.99	83.00	43.00						
630 - 639.99	90.00	45.00						
640 - 649.99	93.00	48.00	\$10.00					
650 - 659.99	96.00	53.00	13.00					
660 - 669.99	99.00	55.00	15.00					
670 - 679.99	102.00	58.00	18.00					
680 - 689.99	109.00	61.00	20.00					
690 - 699.99	112.00	63.00	23.00					
700 - 709.99	115.00	66.00	25.00					
710 - 719.99	119.00	69.00	28.00					
720 - 729.99	122.00	71.00	30.00					
730 - 739.99	130.00	74.00	32.00	\$10.00				
740 - 749.99	133.00	77.00	35.00	12.00				
750 - 759.99	137.00	83.00	37.00	14.00				
760 - 769.99	140.00	86.00	39.00	16.00				
770 - 779.99	143.00	88.00	42.00	18.00				
780 - 789.99	152.00	91.00	44.00	21.00				
790 - 799.99	155.00	94.00	48.00	23.00				
800 - 809.99	159.00	101.00	51.00	25.00				
810 - 819.99	162.00	104.00	53.00	27.00				
820 - 829.99	166.00	107.00	56.00	29.00				
830 - 839.99	176.00	109.00	58.00	32.00				
840 - 849.99	179.00	112.00	61.00	34.00				
850 - 859.99	183.00	120.00	63.00	36.00				
860 - 869.99	186.00	123.00	65.00	38.00				
870 - 879.99	189.00	126.00	68.00	40.00				
880 - 889.99	200.00	129.00	70.00	44.00	\$10.00			
890 - 899.99	204.00	132.00	73.00	46.00	12.00			

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Effective 9/71

SCHEDULE V - FOR DETERMINING LEGALLY RESPONSIBLE RELATIVE'S CAPACITY TO CONTRIBUTE TO SUPPORT

(To be used for all LRRs other than those coming under the provisions of Schedule IV.)

Gross Monthly Income	Monthly Capacity to Contribute by Family Unit Size							
	1	2	3	4	5	6	7	8
\$ 900 - 909.99	\$207.00	\$140.00	\$ 76.00	\$ 48.00	\$ 14.00			
910 - 919.99	211.00	144.00	78.00	51.00	15.00			
920 - 929.99	215.00	147.00	81.00	53.00	16.00			
930 - 939.99	225.00	150.00	83.00	55.00	18.00			
940 - 949.99	230.00	153.00	86.00	57.00	20.00			
950 - 959.99	234.00	162.00	89.00	59.00	24.00	\$10.00		
960 - 969.99	238.00	165.00	92.00	62.00	28.00	11.00		
970 - 979.99	241.00	168.00	95.00	64.00	30.00	12.00		
980 - 989.99	254.00	172.00	98.00	69.00	34.00	14.00		
990 - 999.99	257.00	175.00	100.00	71.00	36.00	16.00		
1000 - 1009.99	261.00	185.00	103.00	74.00	40.00	17.00		
1010 - 1019.99	265.00	188.00	106.00	76.00	43.00	19.00		
1020 - 1029.99	269.00	192.00	110.00	78.00	45.00	20.00	\$10.00	
1030 - 1039.99	282.00	195.00	113.00	84.00	47.00	22.00	12.00	
1040 - 1049.99	290.00	198.00	116.00	86.00	49.00	24.00	14.00	
1050 - 1059.99	294.00	209.00	118.00	89.00	50.00	25.00	15.00	
1060 - 1069.99	298.00	212.00	121.00	91.00	52.00	27.00	16.00	
1070 - 1079.99	312.00	216.00	127.00	94.00	54.00	28.00	18.00	
1080 - 1089.99	316.00	219.00	129.00	100.00	59.00	30.00	19.00	\$10.00
1090 - 1099.99	320.00	223.00	132.00	103.00	61.00	35.00	20.00	12.00
1100 - 1109.99	324.00	238.00	134.00	105.00	63.00	36.00	22.00	13.00
1110 - 1119.99	328.00	241.00	137.00	108.00	65.00	38.00	23.00	14.00
1120 - 1129.99	343.00	245.00	140.00	110.00	66.00	40.00	25.00	15.00
1130 - 1139.99	347.00	248.00	145.00	117.00	71.00	41.00	29.00	16.00
1140 - 1149.99	351.00	256.00	149.00	120.00	73.00	43.00	30.00	17.00
1150 - 1159.99	356.00	260.00	151.00	122.00	75.00	45.00	31.00	18.00
1160 - 1169.99	360.00	265.00	154.00	125.00	78.00	46.00	33.00	20.00
1170 - 1179.99	365.00	272.00	157.00	127.00	80.00	48.00	34.00	21.00
1180 - 1189.99	370.00	275.00	163.00	130.00	85.00	52.00	36.00	22.00
1190 - 1199.99	375.00	280.00	169.00	135.00	87.00	53.00	37.00	24.00

SCHEDULE V - FOR DETERMINING LEGALLY RESPONSIBLE RELATIVE'S CAPACITY TO CONTRIBUTE TO SUPPORT
(To be used for all LRRs other than those coming under the provisions of Schedule IV)

Gross Monthly Income	Monthly Capacity to Contribute by Family Unit Size							
	1	2	3	4	5	6	7	8
\$1200 - 1209.99	\$380.00	\$286.00	\$172.00	\$138.00	\$89.00	\$55.00	\$39.00	\$25.00
1210 - 1219.99	385.00	292.00	176.00	140.00	91.00	57.00	40.00	27.00
1220 - 1229.99	389.00	296.00	179.00	143.00	94.00	59.00	41.00	28.00
1230 - 1239.99	393.00	300.00	182.00	151.00	99.00	63.00	45.00	29.00
1240 - 1249.99	410.00	303.00	187.00	157.00	102.00	68.00	46.00	30.00
1250 - 1259.99	414.00	317.00	191.00	160.00	104.00	70.00	48.00	31.00
1260 - 1269.99	418.00	321.00	195.00	162.00	106.00	75.00	49.00	33.00
1270 - 1279.99	423.00	325.00	198.00	165.00	108.00	77.00	51.00	34.00
1280 - 1289.99	427.00	329.00	201.00	169.00	115.00	79.00	55.00	35.00
1290 - 1299.99	432.00	333.00	204.00	174.00	117.00	81.00	56.00	38.00
1300 - 1309.99	436.00	347.00	215.00	177.00	119.00	83.00	58.00	39.00
1310 - 1319.99	441.00	351.00	218.00	180.00	122.00	88.00	59.00	40.00
1320 - 1329.99	446.00	355.00	221.00	183.00	124.00	90.00	61.00	42.00
1330 - 1339.99	451.00	359.00	224.00	186.00	128.00	92.00	63.00	43.00
1340 - 1349.99	455.00	363.00	228.00	190.00	131.00	96.00	65.00	46.00
1350 - 1359.99	460.00	365.00	234.00	195.00	133.00	101.00	67.00	48.00
1360 - 1369.99	464.00	369.00	239.00	198.00	136.00	103.00	68.00	49.00
1370 - 1379.99	468.00	373.00	242.00	201.00	138.00	105.00	70.00	50.00
1380 - 1389.99	472.00	378.00	246.00	204.00	140.00	107.00	72.00	51.00
1390 - 1399.99	476.00	382.00	249.00	207.00	144.00	109.00	74.00	55.00
1400 - 1409.99	480.00	386.00	252.00	217.00	148.00	116.00	76.00	56.00
1410 - 1419.99	485.00	391.00	259.00	220.00	150.00	118.00	78.00	58.00
1420 - 1429.99	490.00	395.00	264.00	223.00	153.00	120.00	79.00	59.00
1430 - 1439.99	495.00	399.00	268.00	226.00	155.00	122.00	81.00	61.00
1440 - 1449.99	500.00	403.00	271.00	229.00	158.00	124.00	83.00	64.00
1450 - 1459.99		407.00	275.00	240.00	162.00	126.00	86.00	66.00
1460 - 1469.99		412.00	278.00	243.00	166.00	129.00	88.00	67.00
1470 - 1479.99		416.00	283.00	246.00	168.00	131.00	90.00	69.00
1480 - 1489.99		420.00	290.00	250.00	171.00	133.00	91.00	70.00
1490 - 1499.99		423.00	294.00	253.00	173.00	135.00	93.00	74.00

