RULES AND REGULATIONS - 1955 - 1956 - 1957 1958

Institutions and Agencies - all Divisions

RE-ORDER NO. K527-34ST

August 16, 1960

Honorable Edward J. Patten
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing are sections of the Manual of Administration issued by the Bureau of Assistance, Division of Welfare of this Department.

We direct your special attention to the enclosed copy of Transmittal Letter #15, which gives a detailed listing of new and revised material; specific instructions for cancellations, insertions; and pen and ink changes to the present Manual.

Sincerely yours

John W. Tramburg
Commissioner

JWT:h

CC: Mr. H. Curtis Meanor, Acting Secretary to the Governor
Mr. Irving Engelman, Director, Division of Welfare
Mrs. Elizabeth Feehan, Secretary, State Board of Control

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

BUREAU OF ASSISTANCE

REGULATION # ~~Manual of Administration~~

ISSUED: ~~8/60~~ (Date)

REV.: _____ (Date)

TITLE: ~~None - Related to policy and procedure~~ for OAA, DA, ADC

SUBJECT: ~~Various (identified in Transmittal Letter #15)~~

STATUTORY REFERENCE: ~~R.S. 44:7-6, 42, and 44:10-3~~

_____, Chief
Bureau of Assistance

Approved:
By: John A. Tramburg

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

TRANSMITTAL LETTER #15

August 22, 1960

TO: COUNTY WELFARE BOARDS

Attached is one copy of the following revised and additional material for the Manual of Administration, staff copies of which are being forwarded under separate cover:

	Title
2800 Appendix III	Sample Form PA-21, Request for Name and Address of Employer in ADC Case (revised)
2800 Appendix III-A	Instructions for Completion of Form PA-21

Explanatory Comment

Form PA-21 has been revised to conform to the standard form now required by the Bureau of Old Age, Survivors, and Disability Insurance when clearing on the address of employer of a deserting parent."

An initial mimeographed supply of the PA-21, revised, is being mailed to each county welfare board since the District Offices of the Social Security Administration will not accept requests on any but the standard form after September 15, 1960.

Each county should arrange to reproduce the PA-21, revised, for its own use. All copies of the existing form which are not used by September 9, 1960, shall be destroyed.

Instructions

Remove current 2800 Appendix III, page date 1/60 and insert 2800 Appendix III, Sample Form PA-21, revised.

Insert 2800 Appendix III-A, Instructions for Completion of Form PA-21.

Pen and Ink Corrections

2760.14, Form PA-21: Strike out the sentance "Sample copy of Form sent to all CWBs under date of 12/4/59." Write in "See 2800 Appendix III and III-A for sample form and instructions."

On the Table of Contents for 2800 Appendix, change the title of item III to read "Request for Name and Address of Employer in ADC case - Form PA-21;" and

Add to this Table of Contents "Instructions for Completion of Form PA-21 III-A"

Very truly yours

E. F. Hann, Jr., Chief
Bureau of Assistance

EFH/MCRd

Approved
Irving Engelman, Director
Division of Welfare

REQUEST FOR NAME AND ADDRESS OF EMPLOYER IN ADC CASE (Sample) Form PA-21, Rev.8/60

2829.

District Office
Social Security Administration

(Address)

A child of the individual identified herein whose whereabouts are unknown is eligible for aid to dependent children. Please furnish the address of the latest employer who reported wages for him, if earnings have been reported for a period after the date shown in item 7 as the date of the last known address. This information is not otherwise available and is necessary for use in the administration of Title IV of the Social Security Act. Such information will not be disclosed except for this purpose.

Signature

(Title) (Date)

(Name and address of agency to which information will be sent)

1. (Name of Parent)
2. (Social Security Account Number)
3. (Date of Birth) Month Day Year
4. (Place of Birth) City County State
5. (Father's Name)
6. (Mother's Maiden Name)
7. (Last Known Address and Date of Same)

SOCIAL SECURITY ADMINISTRATION REPORT

EIN M.B. & UNIT NO.

EST. NO. LAST QTR.

Name and Address of Employer

EIN M.B. & UNIT NO.

EST. NO. LAST QTR.

Name and Address of Employer

REMARKS:

CLERK NO. DATE

Two copies of the completed form are to be sent to the BOASI District Office.

New Jersey Department of Institutions & Agencies, Div. of Welfare, Bureau of Assistance

INSTRUCTIONS FOR COMPLETION OF FORM PA-21 "REQUEST FOR NAME AND ADDRESS OF EMPLOYER IN ADC CASE"

Item 1 - Show full name of the deserting parent. Use separate forms for each if more than one deserting parent is involved in a single ADC case.

Item 2 - Provide social security number of the deserting parent about whom information is requested.

Item 3 - Give date of birth of the deserting parent, specifying the month, day and year.

Item 4 - Give place of birth, specifying city, county and State. If born out of U.S.A. give country and place of birth.

Item 5 - Enter full name of the father of the deserting parent. This is particularly essential when social security account number is not ascertainable or there is uncertainty about the accuracy of the account number given.

Item 6 - Enter the maiden name of the mother of the deserting parent. This is essential for same reasons given for item 5.

Item 7 - Show full information about last known address, giving house number, street, city and State, or the specifics about a rural address. Enter date of such address.

Social Security Administration Report - This part of the report will be completed by BOASI. The abbreviated headings, EIN, MB. & UNIT NO., EST.NO. AND LAST QTR. are for BOASI identification use in the process of tracing the information on the last employer. The section, Name and Address of Employer, will be filled in by BOASI. There are two such sections since, in some instances, the deserting parent has more than one employer. BOASI will use the section on Remarks to supply corrected or additional information, e.g., correct social security number or correct full name of the deserting parent.

Addresses on Form - Fill in address of the appropriate BOASI District Office in the address block in upper left hand side of the form. Upon completion of the form fold so that request can be sent in a window envelope. Insert name and address of the county welfare board in the address block in lower left hand corner so the BOASI may upon entering its information, fold and return in a window envelope.

Title and Date - Enter the title of the staff member who is to sign the form and enter the date on which the Form is completed.

Signature - The staff member reponsible for making the request shall sign full name in ink.

September 29, 1960

Honorable Edward J. Patten
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing are sections of the Manual of Administration issued by the Bureau of Assistance, Division of Welfare of this Department.

We direct your special attention to the enclosed copy of Transmittal Letter #17, which gives a detailed listing of the revised material; and specific instructions for insertions, and removal of superseded material.

Very truly yours

John W. Tramburg

John W. Tramburg
Commissioner

JWT:h

CC: Mr. Edwin C. Landis, Jr., Acting Secretary to the Governor
Mr. Irving Engelman, Director, Division of Welfare
Mrs. Elizabeth Feehan, Secretary, State Board of Control

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

BUREAU OF ASSISTANCE

REGULATION # Manual of Administration

ISSUED: 9/60
(Date)

REV.: _____
(Date)

TITLE: None - Related to policy and procedure for O AA, DA, ADC

SUBJECT: (Various - Identified in Transmittal Letter #17)

STATUTORY REFERENCE: R.S. 44:7-6, 42, and 44:10-3

_____, Chief
Bureau of Assistance

Approved:
By: John H. Tramburg

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

TRANSMITTAL LETTER #17
MANUAL OF ADMINISTRATION

September 30, 1960

TO: COUNTY WELFARE BOARDS

Attached is one copy of the following revised material for the Manual of Administration; staff copies of which a re being forwarded under separate cover.

Title

Table of Contents, Chapter 2100, The Application Process

Chapter 2100, The Application Process
(All basic white pages and buff ADC insert pages)

Page (buff) 2271.2-2272 (obverse), 2273-2274.1 (reverse)

Explanatory Comment

Substantive revisions in content are indicated by a vertical marginal line. Your attention is directed particularly to:

2101.2, Applicant (ADC Insert)
Restated to clarify policy.

2101.7, Application (Terms Used to Classify)
A definition for "transfer application" has been added as "d.".

2112.1, Who Has Right to Apply
Material has been reorganized to better accommodate the ADC insert.

2112.1 (ADC Insert), Who Has Right to Apply
Revision necessary to provide for certain situations involving a "parent-minor" not recognized in previous policy.

2273., Written Promise of Repayment in ADC
The phrase "natural or adoptive" has been inserted; a statement on "refusal" has been added to .2a; and the last sentence under .2b has been reworded to correspond to .2a.

(O V E R)

To County Welfare Boards
Re Transmittal Letter #17

8/30/60

Instructions

The revised material for Chapter 2100 has been correctly assembled for insertion. Remove current Table of Contents and all white and buff pages in 2100. The last number is 2128 for both white and buff pages. Insert the revised material.

Remove buff page 2271.2-2272 (obverse), 2273-2274.1 (reverse), and insert the revised page.

Very truly yours

E. F. Hann, Jr., Chief
Bureau of Assistance

FFH/MCRd

Approved
Irving Engelman, Director
Division of Welfare

TABLE OF CONTENTS

CHAPTER 2100

THE APPLICATION PROCESS

2101.	Definitions	2100. -2101.4
.1	The Application Process	2100. -2101.4
.2	Applicant	2100. -2101.4
.3	Authorized Agent (Legal Guardian)	2100. -2101.4
.4	Authorized Agent for Persons Alleged to be Mentally Incompetent	2101.4 -2101.4
.5	Inquiry	2101.4 -2101.7
.6	Referral	2101.4 -2101.7
.7	Application (Terms Used to Classify)	2101.4 -2101.7
.8	Registration	2101.7 -2101.10
.9	Disposition of Application	2101.7 -2101.10
.10	Recipient	2101.7 -2101.10
.11	Client	2101.11-2101.12
.12	Assistance Payment	2101.11-2101.12
.13	Child (ADC)	2101.11-2101.12 -p.1
.14	Parent (ADC)	2101.11-2101.12 -p.1
.15	Parent Person (ADC)	2101.11-2101.12 -p.1
.16	Eligible Persons	2101.11-2101.12 -p.2
.17	Incapacitated Parent [See 2281.3]	2101.11-2101.12 -p.2
.18	Eligible Persons Computable for Federal Matching (ADC)	2101.11-2101.12 -p.2
.19	Family Budget Unit [See Budget Manual "Definitions"	2101.11-2101.12 -p.2
.20	Payee in ADC	2101.11-2101.12 -p.3
2102.	Responsibilities in the Application Process	2102. -2102.1
.1	Responsibilities of State Bureau	2102. -2102.1
.2	Responsibilities of the County Welfare Board	2102.1 -2102.2
.3	Responsibilities of the Applicant	2102.2 -2103.1
2103.	Policy and Procedure on Prompt Disposition	2102.2 -2103.1
.1	Normal Standards of Reasonable Promptness	2102.2 -2103.1
.2	Exceptions from Normal Standards	2103.1 -2103.3
.3	Notification	2103.1 -2103.3
.4	Agency Controls	2103.3 -2103.4
2110.	Intake Policy and Procedure	2110. -2111.1

TABLE OF CONTENTS

CHAPTER 2100

THE APPLICATION PROCESS

2111.	Inquiries and Referrals	2110. -2111.1
.1	Requests for Information	2110. -2111.1
.2	Inquiries About Financial Assistance	2111.2
.3	Clearance	2111.2 -2112.
2112.	Application Policy and Procedure	2111.2 -2112.
.1	Who Has Right to Apply	2112.1
	Who Has Right to Apply (ADC)	2112.1 -p.1, 2
.2	Where Application is Made	2112.1 -2112.3
.3	Who Interviews	2112.1 -2112.3
2113.	Initial Interview	2113. -2113.2
.1	General Scope of Initial Interview	2113. -2113.2
.2	Decision on Filing Application	2113. -2113.2
.3	When Application May be Accepted for Registration	2113.2 -2113.4
.4	Procedures Following Decision to Make Application	2113.2 -2113.4
.5	Special Factors for Interpretation	2113.4 -2113.5
.6	Closing the Initial Interview	2113.5 -2113.6
.7	Recording the Interview	2113.7 -2114.2
2114.	Applications for Mentally Incompetent Persons	2113.7 -2114.2
.1	Applicant Represented by Legal Guardian	2113.7 -2114.2
.2	Applicant Without Legal Guardian	2113.7 -2114.2
.3	Determination of Need for Care in Mental Institution [See 2240.]	2114.2 -2115.3
.4	Competency in Respect to DA Applicants with Mental Defect, Disease or Impairment [See 2234.3]	2114.2 -2115.3
.5	Methods of Payment to Incompetent Recipients [See 2560.]	2114.2 -2115.3
2115.	Applications for DA for Children Referred by State Board of Child Welfare	2114.2 -2115.3
.1	General Referral	2114.2 -2115.3
.2	Physically Disabled Child	2114.2 -2115.3
.3	Mentally Disabled Child	2114.2 -2115.3

TABLE OF CONTENTS

CHAPTER 2100

THE APPLICATION PROCESS

2116.	Registration Procedures and Record of Inquiries	2115.3 -2116.2
.1	Application	2115.3 -2116.2
.2	Inquiries	2115.3 -2116.2
2117.	Assignment of Pending Applications for Completion of Eligibility Determination	2116.2 -2117.
2120.	Process of Establishing Eligibility	2120. -2122
.1	Policy on Home Visit	2120. -2122
2121.	Planning Completion of Eligibility Determination	2120. -2122
2122.	The Home Visit	2120. -2122
.1	Purposes of Home Visit	2122. -2122.1
2123.	Collateral Investigation	2122.1 -2123.2
.1	Definition	2122.1 -2123.2
.2	General Policy	2122.1 -2123.2
.3	Selection and Method	2123.3
.4	Confidentiality and Collateral Investigation	2123.3 -2124.
2124.	Assistance Plan and Recording	2123.3 -2124
2125.	Recommendation for Agency Decision	2124. -2126
2126.	Supervisory Review and Approval	2124. -2126
2127.	Disposition of Application	2126. -2127.2
.1	Action by Executive Authority	2126. -2127.2
.2	Action by Welfare Board	2126. -2127.2
2128.	Notice of Agency Decision	2128.

Intentionally Deleted

2100. THE APPLICATION PROCESS

2101. Definitions

.1 Application Process

Applies in ADC.

.2 Applicant

In ADC "applicant" means the parent or parent person who, following an interpretive interview, makes an affirmative decision to apply for financial assistance to enable him or her to maintain and provide for one or more children under age 18 who are in his or her care. [See ADC Insert 2101.15 for definition of "parent person."]

a. When the applicant, as defined above, is a natural or adoptive parent he must apply for ADC for himself and child(ren).

b. When the applicant, as defined above, is a parent person he may apply for himself and child(ren) or only for the child(ren).

c. When the applicant, as defined above, is married and the spouse is living in the home, the term "applicant " means both parents or parent persons, and both shall be required to execute the formal written application, except in the situation where one of such parents is physically or mentally unable to execute the form. [See ADC Insert for 2101.15 for definition of "parent person."]

.3 Authorized Agent (Legal Guardian)

Not applicable in ADC since an individual who has been adjudicated legally incompetent and for whom a guardian was appointed would not be acceptable as a parent or parent person.

.4 Authorized Agent for Persons Alleged to be Mentally Incompetent

Does not apply in ADC for the reason cited in .3, above.

2100. THE APPLICATION PROCESS

2101. Definition

.1 Application Process

The application process includes all activity relating to a request for financial assistance. It begins with the first statement to the CWB that an individual wishes to receive financial assistance and continues in effect until there is an official disposition of his application.

.2 Applicant

An applicant is an individual who has made an affirmative decision to apply for financial assistance following an interpretive interview, and whose application has not been officially disposed of by the CWB.

The term "applicant" also includes the individual on whose behalf such decision is made by his authorized agent in order to initiate an application for assistance as stated below in 2101.3 and 2101.4.

.3 Authorized Agent (Legal Guardian)

A legally appointed guardian shall be recognized as an authorized agent for the client to initiate an application for assistance and for all other purposes. Without such legal capacity, any individual who claims to be acting on behalf of a prospective applicant shall be considered only an inquirer, informant, or referring party. The sole exception to this policy occurs with respect to persons alleged to be mentally incompetent as provided below in 2101.4.

.4 Authorized Agent for Persons Alleged to be Mentally Incompetent

If the person is alleged to be mentally incompetent, and is not represented by a legal guardian, the CWB shall accept any one of the following in the order of preference indicated to act as his authorized agent for the sole purpose of initiating an application for assistance:

a. In the case of a minor (under 21) who is mentally incompetent, the parent or person acting in loco parentis;

b. A relative by blood or marriage;

c. A staff member of an institution or facility in which the person is receiving care who has been designated by the institution or facility to do so;

2101. Definitions (Contd.)

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

e. A physician or attorney of whom the person is respectively a patient or client. [See 2114, Application for Mentally Incompetent Persons.]

.5 Inquiry

An inquiry is a request for information in which the inquirer

a. Does not identify a specific individual as desiring assistance; or

b. Cannot identify himself as an authorized agent for a specific individual; or

c. Is awaiting interpretive interview; or

d. Delays in making an immediate decision to apply; or

e. Decides not to make an application.

.6 Referral

A referral is a request from another public or private agency or institution on behalf of an individual who wishes to consider applying for financial assistance.

.7 Application (Terms used to classify)

a. A new application is an affirmative oral or written request for assistance under a specified program, following an interpretation of the program, from an individual who has never previously requested assistance in any county in the State under that program.

b. A reapplication is an affirmative oral or written request for assistance by an individual whose previous application for a specified program was rejected in any county in the State and who requests reconsideration of his current eligibility under the same program.

c. A reopened application is an affirmative oral or written request by a former recipient of a specified program in any county in the State for reconsideration of his current eligibility for the same program.

2101. Definitions (Contd.)

.5 Inquiry

Applies in ADC.

.6 Referral

Applies in ADC.

.7 Application (Terms used to classify)

Applies in ADC.

2101. Definitions (Contd.)

.8 Registration

Applies in ADC.

.9 Disposition of Application

Applies in ADC.

.10 Recipient

In ADC "recipient" means either the family unit of parent(s) or parent person(s) and children under age 18 who have been found eligible for an initial payment of assistance, or any individual determined to be an eligible member of the family.

Each member of the family retains his status as a recipient until it has been officially determined that he is no longer eligible, or until the recipient family is determined to be ineligible.

2101. Definitions (Contd.)

.7 d. A transfer application is a written request for assistance under a specified program by an individual who at the time of registration is still receiving assistance from the welfare board of another county from which he has moved.

e. Pending application is the general term for application, re-application, reopened application, or transfer application prior to official disposition.

.8 Registration

Registration is the action of the CWB in making an official record of and assigning a control number to an application.

.9 Disposition of Application

The disposition of an application is the official determination by the CWB that one of the following actions is appropriate:

a. Approved means that the applicant has been determined to be eligible for assistance.

b. Rejected is an inclusive term (for statistical purposes) for the following actions:

1) Denied means that the applicant has been determined to be ineligible for assistance for a specific reason.

2) Dismissed means official recognition that eligibility need not be considered further because:

a) The applicant died or moved to another jurisdiction within New Jersey during the application process; or

b) The applicant cannot be located; or

c) The application was registered in error.

3) Withdrawn means that the applicant or his authorized agent decides not to pursue his application further and requests orally or in writing that the CWB terminate its activity on the case.

.10 Recipient

A recipient is an applicant who has been found eligible for an initial payment of assistance. The individual retains his status as a recipient until it has been officially determined that he is no longer eligible.

2101. Definitions (Contd.)

.11 Client

The word "client" is a general term for any person who is requesting or receiving financial assistance or service when it is not necessary to particularize the individual's status.

.12 Assistance Payment

An assistance payment is the money amount authorized by the CWB and issued in the form of a check to a recipient, his legal guardian or, under certain conditions, to other persons on the recipient's behalf.

2101. Definitions (Contd.)

.11 Client

In ADC "client" is a general term for an applicant (See 2101.2) or a recipient (See 2101.10) who is requesting or receives financial assistance or service when it is not necessary to specify the status of the individual or family.

.12 Assistance Payment

In ADC, an assistance payment is the money amount authorized by CWB and issued in the form of a check to a parent or parent person member of the eligible family who has been designated as payee (See 2101.20), or, under certain conditions authorized in this Manual, to other persons on behalf of the recipient family or individual member thereof.

The following additional items are hereby provided for this section 2101.:

.13 Child

In ADC the term "child" shall be understood to refer to one or more children as appropriate.

.14 Parent

In ADC, for purposes of this Manual, the term "parent" will be used broadly to refer to the natural or adoptive parent or parents, or to a parent person or persons. (See 2101.15.)

Where law or policy relates only to natural or adoptive parents the phrase "natural or adoptive parent" will be used.

.15 Parent Person

a. Legal Authority

In ADC, by law, certain relatives may be recognized as taking the place of a parent. The term "parent person" will be used to designate one or more such relatives who include, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew or niece. Such relative must be one with whom the dependent child is living in a place of residence in New Jersey maintained by one or more of such relatives as his or their own home.

2101. Definitions (Contd.)

.15 b. Interpretation

The relatives enumerated in the law are interpreted to include the following:

1) Any such blood relative, including those of half blood, and such persons of preceding generations as denoted by prefixes of "grand," "great," or "great-great" are within this definition.

2) Persons who legally adopt another person (the adopted person need not be a minor) as well as the natural and other legally adopted children of such adopted persons. Under New Jersey law, relatives of persons who adopt children become legally related to such adopted children to the same extent as they are related to natural children of the adopting person.

3) Spouses of any such persons named in above groups. Such relatives may be considered "parent persons" even though the marriage is terminated by death or divorce.

.16 Eligible Persons

In ADC, subject to the determination of need, the eligible persons are:

a. Dependent children under age 18 who have been deprived of parental support or care by reason of the death, continued absence from the home, or physical or mental incapacity of a natural or adoptive parent.

b. The natural or adoptive parent or parent person (if not separately eligible for OAA, DA, or AB); and

c. The incapacitated spouse of the natural or adoptive parent or parent person (if not separately eligible for OAA, DA, or AB).

.17 Incapacitated Parent [See 2281.3.]

.18 Eligible Persons Computable for Federal Matching

In ADC, for purposes of Federal matching, the eligible persons who may be counted are limited to one parent and the children under age 18.

.19 Family Budget Unit

[See Budget Manual "Definitions"]

2101. Definitions (Contd.)

.20 Payee in ADC

In ADC, the payee shall be the one parent designated by CWB to receive assistance payments on behalf of the eligible members of the family.
[See 2550 for further instructions.]
[For temporary payee in emergency situations see 2285.]

2102. Responsibilities in the Application Process

The provisions of this section apply in ADC.

2102. Responsibilities in the Application Process

.1 Responsibilities of State Bureau

Pursuant to statutory authority, the Department of Institutions and Agencies, through the State Bureau of Assistance, establishes policy and procedure on the application process for OAA and DA and supervises the operation of and compliance with the policy and procedure so established. The Bureau establishes and supervises such policy and procedure on a basis of conformity with the requirements of the Federal Social Security Act, which states that every approved State Plan for the administration of categorical assistance shall:

"1. Provide that no person shall be refused the opportunity to apply...

"2. Provide for prompt and efficient carrying out of the application process.

"State plans must

"1. Specify a time period to serve as a standard of reasonable promptness for completing the application process in all but exceptional cases.

"2. Provide for informing claimants (a) of the agency's standard of promptness so that each may know the time period within which he should expect action on his claim, and (b) of his right to request a hearing on the basis of the promptness requirement if action is not taken within the specified period to furnish assistance or notify him of his ineligibility.

2102. Responsibilities in the Application Process (Contd.)

.1 (Contd.)

"3. Provide for a determination of eligibility or ineligibility with respect to each application, subject to an applicant's right to decide not to pursue his application further.

"4. Provide that assistance shall be paid to each eligible applicant, and that assistance shall not be withheld from an eligible person so long as any payments are being made under the specific category.

"5. Establish a basis for review of action on applications by providing for the maintenance of identifiable records concerning all applications.

"6. Provide applicants with a basis for taking appropriate steps to express dissatisfaction with agency action or failure to act by:

"a. Establishing procedures for notifying applicants in writing that assistance has been authorized in a stated amount, or that it has been denied, giving the reason for denial.

"b. Establishing methods of notifying each applicant in writing of his rights to a fair hearing and the method by which he can obtain a hearing.

"7. Provide for statistical reporting to the [Federal] Bureau of Public Assistance on applications."

.2 Responsibilities of the County Welfare Board

The County Welfare Board has the responsibility in the application process to:

a. Interpret the purpose and eligibility requirements of a particular program and indicate the applicant's rights and responsibilities under its provisions;

b. Receive applications;

c. Make known to the applicant appropriate resources and services both within the agency and the community, and, if necessary, assist him in using them;

2102. Responsibilities in the Application Process (Contd.)

Intentionally Deleted

2102. Responsibilities in the Application Process (Contd.)

2103. Policy and Procedure on Prompt Disposition

The provisions of this section apply in ADC, the "normal standard of reasonable promptness" being thirty days as in Old Age Assistance.

2102. Responsibilities in the Application Process (Contd.)

.2 d. Assist the applicant in exploring his eligibility for assistance, including consideration of his budgetary requirements in relation to his available income and resources;

e. Determine and report initial eligibility promptly;

f. Assure the prompt issuance of payments to eligible persons and prompt notification to ineligible persons; and

g. Account to the Bureau of Assistance for all applications.

.3 Responsibilities of the Applicant

As a participant in the application process, the applicant has the responsibility to:

a. Explain the problem which brought him to the CWB and what he thinks the agency can do to help him;

b. Assist the CWB, within his capacity to assist, in securing evidence that corroborates his statements;

c. Report promptly any change affecting his circumstances; and

d. Understand that obtaining assistance falsely is a misdemeanor punishable accordingly and that future grants may be denied at the discretion of the CWB according to Revised Statute 44:7-32.

2103. Policy and Procedure on Prompt Disposition

.1 Normal Standards of Reasonable Promptness

The maximum period of time normally essential to process an application between the date of application and the date of effective disposition is thirty days for Old Age Assistance and sixty days for Disability Assistance.

"Date of effective disposition," as used in the preceding paragraph means:

a. In the case of an approved application, the date on which first payment is issued to the applicant, or the date on which written notice of approval is sent to him, whichever is earlier;

b. In the case of a denied application, the date on which written notification, informing the applicant of his lack of eligibility and the reasons therefor, is sent to him;

2103. Policy and Procedure on Prompt Disposition (Contd.)

.1 c. In the case of a withdrawn application, the date on which written notification, confirming to the client that the agency has taken cognizance of his voluntary withdrawal, is sent to him;

d. In the case of a dismissed application, the date on which written notification, informing the applicant of the dismissal and the reasons therefor, is sent to him; and, with respect to an applicant who died, whose whereabouts is unknown, or for whom an application was erroneously registered, the date on which the decision to dismiss the application is determined by the director of welfare or by the welfare board, whichever is earlier

.2 Exceptions from Normal Standards

It is recognized that there will be exceptional cases where the proper processing of an applicant cannot validly be completed within the 30-day period for OAA or the 60 day period for DA, specified above. Where substantially reliable evidence either of eligibility or ineligibility is still lacking at the end of the designated period, the application shall be continued in pending status in preference to an arbitrary or hasty disposition based on insufficient evidence. In each such case, however, the CWB shall be prepared to demonstrate that the delay resulted from one of the following:

a. Circumstances wholly within the applicant's control, or

b. A determination to afford to an applicant, whose proofs of eligibility have been inconclusive, further opportunity to develop additional evidence of eligibility before final action on his application, or

c. An administrative or other emergency that could not reasonably have been avoided, or

d. Circumstances wholly outside the control of both the applicant and the CWB.

.3 Notification

When the final disposition of an application for OAA is delayed beyond 30 days, or an application for DA is delayed beyond 60 days, written notification shall be sent to the applicant on or before the expiration of such period, such notification to contain information as follows:

2103. Policy and Procedure on Prompt Disposition (Contd.)

Intentionally Deleted

2103. Policy and Procedure on Prompt Disposition (Contd.)

Intentionally Deleted

2103. Policy and Procedure on Prompt Disposition (Contd.)

.3 a. If the reason for delay comes within the description of a or b, above, the applicant shall be reminded that the CWB has been waiting for him to take certain action, or shall be informed that it is necessary for him to provide certain additional information, and that he should notify the CWB promptly whether or not he can furnish such additional information; and that unless the CWB hears from him within 30 days it will be assumed that he is no longer interested in establishing eligibility for assistance and the application will therefore be denied.

b. If the reason for delay comes within the description of c or d, above, the applicant shall be informed of the reason for delay and the time within which he may expect to receive either a notice of final action or further advice from the CWB. [See 2910, Agency Decisions.]

.4 Agency Controls

Each county director of welfare shall arrange operational procedures and establish appropriate operational controls within his staff organization to expedite the processing of applications and assure the maximum possible compliance with these standards.

Control records on the exceptional cases shall disclose at any time the identity of all OAA applications which have been in pending status for more than 30 days, and all DA applications pending for more than 60 days, and the reasons therefor. Such records shall be adequate to make possible the preparation of a report of such information at any time that it might be requested by the welfare board or the State Bureau.

2110. INTAKE POLICY AND PROCEDURE

"Intake" is an inclusive term applied to the county welfare board's activities in relation to requests for information, financial assistance and service. Although the primary function of the CWB is to provide financial assistance to eligible persons, nevertheless consideration shall be given to inquiries not directly related to a request for financial assistance. Certain standard procedures have been established in order to assure an orderly method for receiving, considering and disposing of all requests.

The CWB recognizes that in making a request, the person has taken a step toward meeting some problem which has become too difficult for him to handle alone. Regardless of the nature of the request, the "intake process" should not be terminated until the person understands whether, and how, the CWB can help with the problem, what other specific sources of help are available, or if such be the case, that there is no resource known to CWB to meet his situation.

2111. Inquiries and Referrals

The following procedures shall be observed in respect to

.1 Requests for Information

In response to simple requests for information in person, by letter or telephone, the CWB will provide as appropriate to the nature of the request:

a. Specific interpretation of CWB programs and functions, including a copy of the information pamphlet Form ODA-9;

b. General interpretation of assistance programs, statutory benefit programs, and health and welfare services available from other public and private agencies and facilities, and how to seek help from these sources;

c. Suggestions for other possible sources of information on the problem presented.

Requests for information shall be considered and recorded as "inquiries."

Official referral service to other agencies shall be limited to applicants for or recipients of OAA and DA, or to members of their immediate household. Informal referral service may be furnished to other persons who specifically request such service. [See 2800, Social Services, for referrals to specific agencies.]

2110. INTAKE POLICY AND PROCEDURE

The introductory provisions of this sub-chapter apply in ADC.

2111. Inquiries and Referrals

The provisions of this section apply in ADC.

2111. Inquiries and Referrals (Contd.)

Intentionally Deleted

2111. Inquiries and Referrals (Contd.)

.2 Inquiries About Financial Assistance

a. From Individuals

1) When an individual, or his authorized agent, inquires about financial assistance in person, he shall be given an opportunity to arrange for an interview. When the inquiry is by letter or telephone, an appointment shall be arranged within five (5) days, or at the earliest mutually convenient date. The ODA-9 information pamphlet shall be sent with any written response to inquiries by letter. If the appointment is not kept, a letter offering another appointment shall be sent the individual urging him to keep this appointment to discuss his situation. Thereafter, if there is no response from the individual within a minimum of 10 days, the CWB will make a record of the inquiry and need take no further action.

2) When a person other than a prospective applicant, or his authorized agent, calls at the CWB office, telephones, or writes to inquire about financial assistance on behalf of a specific individual, he shall be informed about the program(s) and provided the information pamphlet, ODA-9. It shall be explained that it is the CWB's policy to communicate directly with the individual concerned regarding his wish to apply.

If the inquiry is by letter and gives incomplete information as to the identity of the individual, the letter in reply shall suggest that the prospective applicant be advised to communicate with the office to make an appointment.

A letter to the prospective applicant shall advise him that the CWB has been informed he may be interested in applying for OAA or DA, and invite him to get in touch with CWB if he wishes an appointment in the office or in his home, if necessary. A copy of the ODA-9 shall be enclosed.

Such inquiries on behalf of an individual shall be recorded as inquiries unless and until there is an interview which results in a decision to make application for financial assistance.

2111. Inquiries and Referrals (Contd.)

.2 b. Referrals from Other Agencies

1) Upon receipt of a referral from another agency or institution, an appointment shall be arranged within five (5) working days for the client in the CWB office or in the place where he is living, as appropriate to his situation. [See 2800 for referral procedures for specific agencies.]

2) When the referral is from a public mental institution in anticipation of discharge of a patient, arrangements shall be made with the caseworker of the hospital social service staff for a joint interview with the patient as promptly as is mutually convenient. [See 2227.2d for special procedures.]

All referrals from other agencies and institutions shall be treated as "inquiries" unless and until an interview with the referred individual results in a decision to make application for financial assistance.

.3 Clearance

a. All inquiries and referrals shall be cleared with the master index and any previous information on file shall be made available to the worker for the initial interview.

b. For the use of Social Service Exchange see 2850.

It will frequently be necessary or helpful to clear with other public or private agencies directly, either before or during the application process, when available information shows or indicates the client is known to another agency.

2112. Application Policy and Procedure

No written application shall be executed nor any application registered before a personal interview with the prospective applicant. [See exception below.]

Exception:
The only exception shall be in instances when an interview is impractical because the applicant is too ill or too handicapped physically or mentally to supply the necessary information. In such cases, however, the worker must visit the applicant and record in the narrative the reason why he could not be interviewed. The person responsible for his care must be interviewed and shall be identified.

2111. Inquiries and Referrals (Contd.)

2112. Application Policy and Procedure

The introductory statement of principle applies in ADC.

The "Exception" is not pertinent in ADC.

2112. Application Policy and Procedure (Contd.)

.1 Who Has Right to Apply

The following special provisions shall be observed in respect to ADC:

a. When the parent is under age 18 (to be known as a "parent-minor") it is not aleays appropriate to accept such parent as applicant and payee on behalf of another child. Sometimes a young parent is very immature and lacks dependability. On the other hand, when the parent-minor plans to rear her child, the relationship with the agency as an applicant and payee for the ADC grant may constitute a maturing experience and, with supervision, assist her in becoming a responsible parent.

In any situation involving a parent-minor there shall be careful evaluation of the total home situation in respect to the "family life" factor as provided in 2282.

Certain specific situations must be specially identified as follows:

1) In respect to a parent-minor who is maintaining a separate home for the child (i.e. in own home or in the home of persons who would not qualify as parent-persons) an application shall be accepted from such parent-minor.

2) When a parent-minor and child are living in the home of

a) one natural or adoptive parent (of the parent-minor), or

b) both natural or adoptive parents but one is incapacitated, or

c) relatives who qualify as parent persons,

there shall be evaluation of the situation and discussion with the parent-minor and the adult(s) as to whether it is desirable to have the parent-minor apply or whether the adult parent(s) or relative(s) should do so.

2112. Application Policy and Procedure (Contd.)

.1

a. 3) When a parent-minor and child are living in the home of both natural or adoptive parents (of the parent-minor), and neither of such parents is incapacitated, then the application must be accepted from the parent-minor. This rule is made because in this situation the parent-minor, although perhaps a "needy child", is not a child "deprived of parental support or care"; hence, the parents cannot apply for ADC for such parent-minor.

[See 2550. for Payee in ADC.]

b. Does not apply in ADC.

c. Does not apply in ADC.

d. Does not apply in ADC.

e. Applicable only in respect to a parent who wishes to apply for ADC in connection with a plan to establish a home for a dependent child upon leaving such institution. [See 2227 and 2283.]

f. In ADC the applicant and child must be living in New Jersey. (The 12 months duration of residence required in OAA and DA is not applicable in ADC). Provision is made for certain special situations affecting New Jersey residents who are temporarily absent from the State, and who plan to return at the time they wish to apply. [See 2222. and 2229.][1]

[1] Section 2229 in course of development.

2112. Application Policy and Procedure (Contd.)

TURN BACK TO ADC 2101.1, p.1, -p.2.

2112. Application Policy and Procedure (Contd.)

.1 Who Has Right to Apply

There shall be recognition of the individual's right to file an application and have his eligibility formally determined if that is his wish, even though the information immediately available indicates clearly that the individual is not eligible and this has been explained to him.

a. The general principle shall be that any person 18 years of age or older who believes himself to be eligible has the right to apply for assistance for himself.

b. An authorized agent, as defined in 2101.3 and 2101.4 has the right to apply for another person who is in need.

c. Persons who are mentally incompetent shall have applications filed on their behalf according to the provisions of 2114.

d. Needy individuals in eligible public or private medical institutions, or non-profit or charitable homes, or an individual who plans to enter such an institution has the right to apply according to the provisions of 2250.

e. Needy individuals in ineligible public or private institutions have the right to apply when assistance is necessary to complete a plan for the individual to leave the institution to live elsewhere; provided that individuals who are involuntarily committed patients in mental institutions are to be officially discharged from the order of commitment prior to receipt of assistance as provided in 2227.

f. In respect to the residence requirement, persons making an initial application must be residents of New Jersey at the time of application. Section 2222 does provide for certain special situations affecting New Jersey residents who are temporarily absent from the State, and who plan to return at the time they wish to apply.

Likewise, persons who have lived in New Jersey less than twelve months have the right to apply for OAA or DA, and are eligible in respect to residence, if they have moved from a state which has entered into a reciprocal agreement with New Jersey to waive residence requirements for the specified assistance program as provided in 2229.

2112. Application Policy and Procedure (Contd.)

.1 g. Persons who have been admitted to the United States as immigrants, displaced persons, or refugees have the right to apply in the same manner and subject to the same eligibility requirements as any other resident. [See 28__ for information relative to problems of persons in these categories.][1]

h. A person who is believed to be blind (as defined by law) and who has physical or mental disabilities in addition to blindness, is entitled to choose whether he shall apply initially for Aid to the Blind or for Disability Assistance. (See 2234.1). Similarly a person 65 years of age or older who is blind, has the right to apply either for Old Age Assistance or Aid to the Blind.

.2 Where Application is Made

Application for financial assistance is made to the welfare board of the county where the person is living at the time of application. However, in respect to persons living in public and private medical institutions, and non-profit or charitable homes, who wish to make application for financial assistance, certain special provisions are necessary. [Refer to 2226.]

A person should make application at the CWB office, and shall be afforded opportunity to complete an application on the same day if he so decides. A person arriving without appointment within one-half hour of official closing time may be asked to accept a deferred appointment at the office, or at his residence if it is not convenient for him to return.

When a person is unable to visit CWB office, or lacks transportation, arrangements should be made to conduct the application interview at his home, including institutional residence.

When the application is being made as part of a plan for the person to leave a TB or mental institution, to live elsewhere, the interview may be arranged at the institution, at the welfare board office, at the prospective home for the patient, or at any other suitable place as the welfare board and institutional casework personnel shall jointly determine. [Refer to 2227.]

.3 Who Interviews

The application interview shall be conducted by a member of the casework or administrative staff - caseworker, casework supervisor, director or deputy director.

[1] Until issued see Bulletin #1.

2112. Application Policy and Procedure (Contd.)

.1 g. Applies in ADC.

h. A parent who inquires about ADC and who appears to be individually eligible for OAA, DA, or AB, shall be required to apply for such program for himself. He would have the same choices among these programs as any other individual. Such a parent is not precluded from applying for ADC for the dependent child(ren) only.

.2 Where Application is Made

Applies in ADC.

,3 Who Interviews

Applicable in ADC.

2113. Initial Interview

The provisions of this section apply in ADC, except when pertinent only to OAA or DA, or when special provisions are given below.

.1 General Scope of Initial Interview

b. The assignment of assets and execution of an agreement to reimburse (ODA-10) are not applicable in ADC. However, as provided by law, when at time of application there is pending payment of funds arising from a claim or interest owned by such child or his parent, the CWB is authorized to secure a written promise to repay (ADC-10). Where appropriate, explanation of such "promise to repay" shall be part of the initial interview. [See 2273 for policy.]

.2

2113. Initial Interview

It is recognized that the interview cannot proceed in any set fashion since individuals will present varying problems, and be variously ready to accept interpretation and direction. The interviewer will need skill in keeping focus on the over-all objectives even though the discussion may over-lap or digress. However, in no event shall execution of Form PA-1 be undertaken as the first step or objective of the interview.

More than one interview may be necessary to obtain adequate information from the client and to work out a satisfactory plan with him. Regardless of the number of interviews, or where held, the following procedures are to be observed and adapted to the situation.

.1 General Scope of Initial Interview

The initial interview shall be directed toward

a. Providing the individual an opportunity to identify his problem through mutual discussion;

b. Interpreting in clear simple terms the eligibility requirements, the scope of the investigation including resources and the ability of relatives to support, the periodic review of eligibility, the assignment of assets, the execution of the agreement to reimburse, etc., to enable the individual to decide whether or not he wishes to make application, or to defer his decision;

c. If he decides to make application, execution of Application Form PA-1;

d. Securing as much factual data as practical in relation to determination of eligibility;

e. Planning the next steps to be taken by the applicant and the CWB; and

f. If the individual does not make application, assisting him as appropriate to locate and use other sources of help to meet his problem.

.2 Decision on Filing Application

The basic principle shall be that the individual shall make the decision whether or not to make application for assistance or to defer decision. [See 2112.1.]

2113. Initial Interview (Contd.)

.2 (Contd.)

It shall also be explained to the individual that he has the right to withdraw his application at any point before official determination of eligibility is completed by the CWB.

.3 When Application May be Accepted for Registration

As a general rule, applications shall be accepted and processed as soon as an individual makes an affirmative decision to apply for financial assistance following an interpretive interview. There are, however, instances where at the time the person expresses a wish to apply, it is obvious that he cannot meet all eligibility requirements until some future date. Such situations arise particularly in respect to:

a. Age requirement,

b. Residence requirement,

c. Available resources,

d. Discharge from an ineligible institution,

e. Request of previous recipient to apply in relation to plan to return to New Jersey from another state.

When such situations arise, application may be accepted and processed as long as two months in advance for OAA and three months in advance for DA.

In respect to an applicant who has resources for his immediate need, the determination of eligibility should be completed well in advance of estimated depletion of funds so that assistance will be available at the point it will be required. [For policy on Deferred Payment see 2514.]

.4 Procedures Following Decision to Make Application

a. Form PA-1 is executed by the applicant with the assistance of the caseworker. If he is unable to read, the content of the form including the data he has provided, shall be read to him before he signs it, and he shall be given a duplicate for his own records.

2113. Initial Interview (Contd.)

.3 When Application May be Accepted for Registration

The general provisions of this item .3 apply in ADC unless otherwise stated below. Applications may be processed two months in advance.

a. Not applicable in ADC.

b. Not applicable in ADC.

c. Applicable in ADC.

d. Where a plan is being made for a parent to leave any institution (ineligible or eligible) to establish a home for a dependent child, the application may be accepted and processed two months in advance provided such home will be established within 30 days of receipt of initial payment. [See 2283.]

Note: Adults or children who leave institutions to become members of an active ADC case are not themselves applicants. For instructions in these situations refer to ADC inserts 2227.2 thru 2227.4b, and 2521.e.

e. Request for assistance from previous ADC recipient family to enable them to complete plans to return to New Jersey from another State. [See 2222. and 2229.] 1/

f. Request for assistance by a woman who is not receiving ADC and who is pregnant, provided she will be otherwise eligible for ADC within two months and an advance application is desirable in planning for the future.

.4 Procedures Following Decision to Make Application

a. Where both parents are in the home, both shall execute the application form, except in the situation where one parent is physically or mentally unable to execute the form.

1/ Item for 2229. under development.

2113. Initial Interview (Contd.)

.4 b. Provision regarding Form ODA-10 and assignment forms for life insurance not applicable in ADC. However, the principle stated shall apply in respect to any ADC application where a "promise to repay" (ADC-10) is required by CWB. [See ADC insert for 2273.]

.5 Special Factors for Interpretation

a. Applicable in ADC.

b. Applicable in ADC.

2113. Initial Interview (Contd.)

.4 b. Other required record forms will be completed by the worker insofar as practical. The applicant shall not be required to execute Form ODA-10, Agreement to Reimburse, nor forms for assignment of life insurance (if any) as a prerequisite to filing his application if he wishes time to consult relatives or others, or if the CWB has established a procedure for execution of these forms following determination of eligibility. The applicant must understand, however, that these forms must be executed prior to receipt of an assistance payment if they are not completed during the first interview.

.5 Special Factors for Interpretation

The following special factors shall be interpreted as the individual's situation may require:

a. If the applicant is currently receiving GA, he shall be informed that he may expect to continue to receive such assistance until his eligibility for OAA or DA is determined, so long as he continues to meet the eligibility requirements for GA.

b. Every applicant shall be given preliminary information about the basic elements of budgeting policy which will govern the amount of assistance he will receive if found eligible. This explanation shall refer to:

1) The nature of allowances for basic requirements;

2) The nature of allowances for special requirements;

3) The principle that all income, including contributions from relatives, is taken into consideration;

4) The principle that available cash (if any) must be used to meet current needs before assistance is granted;

5) The method of budgeting on a monthly basis (4 1/3 weeks);

6) The principle of adjusting the amount of payment as either requirements or income change;

7) The responsibility of applicant to report changes in his circumstances; and

8) The right and responsibility of the client to manage his assistance payment to meet his needs in the same manner as any other form of income.

