N.J. Dept. of Institutions and Agencies.

Division of Welfare.

Bu reau of Assistance.

MANUAL OF ADMINISTRATION , vol. 3 (Part 2300)

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DO NOT CIRCULATE

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CHAPTER 2300

DETERMINATION OF FINANCIAL NEED

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2300. DETERMINATION OF FINANCIAL NEED

.1 General Statement

Applies in ADC.

2310. GRANT ADJUSTMENTS FOR NON-RECURRING MEDICAL CARE ALLOWANCES

Applies in ADC.

2320. SUPPORT ORDERS AS A RESOURCE

Applies in ADC.

The following additional instructions applicable to the ADC program only shall be observed:

An order to support may not be placed upon a putative father of a child born out-of-wedlock.

In a situation where a county director of welfare has placed an order to support on a deserting parent, such information shall be forwarded to the county prosecutor at the time of filing Form ADC-32, Notice to County Prosecutor of Alleged Desertion, or concurrently with issuance of the order if placed subsequent to filing Form ADC-32.

2300. DETERMINATION OF FINANCIAL NEED

General Statement

Applies in ADC.

2300. DETERMINATION OF FINANCIAL NEED

General Statement

The basic policy and procedure for determination of "need" is issued as the Categorical Assistance Budget Manual by the Division of Welfare. It applies in all four categorical assistance programs. (OAA, DA, ADC and AB).

The purpose of this Chapter 2300 is to provide policy and procedure in supplementation of the Budget Manual where authorized or where policy is not provided in the Budget Manual.

The policy for various areas of operation will be issued as developed, with no significance to the order of sub-chapters or sections.

2320. SUPPORT ORDERS AS A RESOURCE

Applies in ADC.

2320. SUPPORT ORDERS AS A RESOURCE

.1 Basic Policy

Basic policies regarding the availability of support from legally responsible relatives are provided in Chapters 400 and 500 of the Budget Manual and in 2260. of this Manual.

These policies shall pertain with respect to orders of support placed on relatives either by the county welfare director or by a court. However, even when such orders have been entered, the county welfare board must nevertheless assure that the necessary amount of regular income is available monthly to meet the allowable needs of the client, whether or not the support payments are received regularly. Public assistance payments in the amount actually required by the client according to public assistance standards shall not be delayed or reduced merely on the basis of assumed support which is not actually available.

.2 Noncompliance with Orders

A report that the relative has failed to comply with the Court Order shall be investigated by the county welfare board without delay. If substantiated, the following policy and procedures shall be observed.

a. When there is uncontradicted evidence that the support contemplated by an Order is not in fact available to the client, the provisions of the Budget Manual shall be observed. [Also see 2954.2 a. for legal procedures.]

b. When there is evidence that a relative is habitually making irregular payments, or payments in amounts less than ordered, the county welfare board shall:

1) As of the first day of the next regular payment period adjust the grant to correct any current deficit caused by the irregular or insufficient payment of the Order; and

2) Immediately offer the client the opportunity to have the regular continuing grant adjusted to provide the full amount of assistance (to which the client is entitled without regard to the Order of Support) under an arrangement whereby any support payments thereafter, if received directly by the client, will be forwarded to the county welfare board, or, if paid through the Probation Department, will be handled as follows:

2320. SUPPORT ORDERS AS A RESOURCE (continued)

.2 b. 3) Have the client execute Form PA-10F which will authorize the Probation Department to forward any support payments received to the county welfare board. Such payments are to be treated as a credit. (See 2954.2b and 2954.3 for legal procedures.)

c. Where there is evidence that a relative is not able or no longer able to comply with an Order of Support, the procedures provided in 2954.2c shall be followed.

2330. PERSONS INCLUDED IN ADC GRANT IN RELATION TO RECIPIENT COUNT

.1 State Policy

a. Family Budget Unit Concept

As provided in the Categorical Assistance Budget Manual, the income and resources of all members of a family budget unit shall be recognized as income and resources applicable to the requirements of the family budget unit.

Under the prescribed budgeting methods the total requirements and income of all members of the family are budgeted even though some members are not personally eligible to receive ADC payments (e.g., certain persons living with natural or adoptive parent in non-marital relationship, and ineligible dependent children).

b. Persons Eligible to Have Requirements Included in ADC Grant

In addition to the requirements for the eligible child(ren) (as defined in 2280.2), the requirements of the following persons (when not separately eligible for AB, DA or OAA) shall be included in the grant:

1) The natural or adoptive parent(s) or needy parent-person;

2) The natural or adoptive parent and stepparent;

3) The needy parent-person and spouse.

c. Reporting Total Recipient Count

For purposes of reporting to the Division on Form PA-204B, show the number of persons included in the grant, under the provisions in b. above, in accord with instructions in Accounting Manual III (Ruling No. 12).

2330. PERSONS INCLUDED IN ADC GRANT IN RELATION TO RECIPIENT COUNT (Cont'd)

.2 Federal Recipient Count

a. Persons Who May be Included

For purposes of Federal matching of assistance payments, the number of persons who can be included in the "recipient count" is not coextensive with the number of those eligible under State policy for inclusion in the ADC grant.

The persons who can be included in the Federal recipient count are limited to:

1) Children of eligible age (2280.2) who are included in the grant; and

2) One natural or adoptive parent or parent-person; or

3) Both natural or adoptive parents when married to each other, if one is incapacitated and living in the home, or

4) Both a natural or adoptive parent and a stepparent living in the home when eligibility is based on the incapacity of the natural parent or adoptive parent.

b. Reporting Federal Recipient Count

For purposes of reporting to the Division on Form PA-204B, show the number of persons included in the grant who are to be included in Federal recipient count, under the provisions in a. above, in accord with instructions in Accounting Manual III (Ruling No. 12).

.3 Caseworker Responsibility

It will be the responsibility of the caseworker to determine the correct "total recipient count" and the "Federal recipient count" for entry on Worksheet and Authorization for Public Assistance as instructed in Financial Assistance Manual 201.

In addition, whenever two adults are included in the grant, the names of both such adults are to be entered on Form PA-3A.

.4 Procedure for Determination of Incapacity

Refer to 2281.3 for natural or adoptive parents.

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2340 ALLOWANCE FOR FUNERAL AND BURIAL EXPENSES FOR "SPOUSE" WHOSE NEEDS HAVE BEEN INCLUDED IN ASSISTANCE GRANT

Applies in ADC.

2340. ALLOWANCE FOR FUNERAL AND BURIAL EXPENSES FOR "SPOUSE" WHOSE NEEDS HAVE BEEN INCLUDED IN ASSISTANCE GRANT

2341. Statement of Policy

When, as authorized, the needs of a spouse of an assistance recipient have been included in the assistance grant, and such spouse dies, the cost of funeral and burial expenses shall be recognized as an obligation of the surviving recipient.

2342. [Request for Allowance on Form PA-11

The surviving recipient spouse shall request a non-recurring special circumstance allowance to meet his obligation for such expense. Form PA-11, prepared in duplicate by the funeral director, must support recipient's request.

2343. [Method of Payment - Form PA-11B

The surviving recipient spouse shall authorize direct payment to the funeral director by CWB by completing, in duplicate, Form PA-11B, Authorization for Payment by County Welfare Board to Funeral Director. [For sample Form PA-11B see 2300. Appendix II.]

Determination of the validity of the claim for payment will be governed in all respects by 2580.

2344. Board Action - Scheduling in Minutes

Approval of a non-recurring special circumstance allowance for all or part of the funeral and burial expenses for a "spouse" shall be reported in the appropriate section of Schedule III of the welfare board minutes as part of the payment chargeable to the surviving recipient for the month.

NOTE: Outstanding bills for health care services to the deceased "spouse" may be paid in the usual way through vendor payments for the surviving recipient.

2350. EXEMPTION OF EARNED INCOME - ASSISTANCE FOR THE BLIND ONLY

.1 Legal Citation

Chapter 197 of the Laws of 1962, supplementing Chapter 7 of Title 44 of the Revised Statutes, provides in Section 43 (c) that

> "... in determining need for financial assistance and the amount of assistance to be granted, there shall be taken into consideration all other income and resources of the person seeking or receiving assistance [AB], except that, in making such determination, there shall be disregarded the first $85.00 per month, of earned income plus 1/2 of earned income in excess of $85.00 per month, of such person, and there shall further be disregarded, for a period not in excess of 12 months, such additional amounts of other income and resources in the case of an individual who has a plan for achieving self-support approved by the county welfare board, as may be necessary for the fulfillment of such plan;"

.2 Policy and Procedure

The detailed policy and procedure for carrying out this provision in respect to the determination of need is provided in the Budget Manual, Chapter 400.

2360. CARE OF CHILD IN PRIVATE INSTITUTION FOR MENTALLY RETARDED

2361. Statement of Policy

Care in a private institution for the mentally retarded child of an otherwise eligible ADC family may be provided by the Division of Mental Retardation either in New Jersey or in a neighboring state.

2362. Consultation

CWB shall consult the Division of Mental Retardation, Coordinator of Classification to verify that the child is on the active waiting list, and to determine whether financial responsibility will be accepted by that Division if an interim private placement is required.

2370. NON-CONTRIBUTING PERSON(S) IN THE HOUSEHOLD

2371. Statement of Policy

In most cases, all those non-eligible persons who are part of a household, as defined in Section 111 of the Financial Assistance Manual, will be counted in the number in the household when determining the basic allowance set forth in Section 115.of the Financial Assistance Manual. When an applicant or recipient contends that a non-eligible person (other than a stepparent) who is living in the household should not be counted in the household for the purpose of determining the basic allowance, the recipient bears the burden of coming forward with evidence and proving to the county welfare board that the non-eligible person does not and cannot contribute his share of the household expenses.

2372. Interpretation

For the purpose of this section, the non-eligible recipient's share of the household expenses means all or a substantial part of the per capita amount set forth in Section 115.of the Financial Assistance Manual for each eligible person in the household when the non-eligible person(s) is counted in the household.

When an applicant or recipient has brought forth evidence and established that the non-eligible household member is not contributing and cannot contribute his share of the household expenses, the non-eligible household member shall not be counted in the "number in the household" for the purpose of arriving at the basic allowance set forth in Section 115. of the Financial Assistance Manual.

An applicant or recipient may establish that a non-eligible household member cannot contribute his share of the household expenses by showing that:

a. the person is not employed and has no income, and

b. the person is not eligible for any other public assistance program, e.g. - SSI or General Assistance.

APPENDIX SECTION

CHAPTER 2300
DETERMINATION OF FINANCIAL NEED

AUTHORIZATION FOR PAYMENT BY COUNTY WELFARE BOARD
TO FUNERAL DIRECTOR

Sample Form ODA-11B
Registration No._____

I, _____ a recipient of _____
(Name) (Program)
hereby authorize the _____ County Welfare Board to pay the allowance granted to me to cover my obligation for the funeral and burial of my deceased spouse _____ to
(Name)

_____
(Funeral Director)

_____
(Address)

in the amount of $_____.

I hold no insurance, lodge benefits, or other death benefits and know of no person to whom any insurance or other death benefits may be payable on the life of my _____ except as follows:
(husband or wife)

_____

_____

_____

I understand that the above amount will be approved and paid only after due determination that there are no other sources of funds from which I could pay these expenses except as listed above, and that no other person or agency has or will pay these expenses for me.

Signed _____

Witness _____
(CWB Representative)

Date _____

[This form is to be duplicated by CWB for its oun use. It will not be available from the State Bureau nor from State Use.]

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Chapter 2400

ELIGIBILITY FOR SPECIFIED SOCIAL AND MEDICAL ASSISTANCE AND HEALTH SERVICES

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2400.[ELIGIBILITY FOR SPECIFIED SOCIAL AND MEDICAL ASSISTANCE AND HEALTH SERVICES

The principles, policies and procedures established in this chapter apply in ADC unless otherwise specified.

2400. ELIGIBILITY FOR SPECIFIED SOCIAL AND MEDICAL ASSISTANCE AND HEALTH SERVICES

The underlying principles in respect to determinations of need apply in relation to need for specified social services and medical and health services. The purpose of public assistance and the Division of Medical Assistance and Health Services is to provide specified services to eligible persons only to the extent that such services are not otherwise available without cost.

2401. Resources for Service

.1 Resources for Social Services

a. When any social service provided by an organization on a nonprofit basis is being purchased by or for a client, the amount to be paid shall not exceed the approved rate for such service as established by the Division of Public Welfare 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. 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.

b. In respect to the establishment of an approved rate negotiated by the Division of Public Welfare, the following principles shall govern:

1) the service is one which is considered appropriate and essential for public assistance clients;

2) the organization must have established and announced a policy to charge a fee for service;

3) if the organization has established a policy of service without cost for a specific class of individuals, or individuals living within a given area, then it shall be understood that the service is available without cost to public assistance clients falling within such class or living within such area;

4) if the organization has already established a rate or fee for service with a third party user then the rate or fee approved for public assistance clients shall not exceed such rate or fee; and

2401. Resouces for Services (Cont'd)

.1 b. 5) the rate or fee approved for public assistance clients shall not exceed the actual cost of the service so far as can be reasonably determined from evidence submitted by the organization.

c. Community resources shall include maternity home care for an eligible ADC child who is an expectant mother. [Financial Assistance Manual 411.9]

For list of maternity homes with which agreements have been made, see 2400. Appendix I.

.2 National Multiple Sclerosis Society

It is suggested that the appropriate MS Chapter be consulted about a recipient who is a multiple sclerosis patient as to whether "free" counselling or recreational services are available from that chapter.

.3 Resources for Medical Care and Health Services

Medical care and health services are available to eligible persons only to the extent that other health benefits provided by law or through employment are not available.

a. Procedure for Identifying "Other Coverage"

The county welfare board shall identify on the eligible MAP form the existence of "other coverage". (See Financial Assistance Manual 234.)

"Other coverage" includes

1) Blue Cross or other medical insurance, and

2) health services available to a member of the armed forces and his dependents.

APPENDIX SECTION

CHAPTER 2400
HEALTH CARE

Maternity Facilities Meeting the Requirements of 2401.1 c.

Atlantic County

Florence Crittenton Mission
5 South Chelsea Avenue
Atlantic City

Essex County

Florence Crittenton League of Newark, New Jersey
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

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ASSISTANCE PAYMENTS

2501. The Nature of Assistance Payments

In public assistance the principle of assistance by money payments is based on the concept of affording every needy person the fullest reasonable opportunity to plan for himself, to decide what use of his assistance payment will best serve his interests, and to make his purchases through the normal channels of exchange, enjoying the same rights and discharging the same responsibilities as do other members of the community.

.1 State Definition of Money Payments

State law defines "assistance" as "money payments," and directs that assistance shall be granted in the form of cash or check. Money payments include unrestricted payments, restricted payments, and vendor payments. These three terms are defined as follows:

a. Unrestricted payments are checks drawn to the order of the recipient, or his legally appointed guardian, or to the parent or person accepted as acting in loco parentis of a recipient who is a minor, and delivered to such payee so as to be immediately available for his unconditional negotiation and use upon delivery.

b. Restricted payments are checks drawn to the order of one of the persons specified in a., but which are subject to some condition or restriction which prevents immediate and unconditional negotiation and use by the payee upon delivery; or, checks which are drawn to the order of a third person (not a vendor) other than one of those specified in a., intended for use on behalf of the client.

   Note: Restricted payments, as defined above, are authorized only under special circumstances as provided in 2560.

c. Vendor payments are checks drawn to the order of a person who has provided goods or services to or for the client, and representing payment to such person for the goods or services provided.

2501. The Nature of Assistance Payments (Contd.)

.2 Federal Definition of Money Payments

The Federal definition of "money payments" is more limited than the State definition presented above. Under Federal interpretation "money payments" mean only cash, checks, or warrants immediately redeemable at par, made to the grantee or his legal guardian with no restrictions imposed by the agency on the use of the funds by the individual". Thus, the Federal definition of "money payments" is limited to the State's definition of unrestricted money payments.

.3 Conditions of Federal Participation

a. Federal participation is limited to

1) unrestricted money payments to an eligible recipient, his legal guardian, or parent or person acting in loco parentis of a minor, and

2) payments to the vendor of a medical service for the recipient, provided the payment is for a class of medical service specially authorized in the State Plan.

b. To qualify for Federal matching as unrestricted, a money payment must meet the following conditions:

1) The check must be drawn to the order of and be delivered to the recipient, or his legally appointed guardian, or to the parent or person acting in loco parentis of a minor.

2) Payments must be made without direction on the check or by letter or by agreement as a condition of receiving the payment, or by other notification, that the recipient must use his money in a specified way or for a specified purpose.

A restriction may be found to attach to an entire assistance payment or only to part of the payment. If the restricted portion or portions are definitively distinguishable from the remaining unrestricted matchable payment, the latter portion may be counted in the claim for Federal matching.

c. The types of activity which may result in a finding that the payment was restricted, and therefore not computable for Federal matching include:

1) Directing that all or part of the assistance payment must be applied to specific bills for the purchase of specific goods or services;

Intentionally Deleted

2510. INITIAL PAYMENTS

.1 Legal Provisions

Applies in ADC.

.2 Purpose of Payment by Director's Authority

Applies in ADC.

2511. Initial Determination of Eligibility by Director

Applies in ADC.

2510. INITIAL PAYMENTS

.1 Legal Provisions

By law the county welfare board is responsible for approving all grants of assistance including initial, continuing and adjusted payments. The law establishes a principle of "reasonable promptness" in issuing and modifying assistance payments, and grants specific authority to the director of welfare to issue and modify payments prior to formal board action. The law also provides that an initial grant may be made prior to completion of the investigation when immediate financial need exists and eligibility for categorical assistance has been demonstrated. If the completed investigation shows the applicant to have been ineligible for reasons other than need, the county welfare board shall not be obliged, in the absence of fraud or misrepresentation, to take action for the recovery of any assistance granted pending completion of such investigation.

All payments authorized by the director are subject to ratification, revision, or termination by the welfare board. Therefore, in exercising this authority the director has a special responsibility to expedite further investigation, if any is required, to have the formal record of the case completed, and to present the case to the welfare board at its next subsequent meeting for action thereon.

The law places on the State Division responsibility for establishing the conditions under which and the procedures by which all grants of assistance are to be made.

.2 Purpose of Payment by Director's Authority

The purpose of payment through an administrative action of the director is to facilitate and expedite initial payments of assistance to eligible applicants under certain conditions herein defined.

It is intended that the director shall exercise his authority to the fullest extent and that initial payments to eligible applicants shall normally be accomplished by this method. The purpose of the procedure is not limited to so-called "emergency need."

In exercising his authority to issue initial payments in advance of welfare board action, the director shall observe the following principles and procedures.

2511. Initial Determination of Eligibility by Director

An applicant shall be eligible for an initial payment of assistance as soon as the director can determine by evaluation of the Affidavit (PA-1E) and other available evidence that the applicant has demonstrated eligibility for categorical assistance and is in immediate financial need.

2512. Date of Eligibility for Initial Payment

An otherwise eligible applicant shall be entitled to receive an initial payment on the date of the application or as soon thereafter as there is evidence of financial need.

2513. Initial Determination of Eligibility by Board

If the director believes that there is valid cause to question the available evidence on any point of eligibility, or because the case presents a special problem, he may hold the application for presentation to the welfare board for its specific determination to approve, deny, or to request further investigation. If so held, the application shall be identified in the narrative portion of the Minutes, and in each instance shall include a brief statement of the question or special problem involved and the decision of the board. [See Ruling No. 22, item 5 d.]

2514. Deferred Payment

When the investigation is completed prior to the date on which the applicant would be eligible for first payment, but such date of eligibility will occur within three calendar months following completion of investigation, the application may be approved by director or welfare board, and payment deferred to the date of eligibility. If eligibility will not exist during the three calendar months following completion of investigation, the application shall be denied. [For instructions on scheduling deferred payments in Board Minutes, see Ruling No. 22, item 5 d.]

2515. Minimum Requirements for Case Record

.1 Prior to Authorization of an Initial Grant

Prior to authorization of an initial grant by the director, a case record shall be compiled to include the following as a minimum:

a. PA-1A - Application

b. PA-1E - Affidavit for Public Assistance

c. PA-3A - Budgetary Statement

d. PA-10 (OAA and DA only)

.2 Prior to Completion of Investigation

a. All other required case record forms (see 2712.)

2512. Date of Eligibility for Initial Payment

Applies in ADC

2513. Initial Determination of Eligibility by Board

Applicable in ADC.

2514. Deferred Payment

Applies in ADC

2515. Minimum Requirements for Case Record

Applies in ADC except in respect to PA-10 referred to in item .1 c.

2516. Authorization of Payment

Applies in ADC

2517. Issuance of Payment

Applies in ADC

2515. Minimum Requirements for Case Record (Cont'd)

.2 b. Summary Report

A summary report to include:

1) sufficient information to show that eligibility has been established in respect to all factors and conditions of eligibility if not otherwise documented on case record forms;

2) description of those requirements which have been provided for all or part of the current month, either from applicant's resources or by another public or private agency (as verified through interagency consultation);

3) explanation of the reasons for any allowance recommended for inclusion in the initial payment; and

4) specific notation of any further investigation required prior to presentation of the case for action by the welfare board.

2516. Authorization of Payment

If, after review of the required case record, the director or deputy director of welfare is satisfied that the applicant meets all eligibility requirements, he should immediately authorize an initial payment.

Authorization shall be by personal signature of the director or deputy director, which signature may be accomplished by typescript or facsimile signature if personally initialed by an authorized member of staff. [Also see 2127.]

2517. Issuance of Payment

A client who, because of immediate need, receives an initial payment for a partial month as provided in the Categorical Assistance Budget Manual shall continue to receive payments to meet his needs at intervals to be determined by the director, until final validation has been made or until he has been determined to be ineligible or payment has been ordered suspended.

Once final validation has been completed the client shall continue to receive assistance for each month (or other specified period) as long as eligibility continues.

2518. Formal Board Action

By statutory requirement, when an initial payment is authorized by the director of welfare prior to the board meeting in that month, the application must be presented to the board for formal action in the same month.

When the initial payment is authorized subsequent to the board meeting in that month, the application shall be presented for formal action at the next regular or special meeting of the board following initial payment.

2519. Reports to State Division

Reporting new and reopened cases for which initial payments are authorized by the director, is accomplished by procedures in Ruling No. 4, Report on Receipt and Disposition of Applications.

2518. Formal Board Action

Applies in ADC

2519. Reports to State Division

Applies in ADC

2520. ADDITIONAL PAYMENTS

Applies in ADC

In ADC, an additional payment is authorized, when necessary, to provide appropriate adjustment in allowances with respect to an additional eligible person who becomes a member of the family budget unit during the month; i.e., an absent adult or child returns to the home, or a child is born to an eligible member of the family.

2521. Case Record Explanation

Applies in ADC

2522. Authorization of Payment

Applies in ADC

2523. Ratification by Welfare Board

Applies in ADC

2520. Changes in Need While Assistance is Being Received

.1 General Policy

When a change in the circumstances of the recipient results in an authorized adjustment upward or downward in the amount of the assistance payment, the effective date of such adjustment shall be as of the first day of the next regular payment following the date the change in circumstances was reported to or identified by the county welfare board.

.2 Undue Hardship Cases

Under certain situations which, in the judgement of the county welfare board, would otherwise result in undue hardship to the client, additional payment(s) supplementing the last regular payment may be issued during the current payment period for any of the reasons listed in Budget Manual 607.2 b.