SCHEDULE V - FOR DETERMINING LEGALLY RESPONSIBLE RELATIVE'S CAPACITY TO CONTRIBUTE TO SUPPORT
(To be used for all LRRs other than those coming under the provisions of Schedule IV)

Gross Monthly Income	Monthly Capacity to Contribute by Family Unit Size							
	1	2	3	4	5	6	7	8
\$1500 - 1509.99		\$427.00	\$298.00	\$258.00	\$176.00	\$137.00	\$95.00	\$76.00
1510 - 1519.99		431.00	301.00	261.00	184.00	139.00	100.00	77.00
1520 - 1529.99		435.00	305.00	264.00	187.00	146.00	102.00	79.00
1530 - 1539.99		440.00	311.00	267.00	190.00	149.00	104.00	80.00
1540 - 1549.99		444.00	318.00	271.00	192.00	151.00	106.00	85.00
1550 - 1559.99		450.00	322.00	274.00	195.00	153.00	107.00	86.00
1560 - 1569.99		455.00	325.00	277.00	200.00	155.00	110.00	88.00
1570 - 1579.99		461.00	329.00	281.00	204.00	163.00	113.00	89.00
1580 - 1589.99		464.00	333.00	285.00	207.00	165.00	115.00	91.00
1590 - 1599.99		468.00	336.00	289.00	209.00	167.00	117.00	93.00
1600 - 1609.99		473.00	340.00	292.00	212.00	170.00	119.00	96.00
1610 - 1619.99		476.00	344.00	296.00	215.00	172.00	121.00	97.00
1620 - 1629.99		480.00	347.00	299.00	220.00	180.00	127.00	99.00
1630 - 1639.99		485.00	350.00	303.00	224.00	182.00	129.00	100.00
1640 - 1649.99		490.00	354.00	306.00	227.00	185.00	131.00	102.00
1650 - 1659.99		500.00	358.00	309.00	230.00	187.00	133.00	107.00
1660 - 1669.99			362.00	312.00	233.00	190.00	136.00	109.00
1670 - 1679.99			366.00	315.00	236.00	194.00	141.00	111.00
1680 - 1689.99			370.00	319.00	240.00	198.00	143.00	112.00
1690 - 1699.99			373.00	322.00	244.00	200.00	145.00	114.00
1700 - 1709.99			377.00	326.00	246.00	203.00	147.00	119.00
1710 - 1719.99			381.00	329.00	249.00	205.00	149.00	121.00
1720 - 1729.99			385.00	333.00	251.00	208.00	152.00	123.00
1730 - 1739.99			390.00	336.00	254.00	217.00	156.00	124.00
1740 - 1749.99			396.00	340.00	257.00	219.00	158.00	126.00
1750 - 1759.99			401.00	344.00	260.00	222.00	160.00	130.00
1760 - 1769.99			408.00	347.00	264.00	224.00	162.00	132.00
1770 - 1779.99			413.00	350.00	268.00	227.00	164.00	134.00
1780 - 1789.99			419.00	353.00	271.00	230.00	172.00	136.00
1790 - 1799.99			425.00	357.00	274.00	234.00	174.00	137.00

SCHEDULE V - FOR DETERMINING LEGALLY RESPONSIBLE RELATIVE'S CAPACITY TO CONTRIBUTE TO SUPPORT
(To be used for all LRRs other than those coming under the provisions of Schedule IV.)

Gross Monthly Income	Monthly Capacity to Contribute by Family Unit Size							
	1	2	3	4	5	6	7	8
\$1800 - 1809.99			\$430.00	\$361.00	\$277.00	\$236.00	\$176.00	\$139.00
1810 - 1819.99			435.00	365.00	280.00	239.00	178.00	145.00
1820 - 1829.99			441.00	369.00	283.00	242.00	180.00	147.00
1830 - 1839.99			445.00	373.00	286.00	244.00	188.00	149.00
1840 - 1849.99			450.00	376.00	289.00	247.00	190.00	151.00
1850 - 1859.99			456.00	381.00	292.00	249.00	192.00	152.00
1860 - 1869.99			462.00	386.00	295.00	252.00	194.00	159.00
1870 - 1879.99			468.00	390.00	298.00	255.00	197.00	161.00
1880 - 1889.99			475.00	396.00	305.00	257.00	200.00	163.00
1890 - 1899.99			483.00	400.00	309.00	260.00	204.00	165.00
1900 - 1909.99			490.00	405.00	313.00	263.00	206.00	166.00
1910 - 1919.99			496.00	410.00	318.00	264.00	208.00	170.00
1920 - 1929.99			505.00	415.00	324.00	269.00	210.00	174.00
1930 - 1939.99				421.00	330.00	273.00	212.00	175.00
1940 - 1949.99				428.00	336.00	276.00	214.00	177.00
1950 - 1959.99				435.00	342.00	280.00	217.00	179.00
1960 - 1969.99				440.00	347.00	285.00	220.00	181.00
1970 - 1979.99				448.00	353.00	290.00	224.00	183.00
1980 - 1989.99				455.00	360.00	295.00	228.00	185.00
1990 - 1999.99				463.00	366.00	300.00	235.00	187.00
2000 - 2009.99				470.00	374.00	305.00	240.00	189.00
2010 - 2019.99				478.00	380.00	310.00	245.00	191.00
2020 - 2029.99				485.00	388.00	315.00	250.00	193.00
2030 - 2039.99				492.00	396.00	320.00	254.00	196.00
2040 - 2049.99				500.00	404.00	325.00	258.00	200.00
2050 - 2059.99					410.00	330.00	264.00	204.00
2060 - 2069.99					416.00	335.00	268.00	208.00
2070 - 2079.99					424.00	340.00	274.00	212.00
2080 - 2089.99					430.00	345.00	278.00	215.00
2090 - 2099.99					437.00	350.00	285.00	220.00
2100 - 2109.99					445.00	355.00	290.00	225.00

For each \$20 increase in income, increase capacity \$5.