2113. Initial Interview (Contd.)

.5 c. Every applicant shall be given preliminary information about payment procedures covering:

1) Issuance of initial payment by check following determination of eligibility prorated for balance of month to cover unmet needs;

2) Issuance of subsequent payments by check in single cash amount for the month; where appropriate, the method of dividing the payment for applicants receiving care in medical institutions;

3) Date of issue of regular monthly checks;

4) Instructions for check endorsement.

d. The applicant shall be given general instructions on procedures for obtaining medical services through CWB. (It is recommended that specific instructions regarding billing, prior approvals, grant adjustments, etc. be provided in simple written form either at the close of first interview or sent to him with notice of approval or first payment.)

e. The provision for and policy governing funerals and burials shall be explained to the applicant.

f. Every applicant shall have explained to him his right to Fair Hearing and his attention directed to the statements on the reverse of Application Form PA-1 and in information booklet ODA-9.

.6 Closing the Initial Interview

a. Applicant

When the interview has resulted in an application for assistance, the interview should close with a clear, mutual understanding of the next steps to be taken by the applicant and the CWB, including

1) Instructions as to what further information and records the applicant is to obtain himself, and what further steps the CWB must take to establish his eligibility;

2) Where and when the next interview will take place, if another interview is necessary;

2113. Initial Interview (Contd.)

.5 c. Applicable in ADC.

5) There shall also be interpretation and discussion as to which parent is to be designated "payee" when both are present in the home. [See 2550.]

d. Applies in ADC.

e. Applies in ADC.

f. Applies in ADC.

g. Whenever application for ADC is made on behalf of a child who has been deserted by a natural or adoptive parent, it must be explained that the welfare board is required by law to report the facts to the County Prosecutor if assistance is granted; and further, that the decision as to what legal action, if any, is to be taken rests with the Prosecutor. [See 2281.2 for details of policy.]

When appropriate to the situation, an applicant must also be informed about required procedure in respect to securing support from a parent who is absent from the home for reasons other than desertion. [See 2281.2, Absence from Home; 2287, Child Born Out of Wedlock.]

.6 Closing the Initial Interview

Applies in ADC.

2113. **Initial Interview** (Contd.)

Intentionally Deleted

2113. Initial Interview (Contd.)

.6 a. 3) How applicant's needs are to be met until eligibility is determined and consideration of direct referral to other agencies where appropriate. [See 2800, when issued, for referral to specific agencies.]

4) The applicant is given a copy of Form ODA-9, information booklet.

It is recommended that the applicant be given a written memorandum on any records he is to obtain, and the plan for next interview, including the date and place.

b. Non-applicant

1) Decision Deferred

Some individuals will not be ready to make a firm decision regarding an application for assistance as the result of one interview. They will wish to consult relatives, to think about the information they have been given, or to explore other ways of meeting their problems. Such an individual shall

a) Be assured that the decision rests with him, and that he is free to return later if he has further questions and to bring relatives or others with him if he wishes;

b) Be requested to advise the CWB of his final decision within a reasonable time (10 days recommended); and shall

c) Be given a copy of the information booklet ODA-9.

2) Decision Not to Make Application

When the individual reaches a definite decision that he does not wish to apply for assistance at this time, the interviewer should exercise judgment about offering further service.

If the individual has presented a problem which cannot be met within the scope of CWB functions, the interviewer should provide as specific information as possible about other appropriate sources of help. When the client wishes, or, if in the interviewer's judgment he seems unable to make use of the information without guidance, the individual should be offered referral service. [See 2800 for referral to specific agencies.]

2113. Initial Interview (Contd.)

.7 Recording the Interview

The initial interview, whether or not an application is completed, shall be dictated and recorded promptly. [For specific direction see 27__, when issued.]

2114. Applications for Mentally Incompetent Persons

.1 Applicant Represented by Legal Guardian

When a prospective applicant for OAA or DA has been adjudicated mentally incompetent, and is represented by a legal guardian, the CWB shall, upon proof of such appointment, recognize the guardian as full representative of the client for all purposes, including execution of an application form.

.2 Applicant Without Legal Guardian

a. Any person who applies for assistance in his own behalf shall be presumed to be mentally competent unless there is professional diagnostic evidence to the contrary, or question regarding competency because of certain observable and/or reported behavior or reactions such as

1) Inability or substantial difficulty in giving simple identifying information such as the date (day, month, and year), his correct name, address, names of members of his family, names of persons with whom he lives or has frequent association; (during the course of the interview reference should be made to these previously directed questions and the consistency of the response noted);

2) Inability to recall logically simple factual information about his economic status, his education, his employment history (if any), and his medical history; i.e., when did he become ill or incapacitated? was he hospitalized? where? what treatment did he receive?;

3) Insistence on relating irrelevant information which may be stated in extravagant, fantastic or bizarre terms;

4) Bizarre habits or behavior as observed by the interviewer or reported by persons having intimate knowledge of the client through continuous or regular association with him.

2113. Initial Interview (Contd.)

.7 Recording the Interview

Applies in ADC.

2114. Applications for Mentally Incompetent Persons

.1 Applicant Represented by Legal Guardian

In ADC, a person who is under current adjudication of mental incompetency is not acceptable as a parent or parent person.

.2 Applicant Without Legal Guardian

In ADC, in respect to an applicant parent or parent person, the provisions of sub-items a and b shall be observed.

For procedures regarding determination of mental competency for such a parent or parent person, and evaluation as to whether such an individual can function as a parent see 2288. [1]

[1] Under development.

2114. Applications for Mentally Incompetent Persons (Contd.)

2115. Application for Disability Assistance for Children Referred by State Board of Child Welfare

This section not pertinent to ADC.

2114. Applications for Mentally Incompetent Persons (Contd.)

.2 b. If, after considering the client's responses according to the above criteria, there is reasonable doubt of his mental competency, he may nevertheless execute an application form if physically able and willing; or, the form shall be completed and executed by an authorized agent as provided in 2101.4.

When the PA-1 is completed and executed by a person other than the applicant himself, it shall contain the signature of such other person and an explanation of the relationship or capacity in which he signs.

.3 Determination of Need for Care in Mental Institution. [See 2240.]

.4 Competency in Respect to Disability Assistance Applicants with Mental Defect, Disease or Impairment. [See 2234.3.]

.5 Methods of Payment to Incompetent Recipients. [See 2560.]

2115. Application for Disability Assistance for Children Referred by State Board of Child Welfare

State Board of Child Welfare will make direct referral to CWB of any child between the ages of 18 and 21 under Care or Guardianship who appears to be eligible for DA by reason of a physical or mental defect, disease or impairment as follows:

.1 General Referral

If the child is able to go to the CWB office, a SBCW worker will make an appointment for an application interview. The CWB shall confirm the appointment by written notice to the child and the normal application procedures shall apply.

.2 Physically Disabled Child

If the child is too physically disabled to apply at CWB office, the SBCW will request an appointment for an application interview in the home, and will arrange to be present during the interview. CWB shall send the child written notice of the appointment.

.3 Mentally Disabled Child

If the child is mentally disabled, SBCW will request appointment at the office or in the home as the circumstances require, and will arrange to be present during the interview to assist in filing the application and to supply information which the child may be unable to supply.

2115. Application for Disability Assistance for Children Referred by State Board of Child Welfare (Contd.)

.3 (Contd.)

For determination of eligibility see 2230.

For methods of payment to incompetent recipients see 2560.

2116. Registration Procedures and Record of Inquiries

.1 Application

Official registration of an application consists of the following steps:

a. Entry in application register under appropriate classification as new, reapplication, reopened application, or transfer in.

b. Assignment of case control number (registration number) to a new application, or reassignment of previous number to a reapplication or reopened application in the series designated for OA or DA, as appropriate.

c. Preparation of Form ODA-7, Registration Card.

[See Ruling No. 4 for Instructions.]

So far as possible registration shall be completed on the same day that application for assistance is made. If the application is made outside the CWB office, registration shall be completed within two working days.

Specific instructions for registration procedures are provided in 27__, when issued.

.2 Inquiries

a. All inquiries, whether by interview, correspondence or telephone, which do not immediately result in a decision to apply for assistance, shall be recorded on an index card of the same size but different in color than other cards in the master index for registered applications.

b. The inquiry record shall contain the name and address (if available) of the person on whose behalf the inquiry was made, the name and address (if available) of the person making the inquiry, the date of the inquiry, and a brief summary of the nature of the request and what was done by CWB in respect to the inquiry. If the information obtained warrants a narrative report that cannot be given in full on the card, such a report shall be prepared.

2115. Application for Disability Assistance for Children Referred by State Board of Child Welfare (Contd.)

2116. Registration Procedures and Record of Inquiries

.1 Application

a. Applies in ADC.

b. Applies in ADC.

In ADC the registration number for a new application shall be the county designation letter, "C" for ADC, and the next open number; e.g., AC-360, BC-360, CC-360, etc.

When a folder of an inactive case is drawn from the files transferred by SBCW, for a reapplication or reopened application, a new number shall be assigned to it in the "C" series.

c. Preparation of Form ODA-7, Registration Card.
[Special instructions for ADC issued to CWBs by letter dated 12/2/59.]

.2 Inquiries

The provisions of this item .2 apply in ADC.

2116. **Registration Procedures and Record of Inquiries** (Contd.)

2117. **Assignment of Pending Applications for Completion of Eligibility Determination**

The provisions of this section apply in ADC.

2116. Registration Procedures and Record of Inquiries (Contd.)

.2 c. In a situation in which the inquiry may result in a decision to apply within a specified time limit, the record of inquiry shall be held in a follow-up file until determination is made that the individual concerned is or is not applying for assistance.

d. If the inquiry results in an application, the record of inquiry shall immediately be made part of the official case record relating to such application.

e. If the inquiry does not result in an application, the index card shall be filed alphabetically in the master index with notation of all action to that point and cross reference to any narrative report or correspondence on file.

f. Narrative reports and correspondence on inquiries shall be filed appropriately. In the event of any subsequent inquiry or application, earlier material shall be collated with the reports and material relating to the subsequent action.

2117. Assignment of Pending Applications for Completion of Eligibility Determination

The method for routing a pending application through the registration process to the caseworker for completion of eligibility determination shall be established by the individual CWB to fit its own operational pattern. However, each CWB shall provide a method to assure assignment to a caseworker within two working days; and, establish a follow-up or tickler system for all pending applications which shall be checked on a weekly basis by the person(s) immediately responsible for supervision of casework staff.

2120. PROCESS OF ESTABLISHING ELIGIBILITY

The process of establishing eligibility, starting with the initial interview, involves the collection, verification, analysis and appraisal of information pertinent to the client's particular situation. Establishing eligibility means, in addition to determining such technical factors as age and residence, consideration of the client's total situation, his physical, emotional and social needs as well as his economic need, and how these can best be met.

The investigation will normally require a visit to the home, contacts with relatives and other persons or agencies, examination of various records, and correspondence.

.1 Policy on Home Visit

A visit to the client's home (the place where he customarily lives regardless of the type of arrangement) is an essential element in developing an understanding of the client in relation to his particular needs and problems.

It is recognized, however, that in certain simple situations it may be possible to establish eligibility through office interviews and collateral investigation. In such cases the granting of assistance should not be delayed merely to accomplish a home visit.

The necessity of a home visit prior to granting assistance shall be determined on an individual case basis. In no event, however, shall a recipient receive more than one assistance payment before a visit to his home and review of the situation in relation to information obtained by the visit.

2121. Planning Completion of Eligibility Determination

The caseworker's first step upon assignment of an application is to review all recorded data to observe what kind of a person client is, what additional facts are needed, the most efficient methods to obtain the information, whether special problems exist and how urgent they are, and whether an appointment was made for a home visit or worker is to send an appointment notice. Systematic planning of the investigation will save time and effort and assure prompt service to the applicant.

2122. The Home Visit

A home interview with the applicant is an important step in the development of a satisfactory relationship with the client and other members of his household. The caseworker learns with experience to judge quickly the best method for putting client and family at ease so that there may be a satisfactory exchange of accurate information.

2120. PROCESS OF ESTABLISHING ELIGIBILITY

The introductory paragraphs apply in ADC.

.1 Policy on Home Visit

In ADC, a home visit shall be made prior to authorization of an initial assistance payment.

2121. Planning Completion of Eligibility Determination

The provisions of this section apply in ADC.

2122. The Home Visit

The provisions of this section apply in ADC.

2122. The Home Visit (Contd.)

.1 Purposes of Home Visit

The provisions of this item apply in ADC.

2122. The Home Visit (Contd.)

If client appears uneasy, confused or embarrassed in the presence of others, every effort should be made to achieve privacy. While difficult, a degree of privacy can usually be arranged even in institutional settings.

.1 Purposes of Home Visit

In general the purposes of the home visit are to

a. Provide client an opportunity to explain his situation, raise questions, talk about his special needs and to be identified and understood as a person in relation to his particular home setting;

b. Meet other members of the household, particularly legally responsible relatives, to interpret the program to them and discuss their ability to support and willingness to provide certain items of need for the client, or

to discuss with the operator of a boarding or nursing home, or other institutional facility, those aspects of client's situation and of agency procedure which are pertinent to an understanding of the responsibilities and relationships of operator, client and CWB;

c. Develop a relationship between the worker and the family which will enable the worker to understand and evaluate the interpersonal relationships within the family, and the socio-economic and health conditions existing in the household;

d. Evaluate the adequacy of the living arrangement in respect to client's safety, comfort, convenience and health, and to secure data for budgeting purposes;

e. Obtain additional verification of facts by examination of evidence in client's possession, or to consult him about other possible sources of evidence;

f. Interpret or reinterpret specifically to client and family those aspects of his continuing relationship with CWB which are important in terms of meeting his needs adequately and promptly, or which affect eligibility or the amount of assistance; e.g., how client obtains medical care and money to pay the bills, how to request other special circumstance items, his responsibility for managing his payment, paying his own bills, etc., how to endorse and cash his checks, why he must notify CWB of change of address within the county, to another county, or of his plan to leave the State for a visit or permanently, and when his resources increase or decrease, or there are changes in his family situation, etc.;

2122. The Home Visit (Contd.)

.1 g. Complete required forms as appropriate.

2123. Collateral Investigation

.1 Definition

"Collateral investigation" shall refer to contacts with individuals other than members of client's immediate household, such as relatives*, employer, lawyer, physician, landlord, neighbor; with business organizations, such as banks or insurance companies; with social and health agencies or institutions; and to checking or consulting relevant documents and public records not in the possession of the client.

*For policy on contacts with relatives see 2260.

.2 General Policy

The primary purpose of collateral contacts is to verify or supplement or clarify discrepancies regarding essential information supplied by the client. An additional purpose is to secure information from or to secure the advice and help of others in order to plan with the client and his family for his total welfare.

Except in very unusual situations where circumstances require otherwise, collateral contacts shall not be undertaken until the applicant or his authorized agent, has formalized his request for assistance by signing an application Form PA-1. It shall be explained that by signing he is giving general permission for CWB to consult other sources of information only when necessary. In addition, the client shall be clearly informed why it is necessary to see or write to other persons or sources and what specific sources the CWB plans to use to help him establish his eligibility.

The client must understand, however, that it is the CWB which is responsible for determining whether he is or is not eligible. If he is unwilling to have the necessary inquiries made and is unable or unwilling to secure the required information from such sources himself, then it shall be explained to him that CWB will be unable to make an affirmative determination. In this situation, unless he wishes to withdraw his application he must expect that it will be denied by CWB.

[For detailed policy and procedure on establishing eligibility in respect to specific requirements see Chapters 2200; Categorical Budget Manual; and Chapter 2300.]

2122. The Home Visit (Contd.)

2123. Collateral Investigation

The provisions of this section apply in ADC.

2123. Collateral Investigation (Contd.)

Intentionally Deleted

2123. Collateral Investigation (Contd.)

.3 Selection and Method

In planning the use of collateral sources of information, the selection should be in terms of their value to the client and the CWB in each case, and should not be made routinely. The client will usually be able to help select the most likely sources of information about himself.

The number of contacts required will depend upon the reliability of the information when obtained, the reliability of the informant, and the completeness and authenticity of the records consulted.

The method of contact, personal interview, telephone or correspondence (letter or standard form) will depend on the nature and purpose of the information sought.

a. Documents and Public Records

Judgment should be exercised in respect to checking or requesting information from such public records as vital statistics, court records, county property records (deeds and mortgages) and from financial institutions such as banks, postal savings, etc. Routine checking of all cases is time consuming, would unnecessarily delay eligibility determination for many cases, and add to administrative costs. For instance, unless there is good reason to believe the applicant once owned or had an interest in real property, it should not be necessary to check the county records; or, if the applicant has a piece of evidence showing him to be of eligible age and such evidence appears to be acceptable proof, it would be wastful of time and effort to request proof from vital statistics records merely to build up further proof in the record.

It is usually desirable to obtain data from these sources in written form. However, where permission can be secured for inspection of records by CWB personnel the practice is acceptable and is often quicker and simpler.

b. Individuals and Agencies

Persons who know the client, or who have knowledge of his situation, should not be consulted unless it is believed they can provide information which is necessary to establish eligibility or helpful to a better understanding of the client and his needs.

2123. Collateral Investigation (Contd.)

.3 b. (Contd.)

When practical, it is generally more satisfactory to interview individuals, particularly if their relationship with the client has been on a personal basis; but again, judgment must be used since some individuals will not wish to give the time for a personal interview, or the data desired is simple and a telephone call is satisfactory and quicker.

In respect to securing information from the staff and records of another agency, the same judgment should be exercised as to when and how to contact. Of course, any specific procedures agreed to by CWB and other community agencies, or provided for in State Bureau regulations should be observed.

[Refer to 2800 for contact with specific agencies.]

.4 Confidentiality and Collateral Investigation

Whether the collateral contact is made in person, by telephone, or correspondence, the information provided must be in sufficient detail to assure that the individual receiving the request understands what the CWB wants and to elicit interest and cooperation. However, the information given should be limited to relevant material and should never extend to discussion of social or economic aspects of the client's situation which are not essential to accomplish the purpose of the contact.

A like respect for confidentiality is accorded any information supplied by the collateral source. [See 2930 for policy on Safeguarding Information.][1]

2124. Assistance Plan and Recording

When the necessary collateral investigation is complete the worker makes a final evaluation of the data obtained. It is important to select and weigh the facts carefully to assure that all eligibility factors have 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.

1 Until issued see Ruling No. 20

2123. Collateral Investigation (Contd.)

2124. Assistance Plan and Recording

The provisions of this section apply in ADC.

In addition, in any situation where both parents are in the home, the assistance plan must include the decision as to which parent is to be designated "payee", and such decision shall be specifically recorded. [See 2550.]

2124. Assistance Plan and Recording (Contd.)

2125. Recommendation for Agency Decision

The provisions of this section apply in ADC.

d. In ADC, the parent to be designated "payee," when appropriate to the situation.

2126. Supervisory Review and Approval

The provisions of this section apply in ADC.

2124. Assistance Plan and Recording (Contd.)

In developing the assistance plan, the worker considers all basic requirements and all special circumstance requirements necessary on a recurring basis, as well as those which are to be allowed as the need occurs. This planning also includes evaluation of available and potential resources and the effect on immediate eligibility to receive an assistance payment, as well as on the amount of payment, for an approved application. [See 2300, Determination of Need, and Categorical Assistance Budget Manual.]

All facts pertaining to eligibility are recorded on required case record forms or in the narrative report as appropriate. [See 2700.] This includes preparation of the PA-3A, Budgetary Statement, and a summary statement of the assistance plan in respect to referral to other community resources, steps to resolve certain problems with applicant and his family, and follow-up on potential resources as appropriate to the individual situation.

2125. Recommendation for Agency Decision

The caseworker is initially responsible for the recommendation as to whether the application should be approved or denied. If the recommendation is for approval, the recommendation includes

a. The amount of assistance to be granted in the initial payment for a full or partial month and the period it covers, and

b. The amount of the regular monthly payment, and

c. If initial payment is to be deferred, the date on which client will be eligible to receive payment. [See 2514.]

The caseworker signs the PA-3A or initials a typescript signature.

2126. Supervisory Review and Approval

It is recognized that in some instances the caseworker will wish to consult supervisory personnel prior to arriving at the assistance plan and recommendation. A worker should be expected to complete the investigation and formulate the assistance plan in the average case prior to supervisory review.

2126. Supervisory Review and Approval (Contd.)

Every application, reapplication or reopened application shall be reviewed by a supervisory staff member prior to disposition, but the detail in which it is reviewed may vary according to the nature of the case and the supervisor's knowledge of the caseworker's competence.

Any difference of opinion between caseworker and supervisor should be resolved by conference, and, if necessary, the issue should be referred to a higher administrative level for disposition.

All records of applications shall be approved in writing by the supervisor following review, either by signature or initialed typescript signature.

2127. Disposition of Application

An application, subsequent to supervisory approval, shall be promptly acted upon by the following methods.

.1 Action by Executive Authority

It is the intent of State law and policy that the normal method for disposing of applications recommended for approval, shall be by the authority vested in the director of welfare to make decisions on eligibility and to issue initial payments.

The director has the same authority to make case decisions other than approvals.

.2 Action by Welfare Board

The only applications which should be held for the welfare board for initial action are those which require special review of the facts or of certain problems affecting eligibility, for interpretation of policy, etc.

[See 2510, Initial Payments, and 2947, Welfare Board Minutes.][1]

[1] Until 2947 is issued see Ruling No. 22

2126. Supervisory Review and Approval (Contd.)

2127. Disposition of Application

The provisions of this section apply in ADC.

2128. Notice of Agency Decision

The provisions of this section apply in ADC.

2128. Notice of Agency Decision

Each applicant shall receive prompt written notice of every agency decision which relates to his eligibility, except, of course, an individual who has died or who cannot be located.

Designation of personnel responsible for preparation of decision notices shall be at the discretion of the agency. However, it shall be the primary responsibility of the caseworker to see that prompt appropriate notice is sent. It shall be the responsibility of supervisory personnel to see that not only do all notices include the minimum content and enclosures required by State policy, but also sufficient explanatory detail to assure the client's understanding of the basis for the agency's decision.

[See 2910, Notice of Agency Decisions.]

Manual of Administration
Bureau of Assistance

ATTENTION:

The attached page is to be inserted in Chapter 2200, section 2273.

2271. Disposal of Assets to Qualify for Assistance (Contd.)

2272. Reimbursement Requirement; Assignment of Assets

Not applicable in ADC.

[See ADC 2273.]

2273. Written Promise of Repayment in ADC

.1 Legal Authority

R.S. 44:10-4 authorizes the county welfare board to secure a written promise to repay from the natural or adoptive parent(s) in any instance where there is pending payment to the child or such parent(s) funds arising from a claim or interest legally or equitably owned by such child or such parent(s). Such authority shall be exercised in accord with the following policy and procedure.

.2 Statement of Policy

a. When at the time of application there is pending a claim for statutory benefits, such as OASDI, veterans benefits, workmen's compensation, temporary disability benefits, or a suit or claim arising from an accident, etc., CWB shall require the natural or adoptive parent, or both such parents when available, to sign a written promise to repay for assistance granted from any funds subsequently received. [Form ADC-10.] Refusal by any such parent to comply with this requirement, renders the family ineligible for ADC.

b. Where no claim has been filed but there appears to be eligibility for benefits or compensation, the applicant parent(s) shall be expected to make such claim. Refusal to make such claim shall render the family ineligible for assistance.

.3 Evaluation after Claim Settled

If and when a lump sum payment is received as a result of an approved claim or pending suit, etc., CWB shall evaluate the situation and, in accordance with the provisions of 502. of the Budget Manual decide

a. Whether to require repayment, and continue assistance with any necessary budget adjustment for recurring income, or

b. Whether the case is to be suspended or closed and the available funds used for current support.

2274. Claims Against Estate of Deceased Minor in ADC

.1 Legal Authority

R.S. 44:10-4 provides that whenever a child dies prior to age 21 leaving an estate, that the total amount of assistance paid for such child is a valid claim against his estate. The law directs county welfare board to take the necessary legal steps to enforce such claim.

Rules & Reg - 1 & 9

File

Thompson

January 10, 1961

Honorable Edward J. Patten
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing is new material for the Manual of Administration, issued by the Bureau of Assistance, Division of Welfare of this Department.

We direct your special attention to the enclosed copy of Transmittal Letter #21, which gives specific instructions for insertions.

Very truly yours,

Lloyd W. McCorkle
Acting Commissioner

LWMcC:4

CC: Mr. Edwin C. Landis, Jr., Acting Secretary to the Governor
Mr. Irving Engelman, Director, Division of Welfare
Mrs. Elizabeth Feehan, Secretary, State Board of Control

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

BUREAU OF ASSISTANCE

REGULATION #Manual of Administration

ISSUED: 1/20/61
(Date)

REV.: _____
(Date)

TITLE: None - related to policy and procedure for ADC

SUBJECT: Reciprocal Agreement with Pennsylvania (ADC)

STATUTORY REFERENCE: 44:7-6 (See Transmittal Letter #21)

_____, Chief
Bureau of Assistance

Approved:

By: Clyde Murdoch

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

TRANSMITTAL LETTER #21
MANUAL OF ADMINISTRATION

January 20, 1961

TO: COUNTY WELFARE BOARDS

Attached is one copy of the following material for the Manual of Administration, staff copies of which are being forwarded under separate cover:

Sub-section	Title
2229 (ADC Insert)	Reciprocal Agreements with Other States
Chapter	
2200 Appendix III C	Reciprocal Agreement with Pennsylvania (Assistance for Dependent Children)

Explanatory Comment

The material for 2200 Appendix III C presents the full text of the Reciprocal Agreement with Pennsylvania and should be carefully reviewed by all supervisory and casework staff. It should be specially noted that

1) the Agreement pertains only to the ADC program, and that no Agreement exists at this time with respect to OAA or DA;

2) in item d. the Agreement authorizes the Department of Welfare of Pennsylvania to continue assistance to ADC recipients after removing permanently to New Jersey up to three months, however, the County Welfare Boards in New Jersey are authorized to continue assistance to ADC recipients moving permanently to Pennsylvania for two months. This compromise has been necessarily agreed to in order that both States may retain a policy consistent with that already established by each in its reciprocal agreements with other states for the several programs.

This policy does not affect nor alter the time limits stipulated in 2228.3 and 2284. in respect to temporary visits out of State, or "Temporary Absence from the Home" respectively.

Instructions

Insert 2229. ADC Insert so that it is opposite the corresponding white page 2229.-2229.1.

In Table of Contents for 2200 Appendix, write in after "Reciprocal Agreement with Wisconsin (OAA)" - "Reciprocal Agreement with Pennsylvania (ADC) - III C."

(over)

To County Welfare Boards
Re Transmittal Letter #21 1/20/61

Insert 2200 Appendix III-C immediately following 2200 Appendix III-B [Reciprocal Agreement with Wisconsin (OAA)].

Any questions regarding this new reciprocal agreement or the procedures pertaining thereto should be directed to the Bureau, preferrably in writing.

Very truly yours,

E. F. Hann, Jr., Chief
Bureau of Assistance

EFH:MCRb

Approved
Irving Engelman, Director
Division of Welfare

Intentionally Deleted

2229. Reciprocal Agreements with Other States

Effective February 1, 1961, the New Jersey State Department of Institutions and Agencies has entered into a reciprocal agreement with the State of Pennsylvania in respect to Assistance for Dependent Children.

The text of this agreement is given in 2200 Appendix III C.

RECIPROCAL AGREEMENT WITH PENNSYLVANIA (ASSISTANCE FOR DEPENDENT CHILDREN)

2229. Reciprocal Agreement with Pennsylvania (ADC Only)

Effective February 1, 1961, the Department of Public Welfare of the State of Pennsylvania has entered into an agreement with the Department of Institutions and Agencies of the State of New Jersey, the purpose and intent of which is summarized as follows:

a. A person who removes from the Commonwealth of Pennsylvania to the State of New Jersey and establishes a residence-in-fact in New Jersey, will be eligible for Assistance for Dependent Children in New Jersey without regard to the duration of such newly-established residence, if he is otherwise eligible under New Jersey's law and regulations governing Assistance for Dependent Children. Reciprocally, a person who removes from the State of New Jersey to the Commonwealth of Pennsylvania and establishes a residence-in-fact in Pennsylvania, will be eligible for Aid to Dependent Children in Pennsylvania without regard to the duration of such newly-acquired residence, if he is otherwise eligible under Pennsylvania's law and regulations governing Aid to Dependent Children.

b. "Residence-in-fact," as used in the preceding stipulation, refers to the establishment and maintenance of an actual place of abode on a permanent or indeterminate basis, and is intended to exclude physical presence in the jurisdiction for purposes of temporary visit or transit only.

c. This reciprocity will apply to new applicants as well as recipients in either jurisdiction.

d. 1) A person already receiving Aid to Dependent Children from the Commonwealth of Pennsylvania, who moves to New Jersey, will continue to receive assistance from the Commonwealth of Pennsylvania, if he continues to be eligible, for up to three months, to afford the appropriate County Welfare Board in New Jersey reasonable time to process his application for assistance.

2) A person already receiving Assistance for Dependent Children from a County Welfare Board in the State of New Jersey, who moves to Pennsylvania, will be afforded opportunity to continue to receive such assistance, if in financial need and otherwise eligible, for a period not to exceed two months following the month in which the removal occurs.

RECIPROCAL AGREEMENT WITH PENNSYLVANIA (ASSISTANCE FOR DEPENDENT CHILDREN)

e. In respect to any person who shall, under the laws of the respective jurisdictions, become indebted to both jurisdictions, and who shall, at time of death or otherwise, have assets or resources answerable for such indebtedness, the administrative agencies in both States agree to maintain a policy of prompt notification and full exchange of information with respect to such matters, to the end that both jurisdictions shall be afforded full opportunity to assert and pursue their respective rights under their respective laws.

f. Amendments or additions to this arrangement may be proposed by either State as need arises and, when approved by the other, become a part of this reciprocal arrangement.

g. Each State agency will advise its respective local units administering the Assistance for Dependent Children/Aid to Dependent Children program of the terms of this reciprocal arrangement, and will take any regulatory steps necessary to give it obligatory effect on a State-wide basis.

h. The effective date of this arrangement will be February 1, 1961.

Rules + Reg - 9 x 9

File

Thompson

January 10, 1961

Honorable Edward J. Patten
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing are various new and revised sections of the Manual of Administration, issued by the Bureau of Assistance, Division of Welfare of this Department.

We direct your attention to the enclosed copy of Transmittal Letter #20, which gives a detailed listing of the new and revised material; specific instructions for insertions, and removal of superseded material.

Very truly yours,

Lloyd W. McCorkle
Acting Commissioner

LWMcC:4

CC: Mr. Edwin C. Landis, Jr., Acting Secretary to the Governor
Mr. Irving Engelman, Director, Division of Welfare
Mrs. Elizabeth Feehan, Secretary, State Board of Control

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

BUREAU OF ASSISTANCE

REGULATION # Manual of Administration

ISSUED: 1/20/61 (Date)

REV.: 1/20/61 (Date)

TITLE: None - Related to policy and procedure for ADC

SUBJECT: (Various - Identified in Transmittal Letter #20)

STATUTORY REFERENCE: R. S. 44:7-6, and 44:10-3

Issued Sections	Revised Sections and Tables of Content
2289	2200 Table of Contents, p. vii, viii, ix
2330	2281.2 c. 4)
2631.3	2281.3
2700 Appendix VI	2300 Table of Contents
2700 Appendix VI A	2500 Table of Contents
2700 Appendix VI B	2541.2 b.
	2600 Table of Contents, p. iii
	2631.2 d.
	2700 Table of Contents

_____, Chief
Bureau of Assistance

Approved:

By: _____

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

TRANSMITTAL LETTER #20
MANUAL OF ADMINISTRATION

January 20, 1961

TO: COUNTY WELFARE BOARDS

Attached is one copy each of the following new and revised material, staff copies of which are being forwarded under separate cover:

Chapter	Title
2200	Table of Contents, revised pages vii, viii, ix.
2281.2 c.4)	Imprisonment [revised]
2281.3	Incapacity [revised]
2289.	"Incapacity" of Spouse of Parent (Other than Natural or Adoptive Parent) [new]
2300.	Table of Contents, revised
2330.	Inclusion in ADC Grant of Needs of Incapacitated Parent or Spouse [new]
2500.	Table of Contents, revised
2541.2 b.	Recovery of "Incapacitated" Natural or Adoptive Parent [revised]
2600.	Table of Contents, revised page iii
2631.2 d.	Imprisonment [revised]
2631.3	Incapacity Status of "Spouse" (Other than Natural or Adoptive Parent) [new]
2700. Appendix	Table of Contents for Appendix, revised
2700. Appendix VI	Instructions for Use of Forms ADC-33 and ADC-34
2700. Appendix VI A	Sample Form ADC-33
2700. Appendix VI B	Sample Form ADC-34

Explanatory Comment

All revised and new portions pertain to ADC and are on buff pages, except for the material for insertion in 2700. Appendix (items VI, VI A and VI B). The following notes will be helpful to you in reviewing the material:

2281.2 c.4) Imprisonment, has been revised to conform to the new procedure more fully described in 2700. Appendix VI, and to provide direction for procedural relationships between CWB and local jails, etc.

(over)

2281.3 Incapacity, has been reorganized to bring all policy and procedure for county welfare boards together, placing at the end the criteria used in the official determination of "incapacity" by the Medical Service Section. This has been done for ready reference by staff; it is, however, important that staff acquire a general understanding of the content of sub-item h., Determination of "Incapacity" by Medical Service Section.

Sub-item g., Procedures in Reapplications and Reopened Applications, is new.

2289., 2330., and 2634. are all new and are provided to clarify policy and procedure in regard to inclusion in the ADC grant of the needs of an "incapacitated spouse." Special care should be given to review of these portions in order that staff clearly understand the difference between establishing "incapacity of a natural or adoptive parent" as a basis for eligibility of the family, and the policy and procedure dealing with inclusion in the ADC grant of the needs or either an "incapacitated natural or adoptive parent," or for an "incapacitated spouse" who is other than a natural or adoptive parent.

2541.2 b. Recovery of "Incapacitated" Natural or Adoptive Parent, has been revised to clarify policy, and to delete from here reference to "continuing eligibility" procedures. The latter have been more appropriately and fully developed in 2631.3.

2631.3 Incapacity Status (Natural or Adoptive Parent), has been expanded to permit county welfare boards to make determinations on continuing eligibility in certain specified circumstances; it also provides more specific instructions regarding record material to be submitted to the Medical Service Section, use of new Form PA-6A, etc.

In respect to the new procedure for exchange of information between CWB and penal and correctional institutions (2700. Appendix VI), please observe the following points:

B. 1. a.
There is to be clearance with the institutional Parole officer by use of Forms ADC-33 and ADC-34 on any individual who is normally a member of the ADC household (parent, parent-person, step-parent, child under or over age 18); and on a natural or adoptive parent whether or not living in the home at time of imprisonment.

B. 1. c.
The new procedure is to initiated as promptly as possible on all currently active ADC cases in which a member of the family is incarcerated.

The importance of establishing and maintaining close working relationships with institutional personnel (State or local) should be emphasized.

To County Welfare Boards
Re Transmittal Letter #20 1/20/61

It will be noted that the sample Forms ADC-33 and ADC-34 carry the code "SU". These letters shall be understood to stand for "State Use", meaning that the form is available on order from the Bureau of State Use. [Future sample forms in the Manual will show this or other appropriate code designation.] An initial mimeographed supply of these forms is being mailed to each CWB, based on the best estimate of your needs we could make without specific knowledge of the number of cases which may be affected.

Instructions

The attached material has been assembled in order for insertion in the several chapters, with revised pages (white) for Tables of Contents preceding the new or revised material for each chapter.

1) Remove from Table of Contents, Chapter 2200. pages (vii), (viii), (ix) dated 1/60 and insert revised pages (vii), (viii), (ix) dated 1/61.

2) In sub-section 2281., Deprivation of Parental Support or Care, remove all pages from page 2281.2 - p.4 through page 2282. - 2282.2 dated 1/60. The last page removed has the heading 2282. Family Life. Insert revised pages 2281.2 - p.4 through page 2282. - 2282.2 dated 1/61.

3) Following sub-section 2287. (page 2287.6) Child Born Out of Wedlock dated 1/60, insert new sub-section 2289. "Incapacity" of Spouse of Parent (Other than Natural or Adoptive Parent), dated 1/61 (one page only 2289. - 2289.3). Please note that there is currently no sub-section 2288., which is still in course of development.

4) Remove Table of Contents for Chapter 2300. dated 1/60, and insert revised Table dated 1/61.

5) Following section 2320. Support Orders as a Resource, white page 2320.7 - 2320.8 dated 1/60, insert new section 2330. Inclusion in ADC Grant of Needs of Incapacitated Parent or Spouse, dated 1/61 (one buff page 2330. - 2330.3).

6) Remove Table of Contents for Chapter 2500. pages (i), (ii) and (iii) dated 1/60, and insert corresponding revised pages dated 1/61.

7) Remove buff page for section 2540. Termination of Payments dated 1/60, and insert revised 2540. dated 1/61.

8) Remove from Table of Contents for Chapter 2600. page (iii) dated 1/60 and insert revised page (iii) dated 1/61.

9) Remove all pages for section 2630., Factors Subject to Change in Assistance for Dependent Children Only, (pages 2630. - 2631.2 through page 2632.3 - 2633.2) dated 1/60, and insert revised pages for 2630. (pages 2630. - 2631.2 through page 2633. - 2634.2) dated 1/61.

(over)

To County Welfare Boards
Re Transmittal Letter #20 1/20/61

10) Remove Table of Contents for Chapter 2700. Appendix dated 3/60, and insert revised Table dated 1/61.

11) Insert 2700. Appendix VI, VI A and VI B following 2700. Appendix V Form PA-11.

Pen and Ink Corrections

In ADC Insert for 2242.2, Applicants with Tuberculosis, strike out the words "policy and procedure in respect to" and enter "information on"; also change the cross reference to read "2281.3 h, 2), a).

In ADC Insert for 2243., Applicants with Psychosis or Mental Defect, strike out the words "policy and procedure in respect to" and enter "information on"; also, change the cross reference to read 2281.3 h, 2), b); place footnote symbol on cross reference "2228. 1/" and at bottom of page enter "1/ Under development."

On page 2282.3 (last page of Family Life) in the "Note" at bottom, change the cross reference to read "2633."

On ADC Insert for 2520. Additional Payments, in item 2521. e, revise the last phrase of the sentence to read ".... or a child is born to an eligible member of the family."

On ADC Insert for 2625., Competency Status, in item .1, Mental Competency, place footnote symbol by "2288. 1/", and enter at bottom of page "1/ Under development."

In ADC Insert for 2629., in the bracketed cross reference, change "2634." to read "2632."

In Chapter 2700. following item 2760.16 enter an item ".17 Forms ADC-33 and 34, see 2700. Appendix VI, VI A and VI B for instructions and sample forms."

The number of pen and ink corrections is regretted but seem necessary for clarity in using the Manual.

Very truly yours,

E. F. Hann, Jr., Chief
Bureau of Assistance

EFH:MCRb

Approved
Irving Engelman, Director
Division of Welfare

TABLE OF CONTENTS

CHAPTER 2200

DETERMINATION OF ELIGIBILITY FACTORS OTHER THAN NEED

2274.	Claims Against Estate of Deceased Minor in Assistance for Dependent Children	2273. -2274.1
.1	Legal Authority	2273. -2274.1
.2	Statement of Policy	2274.2
2280.	Factors Applicable in Assistance for Dependent Children Only	2280. -2280.1
.1	Statement of Purpose of the Program	2280. -2280.1
.2	Definitions	2280.2
2281.	Deprivation of Parental Support or Care	2281. -2281.1
.1	Death	2281. -2281.1
.2	Continued Absence of the Natural or Adoptive Parent from the Home	2281.2 - p.1
a.	Interpretation	2281.2 - p.1
b.	Statement of Policy	2281.2 - p.1
c.	Establishing Continued Absence	2281.2 - p.2
	Divorce, Pending Divorce, or Legal Separation	2281.2 - p.2
	Desertion	2281.2 - p.3
	Informal Separation	2281.2 - p.4
	Imprisonment	2281.2 - p.5
	Deportation	2281.2 - p.6
	Unmarried Parents	2281.2 - p.7
.3	Incapacity	2281.3 - p.1
a.	The Eligibility Factor	2281.3 - p.1
b.	Incapacity Defined	2281.3 - p.1
c.	Determination of Incapacity	2281.3 - p.1
d.	Procedures	2281.3 - p.1
	Evidence Accepted as Conclusive	2281.3 - p.1
	Evidence Accepted for Purpose of Initial Grant	2281.3 - p.2
	Parent at Home	2281.3 - p.2
	Parent in Institutional Facility	2281.3 - p.2
e.	Transmittal of Records	2281.3 - p.3
f.	Procedures After Bureau Action	2281.3 - p.3

TABLE OF CONTENTS

CHAPTER 2200

DETERMINATION OF ELIGIBILITY FACTORS OTHER THAN NEED

2281.3g.	Procedures in Reapplications and Reopened Applications	2281.3 - p.5
h.	Determination of "Incapacity" by Medical Service Section	2281.3 - p.5
	General Criteria	2281.3 - p.5
	Parent with Diagnosis of Active Tuberculosis	2281.3 - p.7
	Parent Incapacitated by Mental Defect, etc.	2281.3 - p.8
	Incapacity and Its Relation to Employment	2281.3 - p.9
	Rehabilitation of Incapacitated Parent; Refusal to Accept Recommendations, etc.	2281.3 - p.9
2282.	Family Life	2282. -2282.2
.1	General Policy on Eligibility	2282. -2282.2
.2	Criteria for Evaluation of "Family Life" Factor	2282. -2282.2
.3	Procedures	2282.2-2282.3
2283.	Establishment of Home	2283. -2283.3
.1	Federal Requirement	2283. -2283.3
.2	Registration and Process of Application	2283. -2283.3
.3	County Responsible	2283. -2283.3
2284.	Temporary Absence from Home	2284. -2284.3
.1	General Policy	2284. -2284.3
.2	Essential Conditions	2284. -2284.3
.3	Special Conditions Relating to Child	2284. -2284.3
.4	Special Conditions Relating to Parent	2284.3-2284.5
.5	Special Conditions Relating to Family Unit	2284.3-2284.5
2285.	Temporary Payee in an Emergency Situation	2285. -2285.4
.1	General Policy Statement	2285. -2285.4
.2	Emergency Situations	2285. -2285.4
.3	Emergency Payee	2285. -2285.4
.4	Criteria Upon Which Payment is Contingent	2285. -2285.4
2286.	Employment Policy	2286. -2286.2
.1	Employment for Father	2286. -2286.2
.2	Employment for Mother	2286. -2286.2
.3	Employment for Children	2286.2-2286.3

TABLE OF CONTENTS

CHAPTER 2200

DETERMINATION OF ELIGIBILITY FACTORS OTHER THAN NEED

2287.	Child Born Out of Wedlock	2287. -2287.3
.1	Eligibility	2287. -2287.3
.2	Legal Responsibility of Parents	2287. -2287.3
.3	Putative Father	2287. -2287.3
.4	Legal Determination of Paternity (Filiation Proceedings)	2287.3-2287.5
.5	Exceptions to Requirement for Filiation Proceedings	2287.3-2287.5
.6	Effect of Refusal to Participate in Filiation Proceedings	2287.6
*2288.	Evaluation of Mental Status of ADC Parent	
2289.	Incapacity of Spouse of Parent (Other than Natural or Adoptive Parent)	2289. -2289.3
.1	Family Eligibility for ADC not Dependent on Incapacity of Spouse	2289. -2289.3
.2	Incapacity must be Established as Basis for Inclusion in Grant	2289. -2289.3
.3	Procedure	2289. -2289.3
2290.	Factors Related to Methods of Payment	2290. -2294.1
.1	Legal Authority	2290. -2294.1
2291.	Institutional Status	2290. -2294.1
2292.	Mental Incompetency	2290. -2294.1
2293.	Minority	2290. -2294.1
2294.	Other Incompetents	2290. -2294.1
.1	Identification	2290. -2294.1
.2	General Policy Related to Applicants	2294.2

*Under Development

2281. Deprivation of Parental Support or Care (Contd.)

.2 c. 2) b) (2) The deserted applicant parent (or the parent person applying for the deserted child) willingly provides all known information about the deserting parent's whereabouts, or if unknown, signs an Affidavit of Desertion (Form ADC-31) either when the application is filed or at the time of receipt of initial payment, whichever is practicable. [See 2200 Appendix IX for Sample Form ADC-31.]

(3) If the deserted applicant parent (or the parent person applying for the deserted child) is unwilling or refuses either to give information, or to sign an Affidavit of Desertion, such applicant may withdraw the application; otherwise the application shall be denied.

[See 2113.5g.]

c) Notice to Law Enforcement Officials

In every instance where eligibility for ADC is based on the factor of "continued absence from the home" by reason of "desertion," Form ADC-32 shall be sent to the county prosecutor concurrently with issuance of the initial assistance payment. It is the responsibility of the prosecutor to decide if any legal action is warranted.

[Refer to 2200 Appendix X for Sample Form ADC-32; to 2320 for policy on determination of absent parent's ability to support; and to 2950, when issued, for legal procedures.

3) Informal Separation

A parent shall be considered "continuously absent" when by mutual agreement, not legal action, the parents have completely broken their marital relationship, one parent is out of the home and such absent parent is not exercising any responsibility as a member of the household, although he may be making some financial contribution to the family.