2530. SUSPENDED GRANT

A suspended grant is that payment which is temporarily withheld pending clarification of continuing eligibility and/or extent of need.

2540. RECOUPMENT OF OVERPAYMENTS

.1 Overpayments may occur through administrative error; failure of a client to inform the county welfare board of a change in income, resources, or circumstances; or when the client has received continued assistance at an unreduced level pending a fair hearing but has been found ineligible to receive such assistance by the fair hearing decision.

a. When overpayment(s) results from willful withholding of information by the client, the county welfare board shall recoup such overpayment(s) from current assistance payments and from available income or resources as set forth in Financial Assistance Manual Section 251.

b. Overpayment(s) due to any other reason may be recouped only when the recipient has available income and resources which exceed the current assistance payment, such as disregarded or reserved income (see Financial Assistance Manual Section 251).

.2 Willful withholding of information means

a. either oral or written deliberate or intentional misstatements made by a recipient in response to oral or written questions from the CWB, including understatements of the amount of income or resources or omission of an entire category of income or resources; or

b. when the CWB has clearly notified the recipient of the obligation to report such changes, a deliberate failure by the recipient to so report; or

c. deliberate or intentional failure by the recipient to report receipt of a check in an amount which he/she knew represented an erroneous overpayment or to which the recipient had previously been informed that he/she would not be entitled.

.3 Any recoupment of overpayments other than for reason of willful withholding of information is limited to overpayments made during the 12 months preceding the month in which the overpayment was discovered.

2541. Periodic Notice to Client

.1 The client shall be informed periodically (at least once every 6 months) through written notice and oral explanation of his/her continuing obligation to furnish accurate and timely information to the CWB concerning changes in income, resources or other circumstances which may effect the amount of the grant. The client must furnish such information to the CWB as soon as possible but in no event later than two weeks after the change takes place. Failure of the client to so inform the CWB shall constitute willful withholding of information.

The client will also be informed that, if an assistance check exceeds the amount of the payment received the previous month and no notice of change has been received, such check should not be cashed and the CWB must be contacted immediately so that corrective action can be taken. The CWB shall take the corrective action within 24 hours of the contact.

.2 The notice, Form PA-51 Important Reminder of Your Obligation to Report Changes, shall be given to the client at the time of application and at each redetermination thereafter, when the worker will fully explain the client's obligations. The client is required to formally acknowledge this notice by a signed statement that it is understood; he/she will sign two copies, retaining one for his/her future reference; the second copy will be attached to the application form and placed in the case record.

PA-51 (10/74)

_____ COUNTY WELFARE BOARD

_____ (address) _____ (telephone)

Important Reminder of Your Obligation to Report Changes

You are reminded that it is your obligation and responsibility to notify this county welfare board immediately by mail or personal contact of any changes in your income, resources or circumstances. Changes which must be reported are:

Change in wages
Income from a new or part-time job
Loss of employment
Receipt of workmen's compensation
Pension or Social Security benefits
Income from sale of property
Support payments
Unemployment or temporary disability benefits

Change of address
Someone moving into or out of your home
Death, divorce or separation from spouse
Incapacity (illness or injury)
Children who leave school
An inheritance of money or property
Supplemental Security Income (SSI)
A new baby or other eligible family member

Contact your worker if you have any questions about reporting changes or the kinds of changes you should report. Failure to notify the county welfare board of changes in your income, resources or circumstances will be considered willful withholding of information; it may affect the amount of assistance you receive and may subject you to prosecution for fraud.

If you receive an assistance check larger than the one you received last month, and you have had no notice or explanation of a change in your grant, do not cash the check because it may be an error. Call the county welfare board immediately to inform them of this fact. Failure to take this action may mean future checks will be reduced in order to repay any additional amount which you received.

If you have been informed of an increase or reduction in the amount of your grant and the check which you receive is not for the expected amount, you must also call the county welfare board immediately.

Please read this notice carefully and ask questions if you do not understand it. Sign two copies of the form below; be sure to keep your copy where you can look at it often. You will be asked to sign a new form at least every 6 months.

- -

Name _____ Case No. _____

I have read the "Important Reminder of Your Obligation to Report Changes". I understand my obligations as stated in this notice.

_____
Date

_____
Signature of Client

_____
County Welfare Board Representative
(or Duly Authorized Notary Public)

- -

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

PA-51 (10/74)

_____ JUNTA CONDADO DE BIENESTAR

_____ (DIRECCIÓN) _____ (TELÉFONO)

RECORDATORIO IMPORTANTE DE SU OBLIGACIÓN A REPORTAR CAMBIOS

LE RECORDAMOS QUE ES SU OBLIGACIÓN Y RESPONSIBILIDAD EL NOTIFICAR INMEDIATAMENTE ESTE JUNTA DE BIENESTAR PÚBLICO POR CORREO O PERSONALMENTE DE CUALQUIER CAMBIO EN SUS GANANCIAS, RECURSOS O CIRCUMSTANCIAS. LOS SIGUIENTES SON LOS CAMBIOS QUE DEBE REPORTAR:

CAMBIO EN SUELDO
SUELDO DE UN TRABJO DE TIEMPO COMPLETO O PARTE DEL TIEMPO O UN TRABAJO
PERDIDA DE EMPLEO
RECIBO DE COMPENSACIÓN TRABAJADOR
BENEFICIOS DE DISABILIDAD TEMPORARIA O DESEMPLEO
PENSIÓN DE BENEFICIOS DE SEGURO SOCIAL
DINERO RECIBIDO DE UNA VENTA DE PROPIEDAD
PAGOS DE SOSTENIMIENTO
ALGUEN MUDA PARA SU CASA O FEURA DE SU CASA
UN NUEVO NINO O OTRO MIEMBRO ELIGIBLE EN SU FAMILIA
MUERTE, DIVORCIO, O SEPARACIÓN DE SU ESPOSO O ESPOSA
INCAPACIDAD (ENFERMIDAD O ACCIDENTE)
HIJOS QUE DEJAN LA ESCUELA
U HERENCIA DE DINERO O PROPIEDAD
CAMBIO DE DIRECCIÓN
UN SUELDO DE SEGURO SUPLEMENTARIO (SSI)

HAGA CONTACTO CON SU TRABAJADOR SI USTED TIENE ALGUNAS PREGUNTAS SOBRE LOS CAMBIOS O LOS CLASES DE CAMBIOS QUE DEBE REPORTAR. SI NO NOTIFICA LA JUNTA DE BIENESTAR PÚBLICO DE LOS CAMBIOS EN SU SALARIO, RECURSOS O CIRCUMSTANCIAS SERÁ CONSIDERADO UN ACTO VOLUNTARIO DE NO PROVEER LA INFORMACIÓN DEBIDA Y ESTO PUEDE AFECTAR LA CANTIDAD DE ASISTENCIA QUE USTED RECIBE Y PODRÍA SOMETER LO A SER PERSECUTADO POR FRAUDE.

SI USTED RECIBE UN CHEQUE DE ASISTENCIA MAYOR DE EL QUE RECIBIÓ EL MES PASADO, Y SI NO HA SIDO NOTIFICADO DE UN CAMBIO EN SU CONCESIÓN, NO CAMBIE EL CHEQUE PORQUE PUEDE SER UN ERROR. LLAME SU JUNTA DE BIENESTAR PÚBLICO INMEDIATAMENTE PARA NOTIFICAR LOS DE SU CIRCUMSTANCIA, FALTA DE TOMAR ESTA ACCIÓN SIGNIFICA QUE EN EL FUTURO SUS CHEQUES SERÁN REDUCIDOS PARA PAGAR LA CANTIDAD ADICIONAL QUE HAYA RECIBIDO.

SI USTED HA SIDO NOTIFICADO DE UN AUMENTO O REDUCCIÓN EN LA CANTIDAD DE SU CONCESIÓN Y EL CHEQUE QUE HA RECIBIDO NO ES DE LA CANTIDAD ESPERADA, USTED DEBE TAMBIÉN LLAMAR A LA JUNTA DE BIENESTAR PÚBLICO INMEDIATAMENTE.

POR FAVOR LEA ESTAS NOTICIAS CON CUIDADO Y PREGUNTE SI NO LA ENTIENDE. FIRME LAS COPIAS DE LA PARTE INFERIOR, ASEGÚRESE DE TENER CU COPIA A/MANO PARA QUE PUEDA LEER LO FREQUENTAMENTA. SU FIRMA ES REQUERIDA CADA SEIS MESES POR LA JUNTA.

- -

NOMBRE _____ NÚMERO DE CASO _____

YO HE LEÍDO EL "RECORDATORIO IMPORTANTE DE SU OBLIGACIÓN A REPORTAR CAMBIOS".
YO ENTIENDO MI OBLIGACIONES EXPLICADAS EN ESTE NOTICIA.

_____ (FECHA)

_____ (FIRMA DEL CLIENTE)

_____ (REPRESENTANTE DE BIENESTAR PÚBLICO)

- -

DEPARTAMENTO DE AGENCIAS INSTITUCIONES DE NUEVA JERSEY - DIVISION DE BIENESTAR PÚBLICO

2540. TERMINATION OF PAYMENTS

[Detailed policy for this sub-chapter has not been developed, but the following statement is temporarily provided here for purposes of ADC.]

2541. Termination of Absence or Incapacity: Effect on Eligibility for Payment

.1 General Statement

When eligibility has been based on "continued absence" of a natural or adoptive parent from the home, or on the "incapacity" of a natural or adoptive parent, whether in or out of the home, the return to the home or recovery of such parent terminates eligibility of the family for ADC.

It shall be recognized, however, that in these situations such parent may be unemployed and therefore unable to assume immediate responsibility for the support of the family.

Sudden withdrawal of assistance while the family is still in need may jeopardize the security of the children and undermine the positive effects already achieved by the granting of assistance during the parent's absence or incapacity.

Therefore, it is consistent with the objectives of the program to continue the grant for a limited period to permit the parent to make practical adjustments to the resumption of parental responsibility.

.2 Limitations

a. Return of "Absent" Parent

1) An ADC family shall be entitled to assistance for the month in which the absent parent returns to the home whether or not such parent is employed.

2) When the parent is unemployed, or has just recently secured employment, the family may continue to receive assistance adjusted to any earnings for the month immediately subsequent to the month of return.

3) In any event the case shall be closed at the end of the month following the month of return of the parent whether or not the parent is employed.

2541. Termination of Absence or Incapacity: Effect on Eligibility for Payment (Contd.)

.2 b. Recovery of "Incapacitated" Natural or Adoptive Parent

1) When CWB is advised by the Medical Service Section that a natural or adoptive ADC parent is no longer "incapacitated" (Disapproved) and is therefore capable of full time gainful employment, the family (including such parent) may continue to receive assistance, adjusted to any earnings, for the month immediately subsequent to the month in which the findings of "Disapproved" is made. In any event the case shall be closed at the end of the subsequent month regardless of whether or not the parent is employed.

2) The same policy in regard to closing the case shall apply to the situation where such parent returns to full time gainful employment while in "Approved" status.

[Refer to 2631.3 for further statements on continuing eligibility in regard to the "incapacity" factor.]

2550. PAYEE IN ASSISTANCE FOR DEPENDENT CHILDREN

.1 Federal Requirement

In ADC the designated payee must be a natural or adoptive parent, or a qualified parent-person of the eligible child(ren) and in whose name the application is registered. However, see 2551. below and 2285. for exception on "temporary payee."

[Refer to 2101.2 Applicant (ADC Insert) in respect to execution of application by both parents when living in the home.]

.2 Interpretation and Procedures

a. The fact that a natural or adoptive parent or parent-person is not himself included in the ADC grant because he is a recipient under another program (i.e., AB, DA, MAA or OAA) does not bar him from being the payee in ADC.

b. A natural or adoptive parent or parent-person who remains under official commitment to a mental institution, or who has been adjudicated mentally incompetent, or who has been determined by professional procedures to be incompetent to manage his own affairs, cannot be designated payee in ADC.

c. When both natural or adoptive parents are in the home, either one can be designated payee provided, of course, that both have joined in execution of the application as required in 2101.2 c.

d. When a natural or adoptive parent and stepparent are in the home, either one can be designated payee under the same rule as in c. above.

e. When the eligible child(ren) lives with parent-persons who are husband and wife, either can be designated payee provided both have joined in execution of the application; however, if only one parent-person executed the application (in accord with the provisions of 2101.2 c.) then the payee must be the parent-person applicant.

Whenever the situation as described in c. and d. permits a choice of designated payee, there shall be discussion with the applicants as to their wishes. They should be encouraged to continue their normal pattern for management of the family income. This decision may have particular significance in respect to a physically incapacitated father or stepfather whose normal position as head of the household can be maintained and strengthened if he is payee for the assistance income.

2550. PAYEE IN ASSISTANCE FOR DEPENDENT CHILDREN (Cont'd.)

.2 (Cont'd.)

The principles stated in a. and b. must also be related to these situations in respect to the designated payee.

[Refer also to 2330. Persons Included in ADC Grant in Relation to Recipient Count]

g. A parent-minor who has been accepted as an applicant (in accord with ADC insert 2112.1 a.) can be the designated payee regardless of age.

2551. Temporary Payee in Emergency Situations

Refer to 2285. for policy statement.

When a temporary change in payee is made, it shall be reported to the welfare board by an entry in Schedule VIII of the Minutes for the next meeting. In this situation there is no change in case status or case name.

2552. Permanent Change in Payee

.1 When Care Arrangement is Unchanged

When it becomes necessary or is deemed advisable to change the payee from one to another qualified parent who is already a member of the household, but there is otherwise no change in the care arrangement for the eligible child (i.e., the home setting remains the same), the following rules shall apply:

a. When the designated payee is to be changed from one qualified parent to his or her spouse, then the case shall remain in active status under the same case name.

The change in payee shall be reported to the welfare board by entry in Schedule VIII of the Minutes for the next meeting.

b. When the payee is to be changed to a qualified relative who is a member of the household, but who is not the spouse of the present payee, then the case shall be closed and an application shall immediately be accepted from the new qualified parent(s).

The case actions will be reported to the welfare board as for any other case closing and new application. Statistical accounting shall also follow the normal procedure.

2552. Permanent Change in Payee (Cont'd.)

.2 When Qualified Parent Changes

When the parent under whose name the case is registered, and who has been payee, is no longer a member of the household, and another qualified parent(s) joins the household to care for the child, then the case shall be closed, and a new application shall be immediately accepted from the new qualified parent(s). If the new situation includes two parents, the decision regarding which one shall be designated payee shall be made in accord with the policy in 2550.2, above.

The case actions will be reported to the welfare board as for any other case closing and new application. Statistical accounting shall also follow the normal procedure.

.3 When Care Arrangement Changes

When it is necessary to make a completely new plan for the care of the eligible child by placing him in another home situation with a different qualified parent(s), then the case shall be closed and a new application shall be accepted as in 2552.2, above, unless the provisions of 2285. and 2551. apply.

Entries in the board minutes and statistical accounting will follow the normal procedure for closing and new applications.

2560. METHODS OF PAYMENT FOR INCOMPETENT RECIPIENTS

The principle of money payments presumes that the person is physically and mentally able to manage his personal affairs. It is recognized, however, that some persons otherwise eligible, cannot be effectively provided for through the issuance of cash payments, either because they are legally barred from endorsing checks or because otherwise inadequate to manage their own affairs.

Assistance shall be provided for eligible persons determined to be incompetent (as defined in .1, below) by whichever method (as provided in .2 below) is required or appropriate.

.1 Incompetent Person Defined

a. Not applicable in ADC.

b. Not applicable in ADC.

c. Not applicable in ADC.

d. Applies in ADC. [See 2294., Other Incompetents and 2633., Family Life]

.2 Methods Available

a. Not applicable in ADC.

b. Applies in ADC.

c. Applies in ADC.

d. Applies in ADC.

e. Applies in ADC.

2560. METHODS OF PAYMENT FOR INCOMPETENT RECIPIENTS

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Assistance shall be provided for eligible persons determined to be incompetent (as defined in .1, below) by whichever method (as provided in .2, below) is required or appropriate.

.1 Incompetent Person Defined

The term "incompetent person" includes any person who has been

a. adjudicated incompetent and for whom a representative payee or a legal guardian has been appointed by the Court;

b. adjudicated incompetent but for whom a representative payee or a legal guardian has not been appointed;

c. classified as incompetent as the result of professional diagnostic procedures; or

d. evaluated by CWB as inadequate to manage his own affairs, even though not officially identified as mentally incompetent in any of the above classes. [See 2294., Other Incompetents.]

.2 Methods Available

The Division authorizes assistance to be provided for incompetent persons by whichever of the following methods is determined to be appropriate:

a. payment to a parent, or other person acting in loco parentis in the case of an incompetent minor (18-21 years);

b. payment to a protective payee in the OAA, AB and DA programs;

c. payment to a representative payee;

d. payment to a legal guardian; or

e. payment to an authorized custodian.

2560. METHODS OF PAYMENT FOR INCOMPETENT RECIPIENTS (Cont'd)

.3 Priorities and Conditions in Selection of Method

a. Assistance for an incompetent minor (18-21 years) shall be paid to a parent or other person acting in loco parentis whenever possible. (See 2561.) Money payments made by this method as well as medical vendor payments are subject to Federal matching.

b. Assistance for an incompetent recipient of OAA, or of AB or DA when 21 years of age or older or between the ages of 18 and 21 years when there is no parent or other person acting in loco parentis, shall be paid to a protective payee whenever possible. (See 2562.) A protective payee is authorized to administer payments of public assistance, but is not authorized to receive, hold or administer any other property, real or personal, of the recipient nor to act as representative of the recipient in any other manner whatsoever. Money payments made by this method as well as medical vendor payments are subject to Federal matching.

c. Whenever a court appointment is necessary to assure proper utilization of assistance payments for an incompetent person, preference shall be given to the appointment of a representative payee (Chapter 155, P.L. 1964), on the basis of functional incompetency, defined by the statute as "subject to a mental, physical or emotional condition which renders the individual incapable of receiving and utilizing payments of public assistance in a manner conducive to the health and well-being of himself and his dependents" (See 2563). A representative payee, when duly appointed, is authorized to administer payments of public assistance, but is not authorized to receive, hold or administer any other property, real or personal, of the recipient nor to act as representative of the recipient in any other manner whatsoever. Money payments made by this method as well as medical vendor payments are subject to Federal matching.

d. Whenever a court appointment is necessary to assure proper utilization of assistance payments for an incompetent person, and such person has property to be administered on his behalf over and above the assistance grant, proceedings shall be taken for the appointment of a legal guardian (See 2563). (N.J.S. Title 3A, Chapter 6) Money payments made by this method as well as medical vendor payments are subject to Federal matching.

e. Payment through an authorized custodian may be used when the appointment of a protective payee is not possible or appropriate, and then only

2560. METHODS OF PAYMENT FOR INCOMPETENT RECIPIENTS (Cont'd)

.3 Priorities and Conditions in Selection of Method

a. Not applicable in ADC.

b. In ADC, assistance shall be paid, whenever possible, to a protective payee in any case where it is determined that the payments to such parent or relative are failing to secure for the child or children a standard of maintenance and care consistent with the program. (See 2562.) A protective payee is authorized to administer payments of public assistance, but is not authorized to receive, hold or administer any other property, real or personal, of the recipient nor to act as representative of the recipient in any other manner whatsoever. Money payments made by this method as well as medical vendor payments are subject to Federal matching.

c. Applies in ADC.

d. Not applicable in ADC.

e. Applies in ADC.

2560. METHODS OF PAYMENT FOR INCOMPETENT RECIPIENTS (Cont'd)

.3 e. (Cont'd) Applies in ADC.

.4 Limitations on Appointment

Applies in ADC.

2560. METHODS OF PAYMENT FOR INCOMPETENT RECIPIENTS (Cont'd)

.3 e. 1) during the period when the appointment of a representative payee or a legal guardian is pending; or

2) during the period when a representative payee or a legal guardian is no longer assuming such responsibility and appointment of another representative payee or legal guardian is pending. (See 2563.)

Money payments made by this method are not subject to Federal matching, but Federal matching may be claimed for any month in which a medical vendor payment is made.

.4 Limitations on Appointment

a. Under no circumstances shall a person be selected as a protective payee, representative payee, legal guardian or custodian who has himself been determined by professional diagnostic procedures to be mentally incompetent or "marginally competent."

b. Protective Payee

No person shall be appointed a protective payee when such appointment would raise questions of conflict of interest. This exclusion from appointment includes

1) the agency caseworker for the particular recipient;

2) staff of nursing homes and other group living accommodations;

3) other vendors of services to recipients; and

4) banks, trust companies and similar corporate bodies functioning in a ministerial rather than a decision-making role.

c. No person shall be proposed for appointment, nor accept appointment, as a representative payee or legal guardian who is in the employ of the county welfare board except in situations where such person has a close personal relationship with the client which makes him the most suitable person to serve as the client's representative. If an employee with such a relationship is so appointed, he shall not thereafter be involved in any agency decision relating to the client's payment or other official actions regarding the client.

2560. METHODS OF PAYMENT FOR INCOMPETENT RECIPIENTS (Cont'd)

.4 d. Money payments to any person excluded from appointment as set forth above are not subject to Federal matching. Money payments to persons other than those excluded by a. and b.1) above are subject to State matching only when the case record substantiates a finding that despite a diligent search no other appointee was available.

2561. Payments on Behalf of Incompetent Minor (18-21 years)

.1 To Parent or Person in Loco Parentis

a. When persons in the age group 18-21 are found eligible for AB or DA, and have been adjudicated incompetent or have been so classified by professional diagnostic procedures, payment shall be made whenever possible, to a parent or other person acting in loco parentis with whom the minor lives or who exercises responsibility for and supervision of the minor. Such payments may be continued only until the minor's twenty-first (21st) birthday.

b. Payments shall be made by check drawn to the order of the parent or other authorized person "for _____, a minor."
(Name of recipient)

c. Such payments on behalf of minors are subject to Federal participation.

.2 To Other Representatives

In instances where there is no parent or person acting in loco parentis, money payments on behalf of an incompetent minor otherwise eligible for AB or DA may be made to a protective payee, representative payee, legal guardian or authorized custodian, subject to the priorities and limitations of each such method.

2562. Protective Payee

Payments to a protective payee (i.e. "protective payments") for incompetent recipients of OAA, AB and DA, having been authorized as a special administrative procedure by the Federal Social Security Act, are subject to the following requirements and conditions in addition to those set forth in 2560.3 b. and 2560.4 b.

.1 Determination of Need for Protective Payments

a. A determination that protective payments are required for a particular recipient must be based upon medical and social findings that the individual is so unable to manage money, because of his physical or mental condition, that making assistance payments to him would be contrary to his welfare.

2560. METHODS OF PAYMENT FOR INCOMPETENT RECIPIENTS (Cont'd)

.4 Applies in ADC

2561. Payments on Behalf of Incompetent Minor (18-21 years)

Not applicable in ADC.

2562. Protective Payee

Applies in ADC.

.1 Determination of Need for Protective Payments

a. In ADC a determination that protective payments are required must be based upon the CWB's findings that the parent or parent person is so unable to manage money that making assistance payments to him would be contrary to his welfare and the welfare of the child or children. (See 2294.2)

2562. Protective Payee (Cont'd)

.1 b. Not applicable in ADC.

2562. Protective Payee (Cont'd)

.1 b. Initial and subsequent decisions to use protective payments for a recipient must, under Federal requirements, be made by the State agency. This will be accomplished in the following manner:

1) When the recipient has already been determined by the Medical Review Team as incompetent, the Record of Action shall represent an initial decision that protective payments are required.