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SCHEDULE V - (continued)

Legally Responsible Relative's Family Size Is 9 or more:

1. If the LRR's gross monthly income is less than \$1200, there is no monthly capacity to contribute to support.
2. If the LRR's gross monthly income is \$1200 or more, proceed as follows:

10% of each \$100 over \$1200 shall be the LRR's capacity to contribute to the support of the client.

VI OTHER RESOURCES

1. Resources are defined as all cash and real or personal property which is within the control of one or more members of the eligible unit or to which the member(s) may have a valid claim. The agency is required by law to consider all such income and resources (except as outlined in paragraph 3 of this Section) in determining the amount of assistance to be granted.
2. Each member of the eligible unit shall identify all his resources for the agency, shall participate in their evaluation and, if indicated, shall participate in the planning and carrying out of their liquidation. The failure of an eligible unit member to so identify such resources and so participate in planning and/or liquidation shall render that unit ineligible for assistance.
 - a. Liquidation of resources shall be undertaken and completed as promptly as the nature of the resource and the circumstances permit.
 - b. Liquidation or conversion of a resource to an expendable form will create available cash, and the agency shall take prompt and appropriate action to redetermine eligibility or adjust the payment as indicated.
3. The following shall be exempt resources and shall not be considered in determining the amount of assistance to be granted.
 - a. Real property owned by the eligible unit or spouse and used as a home by the eligible unit or spouse, together with so much of the land on which the house stands as is reasonably necessary for the maintenance of the house.
 - b. Personal property which is used or likely to be used.
Included are:
 - 1) House furnishings and clothing in regular use. Furnishings or clothing in storage may be deemed to be exempt in the presence of a reasonable plan for their use.
 - 2) 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.

VI-3. (continued)

c. Automobile, when at least one of the following conditions exists:

- 1) the automobile would, if sold, produce less than \$500. net revenue to the eligible unit; or
- 2) no other transportation is available; or
- 3) illness or infirmity of a member of the eligible unit prevents use of other transportation; or
- 4) an automobile is necessary to obtain or retain employment or is essential as an incentive to self-help.

d. Life Insurance policies.

e. 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.

f. Any asset, real or personal, the liquidation of which would produce no net revenue to the eligible unit.

g. 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.

h. Supplemental aid by other agencies or organizations, whether public or private, provided that

- 1) there is no duplication between such aid and the assistance grant; and
- 2) such aid is for a special purpose not within the function of the public assistance agency (for example, vocational rehabilitation).

i. Occasional gifts and contributions of nominal amount or value, such as those received on birthdays, Christmas, and other holidays.

VI (continued)

4. 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 of pensions, unfulfilled contracts or obligations, etc., such interests constitute personal property and are potential resources which must be recognized.

- 1) 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 extended during such period or the amount received as the result of the claim, whichever is less.

VII MEDICAL PAYMENTS

General Policy: By law [44:8-124] medical care is specifically identified as an item of need authorized to be met. Furthermore, the law [44:8-125] provides for the granting of assistance to supplement inadequate income. It shall therefore be understood that individuals who are normally self-supporting may receive assistance to defray the cost of medical care and related services, where there is insufficient income to meet such costs as determined by State standards.

1. Physician's Services (M.D. or D.O.)

Policies and allowances for physicians' services currently in operation in any municipality, regardless of whether or not any such plan is based on a formal agreement with the County Medical Society, are hereby authorized to be continued, except for provisions, if any, which may be in conflict with the policy and procedures stated herein.

a. General Policy

- 1) Eligible services for which payment may be made are limited to those provided by fully licensed physicians (i.e., M.D. or D.O.) to recipients in their own or other family homes, in the office of physicians, in an intermediate care facility, in some licensed nursing homes and eligible infirmary section of homes for the aged, or in an eligible boarding home arrangement.

Physicians who are employed by the municipality, at a salary or other basis of compensation, on a continuing arrangement which requires that they shall render services to recipients of municipal assistance and/or other low-income inhabitants of the community, are not eligible for the "fee-for-service" allowances authorized in these regulations.

- 2) Payment to physicians will not be authorized for services rendered to:
 - a) Recipients after admission to and while confined in public or private general hospitals, or
 - b) Recipients in the Outpatient Department of hospitals, or clinics not associated with a hospital, or
 - c) Recipients who are residents in any public medical institutions, or

VII- 1. a. 2) (continued)

d) Recipients who are residents of licensed nursing homes, intermediate care facility, or of nonprofit or charitable institutions, when the physician is the owner, operator, or stockholder of the nursing home or is employed or retained by the nursing home or by the nonprofit or charitable institution.

The above limitations do not apply to payments made by the carrier under Part B of Medicare with respect to recipients aged 65 and over.

3) The recipient shall, so far as possible and reasonable, be permitted to exercise free choice of physician. In the event a recipient has no physician, or his personal physician is not available, the welfare department may assist him in obtaining a physician.

b. Maximum Allowances for Care and Treatment

The payment for eligible physician services shall not exceed the following schedule:

Office Visit to Non-specialist (GP)	\$6.00
Home Visit by Non-specialist (GP)	9.00
Distance (Home) Visit	12.00
Night (Home) Visit	11.00
Night and Distance (Home)	14.00
Office Visit to Specialist	8.00

- 1) Distance allowance, not to exceed \$3.00, in addition to Home Visit (or Night Visit, if appropriate) may be made when the distance is in excess of five (5) miles one way from the physician's home or office.
- 2) Information as to the schedule of payments for specific medical services may be obtained from the Field Representative of the Bureau of Local Operations, Division of Public Welfare.

c. Special Policy Governing Use of Medical Specialty Consultant Evaluation Service

1) Definition

Medical Specialty Consultant Evaluation Services are those services provided by a medical specialist whose
(continued)

VII- 1. c. 1) (continued)

advice and recommendations are requested by another physician or by the municipal welfare department with respect to the evaluation and/or treatment of a patient.

2) Maximum Allowances for Medical Specialty Consultant Evaluation Service

The following schedule of fees is exclusive of laboratory, x-ray and other special diagnostic studies which may be required.