[Refer to 2320 for policy on determination of the absent parent's ability to support.]

[Refer to 2950, when issued, for legal procedure if appropriate.]

2281. Deprivation of Parental Support or Care (Contd.)

.2 c. 4) Imprisonment

a) Policy

A parent shall be considered continuously absent from the home when he is incarcerated, unless there is evidence that he will be released in less than 60 days from date of application.

There will be situations in which the parent had already absented himself from the home prior to imprisonment. In such cases the circumstance that the incarceration may terminate in less than 60 days does not in itself establish ineligibility. In these cases it must be determined whether or not the factor of "continuously absent from the home" exists by reason of another cause; i.e., divorce, desertion, separation.

There is also the possible situation that a parent whose imprisonment is expected to terminate in less than 60 days, may be "incapacitated." Where this appears to be so, consideration shall be given to possible eligibility under the "incapacity" factor rather than the "absence" factor. [Refer to 2281.3, Incapacity.]

b) Procedure

(1) State Penal and Correctional Institutions

(a) Evidence to substantiate "absence" when a parent is incarcerated in a State penal or correctional institution will be secured by use of Forms ADC-33 and ADC-34. [See 2700 Appendix VI and VI-A and VI-B for sample forms and specific instructions.]

(b) When the returned "tear-sheet" indicates that the parent will be released in less than 60 days, and there is no other basis for eligibility, the application shall be denied. When it is evident that the family is in need, there shall be referral for General Assistance or appropriate notification to the municipal welfare department if the family is currently receiving GA.

[Refer to 2631.2d and 2541.2a in regard to effect on continuing eligibility of family on return of absent parent.]

2281. Deprivation of Parental Support or Care (Contd.)

.2 c. 4) b) (2) County and Municipal Jails

(a) CWB will need to develop a simple and effective procedure in cooperation with each jail within its jurisdiction regarding exchange of information both at time of initial ADC applications and at time of release of incarcerated parents. Forms ADC 33 and 34 are not appropriate and shall not be used for local jails.

In small jails personal contact by telephone or visit may serve the purpose; in county or large city jails CWB may find a more formal procedure desirable.

In situations in which the absent parent is incarcerated in another county, it is recommended that CWB of such county be consulted regarding its method for contacting county and municipal jails. A mutual decision should be made as to which CWB is to obtain the necessary information to establish eligibility.

(b) If the parent has been sentenced, the jail will usually be able to give a specific or approximate date of release. If sentencing has not occurred, the jail may be able to give CWB enough information on which to decide whether or not release is apt to occur within 60 days. In evaluating the information received, CWB shall make its decision on eligibility in favor of the applicant whenever there appears to be likelihood that incarceration will exceed 60 days from date of application.

(c) When the information secured definitely indicates that release will occur before 60 days, or in the best judgment of CWB is more than likely so to occur, then the policy stated in (1), (b), above, will apply.

5) Deportation

A parent who has been deported from the United States shall be considered "continuously absent from the home."

There must be proof of the deportation by inspection of an official notice or statement in the possession of the applicant, or by obtaining written confirmation from the Immigration authorities. The information should include the date and conditions of deportation.

2281. Deprivation of Parental Support or Care (Contd.)

.2 c. 5) (Contd.)

The current address of the deported parent and his circumstances should be obtained from the applicant parent if known.

6) Unmarried Parents

When the natural parents of a child are not married to each other, and one of them is not in the home, and there is no evidence of a continuing relationship, the factor of "continuous absence from the home" applies.

[Refer to 2287.4 for policy on establishing paternity, and to 2950, when issued, for legal procedures.]

Note: The fact that a parent is living away from home temporarily or part-time because commutation to his place of employment is not practical, or is away from home seeking employment, or is serving in the armed forces, is not to be construed as "continuously absent from the home." At the same time there may be situations where a parent is found to be "continuously absent" notwithstanding the fact that he is serving in the armed forces. For example, when desertion occurred before he entered the armed forces, or his whereabouts are unknown (AWOL), or he is incarcerated while in the armed forces.

2281. Deprivation of Parental Support or Care (Contd.)

.3 Incapacity

a. The Eligibility Factor

A needy child may be found to be deprived of parental support or care by reason of a physical or mental incapacity of either natural or adoptive parent, or of both such parents, and whether such parent is in the home, or is receiving treatment away from home.

b. Incapacity Defined

"Incapacity" is defined as the inability (by reason of a physical or mental defect, disease or impairment) for a period of at least 60 days from date of application to engage in full-time gainful employment existent in the community for which the parent has competence, and/or inability to assume full responsibility for homemaking and child care. "Incapacity" shall be interpreted as continuing during a period of convalescence, or of part-time employment prior to resumption of full-time employment.

c. Determination of Incapacity

When the basis for "deprivation of support or care" of a child is the incapacity of a natural or adoptive parent, the "incapacity" must be determined on the basis of medical evidence.

d. Procedures

1) Evidence Accepted as Conclusive

a) When the natural or adoptive parent has been found currently eligible for Disability Assistance, Aid to the Blind, or Disability Insurance Benefits under the Federal OASDI program, this is acceptable proof that "incapacity" exists. Review by the Medical Service Section is not required.

b) In such instances CWB shall process the ADC application and grant assistance to all members of the family who are eligible.

2281. Deprivation of Parental Support or Care (Contd.)

.3 d. 2) Evidence Accepted for Purpose of Initial Grant

a) Parent at Home (Not Currently Receiving DA, AB or DIB)

(1) When the natural or adoptive parent who is alleged to be incapacitated is in the home, Form PA-5, Report of Examining Physician, shall be obtained. If the physician states in item J, Employment Evaluation, that "duration of incapacity" will be either "more than 60 days" or "more than six months," this is acceptable evidence that "incapacity" exists for purposes of the initial grant. Upon determination by CWB that all other factors of eligibility have been established, the initial grant of ADC shall be issued to all eligible members of the family including the incapacitated parent.

Concurrently, or as promptly as possible, Form PA-5 and PA-6 shall be forwarded to the Medical Service Section for official determination of "incapacity," possible eligibility for DA, recommendations and scheduling of review date. (See h, below, for criteria used by Medical Service Section.)

(2) If the physician states on the PA-5 that "duration of incapacity" will be less than 60 days, then the required forms shall be submitted to the Medical Service Section prior to disposition of the application by CWB.

CWB shall proceed with determination of other aspects of eligibility while awaiting the decision on the "incapacity" factor.

b) Parent in Institutional Facility

(1) When a natural or adoptive parent is receiving care in a public or private institutional facility (includes general hospitals) for physical or mental illness, CWB shall ascertain from the institution whether or not continuing care will be required for at least 60 days from date of the ADC application.

2281. Deprivation of Parental Support or Care (Contd.)

.3 d. 2) b) (2) If the evidence is affirmative, CWB shall grant assistance to all eligible members of the family. Submittal of the case to the Medical Service Section is not required.
[See 2631.3 and 2541 in respect to continuing eligibility.]

(3) If the evidence shows that the natural or adoptive parent is to be, or may be discharged in less than 60 days, CWB shall obtain Form PA-5, completed by a staff physician at the institution. CWB shall examine the physicians answers in item J in respect to "duration of incapacity," and, as appropriate, follow the same procedures as in a), above.

e. Transmittal of Records

1) Welfare Board to Bureau

The provisions of 2236.1 shall apply in submitting records for determination of incapacity except that ADC "incapacity" cases shall be listed on a separate inventory sheet.

2) Return to Welfare Board

The Record of Action, (PA-8), will give the determination of "incapacity," and where the Medical Service Section finds the parent is eligible, or may, on the basis of further diagnostic evidence, prove to be eligible for DA, the finding of "Approved" or "Undetermined" for purposes of DA will also be entered.

f. Procedures After Bureau Action

The procedures in 2237.1-2237.4 will apply in ADC "incapacity" determinations. The following special procedures shall be observed:

1) "Approved" Cases

a) When the Record of Action shows "Approved" both on the "incapacity" factor for ADC and on the "permanent and total" factor for DA, CWB shall promptly register an application for DA for the parent. ADC shall be granted (or continued if previously granted) to the eligible dependent spouse and children, and DA to the incapacitated parent as promptly as possible.

2281. Deprivation of Parental Support or Care (Contd.)

.3 f. 1) b) When the Record of Action shows "Approved" relative to the incapacity factor, and "Undetermined" on permanent and total disability, CWB shall grant ADC to the family including the "incapacitated" parent; register a DA application for such parent and secure the requested additional information for resubmittal of the case as a DA application to the Bureau.

c) If the DA application is subsequently "Approved," the incapacitated parent's pro rata share of the budget and any special circumstance requirements shall be eliminated from the ADC grant, and a DA grant made to the parent. If the DA application is returned as "Disapproved," the incapacitated parent's requirements shall continue to be included in the ADC grant.

d) In any situation in which the "incapacitated" natural or adoptive parent has been found eligible or potentially eligible for DA and he refuses to apply, such refusal shall not affect the eligibility of his spouse and child for ADC. However, the "incapacitated" parent is not eligible for inclusion in the ADC grant, nor will he be eligible for GA.

In such situations the caseworker shall continue efforts to help the "incapacitated" parent comply with the requirements since his lack of income will affect the well-being of the family.

e) If in an "Approved" application, the "incapacitated" parent is unwilling to accept the Medical Service Section's recommendations for medical care, further diagnostic procedures, restorative and other special services, the facts of the situation shall be entered on Form PA-6A and the record shall be resubmitted to the Medical Service Section for re-evaluation.

2) "Undetermined" Cases

a) When the Record of Action shows "Undetermined" on the "incapacity" factor, CWB shall assist the client in securing the requested examinations or tests, or obtain the additional medical and/or social information as promptly as possible and resubmit the case. Reports from medical specialists shall be submitted on their own letterheads. All cases resubmitted shall be entered on the inventory sheet as given in 2236.1b.

2281. Deprivation of Parental Support or Care (Contd.)

.3

f. 2) b) There may be situations where a natural or adoptive parent claims to be "incapacitated," but refuses to undergo diagnostic evaluations which are essential to a determination of his incapacity, and in which "incapacity" is the only basis on which the eligibility of the family can be established. In such situations the record shall be resubmitted to the Medical Service Section with a report on Form DA-6A of the known facts and the parent's reason for refusal (even though the extent of medical information normally required by the Medical Service Section is lacking) prior to disposition of the application.

3) "Disapproved" Cases

In any case in which the natural or adoptive parent is "Disapproved" by the Medical Service Section as not "incapacitated," CWB shall deny ADC and refer the family (if needy) to General Assistance, or send notice of denial to any agency currently assisting the family. Such notice shall include any specific recommendations of the Review Team for following care and treatment.

g. Procedures in Reapplications and Reopened Applications

The requirements and procedures for determination of "incapacity" in reapplications and reopened applications are the same as for initial applications.

h. Determination of "Incapacity" by Medical Service Section

The following has been prepared primarily for the use of Medical Service Section personnel. It is important, however, for CWB staff to understand the basis for the Team's determinations.

1) General Criteria

The Medical Service Section bases its determination of "incapacity" on the following criteria:

a) "Incapacity," as a factor in determining that a parent is unable to provide support or care for a child, may result from a physical or mental defect, disease, or impairment which is permanent, temporary or of indeterminate duration. The incapacity may range in degree from total to partial (totally or partially incapacitated for full-time gainful employment, or for homemaking and child care). Permanent and total disability is not required for eligibility as an "incapacitated" parent in ADC.

2281. Deprivation of Parental Support or Care (Contd.)

.3 h. 1) b) The incapacity must be of such a nature or degree as to be likely to continue or persist for a period of not less than 60 days from the date of application. "Incapacity" shall be interpreted as continuing during a period of convalescence, or during an approved program of physical restoration and/or vocational training, or a period of part-time employment prior to resumption of full-time employment following an illness or injury.

c) The existence of a physical or mental defect, disease or impairment must be substantiated by current medical evidence (within 3 months).

(1) Substantiation that incapacity exists requires objective evidence of a defect, disease, or impairment that is adequately and completely described by an examining physician in such a manner that another physician would reasonably accept the concept that incapacity exists without examining the client.

(2) The unsupported opinion of the examing physician that an incapacity exists cannot, in itself, be accepted. However, material presented in the Summary of Social-Medical Information (Form PA-6) or in other portions of the case record, may be accepted as supporting material in demonstrating that incapacity exists.

(3) A definitive diagnosis, if unknown or not determined, is not required to substantiate the existence of an incapacity.

(4) Reports from recognized specialists, hospital or clinic reports, hospital discharge diagnoses, objective physical findings, diagnostic studies, etc. may be accepted as supporting material.

d) Social data is required to support a determination that inability of the parent to provide "support" (full-time gainful employment) or "care" (homemaking and child care) is directly related to and caused by the defect, disease or impairment, and is not due to unemployment, underemployment, or other socio-economic factors.

2281. Deprivation of Parental Support or Care (Contd.)

.3 h. 1) d) (1) Such social factors as education, training, past work record, etc. must be evaluated in relation to the individual's ability to engage in such types of employment as may be available to him.

(2) Social data is important in reaching a determination that a parent can or cannot carry the responsibilities and perform a significant number of the essential activities involved in homemaking and child care.

e) Advanced age, although it frequently precludes securing employment, is nevertheless not synonymous with and does not of itself constitute "incapacity," even though the parent is receiving or is eligible to receive Old Age Assistance, or Old Age Benefits under the Federal insurance program. It must be demonstrated that a parent, regardless of age, is incapacitated according to these provisions.

2) Special Criteria for Consideration

a) Parent with Diagnosis of Active Tuberculosis

(1) Unlike OAA or DA, in ADC a medical determination that a parent requires institutional care by reason of a diagnosis of active tuberculosis does not affect the eligibility of the family. Demonstration that a parent is incapacitated by reason of tuberculosis establishes eligibility for an otherwise eligible family whether the parent is under care at home or in an institution.

(2) However, particular care should be taken in evaluating the social situation and living arrangement in any case where the examining or attending physician recommends a plan for home care for the tuberculous parent.

The Medical Service Section shall raise question about and advise CWB in respect to consulting the attending physician on measures which other members of the family should take for protection against infection. This should include recommendations for periodic medical check-ups of all members of the household even though the tuberculous parent is out of the home.

2281. Deprivation of Parental Support or Care (Contd.)

.3 h. 2) a) (3) In respect to the members of the household who are recipients of categorical assistance, the medical "checkups" are an authorized item of medical care when not otherwise available without cost.

b) Parent Incapacitated by Mental Defect, Disease or Impairment

(1) Unlike OAA or DA, in ADC a medical determination that a parent requires institutional care by reason of a diagnosis of psychosis does not affect the eligibility of the family. However, the extent of the "incapacity" and its relationship to the ability of the parent to provide "support or care" must be determined.

(2) Neither is it necessary, for purposes of eligibility of the dependent spouse and child, to establish whether the incapacitated parent is competent to manage his own affairs since the dependent spouse can be payee for the grant. Moreover, it is probable that in any instance where the mental condition is of such a degree as to raise these questions, the parent will be required to apply for DA.

(3) The Medical Service Section may, according to the circumstances of the case, require special neurological, psychological, or psychiatric examinations of such a parent. Where the report of the examining physician, and/or institutional records, mental hygiene or guidance clinic are available, and appear to provide current data adequate to a determination that "incapacity" exists, these shall be accepted.

Whenever, in the judgment of the Medical Service Section, special psychiatric or psychological examination or testing is necessary or advisable, the facilities of the Psychiatric Diagnostic Groups may be used at Bureau expense. In any such instance the instructions to CWB and the procedures and forms will be the same as for DA. [See 2235.3.]

Note: For policy and procedure in respect to the mental status of an applicant parent, see 2288.*

*Under development.

2281. Deprivation of Parental Support or Care (Contd.)

.3 h. 2) c) "Incapacity" and Its Relation to Employment

(1) The focus of the evaluation is on whether the parent's defect, disease or impairment limits his ability to engage in full-time gainful employment.

(2) When incapacity of a parent persists by reason of a permanent defect, disease or impairment but cannot be considered totally disabling because he can do some work, he may be considered "incapacitated" when there is evidence to demonstrate that his earning ability is limited by reason of the incapacity. Thus if because of his defect, disease or impairment he can engage only in part-time employment, or his wages (or rate of pay) are less than those of other workers in the same type of work, his earnings may be supplemented by an ADC grant to provide adequate support for his otherwise eligible dependents and himself. However, a parent who is found able to engage in full-time employment at normal rate of pay, but whose earnings are insufficient to adequately support his dependents, cannot be considered "incapacitated," but rather under-employed.

(3) When a parent has previously been determined "incapacitated" by reason of a temporary defect, disease or impairment and no residuals are anticipated upon complete recovery, such a parent shall be found no longer "incapacitated" upon statement by the treating physician that he is able to resume full-time gainful employment in his previous or a similar occupation. In this instance, the factor of continuing need is related to unemployment and is not related to "incapacity".

d) Rehabilitation of Incapacitated Parent; Refusal to Accept Recommendations for Diagnostic Evaluation, Treatment or Related Services

(1) Focus on Rehabilitation

In relation to the incapacitated natural or adoptive parent in ADC, the basic concept of helping the client achieve his maximum level of self-sufficiency necessarily includes the goal of strengthening family life by helping the parent resume maximum responsibility for his family.

2281. Deprivation of Parental Support or Care (Contd.)

.3 h. 2) d) (1) Contd...Release from worry about providing support or care for the family and the knowledge that the agency has concern for him as an individual, are important factors in motivating the parent to accept and make constructive use of a plan directed toward his return to health and resumption of responsibility for the family.

The agency assists the parent and the family to realize this goal by providing

(a) Financial assistance for basic and special needs to enable the family to stay together in as normal a setting as possible,

(b) Allowances for medical care and restorative services, and/or help to the incapacitated parent in locating and using services available in the community, and

(c) Help to the incapacitated parent and the family to understand the nature of his illness and what he can do about it.

The Medical Service Section will have this goal in mind when making recommendations for medical care and related services, and when advising CWB what special services are indicated to enable the family to stay together, and how the caseworker can help guide the incapacitated parent and the family in achieving maximum capacity.

(2) Refusal to Accept Recommendations, etc.

(a) CWB staffs have been instructed that in situations where a natural or adoptive parent claims to be "incapacitated," but refuses to undergo diagnostic evaluations considered by the Medical Service Section as essential to a determination of his "incapacity", (Undetermined case), and in which "incapacity" is the only basis on which the eligibility of the family can be established, the record shall be resubmitted with a report of the known facts including the parent's reason for refusal. The Medical Service Section shall thereupon evaluate the case by the criteria for "reasonable refusal" as defined in 2234.6b.

2281. Deprivation of Parental Support or Care (Contd.)

.3 h. 2) d) (2) (b) Similarly, CWBs have been instructed that if in an "Approved" application the "incapacitated" parent is unwilling to accept the Medical Service Section's recommendations for medical care, further diagnostic procedures, restorative and other special services, the facts of the situation and the record are to be resubmitted to the Medical Service Section for re-evaluation.

Intentionally Deleted

Intentionally Deleted

2282. Family Life

.1 General Policy on Eligibility

According to State law, the authority to grant ADC for needy dependent children is governed and limited by certain conditions other than financial need. One of such conditions may be descriptively referred to as the "family life" factor. The statute specifies that it shall be the purpose of the program to provide care for needy dependent children "in their own homes or in the homes of relatives, under standards and conditions compatible with decency and health, to help maintain and strengthen family life."

Therefore, as part of the initial determination of eligibility, there shall be a tentative evaluation as to whether the "family life" is consistent with the purpose of the program, but no application shall be rejected solely on the basis of the caseworker's personal evaluation that the "family life" factor is unsatisfactory.

.2 Criteria for Evaluation of "Family Life" Factor

a. The home situation should be one in which the child's physical, mental and moral well-being will be safeguarded. It should be concerned with the care and protection of the child, and afford him an opportunity for normal growth and development.

b. The parent should have the capacity, with counselling when necessary, to foster the normal growth and development of the child.

c. Although the initial evaluation of the home situation, in relation to the "family life" factor, is focused on conditions other than lack of sufficient income, it must be recognized that some conditions may have resulted from an extended period of economic deprivation rather than lack of ability or motivation of the parent to maintain an adequate home. Granting of assistance, in itself, may be the means by which the observed inadequacies will be remedied.

d. The following conditions are declared to be inherently in violation of an acceptable standard of satisfactory "family life". Where there is evidence of the existence of such conditions during the process of initial determination of eligibility, the case shall be specially analyzed, evaluated, and shall be processed in the manner specified in .3, below:

2289. "Incapacity" of Spouse of Parent (Other than Natural or Adoptive Parent)

As provided in 2101.16 and 2330, the needs of an "incapacitated spouse" of a natural or adoptive parent (i.e., step-parent) or an "incapacitated spouse" of a parent person are to be included in the ADC grant under certain conditions. The following policy and procedure shall be observed in such situations.

.1 Family Eligibility for ADC not Dependent on "Incapacity" of Spouse

In situations where the child's eligibility is based on deprivation of support or care by reason of the death or continued absence from the home of one or both natural or adoptive parents, determination of the incapacity of a step-parent or of the spouse of a parent person is not essential to establishing eligibility.

Therefore there shall be no delay in granting assistance to eligible ADC families during the process of determining the "incapacity" of other than a natural or adoptive parent.

.2 Incapacity must be Established as Basis for Inclusion in Grant

However, determination of "incapacity" is essential in order to include the needs of an "incapacitated spouse" in the ADC grant.

.3 Procedure

The procedure shall be the same as that used in determining incapacity for a natural or adoptive parent, as provided in 2281.3; i.e., the same kind of evidence is acceptable as a basis for CWB action in respect to inclusion of the needs of the "incapacitated spouse" in the initial grant, and the same criteria will be applied by the Medical Service Section on cases submitted for official determination.

Intentionally Deleted

TABLE OF CONTENTS

CHAPTER 2300

DETERMINATION OF FINANCIAL NEED

2300.1	General Statement	2300. -2320.1
2310.	Grant Adjustments for Non-recurring Medical Care Allowances	2300. -2320.1
.1	Normally Required Procedure	2300. -2320.1
.2	Authorized Methods in Respect to Medical Allowances	2300. -2320.1
2320.	Support Orders as a Resource	2300. -2320.1
.1	Legal Provisions	2300. -2320.1
.2	General Policy	2320.1-2320.3
.3	Non-payment of Orders	2320.1-2320.3
.4	Irregular or Insufficient Payment	2320.4-2320.6
.5	Inability of Relative to Comply with Order	2320.4-2320.6
.6	Relatives Out of State	2320.4-2320.6
.7	Persons or Agency to Receive Payment of Order	2320.7-2320.8
.8	Services of Counsel	2320.7-2320.8
2330.	Inclusion in ADC Grant of Needs of Incapacitated Parent or Spouse.	2330. -2330.3
.1	Federal Policy	2330. -2330.3
.2	State Policy	2330. -2330.3
.3	Procedure for Determination of Incapacity	2330. -2330.3

2330. INCLUSION IN ADC GRANT OF NEEDS OF INCAPACITATED PARENT OR SPOUSE

.1 Federal Policy

For purposes of Federal matching of assistance payments, the eligible persons who may be counted as recipients are limited to the children under age 18 and one natural or adoptive parent or parent person.

.2 State Policy

Under State policy, the determination of the budgetary needs of the eligible child(ren) and one parent shall include recognition of the needs (on an assistance budget basis) of the following when not separately eligible for OAA, DA, or AB:

a. The "incapacitated" natural or adoptive parent when deprivation of parental support or care is based on such parent's incapacity,

b. The "incapacitated" spouse of a natural or adoptive parent when such spouse is a step-parent of the eligible children, and

c. The "incapacitated" spouse of a parent person who is providing care for eligible children.

[Refer to 2101.16 and.18 of this Manual and 706.2 of Budget Manual.]

.3 Procedure for Determination of Incapacity

Refer to 2281.3 for natural or adoptive parents.

Refer to 2289 for spouse (step-parent) of natural or adoptive parent or spouse of parent person.

TABLE OF CONTENTS

CHAPTER 2500

ASSISTANCE PAYMENTS

2501.	The Nature of Assistance Payments	2501. -2501.1
.1	State Definition of Money Payments	2501. -2501.1
.2	Federal Definition of Money Payments	2501.2-2501.3
.3	Conditions of Federal Participation	2501.2-2501.3
2510.	Initial Payments	2510.1-2511.
.1	Legal Provisions	2510.1-2511.
.2	Purpose of Payment by Director's Authority	2510.1-2511.
2511.	Initial Determination of Eligibility by Director	2510.1-2511.
2512.	Initial Determination of Eligibility by Board	2511.1-2512.
2513.	Date of Eligibility for Initial Payment	2513. -2515.2
2514.	Deferred Payment	2513. -2515.2
2515.	Minimum Requirements for Case Record	2513. -2515.2
.1	Case Record Forms	2513. -2515.2
.2	Summary Report	2513. -2515.2
2516.	Authorization of Payment	2515.2-2517.
2517.	Issuance of Payment	2515.2-2517.
2518.	Formal Board Action	2518. -2519.
2519.	Reports to State Bureau	2518. -2519.
2520.	Additional Payments	2520. -2522.
2521.	Authorized Additional Payments	2520. -2522.
2522.	Case Record Explanation	2520. -2522.
2523.	Authorization of Payment	2523. -2524.
2524.	Ratification by Welfare Board	2523. -2524.

TABLE OF CONTENTS

CHAPTER 2500

ASSISTANCE PAYMENTS

*2530.	Continued, Adjusted and Suspended Payments	
2540.	Termination of Payments	2540. -2541.2
2541.	Termination of Absence or Incapacity: Effect on Eligibility for Payment	2540. -2541.2
.1	General Statement	2540. -2541.2
.2	Limitations	2540. -2541.2
	Return of Absent Parent	2540. -2541.2
	Recovery of Incapacitated Natural or Adoptive Parent	2541.2
2550.	Payee in Assistance for Dependent Children	2550. -2551.
2551.	Temporary Payee in Emergency Situation	2550. -2551.
2552.	Permanent Change in Payee	2552. -2552.3
.1	When Care Arrangement is Unchanged	2552. -2552.3
.2	When Qualified Parent Changes	2552. -2552.3
.3	When Care Arrangement Changes	2552. -2552.3
2560.	Methods of Payment for Incompetent Recipients	2560. -2560.2
.1	Incompetent Person Defined	2560. -2560.2
.2	Choice of Methods	2560. -2560.2
2561.	Legal Guardian	2561. -2561.3
.1	Appointment of Legal Guardian	2561. -2561.3
.2	Payment to Legal Guardian	2561. -2561.3
.3	Change of Guardian	2561. -2561.3
2562.	Authorized Custodian	2561.3-2562.3
.1	When Used	2561.3-2562.3
.2	Payments Non-matchable	2561.3-2562.3
.3	Selection of Authorized Custodian	2561.3-2562.3
.4	Appointment of Authorized Custodian	2562.3-2562.4

*Not yet developed for Manual.

TABLE OF CONTENTS

CHAPTER 2500

ASSISTANCE PAYMENTS

2562.5	Payment Procedure	2562.4-2562.7
.6	Duties of Authorized Custodian	2562.4-2562.7
.7	Change of Authorized Custodian	2562.4-2562.7
2563.	Payments on Behalf of Incompetent Minor	2562.7-2563.3
.1	To Parent or Person in Loco Parentis	2562.7-2563.3
.2	To Legal Guardian	2562.7-2563.3
.3	To Authorized Custodian	2562.7-2563.3
*2570.	Payments for Patient Care in Medical Institutions	2570.
*2580.	Payments of Funeral and Burial Expenses	2580.
*2590.	Payment of Terminal Bills	2590.

*ADC only.

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.]

TABLE OF CONTENTS

CHAPTER 2600

DETERMINATION OF CONTINUING ELIGIBILITY

2630.	Factors Subject to Change in Assistance for Dependent Children Only	2630. -2631.2
2631.	Deprivation of Parental Support or Care	2630. -2631.2
.1	Death	2630. -2631.2
.2	Continued Absence of the Parent from the Home	2630. -2631.2
	Divorce, pending divorce, or legal separation	2630. -2631.2
	Desertion	2630. -2631.2
	Informal Separation	2631.2
	Imprisonment	2631.2
	Deportation	2631.2
	Unmarried Parents	2631.2-2631.3
.3	Incapacity Status (Natural or Adoptive Parent)	2631.2-2631.3
	General Policy and Procedure	2631.2-2631.3
	Incapacitated Natural or Adoptive Parent Who Secures Employment	2631.3 - p.1
	When Incapacitated Natural or Adoptive Parent is in Institution	2631.3 - p.1
2632.	Incapacity Status of Spouse (Other than Natural or Adoptive Parent)	2632. -2632.3
.1	General Policy and Procedure	2632. -2632.3
.2	Incapacitated spouse who obtains Employment or Resources	2632. -2632.3
.3	Return of Spouse to Home from Institution	2632. -2632.3
2633.	Family Life	2633. -2633.3
.1	General Policy on Eligibility	2633. -2633.3
.2	Criteria for Evaluation	2633. -2633.3
.3	Procedures	2633. -2633.3
2634.	Employment Policy	2633.3-2634.2
.1	Employment of Parents	2633.3-2634.2
.2	Employment of Children	2633.3-2634.2

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 continued eligibility.

A family may continue to be eligible for ADC although the original reason for "deprivation" no longer exists. This may occur when an absent parent dies or, although returned to the home, is incapacitated; or, a situation may arise where the incapacitated parent is now depriving the needy child by reason of "continued absence."

.1 Death

When eligibility is based on "deprivation of parental support or care by reason of death of a parent," there is the possibility that the surviving parent will re-marry.

Since marriage is ordinarily contracted with the intention of establishing a normal family relationship, it is reasonable to assume that the step-parent is entering into the new marriage relationship with the intention of assuming financial as well as social responsibility for all or part of the needs of the child, to the extent of his ability. However, when there is evidence that the step-parent is unable or unwilling to assume such financial responsibility, see Budget Manual policy Appendix 3.5b (Shelter).

.2 Continued Absence of the Parent from the Home

When eligibility is based on "deprivation of 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; e.g., "incapacity." [See 2281.3.]

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 ADC-33 "tear sheet" from State institutions, or in information secured from local jails.

2) When date of release is imminent, the family should be prepared for eventual case closing unless some other factor of parental deprivation exists.

3) When "Notice of Release" (Form ADC-34) is received from a State institution, or corresponding information from a local jail, CWB shall promptly reevaluate continuing eligibility. If it is determined that the absent parent has returned to the home and is not incapacitated, the case shall be closed in accord with the limitations stated in 2541. If there is sufficient evidence to indicate that the returned parent may be incapacitated, then assistance shall be continued during the process of determining incapacity. [See 2281.3 for procedures.]

e. Deportation

[See 2281.2.]

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 (Contd.)

.2 f. Unmarried Parents

[See 2631.1 - possibility of parent marrying, etc.]

[See 2540 for policy on continued payment for temporary period following return of absent parent to home.]

.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) In cases in which "incapacity" has been determined by the Medical Service Section, the redetermination interval (review date) will be designated on Form PA-8, Record of Action. "Incapacity" shall be considered as continuing until the Medical Service Section officially determines that "incapacity" no longer exists. For use of Form PA-6A, Interim Social-Medical Report, for redetermination review refer to 2700 Appendix IV and IV-A.

However, in any case in which subsequent to a finding of "Approved" the "incapacitated" parent becomes a recipient of 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 Service Section. [See 2281.3d.]

Receipt of DA is likewise conclusive evidence of continuing "incapacity." The record for such a parent will, of course, be submitted to the Medical Service Section for redetermination of permanent and total disability as provided in 2629.

3) It is the responsibility of CWB to submit the record to the Medical Service Section for special review if available evidence raises question of continuing "incapacity" during the interval between redetermination review dates as designated on the Record of Action (Form PA-8). 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 (Contd.)

.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 CWB is authorized to make the determination that "incapacity" no longer exists. The provisions of 2541.2b shall apply in respect to final closing of the case.

2) In any case where CWB has question as to whether the nature of the employment constitutes "full-time employment at normal rate of pay", the record may be submitted to the Medical Service Section for special review with Form PA-6A giving full details of the employment.

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) for at least 60 days, 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 Service Section

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 Service Section as appropriate to the situation; i.e., if official determination of incapacity had already been made by Medical Service Section, the previous record shall be submitted for review with a completed PA-6A; if the case had not been previously submitted because granted under the provisions of 2281.3d, 2), b), 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

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

.3

c. 2) (Contd.) 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.

3) Continuation of Assistance

In any such case ADC shall be continued until a finding of "Disapproved" is received, or until the incapacitated parent obtains "full-time employment at normal pay rate" (as in b., above). In either situation the provisions of 2541.2b will apply in final closing of the case.

Intentionally Deleted

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 (Contd.)

.3 b. 1) Whether any new plan already effected by staff appears to be adequate for the care and maintenance of the child,

2) What further action, if any, should be initiated, and

3) Whether or not ADC payments are to be discontinued.

In no event shall assistance be discontinued until there is a plan whereby uninterrupted economic maintenance for the child is assured.

2634. Employment Policy

In determining continuing eligibility, the earning capacity of the recipient shall be re-evaluated.

.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.]

TABLE OF CONTENTS FOR 2700 APPENDIX

References	Subject	Appendix Number
2720.1	Instructions for Form PA-1, Application	I
2720.2	Instructions for Form PA-2A, Face Sheet	I-A
2720.3	Instructions for Form PA-2B, Verification of Eligibility Factors	II
2720.5	Instructions for Form PA-6, Summary of Social-Medical Information	III
	Sample Form PA-6	III-A
	Suggested Form Letter to General Hospitals	III-B
	Instructions for Form PA-6A, Interim Social-Medical Report	IV
	Sample Form PA-6A	IV-A
	Sample Form PA-11, Inter-Agency Referral	V
2281.2	Instructions for Forms ADC-33 and ADC-34	VI
	Sample Form ADC-33	VI-A
	Sample Form ADC-34	VI-B

2281.2c, 4)

A. EXPLANATION

In cooperation with the Central Parole Bureau, Department of Institutions and Agencies, the above forms have been developed to provide for exchange of information which will be mutually helpful to the county welfare boards, institutional and parole personnel.

B. GENERAL PROCEDURE

1. When forms will be Initiated by County Welfare Board

a. CWB will send one copy of Form ADC-33 to the appropriate institutional Parole Officer for every ADC application in which

1) an individual who is normally a member of the household, or

2) a natural or adoptive parent whether or not living in the household prior to imprisonment,

is serving a sentence in any State correctional institution (prison or reformatory).

b. As soon as there has been official disposition of an application, CWB shall send to the institutional parole officer

1) two copies of Form ADC-34 for an approved application,

2) one copy of Form ADC-34 for a denied, dismissed or withdrawn application.

c. In all currently active ADC cases in which a member of the family (as specified in a, above) is incarcerated, CWB shall initiate the same procedure as promptly as possible by sending to the appropriate institutional parole officer both Form ADC-33 and two copies of Form ADC-34.

2. Purpose

a. In respect to a natural or adoptive parent who had been living with the family, the information will have direct bearing on initial or continuing eligibility. [See 2281.2c, 4) and 2631.2d.]

B. 2. b. In the case of a natural or adoptive parent who was already absent from the home at time of sentence and imprisonment, the information will be of value in relation to ability to support and knowledge of the parent's whereabouts immediately upon his release.

c. Information concerning the return to the home of a step-parent, spouse of a parent-person, or a child under or over 18, will be significant in terms of budgeting and social planning.

3. Procedure for Institutional Parole Officer

The institutional parole officer will complete the tear sheet portion of the ADC-33 and return to CWB as promptly after receipt as possible.

Form ADC-34 will be placed in the inmate's record folder. For all approved ADC cases active at time of release of inmate the institutional parole officer will as soon as practical following the decision to parole and in any event on the date of release on parole or expiration of maximum sentence, return to CWB one copy of the tear sheet portion of Form ADC-34. A copy of the Pre-parole Report will be attached when the inmate is being released on parole.

The Pre-parole Report will give information on employment plans, health problems and other significant data. The information shall be used with discretion in planning with the ADC family.

It is anticipated that CWB will have had prior indication that an inmate may be paroled after hearing since as part of pre-parole planning a parole officer is required to call in person at CWB office to check the family's assistance status and situation.

The ADC-34 will not be returned on cases not approved for assistance, or in which notice of closing has been received from CWB prior to the inmate's release.

4. Consultation and Follow-up

The parole officer and CWB caseworker should share information and jointly evaluate plans for the inmate or parolee, and the family, since both are concerned with efforts to rehabilitate and strengthen the family. Whenever an institutional or district parole officer calls at, or telephones CWB, his contact should be with the caseworker responsible for the case. If that caseworker is not available the contact should be with a member of the casework or administrative staff, e.g., caseworker assigned to intake, a casework supervisor, deputy director, etc.

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.

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.

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 identity 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).

NOTICE TO STATE CORRECTIONAL INSTITUTION (ADC CASE) 2700 APPENDIX VI-A

TO: Institutional Parole Officer

_____
(Name of Institution)

FROM: _____ County Welfare Board

ADDRESS _____

Name of Inmate _____
ADC Registration No. _____
ADC Case Name _____
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)

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)

Name of Inmate _____
ADC Registration No. _____
ADC Case Name _____

FROM: _____ County Welfare Board Address _____

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)

ADC Registration No. _____
ADC Case Name _____
Institution No. _____
Inmate _____

FROM: _____
(Name of Institution)

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)

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

BUREAU OF ASSISTANCE

REGULATION # MANUAL OF ADMINISTRATION

ISSUED: 1/60
(Date)

REV.: _____
(Date)

TITLE: None - (Related to policy and procedure for OAA, DA, ADC)

SUBJECT: Various (identified in Transmittal Letter #7)

STATUTORY REFERENCE: R.S. 44:7-6, 42 and 44:10-3

_____, Chief
Bureau of Assistance

Approved:
By: John H. Tramburg

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

ADDENDUM TO TRANSMITTAL LETTER #7
SPECIAL ATTENTION

Before proceeding to insert into the Manual of Administration the new material issued with Transmittal Letter #7, it is important that corrections of page designations for certain previously issued material be accomplished.

In several places in the previously issued Manual material the same page identification number appears on a series of pages. To avoid confusion, hereafter such series of pages will have the page identification number followed by "p.1," "p.2," "p.3," etc..[as on 2253.3 - p.1, 2253.3 - p.2, 2253.3 - p.3, 2253.3 - p.4, dated October 1959, Transmittal Letter #5].

Use make pen and ink corrections on material previously issued as follows:

On the first page numbered 2227.2, add "p.1" as in the example above, and continue through p.7 on the succeeding pages numbered 2227.2.

On the first page numbered 2227.4, add "p.1" and continue through p.4 on the succeeding pages numbered 2227.4.

On the first page numbered 2234.3, add "p.1" and continue through p.4 on the succeeding pages numbered 2234.3.

On the first page numbered 2234.4, add "p.1" and continue through p.3 on the succeeding pages numbered 2234.4.

On the first page numbered 2234.5, add "p.1" and continue through p.4 on the succeeding pages numbered 2234.5.

On the first page numbered 2234.6, add "p.1" and continue through p.3 on the succeeding pages numbered 2234.6.

On the first page numbered 2235.5, add "p.1" and add p.2. on the succeeding page numbered 2235.5.

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

TRANSMITTAL LETTER #7
MANUAL OF ADMINISTRATION

December 15, 1959

TO: COUNTY WELFARE BOARDS

This transmits to you the initial release of policy for Assistance for Dependent Children, effective January 1, 1960. Additional material will be released throughout the month of December. For this reason you will find some cross references in the attached portions of the Manual to sections which are not ready for release. We have not foot-noted these references.

Instructions for Filing

All policy for ADC is printed on buff paper, whether it is an "insert" explaining the applicability in ADC of Manual sections already issued, or is a new section developed only for ADC.

1) "ADC Inserts"

The pages marked "ADC Inserts" have been prepared in such a manner that if correctly inserted, the ADC instructions will be on the opposing page to the corresponding previously issued Manual section; that is, if the previously issued material appears on the left-hand page, the "ADC Insert" appears on the right-hand page. In two or three instances, however, the insert contains additional policy applicable only in ADC and extends for two or more pages, for which there are no corresponding previously issued pages. Where this occurs, these pages are indicated by the original corresponding page identification number and by "p.1", "p.2", etc., and are to be filed in consecutive order.

The "ADC Inserts" issued herewith are as follows:

Chapter 2000 Introduction
Chapter 2100 The Application Process

Chapter 2200 Determination of Eligibility Factors Other Than Need

2201 Preliminary Statement
2210 Age Requirement
2220 Residence Requirements
2230 Permanent and Total Disability (Not applicable)
2240 Need for Institutional Care
2250 Institutional Status and Eligibility
2290 Factors Related to Methods of Payment

Chapter 2500 Assistance Payments

2510 Initial Payments
2520 Additional Payments

Chapter 2800 Social Services

2820 Old Age, Survivors and Disability Insurance
2830 Division of Employment Security
2850 Social Service Exchanges

2800 Appendix III, Form PA-21, Request to OASDI for Name and Address of Employer

Chapter 2900 Other Responsibilities

2910 Notice of County Welfare Board Decision

2) Material Applicable Only in ADC

This material, sub-chapters or sections, will be filed in the Manual in the usual manner by numerical position in the outline.

The following are attached:

Sub-chapter 2280 Factors Applicable in Assistance for Dependent Children Only

2281 Deprivation of Parental Support or Care
2282 Family Life
2283 Establishment of Home
2284 Temporary Absence from Home
2285 Temporary Payee in Emergency Situation
2286 Employment
2287 Child Born Out-of-Wedlock

2200 Appendix IX, Form ADC-31, Affidavit of Desertion

2200 Appendix X, Form ADC-32, Notice to County Prosecutor

Sub-chapter 2550 Payee in Assistance for Dependent Children

To County Welfare Boards
Re Transmittal Letter #7

12/15/59

Corrections for Previously Issued Manual Material

The following pen and ink amendments are to be made:

2113.3 Add to alphabetical set-off: "e. Request of previous recipient to apply in relation to plan to return to New Jersey from another state."

2114.2b In the first paragraph, following the semi-colon, change "may" to "shall" so that it reads "or, the form shall be completed by", etc.

2115. In the heading, change the word "Persons" to "Children".

Strike out the introductory paragraph and all of item .1, Application by Member of Home Life Assistance Family.

Change item .2 to .1, Application by Child Under Care or Guardianship.

Instructions for Superseded Regulations:

It has been called to our attention that Transmittal Letter #6 did not advise you to remove from the Ruling Series and destroy Supplement No. 1 to Ruling No. 18, entitled "Temporary Unemployment Compensation (TUC)" and dated 7/58. If you have not already done so, please destroy this supplement.

Very truly yours

Irving Engelman

Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved
Elmer V. Andrews, Director
Division of Welfare

Intentionally Deleted

2000. INTRODUCTION

All principles established herein apply in ADC. An additional basic principle is established in 2004.15.

2004. Basic Principles of Administration (Contd.)

.15 Maintaining and Strengthening Family Life

Planning with ADC families shall be directed toward the strengthening of family life by helping parents (or parent persons) attain the maximum self-support and personal independence consistent with the maintenance of continuing parental care and protection. The best foundation for a child's security rests on the natural bond of affection and concern for his well-being that exists when he remains in the care and custody of his family.

Intentionally Deleted

Intentionally Deleted

2100 THE APPLICATION PROCESS

2101. Definitions

.1 Application Process

Applies in ADC

.2 Applicant

In ADC "applicant" means the parent or parent person who, following an interpretive interview, makes an affirmative decision to apply for financial assistance to enable him or her to maintain and provide for one or more children under age 18 who are in his or her care. [See 2101.15 for definition of "parent person".]

When both parents or both parent persons are in the home, the term "applicant" means both parents or parent persons, and both shall be required to execute the formal written application, except in the situation where one of such parents is physically or mentally unable to execute the form.

.3 Authorized Agent (Legal Guardian)

Not applicable in ADC since an individual who has been adjudicated legally incompetent and for whom a guardian was appointed would not be acceptable as a parent or parent person.

.4 Authorized Agent for Persons Alleged to be Mentally Incompetent

Does not apply in ADC for the reason cited in .3, above.

2101. Definitions (Contd.)

.5 Inquiry

Applies in ADC.

.6 Referral

Applies in ADC.

.7 Application (Terms used to classify)

Applies in ADC.

2101. Definitions (Contd.)

.8 Registration

Applies in ADC

.9 Disposition of Application

Applies in ADC

.10 Recipient

In ADC "recipient" means either the family unit of parent(s) or parent person(s) and children under age 18 who have been found eligible for an initial payment of assistance, or any individual determined to be an eligible member of the family.

Each member of the family retains his status as a recipient until it has been officially determined that he is no longer eligible, or until the recipient family is determined to be ineligible.

.11 Client

In ADC "client" is a general term for an applicant (See 2101.2) or a recipient (See 2101.10) who is requesting or receives financial assistance or service when it is not necessary to specify the status of the individual or family.

.12 Assistance Payment

In ADC, an assistance payment is the money amount authorized by CWB and issued in the form of a check to a parent or parent person member of the eligible family who has been designated as payee (See 2101.20), or, under certain conditions authorized in this Manual, to other persons on behalf of the recipient family or individual member thereof.

The following additional items are hereby provided for this section 2101.:

.13 Child

In ADC the term "child" shall be understood to refer to one or more children as appropriate.