2) In all other situations the CWB shall forward to the Medical Review Team material as required for determining medical eligibility in DA. However, the form PA-6 should state that the purpose of the submittal is for review as a basis for appointment of a protective payee. The Medical Review Team will review the material submitted and the resulting Record of Action shall represent an initial decision as to the need for protective payments.

3) When a protective payee has been appointed, the CWB shall every six months thereafter, except as provided below, submit a form PA-6A to the Medical Review Team, stating that the purpose of submittal is for review to determine the continuing need for protective payments for the recipient. Such submittal shall be based on facts and observations obtained through contacts with the protective payee and a review of his activities on behalf of the recipient, as well as contact with the recipient.

The Medical Review Team will review the material submitted and the resulting Record of Action shall represent a decision as to the continuing need for protective payments.

A form PA-6A to determine continuing need for protective payments shall be submitted only after a 12 month period when the previous Record of Action so specifies because the physical or mental condition of the recipient is such that no significant improvement is likely in his ability to manage the assistance payments.

2562. Protective Payee (Cont'd)

.2 Selection of Protective Payee

a. The director of welfare, subject to the approval of the welfare board as expressed in a special resolution recorded in the minutes, shall select an appropriate person to serve as protective payee to receive assistance payments and supervise their use for an incompetent client.

b. A protective payee shall be selected, so far as possible, with the participation of the recipient or of someone responsible for acting on his behalf.

c. The major personal criterion for selection of a protective payee is an interest in being of service to the recipient so as to work with him in a way that preserves, strengthens and helps develop his ability to make decisions and to manage his own assistance payment. Appropriate sources of recruitment include: the immediate family and other relatives and friends; a person previously appointed to act on behalf of the client by another state or federal benefit paying agency; and staff members of voluntary agencies.

.3 Appointment of Protective Payee

a. The director of welfare shall prepare a letter formally designating the person selected as protective payee to receive assistance payments and administer them on behalf of the named recipient. A copy of such letter shall be retained in the case record, and a copy given to the recipient concerned.

b. The person designated as protective payee shall sign a statement in duplicate accepting the appointment. This statement shall contain an agreement to maintain a record of receipts and expenditures; to render an account when requested by the director of welfare or the recipient, but at least annually or upon termination of assistance payments or termination of service by the protective payee; and to assist in rendering services to the recipient which will enhance his ability to manage money and improve his capacity for self-care. A copy of this statement and a copy of all accounts rendered shall be filed in the case record.

.4 Payment Procedure

a. Payments shall be made by check drawn to the order of

"_____, protective payee for
(Name of protective payee)

_____."
(Name of recipient)

b. Payments to a protective payee <u>are</u> subject to Federal participation.

2562. Protective Payee (Cont'd)

.2 Selection of Protective Payee

Applies in ADC.

.3 Appointment of Protective Payee

Applies in ADC.

.4 Payment Procedure

Applies in ADC

2562. Protective Payee (Cont'd)

.5 Assistance and Services to Recipient

a. Applies in ADC.

b. Applies in ADC.

c. In ADC when it appears that need for protective payments will continue or is likely to continue beyond one year because all efforts have not resulted in sufficiently improved use of assistance in behalf of the child, appointment of a representative payee or legal guardian shall be effected. However, action to effect appointment of a representative payee or legal guardian shall be taken whenever such action will more appropriately serve the recipient's welfare than the continuation of a protective payee.

CWB shall review the need for protective payments on behalf of children and the way in which a protective payee's responsibilities are carried out as frequently as is indicated by the individual's circumstances and at least every three months.

d. In ADC action to terminate protective payments for a recipient shall be promptly taken whenever a determination by the CWB indicates that such procedure is no longer required.

The termination of this procedure shall be recorded in the welfare board minutes and written notice shall be sent to the individual concerned. The recipient shall also receive written notice of the termination of the arrangement.

.6 Change in Protective Payee

Applies in ADC.

2562. Protective Payee (Cont'd)

.5 Assistance and Services to Recipient

a. A recipient who has been determined to require protective payments shall receive a grant of assistance commensurate with his full need for basic and special circumstance requirements.

b. A recipient who has been determined to require protective payments shall be recorded as a "defined problem case" and be afforded social services commensurate with his needs and circumstances. (See 2806, Schedule Part II, A) Costs of actions related to protective payments, such as recruitment of payees, examinations to determine physical or mental condition, and provision of social services, are subject to 75% Federal matching.

c. Action to effect appointment of a representative payee or legal guardian shall be taken whenever such action will more appropriately serve the recipient's welfare than the continuation of a protective payee.

d. Action to terminate protective payments for a recipient shall be promptly taken whenever a determination by the Medical Review Team indicates that such a procedure is no longer required.

The termination of this procedure shall be recorded in the welfare board minutes and written notice shall be sent to the individual concerned. The recipient shall also receive written notice of the termination of the arrangement.

.6 Change in Protective Payee

A protective payee who wishes to be released from his responsibilities shall give the director of welfare at least ten days notice in writing. In the event of an emergency which makes it impossible for him to fulfil his responsibilities for a period of time, he shall confer with the county welfare director or a duly designated representative immediately so that other arrangements can be made to assure continued assistance to and supervision of the recipient.

Official change of a protective payee shall be recorded in the welfare board minutes and written notice shall be sent to the individual concerned. The recipient shall also receive written notice of a change in the protective payee.

2562. Protective Payee (Cont'd)

.7 Fair Hearing

A recipient who has been determined to require protective payments shall be given written notice, and oral explanation when appropriate, of his right to fair hearing when dissatisfied with the appointment of a protective payee, the continuation of protective payments, or the manner in which the payee is functioning. The same policies and procedures shall apply as to fair hearings for other causes.

2563. Representative Payee or Legal Guardian

.1 Appointment of a Representative Payee or a Legal Guardian

a. In instances where it is determined that a representative payee or legal guardian must or should be appointed,

1) CWB shall advise those acting on the client's behalf that such appointment is required, and determine the ability of such persons to finance the proceedings.

2) If there is no one to take the responsibility, or if those acting for the client are unable to finance the proceedings, CWB shall itself initiate the necessary steps, referring the matter to counsel.

b. The costs of the proceedings shall when necessary be assumed by CWB as a matchable administrative expense. If the client should be found ineligible for other cause, the proceedings shall be terminated immediately.

c. In order to satisfy the requirements of the representative payee law (Chapter 155, P.L. 1964, Section 3) concerning a verified statement that "a review by the State Division of Public Welfare indicates that the recipient is functionally incompetent," the following procedures shall be observed:

1) When the recipient has already been determined by the Medical Review Team as incompetent, the Record of Action shall represent the findings of a review by the State Division.

2) In all other situations the CWB shall forward to the Medical Review Team material as required for determining medical eligibility in DA. However, the form PA-6 should state that the purpose of submittal is for review as a basis for appointment of a representative payee. The Medical Review Team will review the material on the basis of functional incompetency as defined by law, and the resulting Record of Action shall represent the findings of a review by the State Division.

2562. Protective Payee (Cont'd)

.7 Fair Hearing

Applies in ADC.

2563. Representative Payee or Legal Guardian

.1 Appointment of a Representative Payee or Legal Guardian

Applies in ADC.

2563. Representative Payee or Legal Guardian (Cont'd)

.2 Payment to a Representative Payee or a Legal Guardian

Applies in ADC.

.3 Change of Representative Payee or Legal Guardian

Applies in ADC.

2564. Authorized Custodian

Applies in ADC.

2563. Representative Payee or Legal Guardian (Cont'd)

.2 Payment to a Representative Payee or a Legal Guardian

a. Payments shall be made by check drawn to the order of

"_____
(Name of representative payee or guardian)

[representative payee or guardian] for _____."
(Name of recipient)

b. Payments to a representative payee or a legal guardian are subject to Federal participation

.3 Change of Representative Payee or Legal Guardian

a. When a representative payee or a legal guardian wishes to be released from his responsibilities there must be application to the Court for such release.

b. Upon such notice from a representative payee or a legal guardian, CWB shall take prompt action to locate another person willing to be appointed. If the present representative payee or legal guardian is unable to continue in that capacity until released by the Court, CWB shall authorize a custodian to receive assistance for the client until a new representative payee or a legal guardian is appointed.

2564. Authorized Custodian

.1 Selection of Authorized Custodian

a. The director of welfare, acting with the approval of the welfare board, shall select and authorize an appropriate person to serve as custodian to receive assistance payments and to supervise their use for an incompetent client.

b. So far as possible, the client or someone acting on his behalf, shall be given an opportunity to participate in the selection of an authorized custodian.

c. Such authorized custodian shall be selected from the following classes of persons in the order of preference indicated:

1) a relative with whom the client lives;

2) any other interested and responsible individual with whom the client lives, or who lives in close proximity to and has frequent association with the client;

2564. Authorized Custodian (Cont'd)

.1 c. 3) a relative by blood or marriage who has demonstrated an interest in client's welfare and from whom it is practical to expect supervision of the client's affairs even though such relative lives apart from the client;

4) a staff member of an institution or facility in which the client is receiving care;

5) a member of the staff of a private or public welfare agency (other than the welfare board), or

6) in instances when no one in any of the above classes is available, a staff member of the CWB, provided the welfare board is willing to have the staff member serve in this capacity, and the staff member is willing to accept such responsibility.

.2 Appointment of Authorized Custodian

a. The director of welfare shall prepare a letter formally designating the person selected as "authorized custodian for _____ (Name of _____ recipient)" to receive assistance payments to be expended on behalf of the recipient. A copy of such letter shall be retained in the case record.

b. The designated person shall sign a statement, prepared in duplicate, wherein he accepts responsibility as "authorized custodian" and agrees to render an accounting with respect to disbursements made on the recipient's behalf if and when requested by the director or the recipient. One copy of the statement of acceptance of responsibility shall be filed in the case record, the other given to the custodian for his records.

If the authorized custodian is a CWB staff member, the accounting shall be accomplished by chronological entries in the case record on a monthly basis.

c. The welfare board shall approve the appointment of the authorized custodian by special resolution, recorded in the minutes.

d. Whenever it becomes necessary to select and appoint a new authorized custodian to replace one previously appointed, the procedures provided in .1 and .2 above, shall be observed.

2564. Authorized Custodian (Cont'd)

.3 Payment Procedure

a. Payment shall be made by check drawn to the order of "_____, authorized custodian for _____."
(Name of recipient)

b. Payments to an authorized custodian are not subject to Federal participation.

.4 Duties of Authorized Custodian

a. An authorized custodian serves without compensation at the pleasure of the director of welfare.

b. An authorized custodian shall see that the assistance payment is used to provide shelter, food and other specified requirements for the recipient, and that the recipient's obligations to vendors of goods or services are paid by whatever method seems advisable to the custodian and acceptable to the vendor.

c. The authorized custodian shall be required to report promptly to the welfare board any change in the recipient's circumstances, or special needs which arise, particularly in respect to medical care or the plan for living arrangements. However, such reports from the custodian shall not be in substitution for determination of continuing eligibility and general supervision of the recipient's requirements by the welfare board.

.5 Change of Authorized Custodian

An authorized custodian who wishes to be released from his responsibilities shall give the director of welfare at least ten days notice in writing. In the event of an emergency which makes it impossible for him to fulfill his responsibilities for a period of time, he shall confer with the director of welfare immediately so that other arrangements can be made to assure continued assistance to and supervision of the recipient.

Official release of an authorized custodian shall be recorded in the welfare board minutes and written notice shall be sent to the individual concerned. The recipient shall also receive written notice of a change in authorized custodian, or of any termination of such arrangement.

Intentionally Deleted

2570. VENDOR PAYMENT FOR HEALTH CARE SERVICES AND SUPPLIES (TEMPORARY)

Applies in ADC

2570. VENDOR PAYMENTS FOR HEALTH CARE SERVICES AND SUPPLIES (TEMPORARY)

General Statement of Policy

Medical care as all other services purchased from public funds, shall be provided to eligible recipients only on the basis of a properly executed authorization by the county welfare board (or authorized personnel) in advance of incurring liability for payment from public funds, excepting for emergency treatment, general authorizations and ordinary drugs.

For purposes of this temporary regulation emergency treatment or general authorizations which may be provided, prior to specific authorization by the CWB, shall be limited to:

a. Emergency treatment of health care necessary for protection of the client.

b. General authorizations provide for one physician's visit, in a calendar month, unless the CWB is operating under a policy requiring prior authorization for all visits except for emergency treatment. CWB health care plans in effect as of March 1, 1962 will be continued until the official release of the State Plan for Health Care Services.

c. Ordinary drugs provide for necessary drugs and prescriptions other than rare, unusual, and expensive drugs for which State and County policy requires prior specific authorization. Such ordinary drugs within limits of the CWB plan may be rendered on order of a physician (i.e., includes osteopath, chiropodist, dentist) at any time in the course of attendance on a case, and without prior authorization for the particular prescription.

d. All medical services other than emergency treatment, general authorization, and ordinary drugs (as specified above) shall be provided only upon advance authorization by the CWB. However, pending issuance of the State Plan for Health Care Services, the CWBs may continue other plans for general authorization without specific approval (visiting nurse, dental, eye, or other health care services.)

2571. Procedures for Specific Authorization

.1 Professional Practitioners

a. The professional practitioners shall request prior authorization for additional treatment if necessary or any other health care

2571. Procedures for Specific Authorization (Contd.)

.1 a. (Contd.) services requiring specific authorization. Such requests should be made for all health care services other than emergency treatment, general authorizations (in effect as of March 1, 1962), and ordinary drugs; unless the CWB has included special care in the general authorizations (2570, sub-item d).

b. The requests for prior authorizations may be made by telephone or in writing on prescription forms, business forms, or stationery of the professional practitioners. The CWBs may approve such requests by telephone or in writing. It is recommended that a form letter or authorization form be used to issue such specific authorization. The State Plan when released will provide detailed instructions for services requiring specific authorizations, form to be used, and agency approval.

.2 Technical Therapists

Services by qualified technical therapists in the fields of physical therapy, occupational therapy, speech therapy, orthoptic training and other rehabilitation modalities as may be prescribed by professional practitioners may be approved on one authorization for periods up to two or three months. Prior authorizations beyond the current month shall be continued subject to the continued eligibility for assistance of the client.

.3 Prompt Decision on Requests for Authorization

Decisions as to acceptance or rejection of notification and request for specific authorization shall be made as promptly as possible.

.4 Effective Date of Authorization

The effective date of an authorization shall be the first date on which service has been provided under the specific authorization including services of emergency or general authorizations.

2572. Billing and Payment Procedures

.1 Use of Official Invoice Forms

Bills for health care services rendered eligible recipients of CWB assistance (OAA, DA, and ADC) pursuant to proper authorization for providing such services shall be rendered CWB on the official invoice forms as follows:

2572. Billing and Payment Procedures (Cont'd.)

.1 a. Invoice Form MD

This form shall be used by all physicians, including consultants and specialists. A separate invoice shall be required for each recipient and for each visit or unit of service, except in the instance of a "multiple visit" for two or three members of an ADC family. For an ADC "multiple visit" the physician may submit one invoice provided that each patient is identified by name. (See 2410.13 b. 5) for definition, allowances, etc. for "multiple visit".)

Physicians may submit invoices daily, weekly, or at the close of the billing month. In any event the invoices must be submitted on or before the second day of the month following the billing month, in order to permit proper verification and processing for prompt payment. When invoices are received later than the second day of the month, CWB may find it necessary to delay payment until the next month.

b. Invoice Form Rx

This form shall be used for all prescriptions, special medical supplies and medicaments. A separate invoice shall be required for each recipient and for each prescription. Special medical supplies and medicaments for which a prescription is not required may be listed on a single invoice for each recipient. The invoices may be submitted daily, weekly, or at the close of the billing month. In any event the invoices must be submitted on or before the second day of the month following the billing month, in order to permit proper verification and processing for prompt payment. When invoices are received later than the second day of the month CWB may find it necessary to delay payment until the next month.

c. Invoice Form N.H.

This form sahll be used for patient care in approved medical institutions serving the chronically ill (nursing homes, infirmaries of non-profit or charitable homes, public medical institutions). The invoices shall be submitted a few days in advance of the month of billing to permit proper verification and any necessary adjustment prior to processing for payment.

[See 2576, Vendor Payments for Patient Care in Approved Medical Institutions.]

d. Billing for Patient Care in Other Medical Facilities

Bills for patient care in other approved medical facilities (e.g. public facilities for acute care, certain rehabilitation centers,etc.)

2572. Billing and Payment Procedures (Contd.)

.1 d. (Contd.) may be processed as at present on county forms designated by CWB. Bills should be submitted at the close of each month in which patient care is provided, or at the time of recipient's discharge from the facility. A separate bill form may be required for each recipient, or as otherwise required by CWB.

[See 2576, Vendor Payments for Patient Care in Approved Medical Institution.]

e. Invoice Form M3

This form shall be used for all other health care services. A separate invoice shall be submitted for each recipient, but the invoice may include the claims for all health care service items during the billing month. The invoices should be submitted on or before the second day of the month following the billing month in order to permit proper verification and processing for prompt payment. When invoices are received later than the second day of the month, CWB may fine it necessary to delay payment until the next month.

f. Other Requirements for Billing

The State Plan, to be released at a later date, will provide standard billing and payment schedules. The CWB, insofar as possible, will schedule payment of health care services (when billed in accord with above procedures and if otherwise approved) in the month following the month of service. CWB may approve an arrangement whereby invoices for dental or other professional procedures requiring an extensive period for completion will be submitted quarterly instead of monthly.

2572.2 Analysis of Invoices

Pending release of the State Plan which will provide for specific verifications, CWB shall provide for analysis of invoices according to program, classification, and other requirements (fees, prior authorization, etc.). CWB in processing the respective claims shall also verify mathematical accuracy of billing, proper signatures, etc. CWBs with medical committees will establish local controls for review of the vendor claims.

2572. Billing and Payment Procedures (Contd.)

.3 Method of Payment

a. The method of payment shall be by a check drawn on the Assistance Account in a separate numbered series. The checks shall, in addition to Assistance Account identification, be marked Medical Care Vendor Account. (This may be marked by rubber stamp printing or addressograph printing on the regular assistance checks.)

b. The CWB in accomplishing payment to the medical vendors shall identify by case number, invoice number, or other reference, the accounts paid.

.4 Procedures Following Payment

a. After payment, one copy of the invoice shall be filed by program and case number for subsequent filing in the case file. The invoices may be filed in a separate file as a supplement to the case file until posted to the Medical Record Card (Form PA 30)[1] After posting such data this copy of the invoice may be destroyed.

b. After payment the copy of the invoices assembled by vendor, which were used to determine the respective vendor payments shall be retained for fiscal purposes. This copy of the invoices (representing payments processed and approved) will be retained for necessary audit and accounting in the same manner as other fiscal records (six years plus the current year). At the time of payment the invoices shall be assigned a check payment number for record purposes

2573. General Accounting Procedures

General accounting requirements, billing, and claims for State and Federal participation are provided in Ruling No. 12, the Accounting Manual.

2574. Statistical Studies

Pending issuance of the State Plan, selected statistical studies will be required by the State Bureau with a plan to accommodate preparation of

a. Administrative controls, and guides for processing medical claims.

b. Federal reporting.

c. Administrative planning for rate fixing, guides for utilization, etc.

[1] Under development

2575. Official Forms (Source of)

.1 Official Invoices

Sample copies of and further instructions for use of the series of official invoices are provided in Ruling No. 12, Accounting Manual III-8. During the period of this temporary plan these invoice forms will be ordered by each CWB for its own use. CWB shall furnish the appropriate invoices to respective vendors as necessary, or in advance supply when practical.

2576. Vendor Payments for Patient Care in Approved Medical Institutions

CWB is authorized to provide assistance in the form of direct payments to vendors with respect to patient care in approved medical facilities according to procedures stated below.

.1 Institutions to Which Direct Payments are Authorized

a. Licensed Nursing Homes

b. Non-profit or Charitable Homes (Infirmary Sections)

c. Public Medical Institutions (Chronic Care)

[For budgeting and authorized rates in above institutions refer to Budget Manual 311.]

d. Public General Hospitals or Equivalent Sections of other Public Medical Facilities (Acute Care)

[For authorized rates see 2253.1 b.]

e. Private Medical Facilities for Rehabilitative Care

[Special approval required - see 2253.2 b.]

2576. Vendor Payments for Patient Care in Approved Medical Institutions

.1 Applies in ADC.

f. Private institutions for mentally retarded children (who have been committed to and await placement in a State institution).

[For policy see 2284.3 and 2253.3, ADC Insert]

2576. Vendor Payments for Patient Care in Approved Medical Institutions

.2 Payment Procedures for Patient Care Services or Supplies

Applies in ADC.

.3 Determination of Money (Direct) Payment

In respect to ADC the money payment allowances for the member of the family budget unit who is receiving patient care in an approved medical institution will be included in the payment to the recipient payee for the family.

.4 Effect of Income on Determination of Vendor Payment for Patient Care

In ADC, any non-assistance income will be accounted for first as income to the family budget unit, except for the special provision below in respect to a mentally retarded child.

In respect to payment for a child in a private institution for the mentally retarded, any contribution made by a county adjustor (and paid direct to the institution) will be subtracted from the "total vendor requirements" of the child in arriving at the amount of the vendor payment to the institution.

2576. Vendor Payments for Patient Care in Approved Medical Institutions (Cont'd.)

.2 Payment procedures for Patient Care Services or Supplies

The assistance allowance(s) otherwise authorized with respect to any client while receiving patient care in one of the medical facilities cited above, is hereby defined as consisting of:

a. A money (direct) payment, which is that portion of the allowance(s) covering the client's requirements other than the patient care obligation owing to the medical institution or to other medical care vendors. (This includes personal incidental clothing and special circumstance budgetary allowances.)

[However, in the instance of a client for whom patient care has been authorized in an approved medical institution, the initial grant for patient care for a partial month shall be issued as a direct money payment. [Refer to Accounting Manual Chapter 3 Pg. III-4]. This provision also applies to such payments for OAA recipients during balance of month prior to effective date of certification for MAA.]

b. Vendor payment(s) for health care relating to goods, services and facilities provided to or for the patient by the institution or other approved medical care vendors during or immediately preceding admittance to the institution, and which are essential elements of the medical, rehabilitative, and nursing care required by the patient.

.3 Determination of Money (Direct) Payment

All authorized allowances to the client for budgetary items other than the client's obligation(s) for health care services or supplies shall be included in computing the amount of the money (direct) payment portion of the client's assistance grant for any given month.

.4 Effect of Income on Determination of Vendor Payment for Patient Care

If the client has non-assistance income the amount of such income shall be subtracted from the amount of the client's total obligation to the medical institution. The remainder will be the amount of the vendor payment to the institution.

If the amount of the income exceeds the total obligation to the institution, then the balance shall be deducted from the money payment.

.5 Accounting Procedures

Refer to Ruling No. 12, Accounting Manual III-4, III-10, III-16.

2577. Medical Vendor Payments for Hospital Insurance in Old Age Assistance

.1 Contract for Hospital Benefits

In accordance with the terms of a contract with the Hospital Service Plan of New Jersey (Blue Cross), specified hospital benefits are made available under the program of Old Age Assistance upon payment by the CWB of a monthly subscription charge on behalf of each person eligible for coverage under the contract. The currently effective contract for such hospital benefits shall be a part of this Manual, and copies of such contract will be maintained in the files of each county welfare board for reference in relation to the provisions of this subsection.