- a) Diagnostic Consultation and Report (ophthalmologic includes refraction; otological includes audiometric screening) other than psychiatric or neurologic.....\$25.00
- b) Diagnostic Consultation requiring complete psychiatric or complete neurological examination or complete neuro-psychiatric examination, with detailed Report.....\$35.00

3) Limitations on Payment

Payment of the above allowance is to be approved only when:

- a) the specialist has received prior authorization from the Agency to perform the diagnostic evaluation; and
- b) the examination is performed by a qualified specialist (i.e., eligible for or certified by the appropriate American Board; or recognized by hospital, community and peers as a specialist, and practice is limited to the specialty). See current Membership Directory of the Medical Society of New Jersey.

VII. (Continued)

2. Diagnostic Evaluation (Mental)

When it is necessary to secure professional diagnostic evaluation of the mental capacity or condition of a client (child or adult) the agency is authorized to secure the examination from the following facilities in the order of preference named:

a. Local Clinic

Whenever possible the examination should be obtained in an existing psychiatric, mental health or guidance clinic or center which is established to provide a multi-discipline evaluation by a psychiatrist, psychologist and psychiatric or medical social worker as necessary.

In respect to payment for the examination, the principle shall apply that if the clinic provides service without charge to any persons who do not receive public assistance, then public assistance clients are also entitled to the service without charge; if a minimum fee has been established for all persons then such minimum up to the maximum allowable under Medicaid rates may be paid for an assistance client.

Whenever an appointment is made with a local clinic, a form letter entitled "Request for Mental Evaluation" shall be sent. (See Attachment II to 2.300A for sample letter with instructions.)

b. Private Psychologist or Psychiatrist

The services of a psychologist (for psychometric examination - measurement of intelligence) or a psychiatrist (for evaluation of emotional or mental problems or behavior) may be purchased for a client.

Whenever an appointment is made with a private psychologist or psychiatrist, a form letter entitled "Request for Mental Evaluation" shall be sent. (See Attachment II to 2.300A for sample letter with instructions.)

c. Diagnostic Center, Menlo Park

When neither of the facilities in a. or b., above, is available, or the situation is urgent and an appointment cannot be arranged promptly at a local facility, the agency may request an appointment at the Diagnostic Center, Menlo Park. Any such request shall include an explanation that the examination cannot be arranged locally.

(continued)

VII- 2. c. (continued)

The Diagnostic Center provides analysis of the mental capacity, personality and character of individuals. Its primary function is to study and evaluate offenders referred by the Juvenile Courts. It is authorized by law and will provide service on referrals by public and private agencies in the situations described above.

The in-patient department is open to children between 8 and 18 years of age. The maximum stay is 90 days.

The out-patient department is open to children and adults.

3. Miscellaneous Medical Care Services

a. Payment may be made for the following when the item or service has been recommended in writing by a licensed physician:

- 1) Drugs
- 2) Blood, blood plasma, infusions
- 3) Hearing Aids
- 4) Prosthetics
- 5) Oxygen

b. Payment may be made for the following when recommended in writing either by a licensed physician or an appropriate licensed practitioner:

- 1) Dental service and dentures
- 2) Eyeglasses and other visual prosthetics
- 3) Chiropody service (other than normal pedicure service)

In respect to the above items or service, [under a. and b.] the authorized allowance is whichever of the following is less:

The maximum price or fee established by the local agency as part of a formal medical care plan in association with professional groups, or as the result of working agreement with or notice to the vendors of such goods and services, or

The maximum price or fee established under the Medicaid Program.

VII-3. (Continued)

In respect to allowances for an item of medical equipment or supply, if a quoted cost appears to the agency to be unreasonable or a normal or prevailing cost of the item in the community is not known, it is recommended that two or more estimates be obtained or a statement from the provider that the cost does not exceed the lowest charge for the same item to any other governmental agency or person in the community. (The above does not apply to practitioner's services for which a schedule of appropriate maximum fees may be obtained from the Bureau of Medical Affairs.)

It is, of course, recognized that emergency situations may arise in which the item must be authorized and procured without obtaining estimates in advance. In such situations, every effort shall be made to procure the item at minimum cost, or to effect reasonable adjustment of charges which appear to be excessive.

4. Visiting Nurse Services

Allowances for services of Visiting Nurse Associations may be made upon written order of the attending physician provided the client is not entitled to such services without cost. The prevailing rate established under Medicaid for the specific VNA shall apply.

5. Maternity Home Care

Health Care shall include maternity home care for an eligible child who is an expectant mother. The approved all-inclusive rate for such care shall be \$160 per month. (See Attachment #3 for list of approved homes.)

6. Patient Care (Chronically Ill)

a. General Policy

It is recognized that a client because of a defect, disease or impairment, may require care in a proprietary licensed nursing home or public medical institution for the care of the chronically ill. [For patient care in general hospitals (public or private) serving the acutely ill see G.A. 2.301.]

A monthly allowance for patient care in a proprietary licensed nursing home or public medical institution for the care of the chronically ill is authorized only when

(continued)

VII-6. a. (continued)

- 1) a physician certifies that the client has a defect, disease or impairment (other than tuberculosis or psychosis) and is in need of patient care, by completion of Form GA-18. [See G.A. 2.300A, Attachment #1]

It is recognized that the physician's recommendation is of primary importance. However, the agency shall also evaluate the social situation, and when appropriate, discuss with the physician whether in his opinion the client can receive adequate care in the home of a relative or in a boarding home. Furthermore, the fact that a person is already residing in a proprietary licensed nursing home or public medical institution is not in itself conclusive evidence that he is in need of continuing patient care in such a facility.

- 2) there is no person available who will perform the necessary care and services without cost to the client.
- 3) Form GA-18 is completed in duplicate by the attending or staff physician and by the operator of the nursing home or superintendent of the institution, as appropriate, one copy being filed in the agency's case record, the second copy being retained by the nursing home or institution.

b. Patient Care Rate and Budget Allowances

- 1) Licensed Nursing Homes

- (a) Maximum Rate

The maximum allowable monthly rate for patient care in a licensed nursing home shall be established by the Commissioner, Department of Institutions and Agencies. Rate for a specific nursing home may be obtained directly from the Bureau of Local Operations, Division of Public Welfare.

- 2) Public Medical Institution (Chronically Ill)

The maximum allowable monthly rate for patient care in an eligible public medical institution shall be established by the Commissioner, Department of Institutions and Agencies. Rate for a specific public medical institution may be obtained directly from the Bureau of Local Operations, Division of Public Welfare.

(continued)

VII. 6. b. 2) (Continued)

Allowances for clients who are patients in public medical institutions shall include the allowance for patient care, clothing and personal incidentals as needed, and special medical care items or service as authorized in this subsection VII.