.14 Parent

In ADC, for purposes of this Manual, the term "parent" will be used broadly to refer to the natural or adoptive parent or parents, or to a parent person or persons.(See 2101.15.)

2101. Definitions (Contd.)

.14 Parent (Contd.)

Where law or policy relates only to natural or adoptive parents the phrase "natural or adoptive parent" will be used.

.15 Parent Person

a. Legal Authority

In ADC, by law certain relatives may be recognized as taking the place of a parent. The term "parent person" will be used to designate one or more such relatives who include grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew or niece. Such relative must be one with whom the dependent child is living in a place of residence in New Jersey maintained by one or more of such relatives as his or their own home.

b. Interpretation

The relatives enumerated in the law are interpreted to include the following:

1) Any blood relative, including those of half blood, and persons of preceding generations as denoted by prefixes of "grand," "great," or "great-great" are within this definition.

2) Persons who legally adopt another person (the adopted person need not be a minor) as well as the natural and other legally adopted children of such adopted persons. Under New Jersey law, relatives of persons who adopt children become legally related to such adopted children to the same extent as they are related to natural children of the adopting person.

3) Spouses of any persons named in above groups. Such relatives may be considered "parent persons" even though the marriage is terminated by death or divorce.

.16 Eligible Persons

In ADC, eligible persons are:

a. Dependent children under age 18 who have been deprived of parental support or care by reason of the death, continued absence from the home, or physical or mental incapacity of a natural or adoptive parent.

2101. Definitions (Contd.)

.16 Eligible Persons (Contd.)

b. The needy natural or adoptive parent or parent person (if not separately eligible for OAA, DA, or AB); and

c. The needy incapacitated spouse of the natural or adoptive parent or parent person (if not separately eligible for OAA, DA, or AB).

.17 Incapacitated Parent (Natural or Adoptive) [See 2281.3]

.18 Eligible Persons Computable for Federal Matching

In ADC, for purposes of Federal matching, the eligible persons who may be counted are limited to one parent and the children under age 18.

.19 Family Budget Unit

[See Budget Manual "Definitions"]

.20 Payee in ADC

In ADC, the payee shall be the one parent designated by CWB to receive assistance payments on behalf of the eligible members of the family.
[See 2550 for further instructions.]
[For temporary payee in emergency situations see 2285.]

2102. Responsibilities in the Application Process

The provisions of this section apply in ADC.

Intentionally Deleted

2103. Policy and Procedure on Prompt Disposition

The provisions of this section apply in ADC, the "normal standard of reasonable promptness" being thirty days as in Old Age Assistance.

Intentionally Deleted

Intentionally Deleted

2110. INTAKE POLICY AND PROCEDURE

The introductory provisions of this sub-chapter apply in ADC.

2111. Inquiries and Referrals

The provisions of this section apply in ADC.

Intentionally Deleted

2111. Inquiries and Referrals (Contd.)

2112. Application Policy and Procedure

The introductory statement of principle applies in ADC.

The "Exception" is not pertinent in ADC.

2112. Application Policy and Procedures (Contd.)

.1 Who May Apply

The following special provisions are applicable in ADC:

Opening Paragraph

In ADC the general policy shall be that a parent who is less than 18 years of age may not apply on behalf of his or her child.

Exception shall be made in respect to a parent under 18 who is maintaining a separate home for the child (i.e. in own home or in home of unrelated persons). In such situations the application shall be registered and CWB shall specially evaluate whether the arrangement will provide adequately for the well-being of the child.

When a parent under 18 and child are being maintained in the home of an adult relative who would qualify as a parent person, there shall be evaluation of the situation and a decision made as to whether it is desirable to have the minor parent apply or whether the adult relative should do so, since the minor parent is himself or herself a dependent child.

When the adult relative is not a legally responsible relative and refuses to apply for the minor parent and child, then the minor parent shall be given the opportunity to apply.

Sub-items a, and b are not applicable in ADC.

c. Applicable only in respect to a parent who wishes to apply for ADC in connection with a plan to establish a home for dependent child upon leaving such institution. [See 2227. and 2283.]

d. In ADC, the applicant and child must be living in New Jersey. (The 12 months duration of residence required in OAA and DA is not applicable in ADC.) Policy does provide for certain special situations affecting New Jersey residents who are temporarily absent from the State, and who plan to return at the time they wish to apply. [See 2222. and 2229.]

2112. Application Policy and Procedures (Contd.)

.1 e. Is applicable in ADC.

f. A parent who applies for ADC and who appears to be individually eligible for OAA, DA or AB, shall be required to apply for such program for himself. This does not preclude such parent from applying for ADC for a dependent child.

.2 Where Application is Made

Applicable in ADC.

2112. Application Policy and Procedures (Contd.)

.3 Who Interviews

Applicable in ADC.

2113. Initial Interview

The provisions of this section apply in ADC, except when pertinent only to OAA or DA, or when special provisions are given below.

.1 General Scope of Initial Interview

b. The assignment of assets and execution of an agreement to reimburse (ODA-10) are not applicable in ADC. However, as provided by law, when at time of application there is pending payment of funds arising from a claim or interest owned by such child or his natural or adoptive parent, the CWB is authorized to secure a written promise to repay. Where appropriate, explanation of such "promise to repay" shall be part of the initial interview. [See 2270. for policy.]

2113. Initial Interview (Contd.)

.3 When Application May be Accepted for Registration

The general provisions of this item .3 apply in ADC unless otherwise stated below. Applications may be processed two months in advance.

a. Not applicable in ADC.

b. Not applicable in ADC.

c. Applicable in ADC.

d. Where a plan is being made for a parent to leave any institution (ineligible or eligible) to establish a home for a dependent child, the application may be accepted and processed two months in advance provided such home will be established within 30 days of receipt of initial payment. [See 2283.]

Note: Adults or children who leave institutions to become members of an active ADC case are not themselves applicants. For instructions in these situations refer to 2227.2-.4, 2521 and 2530.

e. Request for assistance from previous ADC recipient family to enable them to complete plans to return to New Jersey from another State [See 2222. and 2229.]

f. Request for assistance by a woman who is not receiving ADC and who is pregnant, provided she will be otherwise eligible for ADC within two months and an advance application is desirable in planning for the future.

.4 Procedures Following Decision to Make Application

a. Where both parents are in the home both shall execute the application form, except in the situation where one parent is physically or mentally unable to execute the form.

2113. Initial Interview (Contd.)

.4 b. Provision regarding Form ODA-10 and assignment forms for life insurance not applicable in ADC. However, the principle stated shall apply in respect to any ADC application where a "promise to repay" is required by CWB. [See ADC insert for 2272.]

.5 Special Factors for Interpretation

a. and b. applicable in ADC.

2113. Initial Interview (Contd.)

.5 Special Factors for Interpretation (Contd.)

In c there shall also be interpretation and discussion as to which parent is to be designated "payee" when both are present in the home. [See 2550.]

In g, whenever application for ADC is made on behalf of a child who has been deserted by a natural or adoptive parent, it must be explained that the welfare board is required by law to report the facts to the County Prosecutor if assistance is granted; and further, that the decision as to what legal action, if any, is to be taken rests with the Prosecutor. [See 2281.2 for details of policy.]

When appropriate to the situation, an applicant must also be informed about required procedure in respect to securing support from a parent who is absent from the home for reasons other than desertion. [See 2281.2], including parents of a child born out of wedlock [See 2287.]

Intentionally Deleted

2114. Applications for Mentally Incompetent Persons

.1 Applicant Represented by Legal Guardian

In ADC, a person who is under current adjudication of mental incompetency is not acceptable as a parent or parent person.

.2 Applicant Without Legal Guardian

In ADC, in respect to an applicant parent or parent person, the provisions of sub-itsm a and b shall be observed.

For procedures regarding determination of mental competency for such a parent or parent person, and evaluation as to whether such an individual can function as a parent see 2287.

2115. Applications for Disability Assistance for Children Referred by State Board of Child Welfare

As of 1/1/60 applies only to children under Care or Guardianship.

2116. Registration Procedures and Record of Inquiries

.1 Application

The provisions of this item .1 apply to ADC except that in

b. All active case records received from SBCW shall be renumbered, using the county designation letter, adding "C" for ADC and the case control number; e.g., AC-100, BC-100, CC-100, etc.

When an inactive case becomes a reapplication or reopened application, a new number shall be assigned to it in this series.

c. Preparation of Form _____, Registration Card.

2116.2 Registration Procedures and Record of Inquiries (Contd.)

.2 Inquiries

The provisions of this item .2 apply in ADC.

2117. Assignment of Pending Applications for Completion of Eligibility Determination

The provisions of this section apply in ADC.

2120. PROCESS OF ESTABLISHING ELIGIBILITY

The introductory paragraphs apply in ADC.

.1 Policy on Home Visit

In ADC, a home visit shall be made prior to authorization of an initial assistance payment.

2121. Planning Completion of Eligibility Determination

The provisions of this section apply in ADC.

2122. The Home Visit

The provisions of this section apply in ADC.

2122. The Home Visit (Contd.)

.1 Purposes of Home Visit

The following additional sub-item has been developed and is equally important in all public assistance households:

g. Develop a relationship between the worker and the family which will enable the worker to understand and evaluate the interpersonal relationships within the family, and the socio-economic and health conditions existing in the household. This is essential to properly determine eligibility, identify and meet need, and to develop constructive plans for the future.

2123. Collateral Investigation

The provisions of this section apply in ADC.

Intentionally Deleted

2124. Assistance Plan and Recording

The provisions of this section apply in ADC.

In addition in any situation where both parents are in the home, the assistance plan must include the decision as to which parent is to be designated "payee", and such decision shall be specifically recorded. [See 2550.]

2125. Recommendation for Agency Decision

The provisions of this section apply in ADC.

d. In ADC, the parent to be designated "payee", when appropriate to the situation.

2126. Supervisory Review and Approval

The provisions of this section apply in ADC.

2127. Disposition of Application

The provisions of this section apply in ADC.

2128. Notice of Agency Decision

The provisions of this section apply in ADC.

Intentionally Deleted

Intentionally Deleted

2200. DETERMINATION OF ELIGIBILITY FACTORS OTHER THAN NEED

2201 Preliminary Statement

The provisions of this section apply in ADC.

Intentionally Deleted

2210. AGE REQUIREMENTS

.1 Legal Requirements

c. In Assistance for Dependent Children a child must be under 18 years of age.

In respect to applications by parents who are less than 18 years of age or who are 65 years of age or older, refer to the ADC insert for 2112.1.

2211. Special Provisions

.1 Arbitrary Date of Birth

Applies in ADC.

.2 Date of Eligibility

Does not apply.

.3 Advance Registration

Does not apply in ADC.

2212. Evidence of Age

.1 General Policy

Applies in ADC in respect to evidence of age of children, or of parents who appear to be 65 or older.

2212. Evidence of Age (Contd.)

.4 Assistance to Dependent Children

a. In ADC, there must be proof that each child is less than 18 years of age, but approval of an application shall not be delayed for proof of exact age. Proof of exact age shall be obtained as soon as possible.

b. In ADC, if there is reason to believe that an applicant parent or parent person is 65 years of age or older, proof of exact age shall be obtained. However, approval of the application shall not be delayed for proof of age since such parent is acceptable as a payee. Upon proof of age 65 or over the parent would be "transferred" to OAA.

2213. Sources of Evidence of Age

See 2200 Appendix I for list of acceptable sources of evidence of age and how to use them.

2214. Disability Assistance Recipient on Attaining Age Sixty-five

Applicable in DA only.

2215. Assistance for Child Recipient on Attaining Age 18.

.1 Effect on Eligibility

a. A recipient child is not eligible to be included in the ADC payment beyond the month in which he attains age 18. Furthermore, the Federal agency has established an interpretation that a child who attains age 18 on the first or second day of the month is not considered to be under age 18 during that month, and is not eligible for inclusion in the grant for that month.

b. In an ADC case the family ceases to be eligible beyond the month in which the youngest child attains age 18.

.2 Application for Disability Assistance by Disabled Child at Age Eighteen

An ADC child on attaining age 18, who appears to be eligible for DA by reason of a physical or mental defect, disease, or impairment shall be assisted in making application therefor.

.3 Administrative Control

CWB shall establish and maintain administrative controls in ADC cases to assure

a. Timely budget and grant adjustments when one of the children attains age 18, and removal of such child from the recipient count;

b. Case closing when the family is no longer eligible because the youngest child has attained age 18; and

c. Opportunity for a disabled child to apply for DA sufficiently in advance of his eighteenth birthday to assure completion of the application process and uninterrupted provision of assistance.

[See 2530 for adjusted payments and 2540 for termination of payments.]

2216. ADC Parent or Parent Person on Attaining Age 65

.1 Effect on Eligibility

An ADC parent ceases to be eligible for inclusion in the ADC payment beyond the month in which he or she attains age 65.

.2 Administrative Control

CWB shall establish and maintain administrative controls in ADC cases in order that parents will be given opportunity to apply for OAA sufficiently in advance of the sixty-fifth birthday to assure completion of the application process and uninterrupted provision of assistance.

Intentionally Deleted

2220. RESIDENCE REQUIREMENTS

.1 Legal Requirement and Authority in ADC

a. In ADC there is no legal requirement that the applicant(s) and dependent children on whose behalf application is made shall have resided in New Jersey for a specific period of time.

The law does require that a dependent child be living in New Jersey with his father or mother or any one or more of the enumerated relatives, in a home maintained by such parent or relative.

b. The provisions of b in respect to the State's authority to enter into reciprocal agreements with other States apply in ADC.

c. The provisions of c in respect to permissive authority to continue assistance to recipients in other States apply in ADC.

d. The principle stated in d applies in ADC.

2221. Definitions

.1 State Residence

In ADC, the family shall be found to meet the requirement of the law when it is established that all individual members for whom assistance is requested are presently residing in fact in New Jersey.

However, see 2224. for special consideration of the situation when a family has resided in New Jersey for a relatively short period.

2221. Definitions (Contd.)

.2 Abandonment of New Jersey Residence

In ADC abandonment means the termination in fact of any actual place of abode of the family in New Jersey, when accompanied by the establishment in fact of an actual place of abode in another State with apparent intent to remain absent from New Jersey permanently, or for an indefinite period for purposes other than a temporary visit. However, in ADC abandonment of residence has no significance in relation to eligibility if and when the family returns or seeks to return to New Jersey.

[See 2229. regarding all aspects of return of families, or members thereof, from other states, i.e., recipients, previous recipients, abandoned or unattached children, etc.]

.3 County Residence

The general provisions of this item .3 are applicable in ADC, but certain special provisions or interpretation are necessary in respect to "customary place of abode" due to the multiple person nature of ADC cases.

2221. Definitions (Contd.)

.3 County Residence (Contd.)

a. When an ADC family (parent and children) is living in its own home, or in a family home with a person or persons related by blood or marriage, this shall be considered the family's customary place of abode.

b. When an ADC family is purchasing room and board in the home of unrelated persons, this shall be considered the family's customary place of abode.

c. and d. These provisions as such are not pertinent in ADC. However an applicant parent may be receiving patient care in a licensed nursing home and apply in relation to a plan to establish a home for a dependent child upon discharge. In such instance the nursing home shall not be considered the applicant's customary place of abode. [See 2226. and 2283.]

When one member of an ADC applicant family is temporarily receiving patient care in an eligible public or private medical institution, his customary place of abode shall be the same as that of the family. [See 2226. and 2284.]

2221. Definitions (Contd.)

.3 e. Applicable in ADC in respect to an applicant parent as in c-d, above. The general hospital shall not be considered the applicant's customary place of abode. [See 2227.1 and 2283.]

f. Applicable in ADC as in c-d, and e, above. The institution shall not be considered the applicant's customary place of abode. [See 2227.2, .3 when issued, .4 and 2283.]

In respect to ADC recipient families who change their customary place of abode from one county to another, see 2225.

In respect to a member of an ADC recipient family who moves to another county to purchase patient care in an institution, see 2226. and 2284.

.4 Temporary Visit Out of County, Out of State

Provisions of this item .4 will apply in ADC in respect to a recipient family. [See 2225. and 2228.]

.5 Residence of Mentally Incompetent Client

Not applicable in ADC.

2222. Residence at Time of Application

An application for ADC can be made only by a parent who is maintaining a home in New Jersey for a dependent child who is in fact living with him in such home. The same principle holds in respect to an initial application, reapplication or reopened application.

Exception: However, if a situation arises in which a family who previously received ADC as residents of New Jersey, is now living out of State and requests a reopened application to enable them to complete arrangements to reestablish residence in New Jersey, the application may be processed so that assistance can be made immediately available upon the family's return to New Jersey. [See 2229. for procedures.]

2223. Special Provisions

.1 Not applicable.

.2 Advance Registration

In ADC, a reopened application may be accepted in advance of actual resumption of residence in New Jersey for a previous recipient family now living out of State as provided in 2222., above. [See 2229. for procedures.]

2224. Evidence of Residence

.1 Factors to Consider

a. Place of Residence

The stated principle applies in ADC. It shall be determined that each member of the family for whom assistance is requested is in fact living regularly in such family's place of residence.

2224. Evidence of Residence (Contd.)

.1 b. Length of Residence

In ADC, verification of length of residence is not routinely required in respect to establishing eligibility.

However, information concerning length of residence shall be obtained. In situations in which the family has resided in New Jersey for a relatively short period, it is recommended that the caseworker discuss with and help the family evaluate whether it is to their best interests to remain in New Jersey or to return to the state of origin. This should include advising the family, when applicable, that absence from the state of origin for more than one year may preclude eligibility for assistance should they subsequently wish to return.

If the family wishes to consider return to the state of origin, CWB shall continue process of the application and shall grant assistance, if necessary, pending exploration of the possibility of return. [See 2229. for further instructions.]

2225. County Responsibility in Respect to Change of County Residence

The principles, policy and procedures of this section .1-.9 shall apply in respect to transfer of county responsibility for an ADC case when the family changes customary place of abode to another county. [See 2225.10 for Statistical Procedure.]

2225. County Responsibility in Respect to Change of County Residence (Contd.)

.10 Statistical Procedure

In course of development.

2226. Retention of County Financial Responsibility and Procedures in Respect to Patient or Domiciliary Care

.1 Applicant

a. Applicant in Care Facility

1) In ADC a parent who is receiving patient care in the home of unrelated persons, or in a licensed nursing home, and who is about to be discharged therefrom, may apply in relation to a plan to establish a home for a dependent child. Such individual should inquire initially about assistance of the CWB of the county in which he is receiving such care.

2) The CWB receiving the inquiry shall interview the inquiring patient regarding the plan to return to his or her home or the desire to establish a home, and the location of such home.

3) If the individual is to return to a home or plans to establish a home with a dependent child in the county receiving the inquiry, and the plan appears to be feasible in respect to eligibility for ADC, the CWB of that county shall register the application, assist in completion of the plan as necessary, complete the determination of eligibility, and be responsible for any assistance payments to be made. [See 2283 regarding establishment of home in ADC.]

4) If it is determined that the individual is to return to a home, or desires to establish a home with a dependent child in another county, CWB receiving the inquiry shall complete an application interview, and assist the individual who decides to apply to complete an application Form. All information which the applicant can supply shall be obtained and recorded on appropriate case record forms. However, the application will not be registered by CWB handling the inquiry.

5) The completed application form and all available information shall be sent promptly to the CWB where the applicant plans to live. The CWB receiving such forwarded application data shall immediately register and process the application. For special instructions in respect to assisting such an applicant to establish a home for a dependent child see 2283.

2226. Retention of County Financial Responsibility and Procedures in Respect to Patient or Domiciliary Care (Contd.)

.1 b. Applicant Planning to Enter Care Facility in Another County

Inapplicable in ADC.

.2 Recipient

In ADC there may be instances where one recipient member of the family (parent or child) will require temporary patient care outside his own home. Where it is necessary for such a recipient to purchase care in another county, the CWB which is responsible for the case shall retain responsibility for the individual in temporary patient status. For instructions see 2284, Temporary Absence from Home.

.3 Consultation Between County Directors

Applicable in ADC.

2227. County Responsibility and Procedures in Respect to Persons Released From Certain Institutions

.1 General Hospitals (Public or Private)

In ADC the provisions of this item are applicable only in respect to an applicant parent who expects upon release from the hospital to return to his or her home, or who wishes to establish a home with a dependent child.

In ADC the provisions of sub-items a, and b are generally applicable. As stated in 2221.3e, such an applicant parent's customary place of abode is the same as that of his family where a family home exists. Where no home exists, referral shall be to CWB where the applicant plans to establish a home.

The provision of sub-item c regarding residence in the State is not generally applicable in ADC. However, when the situation described is pertinent to a patient, and to the dependent children for whom he or she wishes to apply for ADC, responsibility for application and payment shall be in the welfare board of the county where the hospital is located. CWB will also take into consideration the provisions of 2224 in respect to an applicant who may wish to return to a state of origin.

.2 State Mental Hospitals, State Schools for Mentally Deficient, and the Neuro-Psychiatric Institute

a. Residence Unaffected

The statement in respect to State residence is not pertinent in ADC; [illegible] applies in respect to county residence. If the family to which the individual is to return has moved during the individual's period of institutional care, the individual's customary place of abode shall be the same as his family.

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Contd.)

.2 b. Terms of Release Defined

Applicable in ADC.

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Contd.)

.2 c. Eligibility for Assistance (ADC)

1) Voluntary Admission

Applicable in ADC to applicant parent, or to one or more children under age 18 returning to the ADC household.

2) Court Commitment

All paragraphs of this sub-section are applicable in ADC in respect to a parent who wishes to apply for ADC in order to establish a home for dependent child.

However, the spouse of a recipient parent who returns to the home from a State institution, either as officially discharged or on Convalescent Leave, may be found eligible for inclusion in the ADC payment if incapacitated and not eligible for OAA, DA or BA. However, a parent who has not been officially discharged cannot be either an applicant or payee in ADC.

A child under 18 who is at home on Extended Visit from a State institution is eligible for inclusion in the ADC payment.

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Contd.)

.2 d. Referral for Assistance by Institution

The institution will be required to use the same procedure and forms for ADC referrals.

1) Patient in Institution

Sub-items a) and b) are generally applicable in ADC in respect to prospective applicant parent.

For a spouse of a recipient parent, or for a child under age 18 who is to return to his home, referral will be made to CWB of county where the ADC family resides currently.

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Contd.)

.2 d. 2) Patient Outside Institution

Applicable in ADC only to prospective applicant parent who has no established home to return to and no definite plans as to where he or she wishes to establish a home.

All other referrals for ADC of persons already outside the institution shall be to CWB of the county where the person's home is, or where he wishes to establish a home.

e. Responsibility of County Welfare Board

The provisions of 1) and 2) are generally applicable in ADC in respect to an applicant parent.

ADC Insert

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Contd.)

.2 e. The provisions of 3) and 4) are generally applicable in ADC in respect to an applicant parent.

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Contd.)

.2 e. The provisions of 5) and 6) are generally applicable to an applicant parent, but CWB must also consider the provisions of 2283 in respect to eligibility for ADC and the establishment of a home for a dependent child.

In respect to return to the home by a spouse of an ADC recipient parent or by a child under 18, the provisions of 1) through 6) are not applicable in that no application for assistance is involved. For policy on grant adjustment in these situations refer to 2530.

f. Continuing Service by Institution and County Welfare Board to Recipients.

In ADC, the first and third paragraphs are applicable to any recipient member of the ADC family budget unit. The second paragraph is not pertinent in ADC.

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Contd.)

.2 g. Applicability of Procedure to Institutions Other than State Institutions

Applies in ADC.

Part II The Individual and Public Assistance
2200 Determination of Eligibility Factors Other Than Need - Residence

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Contd.)

.4 Veterans Facilities

a. Eligibility for Assistance

1) Veterans Administration Hospital, East Orange

Applicable in ADC.

2) Veterans Administration Hospital, Lyons

a) Terms of Release Defined

Applicable in ADC.

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Contd.)

.4 a. 2) b) Effect of Release Status on Eligibility

(1) Voluntary Admission

Applicable in ADC to an applicant parent or to the spouse of a recipient parent who returns to the home, provided he is otherwise eligible (i.e., incapacitated).

(2) Court Commitment

All paragraphs of this sub-item, except the last paragraph, apply in ADC in respect to a parent who wishes to apply for ADC in order to establish a home for a dependent child.

However, the spouse of a recipient parent who returns to the home from Lyons, either as officially discharged or on Trial Visit, may be found eligible for inclusion in the ADC payment if incapacitated and not eligible for OAA, DA, or AB. A parent who has not been officially discharged cannot be either an applicant or payee.

b. Referral for Old Age or Disability Assistance

The same principle applies in respect to referral for ADC.

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Contd.)

.4 b. 1) County to Receive Referral

Sub-items a) and b) are generally applicable in ADC in respect to a prospective applicant parent.

In respect to a spouse of a recipient parent, referral will be made to CWB of county where the ADC family resides currently.

2) Referral Procedures for Veterans Administration Hospitals

a) Procedures for East Orange Hospital

Applicable in ADC.

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Contd.)

.4 b. 2) b) Procedure for Lyons Hospital

Applicable in ADC.

2228. Eligibility of Recipients Who Leave New Jersey

.1 Preliminary Statement

Applies in respect to an ADC recipient family.

.2 Permanent Removal

Applies in respect to an ADC recipient family.

Note: Under policy applicable in Home Life Assistance prior to January 1, 1960, families who moved to another state with the approval of SBCW were eligibile for continued payments, if otherwise eligible, for a period not exceeding one year. Therefore, any such case transferred to CWB for which removal from the State had been approved prior to 1/1/60 shall continue to receive ADC payments (if otherwise eligible) until the expiration of the one-year period, or until acquisition of eligibility, with respect to the residence factor, for any form of public assistance in the other state, whichever occurs sooner.

2228. Eligibility of Recipients Who Leave New Jersey (Contd.)

.3 Temporary Visit Out of State

The general principles of this item shall apply in ADC to the family as a unit. In respect to visits by individual members of the family see 2284, Temporary Absence from Home.

Intentionally Deleted

2228. Eligibility of Recipients Who Leave New Jersey (Contd.)

.4 Special Approval Procedures

Applies in ADC.

2228. Eligibility of Recipients Who Leave New Jersey (Contd.)

.5 Control of Out-of-State Cases

Applies in ADC.

.6 Notice to Recipient and Agency of Suspension or Closing

Applies in ADC.

.7 Medical and Patient Care During Out-of-State Visit

Applies in ADC.

Intentionally Deleted

Part II — The Individual and Public Assistance

2200 Determination of Eligibility Factors Other Than Need - Permanent and Total Disability

2230. PERMANENT AND TOTAL DISABILITY

This sub-chapter not applicalbe in ADC except that the procedures provided in 2236.1, 2237.1 thru 2237.4 will be used in determining incapacity, as referred to in 2281.3.

Intentionally Deleted

2240. NEED FOR CARE IN INSTITUTION FOR TUBERCULOSIS OR MENTAL CONDITION

2241. Legal Requirements

R.S. 44:7-5 is not applicable in ADC.

2242. Applicants with Tuberculosis

For policy and procedure in respect to an ADC parent "incapacitated" by tuberculosis, etc. see 2281.3d, 2), a).

2243. Applicants with Psychosis or Mental Defect

For policy and procedure in respect to an ADC parent "incapacitated" by a mental defect, disease or impairment, see 2281.3d, 2), b).

For policy and Procedure in respect to the mental status of an applicant parent, see 2288.

Intentionally Deleted

Intentionally Deleted

Part II The Individual and Public Assistance
2200 Determination of Eligibility Factors Other Than Need-Institutional Status

2250. INSTITUTIONAL STATUS AND ELIGIBILITY

.1 Explanation of Laws

R.S. 44:7-5 is not applicable in ADC; however, for purposes of administration of the program the policy and procedure provided for OAA and DA shall apply in ADC.

Part II The Individual and Public Assistance

2200 Determination of Eligibility Factors Other Than Need - Institutional Status

2251. Definition of Terms

Applies in ADC.

Intentionally Deleted

Intentionally Deleted

Part II — The Individual and Public Assistance

2200 — Determination of Eligibility Factors Other Than Need-Institutional Status

2252. Certification of Institutions; Evidence

Applies in ADC.

2253. Eligibility for Assistance in Institutions

.1 Eligible Public Medical Institutions

a. Chronically Ill

In ADC, applicable to any otherwise eligible member of the ADC family in accordance with the provisions of 2281.3a (Incapacity) or 2284. (Temporary Absence from Home).

b. Acute Illness

In ADC, applicable to any otherwise eligible member of the ADC family in accordance with the provisions of 2284.

.2 Eligible Private Medical Institutions

a. Licensed Nursing Homes, Infirmaries of Non-Profit or Charitable Homes

In ADC, applicable to any otherwise eligible member of the ADC family in accordance with the provisions of 2281.3a, (Incapacity) or 2284, (Temporary Absence from Home).

2253. Eligibility For Assistance In Institutions (Contd.)

.2 b. Rehabilitation Centers

Applicable in ADC.

c. Private (Voluntary) General Hospitals

Applicable in ADC.

.3 Non-profit or Charitable Homes

Applicable in ADC only to the use of an approved infirmary section by a parent or parent person requiring temporary patient care.

2253. Eligibility for Assistance in Institutions (Contd.)

.4 Approved Boarding Homes for Sheltered Care

Applicable in ADC.

Intentionally Deleted

2254. Certification of Need for Patient Care

.1 Certification Form PA-4 (Chronically Ill)

Applicable in ADC.

.2 Certification of Patient Status in Public Medical Institution (Chronically Ill)

Applies in ADC.

.3 Certification for Public Institution for Acute Care

Applicable in ADC.

2254. Certification of Need for Patient Care (Contd.)

.4 Certification for Boarding Home and Family Home (Form ODA-26)

Applicable in ADC in respect to patient care in own home.

.5 Incomplete Certification (Forms PA-4 and ODA-26)

Applicable in ADC in respect to completion of the PA-4 or ODA-26 by the physician. It is assumed that such a situation in ADC would occur only in respect to an "incapacitated" natural or adoptive parent, or to a parent person's spouse who is an applicant for DA. In either situation the record will be submitted to the Medical Service Section, and CWB will be advised as to eligibility and appropriate action.

.6 Filing of Form PA-4 and ODA-26

Applicable in ADC.

2255. Patient Index

Applicable in ADC.

Intentionally Deleted

2290. FACTORS RELATED TO METHODS OF PAYMENT

This sub-chapter is not applicable in ADC.

Intentionally Deleted

2500. ASSISTANCE PAYMENTS

2501. The Nature of Assistance Payments

Applies in ADC.

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.

2511. Initial Determination of Eligibility by Director (Contd.)

.1 Exceptions

a. Relatives Out-of-County

Applies in ADC.

b. Joinder ODA-10 by Spouse Out-of-State

Not applicable in ADC.

2512. Initial Determination of Eligibility by Board

Applicable in ADC. See provisions of 2282 for special situations to be presented for board decision.

2513. Date of Eligibility for Initial Payment

Applies in ADC.

2514. Deferred Payment

Applies in ADC.

2515. Minimum Requirements for Case Record

Applies in ADC except in respect to the ODA-10 referred to in item .1.

2516. Authorization of Payment

Applies in ADC.

2517. Issuance of Payment

Applies in ADC.

2518. Formal Board Action

Applies in ADC.

2519. Reports to State Bureau

[Under development.]

Intentionally Deleted

2520. ADDITIONAL PAYMENTS

.1 Definition

Applies in ADC.

2521. Authorized Additional Payments

Items a, b, c, and d apply in ADC.

e. In ADC, an additional payment is authorized, when necessary, to provide the pro rata share of expenses of an 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 a member of the family.

2522. Case Record Explanation

Applies in ADC.

2523. Authorization of Payment

Applies in ADC.

2524. Ratification by Welfare Board

Applies in ADC.

Intentionally Deleted

Intentionally Deleted

2820. OLD AGE, SURVIVORS, AND DISABILITY INSURANCE

This sub-chapter is applicable in ADC.

See 2829, ADC Insert, for special procedures in requesting the name and address of the employer of a deserting parent.

2829. Request to OASDI for Name and Address of Employer of Deserting Parent (PA-21)

The Social Security Administration will furnish information from the OASDI records regarding addresses of employers of a deserting parent in ADC. CWB may request such information only after every reasonable effort, through other sources, to locate the deserting parent has been unproductive.

.1 Use

The PA-21 should be used only when CWB has not received reliable information (not indirect reports or rumors) concerning the deserting parent's whereabouts at any time during the last 9 months. [For sample form PA-21 see 2800 Appendix III.]

.2 Preparation

a. Form PA-21 will be completed in triplicate and two copies mailed to the appropriate District Office of OASDI, the third copy being retained on file.

In the box marked "Name and Last Known Address and Date of Deserting Parent", the date of last known address must be included.

b. OASDI District Office will complete the lower section of form PA-21 and return one copy to CWB at which time the file copy may be destroyed.

2830. DIVISION OF EMPLOYMENT SECURITY

This sub-chapter is applicable as appropriate to a member of an ADC family.

[See 2286 for policy on registration for employment in ADC.]

Intentionally Deleted

2850. SOCIAL SERVICE EXCHANGE

Applies in ADC.

REQUEST TO OASI FOR NAME AND ADDRESS OF EMPLOYER (2829.) 2800 APPENDIX III
(Sample Form) PA-21 (1/60)

_____ County Welfare Board

Reg.No.	Date

Case Name

REQUEST TO OASI FOR NAME AND ADDRESS OF EMPLOYER

TO: Manager, Field Office, Bureau of Old-Age and Survivors Insurance

The individual named below has deserted his child(ren) on whose behalf ADC has been authorized by this Department. This office's efforts to learn of his current whereabouts have been unsuccessful. Since the information in your records may be helpful to us in locating him, will you please furnish the information requested, if available.

SIGNATURE _____
Supervisor

NAME, LAST KNOWN ADDRESS AND DATE OF DESERTING PARENT

SOCIAL SECURITY NUMBER

IF SOC. SEC. NUMBER IS UNKNOWN COMPLETE ITEMS BELOW

PLACE OF BIRTH

RETURN TO:

DATE OF BIRTH SEX

FATHER'S NAME

MOTHER'S MAIDEN NAME

REPORT OF BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

The following information is taken from the record of the above named and is for the period ending with the _____ quarter of _____ (year).

EMPLOYER	PAGE NO.	REMARKS
ADDRESS	ESTABLISHMENT NO.	
EMPLOYER	PAGE NO.	
ADDRESS	ESTABLISHMENT NO.	
EMPLOYER	PAGE NO.	
ADDRESS	ESTABLISHMENT NO.	
EMPLOYER	PAGE NO.	
ADDRESS	ESTABLISHMENT NO.	

☐ NO RECORD

DATE _____ MANAGER _____

N.J.Department of Institutions & Agencies, Division of Welfare, Bureau of Assistance

Intentionally Deleted

2910. NOTICE OF COUNTY WELFARE BOARD DECISION

This sub-chapter applies in ADC.

2280. FACTORS APPLICABLE IN ASSISTANCE FOR DEPENDENT CHILDREN ONLY

.1 Statement of Purpose of the Program

To live in a family to which he belongs is the foundation of a child's security. A parent should not be forced to surrender responsibility for rearing a child merely because of inability to provide financially for the child's needs.

Recognizing the fundamental need of the child for care, guidance, and affection from his own family, ADC is directed toward enabling the parent, or in his absence a close relative, to ensure continuity of family relationships in a setting in which the child naturally belongs.

In addition, the program includes in its purpose, providing service, or access to other resources in the community, through which the family may realize their plans and hopes for their children. Thus the purpose of ADC is two-fold; one, to make it possible for the child to remain in or return to the custody and care of his parents or of relatives who have a natural bond of affection and concern for his well-being; and, two, to provide for the child's unmet needs.

Adequate health care for both parents and children is an essential factor in attaining the objectives of ADC. Since illness frequently precipitates or aggravates financial and other family problems, an opportunity to obtain consistent medical care may enable a family to regain economic independence. Care of an incapacitated parent at home may avert separation of the members at a time when the child most needs the feeling of family solidarity and the security of the familiar home environment.

Children receiving ADC have the right to share the opportunities provided in their communities for education, physical and social development in the same way as children who do not receive ADC. To assure this right there must be recognition that children have special individual requirements which must be provided in addition to basic maintenance requirements. The development of individual capacity is important to the child in achieving a useful and satisfactory life for himself, and in preparing him to become a responsible member of society.

ADC is one means of fulfilling the fundamental purpose of all measures for social security - to foster and preserve basic human resources and to strengthen family life.

2280. FACTORS APPLICABLE IN ASSISTANCE FOR DEPENDENT CHILDREN ONLY (CONTD.)

.2 Definitions

The term "dependent child" as defined in State law, means a needy child under age 18 who is living in New Jersey with a parent or other enumerated relative, and who has been "deprived of parental support or care by reason of the death, continued absence from the home, or physical or mental incapacity of a parent."

The term "parent" includes adoptive (by legal action) as well as natural parents. "Parent" in relation to the "deprivation" factor does not include other relatives who are acting in parental capacity (parent person).

The term "deprived of parental support" means that a child's economic needs are not or cannot be met by his parents.

In respect to the term "deprived of parental...care," the concept of care includes - having affection for the child, having concern for the child, taking responsibility for providing for the health and welfare of the child, taking responsibility for the physical management of the home, and affording a child opportunities for normal growth and development.

2281. Deprivation of Parental Support or Care

The statutory definition of "dependent child" sets forth two eligibility factors - economic "need" and "deprivation of parental support or care." These two factors are not necessarily identical although they frequently co-exist. (A child who lacks support by a natural or adoptive parent may have some other source of support and therefore not be in "need.") The law requires that both "need" and "deprivation of parental support or care" must be demonstrated as existing in the individual case. Furthermore, it must be demonstrated that the "deprivation" is the result of one of the factors of death, continued absence from the home, or physical or mental incapacity of a natural or adoptive parent. (A child cannot be considered "deprived of parental support" merely because a father has earnings which are inadequate for the maintenance of the household.)

"Need" is determined in accordance with the provisions of the Categorical Assistance Budget Manual.

"Deprivation of parental support or care" is determined as follows:

.1 Death

A needy child may be found to be "deprived of parental support or care" by reason of the death of either or both natural or adoptive parents.

The death of the natural or adoptive parent must be substantiated by documentary proof; such as

Death certificate
Hospital death record
Attending physician's record
Record of insurance company which paid death benefits
Funeral director's record
Burial permit
Written record of church or clergyman
Fraternal organization records
Probated will of deceased
Newspaper obituary notice
Affidavits of pastor, physician or of employer at time of death, or by other unrelated persons with nothing to gain thereby.

2281. Deprivation of Parental Support or Care (Contd.)

.2 Continued Absence of the Natural or Adoptive Parent from the Home

a. Interpretation

Continued absence of either or both natural or adoptive parents from the home constitutes the reason for "deprivation of parental support or care" when

1) the natural or adoptive parent is out of the home, and

2) the absence is such as to terminate or to interfere with the parent's functioning as a provider of maintenance, physical care and guidance for the child, and

3) when the known or indefinite duration of the absence precludes reliance on the parent's performance of his function in planning for support or care of the child.

Note: In considering "absence" as the reason for "deprivation" it shall be understood that this does not include the absence of a parent who is receiving treatment for a physical or mental defect, disease, or impairment in a public or private institutional facility. In such a situation the eligibility of the family shall be determined under the "incapacity" factor as provided in 2281.3

b. Statement of Policy

1) Consistent with the basic principle of maintaining and strengthening family life, parents shall be encouraged to make plans which they consider to be in the interest of themselves and their children, including continuation of the relationship of the absent parent with the children, whether the parent is temporarily or permanently out of the home.

2) Every effort should be made to communicate with the absent parent whenever his whereabouts is known, so that he may be consulted in developing plans for the family. If he is in the State, it shall be by personal interview, or, if out of the State, by letter or through another agency, as appropriate to the situation. The absent parent shall be given the opportunity to voluntarily support his child to the extent of his ability, but both parents must fully understand that the extent of support will be established by the Court if there is cause for legal action.

2281. Deprivation of Parental Support or Care (Contd.)

.2 b. 3) The applicant shall not be denied the opportunity to apply for and receive assistance by requiring as a prerequisite for eligibility either that legal action be taken against an absent parent, or that the missing parent be located and action taken in order to obtain support. However, this does not preclude the agency from assisting a parent in initiating and pursuing legal action during the application process when such action appears necessary for his or her children's best interest.

4) When it has been agreed that it is advisable or preferable for the agency rather than the parent to initiate legal action, or when the parent refuses to take the necessary steps, it is CWB's duty to initiate or pursue legal action, unless the parent makes a decision to withdraw the application or to have assistance discontinued.

c. Establishing Continued Absence

"Continued absence from home" may result from any of the following situations.

1) Divorce, Pending Divorce, or Legal Separation

A parent shall be considered continuously absent when there is documentary proof of divorce, pending divorce or legal separation.

Sources of proof are

Official documents in possession of the applicant
Court records
Attorney's records
Newspaper acount at time a divorce was granted.

[Refer to Chapter 2300 for policy on determination of the absent parent's ability to support.]

[Refer to Chapter 2950, when issued, for legal procedures if complaint is to be filed or case reopened to seek support.]

2281. Deprivation of Parental Support or Care (Cont'd.)

.2 c. 2) Desertion

A parent shall be considered "continuously absent from the home" when a condition of desertion is established. The desertion may already be a matter of public record, or may be alleged or presumed.

a) Desertion Formally Established

Desertion, for purposes of ADC eligibility, is established by verification that a parent has been

Convicted of desertion, or

Charged with desertion by indictment, or by the filing of a complaint with the Court, or

Named as defendant in an action for divorce on grounds of desertion.

Sources of verification are:

Records of the county prosecutor's office
Records of Domestic Relations Court
Records of local magistrate where complaint was filed
In divorce action, document in possession of applicant, records of appropriate court, or attorney's records.

b) Alleged Desertion

Where none of the conditions in a) is present, but the applicant parent alleges that the spouse has deserted (or a parent person alleges that the child for whom he is applying has been deserted), the factor of continued absence by reason of "desertion" shall be considered established if

(1) There is evidence that the parent is clearly "disassociated" from the home with no apparent intention of returning or of sending for the family at a later date, and

2281. Deprivation of Parental Support or Care (Contd.)

.2 c. 2) b) (2) The deserted applicant parent (or the parent person applying for the deserted child) willingly provides all known information about the deserting parent's whereabouts, or if unknown, signs an Affidavit of Desertion (Form ADC-31) either when the application is filed or at the time of receipt of initial payment, whichever is practicable.

(3) If the deserted applicant parent (or the parent person applying for the deserted child) is unwilling or refuses either to give information, or to sign an Affidavit of Desertion, such applicant may withdraw the application; otherwise the application shall be denied.

[See 2113.5.]

c) Notice to Law-Enforcement Officials in Approved Application

In every instance where eligibility for ADC is based on the factor of "continued absence from the home" by reason of "desertion," written notice shall be sent to the county prosecutor concurrently with issuance of the initial assistance payment. It is the responsibility of the prosecutor to decide if any legal action is warranted. (Form ADC-32)

[Refer to 2950, when issued, for legal procedures; refer to 2300 for policy on determination of absent parent's ability to support.]

3) Informal Separation

A parent shall be considered "continuously absent" when by mutual agreement, not legal action, the parents have completely broken their marital relationship, one parent is out of the home and such absent parent is not exercising any responsibility as a member of the household, although he may be making some financial contribution to the family.

[Refer to Chapter 2300 for policy on determination of the absent parent's ability to support.]

[Refer to Chapter 2950, when issued, for legal procedure if appropriate.]

2281. Deprivation of Parental Support or Care (Contd.)

.2 c. 4) Imprisonment

a) Policy

A parent shall be considered continuously absent from the home when he is incarcerated, unless there is evidence that he will be released in less than 60 days from date of application.

There will be situations in which the parent had already absented himself from the home prior to imprisonment. In such cases the circumstance that the incarceration may terminate in less than 60 days does not in itself establish ineligibility. In these cases it must be determined whether or not the factor of "continuously absent from the home" exists by reason of another cause; i.e, divorce, desertion, separation.

There is also the possible situation that a parent whose imprisonment is expected to terminate in less than 60 days, may be "incapacitated." Where this appears to be so, consideration shall be given to possible eligibility under the "incapacity" factor rather than the "absence" factor. [Refer to 2281.3, Incapacity.]

b) Procedure

A written report shall be obtained from the penal institution giving date of admission, residence at time of admission, reason for and length of sentence, and probable date of release or parole. This data will not only establish the facts, but aid in planning for his possible return to the home and resumption of parental responsibility. [Refer to 2630 in regard to effect on continuing eligibility of the family on return of an absent parent.]

Where it is determined that imprisonment will terminate in less than 60 days, and that eligibility under another cause for "absence" or by reason of "incapacity" does not exist, the application shall be denied. When it is evident that the family is in need, there shall be referral for General Assistance, or appropriate notification to the municipal welfare department if the family is receiving GA.

2281. Deprivation of Parental Support or Care (Contd.)

.2 c. 5) Deportation

A parent who has been deported from the United States shall be considered "continuously absent from the home."

There must be proof of the deportation by inspection of an official notice or statement in the possession of the applicant, or by obtaining written confirmation from the Immigration authorities. The information should include the date and conditions of deportation.

The current address of the deported parent and his circumstances should be obtained from the applicant parent if known.