.2 Persons Eligible for Coverage

A person is eligible for coverage for hospital benefits under the contract when he is in an active status on the OAA rolls during any month whether or not he receives a money payment, or a vendor payment is made on his behalf, during that month. This includes a person who is not eligible to receive a money payment because of being a patient in a hospital; but does not include a person who for any part of the month was certified as eligible for Medical Assistance for the Aged.

.3 Payment of Subscription Charges

Monthly, in advance, the county welfare boards, acting for and on behalf of each person eligible for coverage, shall pay to the Hospital Service Plan of New Jersey an amount equal to the currently effective subscription charge multiplied by

a. the number of persons eligible for coverage during the month for which the payment is made; plus

b. the number of persons eligible for coverage during the preceding month for whom no subscription charge was paid during that month.

.4 Evaluation of Need for Continued Hospitalization

When a person eligible for coverage has had 50 days of benefits in a single period of hospitalization (as a "single period" is defined in the contract), the CWB shall immediately obtain through proper professional channels a medical opinion concerning the person's release from the hospital within the next 40 days. In any case where such release cannot be definitely anticipated, the CWB shall take action to certify such person to the program of Medical Assistance for the Aged effective the first day of the ensuing month.

2578. Nursing Home Patient Requiring Hospitalization

Whenever a recipient of assistance must be removed from a nursing home to receive hospitalization, and the county welfare board having financial responsibility determines that continued payment of assistance for nursing home care is necessary to maintain availability of accommodations in the same facility to which the recipient can return, such payment shall be made for a period of 14 days or for the period of hospitalization, whichever is less, either

a. at the regular rate established for the particular nursing home; or

b. at a lower rate guaranteeing availability of accommodations as established by any existing agreement between the welfare board having financial responsibility and the nursing home.

2580. PAYMENT OF BURIAL AND FUNERAL EXPENSES

The material in this section applies to the following programs of Categorical Assistance unless otherwise noted; OAA, AB, DA and ADC.

.1 Citation of Law

This section is based on Title 44:7-13, 15 and 25, N.J.S.A., as amended, relating to payments by the county welfare board for the burial and funeral expenses of deceased recipients of categorical assistance.

.2 General Principles

a. Cost limitations are established within which the county welfare board may participate in the burial and funeral expenses of deceased recipients. (For burial of spouse, see 2340.)

1) Payment toward such expense by CWB and total cost of burial (or cremation) and funeral shall not exceed the following:

Age	Maximum Payment by CWB	Contributions by Others	Limitations on on Total Cost of Burial
Still born	$ 50.	$ 0.	$ 50.
Less than 1 wk.	50.	50.	100.
1 wk. to 2 yrs.	225.	125.	350.
2 yrs. thru. 8 yrs.	300.	125.	425.
9 yrs. and over including adult	350.	150.	500.

2) Payments by the county welfare board for such expenses are not a benefit automatically payable at death, but are a means of supplementing the resources of the deceased recipient, of his family, and of volunteer contributors, when necessary.

3) Such payments shall be made first from any funds received by the county welfare board from or on the behalf of the recipient, and secondly, if necessary, from assistance funds.

b. The cost of any such payments, when disbursed from assistance funds, shall be apportioned between State and county funds in the ratio applicable to assistance payments for the particular program.

c. Every recipient shall have the opportunity for appropriate burial (or cremation), including funeral services, at public expense when not otherwise available.

2580. PAYMENT OF BURIAL AND FUNERAL EXPENSES (Cont'd)

.2 d. The right and obligation to arrange and contract for the burial and funeral service of any deceased person rests with his next of kin and personal representatives. The county welfare board shall not arrange and contract directly for the burial and funeral service for a deceased recipient, nor "authorize" such services, nor make an absolute commitment to pay for such services, except under the circumstances specified in 2581.

e. The funeral director may contract with the next of kin or other persons willing and able to order and purchase burial and funeral service for a deceased recipient, and such contract shall not be impaired or controlled by these regulations, so long as the contract:

1) does not contemplate or result in the filing of a claim against the county welfare board,

2) does not contemplate or result in the use of resources legally belonging to the estate of the decedent to an amount greater than $350 or for a burial and funeral cost exceeding $500; and

3) does not contemplate or result in the use of insurance proceeds, death benefit payments, or other resources, the existence or nature of which was concealed from or misrepresented to the welfare board.

f. A claim filed with a county welfare board by a funeral director is not a demand for payment owing under a contract, but merely a request for allowance to be granted or denied in the discretion of the welfare board consistent with these regulations, except where the welfare board has directly arranged and contracted for the funeral director's services under the circumstances authorized in section 2581.

g. The county welfare board shall not be liable for payment of costs incurred under a contract made without its knowledge or consent.

2581. Direct Contracts by the County Welfare Board for Burial and Funeral Services

Whenever any recipient shall die and no person is available to arrange and contract for his burial and funeral services, the welfare board may contract directly with any funeral director for such services. If arrangements for interment are made, such interment shall not be made in a burial ground owned by the State, county or municipality or any institution thereof.

2581. Direct Contracts by the County Welfare Board for Burial and Funeral Services (Cont'd)

If the decedent recipient comes within the class defined in 2582.1 d. and is, at the discretion of the institution to which confined, interred in a burial ground maintained by such institution, the county welfare board shall not assume liability to reimburse either the institution or the funeral director with whom the institution may have contracted.

2582. Classes of Recipients Eligible for Burial and Funeral Payment

.1 Claims for Payment

Claims for the payment of sums necessary for burial and funeral expenses may be received and considered by the county welfare board with respect to:

a. a person who is in active receipt of assistance at the time of his death;

b. a person for whom an assistance grant is approved prior to his death but who fails to receive initial payment because death occurs subsequent to approval of grant but before delivery of the initial payment;

c. a recipient who dies while a patient in a general hospital or in any private institution to which he has been admitted for temporary care;

d. a recipient who, on or after October 1, 1949, is admitted or committed to any tax-supported institution within this State other than a penal or correctional institution, such admission or commitment being the only reason for suspension or termination of the assistance grant, and whose death occurs while confined to such institution;

e. any former recipient who does not come within the requirements of a., b., c., or d., but who had, at time of death, insurance, securities, or other property assigned to or otherwise within the direct power of the welfare board to control and disburse; in cases coming within this class, disbursements for burial and funeral expenses shall not be made from public funds but shall be made only from the proceeds of such assets;

f. payment is also authorized in the ADC program where an otherwise eligible child dies before he can be included in the ADC grant. (e.g., the death of a newborn child or a stillbirth).

2583. Total Cost of Burial and Funeral

.1 Allowable Items

The total cost of burial and funeral is the sum of all charges, costs, and expenditures incurred for any and all of the following items, whether claimed by one or more funeral directors or other parties:

a. complete preparation and preservation of body;

b. casket, including handles and nameplate if any;

c. outer case, including delivery of same to cemetery;

d. funeral car (hearse);

e. limousines as necessary for immediate family;

f. flower car, if any;

g. grave space or right or burial, where purchase is necessary at time of death;

h. opening and closing grave and all other cemetery charges, or crematory charges;

i. special vault or grave-liner, if any;

j. professional supervision and services;

k. transportation of body from place of death to place of interment or cremation, including all intermediate transportation;

l. use of funeral home and of all customary facilities and appointments thereof;

m. procuring certificate of death and burial permit;

n. religious services at home, church, funeral home, cemetery, or crematory;

o. all other items which according to trade and custom are provided by the funeral director as elements of a "complete funeral unit";

2583. Total Cost of Burial and Funeral (Cont'd)

.1 p. floral door badge, gloves, clothing, professional pall bearers, obituary notices, telephone, telegraph and postage; and any and all other charges claimed by the funeral director as items of cash expenditure additional to the charge for "complete funeral unit".

.2 Items Not Allowed

Total cost of burial and funeral does not include the following items:

a. arrearages on purchase price of grave space or right of burial, where purchased prior to the death of the decedent, or arrearages in care and maintenance charges;

b. flowers other than floral door badge;

c. extra limousines for persons other than the immediate family of the deceased, if paid for by such other persons;

d. any of the items specified in 2583.1 if such items are donated or otherwise made available without charge.

2584. Payment of Claims

.1 Procedures for Filing Claims

a. Burial and funeral arrangements made by direct contract

1) The director of welfare or other authorized representative of the welfare board, may contract with the funeral director who may have custody of the body of the deceased recipient or with any other funeral director available and willing to receive the body.

2) The contract price shall not exceed the fair and reasonable value of goods and services ordered, and in any event shall not exceed $350.

3) Such contract may be concluded orally, but shall be confirmed by letter sent by the director of welfare to the funeral director.

4) The funeral director shall thereafter file claim for payment under the contract, stating and submitting such claim on Form PA-11 as provided in section 2584.1, b. 3) below. (See 2500. Appendix I for sample form.)

2584. Payment of Claims (Cont'd)

.1 a. 5) The county welfare board shall make payment promptly in accordance with the provisions of section 2584.5 unless the existence of fraud, misrepresentation, breach of contract, mistake or other legal obstacle can be demonstrated.

b. Burial and funeral arrangements not made by direct contract

1) The funeral director and the party or parties ordering burial and funeral services shall notify and consult with the county welfare board before interment or cremation takes place, when either of the contracting parties contemplate that the welfare board or the executor of the decedent's estate will be requested to pay all or any part of the costs.

2) The probable allowance or disallowance of the claim shall be discussed with the funeral director and other interested parties at this time. All persons concerned shall be advised that a final determination will be made only after investigation of all resources has been completed and a formal claim for payment submitted to the welfare board for its consideration.

3) The funeral director shall, if he elects to file a formal claim, be furnished with not more than two copies of Form PA-11, with the name of the decedent already entered. One copy of such form shall be executed by him and submitted to the welfare board not later than thirty days following date of interment or cremation.

.2 Conditions for Approval of Claim

The county welfare board shall not approve any claim submitted by a funeral director (other than a claim properly submitted under a "direct contract" as provided in 2581. and 2584.1 a.) unless all of the following conditions are met.

a. The welfare board received notification of the death and of the nature of the funeral arrangements <u>before</u> interment or cremation occurred and the claim on Form PA-11 was submitted to the welfare board not later than thirty days following date of interment or cremation.

1) Either or both of these requirements may be waived by the county welfare board upon a showing of misunderstanding, mistake, or unavoidable delay not prejudicial to the validity of the claim in other respects.

2584. Payment of Claims (Cont'd)

.2 b. Form PA-11 has been completed and properly executed in full detail.

c. The deceased was a person within one of the classes defined in section 2582.

d. The total cost of burial and funeral did not exceed $500.

1) This condition may be waived by the county welfare board where it has already received or has an absolute guarantee of receiving full reimbursement for assistance granted the decedent.

e. The decedent did not leave an estate, other than assets assigned to or otherwise subject to the control of the welfare board, with a value of at least $350.

f. Any and all proceeds from insurance or other death or funeral benefits from either public or private sources, which have been received by or which are due to any person(s) as a result of the death of the decedent and which will not be made available to the county welfare board by such person(s), have been accounted for in determining the amount to be allowed.

g. The ability of legally responsible relatives of the decedent to contribute to his burial and funeral expenses has been accounted for in determining the amount to be allowed.

h. Any voluntary offers of other persons or organizations to contribute to his burial and funeral expenses has been accounted for in determining the amount to be allowed.

i. Compliance with all the foregoing conditions has been determined after appropriate investigation. However, when such investigation indicates that any of these conditions should be waived to avoid hardship or inequity, a recommendation with supporting reasons may be presented to the Division of Public Welfare for disposition.

2584. Payment of Claims (Cont'd)

.3 Method of Determining Amount of Payment

In the case of any claim approved by the county welfare board, (other than claims properly approved under a "direct contract" as provided in sections 2581. and 2584.1 a.), the amount to be allowed on such claim shall be determined as follows:

a. From the total cost of burial and funeral, if not in excess of $500, deduct any and all:

1) proceeds which have been received by or which are due to the decedent's spouse, children, father or mother from an insurance or death or funeral benefit, from either public or private sources, as a result of the death of the decedent, and which will not be made available to the welfare board by the person who has received or will receive such payments;

2) payments of the same nature which have been received by or are due to any other person, and which will not be made available to the welfare board by such person, excepting, however, such amounts as are lawfully claimed by such person to be due and owing to him as a bona fide assignee or purchaser for value or as a claimant for equitable refund of premiums paid;

3) sums which have been paid or promised to be paid by any other organization, except any such amounts which have been paid or promised to be paid to the welfare board;

4) sums which have been paid or promised to be paid by any legally responsible relative of the decedent (other than those amounts already paid or promised to be paid to the welfare board); provided, however, that where the use of public funds is contemplated the amount to be received from each such relative shall be not less than that relative's monthly evaluated capacity to support.

b. The amount to be allowed on such claim shall be the difference between the sum of the amounts referred to in 2584.3a. and the total cost of the burial and funeral and, in any event, cannot exceed $350.

c. The county welfare board may, in any case in which it determined that any of the deductions in 2584.3a. should be waived or omitted to avoid hardship or inequity, present a recommendation with supporting reasons to the Division of Public Welfare for disposition.

2584. Payment of Claims (Cont'd)

.4 Time and Source of Payment

The amount determined to be allowed on any claim, should be paid as promptly as possible after such determination, and, in any event, within thirty days thereafter, from the following sources in the order named:

a. from cash or assets immediately convertible into cash accountable to the decedent, which by assignment or otherwise are in the ownership, possession or control of the welfare board, and are available for disbursement with respect to burial and funeral expenses; and

b. from public funds appropriated for assistance payments.

.5 Entitlement to RSDI Lump-Sum Death Benefit

[The material in this section is not comprehensive or complete, and is intended only to provide the information necessary for the routine processing of burial and funeral payments when a lump-sum death benefit is involved. The local district office of the Social Security Administration should be consulted whenever the circumstances of a particular case warrant such action.]

a. General Explanation

1) If an insured wage-earner or self-employed person dies, even though not yet receiving benefits, a lump-sum death benefit is payable.

2) The lump-sum death payment may be as much as three times the primary insurance benefit but not more than $255.

b. Persons Who May File Claim

1) A surviving spouse if living with the beneficiary at time of death is entitled to receive the lump-sum benefit regardless of whether or not she or he has assumed responsibility for burial expenses.

2584. Payment of Claims (Cont'd)

.5 b. 2) If there is no surviving spouse living in the same household as the worker when he dies, or the spouse dies before the claim can be paid, then the claim may be filed by:

(a) the person who arranges for the burial and funeral, or

(b) any State or local government agency which assumes some responsibility in regard to the funeral and burial arrangements.

c. Method of Filing Claim

1) A form entitled "Application for Lump-sum Death Payment" (Federal Form OA-C8) is obtained from and filed with the appropriate district office of the Social Security Administration by whomever is the claimant. Persons other than a surviving spouse may authorize RSDI to pay the lump-sum benefit directly to the funeral director by completing item 20 of Form OA-C8.

2) Any authorized official of a State or local government agency may file a claim on its behalf. A statement by the official on the application under "Remarks" that he is authorized to file, is acceptable evidence on his authority. In filing a claim, the county welfare board should also insert the following statement under "Remarks":

"Application is also made for the State's share of the lump-sum death benefit in accordance with the blanket authority furnished by the State to the Social Security Administration."

This procedure will avoid the necessity of making application from both county and State, and will permit reimbursement to be handled in the usual manner.

3) When the death benefit payment is to be paid to the county welfare board, the receipted, itemized bill from the funeral home must be submitted with the Form OA-C8.

2584. Payment of Claims (Cont'd)

.5 d. County Welfare Board Procedures

Upon the death of a recipient, or of an applicant or former recipient classified in 2582. as eligible for payment of burial and funeral expenses, and who was an insured worker (regardless of whether or not he had been receiving RSDI benefits), there shall be evaluation of the circumstances to determine whether the county welfare board is to participate in payment.

The following methods are authorized in respect to utilization of the death benefit as a resource toward payment of burial and funeral expenses.

1) When There is a Surviving Spouse

If the county welfare board is requested to participate, the welfare board may pay to the funeral director the difference between the verified amount of the benefit and $350, provided any additional contributions from relatives or others do not exceed $150. Responsibility for collection of the balance resides with the funeral director.

2) No Surviving Spouse: Relatives or Friends Arranging for Burial

CWB may use the following methods:

(a) CWB may pay the funeral director the difference between the verified amount of the benefit and $350, provided any additional contributions do not exceed $150. Responsibility for collection of the death benefit and any contributions resides with the funeral director; or

(b) In the situation stated in (a) above, CWB may apply for the death benefit, authorizing direct payment to the funeral director, and pay any verified difference as provided; or

2584. Payment of Claims (Cont'd)

.5 d. 2) (c) CWB may pay the full amount to which the funeral director is entitled, thereafter presenting the receipted bill with Form OA-C8 to RSDI to apply for the death benefit for reimbursement purposes.

(d) It is recommended (but not required) that the county welfare board secure from any person(s) who has offered to contribute, assurance that he will not file a claim for the lump-sum benefit in conflict with the county welfare board's claim. See 2500 Appendix II for a suggested affidavit form for this purpose.

3) Direct Contract Arrangement

As provided in 2581. where there is no surviving spouse, or other relatives or friends to arrange for burial, CWB may

(a) apply for the RSDI death benefit, authorizing direct payment to the funeral director, and pay any verified deficit up to $350, or

(b) pay the funeral director and present the receipted bill together with Form OA-C8 to RSDI to apply for the death benefit for reimbursement purposes.

e. Determination of Amount of Death Benefit

Reasonably prompt clearance as to entitlement and amount of the death benefit can be obtained by filing Form SSA-1610 immediately upon death of a recipient.

2585. Claims Subject to Certain Conditions

.1 Disputed Claims

In the event of any claim which becomes the subject of dispute or disagreement between the welfare board and the funeral director, the welfare board shall report the matter to the Division of Public Welfare for review and advice before any disbursement is made. It will be the policy of the Division to consult and advise with the State Association of Funeral Directors in appropriate cases.

2585. Claims Subject to Certain Conditions (Cont'd)

.2 Claims Against Estate of Decedent

Whenever no claim for burial and funeral expenses is filed with the welfare board, or whenever a claim is filed and disallowed, and the funeral director or other person shall file a claim for such expenses against the executor of the estate of the decedent, such executor is barred by section 44:7-15, N.J.S.A. from allowing such claim in an amount exceeding $255 until the judgment claim of the welfare board for assistance granted the decedent has first been satisfied. The welfare board shall, where necessary, direct the attention of the executor or administrator to this statutory provision, and shall take all appropriate steps to assert and secure its rights. However, in any such situations, no protest or objection shall be taken to a payment or allowance by the executor or administrator in an amount which does not exceed $350.

.3 Duplicate or Inconsistent Claims

Whenever the welfare board receives a claim for burial and funeral expenses, and the funeral director files a claim on his own behalf or participates in the filing of a claim by others, for such expense, against the executor of the estate of the decedent, other individuals, agencies or the Social Security Administration, which claim is in duplication of or inconsistent with the claim received by the welfare board, the welfare board shall:

a. advise the executor, or other party or agency against whom the claim has been filed, of the circumstances, and take all appropriate steps to assert and secure its rights; and

b. report the matter to the Division of Public Welfare for review and advice; and

c. if payment has already been made on the claim received by the welfare board, report the matter in writing to the County Prosecutor.

2586. Payments Form Public Funds

.1 Payments from Public Funds are Considered Assistance Payments

a. Any amounts paid by the welfare board from public funds for burial and funeral expenses shall be deemed a part of the assistance granted to the decedent for the purpose of claim for reimbursement and recovery under sections 44:7-14, 44:7-15 and 44:7-19, N.J.S.A.

2586. Payments from Public Funds (Cont'd)

.1 b. All allowances or portions of allowances for burial and funeral expenses disbursed from public funds shall be apportioned between State and county funds in the ratio applicable to assistance payments for the particular program.

.2 Refunds

If the board shall discover any other funds or amounts which were or should have been available to meet the burial and funeral expenses of the decedent, and which were not deducted from the total cost in determining the amount of the board's contribution to such expenses (as provided in 2584.3), the board shall immediately take all appropriate steps to assert and secure its rights to refund or recovery.

2587. Notification to Parties in Interest

Upon the allowance, partial allowance, or disallowance of any claim, notification in writing of such action shall be sent to the claimant funeral director, to the party or parties who contracted with the funeral director, for his services, and to any other parties who were found to have contributed, to have promised to contribute, or to be obligated to contribute to the burial and funeral expenses of the decedent.

2588. Notification to Funeral Directors

Each county welfare board shall, as promptly as possible following the receipt of these regulations, transmit a copy to each person or firm operating an establishment in such county as a funeral director, and shall thereafter transmit a copy promptly to any additional person or firm who engages in such profession.

2590. PAYMENT OF TERMINAL BILLS

Until this sub-chapter is developed the same regulations apply in ADC as in OAA and DA. Refer to Supplement No. 1 to Ruling No. 2

Intentionally Deleted

APPENDIX SECTION

Chapter 2500

ASSISTANCE PAYMENTS

Form PA-11 (Rev. 8/67) (SU)

REQUEST FOR PAYMENT OF BURIAL AND FUNERAL EXPENSES

(Important: Both sides of this form must be filled out completely in duplicate; one copy will be retained by the funeral director, the original must be notarized and submitted to the County Welfare Board not later than thirty days following date of interment or cremation.)

For Use of County Welfare Board

Funeral of _____
Name

_____
Address

Case No. _____ Social Security No. _____

State of New Jersey)
SS.
County of _____)

_____, being sworn according to law, presents this petition to the _____ County Welfare Board and says that he is empowered as owner, partner or agent to make this affidavit; that he has full knowledge of the facts contained herein; that he understands that payment of all or any part of the sum requested is subject to the approval and authorization of the said Welfare Board; that he is familiar with the provisions of Ruling No. 2 promulgated by the Division of Public Welfare of the Department of Institutions and Agencies and that the burial and funeral of the above named conformed strictly to the limitations of the Ruling; that the statement below and on the reverse side of this form is a just and true account of all services rendered and all materials furnished; that the sum recited represents the entire bill in connection with the burial and funeral of the deceased; that no claim has been made for any additional amount either from _____
(Name and Address of Person Arranging for Burial and Funeral)

_____,

or from any other person whatsoever; and that upon payment by the Welfare Board of the amount requested, no claim for any additional amount will be made from the Welfare Board or from any other person.

Date of Death _____ Name of Cemetery _____

Date of Burial _____ Total Cost of Burial and Funeral (See Ruling No. 2) $_____

Received or to be Received from
Relatives (Name)

_____ $_____

_____ _____

_____ _____

Friends (Name)

_____ $_____

_____ _____

Other Sources (Specify)

_____ $_____

_____ _____

Total of Above Items $_____

Amount Requested from _____ County Welfare Board $_____

(Over)

N. J. Dept. of Institutions & Agencies, Division of Public Welfare, Bureau of Business Services

Check materials and services rendered. When one or more items are left unchecked the funeral director will explain on the same line as the unchecked item reasons for the omissions, indicating the identity of other persons, if any, who supplied any of such items.