3) Effect of Unauthorized Allowances

When the amount paid for patient care exceeds the maximum allowances authorized in this regulation, and regardless of whether or not the agency pays any part of this amount, any assistance payment to or on behalf of such client will not be subject to State matching unless specific prior approval has been secured from the Division.

7. Physical Restorative Services

(Physical Therapy, Occupational Therapy, Speech Therapy)

a. Physical, occupational and speech therapy may be provided for clients for a maximum period of three months in any one year without prior authorization from the Division of Public Welfare provided the:

1) Physical Therapy

- a) has been prescribed in writing by a licensed physician and the therapy is given under the direction and supervision of a physician;
- b) treatment is provided by a therapist who is a graduate of a school or approved curriculum of physical therapy approved by the Council on Medical Education and Hospitals of the American Medical Association;
- c) is part of a planned physical restoration program for assisting patients in achieving their maximum potential for self-care and independence;
- d) is not purely palliative such as the application of heat per se, in any form, massage, routine calisthenics or group exercises, assistance in any activity or use of a simple mechanical device not requiring the special skill of a qualified physical therapist;
- e) is not otherwise available without cost to the client.

VII. 7. a. (Continued)

2) Occupational Therapy

- a) is medically prescribed functional activity to aid recovery from disease or injury;
- b) treatment is provided by a therapist who is a graduate of a school of occupational therapy approved by the Council on Medical Education and Hospitals of the American Medical Association;
- c) is part of a planned physical restoration program to assist patients in achieving their maximum potential for self-care and independence;
- d) is not provided primarily for diversional, recreational or social purposes;
- e) is not otherwise available without cost to the client.

3) Speech Therapy

- a) is recommended by a physician;
- b) is provided by a speech therapist who has, or is eligible for, a Basic or Advanced Certificate in Speech from the American Speech and Hearing Association;
- c) is part of a planned rehabilitation program, the goal of which is to enhance the patient's ability to communicate because of a speech impairment resulting from a disease or injury;
- d) is not otherwise available without cost to the client.

b. Maximum allowances authorized for such therapies.

Allowances for such therapies shall not exceed the maximums payable under the Medicaid Program. Information as to the schedule of allowances for a specific service from a specific vendor may be obtained directly from the Field Representative of the Bureau of Local Operations.

VII. 7. (Continued)

c. Prior Approval

Prior Approval is required from the Bureau of Medical Affairs of the Division of Public Welfare for physical restorative services only when the

- 1) physical, occupational or speech therapy exceeds 65 treatment sessions in any one calendar year,
- 2) physical, occupational or speech therapy treatment is not provided on a continuous (minimum of 4 treatment sessions per week) basis; (i.e., therapy prescribed and provided only once, twice or three times weekly).

d. Authorization Procedure for Municipal Welfare Departments

1) Physical Therapy, Occupational Therapy, Speech Therapy

a) Request for authorization to the municipal welfare department shall include a signed statement from the attending physician or submission of a copy of the physician's signed prescription for therapy on the treatment or work record form as used by the institution or independent practitioner (therapist).

b) The following essential information must be provided:

- (1) Name of patient
- (2) Birth date
- (3) General Assistance case number (if any)
- (4) Diagnosis
- (5) Functional Status or Degree of Incapacity, bedridden, chairfast, independently ambulatory, ambulatory with assistance, able to dress self, able to care for toilet needs, etc.
- (6) Treatment prescribed
- (7) Purpose or goal of treatment
- (8) Frequency and duration of treatments required
- (9) Approximate date of next examination or evaluation by physician
- (10) Progress report to date
- (11) Prognosis

VII. 7. (Continued)

e. Billing Procedure

1) An official invoice voucher must be submitted monthly for each eligible patient receiving therapy during the month.

a) Attached to voucher must be a copy of the physical therapy, occupational therapy, or speech therapy treatment or work record form containing at least the following essential information:

- (1) Name of patient
- (2) Birth date
- (3) General Assistance Case Number (if any)
- (4) Diagnosis
- (5) Functional Status or Degree of Incapacity: bedridden, chairfast, independently ambulatory, ambulatory with assistance, able to dress self, able to care for toilet needs, etc.
- (6) Treatment prescribed
- (7) Frequency and duration of treatment
- (8) Name of attending physician
- (9) First treatment date
- (10) Actual dates of each treatment session
- (11) At least one progress note by treating therapist during each calendar month patient received therapy

2) Every other calendar month in which patient receives therapy, a statement from the attending physician must be attached to voucher in addition to the treatment or work record form indicated above. This statement must be personally signed by the physician and should include a current progress report; a statement as to prognosis and an estimate of the number of additional therapy treatments required.

8. Immunizations and Vaccinations

a. Measles Vaccinations

The Municipal Welfare Department is authorized to encourage and allow payment for the measles vaccination of eligible children, subject to the following limitations:

- 1) Authorizations shall be limited to children between the ages of 9 months and 6 years, but including older susceptible children who are members of the same household.

(continued)

VII. 8. a. (Continued)

- 2) Where community facilities (child health centers, pediatric or other hospital clinics, mass immunization programs, etc.) are readily available for the free administration of the vaccine, these shall be utilized.

b. Sabin Oral Poliomyelitis Vaccine

The Municipal Welfare Department is authorized to encourage and allow payment for **Sabin** oral poliomyelitis vaccine for eligible children, subject to the following limitations:

- 1) Where community facilities (child health centers, pediatric or other hospital clinics, mass immunization programs, etc.) are readily available for the free administration of the vaccine, these shall be utilized.
- 2) Payment, not to exceed the maximum allowance under the Medicaid program, may be authorized when each dose (i.e., Type 1, 2, and 3) and booster of oral Sabin vaccine is dispensed.

9. Outpatient Facilities - Mental Health

a. State Mental Hospital Facilities

The State operated facilities for outpatient treatment provide only those services which cannot or are not being provided and made otherwise available through nongovernment sources.

The maximum allowance which may be authorized for such outpatient services shall be the minimum fee for which such service is supplied to non-recipients of assistance.

b. Community Mental Health Facilities (Governmental and Voluntary)

An allowance to "purchase" diagnostic and/or treatment services in community mental health facilities may be authorized in cases where the agency determines that the service is appropriate and essential for the client in accordance with the following provisions:

- 1) The facility does in fact charge a minimum fee to be paid by or on behalf of all persons (other than persons covered by group contract or agreement) for whom such service is provided;

VII. 9. b. (Continued)

- 2) The General Assistance client for whom the service is provided does not fall within any group or class of persons for whom the facility is already under contract or agreement with another party (including a governmental agency or unit) to provide such service;
- 3) If public funds, other than public assistance funds, have been appropriated for the purchase of such services through contract, lump-sum or per unit payment, then it shall be deemed a service available to the client without cost unless the appropriating body shall have specifically limited the benefits of the appropriation to a class of persons of which the client is not a member;
- 4) The assistance payment or allowance for the service shall not be greater than the minimum fee which the facility otherwise charges for the same service to persons who are not receiving public assistance;
- 5) The allowance shall not exceed the approved rate for such service as established under Medicaid, or, in the absence of an approved rate, the lowest amount for which the organization is supplying the service to persons in the community either directly or through other agencies.