6) Unmarried Parents

When the natural parents of a child are not married to each other, and one of them is not in the home, and there is no evidence of a continuing relationship, the factor of "continuous absence from the home" applies.

[Refer to 2287 for policy on establishing paternity, and to 2950, when issued, for legal procedures.]

Note: The fact that a parent is living away from home temporarily or part-time because commutation to his place of employment is not practical, or is away from home seeking employment, or is serving in the armed forces, is not to be construed as "continuously absent from the home." At the same time there may be situations where a parent is found to be "continuously absent" notwithstanding the fact that he is serving in the armed forces. For example, when desertion occurred before he entered the armed forces, or his whereabouts are unknown (AWOL), or he is incarcerated while in the armed forces.

2281. Deprivation of Parental Support or Care (Contd.)

.3 Incapacity

a. The Eligibility Factor

A needy child may be found to be deprived of parental support or care by reason of a physical or mental incapacity of either natural or adoptive parent, or of both such parents, and whether such parent is in the home, or is receiving treatment away from home.

b. Incapacity Defined

"Incapacity" is defined as the inability (by reason of a physical or mental defect, disease or impairment) to engage in full-time gainful employment, available in the community, and for which the parent has competence, and/or inability to assume full responsibility for homemaking and child care.

c. Responsibility for Initial Determination of "Incapacity"

1) By County Welfare Board

a) When a parent has been found currently eligible for Disability Assistance, Aid to the Blind, or Disability Benefits through the Federal OASDI program, this is acceptable proof that incapacity exists. In such cases CWB is authorized to process the application and grant assistance to the otherwise eligible members of the family.

b) When, at the point of application, there is medical evidence that an "incapacitated" parent will require continuing medical treatment for a condition which precludes employment or homemaking and child care for a period of at least 60 days from date of application, (and whether such treatment is being given in the home or in a public or private medical institution), then CWB shall process the application and grant assistance promptly to the otherwise eligible members of the family. Official determination of "incapacity" by the Medical Service Section shall be initiated according to the procedures in 2281.3d, below.

2281. Deprivation of Parental Support or Care (Contd.)

.3 c. 2) By Bureau Medical Service Section

In any application in which there is medical evidence that the "incapacity" will terminate in less than 60 days, or when the available evidence is indefinite and "incapacity" is the only basis for determination of eligibility of the family, the determination of "incapacity" shall be made by the Medical Service Section of the Bureau prior to a decision by CWB to grant or deny assistance.

d. Determination of Incapacity by Medical Service Section

1) General Criteria

The Medical Service Section bases its determination of "incapacity" on the following criteria:

a) "Incapacity," as a factor in determining that a parent is unable to provide support or care for a child, may result from a physical or mental defect, disease, or impairment which is permanent, temporary or of indeterminate duration. The degree of incapacity may be total or partial (totally or partially disabled for full-time gainful employment, or for homemaking and child care). Total or complete incapacity is not required for eligibility as an incapacitated parent in ADC.

b) The incapacity must be of such a nature or degree as to be likely to continue or persist for a period of not less than 60 days from the date of application. However, the "60 day period" shall be interpreted as including a period of convalescence, an approved program of physical restoration and/or vocational training, or part-time employment following an illness or injury.

c) The existence of a physical or mental defect, disease or impairment must be substantiated by current medical evidence,

(1) Substantiation that incapacity exists requires objective evidence of a defect, disease, or impairment that is adequately and completely described by an examining physician in such a manner that another physician would reasonable accept the concept that incapacity exists without examining the client.

2281. Deprivation of Parental Support or Care (Contd.)

.3 d. 1) c) (2) The unsupported opinion of the examing physician that an incapacity exists cannot, in itself, be accepted. However, material presented in the Social Data Summary (Form ODA-2D, Part III), or in other portions of the case record, may be accepted as supporting material in demonstrating that incapacity exists.

(3) A definitive diagnosis, if unknown or not determined, is not required to substantiate the existence of an incapacity.

(4) Reports from recognized specialists, hospital or clinic reports, hospital discharge diagnosis, objective physical findings, diagnostic studies, etc. may be accepted as supporting material.

d) Social data is required to support a determination that inability of the parent to provide "support" (full-time gainful employment) or "care" (homemaking and child care) is directly related to and cuased by the defect, disease or impairment, and is not due to unemployment, underemployment, or other socio-economic factors.

(1) Such social factors as education, training, past work record, etc. must be evaluated in relation to the individual's ability to engage in such types of employment as may be available to him.

(2) Social data is important in reaching a determination that a parent can or cannot carry the responsibilities and perform a significant number of the essential activities involved in homemaking and child care.

e) Advanced age, although it frequently precludes securing employment, is nevertheless not synonymous with and does not of itself constitute "incapacity," even though the parent is receiving or is eligible to receive Old Age Assistance, or Old Age Benefits under the Federal insurance program. It must be demonstrated that a parent, regardless of age, is incapacitated according to these provisions.

2281. Deprivation of Parental Support or Care (Contd.)

.3 d. 2) Special Criteria for Consideration

a) Parent with Diagnosis of Active Tuberculosis

(1) Unlike OAA or DA, in ADC a medical determination that a parent requires institutional care by reason of a diagnosis of active tuberculosis does not affect the eligibility of the family. Demonstration that a parent is incapacitated by reason of tuberculosis establishes eligibility for an otherwise eligible family whether the parent is under care at home or in an institution.

(2) However, particular care should be taken in evaluating the social situation in any case where the examining or attending physician recommends a plan for home care for the tuberculous parent.

The Medical Service Section shall raise question about and advise CWB in respect to consulting the attending physician on measures which other members of the family should take for protection against infection. This should include recommendations for periodic medical check-ups of all members of the household even though the tuberculous parent is out of the home.

(3) In respect to the members of the household who are recipients of categorical assistance, the medical "check-ups" are an authorized item of medical care when not otherwise available without cost.

b) Parent Incapacitated by Mental Defect, Disease or Impairment

(1) When a parent's incapacity is alleged to be due to a mental defect, disease, or impairment, the extent of the incapacity and its relationship to the ability of the parent to provide "support and care" must be determined.

(2) In ADC it is not necessary, for purposes of eligibility of the dependent spouse and child, to establish whether the mentally incapacitated parent requires institutional care, nor whether he is competent to manage his own affairs. Moreover, it is probable that in any instance where the mental condition is of such a degree as to raise these questions, the parent should be required to apply for DA.

2281. Deprivation of Parental Support or Care (Contd.)

.3 d. 2) b) (2) Contd.

However, determination of both the nature and degree of severity of a parent's mental condition is important in planning for the care, treatment and possible rehabilitation of the incapacitated parent. It is important also as a basis for counselling CWB staff who must be prepared to help the family understand and accept the parent's condition so as to conserve and strengthen intra-familial relationships.

(3) The Medical Service Section may, according to the circumstances of the case, require special neurological, psychological, or psychiatric examinations of such a parent. Where the report of the examining physician, and/or institutional records, mental hygiene or guidance clinic are available, and appear to provide current data adequate to a determination that "incapacity " exists, these will be accepted.

Whenever, in the judgment of the Medical Service Section, special examination or testing is necessary or advisable, the facilities of the Psychiatric Diagnostic Groups may be used at Bureau expense. In any such instance the instructions to CWB and the procedures and forms will be the same as for DA. [See 2235.3.]

Note: For policy and procedure in respect to the mental status of an applicant parent, see 2288.

c) Incapacity in Relation to "Support" Factor (Employment)

(1) When incapacity of a parent is being evaluated in relation to the "support" factor, it must be understood that "support" refers to the ability of the parent to provide for the needs of the dependent spouse and children under age 18 as well as his own needs.

(2) The focus of the evaluation is on whether the parent's defect, disease or impairment limits his ability to engage in full-time gainful employment.

2281. Deprivation of Parental Support or Care (Contd.)

.3 d. 2) c) (3) The earnings of an incapacitated parent who can engage only in part-time employment or whose wages (or rate of pay) are less than those of other workers in the same type of work, by reason of his incapacity, may be supplemented by an ADC grant to provide adequate support for his otherwise eligible dependents and himself. However, a parent who is found able to engage in full-time employment at normal rate of pay, but whose earnings are insufficient to adequately support his dependents is not to be considered "incapacitated."

d) Rehabilitation of Incapacitated Parent; Acceptance of Services

(1) Focus on Rehabilitation

In relation to the incapacitated parent in ADC, the basic concept of helping the client achieve his maximum level of self-sufficiency necessarily includes the goal of strengthening family life by helping the parent resume maximum responsibility for his family. Release from worry about providing support or care for the family and the knowledge that the agency has concern for him as an individual, are important factors in motivating the parent to accept and make constructive use of a plan directed toward his return to health and resumption of responsibility for the family.

The agency assists the parent and the family to realize this goal by providing

(a) financial assistance for basic and special needs to enable the family to stay together in as normal a setting as possible,

(b) allowances for medical care and restorative services, and/or help to the incapacitated parent in locating and using services available in the community, and

(c) help to the incapacitated parent and the family to understand the nature of his illness and what he can do about it.

The Medical Service Section will have this goal in mind when making recommendations for medical care and related services, in advising CWB what special services are indicated to enable the family to stay together, and how the caseworker can help guide the incapacitated parent and the family in achieving maximum capacity.

2281. Deprivation of Parental Support or Care (Contd.)

.3 d. 2) d) (2) Acceptance of Services

There may be situations where a parent claims to be incapacitated, but refuses to undergo diagnostic evaluations which are essential to a determination of his incapacity, and in which "incapacity" is the only basis on which the eligibility of the family can be established. In such situations the record shall be submitted to the Medical Service Section with a report of the known facts and the parent's reason for refusal even though the extent of medical information normally required by the Medical Service Section is lacking.

Similarly, if in an approved application, the incapacitated parent is unwilling to accept the Medical Service Section's recommendations for medical care, further diagnostic procedures, restorative and other special services, the facts of the situation and the record shall be resubmitted to the Medical Service Section for reevaluation.

e. County Welfare Board Procedures

In respect to information to be obtained and forms and records to be sent to the Medical Service Section, the same general principles and procedures shall be observed as in the determination of "permanent and total disability" unless otherwise specified in this sub-section. [Refer to 2235 and 2236.]

1) Determination of "Incapacity" for Parent at Home

a) When at time of application the parent who is alleged to be "incapacitated" is in the home, CWB shall obtain form ODA-2D, Report of Examining Physician. The following additional question shall be typed at the bottom of page 3 of the form:*

"In your opinion how long will this person be incapacitated to the extent that he (or she) cannot work, or cannot perform the activities involved in homemaking and child care:

☐ less than 60 days
☐ more than 60 days
☐ permanently"

*This question will be incorporated in the ODA-2D before the next printing.

2281. Deprivation of Parental Support or Care Contd.)

.3 e. 1) b) If the physician states the person will be incapacitated for more than 60 days or permanently, CWB shall promptly process the application and grant ADC as authorized in c, 1), above. Concurrently, or as promptly as possible, the required forms shall be prepared for submittal to the Medical Service Section.

c) If the physician states the individual will be incapacitated for less than 60 days, the required forms shall be submitted to the Medical Service Section prior to official disposition of the application by CWB (unless the application is withdrawn before submittal of the record.)

CWB shall proceed to establish other eligibility factors while awaiting the decision on the "incapacity" factor.

2) Determination of Incapacity for Institutionalized Parent

a) Institutionalized for 60 Days or More

When at time of application a parent is receiving care in an institution facility, official determination of "incapacity" may be delayed provided that CWB verifies by contact with the institution that the parent will require continuing care for 60 days or more from date of application for ADC.

When assistance is granted, as authorized in c, 1), above, 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 possible discharge.

As soon as the date of discharge is known, or if CWB learns that the parent has been discharged to the home, the Examining Physician's Report and other required forms shall be obtained and the case submitted promptly to the Medical Service Section.

In any such case assistance shall be continued according to provisions of 2630.

2281. Deprivation of Parental Support or Care (Contd.)

.3 e. 2) b) Institutionalized for Less than 60 Days

In situations in which CWB ascertains from the institution that the parent is to be or may be discharged in less than 60 days, the procedure for official determination of "incapacity" by the Medical Service Section shall be promptly initiated, and assistance shall not be granted until CWB is notified that the parent is "Approved" as "incapacitated."

The only exception in such a case would be the situation where the institutionalized parent's incapacity is already established by reason of the fact that he is currently eligible to receive DA, AB, or Federal Disability Benefits.

f. Transmittal of Records

1) Welfare Board to Bureau

The provisions of 2236.1 shall apply in submitting records for determination of incapacity except that ADC "incapacity" cases shall be listed on a separate inventory sheet.

2) Return to Welfare Board

The Record of Action, DA-2a (revised 1/1/60) will give the determination of "incapacity," and where the Medical Service Section finds the parent is eligible, or may, on the basis of further diagnostic evidence, prove to be eligible for DA, the finding of "Approved" or "Undetermined" for purposes of DA will also be entered.

g. Procedures After Bureau Action

The procedures in 2237.1-2237.4 will apply in ADC "incapacity" determinations. The following special procedures shall be observed:

1) When the Record of Action shows "Approved" both on the "incapacity" factor for ADC and on the "permanent and total" factor for DA, CWB shall promptly register an application for DA for the parent. ADC shall be granted to the eligible dependent spouse and children, and DA to the incapacitated parent as promptly as possible.

2281. Deprivation of Parental Support or Care (Contd.)

.3 g. 2) When the Record of Action shows "Approved" on "incapacity" and "Undetermined" on permanent and total disability, CWB shall grant ADC to the family including the "incapacitated" parent; register a DA application for such parent and secure the requested additional information for resubmittal of the case as a DA application to the Bureau.

If the DA application is subsequently "Approved," the incapacitated parent's pro rata share of the budget and any special circumstance requirements shall be eliminated from the ADC grant, and a DA grant made to the parent. If the DA application is returned as "Disapproved," the incapacitated parent's requirements shall continue to be included in the ADC grant.

2282. Family Life

.1 General Policy on Eligibility

According to State law, the authority to grant ADC for needy dependent children is governed and limited by certain conditions other than financial need. One of such conditions may be descriptively referred to as the "family life" factor. The statute specifies that it shall be the purpose of the program to provide care for needy dependent children "in their own homes or in the homes of relatives, under standards and conditions compatible with decency and health, to help maintain and strengthen family life."

Therefore, as part of the initial determination of eligibility, there shall be a tentative evaluation as to whether the "family life" is consistent with the purpose of the program, but no application shall be rejected solely on the basis of the caseworker's personal evaluation that the "family life" factor is unsatisfactory.

.2 Criteria for Evaluation of "Family Life" Factor

a. The home situation should be one in which the child's physical, mental and moral well-being will be safeguarded. It should be concerned with the care and protection of the child, and afford him an opportunity for normal growth and development.

b. The parent should have the capacity, with counselling when necessary, to foster the normal growth and development of the child.

c. Although the initial evaluation of the home situation, in relation to the "family life" factor, is focused on conditions other than lack of sufficient income, it must be recognized that some conditions may have resulted from an extended period of economic deprivation rather than lack of ability or motivation of the parent to maintain an adequate home. Granting of assistance, in itself, may be the means by which the observed inadequacies will be remedied.

d. The following conditions are declared to be inherently in violation of an acceptable standard of satisfactory "family life". Where there is evidence of the existence of such conditions during the process of initial determination of eligibility, the case shall be specially analyzed, evaluated, and shall be processed in the manner specified in .3, below:

2282. Family Life (Contd.)

.2 d. 1) Abuse - physical abuse, such as beating, over-work, or other cruel treatment, or improper relations with the child.

2) Exploitation - when a parent or parent person has the child beg on the streets, sell or make contacts for the sale of illegal products, or is responsible for the prostitution of the child.

3) Neglect - when the child is without proper food and clothing as shown by apparent malnutrition and ragged or dirty clothing; when the child repeatedly is left in the home without the supervision necessary for his protection, or is permitted to be at large in the community without some knowledge of his whereabouts or activities.

.3 Procedures

a. Tentative Evaluation

When, as a result of a tentative evaluation, the caseworker has some question about the adequacy of the "family life" being provided for the child, there shall be prompt discussion of the case at the supervisory level, and a decision made, subject to executive approval:

1) to grant assistance and keep the case under close supervision for further observation of the home situation, or

2) that since the conditions in the home in relation to the "family life" factor are so intolerable for the welfare of the child, the disposition of the application is to be deferred pending further investigation and formal presentation to the welfare board for decision.

In any such deferred application, every effort shall be made to assure that the economic needs of the child are meanwhile provided by some other public or private agency. If the family is currently receiving some form of assistance, the assisting agency shall be notified that the decision on ADC will be delayed.

2282. Family Life (Contd.)

.3 b. Welfare Board Consideration and Decision

1) Presentation of Case

The director of welfare shall present to the board a special analysis of the situation, pointing up the issues involved, possible courses of action, and any recommendations which in his judgment appear advisable.

The analysis should also summarize the results of consultation with personnel of any public or private health or welfare agency which has been directly or indirectly involved in the case, or with other persons having a direct professional interest, such as the probation or parole officer, guidance teacher, attendance officer, family physician, visiting or school nurse, clergyman, attorney, medical or psychiatric social worker, etc.

2) Board Decision

The welfare board shall determine whether any of the following actions should be taken, and whether or not ADC shall be granted or denied:

a) Referral to SBCW for Care,

b) Referral to some other agency,

c) Initiation of complaints, civil or criminal or both, before the courts. [See 2950, when issued, for procedures.]

Note: For instructions regarding "family life" factor in active cases see 2632.

2283. Establishment of Home

There will be situations in which a parent who is about to be released from an institutional facility (medical, mental or correctional), wishes to apply for ADC in order to establish a home for a dependent child upon release.

.1 Federal Requirement

Federal regulations permit the establishment of eligibility for ADC and payment of an initial grant upon release from an institutional facility provided the parent and child will be living together in a home within 30 days from the date of payment.

.2 Registration and Process of Application

As provided in ADC insert 2113.3d, an application may be registered and processed as much as two months in advance of anticipated eligibility in order to plan for the establishment of a home for a child.

.3 County Responsible

CWB responsibility for registration, processing and payment of assistance to an approved applicant in any such situation shall be as follows:

a. In respect to an applicant parent who is a patient in a licensed nursing home see ADC insert for 2226.1.

b. In respect to an applicant parent who is a patient in a general hospital see ADC insert for 2227.1.

c. In respect to an applicant parent who is a patient in a State mental hospital see ADC inserts for 2227.2.

d. In respect to an applicant parent who is a patient in a Veteran's facility, see ADC inserts for 2227.4.

e. In respect to an applicant parent who is to be released from a correctional institution see 2227.2.

f. In respect to an applicant parent who is currently living out of State and wishes to reapply in order to re-establish a home in New Jersey, see ADC insert for 2229.2.

2284. Temporary Absence from Home

.1 General Policy

Under specified circumstances, eligibility for ADC may continue during a temporary absence of either child or parent from the customary family setting. However, in order to determine that the required conditions exist, the CWB must necessarily be informed, in advance so far as possible, concerning the plans for such temporary absence in order that the assistance grant may be adjusted when appropriate.

.2 Essential Conditions

a. The nature and purpose of the absence must be consistent with the concept of "temporary." There must be an anticipated time limit, beyond which the temporary absence will no longer continue, and there must be continued maintenance of a home to which the absent member(s) can return.

b. There must be evidence that the child remains under the care and protection of the parent despite the temporary separation.

.3 Special Conditions Relating to Child

a. When a child is receiving active treatment or under going diagnostic procedures for a physical or mental illness in a diagnostic or treatment center, his eligibility continues as long as necessary to complete such treatment, provided the family continues to be otherwise eligible.

b. An exception to condition .2a, above, may be made for a mentally deficient child who has been committed to a State institution and has been placed in a private institution awaiting admission. In such instance the child is considered still under the continuing care and supervision of his parent since he may be removed from a private institution at any time by the parent. [See 2300 for budgeting and rate procedures.]

c. When a child must live away from home during school sessions in order to obtain necessary educational or vocational training not otherwise available, he will continue to be an eligible member of the ADC family provided he returns to the home for some portion of the normal school holidays or vacation periods. [See 2300 for budgeting and authorized allowances.]

2284. Temporary Absence From Home (Contd.)

.3 d. For any visit, vacation, or any temporary absence other than those in a, b, and c, from the home authorized and approved by the CWB, the limit shall be 60 days if the child is to be continued in the grant. This does not preclude longer periods of absence if maintenance is being otherwise provided..

.4 Special Conditions Relating to Parent

a. When a parent is absent due to illness, and, even though hospitalized, is able to retain responsibility for supervising a plan for adequate care and control of his child, eligibility may continue as long as necessary to complete recovery.

[Refer to ADC inserts for 2250 regarding eligibility of such parent for patient care allowances in eligible medical institutions.]

However, when such illness continues for a prolonged period (more than six months), there must be a careful redetermination to satisfy conditions in .2b.

b. Visits or vacations of no more than 30 days may be permitted without affecting eligibility provided adequate care and supervision of child has been arranged.

.5 Special Conditions Relating to Family Unit

When the entire ADC family leaves the home for a temporary visit out of county or out of State, the provisions of 2221.4, 2225, and 2228 will apply.

2285. Temporary Payee in an Emergency Situation

.1 General Policy Statement

During an emergency situation, a temporary change in payee to a person other than an enumerated relative may be made without a break in payment or a new application. This is done to preserve, insofar as possible, the values of economic security already attained through the provision of Assistance for Dependent Children.

.2 Emergency Situations

Emergency situations are those in which there has been insufficient time to make any other plan for the child as in the case of the parent's sudden death, hospitalization, desertion, imprisonment, or commitment for mental illness.

.3 Emergency Payee

The emergency payee must be substituting for the parent in all respects, including assumption of responsibility for the care of the child and use of the ADC payment on his behalf, because of the necessity created by the emergency.

.4 Criteria Upon Which Payment is Contingent

a. The child must be a recipient of ADC at the time the emergency occurs.

b. Active planning is being carried out for continuing care of the child.

c. Not more than one month's payment may be made following the month in which the emergency occurs. [Refer to 2550 for change of payee.]

2286. Employment Policy

.1 Employment for Father

Since in our society the father is accepted as the primary bread-winner, family life will be greatly strengthened if he can become a self-supporting head of the household. Every available resource must be utilized to realize this goal.

a. When the mother is in the home, and the father is incapacitated, the policy shall be as in 2281.3, Incapacity of Parent. However, when the mother is so seriously incapacitated that she cannot function as a homemaker, the policy shall be the same as in b, below.

b. When the mother is not in the home, because of death or continued absence, the father may be needed at home to provide care and protection for the child. However, it shall be the affirmative policy of CWB to help the father arrange for necessary care of the home and child through the services of other persons or agency, and to require the father to retain or obtain gainful employment.

.2 Employment for Mother

a. Since it is a basic principle to strengthen family life, a mother's first responsibility is the care and protection of her child and/or incapacitated husband. However, self-support, by all reasonable means, should at all times be actively encouraged. Consistent with this principle, total or partial self-support through employment of the mother may be encouraged provided such employment is not contra-indicated after careful evaluation of the following criteria:

1) The need for the mother's services at home depends upon the number, age and special needs of the children; incapacity of the father; the mother's acceptance of the home-making responsibility; and the availability of a mother-substitute to assure the adequate care of the children at home.

2) Her potential for employment depends upon her training and capacity for employment, the economic feasibility, the job availability, and her physical and emotional ability to assume the dual responsibility of mother and breadwinner.

2286. Employment Policy (Contd.)

.2 b. If, in the finding of the agency, the employment of the mother is not contra-indicated, she may be required to show that she is actively seeking employment, and may be required to accept employment when suitable employment opportunity can be identified as available to her. Under such circumstances failure or refusal to seek employment, or to accept available employment, may be asserted as cause for termination of payments under the ADC program, provided CWB is satisfied that such action will not result in the child's being deprived of basic maintenance.

c. In any case where a mother has been evaluated as able to work and she refuses to seek or to accept employment, there shall be discussion of the situation at the supervisory level. A decision shall be made, subject to executive approval,

1) to continue assistance, or

2) to recommend to the welfare board that the case be closed for cause.

.3 Employment for Children

The State affirms the concept that all children whether or not in need of public assistance, should have opportunity for an education and for a normal "growing up" process, including work experience, in order that they may become responsible citizens. In ADC, the following principles shall guide in respect to employment for children.

a. Primary emphasis shall be placed upon an education that will help these children realize their capabilities and develop into independent adults, able to share in the life of their neighborhood and community.

b. Children should be encouraged to work and handle money as part of their "growing up" process, privided it

1) does not interfere with school attendance, and

2) is not in conflict with State and Federal child labor laws, and

3) is within the physical and mental capacity of the child.

2286. Employment Policy (Contd.)

.3 c. An employed ADC child shall be helped to recognize his responsibility to the parental home which he shares by reasonable participation in meeting the needs of the family group. [See Budget Manual 503.]

d. Since a child on reaching his 18th birthday is no longer eligible for ADC, planning with the child and his parent should be initiated well in advance, so that he may become self-supporting.

1) Vocational planning should be undertaken when a child becomes 16 so that he may continue his education, if he has the ability, or to help him select training that will prepare him for employment.

2) If at any time prior to his 18th birthday, the child withdraws or is expelled from school, immediate arrangements should be made with the New Jersey State Employment Service both for aptitude testing and job placement.

2287. Child Born Out of Wedlock

A child born out of wedlock is a child born to a mother who is unmarried; or, if married, by a man other than her husband.

.1 Eligibility

a. The eligibility of a child is not affected by the fact that he was born out of wedlock.

b. The initiation of proceedings to determine paternity and to establish the financial responsibility of the putative father is not a pre-application requirement.

.2 Legal Responsibility of Parents

a. Parents of a child born out of wedlock are responsible for his support, and when necessary, Court action to obtain such support shall be required under the same circumstances that apply to the support of any child. [Chapter 2300, ability to support and Subchapter 2950, when issued, legal procedures.]

It shall be the responsibility of CWB to explain this requirement during the application process.

b. Responsible parents of such a child as designated by law are

1) Mother of the child,

2) Natural father when paternity has been established by filiation proceedings, and

3) Hosband of the child's mother based on a legal presumption that he is the father of her child, unless and until otherwise determined by a Court of competent jurisdiction.

,3 Putative Father

a. When the putative father voluntarily admits paternity, the child's needs should be discussed with him and an effort should be made to have him assume the role of responsible parent.

2287. Child Born Out of Wedlock (Contd.)

.3 b. His financial capacity to contribute to the support of the child shall be evaluated. However, voluntary contributions by the putative father do not of themselves establish paternity, nor can the continuance of such voluntary support be enforced in the absence of the legal establishment of paternity (filiation proceedings).

c. Where there is a voluntary admission of paternity, it is desirable to have the admission reduced to writing whenever possible.

.4 Legal Determination of Paternity (filiation proceedings) [See 2950, when issued.]

a. It is to the advantage of the child that paternity be legally established since:

1) His support by the father as well as the mother becomes legally enforceable;

2) It may have bearing on his right of inheritence from his father (in certain States other than New Jersey);

3) It may have bearing on such financial benefits as OASDI, Servicemen's dependents' Allowance, etc.;

4) His identity is established and every child has a right to know his full parental and familial background.

b. Therefore the basic policy shall be to initiate filiation proceedings in respect to every "out-of-wedlock" child except as noted below.

.5 Exceptions to Requirement for Filiation Proceedings

Exception to the basic policy may be made when, in the judgment of the welfare board, the presenting situation is one in which the disadvantages to the child and his parents outweigh the social and economic advantages that might be accomplished through filiation proceedings. Illustrative situations include the following:

a. An older child whose putative father has not been seen or heard from over a period of years, so that paternity would be hard to prove;

b. A putative father who is married, has legitimate children to support, and such action would cause family discord or result in deprivation to the legitimate children.

2287. Child Born Out of Wedlock (Contd.)

.6 Effect of Refusal to Participate in Filiation Proceedings

a. If the welfare board determined that filiation proveedings are indicated, and the mother refuses to participate, and it is impossible for the proceedings to be carried on without her participation, she shall then be ineligible for ADC in respect to such child.

b. In any such situation it shall be the responsibility of CWB

1) To explain the above policy and the reasons for it, during the application interview so that the mother may make her decision as to whether she wishes to apply for ADC or prefers to explore other ways of providing for her child, or

2) When a mother whose application has been approved with the understanding that filiation proceedings are to be initiated, subsequently decides she prefers to have her case closed, to discuss with her her plans for providing for her child.

In either of the above situations the mother shall be informed about other sources of help in the community which may be able to help her make appropriate plans. Direct referral service should be offered to her. [See 2800, Social Services.]

_____County Welfare Board

Registration No._____

AFFIDAVIT OF DESERTION

I,_____, residing in_____County, being duly sworn according to law, do hereby freely and voluntarily make the following statement:

1. That I am an applicant for, a recipient of, financial assistance made available through the county welfare board pursuant to the program of Assistance for Dependent Children, and that the need for such assistance has been caused wholly or in part by reason of the desertion of the child(ren) by his father, her mother, their parents.

2. The desertion occurred on_____ (date) under the following circumstances:

3. Since such desertion, except for the circumstances hereafter related in paragraph 4, I have made continued and diligent efforts to locate the father, mother, parents of the child(ren) and have been unsuccessful. He, She, They have not written to me, nor visited me; I have not visited him, her, them, nor have we talked to each other directly or indirectly; and I have no information which would indicate his, her, their whereabouts or where or how he, she, they could be located.

New Jersey Department of Institutions & Agencies, Division of Welfare, Bur. of Assistance.

4. I do further say that the occasions on which I have seen or otherwise been in communication with the father / mother / parents of the child(ren), since the desertion above described, have been as follows:

5. I know that I must give complete and truthful information to the public officers and employees who question me concerning the desertion of the father / mother / parents of the child(ren). I have supplied all facts known to me to date. I know it is my duty to report immediately to the county welfare board any additional information relating to the deserter(s) that may become known to me, and I hereby declare that I will do so.

6. I will at any time testify in court concerning the facts of the desertion of the child(ren) by the father / mother / parents.

7. I know that a deliberate misstatement of fact in this affidavit is a misdemeanor punishable by fine or imprisonment or both, under the provisions of R.S. 2A:111-2 and 3 and 44:7-32, and I make this statement for the purpose of obtaining financial assistance from the county welfare board.

_____
Signature

STATE OF NEW JERSEY
COUNTY OF_____

Personally appeared before me _____ who being duly sworn according to law, deposes and says that the above statements are true and correct.

Sworn and Subscribed to before me this_____day of_____19___.

_____
(Representative of Agency)

NOTICE TO COUNTY PROSECUTOR OF ALLEGED DESERTION — 2200 APPENDIX X
2281.2c — ADC-32 (1/60)
(Sample Form)

_____ County Welfare Board

In the matter of)
)
_____) NOTICE TO
Case No.) COUNTY PROSECUTOR
) OF
_____) ALLEGED DESERTION
Case Name)
)

1. In compliance with the requirements of Section 402(a)(10) of the Federal Social Security Act and the requirements of N.J.R.S.44:10-3(e), you are hereby notified that payment under the program of Assistance for Dependent Children has been furnished on _____ (Date of Payment) to _____ (Name),

_____ (Address)

on behalf of the following child (children):

Names	Ages

2. The child (children) appear(s) to have been deserted or abandoned by:

Name	Relationship	Last Known Address	Date

3. An affidavit executed by _____, giving testimony relating to such desertion, is annexed hereto.

Date _____

_____, Director
County Welfare Board

New Jersey Department of Institutions & Agencies, Division of Welfare, Bur. of Assistance

2550. PAYEE IN ASSISTANCE FOR DEPENDENT CHILDREN

.1 Legal Requirement

In ADC, the assistance payment shall be made to one parent or parent person on behalf of all eligible members of the family.

.2 Statement of Policy

a. When both parents are in the home either one may be designated payee, even though the one so designated is not himself included in the ADC grant; in fact, such payee may be a recipient of OAA, DA or AB. However, a parent who remains under official commitment to a mental institution, or who has been adjudicated mentally incompetent, or who has been determined by professional diagnostic procedures to be incompetent to manage his own affairs, shall not be designated as a payee in ADC.

b. Insofar as possible the choice as to which parent is to be payee should be left to the parents. 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 whose normal position as head of the household may be maintained and strengthened if he is made payee for the assistance income.

[For Temporary Payee in Emergency Situation see 2285.]

Intentionally Deleted

Rules & Reg.
File 1-9
Thompson

August 8, 1960

Honorable Edward J. Patten
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing are sections of the Manual of Administration issued by the Bureau of Assistance, Division of Welfare of this Department.

We direct your special attention to the enclosed copy of Transmittal Letter #14, which gives a detailed listing of new and revised material; instructions, corrections and additions for existing Manual material.

Sincerely yours

John W. Tramburg

John W. Tramburg
Commissioner

JWT:h

CC: Mr. H. Curtis Meanor, Acting Secretary to the Governor
Mr. Irving Engelman, Director, Division of Welfare
Mrs. Elizabeth Feehan, Secretary, State Board of Control

7-55

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

BUREAU OF ASSISTANCE

REGULATION # MANUAL OF ADMINISTRATION

ISSUED: 8/60
(Date)

REV.: _____
(Date)

TITLE: None - Related to policy and procedure for OAA, DA, ADC

SUBJECT: Various (Identified in Transmittal Letter #14

STATUTORY REFERENCE: R.S. 44:7-6, 42, and 44:10-3

_____, Chief
Bureau of Assistance

Approved:

By: John H. Tramburg

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

TRANSMITTAL LETTER #14
MANUAL OF ADMINISTRATION

August 15, 1960

TO: COUNTY WELFARE BOARDS

Attached is one copy of the following revised and additional material for the Manual of Administration, staff copies of which are being forwarded under separate cover:

	Title
2550-2552.3	PAYEE IN ASSISTANCE FOR DEPENDENT CHILDREN
2550.1	Federal Requirement (revised)
.2	State Policy
	a and b (revised)
	c and d (new)
2551.	Temporary Payee in Emergency Situation (new)
2552.	Permanent Change in Payee (new)

Explanatory Comment

Sub-section 2552 has been developed in response to numerous questions as to appropriate case action in a variety of situations involving a change in payee.

Instructions

Remove yellow page 2550-2550.2 dated 1/60.

Insert attached pages 2550-2551, and 2552-2552.3.

Corrections and Additions

In Table of Contents, Chapter 2500, page ii, issued 1/60, make the following corrections and additions to the listing for 2550:

Change the page numbers for the title and items .1 and .2 from 2550-2550.2 to 2550-2551.

Add to listing the new sub-sections as follows:

"2551.	Temporary Payee in Emergency Situation	2550-2551.
2552.	Permanent Change in Payee	2552-2552.3"

Very truly yours

E. F. Hann, Jr., Chief
Bureau of Assistance

EFH/MCRd

Approved
Irving Engelman, Chief
Division of Welfare

2550. PAYEE IN ASSISTANCE FOR DEPENDENT CHILDREN

.1 Federal Requirement

In ADC the designated payee must be a person who is 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 2285. for exception on "temporary payee."]

.2 Statement of Policy

a. When both qualified parent applicants are in the home either one may be designated payee, even though the one so designated is not himself included in the ADC grant; in fact, such payee may be a recipient of OAA, DA, or AB. However, a parent who remains under official commitment to a mental institution, or who has been adjudicated mentally incompetent, or who has been determined by professional diagnostic procedures to be incompetent to manage his own affairs, shall not be designated as a payee in ADC.

b. In so far as possible the choice as to which parent applicant is to be payee should be left to the parents. 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 whose normal position as head of the household may be maintained and strengthened if he is made payee for the assistance income.

c. A parent-minor who has been accepted as an applicant (in accord with the policy given in ADC insert for 2112.1a) is eligible to be payee for the assistance payments regardless of her age.

d. The designation of a particular person as payee, consistent with the foregoing requirements, does not preclude arrangements whereby such designated payee chooses to give power of attorney to some other person. [See 256__.][1]

2551. Temporary Payee in Emergency Situation

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.

[1] Under development

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.

.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.

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

September 6, 1960

Honorable Edward J. Patten
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing is the following regulation of the Bureau of Assistance of the Division of Welfare of this Department:

MUNICIPAL AID REGULATION 2.300A

Table of Contents
Pages 7, 8, 10a, 10b, 19, 20, 21
Attachment #2, Request for Mental Evaluation

Sincerely yours

Lloyd W. McCorkle
Acting Commissioner

LWMcC:h

CC: Mr. Edwin C. Landis, Jr., Acting Secretary to the Governor
Mr. Irving Engelman, Director, Division of Welfare
Mrs. Elizabeth Feehan, Secretary, State Board of Control

7-55

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

BUREAU OF ASSISTANCE

REGULATION # ~~MUNICIPAL AID 2.300A~~

ISSUED: _____
(Date)

REV.: ~~8/60~~
(Date)

TITLE: ADMINISTRATION

SUBJECT: General Assistance Allowances

STATUTORY REFERENCE: R.S. 44:8-111

MUNICIPAL AID 2.300A

Instructions in attached cover letter for removing and inserting:

Table of Contents
Pages 7, 8, 8a, pages 10a and 10b, pages 19, 20, 21
Attachment #2, Sample Letter, Request for Mental Evaluation

_____, Chief
Bureau of Assistance

Approved:
By _____

State of New Jersey

DEPARTMENT OF INSTITUTIONS AND AGENCIES

TRENTON 8

BUREAU OF ASSISTANCE
148 WEST STATE STREET

September 12, 1960

TO: MUNICIPAL WELFARE DIRECTORS

RE: Revisions to M.A. 2.300A, Municipal Aid Budget Manual

Attached are copies of certain revised pages for regulation M.A. 2.300A; additional copies are being forwarded for staff when appropriate.

The revisions are:

Revised Table of Contents

Page 7 - Revision of item 6, Room and Board, sub-item b, Children. Provides for a maximum of $65. per month for children regardless of age, to conform with new maximum established for children under the supervision of the State Board of Child Welfare. The new rate is authorized as of September 1, 1960.

Page 8 - No revision in policy; page recut because of a change in organization of content.

Page 10a and 10b - These are new pages which provide a revised policy statement for obtaining diagnostic evaluations of mental conditions. Please observe that the facilities at Menlo Park are to be used only when an examination cannot be arranged locally.

Pages19, 20, 21 - Have been reorganized. There is no change in Schedule I, Monthly Food Allowances; Schedule II, Monthly Allowances for Restaurant Meals, on page 21, has been revised to conform with revised allowances in the Categorical Assistance Budget Manual.

Attachment 2, Sample Letter - Request for Mental Evaluation. The format of this letter, with appropriate insertions, is to be used when requesting an examination from a local clinic or private practitioner of psychology or psychiatry.

To Municipal Welfare Directors 9/12/60
Re Revisions to M.A. 2.300A,

Instructions for Insertion

Remove and destroy Table of Contents dated 12/10/58 and insert the attached Table dated 8/60

Remove and destroy pages 7, 8, 8a dated 3/11/57 and insert attached pages 7 and 8.

Following page 10, insert attached pages 10a and 10b.

Remove and destroy pages 19, 20, 21 dated 1/1/59, and insert attached pages 19, 20, 21.

Insert Attachment 2, Sample Letter, following Attachment 1, Form PA-4, Authorization for Patient Care.

Pen and Ink Corrections

On page 3, insert the word "grandparent" as a responsible relative in Aid to the Blind.

On page 9 in b, Diagnostic Examination, in listed item starting "Specialist's examination and report," strike out the word "psychiatric."

On page 11, change the outline coding "c." to "d." for Miscellaneous Medical Care Services; and "d." to "e." for Visiting Nurse Services.

On page 12, change the outline coding "e." to "f." for Patient Care (Chronically Ill).

On page 14, change the outline coding "f." to "g." for Physical and/or Functional Occupational Therapy.

On page 15, change the outline coding "g." to "h." for Allowances for Special Services.

On page 18a, item 14, Burial Expenses, in the next to last paragraph, correct the legal citation to read "R.S. 44:1-157."

Should you have any questions regarding the revisions, please consult your Field Representative.

Very truly yours

E. F. Kann, Jr., Chief
Bureau of Assistance

EFH/MCRd

Approved
Elmer V. Andrews, Acting Director
Division of Welfare

TABLE OF CONTENTS

Section No.	Subject	Page
I.	State Policy	1
II.	Budgets	1
III.	Income	2
IV.	Resources	2a
	Method for Determination of Capacity to Support (by responsible relatives)	3
V.	Food Standards and Allowances	
	Policy	3a, 19
	Schedule of Allowances	20
VI.	Household Necessities	4
VII.	Shelter	4
VIII.	Fuel for Heating	
	Policy and Schedule of Allowances	23
IX.	Fuel for Cooking, Water Heating, Lighting, Household Appliances and Refrigeration	4a
	Authorized Allowances for Utilities	24
X.	Variable Needs	
	General Policy	5
	1. Clothing	5
	2. Personal Incidentals	5
	Schedule of Allowances	6
	3. Ice Refrigeration	6
	4. Restaurant Meals	6, 20, 21
	Schedule of Allowances	22
	5. Therapeutic Diets	6
	Schedule of Allowances	22

Section No.	Subject	Page
X.	6. Room and Board	6, 7
	Adults	
	Children	7
	Mentally Deficient Person Pending Admission to State Institution	8
	7. Medical Care Needs	8
	a. Physician's Services	8
	b. Diagnostic Examinations	9
	Laboratory Examinations	10
	Special Tests	10
	X-ray and Interpretation	10
	c. Diagnostic Evaluation (Mental)	10a, 10b
	d. Miscellaneous Medical Care Services	11
	Prescribed Drugs	11
	Blood, Blood Plasma, Infusions	11
	Hearing Aids	11
	Prosthetics	11
	Oxygen	11
	Dental Service and Dentures	11
	Eyeglasses	11
	Chiropody Service	11
	e. Visiting Nurse Services (Also see Special Supplement 2.300, rev. 6/15/56)	11
	f. Patient Care (Chronically Ill)	12
	General Policy	12
	Patient Care Rate and Budget Allowances	12
	Licensed Nursing Homes	12
	Public Medical Institutions	13

Section No.	Subject	Page
X.	g. Physical and Functional Occupational Therapy	14
	h. Allowances for Special Services (Errand, Domestic, Homemaker)	15
8.	Laundry	16
9.	Household Furniture and Equipment	16
10.	Moving Expenses	16
11.	Insurance	16
12.	Telephone	17
13.	Transportation	17
	Basic Policy	17
	Transportation by Automobile; Automobile Ownership, etc.	17
14.	Burial Expenses	18a
SCHEDULES OF ALLOWANCES		
	Food Standards and Allowances	19
1.	Standards	19
2.	Definitions	19, 20
3.	Special Adjustment for Blindness	20
4.	Schedule I, Monthly Food Allowances	20
5.	Allowances for Restaurant Meals	20, 21
	Schedule II, Monthly Allowances for Restaurant Meals	21
6.	Allowances for Therapeutic Diets and Schedule III	22
	Authorized Allowances for Fuel for Heating	23, 23a
	Authorized Allowances for Utilities	24
SPECIAL SUPPLEMENT REGULATIONS GOVERNING ALLOWANCES FOR SERVICES OF VISITING NURSE ASSOCIATIONS		
ATTACHMENTS		
1.	Form PA-4, Authorization for Patient Care	
2.	Sample Letter, Request for Mental Examination	

not have a room and board arrangement. In all such situations, the client's budget shall be itemized in accordance with the standard authorized allowances.

2) An allowance for room and board with or without personal services shall be understood to be a flat rate to include the purchase of food, shelter, fuel, utilities, household supplies, bed and bathroom linens and the incidental services and supplies that are necessary for providing these items.

3) When a client is paying or arranging to pay a flat rate for room and board without additional personal service, the monthly allowance shall be the contract amount agreed upon between the client and the proprietor but shall not exceed $70. per month.

4) When it is necessary for a client who has a handicap or major infirmity (for example, certain blind persons, certain persons discharged from mental institutions, and other handicapped persons who require careful understanding, supervision and attention) to purchase, in addition to room and board extensive personal services on a regular and continuous basis, the monthly allowance for room and board plus such personal services as verified shall not exceed $85.00.

5) Budget allowances for a client who is purchasing room and board, with or without personal services, shall include in addition to board, personal incidentals, clothing and any other variable need item as needed. Under such arrangements the allowable added cost of a prescribed therapautic diet is authorized in addition to the allowance for board and care.

b. Children

When it is necessary to pay for room, board and care for a child in the home of unrelated persons, or in the home of relatives other than parents or grandparents, the authorized allowance for this service is the actual amount charged for such service by the person providing it, up to a maximum of $65. per month.

In addition to the above allowance, appropriate allowances for clothing and other necessary variable needs shall be provided; and the allowable cost, if any, of a prescribed therapeutic diet is authorized.

Exception:

In the event that adequate care arrangements cannot be made at the above rates because of the special care problem presented by the child, the director of welfare may advise the Bureau of the facts in the case (by telephone if placement is urgent) and consideration will be given to approval of a higher allowance. The request for approval of a higher rate should include, whenever possible, a report from the physician, psychiatrist or psychologist, as appropriate, if the problem is related to a physical or mental disability.