[ ] Preparation and Preservation of Body _____

[ ] Casket _____

[ ] Outer Case Including Delivery _____

[ ] One Funeral Coach _____

[ ] Opening and Closing Grave _____

[ ] Grave Space or Right of Burial _____

[ ] Other Cemetery Charges _____

[ ] Professional Supervision _____

[ ] Transporting Body from Place of Death to Place of Interment _____

[ ] Certificate of Death _____

[ ] Burial Permit _____

[ ] Use of Funeral Home _____

[ ] Telephone and Postage _____

[ ] Clothing _____

[ ] Floral Door Badge _____

[ ] Additional Funeral Coaches _____

[ ] Religious Services _____

Sworn and subscribed to before me this

_____ day of _____ 19 ____ _____
Funeral Home

NOTARY PUBLIC

_____
Funeral Director

Date _____, 19 _____

Approved for $ _____ by _____ County Welfare Board to be Paid from Assistance Account $ _____

from Clearing Account $ _____

_____
Director

AFFIDAVIT

Burial and Funeral Expenses

The contribution which I have made for the burial and funeral expenses of _____ _____ consisting of _____ Dollars, constitutes a gift and was furnished without expectation of reimbursement for such contribution. I understand that the Social Security Administration will rely upon this statement in making payment of any lump sum due under Title II of the Social Security Act to the persons who have paid other burial expenses for the deceased, and I shall make no claim of any kind for reimbursement for the payment of such burial expenses.

_____

STATE OF NEW JERSEY)
) SS.
COUNTY OF)

BE IT REMEMBERED, that on this day of , Nineteen Hundred and , before me, the subscriber, a Notary Public of New Jersey, personally appeared who, I am satisfied, is the pledgor in the within agreement named, and I having made known to the contents thereof did thereupon acknowledge that signed, sealed and delivered the same as voluntary act and deed for the uses and purposes therein expressed.

_____
A NOTARY PUBLIC OF NEW JERSEY

(May be used at discretion of County Welfare Board)

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2600. DETERMINATION OF CONTINUING ELIGIBILITY

2601. Federal Requirements

The Federal requirement for the maximum period between complete reinvestigations in ADC is six months instead of twelve.

All provisions of 2601. apply in ADC except that in b., twelve-month period should be read as six-month period for ADC.

2602. State Requirements

Opening paragraph applicable except that 12 months should be read as 6 months for ADC.

.1 Six-month Redetermination of Eligibility

When eligibility for ADC is based upon death, continued absence, or incapacity, CWB shall require the parent to execute a formal written application for continuing assistance (PA-1K) at least once every six months. Same policy as in ADC insert 2101.2 shall apply.

2600. DETERMINATION OF CONTINUING ELIGIBILITY

2601. Federal Requirements

The Federal Social Security Act requires that every approved State Plan shall provide for determination of continuing eligibility with respect to each recipient of categorical assistance to

a. Identify the conditions of eligibility subject to change;

b. Provide for one review of all conditions of eligibility subject to change at least once within a twelve-month period, including at least one interview with the recipient;

c. Provide methods by which the State agency is kept regularly informed concerning the extent to which reviews of continuing eligibility are being carried out in accordance with a and b, above;

d. Take prompt action within 30 days to review indications of ineligibility as they occur and discontinue or revise the payment within 30 days after the date the agency obtains the facts which establish ineligibility or decreased need for assistance.

2602. State Requirements

The State requires redetermination of eligibility (i.e., "application for continuance" and investigation thereof) once every 12 months. In addition, interim home visits shall be made, on an individual case basis, according to a frequency planned in relation to the circumstances of the case, but in any event at least once between annual redeterminations of eligibility.

.1 Annual Redetermination of Eligibility

a. The CWB shall require each recipient to sign a formal application for continuing assistance (PA-1) and shall complete a comprehensive investigation of his circumstances at least once every 12 months.

The foregoing is stated as the general rule and is interpreted to mean that a recipient shall not be permitted to continue on the active rolls of the CWB for a period exceeding 12 months without reinvestigation of his social and financial circumstances and of all eligibility factors subject to change. [See 2620.]

2602. State Requirements (Cont'd.)

.1 b. Redetermination of eligibility in each case shall be acted upon by the welfare board not later than the meeting in the 12th month since the last formal action of approval.

c. It is the responsibility of CWB to maintain a control file [see 2720, when issued] to assure redetermination of eligibility at regular intervals to meet this requirement.

d. The State Bureau will not approve for Federal and State matching any grant which has remained uninvestigated for a period of one year or more.

.2 Special Redetermination

In addition to the annual redetermination of eligibility, action shall be initiated as promptly as possible, and in any event within 30 days, to review pertinent eligibility factors when any of the following circumstances occur:

a. The client or someone on his behalf reports changes in circumstances to CWB,

b. CWB learns of changes from a responsible source, or the caseworker knows a change is anticipated,

c. Changes occur in regulations or in assistance standards which affect eligibility or the amount of payment,

d. A recipient changes his customary place of abode whether within the county, to another county, to another State, or to another country,

e. CWB learns of recipient's admission to an ineligible institution facility without prior notice,

f. A recipient's eligibility for one program will shortly terminate and an application for another categorical program should be initiated to assure uninterrupted assistance payments.

[For recording instructions see 2730, when issued.]

2602. State Requirements (Contd.)

.2 Special Redetermination

Applicable in ADC.

.3 Death of Assistance for Dependent Children Recipient

a. Death of Parent

When CWB learns of the death of a parent, there should be an immediate contact with the family in order to:

1) assure that there will be temporary supervision and care of the child,

2) determine whether a change in payee is necessary until a new plan for the child is effected, (see 2285.) and

3) make any necessary budget adjustments if the deceased had been included in the grant.

b. Death of Child

When CWB learns of the death of a child, the situation should be checked before the end of the current month in respect to budget adjustment, or to continuing eligibility in a single child case.

[In respect to funeral and burial expenses see 2580] [1]

[1] Until issued, see Ruling No. 2

2610 PROCESS OF REDETERMINATION OF ELIGIBILITY

Sub-chapter 2610 through 2617 applies in ADC.

2610. PROCESS OF REDETERMINATION OF ELIGIBILITY

.1 General Statement

Redetermination of eligibility means investigation of all facts and circumstances in relation to the recipient's application for continuation of assistance, evaluation of the total situation, a decision as to whether the recipient continues to be eligible, and the extent of his continuing economic, health and social needs.

2611. Preparation for Redetermination of Eligibility

The caseworker shall plan his work load to meet the reinvestigation "due-date" for each case. He shall allow time for review of the case record prior to interviewing the client(s), noting specific eligibility and social factors to be reconsidered, and the extent of necessary collateral investigation which will require personal contacts, telephone calls or correspondence.

2612. Home Visits

Recipients shall be visited in the home as frequently as the circumstances of the case require, but in any event not less than once every six months. However, when a case has been classified as in need of a defined service the visits shall be made not less than every three months. The provisions of 2122. for the initial home visit are generally applicable, especially 2122.1, a., b., c., and d. and 2113.5 b. 3), 6), 7) and pertinent portions of d. and f.

.1 The Visit for Redetermination of Eligibility

a. The redetermination of eligibility shall include an interview with the recipient in his home, or if the redetermination visit is due at a time when the recipient is temporarily a patient in an ineligible institution, he may be interviewed there.

b. Where the recipient is represented by a representative payee or a legal guardian or has an authorized custodian, such person shall also be interviewed. When the recipient is receiving nursing or domiciliary care in an institutional facility, or is living in a board and care arrangement, the superintendent, operator or person directly responsible for his care shall be interviewed.

2612. Home Visits (Contd.)

.1 c. The visit shall be focused on discussion of the eligibility factors subject to change which are applicable to his situation. The interview shall include interpretation of any change in agency policy or procedure which affects the recipient's status or his assistance payment. The recipient shall be afforded opportunity to discuss any special needs and to plan jointly with the worker for meeting those needs.

.2 Interim Home Visits

Interim home visits differ (unless occasioned by one of the circumstances in 2602.2) from the redetermination visit in that the primary purpose is not that of redetermination of eligibility.

Such visits should be used as an opportunity to strengthen worker-client-family relationships, to further clarify understanding of agency policy and procedure, to observe and discuss progress in accomplishing plans and goals for self-dependence, for improvement in health, living standards and inter-personal relationships. Opportunity shall also be taken to evaluate the social situation in relation to continuing or new needs for defined services.

The worker shall, of course, be alert in any contact with clients to indications of change in need either for financial assistance or services, or of change in circumstances which affect continuing eligibility, or of need for continuing patient care, and shall take appropriate action promptly.

2613. Assistance Plan; Recording

.1 Redetermination Visit

The provisions of 2124. for initial applications are equally applicable.

.2 Interim Visits and Special Redetermination Reviews

A summary report of pertinent information shall be made for each interview with a recipient, whether it occurs in the office or during an interim visit to the home. Whenever a change in circumstances affects budget allowances or income, form PA-3A, Budgetary Statement, shall be prepared. The summary shall clearly state the basis for any recommendation for suspension of payments or case closing. [See 2700, when issued.]

2614. Recommendation for Agency Decision

It is the responsibility of the caseworker to recommend that

a. Assistance be continued, payment suspended, or case closed in respect to each redetermination of eligibility (annual or special), and

b. If continued, whether the amount of payment shall remain the same or shall be adjusted in accordance with the currently prepared Budgetary Statement.

The caseworker authenticates the PA-3A.

2615. Supervisory Review and Approval

.1 Annual and Special Redetermination Reports

The provisions of 2126. apply in respect to any report of an annual or special redetermination of eligibility.

.2 Interim Visits and Other Reports

Routine supervisory review of all interim visits and other reports of case activity is not required.

It shall be the responsibility of the caseworker to route to the supervisor any report which he considers indicates a possible change in eligibility, budget allowances or amount of grant, or about which he wishes consultation in respect to a change in plan for the client.

The supervisor shall initial all reports which are reviewed.

2616. Disposition of Application for Continuance

An application for continuance, subsequent to supervisory approval, shall be acted upon by one of the following methods:

2616. Disposition of Application for Continuance (Contd.)

.1 Action by Executive Authority

The director of welfare by his legal authority shall adjust, suspend or terminate the grant when in his judgment such action should be taken in advance of the next meeting of the welfare board. Such cases shall thereafter be presented to the welfare board at its next meeting in accord with instructions in 2942. [1]

.2 Action by Welfare Board

a. Applications for Continuance

Applications for continuance shall be routinely presented to the welfare board for decision as follows:

1) Cases recommended for continuance with no change in grant,

2) Cases recommended for continuance with change in grant (for ratification if acted upon by director),

3) Cases recommended for suspension or case closing (for ratification if acted upon by director).

b. Special Reviews

Whenever a special review results in a recommendation for grant adjustment, suspension or case closing, the case shall be presented to the welfare board for initial action or ratification of the director's action, as appropriate.

2617. Notice of Agency Decision

The principles provided in 2128 shall apply.

For specific instructions as to requirements for notification in various situations see 2910.

[1] Until issued see Ruling No. 22.

2616. Disposition of Application for Continuance (Contd.)

Intentionally Deleted

2620. FACTORS SUBJECT TO CHANGE

2621. Need

Applies in ADC.

2622. Relatives

All provisions of 2622. shall apply in ADC except that in subsection .2 a. (Frequency of Reevaluation) "twelve months" should be read as six months in ADC.

Intentionally Deleted

2620. FACTORS SUBJECT TO CHANGE

2621. Need

Applies in ADC.

2622. Residence

Applicable (see ADC inserts for 2225., 2228.2 and 2228.3)

2623. Age

a. In ADC, eligibility in respect to age must be evaluated for any recipient who is nearing his 18th birthday (see 2215 ADC insert).

b. In ADC, eligibility in respect to age must be evaluated for a recipient who is nearing his 65th birthday (see 2216 ADC insert).

c. In ADC, the eligibility of the family must be evaluated when the youngest child is nearing his 18th birthday (see ADC insert for 2215.)

2624. Competency Status

.1 Mental Competency

Applicable in ADC. Refer to 2288 for policy in respect to competency of parent in ADC.

2620. FACTORS SUBJECT TO CHANGE

The redetermination of eligibility shall include review of the following eligibility requirements which are subject to change as pertinent to the individual case:

2621. Need

There shall be review of the factor of need according to the provisions in the Budget Manual and 2300 of this Manual, with particular attention to changes in resources.

2622. Relatives

.1 Relatives as a Resource for Social Services

It shall be recognized that relatives are a valuable resource in planning for the physical, emotional and social well-being of the client as well as a financial resource in the determination of continuing eligibility.

.2 Legally Responsible Relatives as a Resource for Financial Support

a. Frequency of Reevaluation

1) There shall be a reevaluation of the capacity of each legally responsible relative to support at least once in each twelve-month period. Unless it can be verified from other sources that there has been no change since the last evaluation, each legally responsible relative shall be personally interviewed. (2262.)

2) A decision to omit the annual redetermination by personal interview with the responsible relative will be considered valid when it can be otherwise determined that the relative

a) is receiving public or private financial assistance; or

b) has no source of support except fixed income, such as pension, retirement benefits or statutory benefits and there was no capacity to support at time of last evaluation; or

c) is himself dependent upon a relative (other than the client) for support; or

d) is receiving care in an institution for a mental or tuberculous condition, or is in a penal institution and has no capacity to support; or

e) is subject to a support order and the available evidence indicates that there has been no increase in income since the support order was issued; or

2622. Relatives (Cont'd.)

.2 a. 2) f) cannot reasonably be anticipated to have experienced a change in income since the last evaluation which would affect his capacity to support.

When a decision is made that it is not necessary to reevaluate capacity to support through personal interview for one of the above reasons, the justification for such decision shall be recorded in the case record with notation of any plan for making contact in the future.

3) When the economic status of a legally responsible relative appears to be subject to material change, the reevaluation of capacity to support should take place more frequently than once in twelve months. In any event, upon receipt of information that a relative's capacity to support may have increased or decreased to an extent that may affect the recipient's continuing eligibility or the amount of the grant, there shall be prompt reevaluation of the situation in accordance with the principles stated in 2602.2 a. and b.

b. Method of Contact

1) In respect to contacts for the purpose of reevaluation of relative's capacity to support, the same general principle and procedures shall be followed as provided in 2262. for contacts during the application process.

2) The CWB shall avoid making routine requests of other county welfare boards, or of out-of-State agencies to contact relatives for reevaluation of capacity to support. When, after careful evaluation of the need for such service, it is considered essential to request an interview, the letter of request shall clearly identify both the nature and the purpose of the desired service.

.3 Contacts with Non-Legally Responsible Relatives

The special situations existing in each case will determine the frequency and method of contact with non-legally responsible relatives in respect to the redetermination of the recipient's continuing eligibility.

2623. Residence

Consideration shall be given to any change in residence which may affect eligibility or county financial responsibility, including continued absence from the State. [See 2225., 2228.2 and 2228.3.]

2622. Relatives (Cont'd)

2623. Residence

Applicable (see ADC insert 2225., 2228.3)

2624. Age

a. In ADC, eligibility in respect to age must be evaluated for any recipient who is nearing the age beyond which he is no longer eligible (see 2216. ADC Insert).

b. In ADC, eligibility in respect to age must be evaluated for a recipient who is nearing his 65th birthday (see 2217. ADC Insert).

c. In ADC, the eligibility of the family must be evaluated when the youngest child is nearing the age beyond which he will no longer be eligible (see ADC Insert for 2216).

2625. Competency Status

.1 Mental Competency

First sentence applicable in ADC.

.2 Minority (DA)

Inapplicable in ADC.
(See 2112.1 ADC Insert for discussion of "parent minor")

.3 Other Incompetency

[Applies in ADC.

2626. Need for Care in Institution for Tuberculous or Mental Condition

Official review of this factor on a routine basis is not required, but when medical or social evidence indicates that there should be special review of the situation, CWB shall submit the case to the Medical Review Team requesting "special review." (See 2631.3a. 3) for procedure).

2627. Institutional Status

Applies in ADC.

2624. Age

In DA cases eligibility in respect to age must be evaluated for any recipient who is nearing his 65th birthday. (See 2215.)

2625. Competency Status

.1 Mental Competency

Official review of this factor on a routine basis is not required. Where the need for specific reevaluation is indicated the criteria and procedures provided in 2114. and 2243. will apply. A recipient who has been accepted as competent to handle his own affairs will be presumed to continue in that status, unless and until there is substantial evidence of a change which the agency, in its discretion, or the Medical Review Team, deems sufficient to require a reconsideration of the client's status.

Conversely, a recipient who has been previously determined to be incompetent will be presumed to continue in that status, unless and until there is new evidence supporting recommendations for reconsideration.

.2 Minority (DA)

When DA payments are being made to a parent or person in loco parentis on behalf of a mentally incompetent minor (18-21 years), the method of payment must be reviewed prior to the minor's attainment of age 21. (See 2560.)

.3 Other Incompetency

As provided in 2294., CWB may determine on the basis of experience, that although a recipient has not been determined mentally incompetent, nevertheless his best interests would be served by the intervention of a third party to receive and supervise the assistance payments in whole or in part.

Conversely, in cases where an authorized custodian had been appointed, there shall be periodic review of the need to continue the arrangement.

2626. Need for Care in Institution for Tuberculous or Mental Condition

Official review of this factor on a routine basis is not required, but when medical or social evidence indicates that specific determination should be made, the provisions of 2242. and 2243. shall be observed.

2627. Institutional Status

When a recipient is receiving patient care in a public or private medical institution, or domiciliary care in a non-profit or charitable home, CWB shall check as necessary to assure that the institutional facility continues to be an "eligible" institution. (See 2252.)

2629. Permanent and Total Disability (DA)

Inapplicable in ADC.

(See 2631.3 and 2632. in respect to redetermination of "incapacity".)

2629. Permanent and Total Disability (DA)

.1 Requirement

There shall be redetermination of the factors of permanent and total disability for every DA recipient at intervals set by the Bureau of Medical Affairs.

The redetermination review date is designated on Form PA-8, Record of Action. [See 2236.2 and 2237.]

.2 Procedures for County Welfare Board

a. Scheduling of "Redetermination Review" Date

In DA cases, CWB shall take into account the redetermination review date on the Record of Action in scheduling both the annual review and interim visits. CWB may adjust the date for submittal to the Bureau to coincide as closely as is practical with either the annual review or with any interim visit, but such adjustment shall assure that the case will be submitted not more than 2 months earlier or later than the date originally set on the Record of Action. [See 2236.1c on special reviews at CWB request.]

b. Caseworker's Control

The caseworker shall so organize his caseload controls (notebook, index, etc.) that he will be alerted sufficiently in advance of redetermination review dates to enable him to obtain any specific medical information or reports requested on the last Record of Action. The date and reports so submitted must be "current".

c. Record Material Required for Review

When a case is to be submitted to the Bureau of Medical Affairs for redetermination review, the caseworker shall prepare Form PA-6A, Interim Social-Medical Report.

Place Form PA-6A on top of all forms, reports and related data previously submitted.

d. Case Status

Payments of assistance shall be continued, if need exists, unless and until CWB is advised by the Bureau of Medical Affairs that the recipient no longer meets the State requirement for permanent and total disability.

2630. FACTORS SUBJECT TO CHANGE IN ASSISTANCE FOR DEPENDENT CHILDREN ONLY

2631. Deprivation of Parental Support or Care

Since eligibility in ADC is based on the fact that the needy child has been deprived of parental support or care by reason of the death, continued absence from home, or mental or physical incapacity of a natural or adoptive parent, it is necessary to re-evaluate these factors in determining continuing eligibility. A family may continue to be eligible for ADC although the original reason for "deprivation" has changed. This may occur when an absent parent dies or, although returned to the home is incapacitated.

.1 Marriage or Remarriage

When eligibility is based on the absence of one parent, and the remaining parent marries or remarries, the fact of such marriage or remarriage does not in and of itself terminate eligibility but does require prompt redetermination of financial need in accordance with the Financial Assistance Manual.

.2 Continued Absence of the Parent from the Home

When eligibility is based on "deprivation or parental support or care by reason of the continued absence of a parent," the evaluation of continued eligibility includes determination that the "absence" still exists, and if not, whether there is another basis for eligibility.

a. Divorce, pending divorce, or legal separation. [See 2281.2.]

b. Desertion [See 2281.2.]

1) During the period that need and eligibility for ADC continues, the deserting parent must be considered as a resource for support of the family.

2631. Deprivation of Parental Support or Care (Contd.)

.2 b. 2) Therefore, during each interview with the recipient, inquiry shall be made regarding newly available information on the whereabouts of the deserting parent.

3) Whenever additional information is acquired the county prosecutor shall be advised.

c. Informal Separation

[See 2281.2.]

d. Imprisonment

1) In every case where eligibility is based on "absence" due to incarceration of a parent, there will be need for a method to bring the case to the caseworker's attention for review near the date of probable release as shown on Form PA-17B or 17E "tear sheet" from State institutions, or in information secured from local jails in order that CWB may promptly reevaluate continuing disability.

e. Deportation

Two possibilities shall be considered:

1) Re-entry of the parent, and

2) Support being sent by absent parent.

2631. Deprivation of Parental Support or Care (Cont'd)

.2 f. Unmarried Parents

(See 2631.1 - possibility of parent marrying, etc.)

.3 Incapacity Status (Natural or Adoptive Parent)

a. General Policy and Procedure

1) There shall be redetermination that "incapacity" exists in every case in which the eligibility of the family is based on the "incapacity" of a natural or adoptive parent.

2) The redetermination interval (review date) will be designated by the Medical Review Team for the CWB. "Incapacity" shall be considered as continuing until the Medical Review Team officially determines that "incapacity" no longer exists. Use Form PA-6A, Interim Social-Medical Report, for redetermination review. The CWB shall maintain controls on review dates so that any specific medical information or reports requested by the Medical Review Team may be obtained.

However, in any case in which subsequent to a finding of "Approved" the "incapacitated" parent becomes a recipient of DA, AB or a beneficiary of Federal Disability Benefits, this is conclusive proof of continuing "incapacity" and CWB shall disregard the "review date" for submittal to the medical consultant.

3) It is the responsibility of the caseworker to submit the record to the medical consultant for special review if available evidence raises question of continuing "incapacity" during the interval between redetermination review dates. The special review shall be requested through use of Form PA-6A, Interim Social-Medical Report, together with all material previously submitted.

2631. Deprivation of Parental Support or Care (Cont'd)

.3 b. "Incapacitated" Natural or Adoptive Parent who Secures Employment

1) When subsequent to a finding of "Approved" on the "incapacity" factor, CWB learns that the parent has obtained full-time employment at normal rate of pay for the job, then "incapacity" no longer exists.

c. When "Incapacitated" Natural or Adoptive Parent is in Institution

1) Follow-up on Release

In cases where ADC has been granted on the basis that a natural or adoptive parent will be receiving care for a physical or mental illness in a public or private institution (includes general hospital) it will be necessary for the caseworker to check periodically with the family, and in some cases with the institution, regarding the incapacitated parent's progress and discharge.

2) Submittal to Medical Consultant

As soon as the date of discharge is known, or if CWB learns that the parent has already been discharged to the home, CWB shall submit the required record material to the Medical Review Team as appropriate to the situation; i.e., if official determination of incapacity had already been made, the previous record shall be submitted for review with a completed PA-6A; if the case had not been previously submitted then a PA-6 giving current situation and Form PA-5, Examining Physician's Report, shall be submitted. Whenever practical the PA-5 should be prepared by a staff physician of the institution.

NOTE: In respect to Veterans hospitals, an abstract of the record may be accepted in place of the PA-5, particularly in cases where the client has already left the hospital. In cases of recently released veterans, do not secure PA-5 from a physician in the community. When required by the institution the veteran's consent, in writing, for release of the information shall be forwarded to the institution.