**CERTIFICATION OF NEED FOR PATIENT CARE IN FACILITY
OTHER THAN PUBLIC OR PRIVATE GENERAL HOSPITAL**

G.A. 2.300A
Attachment #1

To be completed by Public Assistance Agency _____ <i>(Identify Agency)</i>	
Case Name _____	Registration No. _____
Home Address _____	
Birth Date (or age) _____ <i>(Circle correct letter)</i>	Sex: M F <i>(Circle correct word)</i>
Street _____	Municipality _____
Veteran: Yes No <i>(Circle correct word)</i>	
County _____	
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

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

[Use for local clinic, psychologist or
psychiatrist. Prepare in duplicate,
keeping carbon copy on file.]

REQUEST FOR MENTAL EVALUATION

(Date)

FROM: _____
(Title of Municipal Welfare Department)

Re: # _____

(Client's Name) (Age)

TO: _____

(Address)

The above person is receiving General Assistance. It appears necessary to obtain a [insert psychological, psychiatric or both as appropriate] evaluation for the following reasons:

[Explain the basis for the request; e.g., recommended by school or family physician, etc., or worker's knowledge of behavior problems, family relationship problems, etc. Attach copy of any available medical reports or recommendations.]

Please include in your report your recommendations for care, training and/or treatment, including the need for institutionalization.

Return any reports which are attached to this letter together with your report and bill.

Very truly yours

Director of Welfare

APPROVED MATERNITY HOMES

Atlantic County

Florence Crittenton Mission
29 South Boston Avenue
Atlantic City

Essex County

William R. Ward Memorial Home
2 Ogden Street
Newark

St. Martha's Residence
294 Mt. Prospect Avenue
Newark

Hudson County

Salvation Army Door of Hope Home and Hospital
503 Garfield Avenue
Jersey City

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

Mary Anne Manor
73 Hillside Avenue
Kenville

VIII EMERGENCY ASSISTANCE

1. Emergency Assistance payments may be issued to or for an eligible unit otherwise receiving continuing assistance according to the preceding Sections. Such payments shall be made as vendor payments (to the maximum extent feasible) or payments to the eligible unit or a combination of both.

An eligible unit may receive Emergency Assistance only under the conditions stated in paragraph 2.

2. When (1) there has been substantial loss of shelter, food, clothing or household furnishings by fire, flood, or other similar natural disaster; or when (2) because of an emergent situation over which they had no control or opportunity to plan in advance, the eligible unit is in a state of homelessness; and the Municipal Welfare Department determines that the providing of shelter and/or food and/or emergency clothing, and/or minimum essential house furnishings are necessary for health and safety, such needs may be recognized in accordance with the regulations and limitations in the following paragraphs:

- a. Emergency Shelter

When an actual state of homelessness exists or is manifestly imminent, the Municipal Welfare Department shall authorize payment of 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 becomes known.

- b. Emergency Food Allowance

When food is not available from any other source, an amount of \$1.00 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).

- 1) When it is necessary to provide temporary living arrangements for a family by utilizing emergency shelter in a hotel, motel, or other facility in which cooking facilities are not available or are determined by the Municipal Welfare Department to be inadequate, payments for restaurant meals, not to exceed \$2.50 per person per day, may be authorized.

VIII-2. (continued)

c. Emergency Clothing Allowance

When necessary, payments to enable members of the eligible unit to purchase minimum essential clothing for physical health and safety may be granted, not to exceed the amounts stated below:

Age	Amount
Adult	\$72.00
Child: 12-21	60.00
Child: 5 thru 11	40.00
Child: Birth thru 4	24.00

d. Emergency House Furnishings Allowance

Allowances for those items deemed urgent and essential to the physical health and safety of the eligible unit shall not exceed the maximums listed below. Furnishings to be authorized may be new items or available used items if in good condition, on a selective basis. The maximum allowances stated below are applicable to new items; where satisfactory used items are available and purchase of same is specified by the Municipal Welfare Department, the allowances shall be proportionately less, to be determined in the sound and reasonable discretion of the welfare department.

Number of Persons in Eligible Unit	1	2	3	4	5	6
<u>Kitchen Furnishings:</u>						
Range	\$100	\$100	\$100	\$100	\$100	\$125
Refrigerator	180	180	180	180	180	180
Dinette Set	45	45	65	65	65	85
Kitchen Equipment	50	50	50	60	60	60
<u>Living Room Furnishings:</u>						
Chair(s)	35	35	70	70	70	70
Studio Couch	90	90	90	90	90	90
Table	20	20	20	20	20	20
Lamp	10	10	10	20	20	20
Floor Covering	15	15	15	15	15	15
Window Covering	\$ 2 per window					
<u>Bedroom & Bath Furnishings:</u>						
Box Spring, Mattress, & Frame	\$90 per set					
Chest	32 per person					
Bed & Bath Linens and Misc.	\$28 per person					
Furnishings						

IX SERVICE PAYMENTS

Service payments as enumerated in this Section may be made through General Assistance, in accordance with the following regulations. Such payments are in addition to and not limited by the maximum assistance allowances in Schedules I and II.

A. Child Care

1. Child care for the purposes of this section means arrangements for care of a child in a "Day Care Center", "Family Day Care Home", "In Home Care" or "Day Camp".
2. Child care may be provided when the Municipal Welfare Department determines that such care is essential because of any one or more of the following:
 - a. The parent who normally cares for the child is employed, is in training for employment, or is in a program of vocational rehabilitation.
 - b. Illness, death and/or other disruption in family living has created problems and on the basis of social and/or medical diagnosis child care is necessary.
3.
 - a. Provisions for child care as an incident to training for employment, or incident to a program of vocational rehabilitation, are in many instances arranged and financed by the special training or rehabilitation program involved (e.g., Bureau of Children's Services, Blind Commission, Rehabilitation Commission, etc.).
 - b. When expenses of child care are not financed by another program or agency, the Municipal Welfare Department will ordinarily provide essential child care by purchase from and direct vendor payment to the agency or facility actually furnishing the approved (see d. below) child care service.
 - c. When the approved arrangements for child care service are for "In Home Care" and are such that there is no identified agency, facility, or vendor-person to which payment can be made, payment may be claimed by and paid to the client who has been authorized to purchase such services herself. Such payment shall not be authorized for services provided by legally responsible relatives.
 - d. Authorizations for child care are limited to day care centers and day camps which have been approved by the Department of Education or Bureau of Children's Services, whichever is applicable, and to family day care homes and "In Home Care" arrangements approved by the Bureau of Children's Services or the Municipal Welfare Department.