See page 8 for Effect of Unauthorized Allowances

Effect of Unauthorized Allowances

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

c. Mentally Deficient Person Pending Admission to State Institution

In the instance of a mentally deficient person (child or adult) who has been committed through the county adjustor to a State institution, and who is awaiting placement therein, the municipal welfare department shall consult the Division of Mental Retardation, Dr. Maurice G. Kott, Director, telephone Export 2-2131, extension 511. That division will be able to recommend private institutional facilities suitable for the particular person, and will advise the minimum rate for care charged by the recommended institution.

The municipal welfare department is authorized to arrange for care of the person in any such private institutional facility so recommended at the minimum rate. The final plan should be cleared with the office of the county adjustor of the county of the person's legal settlement. Ascertain whether the county will contribute, toward the cost of the committed person's maintenance in the private institution, the amount which the county would otherwise be obligated to provide for maintenance in a State institution. In some counties it is the practice for the County Adjustor's Office to authorize such contribution.

The municipal welfare department is authorized to pay the minimum rate charged by the institution, reduced by the amount of any contribution by the county, and by the amount of any contribution available from the person's family or other sources. An allowance so arrived at will be subject to State matching as a proper expenditure from General Assistance funds.

7. Medical Care Needs

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

a. Physician's Services (General Practitioners)

Allowances for physician's services are subject to the following maxima and conditions:

Office Visit	$3.00
Home Visit	4.00
Multiple Visit - per patient for service to two or more clients during one visit [See additional instructions below regarding clients in congregate living arrangements.]	3.00

c. Diagnostic Evaluation (Mental)

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

1) Local Clinic

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

In respect to payment for the examination, the principle shall apply that if the clinic provides service without charge to any persons who do not receive public assistance, then public assistance clients are also entitled to the service without charge; if a minimum fee has been established for all persons then such minimum up to a maximum of $30. may be paid for an assistance client.

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

2) Private Psychologist or Psychiatrist

The services of a psychologist (for psychometric examination - measurement of intelligence) or a psychiatrist (for evaluation of emotional or mental problems or behavior) may be purchased for a client at a fee not to exceed $15.

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

3) Diagnostic Center, Menlo Park

When neither of the facilities in 1) or 2), above, is available, or the situation is urgent and an appointment cannot be arranged promptly at a local facility, the agency may request an appointment at the Diagnostic Center, Menlo Park. Any such request shall include an explanation that the examination cannot be arranged locally.

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

The in-patient department is open to children between 8 and 18 years of age. The maximum stay is 90 days. The charge is $15. for the admittance examination plus $7. per day for care, or $22. for the first day and $7. per subsequent day.

The out-patient department is open to children and adults. The charge for diagnostic evaluation in the out-patient department is $22.

The rates set forth in 1) and 2) and 3),above, are authorized for purposes of State matching for recipients of General Assistance.

FOOD-STANDARDS AND ALLOWANCES

1. Standards

The 1955 low cost diet plan of the United States Department of Agriculture, Agricultural Research Service, Human Nutrition Research Branch, is the standard for determining the monthly monetary food allowance. The diet plan meets the recommended Dietary Requirement of the Food and Nutrition Board of the National Research Council.

Differential standards and monetary allowances are established in relation to age and sex of children, activity of adults, and according to family size. The per capita monthly food allowances appear in Schedule I, below.

2. Definitions

Age - For purposes of budgeting, the age of a child means the age at his nearest birthday whether in the 6 months past or in the future 6 months.

Activity Groupings

Adult - Minimal Activity

a. Refers to any person who is performing the household tasks for a family of not more than two persons (including the client);

b. Refers to any person whose employment is 8 hours or less per week; or

c. Refers to any person who is chairfast or bedfast.

Adult - Moderate Activity

a. Refers to any person who is performing the household tasks for a family of 3-5 members (including the client) or to any person who is performing the household tasks for a family of not more than two persons but who also is giving extensive personal service or patient care to the other person in the home; or

b. Refers to any person who is employed for more than 8 hours per week and such employment requires only moderate muscular effort as in clerical work, clerking in a store, as a seamstress or tailor, as a factory worker, either sitting or standing; or

c. Refers to any person who is undergoing a planned program of physical and/or vocational rehabilitation.

Adult - Strenuous Activity

a. Refers to any person who is performing the household tasks for a family of six or more members; or

b. Refers to any person who is employed for more than 8 hours per week in an occupation that involves strenuous physical activity such as a laborer, farmer, waiter, laundress, heavy-duty factory worker or any similar work that requires vigorous muscular exertion.

Family Size - Total number of persons for whom marketing and food preparation is done in common. This number will not always be identical with the number of persons in the shelter unit.

3. Special Adjustment for Blindness

Appropriate food allowances shall be increased by 25% for those blind persons responsible for marketing and food preparation.

4. Schedule I - Monthly Food Allowances*

SCHEDULE I — BRS Food Pricing 8/58 Low Cost Diet Plan FE84 '55

FAMILY MEMBERS AGE AND ACTIVITY	FAMILY SIZE Alone	2	3	4 or more
Infant - 3 years		$17.60	$16.20	$14.70
4 - 9 years		23.50	21.60	19.60
10 - 12 years		30.60	28.10	25.50
Girls: 13 - 18 years		31.20	28.60	26.00
Boys: 13 - 18 years		38.30	35.10	31.90
Adult: Minimal Activity	$33.80	30.00	27.50	25.00
Adults: Moderate Activity	36.70	32.60	29.90	27.20
Adults: Strenuous Activity	43.50	38.60	35.40	32.20

(Fresh milk included in above allowances)

* To onvert to semi-monthly amounts, divide appropriate monthly allowance by two (2).

To convert to weekly amounts, divide appropriate monthly allowance by four and one-third (4 1/3).

To convert for allowance for period of less than one week, divide appropriate monthly allowance by 30 and multiply the result by the number of days required.

5. Allowances for Restaurant Meals

a. An allowance for one or more restaurant meals per day shall be included in the client's budget if:

1) the client, because of a physical, mental or other limitation, is unable to prepare food; or

2) the client's shelter or living arrangement is such that there are no available facilities for food preparation or food service; and

3) the client in fact purchases one or more meals in a restaurant.

b. In evaluating the circumstances to determine whether a client requires an allowance to eat all or a portion of his meals in a restaurent, the following questions should be considered:

1) Does the client have cooking facilities available to him? If so, are the facilities adequate for preparation of all meals or are they make-shift facilities with which he can prepare only a light meal or snack?

2) Is ability to prepare all meals limited by inadequate facilities for storage of food?

3) Is the client physically able to prepare his meals? If not, is there a spouse or other person in the household able and willing to prepare the meals for him?

4) Does the client know how to buy and cook food or is his skill limited to the preparation of a very limited diet?

c. However, if a client requires a restaurant allowance in accordance with the conditions outlined in 5a, above, and it can be demonstrated by the agency that a satisfactory living arrangement, which includes equal or better shelter and equal or better eating arrangements, is actually available to the client at a more reasonable cost, then the lesser amount shall be the maximum allowance to be included in the client's budget.

d. The schedule of monthly allowances for restaurant meals gives the total food allowance for the client who purchases all his meals in a restaurant and also the total food allowances for the client whose living arrangement is such that he purchases some meals in a restaurant and prepares some meals in his home. Select the appropriate allowance according to the number of meals client purchases in the restaurant and eats at home. The total food allowance to be included in the client's budget shall include an amount for 3 meals per day.

SCHEDULE II - MONTHLY ALLOWANCES FOR RESTAURANT MEALS

Meals	Total Monthly Food Allowance
Client eats all meals in a restaurant	$60.00
Client eats only dinner in a restaurant	46.90
Client eats breakfast and lunch in a restaurant	46.90
Client eats breakfast and dinner in a restaurant	53.50
Client eats lunch and dinner in a restaurant	53.50
Client eats only lunch in a restaurant	40.40
Client eats only breakfast in a restaurant	40.40

Sample Letter, 8/60
Attachment #2-2.300A

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

REQUEST FOR MENTAL EVALUATION

_____
(Date)

FROM: _____ Re: #_____
(Title of Municipal Welfare Department)

_____
(Client's Name) (Age)

_____
(Address)

TO: _____

_____

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

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

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

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

Very truly yours

Director of Welfare

File

Thompson

April 13, 1961

Honorable Edward J. Patten
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing is the following regulation of the Bureau of Assistance of the Division of Welfare of this Department:

MUNICIPAL AID REGULATION 0.003 - Supplement No. 3

LAWS - Legal Settlement (Cuban Refugee Program)

Very truly yours

John W. Framburg
Commissioner

JWT:4

CC: Mr. Edwin C. Landis, Jr., Acting Secretary to the Governor
Mr. Irving Engelman, Director, Division of Welfare
Mrs. Elizabeth Feehan, Secretary, State Board of Control

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

BUREAU OF ASSISTANCE

REGULATION # ~~Municipal Aid 0.003~~
Supplement #3

ISSUED: ~~4/20/61~~ (Date)

REV.: _____ (Date)

TITLE: ~~LAWS~~

SUBJECT: ~~Legal Settlement - Cuban Refugee Program~~

STATUTORY REFERENCE: ~~R.S. 44:8a-2, 3~~

_____, Chief
Bureau of Assistance

Approved:
By: John V. Tramburg

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

M.A. 0.003
Supp. No. 2
4/20/61

TO: MUNICIPAL DIRECTORS OF WELFARE

TITLE: LAWS
SUBJECT: SUPPLEMENT NO. 2 to M.A. 0.003, Cuban Refugee Program

On the order of the President of the United States the Federal Department of Health, Education, and Welfare has established an emergency program for assistance and services to the many refugees from Cuba currently in Florida and arriving daily.

While it is not anticipated that many, if any, of these persons will be coming to New Jersey, part of the program involves resettlement of refugees where jobs can be located for them. It is therefore possible that persons in this group may be located in New Jersey and subsequently become unemployed and in need of assistance.

Refer to County Welfare Board

Any person or family who is or claims to be a Cuban refugee and who requests assistance, shall be immediately referred to the appropriate county welfare board. General Assistance shall not be provided to persons in the Cuban refugee group.

The county welfare boards have been given authority to determine immediate need and, following telephone clearance with the State Bureau, to grant assistance to such persons able to show proper credentials identifying them as Cuban refugees.

This Federal program is being financed by Federal funds and the county welfare boards will receive total reimbursement for assistance granted.

Other Refugees

The special provisions for aid to the Cuban refugee group is in no way applicable to refugees from other countries or to displaced persons. The provisions of Supplement No. 1 to M.A. 0.003, Eligibility of Immigrants, Displaced Persons and Refugees, issued 5/22/57, remain in effect for all such persons other than those from Cuba.

Any questions which you may have about these instructions now or at a later date should be directed to your Field Representative by telephone or letter.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

E. F. Hann, Jr., Chief
Bureau of Assistance

EFH/MCRd

Approved
Irving Engelman, Director
Division of Welfare

Official Regulation M.A. 0.003
Supplement No. 2, 4/20/61

F:6
Thompson

April 13, 1961

Honorable Edward J. Patten
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing is the following regulation of the Bureau of Assistance of the Division of Welfare of this department:

Supplement No. 1 to Bulletin No. 1

Federal Assistance Program for Cuban Refugees

Very truly yours

John W. Tramburg

JWT:4

John W. Tramburg, Commissioner

CC: Mr. Edwin C. Landis, Jr., Acting Secretary to the Governor
Mr. Irving Engelman, Director, Division of Welfare
Mrs. Elizabeth Feehan, Secretary, State Board of Control

7-55

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

BUREAU OF ASSISTANCE

REGULATION # Bulletin No. I - Supplement No. 1

ISSUED: 4/61
(Date)

REV.: _____
(Date)

TITLE: Federal Assistance Program for Cuban Refugees

SUBJECT: _____

STATUTORY REFERENCE: 44:7-5; 44:7-6

_____, Chief
Bureau of Assistance

Approved:
By: John H. Tramburg

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

P. O. Box 1627

April 20, 1961

TO: COUNTY WELFARE BOARDS

RE: Supplement No. 1 to Bulletin No. 1, Cuban Refugee Program

We are issuing as Supplement No. 1 to Bulletin No. 1 the contents of State Letter No. 465 together with informational attachments in respect to the newly established program of Federal aid to Cuban refugees, and the further simple instructions which are indicated at this time.

Commissioner Tramburg has informed the New York Regional Office of the Department of Health, Education, and Welfare that New Jersey will participate in this program for any Cuban refugees who apply for assistance to the county welfare boards. It is not considered necessary to enter into any formal agreement with the Federal agency.

To date there is no indication that New Jersey will experience any sizeable case load from this group, but it is important that staff have an informed awareness of the program. We ask that staff be alert to the possibility that Cuban refugee families or individuals may be referred for help, and to bear in mind that as with the Hungarian group, these will be persons whose homeland ties have been broken and their lives disrupted through events beyond their control. Most of them will wish to return to Cuba as soon as possible. In the meantime they will be in need not only of funds to meet living expenses and/or medical care, but also guidance in locating employment, and above all sympathetic understanding of their situation.

Should you have any immediate questions about the material, please consult your Field Representative.

Very truly yours

E. F. Hann, Jr., Chief
Bureau of Assistance

EFH/MCRd

Approved
Irving Engelman, Director
Division of Welfare

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

4/61
Page 1

SUPPLEMENT NO. 1 TO BULLETIN NO.1

FEDERAL ASSISTANCE PROGRAM FOR CUBAN REFUGEES

A. Cuban Refugees are Eligible for Public Assistance: State Letter No. 465

The following reproduced State Letter from the Department of Health, Education, and Welfare establishes an emergency assistance and service program for the current influx of refugees from Cuba to be financed by Federal funds. While the program will be operative chiefly in the Miami, Florida area it is likely that some of these persons will be relocated in other states and may subsequently find it necessary to apply for assistance.

The only eligibility requirements are need and identification showing that the individual or family is registered at the Cuban Refugee Emergency Center in Miami, Florida.

B. State Letter No. 465 and Attachments

1. "State Letter No. 465 March 17, 1961

TO STATE AGENCIES ADMINISTERING APPROVED PUBLIC ASSISTANCE PLANS

Subject: Cuban Refugee Program - State Agency Participation

The purpose of this letter is to inform State public welfare agencies of the program for Cuban refugees authorized by the President and solicit their cooperation, when necessary, in participating in it.

The President has directed the Department of Health, Education, and Welfare to develop an emergency program to meet the needs of Cuban refugees in Miami, Florida. This emergency has arisen because of the large number of refugees in Miami, their lack of personal resources and employment, and inability of public and voluntary agencies to carry the entire burden.

A Federal program was authorized, after an appeal for aid by Florida State and local authorities, because the Miami area, which has the largest concentration of Cuban refugees in the United States, is considered an impacted area. This is similar to the basis for appropriating Federal funds to local schools which are considered to be impacted areas (near military installations, etc.) due to the attendance of a large number of children of Federal employees. Similar consideration may be given to other areas if the number of Cuban refugees needing help would result in any community being considered an impacted area and thereby qualifying for special Federal aid if available.

Scope of Program

The Cuban Refugee Program authorized by the President is being financed from Federal funds and is outlined in his press release of February 3, 1961, a copy of which is enclosed. The total program includes aid to public schools in Miami, health services, employment service, resettlement, welfare services to unaccompanied children and financial assistance. Overall responsibility for this program has been assigned to the Secretary of Health, Education, and Welfare, who has delegated to the Commissioner of Social Security the responsibility for organizing and coordinating the necessary services. The Bureau of Public Assistance has operating responsibility for financial assistance and medical care. The Children's Bureau is responsible for child welfare service, including care and protection of unaccompanied children, and Mrs. Oettinger is writing to you regarding this part of the program.

Principles Governing Administration of Financial Assistance and Medical Care

The Bureau of Public Assistance is carrying out its responsibility for financial assistance and medical care in accordance with the following principles:

1) Federal funds will be used to meet the economic needs of Cuban nationals, temporarily in the United States, who are currently unable to provide for their own maintenance. Assistance will be limited to those in the Miami area and those who are resettled from the Miami area through the efforts of voluntary agencies.

2) The use of Federal funds for this purpose will be viewed as a temporary measure to meet the basic needs of this displaced population pending return to their homeland.

3) To the extent possible, Federal funds made available for this purpose will be administered by established State public welfare agencies, acting as agents of the Federal Government.

4) Federal funds will be used to meet (a) costs of basic maintenance and supporting services, and (b) costs of medical care.

5) The standards used in determining the extent of help to be provided will be in keeping with those used in the Aid to Dependent Children programs and directed toward preserving the well-being and dignity of the individual

It is in respect to Cuban refugees who are unable to maintain themselves after resettlement in another State that the help of State public welfare agencies is needed. No matter how much care is exercised in developing a resettlement program, circumstances

beyond the control of the agency or the person resettled may handicap him temporarily after resettlement. For example, costly illness may strike the family or a job may be lost unexpectedly due to the curtailment of employment in an industry. For these reasons the availability of support, when needed, from a social agency in the new community is indispensable to the success of resettlement activities. Although a relatively small number of resettled persons may need help, it is necessary that there be an organized means to provide such help. It is important, therefore, that State agencies join with the Bureau in making available their services to Cuban refugees who may need assistance in accordance with the principles outlined above.

Initially, all requests for assistance will be cleared through the regional public assistance representative who will give written authorization on each case. The regional public assistance representative, when giving such authorization, will also send the State agency the instructions regarding the necessary statistical and expenditure reports. This will enable us to maintain up-to-date information of actual and potential expenditures for this program which is important since the funds allocated to it are in a fixed amount. If a formal instrument, such as an agreement, is necessary for your participation, we will be glad to prepare one. It seems to us that generally this should not be necessary in view of the relatively small number of requests for assistance anticipated.

Organization in Florida

In order that you may have a better view of your role in this program, we are sketching the organization in Miami and the conditions governing the rendering of assistance to these refugees.

The focal point of the operation is the Cuban Refugee Emergency Center, 223 N.W. Third Avenue, Miami, Florida. The Center is under the direction of the Social Security Administration. Within the Center there is a registration unit which determines refugee status, provides identification, and makes referrals to the voluntary agencies for resettlement and to the welfare unit (see below) for assistance and other services. The following voluntary agencies are participating in this program under contract with the Federal Government: Catholic Relief Services of the National Catholic Welfare Conference, Church World Services, United HIAS, the International Rescue Committee, and the National Committee for Resettlement of Foreign Physicians, Inc.

Arrangements have been concluded with the Florida State Department of Public Welfare to represent the Federal Government in meeting the needs of Cuban refugees in the Miami area for financial assistance and medical care, and in providing for the care and protection of unaccompanied children. The State agency has set up a welfare unit in the Center responsible for assistance, child welfare services, and medical care, a nd began to make assistance payments on February 28. The cooperative efforts among these various services are greatly facilitated by being housed within the same facility.

Policies for State Use

The purpose of the program is to provide financial assistance including medical care, when needed, at the same level available in the Aid to Dependent Children program. The following conditions will be observed in providing financial assistance and medical care under this program:

1) Procedures.--to the extent possible, the State agency's plan for aid to dependent children will be followed in receiving applications, determining need, type and amount of assistance, and method and frequency of payment. Any forms utilized, e.g., authorization forms, should be clearly marked "Cuban Refugee Program." The number appearing on the identification issued by the Center (see Eligibility, below) should be entered on these forms.

2) Eligibility.--The individual's status as a Cuban refugee will have been determined prior to departure from Miami and he will have identification furnished by the Center which establishes that he is a Cuban refugee and has been registered at the Cuban Refugee Emergency Center, Miami, Florida. The date of resettlement is unimportant so long as he has the above identification and resettlement was arranged by one of the aforementioned voluntary agencies. Interviewing with the refugee will determine the voluntary agency auspice of his resettlement. If any individual applying for assistance is unable to furnish his identification or his auspice is in question, the matter should be referred to the regional public assistance representative for clearance with the Cuban Refugee Emergency Center. (Definition of a Cuban refugee is enclosed.)

Need is the only other factor of eligibility to be determined by the State or local agency.

3) Medical Care.--Medical care available to aid to dependent children recipients will be furnished to eligible Cuban refugees.

4) Related Social Services.--The full range of social services available to aid to dependent children recipients should be furnished to eligible Cuban refugees. These services should be available to any Cuban refugee who requests them, without regard to eligibility for financial assistance.

5) Financing the Program.--The cost of the Cuban Refugee Program will be met from Federal funds. We propose that financing be on the basis of Federal reimbursement to States for financial assistance expenditures with respect to Cuban refugees under the conditions outlined above.

6) Accounting and Control.--Separate accounts will be maintained for this program in order that the transactions may be readily segregated from those of other programs operated by the agency. The accounts will reflect all disbursements of this program by the following types of expenditures: "Financial Assistance," "Medical Care," and "other."

7) Records.--Case records should be kept by the agency and should show, clearly and accurately, who was aided, the assistance or service given and the purpose, and the data substantiating the need for the assistance or service. A separate case history should be established for each individual or family receiving assistance or services. For continuing-care cases, all changes in the status of each case and the dates on which changes occurred should be recorded.

The cooperation of State agencies in this program will be deeply appreciated.

Sincerely yours,

s/KATHRYN D. GOOD WIN

Kathryn D. Goodwin, Director"

2. State Letter No. 465 Attachment - Definition of a Cuban Refugee

"I. The Cuban Refugee Program has been established as a temporary measure to cope with the problems created by the influx of individuals who are refugees from oppression in their Cuban homeland. Within the limitation of funds which may be available, benefits will be provided to individuals to alleviate their hardship until such time as circumstances permit them to return voluntarily to their homes. The nature and extent of the benefits provided will be determined from time to time under authority delegated by the Secretary of Health, Education, and Welfare and the conditions under which individuals may participate will vary according to the type of benefit. No right is created for any individual to obtain a benefit or to continue to receive a benefit once given.

II. Subject to disqualification under item III below, an individual may be considered to be a Cuban refugee for the purposes of the Cuban Refugee Program if he is registered at the Cuban Refugee Emergency Center, Miami, Florida, as meeting the following criteria:

He is a national of Cuba presently living in the Miami area (or in another area of the United States as a result of resettlement under the program); and

He left Cuba on or after January 1, 1959, or the Director of the Cuban Refugee Emergency Center finds that the withholding of benefits would tend to defeat the purposes of the program; and

He bears proper identification from the Immigration and Naturalization Service and is:

A parolee under section 212(d)(5) of the Immigration and Nationality Act; or

An alien granted indefinite voluntary departure; or

An alien who is a permanent resident of the United States.

III. A refugee within the foregoing criteria may be denied assistance if the Director of the Cuban Refugee Emergency Center determines that the provision of such assistance is inimical to the interests of the United States. In such case, the individual shall be denied registration at the Cuban Refugee Emergency Center, or if already registered, such registration shall be deleted."

3. State letter No. 465 Attachment - Statement of the President following his Conference with the Honorable Abraham Ribicoff, Secretary, Health, Education and Welfare

"I have conferred with Secretary Abraham Ribicoff concerning the Secretary's on-the-spot investigation made at my direction on the problems of Cuban refugees in southern Florida.

Secretary Ribicoff paid tribute to the refugees as a proud and resourceful people, whose courage and fortitude in the face of tragic disruption of their lives is magnificent.

At the same time he reported that many of the refugees are now in serious need. They are living in extremely crowded quarters. Their resources have been exhausted or greatly depleted. Health and educational facilities are badly overtaxed.

Secretary Ribicoff praised the exceptional efforts of voluntary welfare agencies, and State and local officials, to cope with the problems which have been created by the influx of refugees from oppression in their homeland. But he emphasized that the increasing number of refugees, and the personal circumstances of many of them, had become more onerous than private and local agencies could any longer bear alone.

The Secretary said that immigration authorities estimated there are already 66,000 Cubans in this country, with at least 32,000 in the Miami area. To meet their minimal needs, the personal resources of many of the refugees have been exhausted and the available resources of voluntary and local authorities badly overstrained.

As a result of the conference this afternoon, I have directed Secretary Ribicoff to take the following actions on behalf of the United States Government:

1) Provide all possible assistance to voluntary relief agencies in providing daily necessities for many of the refugees, for resettling as many of them as possible, and for securing jobs for them.

2) Obtain the assistance of both private and governmental agencies to provide useful employment opportunities for displaced Cubans, consistent with the over-all employment situation prevailing in Florida.

3) Provide supplemental funds for the resettlement of refugees in other areas, including transportation and adjustment costs to the new communities and for their eventual return to Miami for repatriation to their homeland as soon as that is again possible.

4) Furnish financial assistance to meet basic maintenance requirements of needy Cuban refugee families in the Miami area as required in communities of resettlement, administered through Federal, State and local channels and based on standards used in the community involved.

5) Provide for essential health services through the financial assistance program supplemented by child health, public health services, and other arrangements as needed.

6) Furnish Federal assistance for local public schools operating costs related to the unforeseen impact of Cuban refugee children on local teaching facilities.

7) Initiate needed measures to augment training and educational opportunities for Cuban refugees, including physicians, teachers, and those with other professional backgrounds.

8) Provide financial aid for the care and protection of unaccompanied children -- the most defenseless and troubled group among the refugee population.

9) Undertake a surplus food distribution program to be administered by the county welfare department, with surplus foods distributed by public and voluntary agencies to needy refugees.

I hope that these measures will be understood as an immediate expression of the firm desire of the people of the United States to be of tangible assistance to the refugees until such time as better circumstances enable them to return to their permanent homes in health, in confidence, and with unimpaired pride.

I am particularly interested in Secretary Ribicoff's proposal to make effective use of the faculty of the University of Havana, three-fourths of which are reported to be in south Florida at the present time. I have asked Secretary Ribicoff to examine how this community of scholars could be most effectively used to keep alive the cultural and liberal traditions for which this faculty has been justly noted. It represents a great inter-American asset, for their own people, for this country and for the entire hemisphere. I have asked the Secretary to report by March 1st on how these great intellectual abilities can be most effectively employed.

I also want to commend Secretary Ribicoff for the constructive, humanitarian and immediate program proposed to assist the Cuban refugees. He said that he hoped that it would be considered first and foremost an essential humanitarian act by this country. But he also wanted it to indicate the resolve of this nation to help those in need who stand with the United States for personal freedom and against Communist penetration of the Western Hemisphere.

I have consulted with Budget Director David E. Bell on means for financing these interim measures, which are expected to cost about 4 million dollars through the remainder of this fiscal year."

###

C. Instructions

1. Clearance with State Bureau, Regional Office

When an individual applies to or is referred to CWB showing credentials identifying him as a registered Cuban refugee, and preliminary investigation of the situation indicates immediate need for financial assistance, the following procedure shall be followed:

a. Telephone the Bureau Field Representative giving him identifying information on the case to include the "identification number" appearing on his identification card issued by the Miami Center.

b. Bureau Field Representative will telephone the New York Regional office for clearance and verbal authorization to grant assistance, and will thereupon telephone CWB. The Regional office will subsequently confirm the authorization in writing and provide any necessary further instructions.

2. Initial Grant of Assistance

As promptly as possible (on the same day, if necessary) after clearance, an initial grant shall be issued by executive action drawn on the assistance account, all records being specially identified as instructed in State Letter No. 465.

In some instances it may be necessary to issue a grant even though complete details for final determination of extent of need are not immediately available. This will be necessary in these cases because municipal welfare directors have been instructed not to grant General Assistance to these persons, but to refer any Cuban refugee to County Welfare Board.

3. Continuing Assistance

Subsequent to the initial grant the procedures established in Manual of Administration 2518, Formal Board Action, shall be observed, and continuing payments of assistance will be issued in the usual manner, with maintenance of a specially identified case record as required in State Letter No. 465.

Any special instructions for listing in Board Minutes, reports to State Bureau, etc., will be issued when necessary.

4. Federal Reimbursement

It is our understanding that reimbursement from Federal funds will be accomplished through the State Bureau. The specifics of this procedure will be available in more detail at a later date.

5. Eligibility of Persons without Official Identification

In the event that a person claiming to be a Cuban refugee cannot produce the proper identification, the same clearance procedure through the Bureau shall be followed. However, in such a case the Regional Office will need to clear with the Cuban Refugee Center in Miami prior to authorization for granting assistance.

Should such a case present need of an emergency nature pending clarification of status, it is recommended that the person be referred to one of the cooperating private agencies enumerated in the State Letter if these have local units, or to the Salvation Army, or American Red Cross with appropriate explanation. Do not refer to General Assistance.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

E. F. Hamm, Jr., Chief
Bureau of Assistance

EFH/MCRd

Approved
Irving Engelman, Director
Division of Welfare

Bulletin Series
Supplement No. 1 to Bulletin No. 1
4/20/61

Insert in Handbook under section "Rulings and Bulletins."

April 7, 1961

Honorable Edward J. Patten
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing is a section of the Manual of Administration issued by the Bureau of Assistance, Division of Welfare of this Department.

We direct your special attention to the enclosed copy of Transmittal Letter #23, which gives specific instructions for insertions.

Very truly yours

John W. Tramburg
Commissioner

JWT:4

CC: Mr. Edwin C. Landis, Jr., Acting Secretary to the Governor
Mr. Irving Engelman, Director, Division of Welfare
Mrs. Elizabeth Feehan, Secretary, State Board of Control

7-55

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

BUREAU OF ASSISTANCE

REGULATION # Manual of Administration

ISSUED: 4/61
(Date)

REV.: _____
(Date)

TITLE: None - Related to policy and procedure for OAA, DA, ADC

SUBJECT: (Various - Identified in Transmittal Letter #23

STATUTORY REFERENCE: R.S. 44:7-6, 42 and 44:10-3

A. Wright Bennett Jr. Chief
Bureau of Assistance

Approved:
By: John H. Tramburg

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

TRANSMITTAL LETTER #23
MANUAL OF ADMINISTRATION

April 7, 1961

TO: COUNTY WELFARE DIRECTORS

Attached is one copy of the following new material for the Manual of Administration, staff copies of which are being forwarded under separate cover:

Chapter	Section	Title
2800	2836	Temporary Extended Unemployment Compensation (TEC)

Explanatory Comment

Due to the temporary nature of the TEC program, section 2836 has been reproduced on green pages for ready identification.

The Director's copy includes an attached leaflet issued by the Division of Employment Security. Additional copies for the use of staff and for distribution to persons inquiring about TEC should be obtained from the local Employment Service Offices.

Instructions

Insert in Chapter 2800 immediately following 2832.4 (white page). The section number 2836 has been used because revisions in process to Chapter 2830 will carry through 2835.

In Table of Contents for Chapter 2800, following 2832.4 write in "2836. Temporary Extended Unemployment Compensation (TEC)....2836.-2836.3".

In Temporary Index for Manual, page xvii, write in the title of this program and section 2836 just above "Establishment of Home, ADC"; on page xxxvi of Index make a similar entry following "Temporary Disability Benefits."

Very truly yours

E. F. Hann, Jr.

E. F. Hann, Jr., Chief
Bureau of Assistance

EFH/MCRd

Approved
Irving Engelman, Director
Division of Welfare

2830. DIVISION OF EMPLOYMENT SECURITY

2836. Temporary Extended Unemployment Compensation (TEC)

.1 Federal and State Legislation

Legislation has been passed at both Federal and State levels to provide for extension of Unemployment Compensation to claimants who, since June 30, 1960, have exhausted or who will exhaust the regular benefits for which they are eligible. This is a temporary program which terminates June 30, 1962.

The following information should be made available to persons in assistance households who may be eligible, or who inquire about TEC. A helpful leaflet may be secured from the Employment Service offices.

.2 Qualifications for TEC

A person may be eligible for TEC if he meets the following conditions:

a. He is unemployed.

b. He had previously established eligibility for unemployment compensation and, after June 30, 1960, he exhausted those benefits.

c. He does not have available benefit rights under any State or any other federal unemployment compensation law.

d. He complies with the requirements of the Employment Service office for registration and reporting.

e. He is able and available for work.

f. He is making an active search for work.

g. He is not disqualified from receiving benefits for any reason.

.3 Exhaustion of Benefits

Generally, an individual has exhausted his unemployment insurance benefits when he has received the maximum amount of benefits allowable to him in his benefit year, or when his benefit year expires before he has drawn all his benefits.

TEC will pay extended benefits to eligible claimants who exhausted their benefits between June 30, 1960 and April 8, 1961, and to those whose benefits become exhausted prior to April 1, 1962. Benefits may be paid for any week of unemployment, which begins on or before June 30, 1962, provided an initial claim was filed before April 1, 1962.

2836. Temporary Extended Unemployment Compensation (TEC) (Contd.)

.4 Filing Claim for TEC

Generally, a TEC claim is filed in the same manner and in the same local office as the individual's regular unemployment insurance claim.

Local Employment Service offices will start taking claims on Monday, April 10, 1961. These offices will be open evenings for the first three weeks of operation of the new program. TEC claims will be taken only at night during this period, and claimants should, if possible, call to file their claims on the evening of their regular reporting day.

Claimants will lose no benefit rights by waiting to report on their regular reporting day during the first week of operations. During that week, regardless of the day of filing, credit will be given for all periods of unemployment beginning on April 8. TEC benefits cannot be paid for any periods of unemployment before this date. On TEC claims the serving of a waiting week is not required.

If the individual last exhausted his benefits in some other state and that state has a TEC program, he may file interstate claims for additional benefits at the Employment Service office nearest his residence.

.5 Amount of Payments Under TEC

An eligible individual may receive 50 percent of the total benefit amount on the exhausted claim.

.6 Appeal Rights

Under the TEC program, the individual has the same rights of appeal as under the State unemployment compensation law. Appeals are made through the local Employment Service office or directly to the Appeal Tribunal, Division of Employment Security, Trenton 25, New Jersey.

April 7, 1961

Honorable Edward J. Patten
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing is the following regulation of the Bureau of Assistance of the Division of Welfare of this Department.

MUNICIPAL AID REGULATION 4.700 - Supplement

OTHER AGENCIES - Relationship of General Assistance Program to the State Division of Employment Security (Temporary Extended Unemployment Compensation (TEC)

Very truly yours

John W. Tramburg
Commissioner

JWT:4

CC: Mr. Edwin C. Landis, Jr., Acting Secretary to the Governor
Mr. Irving Engelman, Director, Division of Welfare
Mrs. Elizabeth Feehan, Secretary, State Board of Control

CHIEF EXECUTIVE
OFFICE OF
APR 11 11 47 AM '61
STATE OF NEW JERSEY
RECEIVED

April 7, 1961

Honorable Edward J. Patten
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing is the following regulation of the Bureau of Assistance of the Division of Welfare of this Department.

MUNICIPAL AID REGULATION B.700 - Supplement

OTHER AGENCIES - Relationship of General Assistance Program to the State Division of Employment Security (Temporary Extended Unemployment Compensation (TEC)

Very truly yours

John W. Tramburg
Commissioner

JWT:b

cc: Mr. Edwin C. Landis, Jr., Acting Secretary to the Governor
Mr. Irving Engelman, Director, Division of Welfare
Mrs. Elizabeth Feehan, Secretary, State Board of Control

OFFICE OF
CHIEF EXECUTIVE
APR 11 11 47 AM '61
STATE OF NEW JERSEY
RECEIVED

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

BUREAU OF ASSISTANCE

MUNICIPAL AID
REGULATION # 4.700

ISSUED: _____
(Date)

REV.: 4/7/61
(Date)

TITLE: OTHER AGENCIES - Relationship of General Assistance Program to the State Division of Employment Security

SUBJECT: Temporary Extended Unemployment Compensation (TEC)

STATUTORY REFERENCE: 44:8-111 and 113

Destroy M.A. 4.700 Supplement dated 7/58

A. Wright Bennett Jr., Chief
Bureau of Assistance

Approved:
By: John H. Tramburg

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

P.O.Box 1627

April 7, 1961

TO: MUNICIPAL WELFARE DIRECTORS

RE: Temporary Extended Unemployment Compensation (TEC)
(Supplement to M.A. 4.700)

Undoubtedly you have already noted newspaper articles announcing that Governor Meyner has signed into law provision for a Temporary Extended Unemployment Compensation program (TEC). This is in effect the same as the temporary program which ran from July, 1958, through April 1959, then referred to as TUC.

TEC will be of particular significance in respect to unemployed persons currently receiving General Assistance who have already exhausted their Unemployment Compensation benefit rights, and who may be eligible to apply for extended benefits under the new temporary program.

Enclosed is a leaflet which provides specific information about eligibility and benefits. Additional copies may be secured from your local Employment Service office.

All directors of welfare should arrange for immediate review of cases in which there are unemployed workers who may be eligible, since persons who apply for TEC by April 14, and who are found eligible, will receive payments as of April 8, 1961. Persons applying after April 14 will receive payments starting as of the week during which claim is filed.

It is anticipated that eligible claimants who have filed during the week of April 10-14 will receive two checks during the week of April 24-28 on their regular reporting day.

In order to expedite processing of applications and payments, the Division of Employment Security has arranged to keep the local Employment Service offices open in the evening during the first three weeks of operation of the program. Please refer to item 4, Filing Claim for TEC, in the attached regulation for further details.

Please note that no payments will be made automatically under TEC, and that a specific application for such benefits must be made. Neither will there be any payments on a retroactive basis with respect to weeks of unemployment before April 8, 1961. Note also that claimants will lose no benefit rights by waiting until their regular reporting day during the first week of operations. (April 10-14).

(o v e r)

To Municipal Welfare Directors #2 4/7/61

Please destroy Supplement to 4.700 issued 7/58 and insert the attached Supplement in its place. Additional copies for staff use are being forwarded under separate cover where appropriate.

Very truly yours

E. F. Hann Jr.

E. F. Hann, Jr., Chief
Bureau of Assistance

EFH/MCRd

Approved
Irving Engelman, Director
Division of Welfare

TITLE: OTHER AGENCIES

SUBJECT: Temporary Extended Unemployment Compensation (TEC)

1. Federal and State Legislation

Legislation has been passed at both Federal and State levels to provide for extension of Unemployment Compensation to claimants who, since June 30, 1960, have exhausted or who will exhaust the regular benefits for which they are eligible. This is a temporary program which terminates June 30, 1962.

During the months of the TEC program all directors of welfare will need to be alert to the possible eligibility of applicants for and recipients of General Assistance for these extended unemployment benefits.

The following information should be used as a guide in discussing their possible eligibility with unemployed persons.

2. Qualifications for TEC

A person may be eligible for TEC if he meets the following conditions:

a. He is unemployed.

b. He had previously established eligibility for unemployment compensation and, after June 30, 1960, he exhausted those benefits.

c. He does not have available benefit rights under any State or any other federal unemployment compensation law.

d. He complies with the requirements of the Employment Service office for registration and reporting.

e. He is able and available for work.

f. He is making an active search for work.

g. He is not disqualified from receiving benefits for any reason.

3. Exhaustion of Benefits

Generally, an individual has exhausted his unemployment insurance benefits when he has received the maximum amount of benefits allowable to him in his benefit year, or when his benefit year expires before he has drawn all his benefits.

TEC will pay extended benefits to eligible claimants who exhausted their benefits between June 30, 1960 and April 8, 1961, and to those whose benefits become exhausted prior to April 1, 1962. Benefits may be paid for any week of unemployment, which begins on or before June 30, 1962, provided an initial claim was filed before April 1, 1962.

4. Filing Claim for TEC

Generally, a TEC claim is filed in the same manner and in the same local office as the individual's regular unemployment insurance claim.

Local Employment Service offices will start taking claims on Monday, April 10, 1961. These offices will be open evenings for the first three weeks of operation of the new program. TEC claims will be taken only at night during this period, and claimants should, if possible, call to file their claims on the evening of their regular reporting day.

Claimants will lose no benefit rights by waiting to report on their regular reporting day during the first week of operations. During that week, regardless of the day of filing, credit will be given for all periods of unemployment beginning on April 8. TEC benefits cannot be paid for any periods of unemployment before this date. On TEC claims the serving of a waiting week is not required.

If the individual last exhausted his benefits in some other state and that state has a TEC program, he may file interstate claims for additional benefits at the Employment Service office nearest his residence.

5. Amount of Payments under TEC

An eligible individual may receive 50 percent of the total benefit amount on the exhausted claim.

6. Appeal Rights

Under the TEC program, the individual has the same rights of appeal as under the State unemployment compensation law. Appeals are made through the local Employment Service office or directly to the Appeal Tribunal, Division of Employment Security, Trenton 25, New Jersey.

DEPARTMENT OF INSTITUTIONS & AGENCIES

E. F. Hann, Jr.

E. F. Hann, Jr., Chief
Bureau of Assistance

EFH/MCRd

Approved
Irving Engelman, Director
Division of Welfare

Official Regulation M.A. 4.700
Supplement, 4/6/61
Destroy Supplement dated 7/58

Rules + Reg - 2+a

To Thompson

August 2, 1960

Honorable Edward J. Patten
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing are sections of the Manual of Administration issued by the Bureau of Assistance, Division of Welfare of this Department.

We direct your special attention to the enclosed copy of Transmittal Letter #13, which gives a detailed listing of new material; and amendments and corrections for existing Manual material.

Sincerely yours

Lloyd W. McCorkle
Acting Commissioner

LWMcC:h

CC: Mr. H. Curtis Meanor, Acting Secretary to the Governor
Mr. Irving Engelman, Director, Division of Welfare
Mrs. Elizabeth Feehan, Secretary, State Board of Control

7-55

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

BUREAU OF ASSISTANCE

REGULATION # MANUAL OF ADMINISTRATION

ISSUED: 8/60
(Date)

REV.: _____
(Date)

TITLE: None - Related to policy and procedure for OAA, DA, ADC

SUBJECT: Various (identified in Transmittal Letter #13)

STATUTORY REFERENCE: R.S. 44:7-6, 42, and 44:10-3

_____, Chief
Bureau of Assistance

Approved:

By: _____

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

TRANSMITTAL LETTER #13
MANUAL OF ADMINISTRATION

August 12, 1960

TO: COUNTY WELFARE BOARDS

Attached is one copy of the following material for the Manual of Administration, staff copies of which are being forwarded under separate cover.

Title	
2890-2894.2	Municipal Welfare Departments
2700 Appendix V	Form PA-11, Inter-Agency Referral

Explanatory Comment

2890 is a new section for the Manual. It provides general information about the administration of General Assistance, and inter-agency referral procedures. A corresponding regulation has been issued to the Municipal Welfare Departments.

The procedures provided in 2890 are effective immediately.

Insert section 2890 in Chapter 2800 immediately following the ADC Insert for 2870.

Form PA-11 has been printed by the Bureau of State Use. We have ordered one pad (100 forms) to be sent to each county welfare board by State Use concurrently with the issuance of this Transmittal Letter as an initial supply. Future orders for the PA-11 will be placed in the usual manner by you.

There has been approval at the State level for use of the PA-11 by all public assistance agencies as a standard method of referral between these agencies. In the near future you will receive Manual sections 2860 and 2880 covering relationships with the Commission for the Blind and the State Board of Child Welfare respectively.

A mimeographed edition of the PA-11 has been used by the New Jersey Rehabilitation Commission for referrals to the public assistance agencies since the issuance of Ruling No. 26, December 1957, and will continue in use by that agency.

Insert sample Form PA-11 as 2700 Appendix V immediately after Appendix III-B. (2700 Appendix IV is reserved for another item soon to be issued.)

(over)

To County Welfare Boards 8/12/60
Re Transmittal Letter #13

Amendments and Corrections

General Table of Contents (Temporary), Part II, The Individual and Public Assistance, page ii, dated 1/60: Strike out the asterisk beside 2890. Municipal Welfare Departments

Page 2234.5 - p.2, sub-item 2234.5b, 1), No Limitations on Employment: In the third line, strike out the words "is available" and substitute the word "exists" so that it reads "...and such work exists in his community..."

Page 2760-2760.11, item 2760.11, Form PA-11, Inter-agency Referral: Add "; and for referral by CWB to municipal welfare departments, see 2890. Sample Form PA-11 appears as 2700 Appendix V."

Table of Contents for 2700 Appendix dated 3/60: Add "Sample Form PA-11, Inter-agency Referral V."
[When item IV is released you will receive a revised Table of Contents for 2700 Appendix.]

Table of Contents for Chapter 2800 dated 10/59: Strike out the asterisk beside 2890. Municipal Welfare Departments.

Very truly yours

E. F. Hann, Jr., Chief
Bureau of Assistance

EFH/MCRd

Approved
Irving Engelman, Director
Division of Welfare

2890. MUNICIPAL WELFARE DEPARTMENTS (GENERAL ASSISTANCE)

.1 Administrative Structure

In New Jersey the administration of General Assistance is a municipal responsibility. The term "municipality" includes city, borough, township, town and village. It is the legal responsibility of the municipal governing body to appoint a local assistance board, which in turn is responsible for appointing a director of welfare to be its chief executive officer in the administration of General Assistance.

The State Bureau of Assistance, within the Division of Welfare, Department of Institutions and Agencies, is the State agency responsible for the supervision of the General Assistance program, and for the administration of State Aid to municipalities for public assistance.

The law provides for State Aid, under certain conditions, to reimburse a municipality for a portion of assistance expenditures. Approximately 70% of the 570 municipalities request State Aid each year. Under a formula established in the law, reimbursement to municipalities approved to receive State Aid, varies from a minimum of 40% to a maximum of 60%. Municipalities receiving State Aid assume the obligation to administer General Assistance according to the regulations and standards issued by the Bureau of Assistance.

.2 "Need" Only Eligibility Requirement in General Assistance

Economic need is the only eligibility requirement for General Assistance. According to law every needy person residing in this State, who is not otherwise provided for under the laws of the State, is entitled to receive General Assistance.