2632. Incapacity Status of "Spouse" (Other than Natural or Adoptive Parent)

.1 General Policy and Procedure

a. There shall be redetermination that "incapacity" exists in every case where the ADC grant has included the needs of the step-parent of the eligible child, or of the spouse of a parent person.

b. The provisions of 2631.3a will apply in respect to such redetermination.

.2 "Incapacitated spouse" who Obtains Employment or Resources

When subsequent to a finding of "Approved" by the Medical Service Section, such an "incapacitated spouse" obtains employment or acquires other income sufficient to meet his own expenses, his needs shall no longer be included in the ADC grant. In this situation review of the "incapacity status" by the Medical Service Section is not required.

.3 Return of "Spouse" to Home from Institution

When a step-father or the spouse of a parent person, who has been receiving care in a public or private institution, returns to the home and is alleged to be "incapacitated," then the required record material shall be submitted to the Medical Service Section in the same manner as provided in 2631.3c, 2) for the natural or adoptive parent.

In any event, the family unit budget will need to be reviewed because of the additional person in the home.

2633. Family Life

.1 General Policy on Eligibility

The law, in addition to stating that the purpose of ADC is to provide care for children "under standards and conditions compatible with decency and health to help maintain and strengthen family life", also directs that "payments of financial assistance, with respect to a dependent child or children, to a parent or relative with whom such child is living, will be terminated promptly, and other arrangements for the care and maintenance of such child or children instituted, in any case where it is determined that the payments to such parent or relative under the provisions of this act are failing to secure for the child or children a standard of maintenance, care and family life consistent with the purpose stated above."

It shall be a continuing concern of CWB to assure that the purpose of the program as stated above is being accomplished in each active case, and prompt action shall follow upon any considered decision that such purpose of the program is being violated.

.2 Criteria for Evaluation

In active cases the same criteria shall be applied as in pending applications (2282.2.).

In addition, there shall be special analysis and evaluation of any situation in which it is learned that any member of an ADC family gives birth to, or becomes pregnant with, an out-of-wedlock child.

.3 Procedures

a. Evaluation

In general the same procedures shall apply in active as in pending cases (2282.3). However, situations will arise in which it will be necessary to make emergency arrangements for the protection of the child. Such action may be initiated with executive approval, but no action to discontinue assistance shall be taken until the welfare board has opportunity to fully consider the facts.

b. Welfare Board Decision

The welfare board upon consideration of the special analysis of the situation shall determine:

2633. Family Life

.1 General Policy on Eligibility

The law, in addition to stating that the purpose of ADC is to provide care for children "under standards and conditions compatible with decency and health to help maintain and strengthen family life", also directs that "payments of financial assistance, with respect to a dependent child or children, to a parent or relative with whom such child is living, will be terminated promptly, and other arrangements for the care and maintenance of such child or children instituted, in any case where it is determined that the payments to such parent or relative under the provisions of this act are failing to secure for the child or children a standard of maintenance, care and family life consistent with the purpose stated above."

It shall be a continuing concern of CWB to assure that the purpose of the program as stated above is being accomplished in each active case. Methods will be in effect by which children will be identified whose parent or relative has demonstrated an inability to comply and prompt action shall follow upon any considered decision of the CWB that such purpose of the program is being violated. (See 2560., Methods of Payment for Incompetent Recipients.)

.2 Criteria for Evaluation

In active cases the same criteria shall be applied as in pending applications (2282.2).

In addition, there shall be special analysis and evaluation of any situation in which it is learned that any member of an ADC family gives birth to or becomes pregnant with, an out of wedlock child.

.3 Procedures

The same procedures shall apply in active as in pending cases (2282.3).

2634. Employment Policy

In determining continuing eligibility, the earning capacity of all family members shall be reevaluated.

.1 Employment of Parents

Changes in the home situation may make it possible for the parent to take employment if available. Conversely, changes in the home situation or health factors may create a need for an employed parent to terminate employment in order to remain in the home on a full-time basis. [See 2286.1 and .2 for policy.]

.2 Employment of Children

[See 2286.3.]

2640. FACTORS SUBJECT TO CHANGE IN ASSISTANCE FOR THE BLIND ONLY

.1 Requirement

There shall be a redetermination of medical eligibility (blindness factor) for every AB recipient at intervals set by the Bureau of Medical Affairs.

The redetermination review date is designated on Form PA-8, Record of Action.

[See 22XX. 4 a. 4)]

.2 Procedures for County Welfare Boards

a. Scheduling of "Redetermination Review" date.

[For procedures refer to 2629.2 a.]

b. Caseworker's Control

[For procedures refer to 2629.2 b.]

c. Record Material Required for Review

The CWB shall forward a current Report of Eye Examination Form FA=5A together with any other current related reports and data requested by the Bureau of Medical Affairs and any other medical data available in the case record.

d. Case Status

1) Clients redetermined as medically eligible (blind).

When the Bureau of Medical Affairs has made a redetermination that the client continues to be medically eligible ("blind"), payments of assistance shall be continued, if otherwise eligible, until the next scheduled redetermination review by the Bureau.

2) Clients redetermined as medically ineligible ("not blind") following a course of treatment or surgery.

When the Bureau of Medical Affairs has made a redetermination that an AB recipient, as a result of remedial treatment or surgery, has vision in excess of that as defined in 22XX.1 and is therefore classified as "not blind", the effects of blindness may be considered as continuing for a temporary period not exceeding 3 months following the date of such change in classification.

2640. FACTORS SUBJECT TO CHANGE IN ASSISTANCE FOR THE BLIND ONLY (CONT'D.)

.2 2) (Cont'd.) During this period the individual may continue to be eligible to receive assistance through the AB program while efforts are being made to assist him in finding employment and/or in making application for another assistance program.

Temporary Instructions

2640. FACTORS SUBJECT TO CHANGE IN ASSISTANCE FOR THE BLIND ONLY (CONT'D.)

.3 Reevaluation of Medical Eligibility (Blindness Factor) in AB Cases Active as of 7/1/63

To facilitate the reevaluation of medical eligibility (the blindness factor) in all active AB cases received by administrative transfer from the Commission for the Blind on 7/1/63, the following procedures apply:

a. The CWB shall forward the Report of Eye Examination, Form AB-5, and other medical data on file in the case record to the Bureau of Medical Affairs either at the time of the first annual redetermination of eligibility or the first interim (six-month visit) whichever occurs first during the ensuing twelve-month period from 7/1/63 to 7/1/64.

b. The Bureau of Medical Affairs will evaluate the Report of Eye Examination, Form AB-5 and return the material to the CWB attaching a Record of Action, Form PA-8. The Form PA-8 will indicate:

1) Evaluation of medical eligibility (blindness factor);

2) Diagnosis;

3) Indication of the existence of any remedial eye pathology with recommendations for any necessary medical services; and

4) The next review date and need for further medical evaluation.

APPENDIX SECTION

CHAPTER 2600
DETERMINATION OF CONTINUING ELIGIBILITY

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

TO: _____ County Welfare Board

County Registration No. _____

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

A. CERTIFICATION OF PHYSICIAN

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

1. DIAGNOSIS: (Complete) _____

_____

_____

2. CHARACTERISTICS OF MAJOR DISABILITY

____ Static or stable ____ Progressive ____ Improving

3. DEGREE OF INCAPACITY (Please check each applicable item below)

Bedridden	Ambulatory	
___Bedfast and helpless	___Entirely independent	___With other-specify_____
___Sits up in bed	___Only with wheelchair	___Only from bed to chair without help
	___With aid of appliances	___Cannot use any stairs

4. EATING

___Feeds self unaided
___Partial help to eat
___Needs constant help to eat
___Requires special diet

5. CONTINENCE STATUS

___Continent
___Partially Incontinent
___Incontinent

6. MENTAL STATUS

___Clear
___Confused occasionally or part of the time
___Confused most of the time

7. NURSING CARE AND SERVICES NEEDED

___ Hypodermic injections	___Oral medication	___Daily enemas
___Dressings	___External medication	___Change bed position
___Temperature and/or pulse record	___Bed baths only	___Rubs and massages
___Catherization		

8. Describe any medication, treatment, or special diet patient is receiving or which you are now recommending: _____

_____

_____

(over)

9. Is surgery or other therapy contemplated? (If so, give details) _____

_____

_____

10. Is the current living arrangement providing the kind of care this patient needs? Yes _____ No _____

If patient now requires less care or more care than present arrangement affords, please indicate recommended facility below:

☐ Client's own home ☐ Home of relatives ☐ Boarding Home

☐ Licensed Nursing Home ☐ Public Medical Institution (Chronically Ill)

11. Have you any further recommendation? _____

_____

_____

_____

12. In your opinion does this patient require care and treatment for active tuberculosis? Yes _____ No _____

13. In your opinion does this patient require care and treatment for a mental disease, defect or impairment in an institution for the mentally ill or mentally deficient? Yes _____ No _____

Date _____ _____ M.D.

B. RECERTIFICATION OF PATIENT STATUS IN INSTITUTIONAL FACILITY

[This section to be completed ONLY when recipient is a patient in a licensed nursing home, non-profit or charitable home, or public medical institution (chronically ill)]

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

Date _____ _____
(Operator of Superintendent)

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CHAPTER 2700

CASE RECORDS AND FILES

2700. CASE RECORDS AND FILES

2710. PURPOSE OF CASE RECORDS

The case record is the official file of forms, chronological narrative, correspondence and other documents pertinent to the application and eligibility of the client. It constitutes a complete record in support of the county welfare board's decisions and actions about eligibility for assistance for each case.

.1 Additional Objectives

The case record serves:

a. to substantiate decisions to grant, deny or continue assistance in accord with law and regulations;

b. to provide the information necessary for consistent action and efficient operation in the county welfare board's relationship with the client;

c. to show how and to what extent the county welfare board's purpose and functions are carried out in relation to each individual client or member of the client group;

d. to provide an adequate and accurate source of information for the Division of Public Welfare and Federal staff for statistical studies or other research purposes; and

e. as an essential tool in supervision.

2711. Contents of the Case Record

The validity of all case action rests primarily on the significance of the data in the case records. The following items should be part of the case records:

.1 all forms necessary for the appropriate assistance programs are enumerated in this chapter;

.2 any forms which by other rules or regulations are now or hereafter identified as case record material;

.3 the narrative recording; and

.4 all related correspondence, memorandums and documents except those which are required by law or regulation to be maintained in some other files.

2712. Required Forms

Indicated in the following table are the forms that must be completed for the various categorical assistance programs. The other forms listed in this chapter are not to be used routinely but only when the circumstances of a particular case warrant such use (e.g. Form PA-10D, Agreement to Repay should be used only when there is a definite possibility that the client may receive funds as the result of a suit or claim.)

FORMS REQUIRED		PROGRAMS			
		OAA	DA	AB	ADC
PA-1G	Application and Affidavit for Public Assistance	X	X	X	
PA-1J	Application and Affidavit for Public Assistance				X
PA-2A	Face Sheet - Application	X	X	X	X
PA-2B	Verification of Eligibility Factors (Other than Need)	X	X	X	X
PA-2C	Financial Resources Sheet	X	X	X	X
PA-2D	Summary Report	X	X	X	X
PA-3A	Budgetary Statement-Other than MAA	X	X	X	X
PA-5	Examining Physician's Report and Bill		X		X*
PA-5A	Report of Eye Examination (Assistance for the Blind)			X	
PA-6	Summary of Social-Medical Information (for Determination of Disability and Incapacity and Blindness)		X	X	X*
**PA-6A	Interim Social-Medical Information		X	X	X*
PA-10	Agreement to Reimburse (OAA and DA only)	X	X		
**PA-22	Record of Classification and Services (Recipient Cases)	X	X	X	X
**PA-22B	Record of Services for Applicant Cases (Intake)	X	X	X	X

*To be used in ADC only in those cases when the determination of eligibility is based on incapacity.
**Not required for validation.

2713. Maintenance and Custody of Case Records

.1 Maintenance

All case record material relevant to each client or client group will be maintained in a folder, jacket, or envelope bearing the appropriate registration number.

.2 Accessibility

All case records shall be filed in fire-resistant cabinets with an appropriate index. A separate file shall be maintained for each program. The director of the county welfare board may further subclassify the case records in whatever manner is best suited to local administrative use and control, provided that all such classifications are cross-indexed so that it shall be possible to locate immediately the whole of any case record either by name or registration number.

2714. Movement of Case Records

.1 General Policy

No case record or official part of such record shall be removed from its designated filing cabinet without an identifying record of the individual to whose use and custody it is being made available.

.2 Safe-keeping

Any case record or official part that has been removed from its designated filing cabinet must be placed in some similar storage arrangement at the close of each business day.

.3 Authorization

No case record or official part shall be removed from the offices of the county welfare board except at the specific authorization of the director, deputy director or duly designated representative of the director.

2715. Transfer of Case Records

No case record or official part of such record shall be permanently removed from its designated filing cabinet unless and until it is transferred in its entirety to the custody of some other county welfare board in accord with the procedures in 2225.4

2716. Retention and Destruction of Case Records

.1 Authorization

The CWB shall have the responsibility to determine which case records may be destroyed and which must be forwarded to the Division of Public Welfare for microfilming. In selecting these cases the CWB shall follow the procedures set forth in this section and shall not destroy or otherwise dispose of any case record before the expiration of the retention requirement as specified in 2716.3c.

.2 Procedures

a. The CWB shall institute a system, compatible with its internal administrative procedures, which will assure the identification of closed applications and cases by program, date of closing and status of reimbursement and assets (if applicable).

b. The file of closed cases should be reviewed annually. However, OAA, DA and MAA cases closed because of death, for which full reimbursement has not been received and for which assets have not been accounted for, must be reviewed semiannually.

1) Cases which have been closed for a period exceeding that indicated in 2716.3c. and which do not require microfilming, should be removed and destroyed after authorization has been received from the State Division.

2) Cases which require microfilming must be forwarded to the Division of Public Welfare. The case record should include:

a) all the case record forms;

b) the narrative of the initial investigation, including any follow-up recording;

c) any continuance recording pertinent to reimbursement or assets;

d) any correspondence concerned with reimbursement or assets; and

e) a closing statement that must include:

(1) the amount of net assistance granted;

(2) the amount of reimbursement;

(3) the listing of all assets; and

(4) complete information about any agreements or plans to liquidate such assets.

2716. Retention and Destruction of Case Records (Cont'd)

.2 c. Appropriate records shall be maintained to facilitate the ready identification of the date and manner of disposition of case records processed in accordance with the provisions of 2716.2b.

d. Requests for destruction of case records will be submitted on State Form ED-6, Request and Authorization for Records Disposal. Supplies of Form ED-6 may be obtained from the Bureau of Business Services, Division of Public Welfare. Form ED-6 will be completed as follows:

Request Number - each county welfare board shall assign its own number to each request and the date upon which it was submitted;

Authorization Number and Date - for use of the Bureau of Archives and History;

From - provide complete address of county welfare board;

1) Item - number the items in sequence beginning with number 1;

2) Records Title and Description - indicate the number of case records by categorical program and provide sufficient information to facilitate their identification in the Record Retention Schedule;

3) Inclusive Dates - indicate the inclusive dates to which the material applies (e.g., the year the earliest application was taken and the most recent year a case was closed);

4) Volume - volume is to be measured in cubic feet (one file drawer equals two cubic feet). Measurements should be rounded to the nearest cubic foot--do not use a measurement less than one cubic foot;

5) Retention Period - complete in accordance with 2716.3c; and

6) Requested By - signature of Director of Welfare or authorized agent.

(All other items will be completed by the appropriate State Bureau.)

All copies of the completed Form ED-6 will be forwarded to the Bureau of Business Services for approval. The county welfare board shall not destroy any records until such approval has been received in writing. After records are destroyed the State Bureau of Business Services will be furnished a list of the names and case numbers of the case records destroyed.

2716. Retention and Destruction of Case Records (Cont'd)

.3 Retention Schedule

Case records are to be selected for destruction or microfilming in accordance with the schedule in 2716.3.

a. In situations where the retention requirement for a case is changed, such a requirement will continue to be determined from the date the case was closed and not on the date the status of the closed case was changed. (e.g., a case closed for reason other than death which at the time of closing was not fully reimbursed and for which full reimbursement is subsequently received)

b. When a client has been identified with more than one program and one has a more stringent retention requirement than the other, the more stringent requirement will prevail (i.e., the program which requires the longer retention period). In such cases the retention requirement will be determined from the most recent date assistance was terminated.

c. Record Retention Schedule

Case Records	Retention Requirement
Cases denied or rejected without a grant of assistance	3 years
Cases approved for assistance and closed for reason other than death:	
a. Full reimbursement received	3 years
b. Not fully reimbursed;	
1) No known assets	5 years
2) Assets exist but are not accounted for	
(a) OAA, DA, MAA: Case closed for 5 years	Microfilm
(b) ADC and AB	5 years
Cases closed because of death:	
a. Full reimbursement received	3 years
b. Not fully reimbursed;	
1) No known assets	3 years
2) Assets exist but are not accounted for	
(a) OAA, DA, MAA	Semiannual review
(b) ADC and AB	3 years

2720. CASE RECORD FORMS

.1 Form PA-1G, Application and Affidavit for Public Assistance

Use in adult programs.

.2 Form PA-1J, Application and Affidavit for Public Assistance

Use in ADC program.

.3 Form PA-1B, Guide for Hospitals in Screening Potential Applicants for MAA (MAA Manual)

.4 Form PA-1C, Inquiry for Medical Assistance (MAA Manual)

.5 Form PA-1D, Affidavit of Initial Eligibility for MAA (MAA Manual)

.6 Form PA-2A, Face Sheet

Use in all programs. See 2700 Appendix I-C for sample form. See 2700 Appendix I-B for instructions for Form PA-2A.

.7 Form PA-2B, Verification of Eligibility Factors (Other than Need)

See 2700 Appendix II-A for sample form. Form PA-2B shall be used for new applications, reapplications and reopened applications in all programs. See 2700 Appendix II for instructions for PA-2B.

.8 Form PA-2C, Financial Resources Sheet

This form will continue in use in OAA, AB and DA. It shall also be used to inventory any financial assets in an ADC case, disregarding the questions about assignment of insurance. Where it is necessary to identify policies or other assets for more than one member of the family, the parent's insurance or other assets shall be entered on the face of the form and data for other family members shall be entered on the reverse with identification by name. See 2700 Appendix II-B for sample form.

.9 Form PA-2D, Summary Report

This form will be used for narrative recording in all programs.

.10 Form PA-3D, Certification of Eligibility for Medical Assistance for the Aged (MAA Manual)

.11 Form PA-3E, Initial Certification of Eligibility for Medical Assistance for the Aged-Hospitalization (MAA Manual)

2720. CASE RECORD FORMS (Cont'd)

.12 Form PA-6, Medical Social Information Report

This form will continue in use for OAA and DA, and, as instructed in 2281.3 of the Manual, will be used in ADC only in respect to determination of "incapacity" of a natural or adoptive parent and of the spouse of a parent person.

Since this form was designed to record data about an individual client, it is not practical for recording data for a family in ADC. Therefore, in ADC the corresponding data, as appropriate, shall be recorded in narrative on Form PA-2D, giving data pertinent to each member of the family.

See 2700 Appendix III for instructions for PA-6, and Appendix III-A for sample form.

.13 Form PA-6A, Interim Medical-Social Report

See 2700 Appendix IV and IV-A.

.14 Form PA-22, Record of Classification and Services for Recipient Cases

See 2800 Appendix IV.

.15 Form PA-22B, Record of Services for Applicant Cases (Intake)

See 2800 Appendix IV-A.

2730. BUDGET FORMS

.1 Form PA-3, Financial Eligibility Statement for Medical Assistance for the Aged (MAA)

.2 Form PA-3A, Budgetary Statement

Use in all programs. See instructions in Chapter 600 of the Categorical Assistance Budget Manual.

.3 Form PA-3B, Evaluation of Capacity of Legally Responsible Relatives to Support.

Use in all programs when required. See instructions in Chapter 600 of the Categorical Assistance Budget Manual.

2740. MEDICAL FORMS

.1 Form PA-4, Certification of Need for Patient Care in Facility Other than Public or Private General Hospital

Use in all programs when required by policy. See 2254.1 for instructions.

.2 Form PA-4A, Recertification of Need for Patient Care in Facility Other than Public or Private General Hospital

Use in all programs when required by policy. See 2628.1, .2, .3 for instructions.

.3 Form PA-5, Examining Physician's Report

Continues in use in DA (See 2235.1 of the Manual) and will also be used in ADC in respect to determination of "incapacity" of a natural or adoptive parent. (See 2281.3.)

.4 Form PA-5A, Report of Eye Examination

Use in AB only. See 22XX.3.

.5 Form PA-18, Report of Mental Examination

Use in AB and OAA only as instructed in 2243.1.

.6 Form PA-19, Homemaker Questionnaire

Use in DA as instructed in 2234.4 c.

.7 Form PA-23, Medical Certification of Need for Home Health Care. (MAA Manual)

2750. [FORMS TRANSMITTED BY MEDICAL REVIEW TEAM TO COUNTY WELFARE BOARDS

.1 Form PA-7, Report of Findings of Psychiatric Diagnostic Group

[Used in both DA and ADC when Medical Review Team requires mental evaluation by Psychiatric Diagnostic Group. (See 2234.3 a.)

[.2 Form PA-8, Medical Review Team - Record of Action

Used in determination of permanent and total disability (DA). (See 2237.)

.3 Form PA-19A, Home Economics Consultant's Referral

Used only in DA in relation to evaluation of client as a "homemaker."

When the Home Economics Consultant has recommendations or comments of significance to CWB, a copy is returned with the record.

2760. MISCELLANEOUS FORMS

.1 Form PA-10, Agreement to Reimburse

Use in OAA and DA only.

.2 Form PA-10A, Notice of Agreement to Reimburse

.3 Form PA-10B, Certificate of Assistance Granted

.4 Form PA-10C, Warrant to Enter Satisfaction of Notice of Agreement to Reimburse and Certificate of Assistance Granted

.5 Form PA-10D, Promise to Repay

Use in ADC only. See ADC insert 2273. for instructions. See 2200 Appendix VII for sample form.

.6 Form PA-10E, Repayment Agreement for Medical Assistance for the Aged. (MAA Manual)

.7 Form PA-10F, Authorization to Permit Support Payments to County Welfare Board

Use in ADC only. See 2954.3 for instructions. See 2900 Appendix V-A for sample form.

.8 Form PA-11, Request for Payment of Burial and Funeral Expenses

Used in all programs. See Ruling No. 2 for instructions.

.9 Form PA-11A, Authorization for Payment by CWB to Funeral Director

.10 Form PA-12, Referral by State Mental Institution to Public Assistance Agency.

Use in all programs. See 2227.2.

.11 Form PA-13, Referral for Rehabilitation Services

Use in all programs. See 2800 Appendix V-A for sample form.

.12 Form PA-14, Inter-Agency Referral

Presently authorized for use by Rehabilitation Commission for referrals to public assistance agencies, see 2870; and for referral by CWB to municipal welfare departments, see 2891.2. Sample Form PA-14 appears as 2700 Appendix V.

2760. MISCELLANEOUS FORMS (cont'd)

.13 Form PA-17, Affidavit of Desertion

Use in ADC only. Use as instructed in 2281.2. See 2200 Appendix IX for sample form.

.14 Form PA-17A, Notice to County Prosecutor of Alleged Desertion

Use in ADC only. Use as instructed in 2281.2. See 2200 Appendix X for sample form.