IX-A. (continued)

4. Day Care Center

- a. "Day Care Center" means group care for children, usually 2-5 years old, which includes supervised educational work and play experiences under the direction of a trained teacher. Day care centers, which provide care, for a fee, to more than five children between the ages of 2-5, are required by law to be approved by the State Department of Education. Where a facility not subject to approval is operating as a day care center, the suitability of the facility should be evaluated and its use approved by the Bureau of Children's Services.
- b. The maximum allowable rate for care in a day care center, regardless of the source of sources of such payment, shall not exceed the applicable rate for the particular facility and class of service as determined by the Bureau of Children's Services. This rate shall be construed to be inclusive of all transportation costs pertaining to attendance at the day care center.

5. Family Day Care

- a. "Family Day Care" means care for any age child, by a day care mother in her own home; family day care may also be a home for after school care. The suitability of any family home for use as a family day care home should be evaluated and approved by the Municipal Welfare Department or the Bureau of Children's Services.
- b. The maximum allowable rate for family day care, regardless of the source or sources of such payment, shall not exceed any of the following, depending upon which is applicable:

\$3. per day per child (one day of care shall be interpreted to mean a minimum of 6 hours of care), or

\$15. per child per week (one week of care shall be interpreted to mean a minimum of 30 hours of care), or

\$65. per child per month (one month of care shall be interpreted to mean a minimum of 130 hours of care).

The maximum allowable monthly rate for family day care shall not exceed \$200. for four or more children.

IX-A.-5. (continued)

- c. The maximum allowable rates as identified in the preceding section shall be construed to mean full payment for all services to be provided by the family day care home. No additional allowances or costs shall be recognized except that when it is essential for physical health and safety, the costs of transporting a handicapped child to and from the family day care home may be authorized.

6. In Home Care

- a. "In Home Care" means care for any age child in the child's usual home.
- b. Payment for "In Home Care" is authorized only when there is no one available who will perform the service without cost and this care is essential because one or more of the following is existent:
- 1) a day care center or family day care home is not available; or
 - 2) the child is too young to attend a day care center or family day care home; or
 - 3) there are verified medical and/or social reasons which demonstrate that care in a day care center and/or family day care home would not be in the best interests of the child.
- c. The authorized rate for "In Home Care" shall be deemed to be for all services and supervision pertaining to the care of the children and are not for the performance of household tasks unrelated to child care.
- d. Payment for "In Home Care" shall be the actual cost but not to exceed \$1.25 per hour for all children in the home requiring this care and shall not exceed \$50. per week. The employer's share of Social Security taxes, if applicable shall be recognized, when due, as a vendor payment.
- e. The authorized payment for "In Home Care" shall be deemed to be the full cost for such services and no additional amounts shall be recognized.

IX-A.- (continued)

7. Day Camp

- a. "Day Camp" is construed to mean either the operation of day care center services in an outdoor rather than an indoor setting, or other supervised group care for children with a planned recreational and educational program in an outdoor setting.
- b. The use of a day camp is permitted as an alternate form of child care during periods when other facilities are unavailable or in situations where, in the judgment of the Welfare Department, such care is considered necessary or desirable.
- c. The maximum allowable rate for care in a day camp, regardless of the source or sources of such payment, shall not exceed the applicable rate for the particular facility and class of service as determined by the Bureau of Children's Services. This rate shall be inclusive of all transportation costs except that when it is essential for physical health and safety, the costs of transporting a handicapped child to and from day camp may be authorized.

D. HOMEMAKER SERVICE

1. When not otherwise available without cost, homemaker service may be purchased for a person or persons for whom illness, death or other disruption in normal family living has created problems and for that reason homemaker service is essential.
2. Such purchase may be made by direct contractual arrangement and payment between the Municipal Welfare Department and the community agency furnishing approved homemaker service or an individual who is mutually acceptable to the client and the Welfare Department.
3. Homemaker service shall be provided only for a person(s) who lives alone or as a member(s) of a family group.
4. Homemaker service, when purchased, shall be at the most reasonable rate for which the service can be obtained.

C. TRAVEL COSTS FOR HEALTH CARE

Provision of transportation necessary for eligible persons to secure and use health services and resources, when such transportation is not available from any other source, shall be recognized as a service. Such service may be purchased by the agency, or purchased by the client with prior authorization by the agency, at the most reasonable rate obtainable.

X. FUNERAL AND BURIAL EXPENSES

1. Eligibility For Purposes of State Aid

- a. For purposes of State Aid, the Division of Public Welfare authorizes the payment of funeral and burial expenses provided that:
- 1) Total cost is not in excess of \$500;
 - 2) All available resources (life insurance, OASDI death benefits, contributions by relatives or others, etc.), are explored and taken into account as applicable to the total cost;
 - 3) The amount to be paid from General Assistance funds to supplement any such resources is not in excess of \$350;
 - 4) When there are no resources to defray part of the expense the amount paid from General Assistance funds is not in excess of \$350.
- b. Classes of persons eligible for consideration of payment of burial expenses according to the above provision are limited to:
- 1) A person who is in active receipt of General Assistance at the time of death;
 - 2) A person who had applied within fifteen (15) days prior to death, but for whom no payment of General Assistance had been issued;
 - 3) A person who dies while a patient in a general hospital or in any private institution to which he had been admitted for temporary care, and who had been receiving General Assistance at the point of admission to such hospital or private institution;
 - 4) 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.

X. (Continued)

2. 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 paragraph. Such burials are governed by R.S. 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....."

Expenditures for such burials are not eligible for State Aid under Chapter 156 of the Laws of 1947.

XI INSTRUCTIONS FOR USE OF FORM GA-19:

COMPUTATION OF ELIGIBLE UNIT'S GRANT AND RECORD OF PAYMENTS

Form GA-19 shall be used to compute the eligible unit's grant and to record payment(s) for medical care and other payments such as child care, homemaker service, travel for health care, emergency assistance, and funeral expenses, in accordance with Sections I through X.

1. On the top line, enter name, case number, and date when the grant as computed on this GA-19 is effective.
2. Enter number in household and number in eligible unit.