.3 The Factor of Legal Settlement

In addition to Title 44, Chapter 8 of the Revised Statutes, General Public Assistance Act, the administration of General Assistance is subject to Title 44, Chapter 8A, Legal Settlement Law, in respect to determination of financial responsibility for each assistance case. A person's eligibility for General Assistance, if he is in need, is not conditioned on his having "legal settlement" in New Jersey or in any municipality thereof. "Legal settlement" is determined for two purposes:

a. To establish whether the municipality where the client is living is ultimately responsible for the cost of the assistance paid to him, or whether another municipality is so responsible and is to be billed by the municipality serving the client; or

2890. MUNICIPAL WELFARE DEPARTMENTS (GENERAL ASSISTANCE) (CONT'D)

.3 b. In the situation where the client is found to lack "State settlement," to determine in what other State, if any, the client has settlement and to request authorization to return him to such State. The negotiation with other states is a function of the State Bureau. In many instances the client is not returned to another state because no settlement can be established, or it appears to be in the best interests of the client to remain in New Jersey.

In any case lacking "State settlement" approved by the State Bureau, the municipality receives 80% reimbursement for assistance granted. Any municipality is eligible for 80% reimbursement for any such approved "non-resident" case whether or not the municipality is otherwise participating in the State Aid program.

.4 Responsibility of Municipal Director of Welfare

The municipal director of welfare is charged by law to grant General Assistance promptly when immediate need exists, and to provide assistance as long as the client is eligible. It is the director's responsibility to explore the applicant's resources and possible means of support. This includes inquiry into whether the applicant may be potentially eligible for a form of categorical assistance. However, both the law and State Bureau regulation recognize that determination of eligibility for categorical assistance requires a period of time, and therefore provide for the granting and continuation of General Assistance to a needy person during such period.

.5 Methods for Providing General Assistance

The local assistance board, with the approval of the governing body, is permitted to determine the method by which General Assistance shall be provided. Various methods are currently used by municipalities - cash, in the form of check, payable to the client for his total needs; a combination of cash payment to client, and vendor payments for certain items; or, voucher payments (relief orders) to both client and vendors.

.6 Standards for General Assistance

The standards established by the State Bureau for General Assistance in State-aided municipalities, and which are also issued to non-State-aided municipalities, are not identical with the standards in the Categorical Assistance Budget Manual.

2891. Referral by County Welfare Board to Municipal Welfare Department

.1 When to Refer for General Assistance

It is the responsibility of CWB staff to inform categorical assistance clients and members of their immediate families of the availability of General Assistance and where and how to apply, in the following situations:

a. During an initial interview, the person does not file an application because it appears that he cannot qualify for categorical assistance, but he states he is in economic need;

b. An application for categorical assistance is filed and the applicant appears to have insufficient resources to meet need until his eligibility can be determined, and he is not already receiving General Assistance;

c. An application for categorical assistance was filed and it has been determined that the applicant is not eligible, but he appears to be in need and is not currently receiving General Assistance;

d. A recipient becomes ineligible for continued categorical assistance for some technical reason even though he continues to be in need. However, a recipient who becomes ineligible for categorical assistance because of refusal to comply with a program requirement is not eligible for General Assistance and should not be referred to a municipal welfare department.

e. Members of an applicant's or recipient's immediate family lack resources to meet their share of expenses in the household and are not themselves eligible for categorical assistance, and are not includable in the client's assistance budget.

.2 Method of Referral

a. Direct referrals to municipal welfare departments shall be made by use of Form PA-11, Interagency Referral. A sample copy of Form PA-11 appears as 2700 Appendix V. The form is available on order from the Bureau of State Use.

b. If the person(s) being referred is an applicant for or recipient of categorical assistance, or a member of such a client's immediate family, prepare Form PA-11 in triplicate. One copy shall be given to the client or person to present to the municipal welfare official in the municipality where he is currently living; one copy shall be mailed directly to the municipal welfare official; the third copy shall be retained for CWB files and follow-up control as necessary.

[Consult Directory of local agencies issued by State Bureau to identify appropriate municipal welfare department or other official responsible for welfare.]

2891. Referral by County Welfare Board to Municipal Welfare Department (Contd.)

.2 c. When the person wishing to apply for General Assistance is other than an applicant, recipient, or member of the immediate family, CWB shall instruct the person how and where to apply for General Assistance, but shall not make formal referral by use of Form PA-11. (See 2111.1 and 2113.1f for policy.)

2892. Responsibility of Municipal Welfare Department Receiving Referral

The municipal welfare department will complete the "tear sheet" portion of the PA-11 as appropriate to the situation and return it to CWB.

2893. Review by State Bureau of Assistance

If CWB is in disagreement with the disposition of an application for General Assistance by a person referred directly to a municipal welfare department, and the issues are not resolved by conference between the agencies concerned at the local level, a written statement of the relevant facts may be submitted to the Bureau of Assistance for review and consideration.

2894. Referrals to County Welfare Board from Municipal Welfare Departments

.1 Method of Referral

When municipal welfare departments make referrals of clients to the county welfare board to apply for categorical assistance, Form PA-11 will be used.

.2 Responsibility of County Welfare Board Receiving Referral

a. Upon receipt of a referral, CWB shall complete the "tear sheet" portion of the PA-11 as appropriate to the situation and return it to the referring municipal welfare department within two weeks (10 working days), whether or not an application for categorical assistance has been filed.

b. When the referral results in an application, CWB shall, as promptly as possible after completion of determination of eligibility, notify the municipal welfare department of the disposition of the application according to the provisions of 2912, Notice to Interested Agency.

Date: _____

INTER-AGENCY REFERRAL

2700 APPENDIX V

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)

Rules or Regulations

Thompson

November 13, 1959

Honorable Edward J. Patten
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing are sections of a new Manual of Administration issued by the Bureau of Assistance, Division of Welfare of this Department.

We direct your special attention to the enclosed copy of Transmittal Letter #6, which gives details as to the effect of this new material on previous regulations and includes specific instructions for cancellations, corrections and insertions.

Very truly yours

John W. Tramburg

John W. Tramburg, Commissioner

JWT:h

CC: H. Curtis Meanor, Acting Secretary to the Governor ✓
Elmer V. Andrews, Director, Division of Welfare
Mrs. Elizabeth Feehan, Secretary, State Board of Control

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

BUREAU OF ASSISTANCE

REGULATION # Manual of Administration

ISSUED: 10/59
(Date)

REV.: _____
(Date)

TITLE: None - (Related to policy and procedure OAA and DA)

SUBJECT: Various

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

_____, Chief
Bureau of Assistance

Approved:
By: _____

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

TRANSMITTAL LETTER #6
MANUAL OF ADMINISTRATION

November 10, 1959

TO: COUNTY WELFARE BOARDS

Attached is one copy each of the following additional material for the Manual of Administration, staff copies of which are being forwarded under separate cover:

Title

Factors Related to Methods of Payment (2290. -2294.2)

Table of Contents for Chapter 2600

Determination of Continuing Eligibility (2600. -2628.)

Table of Contents (Temporary) for Chapter 2800

Appendix Table of Contents for Chapter 2800

Old Age, Survivors, and Disability Insurance (2820-2827.2)

Division of Employment Security (2830-2832.4)

2800 Appendix I, Directory of District Offices of Old Age, Survivors, and Disability Insurance

2800 Appendix II, Request for Federal Old-Age Survivors Insurance and for Nonmedical Disability Information - Form PA-20

Table of Contents (Temporary) for Chapter 2900

Appendix Table of Contents for Chapter 2900

Notice of County Welfare Board Decisions (2910.-2912.4)

2900 Appendix I, Notices of Agency Decision

To County Welfare Boards
Re Transmittal Letter #6

11/10

Explanatory Comment

In 2600, Determination of Continuing Eligibility, your attention is directed to the important change in policy in 2602, State Requirements; and to 2628.2c for changes in the information required by the Medical Service Section at time of "redetermination review."

Sub-chapter 2820, Old Age, Survivors, and Disability Insurance, incorporates the 1958 amendments to the Social Security Act and should be carefully reviewed.

Instructions for Superseded Regulations:

Remove from Ruling Series and destroy:

Ruling No. 6, Investigations on Application and Continuance, dated 7/1/39
Ruling No. 18, Relationship of Old Age and Disability Assistance Programs to the State Division of Employment Security, dated 7/58
Ruling No. 24, Notice of Agency Decisions, dated 6/20/51
Ruling No. 27, Old Age, Survivors, and Disability Insurance, and Disability Freeze Provisions, dated 7/58 - and
Supplement No. 1, Old Age and Survivors Insurance, Childhood Disability - Dependency as Defined by One-Half Support by Parent Wage-Earner

County Series No. 3 - in Section 14, strike out item 3, Identification of Other Incompetents, on page 23, and item b, Other Incompetent Persons on page 24A

Strike out all of Section 23, Notice of Disposition to Referring Agency

Strike out all of Section 24, Review of Continuing Eligibility

Corrections for Previously Issued Manual Material

The following corrections are to be made in cross-references, temporary footnotes, etc.:

2103.3b	In the cross reference strike out "2740, Correspondence,", the footnote symbol 1/, and the corresponding footnote.
2114.4	Strike out footnote symbol 1/ following the cross-reference. (Through oversight you were not so instructed in Transmittal Letter #3.)
2123.3b	Correct the cross-reference to read: "[Refer to 2740, Correspondence, and to 2800, Social Services, when issued.]"
2128.	Strike out footnote symbol 1/ and the corresponding footnote.
T. of C.	On page (v) of Table of Contents for Chapter 2200, add "2290. Factors Related to Methods of Payment - 2290.-2294.1"

2227.1 Amend the heading to read "General Hospitals (Public or Private)"; in sub-item a, strike out the word "private" at end of first line.

2235.5a In cross-reference change "2720" to read "2628"; strike out footnote symbol 1 and corresponding footnote.

2236.1a,3) Following the phrase "Records submitted for redetermination reviews shall" strike out balance of paragraph, and write in margin "be submitted as instructed in 2628." Also, strike out the cross reference, the footnote symbol 1 and corresponding footnote.

2237. In footnote 1 at bottom of page, amend to read "Also see Ruling No. 26.".

2237.1c Strike out footnote symbol 2 and corresponding footnote.

2237.3 In third paragraph strike out footnote symbol 2 and the corresponding footnote.

2244. Strike out footnote symbol 3 and corresponding footnote.

Very truly yours,

Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved
Elmer V. Andrews, Director
Division of Welfare

2290. FACTORS RELATED TO METHODS OF PAYMENT

Certain factors directly affect the eligibility of an individual to receive assistance; other factors do not in themselves affect eligibility but do affect the method by which assistance is provided. This sub-chapter relates to the latter aspect.

.1 Legal Authority

The law provides that the county welfare board shall decide whether or not an individual is eligible, the amount of assistance to which an eligible individual is entitled, and the conditions and method of paying or providing assistance, subject to policy and procedure established by the State agency.

2291. Institutional Status

Federal and State law impose certain conditions on the granting of categorical assistance to residents of public or private institutional facilities, and these conditions affect the method or methods of payment of assistance. [See 2250.]

2292. Mental Incompetency

An individual who has been determined by professional diagnostic procedures to be mentally incompetent is nevertheless eligible to receive categorical assistance provided he does not require institutional care for the diagnosed condition (see 2240.), and provided that an appropriate, authorized method of payment is arranged. [See 2560.] [1]

2293. Minority

Individuals under 21 years of age who have been determined to be mentally incompetent may not receive assistance without special arrangement for payment. [See 2560.] [1]

2294. Other Incompetents

.1 Identification

It is within the authority and discretion of the welfare board to decide, on the basis of available evidence, that an individual who has not been determined to be mentally incompetent is nevertheless inadequate to manage his own expenditures without close supervision or direction. In such cases the welfare board may provide for payment through a third person rather than through unrestricted money payments. [See 2560.] [1]

[1] Until issued see Section 27 of County Series No. 3

2294. Other Incompetents (Contd.)

.2 General Policy Related to Applicants

The welfare board may make such a decision in respect to an applicant or recipient. However, as a general policy it is recommended that an applicant be given an opportunity to demonstrate his ability to manage an unrestricted money payment. The data secured during an initial investigation regarding an applicant's personal habits is frequently heresay, and a determination by the welfare board that an individual is inadequate to manage his own expenditures even though apparently mentally competent, should not be made unless there is substantial evidence to support such a finding.

If, after direct experience with the person as a recipient, the staff recommends and the welfare board finds that the recipient's best interests require the services of a third party to receive and supervise the assistance payments, the procedures for appointment of an authorized custodian, or other authorized arrangement, as given in 2560. [1], may be instituted provided that

a. The client shall be given an opportunity (whenever practical) to participate in the selection of the third party, and

b. If, at a later date the recipient requests a change of or elimination of the third party, his request shall be granted if upon investigation the request is found to be reasonable and justified; or

c. If, at a subsequent review of the case the caseworker recommends, on the basis of observation, reports of the third party concerned and/or other reliable reports, that the special payment arrangement be eliminated as no longer necessary to protect the recipient's welfare, the welfare board may approve the recommendation. [See 2624.]

[1] Until issued see Section 27 of County Series No. 3.

TABLE OF CONTENTS

CHAPTER 2600

DETERMINATION OF CONTINUING ELIGIBILITY

2601.	Federal Requirements	2600. -2602.1
2602.	State Requirements	2600. -2602.1
.1	Annual Redetermination of Eligibility	2600. -2602.1
.2	Special Redetermination	2602.1-2602.2
2610.	Process of Redetermination of Eligibility	2610. -2612.1
.1	General Statement	2610. -2612.1
2611.	Preparation for Redetermination of Eligibility	2610. -2612.1
2612.	Home Visits	2610. -2612.1
.1	The Annual Visit	2610. -2612.1
.2	Interim Home Visits	2612.1-2613.2
2613.	Assistance Plan; Recording	2612.1-2613.2
.1	Annual (Redetermination) Visit	2612.1-2613.2
.2	Interim Visits and Special Redetermination Reviews	2612.1-2613.2
2614.	Recommendation for Agency Decision	2614. -2616.
2615.	Supervisory Review and Approval	2614. -2616.
.1	Annual and Special Redetermination Reports	2614. -2616.
.2	Interim Visits and Other Reports	2614. -2616.
2616.	Disposition of Application for Continuance	2614. -2616.
.1	Action by Executive Authority	2616.1-2617.
.2	Action by Welfare Board	2616.1-2617.
2617.	Notice of Agency Decision	2616.1-2617.

TABLE OF CONTENTS

CHAPTER 2600

DETERMINATION OF CONTINUING ELIGIBILITY

2620.	Factors Subject to Change	2620. -2624.1
2621.	Need	2620. -2624.1
2622.	Residence	2620. -2624.1
2623.	Age	2620. -2624.1
2624.	Competency Status	2620. -2624.1
.1	Mental Competency	2620. -2624.1
.2	Minority (DA)	2624.2-2627.1
.3	Other Incompetency	2624.2-2627.1
2625.	Need for Care in Institution for Tuberculous or Mental Condition	2624.2-2627.1
2626.	Institutional Status	2624.2-2627.1
2627.	Patient Status	2624.2-2627.1
.1	Public or Private Medical Institution (Chronically Ill)	2624.2-2627.1
.2	In Family Home	2627.1-2628.2
2628.	Permanent and Total Disability (DA)	2627.1-2628.2
.1	Requirement	2627.1-2628.2
.2	Procedures for County Welfare Board	2627.1-2628.2
a.	Scheduling of Redetermination Review Date	2627.1-2628.2
b.	Caseworker's Control	2627.1-2628.2
c.	Record Material Required for Review	2628.2
d.	Case Status	2628.2

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 (ODA-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 (Contd.)

.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 leans 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 a private general hospital or other ineligible institutional 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.]

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. The provisions 2122 for the initial home visit are generally applicable, especially 2122.1, a, b, c, and d.

.1 The Annual Visit

a. The annual redetermination of eligibility shall include an interview with the recipient in his home.

Exception: If the redetermination visit is due at a time when the recipient is temporarily a patient in an ineligible institution (e.g., private general hospital), he may be interviewed there in order that the case not become "overdue" even though payments may have been suspended.

b. Where the recipient is represented by 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 annual 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 annual 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.

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 Annual (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.

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 a review of the factor of need according to the Budget Manual and 2300 of this Manual, with particular attention to changes in resources, including evaluation of the ability of relatives to support. [See 2260 for Relatives.] 1

2622. 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.]

2623. Age

In DA cases eligibility in respect to age must be evaluated for any recipient who is nearing his 65th birthday. [See 2214.]

2624. 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 Service Section, 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.

1 Until issued see Ruling No. 13.

2624. Competency Status (Contd.)

.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.] 1

.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.

2625. 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.

2626. 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 2250.]

2627. Patient Status

There shall be redetermination that any recipient for whom assistance was approved as a "patient" continues to be in "patient status" and requires continuing patient care.

.1 Public or Private Medical Institution (Chronically Ill)

Redetermination of "patient status" in a public or private medical institution will be accomplished by a completed Form ODA-27, Recertification of Patient Status, plus appropriate statements in the narrative report concerning the recipient's health and the care he is receiving as noted by the caseworker.

1 Until issued see Section 27 of County Series No. 3

2627. Patient Status (Contd.)

.1 (Contd.)

If a staff physician or attending physician finds the recipient no lonber in need of "patient care," prompt action shall be taken to assist the recipient in making other appropriate living arrangements.

.2 In Family Home

Redetermination that recipient continues in "patient status" in his own, or other family home shall be made by the caseworker and be reported in the record. Where there is evidence that the recipient requires less care than formerly, or that he now requires more care, the worker shall discuss this with the attending physician, and take appropriate action in accord with his recommendations.

2628. Permanent and Total Disability (DA)

.1 Requirement

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

The redetermination review date is designated on Form DA-2a, 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 data and reports so submitted must be "current."

2628. Permanent and Total Disability (DA) (Contd.)

.2 c. Record Material Required for Review

1) Review Date Less than 12 Months

When the case is to be submitted for redetermination review in less than 12 months, CWB shall submit to the Medical Service Section all forms, reports and related data previously submitted, together with any specific medical or social information requested on the last Record of Action.

2) Review Date More than 12 Months

When the case is to be submitted for redetermination 12 or more months later, CWB shall prepare a new Form ODA-2D, Part III based on the current situation and attach a copy of the current budget in addition to the material enumerated in 1). [See 2720 for form and instructions.] [1]

3) Identification of ADC Parent

In any case where the DA recipient is a parent in an ADC case, CWB shall so indicate by inserting under DA Registration No. on all current reports "ADC Parent," and give ADC registration number.

d. Case Status

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

In cases where the Medical Service Section makes such a determination, but the DA recipient is an ADC parent, the Section will additionally advise CWB whether the client nevertheless continues to qualify as an "incapacitated parent" for purposes of ADC. [See 2281.3 and ADC insert for 26.]

[1] Until issued see Attachment 3 to County Series No. 3.

TABLE OF CONTENTS (TEMPORARY)

CHAPTER 2800

SOCIAL SERVICES

2801.	*General Statement	
2810.	*Information and Referral Services	
2820.	Old Age Survivors, and Disability Insurance	2820. -2821.
2821.	Persons Entitled to Old Age, Survivors, and Disability Insurance Benefits	2820. -2821.
2822.	Suspension of Benefits	2821. -2823.
2823.	Eligibility for Public Assistance of Women 62 or Over Entitled to Benefits	2821. -2823.
2824.	Procedures for Filing Claims and Securing Information	2823. -2824.1
.1	Form PA-20 [For sample form see 2800 Appendix.]	2823. -2824.1
.2	Selection for Referral for Benefits	2824.1-2824.2
.3	District Office Procedures	2824.2-2824.3
2825.	Disability Freeze Provisions	2825. -2825.2
.1	General Provisions	2825. -2825.2
.2	Potentially Eligible Groups	2825. -2825.2
.3	Clients to be Referred	2825.3-2825.6
.4	Other Referrals for Disability Freeze Determination	2825.3-2825.6
.5	Referral Procedures and District Office Action	2825.3-2825.6
.6	Relationship of "Disability Freeze" to Disability Benefits	2825.3-2825.6
2826.	Release of Information by Welfare Boards	2826. -2827.1
2827.	Lump-Sum Death Benefits	2826. -2827.1
.1	Entitlement to Receive	2826. -2827.1
.2	Filing for Death Benefit	2827.2
2828.	*Old Age, Survivors, and Disability Insurance Payments for Patients in Mental Institutions	

* Not yet developed for Manual

TABLE OF CONTENTS (TEMPORARY)

CHAPTER 2800

SOCIAL SERVICES

2830.	Division of Employment Security	2830. -2831.1
2831.	Unemployment Insurance and Temporary Disability Benefits	2830. -2831.1
.1	Eligibility for Benefits; Applications	2830. -2831.1
.2	Eligibility for Assistance in Relation to Benefits	2831.2-2831.3
.3	Verification of Status of Claim	2831.2-2831.3
2832.	State Employment Service	2831.3-2832.1
.1	Types of Service Available	2831.3-2832.1
.2	Assistance Policy on Registration for Employment	2832.1-2832.2
.3	Registration Procedure	2832.2-2832.3
.4	Verification of Registration	2832.4
2840.	*Municipal Welfare Departments	
2850.	Social Service Exchange	2850. -2853.1
2851.	Definition of Social Service Exchange	2850. -2853.1
2852.	Purpose of Social Service Exchange	2850. -2853.1
2853.	Standards for Social Service Exchange	2850. -2853.1
.1	Determination of Value to an Agency	2850. -2853.1
2854.	Responsibilities of Member Agencies	2854. -2855.1
.1	Written Statement of Policy and Procedure	2854. -2855.1
.2	General Responsibilities of an Agency	2854. -2855.1
2855.	Procedure on Use of Social Service Exchange	2854. -2855.1
.1	Selecting Cases for Registration	2854. -2855.1
.2	Timing Registrations	2855.2-2855.7
.3	Providing Additional Data	2855.2-2855.7
.4	Re-registering Active Cases	2855.2-2855.7
.5	Cancelling Registrations	2855.2-2855.7
.6	Filing Social Service Clearance or Notification Slips	2855.2-2855.7
.7	Record of Registrations	2855.2-2855.7

*Not developed for Manual

TABLE OF CONTENTS (TEMPORARY)

CHAPTER 2800

SOCIAL SERVICES

2856.	Securing Information from Other Agencies	2856. -2859.
2857.	Method for Follow-Up of Registration	2856. -2859.
2858.	Reporting to Inquiring Agencies	2856. -2859.
2859.	Passing on Information	2956. -2859
2860.	*New Jersey Commission for the Blind	
2870.	*Cooperative Agreement with Rehabilitation Commission	
2880.	*State Board of Child Welfare	

*Not yet developed for Manual.

TABLE OF CONTENTS FOR 2800 APPENDIX

Reference	Subject	Appendix Number
2820.	Directory of District Offices of Old Age, Survivors, and Disability Insurance	I
2824.1	Request for Federal Old-Age and Survivors Insurance and for Nonmedical Disability Information - Form PA-20	II

2820. OLD AGE SURVIVORS, AND DISABILITY INSURANCE
(Applicable to Blind Assistance as well as OAA, DA; and ADC as of 1/1/60)

The Bureau of Old Age and Survivors Insurance of the Social Security Administration operates the Federal program of benefit payments to insured wage earners and self-employed persons who are retired or disabled, to certain of their dependents, and to their survivors.

In practical effect, substantially all workers and self-employed persons, including military servicemen, are now protected by Social Security coverage. Likewise, under the Railroad Retirement Act, railroad employment is jointly covered by the two programs, and provisions outlining the inter-relationships have been established. The only groups remaining uncovered are principally doctors of medicine, Federal Government employees covered by the U.S. Civil Service Retirement System, and certain agricultural and domestic workers whose earnings are too small or too irregular to be accounted for effectively.

Helpful information may be obtained from a series of pamphlets, copies of which may be secured from any district office of the Social Security Administration. [See 2800 Appendix for list of District Offices.]

2821. Persons Entitled to OASDI Benefits

Those who may receive benefits are:

Retired insured wage earner or self-employed person, aged 65 or over for men and age 62 or over for women. (Women retiring before age 65 will have a lifetime reduction in their benefit on a sliding scale according to point of application between 62 and 65 years.)

Totally and permanently disabled insured workers age 50 through 64 who have had at least 5 years covered employment during the 10 years before the beginning date of disability, and who have been disabled at least 6 months with the disability expected to continue indefinitely. (The 1958 amendments postponed from July 1958 to July 1961 the deadline for establishing extended periods of disability. Therefore, some workers with long standing disabilities who did not file prior to July 1958 may still be found to be eligible if they apply.)

The wife (in some cases a divorced wife) of a retired or permanently and totally disabled insured worker if she is age 62 or over, or regardless of age if entitled child is in her care. (Wives claiming benefits between 62 and 64 who do not have an eligible child present will have a lifetime reduction of benefits on a sliding scale.)

2821. Persons Entitled to OASDI Benefits (Contd.)

The husband of a retired or permanently and totally disabled woman worker entitled to benefits, provided he is 65 or older and was dependent upon his wife at the time she became eligible for benefits, or became disabled.

The widow of an insured worker if she is age 62 or older, or regardless of age if entitled child is in her care. (Widows claiming benefits between 62 and 65 receive the full amount regardless of age.)

The widower of an insured woman worker provided he is 65 or older, and was dependent upon his wife at the time she became eligible for benefits, became disabled, or died.

Children

a. Dependent children under age 18 of a parent receiving retirement or disability benefits, or who died insured.

b. Dependent children age 18 or over of a parent receiving retirement or disability benefits, or who died insured, provided the children became permanently and totally disabled before reaching age 18.

The parents (mother age 62 or over and father age 65 or over) of a deceased insured worker, who were dependent on the worker at the time of his death, regardless of whether there are other eligible survivors.

A person whose benefits (received as a dependent or a survivor) were terminated because of marriage to another person receiving dependents or survivors benefits, may request reinstatement of benefits under the 1958 amendments.

An aged person whose benefits (received as a dependent or a survivor) were terminated by marriage and whose spouse is an old age or disability insurance beneficiary, even though such person has not been married for 3 years or for 1 year if the new spouse should die. (This provides monthly benefits to such person based on the new spouse's earning record provided he was insured; otherwise her benefits will be reinstated based on the first husband's earning record.)

Certain other persons previously ineligible for OASDI are now eligible as a result of the 1958 amendments as follows:

a. A mother of a child adopted by the mother's deceased husband even though the death occurred less than one year after their marriage. (Mother as well as child may now be eligible.)

2821. Persons Entitled to OASDI Benefits (Contd.)

b. An adopted child whose adopting parent began receiving retirement or disability insurance benefits less than 3 years after the adoption.

c. A child who was adopted by the widow of a worker within 2 years after worker died or 2 years after August 28, 1958. (Such child must have been living in the worker's household and must have been supported by the worker before his death.)

d. A woman whose mother's benefits were terminated by remarriage and whose new husband died within a year and she cannot receive mother's benefits on his earnings. (This provides reinstatement of former benefits to a mother of young children.)

2822. Suspension of Benefits

The law provides that a beneficiary, whether a wage-earner or self-employed, may earn as much as $1200 a year without any suspension of benefits, but should earnings exceed $1200 per year, some benefits will be withdrawn in proportion to the excess earnings; and earnings from any type of work whether or not covered by Social Security are counted for this purpose. However, starting January 1959, no matter how much is earned in a year, a beneficiary can draw his monthly benefit payment for any month in which he neither earns wages of more than $100. nor renders substantial services in self-employment. There is no single rule for determining "substantial services in self-employment," the decision being based on the facts in each case.

All beneficiaries age 72 or over may draw benefits regardless of the amount of their current earnings.

2823. Eligibility for Public Assistance of Women 62 or Over Entitled to Benefits

A woman age 62 or over who is receiving or applying for assistance who appears to have potential eligibility for Social Security benefits, shall be expected to apply for such benefits in the same manner as any other potentially eligible person.

The Federal Bureau of Assistance, Department of Health, Education, and Welfare, has specifically made the following interpretation: The fact that it is optional for certain women under age 65 to establish OASDI entitlement at reduced rates does not provide a basis for an interpretation that their eligibility for such reduced benefits may be disregarded.

2823. Eligibility for Public Assistance of Women 62 or Over Entitled to Benefits (Contd.)

in determining their available resources. It may be observed that it is equally optional for a woman, or a man, at age 65 or over to decide whether or not to apply for benefits. However, a person does not have a right to have his needs met by a public assistance program because of his preference to decline some other cash resource that is lawfully available to him upon application.

The "reduced" benefit rate payable to a woman between 62 and 65 has an actuarial relationship to her life expectancy at the time benefits begin, so that, on the average, persons are not disadvantaged by electing the earlier start.

2824. Procedures for Filing Claims and Securing Information

The following procedures are to be observed by CWB in respect to clients in the OAA, DA and Blind Assistance programs; and in ADC as of 1/1/60.

.1 Form PA-20 [For sample form see 2800 Appendix.]

Form PA-20 will be completed in triplicate and two copies mailed to the appropriate District Office of the Social Security Administration, the third copy being retained on file until return of one copy by the District Office with the status report.

The PA-20 is not to be given to the individual to take to a District Office except in rare instances when it appears that immediate filing of application is necessary because of a possible loss of retroactive benefits. Full retroactive benefits can be paid only if the application is filed not later than 18 months after start of disability.

Form PA-20 will be used for all of the following referrals and inquiries:

a. To refer an individual to apply for

1) Old Age and Survivors Benefits,

2) Disability Insurance Benefits,

3) Childhood Disability Benefits,

4) Disability Freeze Eligibility Determination.

2824. Procedures for Filing Claims and Securing Information (Contd.)

.1 b. To request information on

1) Eligibility for and amount of benefits under 1), 2), 3), above,

2) Disability Freeze period,

3) Quarters of coverage.

.2 Selection for Referral for Benefits

a. When it appears that an applicant for or a recipient of Old Age, Disability, Blind Assistance, or Assistance for Dependent Children (as of 1/1/60) has not filed a claim for any of the benefit programs, or states that he has filed a claim but cannot produce a copy of his award certificate or disallowance notice, a referral shall be made. Check item 1 on the PA-20 and provide as much other information as is available and appropriate to the request for item 4 through 11.

b. If CWB has information indicating that the individual has a Social Security account number and has had some employment as an employee after 1953, or earnings from self-employment after 1950, this is sufficient to warrant a PA -20 clearance.

c. Where the welfare board has information that the individual had unreported covered earnings within the last three years, a referral may be made even though the individual has no Social Security number. In such cases particular care should be taken in completing item 8.

d. If quarters of coverage information is desired, be sure to check item 2 on Form PA -20.

e. In cases where the District Office has not sent a "status report" to the county welfare board within 60 days for regular Old Age and Survivors cases or within 120 days for Disability Benefit cases, a follow-up referral may be sent by checking item 12 on one copy of the PA -20 and providing sufficient information to identify the original request. The District Office will advise of the status of the original referral on the follow-up PA--20.

2824. Procedures for Filing Claims and Securing Information (Contd.)

.2 f. In a case previously adjudicated as not eligible, and the individual subsequently becomes insured, the District Office will process a re-referral if the PA -20 is checked in item 12, "Re-submittal," and prior request date given. If the form contains information regarding additional employment sufficient to provide for an insured status the referral will be processed as a new application. If no new employment information is given, or the data indicates insufficient employment, the District Office will only screen its files and return the PA -20 to the CWB with such information.

.3 District Office Procedures

a. Pending Claims

When the PA -20 referral is in respect to an application for benefits or benefit status information, the District Office will, if the claim is pending, acknowledge receipt of the referral by returning one copy, retaining the second copy for completion when the claim is adjudicated.

b. New Applications

If the District Office has no record of a prior claim or recent inquiry, the referral will initiate processing a claim and both copies of the PA -20 will be held until adjudication is completed. If it appears that adjudication will be delayed more than 30 days, one copy of the form will be returned to so advise the CWB.

c. Client Failing to File

The usual procedure is for the District Office to write the individual to come in for an interview. If the individual fails to appear for an appointment within 30 days there will be an assumption that he is not interested in filing a claim. The PA -20 will be checked in item 3 on reverse side and returned. There will be no follow-up letter to the individual. (In such cases the caseworker shall get in touch with the client, ascertain why he failed to keep the appointment, interpret the provisions and possible benefits, and assist him if necessary, in filing his application. Continued refusal to apply for benefits renders an individual ineligible for assistance.)

d. Follow-ups and Re-Referrals

[See .2, items e and f.]

2825. Disability Freeze Provisions

.1 General Provisions

The law provides that a disabled person who is not eligible for disability insurance benefits (under age 50) may be eligible to have his Social Security earnings record "frozen." Unless the earnings record is frozen, the period while he is disabled and has little or no earnings can reduce the amount of his own or his family's future benefits. Such periods of disability may even cause the loss of insured status if no freeze is established.

Under the 1958 amendments persons who file for the disability freeze before the new deadline date of June 30, 1961, may have their period of disability established as early as the actual date of onset of disability. For persons filing after June 30, 1961, the period of disability can be established for only 18 months prior to date of filing, but in no event earlier than the actual date of onset of disability if less than 18 months.

The 1958 amendments also eliminated the work coverage requirement of 1 1/2 years in the 3 years before disablement. The work requirement of 5 years out of 10 before disability still remains. As a result of this change some persons who filed and were found ineligible, as well as some who have never filed, may now be eligible.

.2 Potentially Eligible Groups

Three groups of disabled categorical assistance clients (recipients or applicants) are potentially eligible for the "disability freeze" if they are under 50 years of age.

a. DA clients who have had at least 5 years covered employment after 1936.

b. AB clients with a similar work history.

c. Disabled parents in ADC cases who also had such employment.

2825. Disability Freeze Provisions (Contd.)

.3 Clients to be Referred

The CWB may have some difficulty in determining initially whether or not a disabled client has the prerequisite wage record. However, all doubts about referral are to be resolved in favor of the client; CWB shall refer for disability freeze all clients who fall in classes enumerated in .2, above, except those who are definitely known to have no record of covered employment since 1936, and those whose "disability freeze" status had been previously determined. However, clients who had been found ineligible prior to September 1958 should be re-referred.

.4 Other Referrals for Disability Freeze Determination

Staffs of CWBs should also be alert to the possible eligibility of all members of client's household, regardless of whether or not such persons are currently receiving any form of public assistance. [1] Municipal welfare departments are being instructed to refer disabled persons receiving GA unless an application for categorical assistance has been filed. Accordingly, disabled persons who are not being referred by an assistance agency other than the CWB should be instructed how to apply at the OASDI District Office, or a referral form may be sent for them by the CWB.

.5 Referral Procedures and District Office Action

As indicated in preceding sections, the PA-20 and the same procedures will be used for referring an individual for "disability freeze" eligibility determination, or to request a status report. Be sure to check item 3 on Form PA-20.

Also, if notified the the District Office that client has failed to apply, the caseworker should make a follow-up contact with client. Continued refusal to apply for the "disability freeze" renders the individual ineligible for assistance.

.6 Relationship of "Disability Freeze" to Disability Benefits

It should be observed that persons who are found eligible for the "disability freeze" prior to age 50 will, upon attaining that age, presumably become eligible for monthly disability benefits.

Persons age 50 and over need no longer be referred for the "disability freeze" but should instead be referred as direct applicants for disability benefits.

[1] Until 1/1/60 SBCW will refer disabled fathers (not receiving OAA, AB, DA, GA) and other disabled persons in HLA cases.

2826. Release of Information by Welfare Boards

When the Social Security Administration requests information to assist in determining an applicant's eligibility for any benefits, or for "disability freeze," the CWB is authorized to release such information from its records in accord with the principles stated in 2930. [1] Social data requested may be provided to OASDI in summary form. When medical information is requested, exact copies of reports, abstracts of hospital or clinic records, etc. shall be provided since this information will be used by professional medical personnel in determining disability status for disability benefits, or for the "disability freeze" provision of the law.

2827. Lump-Sum Death Benefits

.1 Entitlement to Receive

If an insured wage earner or self-employed person dies, even though he was not yet receiving benefits, a lump-sum death benefit is payable whether or not the worker left a survivor eligible for monthly benefits.

The lump-sum death payment will be three times the primary insurance benefit, but not to exceed $255. The claim for a death benefit must usually be filed within two years of the worker's death, but may be filed during an additional two-year period if the claimant can show "good cause" for failure to file within two years of the death.

If there is no surviving spouse who is living in the same household as the worker when he dies, or the spouse dies before the claim can be paid, then the person who pays the burial expenses may be considered entitled to the lump-sum payment.

State or local government units which pay the burial expenses of a deceased OASDI covered worker shall file claims for the lump sum when there is no surviving spouse entitled to claim the lump-sum payment.

In any case where the insured worker is survived by an entitled spouse, the direct availability of the lump-sum benefit amount should be noted and, in conjunction with her responsibility to provide for the decedent's burial expenses, if able, should be taken fully into account before responsibility for any such expenses is assumed by the county welfare board.
[See 2580, Payment of Funeral and Burial Expenses.]

[1] Until issued see Ruling No. 20

2827. Lump-Sum Death Benefits (Contd.)

.2 Filing for Death Benefit

A form entitled "Application for Lump-sum Death Payments" may be secured from and filed with the appropriate District Office of the Social Security Administration.

Any authorized official of a State or local government unit may file an application on its behalf. A statement by the official on the application under "Remarks" that he is authorized to file, is acceptable evidence of his authority.

In filing a claim, the CWB 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 an application from both County and State, and will permit reimbursement to be handled in the usual manner.

With the application, the receipted itemized furneral bill must be submitted.

2830. DIVISION OF EMPLOYMENT SECURITY

The Division of Employment Security within the State Department of Labor and Industry is responsible for the administration of the Unemployment Insurance and Temporary Disability Benefits programs, and for the operation of the State Employment Service.

The Division maintains 36 local offices and provides itinerant services at necessary points, which vary from time to time with economic conditions, on specified days or during specified seasons of the year. Assistance agencies can obtain copies of a published list of the local and itinerant offices from the Division of Employment Security, 28 West State Street, Trenton 8, New Jersey.

2831. Unemployment Insurance and Temporary Disability Benefits

.1 Eligibility for Benefits; Applications

It is essential that CWB staffs familiarize themselves with the general rules of eligibility for receipt of Unemployment Insurance and Temporary Disability Benefits, payment provisions and duration of weekly payments for persons who have been engaged in "covered" employment.

Claims for Unemployment Insurance Benefits are filed at the appropriate local office of the State Employment Service.

Temporary Disability Benefits are provided under two plans. Some employers operate a Private Plan covered by private insurance companies. Other employers participate in the public or State Plan for Temporary Disability Benefits.

Claims under a Private Plan are normally filed with the person's employer.

Claims for Temporary Disability Benefits under State Plan are filed with the Disability Insurance Service, Division of Employment Security, 20 West Front Street, Trenton 10, New Jersey. The local Employment Offices do not administer nor have any records relating to the Temporary Disability Benefits program.

Forms for filing claims under the State Temporary Disability Benefits program may be obtained from employers, physicians, Unions, and the local Employment Offices.

2831. Unemployment Insurance and Temporary Disability Benefits (Contd.)

.2 Eligibility for Assistance in Relation to Benefits

a. Refusal to Apply for Benefits

A person who appears to be eligible for either Unemployment Insurance or Temporary Disability Benefits and who refuses or neglects to apply for such benefits is ineligible to receive assistance.

b. Assistance Pending Receipt of Benefits; Continued Assistance

In the determination of eligibility for assistance, or continued assistance, Unemployment Insurance and Temporary Disability Benefits shall be considered as a resource in accordance with the provisions of chapter 500 of the Budget Manual.

.3 Verification of Status of Claim

a. Unemployment Insurance

1) Information Available from Client

A claimant for Unemployment Insurance benefits receives an "Applicant Identification Card" (Form NJES 506) indicating that he has filed a claim for benefits and the date of the claim. This card also shows the successive dates the claimant must report to the local office.

As soon as possible thereafter, if he has the required minimum earnings and weeks of employment during the base period, he will receive Form BC-3, "Notice to Claimant of Benefit Determination," which indicates the number of weeks and amount of benefits to which he may be entitled if he meets all eligibility requirements. If he does not have minimum base period requirements, he will receive Form BC-5, "Notice to Claimant of Invalid Claim for Unemployment Benefits."

If the claimant to whom Form BC-3 has been issued is found ineligible or disqualified, he is given Form BC-26B, "Notice to Claimant of Nonmonetary Determination," showing the duration of the ineligibility or disqualification.

2831. Unemployment Insurance and Temporary Disability Benefits (Contd.)

.3 a. 1) (Contd.)

If the person does not possess Form BC-5 or Form BC-26B and if he has not exhausted his benefits for the current benefit year, it should be assumed that he is receiving, or is entitled to receive Unemployment Insurance benefits; or that the potential payment of benefits has been delayed because the claim is pending further investigation.

It should be possible for the agency to secure from the client all the necessary information about his eligibility for and receipt of unemployment insurance benefits.

2) Inquiry to Local Office, New Jersey State Employment Service

In those instances however when a client cannot provide the information and fails in his efforts to secure it himself, or when there is reason to believe that the client is furnishing inaccurate or incomplete information, the agency may address an inquiry in writing to the appropriate local office of the New Jersey State Employment Service. Requests must be limited to specific information relating to the client's eligibility for benefits or the status of his claim. Routine requests for such information shall not be made.

No requests shall be addressed directly to the State Office of the Division of Employment Security regarding Unemployment Insurance benefits.

b. Temporary Disability Benefits

Unlike claimants for Unemployment Insurance benefits, persons who have filed for Temporary Disability are not provided with proof of application for benefits.

1) Inquire First of Client

It is the responsibility of the client to notify the agency of the status of his claim for benefits. The agency shall inquire from him whether he is covered under Private Plan or State Plan. If the client has not notified the agency of action on his claim and it is time to issue a second assistance payment, the agency shall make further inquiry of him before releasing the payment, and shall take steps appropriate to the situation; i.e., make direct inquiry as in 2), below, adjust payment, etc.

2831. Unemployment Insurance and Temporary Disability Benefits (Contd.)

.3 b. 2) Direct Inquiry on Private Plan and State Plan

If the client has not received payment, or notice of ineligibility for benefits, a direct inquiry in writing shall be sent to the employer if the claim has been filed under Private Plan, or, if under State Plan, to the Superintendent, Disability Insurance Service, Division of Employment Security, 20 West Front Street, Trenton 10, N.J., concerning the status of the claim. In such instances assistance shall be continued until receipt of a reply, and further action taken upon receipt of a reply, appropriate to the nature of the reply.

Inquiries shall not be made on a routine basis, and no inquiries concerning Temporary Disability Benefits are to be sent to the local offices of the Employment Service.

2832. State Employment Service

.1 Types of Service Available

a. Employment Information and Registration Service

The local offices of the State Employment Service have information about many local job opportunities. In addition, the local offices know of many job openings throughout the State and even in other nearby States. While not all employers register job openings with the New Jersey State Employment Service, the available jobs cover a wide variety of occupations, including professional, skilled, semi-skilled and unskilled labor, clerical, sales and service occupations.

b. Placement Service

An important two-fold function of the New Jersey State Employment Service is to help unemployed persons who register for work to find a job suitable to their training and experience, and at the same time to help employers to fill job openings by referring persons who appear to meet the qualifications of specific jobs. Special attention is given to assist older workers to locate suitable employment. Information secured from registrants in an employment interview is kept on file. As job openings are received for which an individual appears qualified, he is notified where to apply for the job.

2832. State Employment Service (Contd.)

.1 c. Employment Counselling and Testing Service

An additional service offered by the New Jersey State Employment Service is that of counselling with persons and testing for occupational skills of persons with disabilities or other problems which affect employability. Many persons are helped through this special service to secure full time or limited employment which they can do in spite of handicapping conditions.

.2 Assistance Policy on Registration for Employment

a. General Policy

An important principle of public assistance is to encourage and assist all needy persons to become as self-sufficient as possible within the limits of their physical and mental capacities. The CWB shall become familiar with and make full use of the services offered by the New Jersey State Employment Service in helping assistance clients who are able to work to find suitable employment.

b. Policy in Old Age Assistance

Persons applying for or already receiving OAA who are able-bodied or who express an interest in securing employment, should be encouraged to register with the appropriate local office of the New Jersey State Employment Service. While job opportunities for this age group may be limited, the Employment Service will make a special effort to place older persons by counselling with them and by encouraging employers to give them an opportunity to demonstrate their value on a job. However, failure to register for employment shall not be a bar to the receipt of OAA by otherwise eligible persons.

An OAA client who is registered for employment does not automatically become ineligible for assistance by reason of such registration or by reason of securing employment, and may continue to receive assistance in accordance with need, unless and until his earnings (together with any other resources) are sufficient to meet need or he becomes ineligible for some reason unrelated to need.

2832. State Employment Service (Contd.)

.2 c. Policy in Disability Assistance

1) Bureau Recommendation

When, in the opinion of the Medical Service Section of the Bureau, an applicant for or recipient of DA has sufficient physical and mental capacity to seek employment, the CWB will be directed to refer such client to the appropriate office of the New Jersey State Employment Service for counselling and placement.

2) Referral Procedure

The CWB will prepare duplicate copies of Form NJES-570, Agency Introduction Card. [Obtain stock supply from Employment Office.]

One card will be given to the client; the other will be mailed to the appropriate Employment Office together with specified data from the medical record. This data will enable the Employment Office to conduct an employment counselling interview with the client, and in most instances to evaluate his capacity for work without further medical examination.