.15 Form PA-17B, Notice to State Correctional Institution (ADC Case)

Use in ADC only. See 2700 Appendix VI for instructions and Appendix VI-A for sample form.

.16 Form PA-17C, Notice of CWB Action on Assistance for Dependent Children Case

Use in ADC only. See 2700 Appendix VI for instructions and Appendix VI-B for sample form.

.17 Form PA-21, Request From Public Assistance Agency (OAA, AB, DA, MAA)

Use in adult programs only and only when all other efforts to locate a deserting parent are unsuccessful. See 2829. for instructions. See 2800 Appendix III for sample form.

.18 Form PA-21A, Request From Public Assistance Agency (ADC only)

Use in ADC only and only when all other efforts to locate a deserting parent are unsuccessful. See 2829. ADC insert for instructions. See 2800 Appendix III-A for sample form.

.19 Form SSA-1610, Request for Federal Old Age and Survivors Insurance and for Non-medical Disability Information

Use in all programs. See 2825. for instructions. See 2800 Appendix II for sample form.

.20 Form PA-190, Information About Old Age Assistance in New Jersey

.21 Form PA-191, Information About Disability Assistance in New Jersey

.22 Form PA-192, Information About Assistance for Dependent Children in New Jersey

2760. MISCELLANEOUS FORMS (cont'd)

.23 Form PA-193, Information About Assistance for the Blind in New Jersey

.24 Form PA-194, Information About Medical Assistance for the Aged in New Jersey

.25 Form PA-350, Client Referral for Agency Homemaker Position

.26 Form PA-351, Application for Homemaker Position

.27 Form PA-352, Applicant Appraisal for Homemaker

.28 Form PA-353, Health Examination-Homemaker

.29 Form PA-354, Homemaker's Monthly Schedule

.30 Form PA-355, Case Identification for Homemaker Service

.31 Form PA-356, Request for Homemaker Service

.32 Form PA-357, Action Taken on Request for Agency Homemaker Service

.33 Form PA-358, Referral for Homemaker Service to a Community Agency Homemaker Service

.34 Form PA-359, Monthly Homemaker's Service Record

Forms PA-350 through PA-359 are to be used in connection with Homemaker Services.

APPENDIX SECTION

CHAPTER 2700
CASE RECORDS AND FILES

TABLE OF CONTENTS FOR 2700 APPENDIX

2720.1

I. STATEMENT OF POLICY

Program Interpretation

A person shall not execute an application (Form PA-1) until an official agency representative has interpreted to him the eligibility requirements and services of the program for which he wishes to apply.

Fair Hearing

An applicant shall be provided a verbal interpretation of the fair hearing procedure during the initial interview, and his attention shall be specifically directed to the written explanation which appears on the reverse side of Form PA-1.

A duplicate copy of Form PA-1, as executed by the applicant, shall be furnished him, except on applications for continued assistance.

Administrative Control

The form shall always be executed in the presence of an official representative of the agency, whether in or outside the agency office. Form PA-1 shall not be mailed to anyone in response to an inquiry or request for assistance by letter or telephone, nor shall it be furnished to an applicant, or other person, to take from the office for execution outside the presence of an agency representative. If during an initial interview, the individual remains undecided about proceeding with an application, he shall be requested to return to the office, or to notify the agency within a reasonable time limit regarding his decision. (See 2110, et. seq., Intake Policy and Procedures.)

Execution of Form PA-1

There shall be careful discussion with the applicant about the importance of supplying complete and accurate information to facilitate consideration and determination of his eligibility. His attention shall be specifically directed to the statements concerning assurance of cooperation in any necessary investigation, confidentiality of information, and penalties for misrepresentation, which appear on the form immediately preceding his signature.

Once Form PA-1 has been executed by the applicant, no changes or additions shall be made except for items which relate to registration by the agency.

II. SPECIFIC INSTRUCTIONS FOR COMPLETING FORM

Heading

Enter appropriate county.

Case Name

OAA, DA, AB and MAA - Enter the name of applicant. Do not enter the name of an authorized agent.

ADC - Enter name of applicant parent or parent person. When both parents or parent persons are in the home, enter the name of the father or father person here.

Address

Two lines are provided for the street and post office address. By post office address is meant the municipal designation of the post office where the applicant receives his mail.

In the space provided, indicate the municipality where the address is actually located. In some cases this will be a different municipality than the post office address.

Registration Number

Enter county identification letter, program identification letter and registration number assigned to case. If a registration number has been previously assigned to the case by the same CWB, the former number shall be used.

Related Registration Numbers

Enter those numbers which identify the case of any persons in the family unit who are registered separately under the same or another categorical assistance program.

Date Registered

Enter date application is registered by the agency. The date entered shall correspond to the official registration date as entered on PA-9 even though Form PA-1 may be executed on a different date.

No date is to be entered for "Date Registered" when "Status" is checked "CA." (See 2116, Registration Procedures, etc.)

Status

Check status of case according to instructions in 2101.7 for definitions of NA, RA, RO, TR.

CA - to be checked when recipient is applying for continuation of assistance.

Type of Assistance

Indicate type of assistance for which initial application is being made, or for which continued assistance is requested by a recipient, as appropriate.

Persons for Whom Assistance is Requested

The names entered here shall be only those of adults and children for whom assistance is requested under the same program.

Do not enter the name of any person already receiving categorical assistance.

OAA, DA, AB and MAA - Enter the name of the applicant on the appropriate line. In situations where applicant has a needy spouse who is not separately eligible to apply for OAA, DA or AB, enter the spouse's name on the appropriate line.

ADC - If there is only one natural or adoptive parent or parent person requesting assistance for himself or herself, enter name on appropriate line.

If both parents or parent persons are in the home and one is incapacitated, and both are requesting ADC for themselves as well as for minor children, enter each name on the appropriate line.

If assistance is being requested for one parent or parent person in the home and for an incapacitated spouse who is receiving care in an eligible medical institution, enter both names on the appropriate lines.

If the parent(s) or parent person(s) is not requesting ADC for himself (themselves), do not enter his name here.

Enter the names of the children of eligible age (see 2280.2) for whom assistance is requested, listing oldest child first. If a child for whom assistance is being requested is "temporarily absent" from the home (see 2284), list such child.

Signature of Applicant

In OAA, DA or AB, if the applicant cannot write, he must make his mark, witnessed by an agency staff member:

John his x mark Jones

In ADC, the procedure will be the same if there is only one parent or parent person in the home. When both are present, both shall sign the application regardless of whether or not either or both are applying for ADC for themselves, and regardless of whether either or both are already receiving another form of categorical assistance. (See 2113.4)

Signature of Authorized Agent

If authorized agent is applying for an OAA, DA, AB or MAA applicant, he must sign his name and list his address and relationship to the applicant.

Signature of Authorized Agent (Cont'd)

This section will be used only if there is a reasonable doubt of the client's mental competency and an authorized person is making the application on the person's behalf, or when a legal guardian is acting for a person. (See 2101.3, 2101.4 and 2114.)

Affidavit

Following "Personally appeared before me _____," insert name of applicant, (or applicants in ADC), or name of authorized agent, whichever one signed Form PA-1.

In all instances the affidavit will be witnessed by a representative of the agency.

_____ COUNTY WELFARE BOARD

APPLICATION FOR PUBLIC ASSISTANCE

CASE NAME _____
(Last) (First) (Middle)

_____
(Street Address)

_____
(P. O. Address) (Zip Code)

Municipality in which above address is actually located _____

To be filled in by County Welfare Board

Registration No. _____

Related Registration Nos. _____

_____

Date Registered _____

Status: ☐ NA ☐ RA ☐ RO ☐ TR ☐ CA

I have been informed by a representative of the county welfare board of the eligibility requirements as established by State law and regulation for _____

I do hereby apply for such assistance for each person listed below who, to the best of my knowledge and belief, is in need and meets these eligibility requirements:

Name (Last name first)	Sex	Birth Date	Name (Last name first)	Sex	Birth Date

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that I must furnish certain information to the county welfare board to establish eligibility and extent of need for public assistance; that the county welfare board will help to secure this information and verify it. I will supply complete and accurate information, within my knowledge, to representatives of the county welfare board and will furnish pertinent documents and arrange for verification of such information by other persons and agencies having knowledge thereof, when so requested. I understand that the information obtained will be used ONLY in connection with the application for or receipt of assistance.

I also understand that it is my duty to report immediately to the county welfare board any change in living conditions, family situation, or receipt of money from any source.

I am fully informed and aware of the contents of this application, and know that making false statements, or failure to reveal information by me or causing others to conceal information to support this application, or failure to keep the welfare board informed of changes in my circumstances, including finances, employment or other resources, would be a violation of the law for which penalties have been fixed.

_____
(Signature of Each Applicant)

_____
(Signature of Authorized Agent) (Address of Authorized Agent) (Zip Code)

STATE OF NEW JERSEY

COUNTY OF _____

Personally appeared before me _____ who being duly sworn according to law, depose(s) and say(s) that the statements made in connection with this application for assistance are true and correct.

Sworn and Subscribed to before me this _____ day of _____ 19 ____

_____
(Representative of Agency)

CP (SEE OTHER SIDE FOR COMPLAINT AND FAIR HEARING EXPLANATION)

YOUR RIGHT TO A FAIR HEARING

If you are a person seeking or receiving assistance and you are dissatisfied with any action or lack of action by the county welfare board, you have a right to ask for a fair hearing.

Some of the reasons why people request fair hearings are: (1) agency delays in accepting or reaching decisions on assistance applications; (2) a person believes that the amount of assistance he receives is incorrect or is not sufficient to meet his needs; (3) a person believes that a suspension of his assistance is not reasonable; (4) a person thinks that he is eligible for assistance and should receive it although his application has been denied or his assistance payment has been discontinued; and (5) a person is dissatisfied because his assistance is being given to someone else to control or spend for him.

It is important for you to remember that a fair hearing must be requested within a reasonable time. Usually a fair hearing request must be made within ninety days of the action or lack of action about which you are dissatisfied.

If it is reasonably possible, the county welfare board is expected to complete action within thirty days on applications for Assistance for the Blind, Assistance for Dependent Children, Medical Assistance for the Aged, and Old Age Assistance, and within sixty days in Disability Assistance. If you are an applicant for assistance under any of these programs except Disability Assistance, you are entitled to receive notice on or before the end of thirty days of the final action taken on your application or be given an explanation if a further delay is unavoidable. If you are an applicant for Disability Assistance, you are entitled to the same notice or explanation on or before the end of sixty days.

A fair hearing is only one of the ways or methods used to review complaints. When the fair hearing method is used, the Commissioner of Institutions and Agencies or his representative reviews the complaint. If you request a fair hearing, arrangements are made for a suitable time and place for holding the hearing. You and other persons, including your witnesses or representatives, if any, and representatives of the county and State assistance agencies, participate in the hearing to provide information and answer questions needed to reach a decision. The fair hearing decision is binding on all parties concerned but may be appealed to the New Jersey Superior Court, Appellate Division.

You can request a fair hearing by writing or calling your county welfare board or by addressing a request to the Department of Institutions and Agencies, Division of Public Welfare, P. O. Box 1627, Trenton, New Jersey 08625.

You do not have to request a fair hearing in order to receive prompt consideration and review of your complaint by the county welfare board or by the State Division of Public Welfare. The county welfare board and the State Division of Public Welfare are required to promptly review any requests you make to them for an informal review of your complaint and to do everything possible within the laws and regulations to adjust your complaint in a simple and informal manner without requiring that you file a fair hearing request and participate in a more formal hearing. All you have to do to get prompt attention and an informal review of a complaint is to ask for it at the county welfare board either by letter or verbally or you can write directly to the State Division of Public Welfare, Box 1627, Trenton, New Jersey 08625.

You, as a person seeking or receiving assistance, have a free choice to request either (1) an informal review of your complaint by the county welfare board or State Public Welfare Division or (2) a formal review by the Commissioner of Institutions and Agencies or his representative in a fair hearing. If you choose to ask for an informal review of your complaint by the county welfare board or the State Division of Public Welfare and the result of the review should be unsatisfactory, you still have the right to then request a fair hearing.

A STATEMENT CONCERNING HOME VISITS

The determination of eligibility for assistance normally requires a home visit prior to authorization of an initial payment of assistance, and at prescribed periods while assistance is being received. These home visits are the responsibility of the staff of the county welfare board.

In addition, the State Division of Public Welfare is required to conduct a continuing review of public assistance programs. In this connection staff of the State Division, in a selected number of cases, will make home visits similar to the kind made by the county welfare board caseworker. Representatives of the State Division will have identification cards.

Your cooperation in providing information to the county and State representatives will make it possible to provide the assistance and services to which you are entitled.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Lloyd W. McCorkle, Commissioner

Purpose: Identification and source for current information.

Registration Number: Self-explanatory

Related Registration Numbers: Enter those numbers which identify the case of any persons in the family unit who are registered separately under the same or another categorical program.

Date: Enter date the form is executed.

Case Name: Enter the name of applicant person in OAA or DA. Enter name of applicant parent or parent-person in ADC. This shall be both names when both parents are in the home. Enter father's name before that of mother. (Example: Jones, Edward and Elsie).

Maiden Name: When the case name is that of a woman who has been married, enter her maiden name.

Current Address: Enter place where person is living on the date form is executed. Thereafter enter changes of address and date as they occur.

Persons in Home: Enter the names of all person who consider the above address their customary place of abode. This will include those persons who may be out of the home temporarily because of illness or other reason. If temporary absence is due to illness enter only the names of those persons whose maintainance is subsidized in whole or in part by family resources or by public assistance in an eligible institution.

Designate such person by asterisk (*) and explained below.

1. Name: Enter on line 1 the name of that person in the home considered the head of the household. When both husband and wife are present, enter the husband as "head" regardless of whether or not he is to be included in the ADC grant and whether or not he is to be payee in ADC.

2. Social Security Number: Enter for each person if related. When a person in the home does not have a number, enter "none."

3. Sex: Enter M or F.

4. Birthdate: Enter birthdate whenever available or birth year if birthdate is not known.

5. Kinship to: Enter relationship, if any, of each person named to name on line 1. If no kinship exists, enter "boarder" or "roomer", as appropriate.

6. Source of Support: Explain how needs are met by appropriate entry such as employment, retirement benefits, General Assistance, or appropriate symbol for categorical program.

7. Date (in or out): Enter date when name was added or removed from "Persons in Home". If a person who has been in the group is no longer eligible to be included, a line should be drawn through the name and the date entered. If a name is added, all other information is entered, including the date of entry.

When a name is removed from the group for reasons other than death, enter where applicable in one of the other sections below.

8. Explanation: After asterisk (*), enter current address of person temporarily out of home and explain,if necessary.

Responsible Relatives Out of the Home:

1. Name: Enter those responsible relatives living out of the home who are to be evaluated for capacity to support.

2. Social Security Number: Enter as above.

3. Birthdate: Enter as above.

4. Kinship to: Enter as above under "Persons in Home."

5. Comment: Enter any necessary or helpful information.

Other Relatives and/or Interested Persons:

1. Name: Enter those persons out of the home not otherwise accounted for, who are helping the family or have shown an interest in doing so.

2. Kinship to: Enter kinship, if any exists, to a member of "Persons in Home" and identify such member by entering the number in front of his name under "to."

3. Comment: Enter any necessary or helpful explanation.

General Instructions:

Reverse side may be used for additional names in any section that does not have enough lines. When this is necessary, signify on front that there is a continuation on the reverse side. Identify the heading for the appropriate section on the reverse side.

VERIFICATION SHEET - INSTRUCTIONS FOR COMPLETING FORM PA-2B 2700 APPENDIX II

2720.3

Purpose: To select all eligibility factors other than need and to assure that each has been adequately verified to establish that the applicant is or is not eligible. Hearsay evidence and personal opinions of individuals should be weighed but discounted if not consistent with verified information.

Case Name: Enter identical name or names as they appear on Face Sheet.

Registration Number: Self-explanatory

Marital Status:

1. Name: In OAA and DA enter the name of the applicant person. In ADC enter the name(s) of the natural or adoptive applicant parent(s).

2. Status Code: a) Enter S (Single) if person has never married.

b) Enter W (Widowed) if spouse is dead. A change in marital status prior to death does not affect this entry.

c) Enter D (Divorced) if legal action has been taken.

d) Enter Sep (Separated) in any situation other than divorce where persons are living apart in a state of estrangement.

Do not report individual as separated if there have been no domestic difficulties and spouse is living at a place of employment such as an institution, or with a family employed as a domestic, or is in an institution receiving care but would otherwise be living at home.

e) Enter M (Married) if legally married and none of the other symbols (D, W, S, or Sep) apply.

3. Date: Enter date of marriage, divorce, etc., as applicable.

4. Source: If status was verified by documentary evidence, identify the document(s). If non-documentary, explain basis of verification.

Birthdates:

1. Name: Enter only that of applicant-person under OAA or DA.

Enter those of applicant-family in ADC. (Verification is essential for any person in the group approaching 18 or 65.)

2. Source: See 2200 Appendix I for acceptable sources.

2720.3

Residence: In OAA and Da enter sufficient addresses to cover length of time necessary to establish that residence requirement has been met. (Some counties may want to verify State or County residence for 5 years for future use,if necessary.)

In ADC, although only current address needs to be verified, history of residence for at least 12 months preceding application shall be recorded.

Source - See 2200 Appendix II for acceptable sources.

Cause of Deprivation (ADC): [See 2281.]

1. Child's Name: Enter full name of each child.

2. Parent's Name: Enter the name of the parent(s) whose death, incapacity or absence has deprived the child of parental support or care.

3. Cause Code: Enter reason for deprivation by use of one of the following symbols: D (Death); I (Incapacity); or A (Absence).

4. Explanation: Entry here will depend upon "cause" of deprivation.

   Death: Enter date and source of verification. If this has already been entered under marital status, refer to proper entry.

   Incapacity: Enter method of verification. If by Medical Service Section enter the letters MSS and the date on Record of Action. Otherwise, specify whether established by statement from M.D. or institution (that parent will be "incapacitated" at least 60 days), or by fact parent receives BA or Federal Disability Insurance Benefits. [Refer to 2281.3d for policy.]

   Absence: First enter reason for absence. [See 2281.2 for listed reasons.] When reason has been established, indicate whether source of verification is documentary or non-documentary. If documentary, identify the documents. If non-documentary, explain basis of verification.

Verification of Adoption or Relationship to Parent Person: This last section does not apply if the applicant-parent is a natural parent.

Verification of Adoption: Enter source of verification. Only documentary proff is acceptable and such proof may be in the possession of the applicant or may have to be attained from Court records.

Relationship to Parent: Enter name of each child and explain nature of evidence accepted as verification of the specified relationship.

Verification of Permanent and Total Disability: Enter date of Record of Action from Medical Service Section.

VERIFICATION OF ELIGIBILITY FACTORS (Other than Need)

FORM PA-2B (1/62) (SU)

Case Name _____ Registration No. _____
(Last Name) (First Name) (Middle Initial)

MARITAL STATUS

Name	Status Code	Date	Source of Verification

BIRTH DATES

Name	Source	Name	Source

RESIDENCE

Addresses (most recent first)	From	To	Source

CAUSE OF DEPRIVATION (ADC) DEATH, INCAPACITY, OR ABSENCE

Child's Full Name	Parent's Name (surname, if different)	Cause Code	Explanation

VERIFICATION OF ADOPTION OR RELATIONSHIP TO PARENT PERSON — (Specify how determined for each child)

_____

_____

_____

VERIFICATION OF PERMANENT & TOTAL DISABILITY — See Bureau PA-8 Record of Action Dated _____

STATUS CODE — S (Single); W (Widowed); D (Divorced); Sep. (Separated); M (Married)
CAUSE CODE — D (Death); I (Incapacity); A (Absence)

Name_____ Registration Number_____

Date_____ Companion Case_____

FINANCIAL RESOURCES SHEET

REAL PROPERTY

Location (Street and City)	Description of Property Including Size and Type of Building

Assessed Value	Annual Taxes	Taxes Paid to End of	Unpaid Taxes or Assessments
$	$	, 19	$ for

Mortgages or Other Liens Owing to (Name and Address)

Amount	Interest	Interest Paid to End of	Amortization Required		
			Amount	Period	Paid to End of
$	%	, 19	$		, 19

Name of Fire Insurance Company, if any Policy Expires (Date)

Has applicant disposed of real property in last five years? ☐ Yes ☐ No Describe in detail on Form PA-2D

INSURANCE AND DEATH BENEFITS

Company or Organization	Number	Kind	Face Value	Liens	Premium	Period	Date Policy Becomes Paid-Up
1.			$	$	$		
2.							
3.							
4.							
5.							

Premium Payer After Grant (Name, address, relationship)

Beneficiary:

Has Assignment Been Completed? ☐ Yes ☐ No

Has Agreement Been Signed? ☐ Yes ☐ No

Holder of Policies after Assignment

STOCKS, BONDS AND OTHER SECURITIES

Serial Number	Description of Securities	Present Value
		$
		$

Nature of Control Established	Holder of Securities After Assignment or Other Control

AVAILABLE CASH

IN BANK	Name of Bank	Amount	Nature of Control Established
		$	

Amount of Cash on Hand, if any $

Describe other personal property, stating approximate value:

War Veteran: ☐ Yes ☐ No Amount of OASDI Benefits: ☐ None; ☐ $ monthly

Government Pension as War Veteran, Widow or Parent of War Veteran: $ Period:

Other Pensions: Source: Amount: $ Period:

Does anyone owe money to client? If so, describe:

BURIAL PLOT AND WILL

Has client made a will? If so, give name and address of person holding it:

Is burial plot owned by client or otherwise available for him? If so, give cemetery: Holder of Deed:

INSTRUCTIONS FOR FORM PA-6, SOCIAL INFORMATION FOR DETERMINATION OF DISABILITY AND INCAPACITY

A. WHEN TO USE FORM PA-6

Form PA-6 has been designed specifically for use in Disability Assistance and in Assistance for Dependent Children as provided below. It will not be used in Old Age Assistance.

1. Disability Assistance

In this program the PA-6 shall be completed for every applicant (unless disposition by withdrawal, dismissal or denial by CWB occurs before forms have been completed.)

A typed copy of the PA-6 shall be submitted to the Medical Service Section of the State Bureau together with the PA-5 and other required material, for determination of the factor of permanent and total disability as instructed in 2236.1a.

2. Assistance for Dependent Children

In this program the PA-6 shall be used only in the following three situations:

a. When eligibility is based on the "incapacity" of a natural or adoptive parent, the PA-6 shall be completed for such parent for submittal to the Medical Service Section as required in 2281.3d through g. The Medical Service Section will routinely review the record for potential eligibility for DA as well as making a determination of the "incapacity" factor.

b. When it is necessary to establish the "incapacity" of the spouse of a parent person in order to include such spouse's needs in the family budget unit, then the PA-6 and other required record material shall be submitted to the Medical Service Section in the same manner as for the "incapacitated" natural or adoptive parent. [See 2101.16, 2281.3d through g and 2289.]

c. When CWB decides that it is necessary to arrange for psychiatric examination of a parent or parent person applicant, the PA-6 shall be completed. [See 2288* for policy and procedure.]

B. PURPOSE OF FORM PA-6

Form PA-6 has been designed to provide the Medical Service Section of the State Bureau with social information essential to the determination of permanent and total disability (DA) and of incapacity (ADC).