Left hand column (front side):

3. Under INCOME, compute Total Income according to Section IV. For persons with earned income, initial eligibility must be established when such person(s) first applies (Section IV-3).
 - a. When no initial eligibility exists, computation may need to be completed in order to determine income available for medical payment. In such situations, computation is made without subtracting one-third of the remainder.
4. Under ALLOWANCE(S), enter the Maximum Allowance from Schedule I or II, or other allowances based on client's need as determined by the Municipal Welfare Department so long as total of such other allowances does not exceed the Maximum Allowance.
5. From Total Allowance, subtract Total Income (paragraph 3.). The Deficit is the amount of the regular monthly grant and is to be entered at the top of the form. If Total Income exceeds Total Allowance, there is a Surplus.
 - a. When a Surplus occurs, the individual or unit is not eligible for a regular monthly grant but may be eligible for payment for medical care (see paragraph 8.).

Center column (front side):

6. Under ACTION, check the appropriate box and give reason for action in space provided.

Right hand column (front side):

7. For each commitment month in which commitment for medical care is made, complete one of the MEDICAL PAYMENT blocks. Enter date of Commitment Month and date payment is actually made.
 - a. When a Surplus has resulted from the computation in the left hand column, enter this Surplus in the space provided. Subtract the Surplus from the Total Medical costs to determine the amount of payment to be made.

XI (continued)

Reverse side of Form G.A.-19:

8. Use additional MEDICAL PAYMENT blocks as needed.
9. Record all additional payments other than medical in spaces provided under OTHER PAYMENTS, in accordance with Section VIII (Emergency Assistance), Section IX (Service Payments), and Section X (Funeral and Burial Expenses).

New form:

10. A new Form GA-19 shall be prepared when:
 - a. there is a change in the regular monthly grant, regardless of whether or not all MEDICAL PAYMENT blocks have been completed; or
 - b. all MEDICAL PAYMENT blocks on both sides of the form have been completed; or
 - c. the case is terminated.

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	ACTION	MEDICAL PAYMENTS	
Gross Earned Income \$ _____	Check One: Initial Grant <input type="checkbox"/> Change in Grant <input type="checkbox"/> Grant Continues Unchanged <input type="checkbox"/> Termination <input type="checkbox"/> Reason: _____	Commitment Month: 19	
Cost if Self Employed _____		Medical Care: _____ \$ _____	
Net Earned Income _____		Total Medical _____	
-\$60. for each Employed Adult _____		Surplus (Subtract) _____	
Sub-total _____		Medical Payment for Month _____	
-1/3 of Remainder _____		Payment Month: 19	
Adjusted Earnings _____		MEDICAL PAYMENTS	
Other Income: (Identify) _____		Commitment Month: 19	
_____		Medical Care: _____ \$ _____	
_____		Total Medical _____	
_____	Surplus (Subtract) _____		
Total Income _____	Medical Payment for Month _____		
_____	Payment Month: 19		
ALLOWANCE (\$)			
Maximum Allowance _____	MEDICAL PAYMENTS		
or _____	Commitment Month: 19		
Other: _____	Medical Care: _____ \$ _____		
_____	Total Medical _____		
Total Allowance _____	Surplus (Subtract) _____		
Total Income (Subtract) _____	Medical Payment for Month _____		
Deficit _____	Payment Month: 19		
or _____			
Surplus _____			

(Record additional Medical Payments and Other Payments on reverse side)

Caseworker's Signature _____
Approved by

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
_____	_____	\$ _____

XII GLOSSARY OF TERMS

For the purpose of this Manual, terms shall be defined as follows:

adjusted earnings

- amount of earned income remaining after certain deductions have been subtracted from total gross earnings. This is the accountable amount to be used in determining the eligible unit's total income.

allowance

- the amount of money recognized in this Manual for a specific purpose.

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.

capacity of a legally responsible relative to support

- amount of contribution to be anticipated from an LRR.

categorical assistance

- Assistance for the Blind, Disability Assistance, Assistance for Dependent Children, Old Age Assistance, and the Cuban Refugee Program.

deficit

- the balance remaining when total income of an eligible unit is less than the unit's total allowance.

earned income

- gross earnings received from employment.

eligible unit

- the person or persons in a household who apply for and are eligible to receive General Assistance.

emergent situation

- a sudden and urgent occasion calling for immediate financial assistance, recognized in this Manual when the occurrence is one over which the eligible unit had no control or opportunity to plan in advance.

exempt resource

- a resource which is not to be considered in computing extent of need and is not subject to liquidation.

XII (continued)

- family size** - in an LRR's household, those persons so identified in Section V - E. and F. (members of the eligible unit are not included).
- gross earned income** - total earned income of the eligible unit before any deductions are subtracted.
- he/his/himself** - inclusive pronoun referring to a person, male or female.
- head of household** - the individual who is recognized by other members of the household as having primary responsibility for financial control and direction of the household.
- homelessness, state of** - when the physical health and safety of an eligible unit, through no fault of members, is imperilled by a substantial loss of shelter.
- household** - the persons living together as a family unit, regardless of relationship or eligibility for other public assistance programs.
- LRR** - legally responsible relative.
- maximum assistance allowance** - the money amount recognized in this Manual for the needs of an eligible unit, according to its size, number in the household, and applicable program.
- monthly amount** - the amount of money required or provided for one month (computed on the basis of 30 days or 4 1/3 weeks).
- monthly grant** - amount of money payment to be made each month to an eligible unit.
- needy person** - a person who lacks sufficient income and/or resources to maintain the public assistance level of living.

XII (continued)

- | | |
|--|---|
| net earned income | - in self-employment, the net income as determined by subtracting the cost of producing the income from the gross proceeds. |
| 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. |
| per capita | - an amount equal to one individual's share of the total. |
| potential resource | - a resource which, through liquidation, will provide cash for the use of the eligible unit or for reimbursement to the agency. |
| relatives, legally responsible | - relatives held to be legally responsible by the laws of this State, as identified in Section V-A. |
| spouse | - husband or wife of a specified individual. |
| State office | - Division of Public Welfare in Trenton. |
| surplus | - the difference when total income of an eligible unit is greater than the unit's total allowance. |
| total income | - sum of all income of the eligible unit, including adjusted earnings and unearned income. |
| vendor payment | - check drawn to the order of a person who has provided goods or services to or for member(s) of an eligible unit. |

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

June 10, 1974

TO: MUNICIPAL WELFARE DIRECTORS

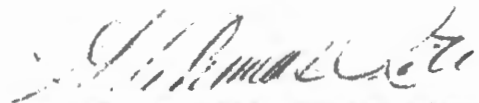
Subject: Revised Allowance Schedules for General Assistance Manual
Section 2.300A

Increases in General Assistance standards are as indicated on revised
Schedules I, II and III, effective July 1, 1974.

Directions for Filing in Manual:

<u>Remove and Destroy</u>	<u>Insert in Place Thereof</u>	<u>Effective Date</u>
page 5 (9/71)	page 5	7/74
page 6 (1/73)	page 6	7/74
page 11 (1/73)	page 11	7/74

Sincerely yours,



G. Thomas Riti, Acting Director
Division of Public Welfare

GTR:MPH:m

Attachments