A concurrent objective is to provide data that will enable the Medical Service Section to make recommendations aimed toward helping the client to achieve the highest possible level of self-dependence, or toward increasing his comfort, and easing his and his family's situation.

*Under development.

C. GUIDE FOR SELECTIVE RECORDING

The validity of the decisions and recommendations made by the Medical Service Section depends in large part on the adequacy of the reports prepared by the caseworker. It is important for the caseworker to remember that the personnel in the Medical Service Section have not seen the client nor his family. The review teams must be able to obtain from the PA-6, and medical reports, a vivid picture of the client as he is today against a backround of his previous medical-socio-economic history. The teams are looking for answers to such questions as

1. Who is this person; what is he like?

2. How has he been affected by a physical or mental disease, defect or impairment?

3. What capacities does he have which can be developed and strengthened?

4. Are there circumstances in his personal life, in his family setting, in the community setting, which will be helpful or which will hinder efforts to help him become self-dependent?

5. What kinds of services does he need and could he use if made available to him through special circumstance allowances, or through other resources in the community?

The caseworker gathers the necessary information from the client, his family, from his physician, and from others who are involved in giving him care and/or services, including particularly any medical, health, private and public welfare agencies. which have or are currently serving him. It is important to identify the source of information.

Information about the extent of client's daily activity provides clues to many of the answers sought. The check-off in section "I" supplemented by the caseworker's comments in section "K" should give a clear picture of the client's activities during a normal day. Notation of mental and emotional factors which appear to affect the extent of activity and self-help is as important as noting the limiting physical factors.

Section "K", Social Evaluation and Plan, will be a composite of the caseworker's impressions and of information obtained from the client and others who have known him. It is recognized that the caseworker's evaluation based on facts and impressions gatheredin one or two interviews, must be considered a tentative one. Subsequent contacts will enable the worker to confirm, amend or enlarge upon first impressions as well as to report on client's progress or regression when completing the PA-6A, Interim Social-Medical Report. [See 2629, 2631.3, 2632.]

C. GUIDE FOR SELECTIVE RECORDING (CONTD.)

It is important to include a statement of any services which the client appears to need, and whether or not such services are available in the community. This information is essential for the Medical Service Section personnel who are not familiar with community resources on a State-wide basis; it is also important for CWB staff who will be responsible for helping the client secure services which are recommended by the Medical Service Section.

SOCIAL INFORMATION FOR DETERMINATION OF DISABILITY AND INCAPACITY

_____ County Welfare Board

Registration No. _____

Related Nos. _____

A. CLIENT BEING EVALUATED

1. Name _____ (Last) (First) (Middle)

2. Sex: [ ] M. [ ] F.

3. Veteran [ ] Yes [ ] No

4. Address _____

5. Birthdate _____ (Day) (Month) (Year)

6. Birthplace _____

7. Martital Status: [ ] S [ ] M [ ] W [ ] Sep. [ ] Div. [ ] Other _____ (Specify)

Name of Spouse	Married	Enter Dates Separated	Divorced	Died

B. CASE STATUS: This report submitted for determination of

1. [ ] Permanent and Total Disability [ ] Incapacity in ADC [ ] Both
2. [ ] New application [ ] Reapplication [ ] Reopened Application _____ (Registration Date)

C. CURRENT SHELTER ARRANGEMENT (Complete as appropriate)

1. Congregate Living	Name of Institution or Operator	Date Admitted
a. Private (General) Hospital		
b. Public Medical (Chronic)		
c. Public Medical (Acute)		
d. Public Instit. (Domiciliary)		
e. Licensed Nursing Home		
f. Non-profit (Infirmary)		
g. Non-profit (Domiciliary)		
h. Boarding Home, State Approved		
i. Boarding Home, Not Subject to State Approval		

Registration No. _____

C. CURRENT SHELTER ARRANGEMENT (CONTD.)

2. Other Arrangements

a) Client lives in [ ] house [ ] apartment [ ] housekeeping room (s) No. rooms _____

[ ] alone [ ] with others If stairs used, number of flights _____ Elevator? _____

b) If client lives as member of a household, identify other members as to

Name & Relationship to Client	Age	Name & Relationship to Client	Age

c) [ ] Client has room and restaurant arrangement:

[ ] Eats all meals in restaurant; or, eats _____ meals per day in restaurant.
(Number)

[ ] Client has room to himself; if not, _____ other persons sharing room.
(Number)

d) Describe arrangements for water supply, toilet and bath, type of heating, cooking facilities, and household equipment for washing, ironing and cleaning.

D. PLAN FOR CHANGE IN LIVING ARRANGEMENT

If plans are being considered for a change in client's present living arrangement or if client is currently in an "ineligible" arrangement, explain the known or tentative plan:

E. ECONOMIC STATUS OF CLIENT AND FAMILY

1. Client currently receiving:

[ ] Public Assistance _____ Continuously since _____
(Program) (Date)

Intermittently since _____
(Earliest date)

	Per month			Per month
[ ] Unempl. Insurance	$_____	[ ] VA Benefits	[ ] Service Connected	$_____
[ ] Temp. Disability	_____		[ ] Non-service Connected	_____
[ ] Workmen's Comp.	_____		[ ] Widow	_____
[ ] OASDI: [ ] DIB	_____	[ ] Retirement: _____ (Identify)		_____
[ ] OASI	_____	[ ] Other: _____ (Union, sickness, accident benefits, etc.)		_____

[ ] Private Agency: _____ _____ since _____
(Identify) (Type of service)

Registration No. _____

E. ECONOMIC STATUS OF CLIENT AND FAMILY (CONTD.)

2. If not employed, and no current support reported above, explain how client has maintained himself.

3. If client is member of family unit explain current source of income or support of other members. If family receives ADC give date last granted and basis of eligibility (i.e., absence, death, incapacity):

F. EMPLOYMENT HISTORY

1. Soc. Sec. Acct. No. _____ [ ] None

2. Usual occupation: [ ] Homemaker [ ] Self-employed [ ] Wage or salary

3. Ever in paid employment? [ ] Yes [ ] No If "yes" list all employment (including self-employment) for at least last 5 years, starting with most recent job.

Kind of Work (Job Description)	Type of Business	Full* Time?	Period of Emp. From	Period of Emp. To	Highest Wkly. Wage	Reason for Leaving

* Explain "No" answer under K, 3

4. If termination of employment related to industrial or other accident, explain current status of claim.

G. EDUCATION

1. Literacy in English: Speak? [ ] Yes [ ] No; Read? [ ] Yes [ ] No; Write? [ ] Yes [ ] No
2. Can client speak, read or write other languages? (Specify) _____
3. Highest grade: Grammar _____, High School _____, College _____
4. State age when client left school as indicated in 3. _____
5. Describe any special study, training, skills or hobbies:

Registration No. _____

H. PERTINENT MEDICAL HISTORY

Enter only verified information. Use form letter to obtain dates and discharge diagnosis from hospital when necessary. Do not delay submittal to obtain abstracts of medical records except as required in 3, below. Submit any reports or summaries from physicians, clinics, hospitals, other agencies, etc., which are already in possession of your agency.

1. Hospitalization (in-patient care)

Name of Hospital	Dates Under Care	Hospital Record Discharge Diagnosis
	To	
	To	
	To	

2. Private Physician or Clinic (out-patient care)

Name of Physician, or Type Clinic (Medical, Surgical, Eye, etc.)	Dates Under Care	Diagnosis
	To	
	To	
	To	
	To	
	To	

3. Other Institutional Care (See 2235.3b re: submittal of PA-7)

Name of Institution	Dates Under Care	Institutional Discharge Diagnosis
	To	
	To	
	To	

I. EXTENT OF ACTIVITY

Check whichever of the following most nearly describes the usual extent of client's daily activities:

[ ] Bed-fast [ ] Chair-fast [ ] Room-bound [ ] House-bound

Limited to [ ] house and grounds [ ] Neighborhood [ ] Unlimited

Explain specific limitations on client's activities and services required by others under K, 1.

J. KNOWN TO OR REFERRED TO OTHER AGENCIES (Check one or more agencies, as appropiate. Enter in 8 referral to any other statutory benefit program, private or public agency, or voluntary health organization.)

Agency or Program		Referral Date if Known
1. Veterans Administration	[ ]	
2. Federal Disability Determination (DIB)	[ ]	
3. State Rehabilitation Commission	[ ]	
4. State Commission for the Blind (Other than AB)	[ ]	
5. Bureau of Crippled Children	[ ]	
6. State Employment Service	[ ]	
7. Municipal Department of Welfare (General Assistance)	[ ]	
8. Other _____ (Identify)	[ ]	

When any of above are checked, explain the current status of the case as to services currently being given, reason for rejection or case closing, pending determination, etc. Information obtained by telephone, at the discretion of CWB, is acceptable. Attach any written information already in the possession of your agency.

Registration No. _____

K. SOCIAL EVALUATION AND PLAN

Give factual description of client's general appearance, behavior, attitude, personality traits, and any significant comments which in your opinion will assist the Medical Service Section in understanding the client's situation, the nature and extent of his physical or mental disease, defect, or impairment, and how this relates to his inability to engage in useful occupation, including home-making and child care. The following questions shall be answered as a minimum. Further pertinent comments may be recorded on an attached sheet.

1. Describe appearance and observable physical effect of the disease, defect, or impairment (e.g., ability to walk, stand, lift, climb, bend, carry, etc.) Does client use any assistive device such as cane, brace, special shoe, etc.?

2. Describe any evidence of specific conflict or difficulties in client's behavior toward others, including family members.

3. Does client express any interest in returning to usual occupation, including home-making, or, in learning new skills for a different occupation?

Registration No. _____

K. SOCIAL EVALUATION AND PLAN (Contd.)

4. In caseworker's opinion does client appear to be employable? _____ If "yes," what is the basis for this opinion?

5. If client is the family member normally responsible for the "homemaking" function, give in detail the functions client performs (e.g., cooking, cleaning, laundry, sewing, shopping, child care, etc.), and those functions which are performed by others (identify).

6. Other significant comments, pertinent to an understanding of the client and/or his family situation.

Date _____

_____
(Signature of Caseworker)

(Suggested Form Letter on CWB letterhead to send to General Hospitals to obtain data for completion of section H of PA-6 if hospital is unwilling to supply by telephone)

Re:
Address:

Dear Sir:

The above person is applying for _____.

We understand the applicant was a patient in your hospital in _____. It will assist in determining eligibility and planning for care for this applicant if you will provide the following information from your records and return this letter:

Dates of Admission and Discharge:

Birthdate or age:

Hospital Discharge Diagnosis:

Discharge Recommendations:

Dates under clinic care (period covered):

Type of Clinic:

Clinic Diagnosis:

Recommendations:

Your cooperation will be appreciated.

Very truly yours,

_____County Welfare Board

_____
Director of Welfare

INSTRUCTIONS FOR FORM PA-6A, INTERIM SOCIAL-MEDICAL REPORT, REDETERMINATION OF DISABILITY OR INCAPACITY

WHEN TO USE FORM PA-6A

Form PA-6A has been designed for use in Disability Assistance and for particular situations in Assistance for Dependent Children as follows:

1. Redetermination Reviews

a. In DA, the PA-6A will be completed for submittal to the Medical Service Section at time of the redetermination of eligibility on the permanent and total factors as required in 2629.

b. In ADC, the PA-6A will be submitted as in a, above, for redetermination of "incapacity" of a natural or adoptive parent, or of the spouse of such a parent (step-parent) or of a parent person as required in 2631.3 and 2632, respectively.

In both DA and ADC all reports previously submitted to the Medical Service Section shall be attached to the PA-6A, Interim Social-Medical Report.

2. Reapplications and Reopened Applications

a. In DA, the PA-6A will be submitted for reapplications and reopened applications as required in 2235.5.

b. In ADC, the PA-6A will be submitted for reapplications and reopened applications when eligibility is based on "incapacity" of natural or adoptive parent, or it is necessary to establish the "incapacity" of a step-parent, or of a spouse of a parent person as required in 2281.3g and 2289.4, respectively.

3. Special Reviews

Previous procedural instructions required CWB's to submit cases to the Medical Service Section for special review and evaluation by letter. Form PA-6A has been designed to serve both as letter and report in these situations.

Whenever the Record of Action, or policy or procedure, require submittal of active cases for special review, and whenever CWB initiates a request for special review on an active case, a completed PA-6A shall be attached to all materials previously submitted. No cover letter should be necessary.

INSTRUCTIONS FOR FORM PA-6A, INTERIM SOCIAL-MEDICAL REPORT
REDETERMINATION OF ELIGIBILITY DUE TO DISABILITY

Appendix IV

WHEN TO USE FORM PA-6A

Form PA-6A has been designed for use in Disability Assistance cases for particular situations in decisions for dependent children as follows:

1. Redetermination Reviews

a. In DA, the PA-6A will be completed for submittal to the medical review section as part of the redetermination of eligibility on the permanent and total factors as required in 2629.

b. In ADC, the PA-6A will be submitted as in a, above, for redetermination of "incapacity" of a natural or adoptive parent, or of the spouse of such a parent (step-parent) or of a parent person as required in 2631. [illegible]

In both DA and ADC, all reports previously submitted to the Medical Review Section shall be attached to the PA-6A, Interim Social-Medical Report.

2. Reapplications and Reopened Applications

a. In DA, the PA-6A will be submitted for reapplications and reopenings under-taken as required in 2229.5.

b. In ADC, the PA-6A will be submitted for reapplications and reopenings under-taken when eligibility is based on "incapacity" of natural or adoptive parent, or it is necessary to establish the "incapacity" of a step-parent, or the spouse of a parent person as required in 2231.3a and 2229.5. [illegible]

3. Special Reviews

Medical or psychiatric information required CMA's on submit cases to the Medical Review Section for special review and evaluation by letter. Form PA-6A is designed to serve both as letter and report in these situations.

The Medical Review Section or panel of physicians, or panel of psychiatrists, [illegible] cases for special review, and whenever DWP initiates a request for medical review on an active case, a completed PA-6A shall be attached to all matters [illegible] [illegible] information. [illegible] should be necessary.

Form PA-6A (SU)
(P.1 of 3)
6/61

INTERIM SOCIAL-MEDICAL REPORT
REDETERMINATION OF DISABILITY OR INCAPACITY

_____ County Welfare Board

Registration No. _____

Related Nos. _____

A. CLIENT BEING EVALUATED

1. Name _____ (Last) (First) (Middle) 2. Age _____

3. Current Address _____

B. CURRENT CASE STATUS: This report submitted for

1. [ ] Redetermination P & T Factors
2. [ ] Redetermination Incapacity Factor
3. [ ] Special Review: [ ] Required
   [ ] Requested by CWB
4. [ ] Reapplication Registered _____ Date
5. [ ] Reopened App. " _____ Date

6. Explanation of Case Status: When checked for Redetermination of P & T or Incapacity, no entry is required here except that, if previous Record of Action stated client was "not competent" please state what method of payment is in effect. When checked as Reapplication or Reopened Application, give date and reason for denial or closing. When checked for Special Review, explain purpose of submittal and use following sections as necessary to present existing situation.

C. CURRENT SHELTER ARRANGEMENT: Describe any changes in shelter arrangement or family membership since last report. Give age and relationship to client of any new members. If arrangement is entirely different, give description to include the appropriate details as in Section C 1 or 2 of Form PA-6.

Registration No. _____

D. ECONOMIC STATUS: Explain pertinent changes in client's or family's sources of support, including current status of any application for statutory benefits, settlement of suits or claims, etc. (Refer to Section E of Form PA-6)

E. EMPLOYMENT: Give details of any employment experience since last report, including kind of work, full or part-time, rate of pay, dates, reason for leaving, etc.

F. MEDICAL SERVICES: Give summary of continuing or additional medical services since last report. Include periods of hospital or other institutional care, diagnoses, clinics attended, and frequency of physician's services. Report CWB success or failure in locating services; and client's cooperation or failure to use available recommended services or treatment. (Refer to 2234.6C). If specific medical reports were requested on last Record of Action, please attach.

Registration No. _____

G. STATUS WITH OTHER AGENCIES: Report results of referrals to and current status with other public or private agencies or national foundations; e.g., Rehabilitation Commission, Cancer, TB, NJSES, Veterans Administration, etc. Attach any reports which are available. (Refer to Section I on Form PA-6.)

H. SOCIAL EVALUATION AND PLAN: Include any specific social information requested on last Record of Action and not reported in other sections. Describe any changes in client's daily activities, appearance, behavior and attitude since last report, noting particularly any change in interest about possible employment. If client is normally the homemaker, have there been changes in functions performed? Include any other pertinent developments, any change in plan or new plan under consideration.

Date _____

_____
(Signature of Caseworker)

Form PA-14 (Rev. 7/63) (SU)

Date: .....

INTER-AGENCY REFERRAL

TO: ..... Case No. ..... (if assigned)

FROM: .....

Mr. ☐; Mrs. ☐; Miss ☐ .....

now residing at .....

has applied to this agency for:

☐ financial assistance

☐ advice or service (specify) .....

.....

.....

is receiving:

☐ financial assistance in the amount of $ ..... for ..... (period covered)

☐ service, other than financial assistance, from this agency (specify) .....

.....

.....

The referred person is interested in the program(s) of your agency and informs us

☐ he plans to call at your office, in person, on or before ..... (date)

☐ he is unable to call, in person, at your office.

.....

Reply requested: No ☐; Yes ☐.

Information known to this agency will be made available to you upon request.

Remarks: .....

.....

.....

.....

Name and Title of Agency Representative: .....

(Referring agency completes form above this line.)

(REPLYING AGENCY COMPLETES FORM BELOW THIS LINE. IF APPLICATION HAS BEEN FILED BUT DISPOSITION IS NOT KNOWN, REPLY RE PRESENT STATUS AND REPORT FINAL DISPOSITION LATER.)

To ..... Date ..... Your Case No. ..... (if assigned)

From ..... Case No. ..... (if assigned)

Re: Mr. ☐; Mrs. ☐; Miss ☐ .....

Application:

☐ Client did not contact agency.

☐ No application filed. Give reason under "Remarks" below.

☐ Application filed ..... (date). Specify type of public assistance or service requested under "Remarks," below.

Present status:

☐ Application filed on date shown above. Final decision pending.

☐ Eligible as of ..... (date)

☐ Ineligible as of ..... (date). Give reason under "Remarks," below.

Remarks: .....

.....

Date: ....

(Name and Title of Agency Representative)

B. 4. (Contd.)

If the ADC case is closed (including closings due to transfer to another county) while the offender is still an inmate or on parole, CWB shall notify the institutional parole officer or the district parole officer as appropriate. This may be done by sending a copy of the letter of notice to the client of case closing. If CWB has additional information which it believes the parole officer should have, a memo or letter may be attached to the"notice."

When the reason for closing is transfer of the case to the welfare board of another county to which the ADC family has moved, the completed tear sheet of the ADC-33 shall be included in the transferred record material. The institutional parole officer will note the change in the CWB responsible for the case, and make the necessary corrections to the ADC-34 on file in respect to CWB address and ADC registration number.

C. DIRECTIONS FOR FORM ADC-33, NOTICE TO STATE CORRECTIONAL INSTITUTION

1. Prepare Form ADC-33 in duplicate, retaining one copy for the record and follow-up purposes.

2. Address the form and send to the prison or reformatory to which the individual was sentenced, regardless of where currently incarcerated; e.g., individuals sentenced to Trenton State Prison may be incarcerated at Leesburg, Rahway or Trenton.

EXCEPTION: If CWB knows that the individual was sentenced to a state mental hospital under the Sex Offenders Act, the ADC-33 shall be sent to the institutional parole officer at Trenton State Prison. This applies regardless of the institution in which the individual is currently an inmate.

3. The numbered items shall be completed as follows:

Item 1. Complete as appropriate to a pending or active case, crossing out inappropriate phrases.

Item 2. Enter the first and last names, ages, and relationship to inmate of all members of the family in the ADC household. Include children over 18 who are living in the home.

Item 3. Check the appropriate block. When the second block is checked, explain why the inmate was not living with the family prior to imprisonment; e.g., divorced, separated, had deserted, etc., give date and whether inmate had been contributing to support voluntarily, under support order, etc.

Item 4. Record any other facts which may be helpful to institutional personnel in working with the inmate. Such information as health problems in the family, the attitude of family members toward the inmate, etc., would be pertinent.

C. 4. CWB shall also complete the CWB address and the case identity information on the tear sheet (except "Institution No.")

D. DIRECTIONS FOR FORM ADC-34, NOTICE OF CWB ACTION ON ADC CASE AND NOTICE OF RELEASE

1. Prepare in triplicate for active cases, and for approved applications, sending 2 copies to the institutional parole officer.

Prepare in duplicate for applications not approved, sending one copy to institutional parole officer.

In either instance the instructions in C2 as to where to send the forms apply also to the ADC-34.

2. Complete Section A of form "Notice of CWB Action, etc." as appropriate. If block "Not approved" is checked, give the reason therefor.

3. In Section B fill in the address of CWB and the case identify information on active and approved cases. (CWB will not know the "Institution No." when the ADC-34 is being sent with the ADC-33 on currently active cases).

Form ADC-33 (1/61-SU)

NOTICE TO STATE CORRECTIONAL INSTITUTION (ADC CASE) 2700 APPENDIX VI-A

TO: Institutional Parole Officer

_____
(Name of Institution)

Name of Inmate _____
ADC Registration No. _____
ADC Case Name _____
Address _____

FROM: _____ County Welfare Board

ADDRESS _____

1. The family of the above inmate has received / applied for Assistance for Dependent Children since / on _____. The family is composed of:

2.

Name	Age	Relationship to Inmate	Name	Age	Relationship to Inmate

(If more space is needed, use reverse side with notation here.)

3. ☐ Inmate was living with family when sentenced.
☐ Inmate was not living with family when sentenced. Explain:

4. Other Significant Facts:

To assist us in determining eligibility and planning for this family, please complete tear sheet and return promptly.

Date _____ _____
(Caseworker)

- -

(Tear Sheet)

TO: _____ County Welfare Board

ADDRESS _____

ADC Registration No. _____
ADC Case Name _____
Institution No. _____
Inmate _____

Date Sentenced: _____
Length of Sentence: _____
Offense: _____
Date of Eligibility for Parole Consideration: _____
Remarks:

Date _____ _____
(Signature and Title)

Form ADC-34 (1/61-SU)

NOTICE OF COUNTY WELFARE BOARD ACTION ON ASSISTANCE FOR DEPENDENT CHILDREN CASE

2700 APPENDIX VI-B

(Section A)

TO: Institutional Parole Officer

_____
(Name of Institution)

FROM: _____ County Welfare Board

ADDRESS: _____

Name of Inmate _____
ADC Registration No. _____
ADC Case Name _____
Address _____

Disposition of the ADC application for the above case was as follows:

[ ]Approved on _____ (Date). Please send Notice of Release.

[ ]Not approved. Notice of Release not required.
Reason:

Date: _____

_____
Caseworker

- -

(Section B)

NOTICE OF RELEASE FROM CORRECTIONAL INSTITUTION

TO: _____ County Welfare Board

_____
(Address)

FROM: _____
(Name of Institution)

ADC Registration No. _____
ADC Case Name _____
Institution No. _____
Inmate _____

The above inmate was released from this institution on _____ (Date) to reside at _____ (Address if known).

Paroled ☐ Expiration of Maximum Sentence ☐

District Parole Supervisor: _____ Dist.Off.No. _____

Address of D.O. _____ Tel.No. _____

See attached Pre-parole Report ☐

Date: _____

_____
(Signature and Title)