3) Procedure Following Interview

Following the interview, the Employment Office will advise CWB whether or not it has accepted a registration for employment from the client. In some instances the Employment Office may also send a copy of its evaluation of the client's capacity for work. Any such evaluation report shall be included with material submitted to the Medical Service Section at any subsequent review of the case by the Bureau.

4) Refusal of Client to Accept Referral or Employment

When a DA client (applicant or recipient) refuses to act on the referral recommendation or to accept a job offered to him following registration, the facts in the case shall be reported back to the Medical Service Section for further consideration under the "refusal policy." [See 2234.6.]

2832. State Employment Service (Contd.)

.2 c. 5) Effect of Employment on Continuing Eligibility

A DA client who is registered for employment does not automatically become ineligible for assistance by reason of securing employment. He may continue to receive assistance, in accordance with need, until there has been a specific determination by the Medical Service Section that he is no longer permanently and totally disabled, or unless and until his earnings (together with any other resources) are sufficient to meet need, or he becomes ineligible for some reason unrelated to need. [See 2235.5 for policy on Employment.]

.3 Registration Procedure

a. Register at Local Office

A person registers for employment by going in person to the local office of the New Jersey State Employment Service covering the area in which he lives.

b. Validity Period of Applications for Work

Applications for work are maintained active for a period of 60 days but it is advisable for the person to inquire about possible job openings at frequent intervals, and he should report to the local office whenever called at the time indicated. If the person has not secured work by the end of the 60 days he must renew his registration.

c. Unemployment Insurance Claimants Automatically Registered

Persons who have filed claim for Unemployment Insurance benefits are automatically registered for employment. Registration for these persons is continued by the New Jersey State Employment Service until the person secures employment or until the end of the benefit payment period. If the person has not secured employment by the end of his benefit payment period it is necessary for him to renew registration for employment in order to continue to receive referrals for job openings for which he may be qualified.

2832. State Employment Service (Contd.)

.4 Verification of Registration

a. Verification Available from Client

The person who registers for employment is given a card (Form NJES - 506) showing the date of his registration. The agency may ask the client to show this card as verification that he has registered for employment.

b. Inquiry to Local Office of New Jersey State Employment Service

In those instances when a client cannot provide information about referral to jobs, or when there is reason to believe that the client is furnishing inaccurate or incomplete information, the agency may address an inquiry in writing to the appropriate local office of the New Jersey State Employment Service. Requests must be limited to specific information regarding referrals for employment. The New Jersey State Employment Service is not in a position to answer questions about the client's possibility of securing employment, nor will that agency furnish data about wages, etc.

Routine inquiries for information regarding registration and referral for employment shall not be made.

APPENDIX SECTION

CHAPTER 2800
SOCIAL SERVICES

DIRECTORY OF DISTRICT OFFICES OF OLD AGE, SURVIVORS, AND DISABILITY INSURANCE

	SERVICING OFFICE	ADDRESS
ATLANTIC COUNTY		
All	Atlantic City	Old Post Office Bldg., Pacific and Pennsylvania Avenues
BERGEN COUNTY		
Carlstadt East Rutherford Garfield Hasbrouck Heights Lodi Lyndhurst North Arlington Rutherford Wallington Wood-Ridge	Passaic	Post Office Building
Allendale East Paterson Fair Lawn Franklin Lakes Glen Rock Hohokus Mahwah Midland Park Oakland Ramsey Ridgewood Saddle River Waldwick Wyckoff	Paterson	245 Market Street
All Others	Hackensack	50 Main Street
BURLINGTON COUNTY		
Green Bank Lower Bank New Gretna	Atlantic City	Old Post Office Building, Pacific and Pennsylvania Avenues
Mapleshade Marlton Moorestown Palryra Riverton	Camden	Room 228, Post Office Building

DIRECTORY OF DISTRICT OFFICES OF OLD AGE, SURVIVORS, AND DISABILITY INSURANCE

	SERVICING OFFICE	ADDRESS
BURLINGTON (CONTD.)		
Bordentown Crosswicks Fieldsboro	Trenton	Post Office Bldg., 402 E. State Street
All Others	Bristol, Pa.	1502 Farragut Avenue
CAMDEN COUNTY		
All	Camden	Room 228, Post Office Building
CAPE MAY COUNTY		
All	Atlantic City	Old Post Office Bldg., Pacific and Pennsylvania Avenues
CUMBERLAND COUNTY		
All	Bridgeton	100 North Pearl Street
ESSEX COUNTY		
East Orange Livingston Orange West Orange	East Orange	426 Main Street
Irvington Maplewood Milburn Short Hills South Orange	Irvington	1040 Springfield Avenue
Newark Belleville Nutley	Newark	1016 Broad Street
All Others	Bloomfield	National Newark and Essex Bank Building, 2 Broad Street
GLOUCESTER COUNTY		
All	Camden	Room 228, Post Office Building
HUDSON COUNTY		
All	Jersey City	81 Sip Avenue

DIRECTORY OF DISTRICT OFFICES OF OLD AGE, SURVIVORS, AND DISABILITY INSURANCE

	SERVICING OFFICE	ADDRESS
HUNTERDON COUNTY		
Baptistown	Trenton	Post Office Building, 402 East State Street
Flemington		
Frenchtown		
Lambertville		
Ringoes		
Rosemont		
Sand Brook		
Sergeantsville		
Stockton		
Three Bridges		
Treasure Island		
All Others	Easton, Pa.	204 Northampton Street
MERCER COUNTY		
All	Trenton	Post Office Bldg., 402 East State Street
MIDDLESEX COUNTY		
Dunellen	Elizabeth	268 North Broad Street
Middlesex		
New Market		
South Plainfield		
Avenel	Perth Amboy	Perth Amboy National Bank Bldg.
Barber		313 State Street
Carteret		
Cliffwood Beach		
Colonia		
Fords		
Hopelawn		
Iselin		
Keasbey		
Lawrence Harbor		
Parlin		
Perth Amboy		
Port Reading		
Sayreville		
Sewaren		
South Amboy		
Woodbridge		
All Others	New Brunswick	75 Paterson Street

DIRECTORY OF DISTRICT OFFICES OF OLD AGE, SURVIVORS, AND DISABILITY INSURANCE

	SERVICING OFFICE	ADDRESS
MONMOUTH COUNTY		
Belford Cliffwood Hazlet Keansburg Keyport Leonardo Matawan Middletown Morganville New Monmouth Port Monmouth Union Beach Wickatunk	Perth Amboy	Perth Amboy National Bank Bldg. 313 State Street
All Others	Asbury Park	Room 207, Tuttman Bldg., 620 Bangs Ave.
MORRIS COUNTY		
All	Morristown	17 South Street
OCEAN COUNTY		
Adamston Bay Head Breton Woods Cassville Island Heights Lakehurst Lakewood Laurelton Lavallette Mantoloking Metedeconk New Egypt Normandy Beach Osbornsville Point Pleasant Seaside Heights Seaside Park Short Acres Toms River Van Hiseville West Point Pleasant	Asbury Park	Room 207, Tuttman Bldg., 620 Bangs Ave.
All Others	Atlantic City	Old Post Office Bldg., Pacific and Pennsylvania Avenues

DIRECTORY OF DISTRICT OFFICES OF OLD AGE, SURVIVORS, AND DISABILITY INSURANCE

	SERVICING OFFICE	ADDRESS
PASSAIC COUNTY		
Clifton Great Norch Passaic	Passaic	Post Office Building
All Others	Paterson	245 Market Street
SALEM COUNTY		
All	Bridgeton	100 North Pearl Street
SOMERSET COUNTY		
North Plainfield Watchung	Elizabeth	268 North Broad Street
Basking Ridge Bedminster Bernardsville Far Hills Gladstone Lyons Peapack	Morristown	17 South Street
All Others	New Brunswick	75 Paterson Street
SUSSEX COUNTY		
All	Morristown	17 South Street
UNION COUNTY		
All	Elizabeth	286 N. Broad Street
WARREN COUNTY		
All	Easton, Pa.	204 Northampton Street

Man. of Administration
Bureau of Assistance
2824.1

REQUEST FOR FEDERAL OLD-AGE AND SURVIVORS INSURANCE AND FOR NONMEDICAL DISABILITY INFORMATION

Form PA-20 (1-1-60)

Date

TO:
District Manager
Social Security Administration

FROM:

The individual(s) shown (or representative payee) is unable to produce a copy of an award certificate or disallowance letter from the Social Security Administration with reference to an application for benefits or disability freeze under Title 11 of the Social Security Act, as amended.

It is requested that information available from your records, regarding the entitlement of the individuals listed, be furnished this office. The information requested is required for use in determining our claimant's eligibility. The information will be used only for the purpose stated and will not be disclosed to any other organization or individual, except in accordance with regulations or instructions of the Social Security Administration or as provided in the administration of the approved State Public Assistance Plan.

_____
(Signature and Title)

1. ☐ Request for benefit information

2. ☐ This Agency has in its files authorization from the claimant to obtain OASI information. Please furnish quarters of coverage information.

3. ☐ Disability freeze period information

4. *Wage Earner*	*Social Security Account No.*

5. *Wage Earner's Birthdate*	*Date of Death*

6. Enter the following information if the wage earner's account number is unknown:

Place of Birth	*Sex*	*Race*

Father's Name	*Mother's Name*

7. Claimant's Name, Address, and Relationship to the wage earner.

8. Give the wage earner's work during the last 12 months or prior period if work unreported. (If he worked for himself, write "Self-employed.")

Name and Address of Employer	*Work Began*		*Work Ended*	
	Month	*Year*	*Month*	*Year*

9. Did the wage earner serve in the Armed Forces of the United States after September 7, 1939? . . . . ☐ Yes ☐ No

If yes, give approximate dates _____

10. Did the wage earner work in the railroad industry after 1936? . . . . . ☐ Yes ☐ No

11. If the requested information relates to a disability benefit or a disability freeze, give the date the disability began. _____

12. If this request is a follow-up or resubmittal, check the appropriate block and show the date of the prior request:

☐ Follow-up ☐ Resubmittal Date _____

INSTRUCTIONS: When applicant cannot produce award certificate or disallowance letter from the Social Security Administration, send this form if wage earner was issued a Social Security number and worked as an employee after 1936 or was self-employed after 1950. This form is also used when the wage earner was not issued an account number if he had been in military service after 9/7/39 or was employed in any covered work during the past four years. Type or stamp the return address in the space provided on the back of this form.

New Jersey Department of Institutions and Agencies — Transmittal Letter #6 — Page Date 10/59

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

Date:
Re:

The records of the Social Security Administration disclose the following:

1. ☐ Monthly Benefits Awarded

Name of Claimant	Type of Benefit	Date of Birth	Month of Entitlement	Monthly Benefit	Lump Sum	Initial Payment	First Check Due (Est.)

2. ☐ Disability Freeze Allowed

   Date of Onset of Disability _____

   Date Disability Ended _____

3. ☐ No application Filed

4. ☐ Application in Process of Development

5. ☐ Application Disallowed (See Below) Date _____

6. ☐ Wage Earner Not Insured _____

Remarks _____

_____

_____

_____
District Manager

TABLE OF CONTENTS (TEMPORARY)

CHAPTER 2900

OTHER RESPONSIBILITIES

2910.	Notice of County Welfare Board Decision	2910. -2911.1
.1	Legal Requirements	2910. -2911.1
.2	Interpretation	2910. -2911.1
2911.	Notice to Client	2910. -2911.1
.1	Approved Applications	2910. -2911.1
.2	Denials	2911.1-2911.4
.3	Adjustment in Grant	2911.1-2911.4
.4	Continuances Without Adjustment (Optional)	2911.1-2911.4
.5	Closings	2911.5-2911.6
.6	Withdrawals	2911.5-2911.6
.7	Dismissals	2911.7-2911.8
.8	Other Notification	2911.7-2911.8
.9	Transmittal of Notification	2911.9-2912.3
2912.	Notice to Interested Agency	2911.9-2912.3
.1	No Application Filed	2911.9-2912.3
.2	Approved Applications	2911.9-2912.3
.3	Applications Denied, Dismissed, or Withdrawn	2911.9-2912.3
.4	Applications for Persons Found Mentally Incompetent	2912.3-2912.4

TABLE OF CONTENTS FOR 2900 APPENDIX

References	Subject	Appendix Number
	NOTICES OF AGENCY DECISION (SAMPLE LETTERS)	I
2911.1a	Approved Application (Initial payment)	I-i
2911.1a	Approved Application (Initial payment in two payments)	I-ii
2911.1b	Approved Application (Initial Payment Deferred)	I-iii
2911.1c	Approved Application (Change in County Residence)	I-iv
2911.2	Denial	I-iv
2911.3	Adjustment in Grant (Change in regular monthly amount)	I-v
2911.3	Adjustment in Grant (For one month only)	I-v
2911.4	Continuance Without Adjustment	I-vi
2911.5	Closing (Because of Loss of Eligibility)	I-vi
2911.5	Closing (Because of change in county residence)	I-vii
2911.6	Withdrawal	I-vii
2911.7	Dismissal	I-viii

TABLE OF CONTENTS FOR 2900 APPENDIX

Reference	Subject	Appendix Number
	NOTICES OF AGENCY DECISION (& OTHER LETTERS)	I
2911.1a	Approved Application (Initial payment)	I-i
2911.1a	Approved Application (Initial payment in two payments)	I-ii
2911.1b	Approved Application (Initial Payments Deferred)	I-iii
2911.1c	Approved Application (Change in County Residence)	I-iv
2911.2	Denial	I-iv
2911.3	Adjustment in Grant (Change in regular monthly amount)	I-v
2911.3	Adjustment in Grant (For one month only)	I-v
2911.4	Continuance Without Adjustment	I-vi
2911.5	Closing (Because of Loss of Eligibility)	I-vi
2911.5	Closing (Because of change in county residence)	I-vii
2911.6	Withdrawal	I-vii
2911.7	Dismissal	I-viii

2910. NOTICE OF COUNTY WELFARE BOARD DECISION

.1 Legal Requirements

The law requires that upon completion of an investigation the county welfare board shall notify the applicant promptly of its decision in writing.

.2 Interpretation

For administrative purposes this means that each applicant and recipient (except, however, any individual who has died or who cannot be located) shall receive written notice of every agency decision which relates to his eligibility, or the disposition of his application, or a change in the amount of his assistance payment.

The term "agency decision" includes any decision made by executive authority of the director of welfare, as well as any decision made initially by the welfare board, or any change made by formal board action with respect to a previous executive decision.

In addition, any applicant who voluntarily withdraws his application shall receive written confirmation that his request for withdrawal has been officially recognized by the agency.

2911. Notice to Client

All notification of agency decisions shall state in clear, simple language the date, the nature of and the reason for the decision. When enclosures are sent with the notification, specific mention of this fact shall be made.

Since agency decisions vary with the type of situation under consideration, additional explanatory information as listed below shall be provided as a minimum. [See 2900 Appendix I for suggested form letters.]

.1 Approved Applications

a. Initial Payment

Notification to an applicant whose eligibility has been determined and to whom initial payment is being issued shall include the following:

1) A statement of the agency's determinations as to eligibility and amount of assistance;

2911. Notice to Client (Contd.)

.1 a. 2) An explanation of the amount of assistance, the manner of payment, and the period for which the payment(s) is (are) planned to meet the individual's requirements;

3) A statement that

a) Changes in the individual's finances or other circumstances will require a reconsideration of his eligibility, and that

b) His assistance may be affected accordingly;

4) A statement that the individual will receive notification of any decision affecting his future eligibility or amount of assistance.

b. Initial Payment Deferred

Notification to an applicant who is determined to be eligible but for whom initial payment is not to be issued until a later date shall include the following:

1) A statement of the agency's determination as to eligibility;

2) An explanation of the amount of assistance, the manner of payment, the approximate date of the initial payment, and the reason for deferring initial payment to such date;

3) A statement that

a) Changes in the individual's finances or other circumstances will require a reconsideration of his eligibility, and that

b) His assistance may be affected accordingly;

4) A statement that the individual will receive notification of any decision affecting his future eligibility or amount of assistance.

2911. Notice to Client (Contd.)

.1 c. Change in County Residence

Notification to a recipient whose application has been approved following change of customary place of abode from another county shall include:

1) A statement that the individual has been found to be a resident of this county for purposes of assistance, and

2) Therefore, future determinations of eligibility and future payments of assistance will be made by this county welfare board rather than by the welfare board of the county of previous residence.

.2 Denials

Notification to an individual whose application has been denied shall include the following:

a. A statement of the explicit reason for ineligibility, and

b. Advise concerning the individual's right to reapply whenever he believes that his circumstances have changed in such a way that the stated reasons for ineligibility no longer exist.

.3 Adjustment in Grant

Notification to a recipient whose grant has been adjusted shall include the following:

a. A statement of the amounts of both previous and new grants;

b. An explanation of the reason for the adjustment;

c. An identification of the payment, or payments with which the adjustment will take effect.

.4 Continuances Without Adjustment (Optional)

When the welfare board, at its option, sends notification to a recipient whose eligibility has been reconsidered formally for continuance without change in assistance, the notification shall include a statement that:

a. The recipient's eligibility for assistance continues, and

b. The amount of his assistance.

2911. Notice to Client (Contd.)

.5 Closings

a. Notifications to a recipient whose case has been closed shall include:

1) A statement of the ineligibility of the recipient,

2) The explicit reason for closing,

3) The effective date of closing,

4) A statement of the individual's right to reapply whenever he believes that his circumstances have changed in such a way that the stated reasons for ineligibility no longer exist.

b. In addition, in all cases in which the recipient is under an obligation to repay, whether such obligation results from a contractual arrangement (agreement to reimburse) or by reason of fraud or mistake, the notification shall include:

1) A statement of the total amount of assistance which the recipient received from the welfare board and that this amount represents a debt to be repaid if and when ability to pay exists, and

2) Where known assets are involved, pertinent advice to the client concerning the future handling and disposition of such assets, or,

3) In lieu of 1) and 2) a statement that another notification will be sent within sixty days which will give the amount of assistance received from the county welfare board together with pertinent advice concerning the future management and ultimate disposition of known assets.

.6 Withdrawals

While withdrawal by an applicant does not require board decision, the agency should officially recognize the applicant's action through written notification. Such a notification shall include:

a. A statement that the applicant's decision to withdraw his application has been recognized and recorded by the agency and that no further action is being taken on his application,

b. A statement that the applicant has the right to reapply at any time he believes that he is eligible.

2911. Notice to Client (Contd.)

.7 Dismissals

Notification is not pertinent for an application of a person who has died, cannot be located, or whose application was registered in error.

Notification to a person whose application is dismissed because he changed his customary place of abode to another county during the application process shall include:

a. An explanation of the reason for dismissal,

b. A statement that if he is in need he may make application to the CWB of the county in which he is living.

.8 Other Notification

The above instructions relate only to those written notifications which are intended to make known to the applicant or recipient a conclusive agency decision concerning his eligibility, the disposition of his application, or the amount of his assistance payment. It is recognized that it frequently becomes necessary, in the process of arriving at a conclusive agency decision, for the director of welfare to make administrative decisions which are tentative, alternative, or prospective in character, and to communicate such decisions to the client. Examples are:

a. A letter to an applicant or recipient requesting his decision on a stated issue, and indicating how the agency decision will be or may be affected by his decision;

b. A letter to an applicant or recipient informing him that a certain recommendation for decision will be presented to the board at a stated meeting, and affording him opportunity to show cause why such recommendation is unwarranted or to take action which would warrant a change in the recommendation;

c. A letter to a recipient informing him that his payment has been temporarily suspended or withheld for stated cause, and advising him what further action by him, or by the agency, or both, is necessary in relation to a final decision;

d. Any notification of the character referred to in 2103.3 in respect to reason for delay in prompt disposition.

2911. Notice to Client (Contd.)

.9 Transmittal of Notification

a. Written notification of applications approved by the director of welfare (for initial payment) shall accompany such initial payment.

b. Written notification of all other approved applications, and of denials, dismissals and closings shall be transmitted within five working days of the decision.

c. Notifications of adjustments in grants, or approvals of continuance of assistance without change in grant (optional), shall be sent not later than the date of issue of the appropriate checks and may accompany such checks.

d. Written confirmation of withdrawn applications shall be transmitted within five working days of the applicant's request for withdrawal.

2912. Notice to Interested Agency

In any case initially referred by, or known to be receiving assistance or service from a public or private health or welfare agency, notice of disposition of the case shall be sent to such agency in the following manner.

.1 No Application Filed

If after thorough interpretation of the categorical assistance program for which the person was referred, he definitely states he does not wish to apply, notice of such fact shall be sent to the interested agency, including the reason if known.

.2 Approved Applications

If an application for categorical assistance is approved, notice to the interested agency shall be sent in advance of the first payment of assistance, giving the date of such payment.

.3 Applications Denied, Dismissed, or Withdrawn

If the application is denied, dismissed, or withdrawn, the interested agency shall be notified and advised of the reason.

2912. Notice to Interested Agency (Contd.)

.3 (Contd.)

Whenever the application is one in which the permanent and total disability factor has been reviewed by the Bureau, the interested agency shall also be advised of any recommendations of the Medical Service Section for medical care or social change for the client as given on Form DA-2a.

.4 Applications for Persons Found Mentally Incompetent

In cases where the applicant has been determined to be incompetent to handle his assistance payment, and arrangements for payment through a legal guardian or authorized custodian (see 2560) [1] must be completed prior to initial payment, notice of the situation shall be sent to any agency currently providing maintenance assistance. Further notice shall be sent at the time of first payment.

[1] Until issued see Section 27 of County Series No. 3.

APPENDIX SECTION

CHAPTER 2900
OTHER RESPONSITILITIES

2911.1a - APPROVED APPLICATION (Initial payment)

Registration No._____ Date_____

Dear (Mr.,Miss, Mrs.)

Based on information we now have, which may not be complete, you have been found eligible for_____assistance.

Enclosed is a check for $_____for the period beginning today until_____ _____19___. You will receive the next payment by check for $_____on or about _____19___ and each month thereafter. Any question you may have about these amounts should be discussed with your caseworker.

It will be necessary to review your eligibility from time to time. Any change in your circumstances may require a change in your assistance payment.

You will be informed by letter whenever a change in your assistance payment is necessary, or if there is a decision that you are no longer eligible.

Enclosed you will find:

Very truly yours,

_____COUNTY WELFARE BOARD

_____, Director

2911.1a - APPROVED APPLICATION (Initial payment in two payments)

Registration No._____ Date_____

Dear (Mr., Miss, Mrs.)_____

Based on information we now have, which may not be complete, you have been found eligible for_____assistance.

Enclosed is a check for $_____for the period beginning today until_____ 19__. You will receive the next payment by check for $_____on or about _____19__ for the period from that date until_____19__. Thereafter you will receive a check for $_____on or about the first of each month. Any question you may have about these amounts should be discussed with your caseworker.

It will be necessary to review your eligibility from time to time. Any change in your circumstances may require a change in your assistance payment.

You will be informed by letter whenever a change in your assistance payment is necessary, or if there is a decision that you are no longer eligible.

Enclosed you will find:

Very truly yours,

_____COUNTY WELFARE BOARD

_____, Director

2911.1b - APPROVED APPLICATION (Initial Payment Deferred)

Registration No._____ Date_____

Dear (Mr., Miss, Mrs.)_____

This is to inform you that you have been found eligible to receive_____ assistance.

You will receive the first payment of $_____ on or about_____ 19_____.
Payment is not being made until that time because_____
_____

Thereafter you will receive a check in the amount of $_____ on or about the first of each month. Any question you may have about these amounts should be discussed with your caseworker.

It will be necessary to review your eligibility from time to time. Any change in your circumstances may require a change in your assistance payment.

You will be informed by letter whenever a change in your assistance payment is necessary, or if there is a decision that you are no longer eligible.

Enclosed you will find:

Very truly yours,

_____ COUNTY WELFARE BOARD

_____, Director

NOTICES OF AGENCY DECISION (SAMPLE LETTERS) 2900 Appendix I

2911.1c - APPROVED APPLICATION (Change in County Residence)

Registration No._____ Date_____

Dear (Mr., Miss, Mrs.)_____

At a meeting on_____19___, the_____County Welfare Board found that you are a resident of this county for purposes of_____assistance. Therefore, future decisions about your eligibility and future payments of assistance will be made by this county welfare board rather than by the welfare board of the county of your previous residence.

You have been granted assistance in the amount of $_____beginning with a payment to be issued by check on or about_____19___.

As you already know, it will be necessary to review your eligibility from time to time. Any change in your circumstances may require a change in your assistance payment.

Enclosed you will find:

Very truly yours,

_____COUNTY WELFARE BOARD

_____, Director

2911.2 - DENIAL

Registration No._____ Date_____

Dear (Mr., Miss, Mrs.)_____

This is to inform you that you have been found ineligible for_____ assistance because:

You have the right to reapply whenever you believe that your circumstances have changed in such a way that the stated reason for ineligibility no longer exists.

Enclosed you will find:

Very truly yours

_____COUNTY WELFARE BOARD

_____, Director

2911.3 - ADJUSTMENT IN GRANT (Change in regular monthly amount)

Registration No. _____ Date _____

Dear (Mr., Miss, Mrs.) _____

This is to inform you that your monthly assistance payment has been changed from $_____ to $_____ because _____

This change starts with the check which (is enclosed) (you will receive on or about _____ 19__), and future monthly payments will continue to be in the same new amount unless you are advised of a further change.

Very truly yours,

_____ COUNTY WELFARE BOARD

_____, Director

2911.3 - ADJUSTMENT IN GRANT (for one month only)

Registration No. _____ Date _____

Dear (Mr., Miss, Mrs.) _____

This is to inform you that your assistance payment for this month has been changed from $_____ (1) to $_____ (2) because (3)

This change applies only to the check which (is enclosed) (you will receive on or about _____ 19__). Thereafter future monthly payments will be in the amount of $_____ (4) until you are advised of a further change.

Very truly yours,

_____ COUNTY WELFARE BOARD

_____, Director

(1) Insert here the actual amount of total payment for previous month.
(2) Insert here the actual amount of total payment for this month.
(3) Word explanation so that client will understand how much extra money has been made available to meet one or more special requirements.
(4) Insert here the exact amount of the regular monthly grant, exclusive of non-recurring adjustments for special requirements.

2911.4 - CONTINUANCE WITHOUT ADJUSTMENT

Registration No._____ Date_____

Dear (Mr., Miss, Mrs.)_____

At a meeting on_____ 19____, the_____ County Welfare Board found that you continue to be eligible for_____ assistance. Your assistance payment will still be in the amount of $_____.

You will be informed by letter if any change in your assistance payment is necessary, or if there is a decision that you are no longer eligible.

Enclosed you will find:

Very truly yours,

_____ COUNTY WELFARE BOARD

_____, Director

2911.5 - CLOSING (Because of Loss of Eligibility)

Registration No._____ Date_____

Dear(Mr., Miss, Mrs.)_____

This is to inform you that you are no lonber eligible for_____ assistance because

Therefore, you received your last assistance check on _____ 19____.

You have the right to reapply whenever you believe that your circumstances have changed in such a way that the stated reason for ineligibility no longer exists.

According to our records, you received_____ assistance payments* in the total amount of $_____. According to law, this represents a debt to be repaid by you or your estate at any time that ability to pay exists. (Or an explanation that a statement of the assistance received will be mailed within 60 days.)

(Provide here pertinent advice to the client concerning the future handling and disposition of any known assets.)

Enclosed you will find:

Very truly yours

_____ COUNTY WELFARE BOARD

_____, Director

*In any case for which partial reimbursement has already been received insert here the phrase: ", less repayment already received,"

2911.5 - CLOSING (Because of Change in County Residence)

Registration No._____ Date_____

Dear (Mr., Miss, Mrs.)_____

The_____County Welfare Board has been notified that your application as a resident of_____County has been acted upon by the_____County Welfare Board.

Therefore at a meeting on_____19__, the_____County Welfare Board ordered your assistance grant from this county discontinued.

According to our records you received_____assistance payments* in the total amount of $_____from the_____County Welfare Board. According to law, this represents a debt, without interest, to be repaid by you or your estate at any time that ability to pay exists. (Or an explanation that a statement of the assistance received will be mailed within 60 days.)

(Provide here pertinent advice to the client concerning the future handling and disposition of any known assets, particularly any transfer of assets to the custody of another county welfare board.)

Very truly yours,

_____COUNTY WELFARE BOARD

_____, Director

*In any case for which partial reimbursement has already been received insert here the phrase: ", less repayment already received,"

2911.6 - WITHDRAWAL

Registration No._____ Date_____

Dear (Mr., Miss, Mrs.) _____

In your (letter or interview) of_____19__, you stated that you wished to withdraw your application for_____assistance.

This is to inform you that we have officially noted your withdrawal and will therefore take no further action on your application.

You have the right to reapply at any time you believe that you are eligible.

Enclosed you will find:

Very truly yours

_____COUNTY WELFARE BOARD

_____, Director

2911.7 - DISMISSAL

Registration No._____ Date_____

Dear (Mr., Miss, Mrs.)_____

On_____19__ we registered your name as an applicant for_____ assistance. This is to notify you that the application has been dismissed as of _____19____because *

You have the right to reapply at this office at any time if you believe you are eligible and wish to have your eligibility considered.

Enclosed you will find:

Very truly yours,

_____COUNTY WELFARE BOARD

_____, Director

* Situations (other than death or inability to locate applicant) in which disposition by dismissal is appropriate:

1. Applicant fails to advise welfare board of decision to continue with application within stipulated time limit after first interview.

2. Applicant fails to reply to acknowledgement by welfare board of his initial request for assistance by mail or phone or referral within stipulated time limit.

3. Application registered by referral on assumption person was authorized to act for individual concerned but first contact with individual revels he does not wish to apply.

Rules & Regulations
I & A
File
Thompson

October 13, 1959

Honorable Edward J. Patten
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing are corrected sub-sections of the new Manual of Administration issued by the Bureau of Assistance, Division of Welfare, of this department.

We direct your attention to the enclosed copy of Transmittal Letter #5, which includes specific instructions for insertions and pen and ink corrections.

Very truly yours

John W. Tramburg

JWT:4

John W. Tramburg, Commissioner

CC: H. Curtis Meanor, Acting Secretary to the Governor ✓
Elmer V. Andrews, Director, Division of Welfare
Mrs. Elizabeth Feehan, Secretary, State Board of Control

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

BUREAU OF ASSISTANCE

REGULATION # Manual of Administration

ISSUED: 8/59
(Date)

REV.: 10/59
(Date)

TITLE: None - (Related to policy and procedure OAA and DA)

SUBJECT: Various

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

; Chief
Bureau of Assistance

Approved:
By: John H. Tramburg

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

TRANSMITTAL LETTER #5

October 17, 1959

TO: COUNTY WELFARE BOARDS

In order to correct a confusing error in the numbering and headings in sub-chapter 2250, Institutional Status and Eligibility, four pages (obverse and reverse) have been recut, as well as page v of the Table of Contents for 2200. These corrected pages are attached hereto for insertion in the Manual of Administration as follows:

1. Remove and destroy page v of Table of Contents for Chapter 2200 dated 8/59, and insert page v, dated 10/59.

2. In section 2253, starting with item .2b, "Rehabilitation Centers," remove four pages dated 8/59. The reverse side of the fourth page contains 2254.1-2254.3, Certification of Need for Patient Care.

Insert in their place the attached four pages dated 10/59, starting with item 2253.2b, "Rehabilitation Centers," and ending with item 2254.3, "Certification for Public Institution for Acute Care."

3. Pen and ink corrections

As a result of the renumbering of the above pages it is necessary to make pen and ink changes in cross references as follows:

In item 2235.4, "Submission of PA-4 for Applicant Requiring Patient Care," at bottom of page, change the cross reference from 2255. to 2254.

In sub-item 2250.1b, "Private Institution" in paragraph 3) at bottom of page, change the cross reference from 2253.2d to 2253.3.

In item 2251.5, "Eligible Non-profit or Charitable Home," at end of paragraph change the cross reference from 2253.2d to 2253.3.

Very truly yours,

Irving Engelman

Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved
Elmer V. Andrews, Director
Division of Welfare

TABLE OF CONTENTS

CHAPTER 2200

DETERMINATION OF ELIGIBILITY FACTORS OTHER THAN NEED

2250.	Institutional Status and Eligibility	2250. -2250.1
.1	Explanation of Laws	2250. -2250.1
2251.	Definition of Terms	2251. -2251.1
2252.	Certification of Institutions; Evidence	2252. -2252.2
2253.	Eligibility for Assistance in Institutions	2253. -2253.2
.1	Eligible Public Medical Institutions	2253. -2253.2
.2	Eligible Private Medical Institutions	2253. -2253.2
a.	Licensed Nursing Homes, Infirmaries of Non-Profit or Charitable Homes	2253. -2253.2
b.	Rehabilitation Centers	2253.2-2253.3
c.	Private General Hospitals	2253.2-2253.3
.3	Non-profit or Charitable Homes	2253.2-2253.3
.4	Approved Boarding Homes for Sheltered Care	2253.3-2253.4
2254.	Certification of Need for Patient Care (Forms PA-4, ODA-26)	2254. -2254.3
2255.	Patient Index	2254.4-2255

2253. Eligibility For Assistance in Institutions (Contd.)

.2 b. Rehabilitation Centers

No general policy has been established in respect to assistance allowances for treatment and/or training in rehabilitation centers. Normally recipients enter such facilities under the special agreement with and as the financial responsibility of the Rehabilitation Commission. [See 2870] 1/

However, if a recipient seeking or recommended for such rehabilitative services is not accepted for service by the Commission, the Medical Service Section of the State Bureau may be consulted. Where there is a possibility of substantial benefits to the recipient in the areas of self-care and personal independence, approval can be given by the Bureau on an individual case basis, for meeting the cost of such treatment and/or training in rehabilitation centers, approved by the Department.

c. Private General (Voluntary) Hospitals

Individuals who are patients in private general hospitals are not eligible for OAA or DA under existing laws.

No application for OAA or DA shall be officially registered for an individual under care in a private general hospital unless the application is being made in contemplation of the individual's leaving the institution as soon as assistance can be made available.

[See 2530 in respect to suspension of payments to recipients while patients in private general hospitals.] 2/

.3 Non-profit or Charitable Homes

In order to determine whether or not an individual is eligible to receive assistance to purchase board and care, or patient care, in a non-profit or charitable home, certain special requirements are established to assure compliance with the intent of the law.

1/ Until issued see Ruling No. 26
2/ Until issued see Section 18 C, of County Series No. 3

2253. Eligibility for Assistance in Institutions (Contd.)

.3 a. Basic Principles

1) No individual is eligible for public assistance unless he is officially determined to be a "needy person," according to the official standards of the responsible public agency. "Need" is not synonymous with "absence of income." Any individual, who is in fact provided with all goods and services necessary for a minimum subsistence compatible with decency and health, is not in need of public assistance unless it can be demonstrated that he has an obligation, enforceable at law or in equity at the instance of the provider, to pay for all or some portion of the goods and services so provided, and that he lacks the resources to make such payment.

2) Any private institution has the right to determine and maintain its own rules, standards, fees, etc., governing the admission to and continued residence of persons in its establishment, and no interference with such right is intended by these regulations.

3) Any private institution, and any individual seeking the services of such institution or persons acting on the individual's behalf in seeking such services, have the right freely to arrange and agree with one another, whether by written contract or otherwise, and no such arrangement or agreement is or shall be impaired or controlled by these regulations so long as the arrangement or agreement does not contemplate or result in the filing of an application for OAA or DA.

4) The CWB is not responsible and does not assume responsibility for obligations incurred by an applicant for or recipient of assistance. However, beginning at the time an individual is officially determined to be eligible for assistance, the CWB takes his current obligations into consideration in determining the amount of assistance he may receive.

5) The CWB is not responsible and does not assume responsibility to compensate, directly or indirectly, any person or agency for the value of goods and services voluntarily furnished or donated to an applicant for or recipient of assistance.

2253. Eligibility for Assistance in Institutions (Contd.)

.3 b. Determination of Needy Individual

1) No individual who has entered or is about to enter a Home will be considered a "needy individual" eligible for assistance, unless he has entered or is about to enter such Home pursuant to an approved "pay-as-you-go" agreement as defined below. If an individual has entered or is about to enter a Home under any arrangement other than an approved "pay-as-you-go" agreement, it will be presumed that pursuant to such arrangement (whatever its terms and whether or not reduced to writing) the Home will continue to provide for the individual's care and maintenance so long as the individual in fact remains in the Home, and such individual is therefore not a "needy individual" eligible for assistance.

2) A "pay-as-you-go" agreement means an agreement between the Home and the individual having the following elements:

a) The agreement is stated in writing and was reduced to writing within the following time limits:

(1) In the case of an individual admitted to the Home prior to July 1, 1953, at or about the date of admission;

(2) In the case of an individual admitted to the Home on and after July 1, 1953, but before whatever subsequent date may be officially certified by the Bureau as the beginning date of the Home's approved "pay-as-you-go" plan, within 30 days following such date;

(3) In the case of an individual admitted to the Home after the approved "beginning date" referred to in (2), within 30 days following admission.

b) The agreement obligates the individual to pay a stipulated amount of money per diem, per week or per month on a continuing basis, in return for board, lodginf and care to be furnished by the Home.

c) The periodic amount so stipulated may be subject to change from time to time, but only in accordance with general rules applicable to all other "pay-as-you-go" residents in the Home.

2253. Eligibility for Assistance in Institutions (Contd.)

.3 b. 2) d) The amount so stipulated may be greater or less then the authorized maximum assistance allowance for such service, but it shall be understood that in the event it becomes necessary for the resident to apply for assistance, the CWB will not thereafter take into consideration any obligation greater than the authorized maximum assistance allowance for such service.

e) Neither the resident nor other person on his behalf has contributed, paid or donated any lump sum amount of money or property additional to the periodic amount, and no one is obligated to make or procure any such contribution, payment or donation, except for specified extra services, unless the payment represents merely a convenience deposit to be held in trust by the Home for the resident's use and the unused portion of which is owned by and returnable to the resident at any time on his request.

f) Any agreement by the resident to make a testimentary disposition in favor of the Home shall not be construed to be in violation of element e).

g) If the Home, under its own rules and practices, affords "life-care contracts" to some admittees, it must be demonstrated that the individual (if he applies for assistance) was unwilling, unable, or ineligible to purchase a "life-care contract."

h) If the Home, under its own rules and practices, affords "free" care to some admittees, it must be demonstrated that the individual (if he applies for assistance) was not within the class or classes eligible for "free" care.

i) The agreement is authorized by and consistent with the charter, by-laws, and published rules of admission of the Home.

2253. Eligibility for Assistance in Institutions (Contd.)

.3 c. Allowable Rates and Budgetary Procedures in Homes

When the client is purchasing room and board (domiciliary care) with personal services, the same maximum applies as established in the Budget Manual Appendix 4.

When a client is purchasing patient care in a licensed or approved infirmary section, the same maximum applies as established in Budget Manual 310.

In respect to method of payment and refunds, see 2570.[1]

d. Applicability of Certain Other Eligibility Requirements

1) All statutory provisions and official Bureau policy in respect to assignment of assets, execution of an agreement to reimburse, and payment for funeral and burial costs which affect applicants and recipients generally, shall equally affect residents of Homes who apply for OAA or DA.

2) In respect to determination of customary place of abode and county of responsibility for applicants who are residents of such Homes or who plan to enter such homes, see 2221.3 and 2226.1; for recipients who wish to enter homes see 2226.2.

e. Special Procedures

1) Applicants

a) In processing an application for an individual who is a resident of a Home, or who plans to enter a home, the investigation shall proceed in the usual manner, but assistance payments shall not be made in an approved application until a copy of the "pay-as-you-go" agreement, made between the applicant and the Home, is available and on file in the case record.

b) If it is found that the applicant's arrangement with the Home is under some arrangement other than an approved "pay-as-you-go" agreement, then the application shall be denied. The stated cause for denial in such cases shall be "Other Resources of Applicant" (item 13 on Forms OA-8 and DA-8), unless the application is denied, withdrawn or dismissed for other cause.

[1] Until issued see Attachment No. 10 to County Series No. 3

2253. Eligibility for Assistance in Institutions (Contd.)

.3 e. 2) Recipients Entering Home

a) In like manner if a recipient enters or plans to enter a Home, and requests continuance of assistance, the determination of continuing eligibility will include obtaining a copy of the "pay-as-you-go" agreement prior to payment of assistance subsequent to admission.

b) If it is found that a recipient has entered or will enter a Home under some arrangement other than an approved "pay-as-you-go" agreement, assistance shall be terminated and the case closed.

The stated cause for closing such an OAA case shall be "Admitted to voluntary (private) institution" (Item 04 on Form OA-13.)

.4 Approved Boarding Homes for Sheltered Care

a. Board and Care

Applicants and recipients who are purchasing or who plan to purchase shelter in a boarding home offering room, board and personal services to four or more adults unrelated to the operator, are eligible to receive assistance provided the home is an eligible home in that it has been approved by the Department.

Boarding homes which serve less than four adults unrelated to the operator, or which, while serving four or more adults, provide no personal services beyond room and board are not subject to Department approval and do not come within the meaning of an institution. Residents of such homes are eligible to receive assistance.

[See Budget Manual Appendix 4 for rates, etc.]

b. Patient Care

An applicant or recipient who requires "patient care" may receive assistance to purchase such care in a boarding home under conditions stated in Budget Manual 300.

2253. Eligibility for Assistance in Institutions (Contd.)

.4 b. (Contd.)

It is recommended that CWB avoid, so far as possible, arranging for clients to purchase patient care in approved boarding homes. There is question as to whether the operator serving 4 or more persons can provide adequate nursing services in addition to her other responsibilities. Also, in any home serving elderly persons there is likelihood that one or more will become chronically ill; obviously, if there is already one resident in patient status when this occurs, an immediate problem is created for both operator and CWB.

It is recognized that there are instances in which the operator of a home serving only one or two persons is willing and can provide excellent individualized care to a client in patient status. Preference should be given to an establishment of this kind in selecting a boarding home arrangement for a client in patient status.

[See 2254.4, below, for certification of patient status.]
[See Budget Manual 300 for rates.]

In respect to patient care in the home of related persons or in client's own home see Budget Manual 300.

2254. Certification of Need for Patient Care

.1 Certification Form PA-4 (Chronically Ill)

Certification by a licensed physician that an applicant or recipient requires patient care will be accomplished by completion of section A on Form PA-4 in respect to care in

a. Eligible public medical institutions providing care for chronically ill;

b. Licensed private nursing homes;

c. Approved infirmaries of non-profit or charitable homes.

.2 Certification of Patient Status in Public Medical Institution (Chronically Ill)

Form PA-4 (section B on reverse) also provides certification that a client who is receiving care in a public medical institution is in fact in "in-patient status" according to the following criteria:

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

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

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

.3 Certification for Public Institution for Acute Care

It is assumed that every client is admitted to a public general hospital only by a physician's order. At the present there is no special standard form required for this purpose. However, the case record shall include full details of diagnosis, dates of admission and discharge, etc.

Thompson

File
Rules + Regs.

August 28, 1959

Honorable Edward J. Patten
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing are sections of a new Manual of Administration issued by the Bureau of Assistance, Division of Welfare, of this department.

We direct your special attention to the enclosed copy of Transmittal Letter #4, which gives details as to the effect of this new material on previous regulations and includes specific instructions for cancellations, corrections and insertions.

Very truly yours

John W. Tramburg

JWT:4

John W. Tramburg, Commissioner

CC: H. Curtis Meanor, Acting Secretary to the Governor
Elmer V. Andrews, Director, Division of Welfare
Mrs. Elizabeth Feehan, Secretary, State Board of Control

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

BUREAU OF ASSISTANCE

REGULATION # ~~Manual of Administration~~

ISSUED: ~~8/52~~
(Date)

REV.: _____
(Date)

TITLE: ~~None - (Related to policy and procedure OAA and DA)~~

SUBJECT: ~~Various~~

STATUTORY REFERENCE: ~~P.L. 414:756~~

_____, Chief
Bureau of Assistance

Approved:
By: John H. Tramburg

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

TRANSMITTAL LETTER #4

August 28, 1959

TO: COUNTY WELFARE BOARDS

Attached is one copy each of the following additional material for the Manual of Administration, staff copies of which are being forwarded under separate cover:

Title

Table of Contents for Chapter 2200 - Revised page iii and new pages iii-v.

Table of Contents for 2200 Appendix

Permanent and Total Disability (2230.-2237.5)

Institutional Status and Eligibility (2250-2255)

2200 Appendix IVA, Instructions to State Institutions on Referrals

2200 Appendix V, Resolutions by State Board of Control

2200 Appendix VI, Psychiatric Diagnostic Facilities

2200 Appendix VII, Special Agreement with Pinehaven Nursing Home

Instructions on Superseded Regulations:

Remove from Ruling Series and destroy:

Ruling No.17, Assistance to Residents of Non-profit orCharitable Homes

County Series No. 3 - Since major portions of County Series No. 3 are now obsolete the following explanation of the status of each section is provided for your guidance:

Section	Subject	Status
1	Explanation	Cancelled, strike out
2	Effective Date of Instruction	" " "
3	Resolutions by State Board of Control	" " "
4	Effective Date of Program	" " "

To County Welfare Boards
Re Transmittal Letter #4

8/59

Section	Subject	Status
5	Effect of OAA Regulations	Cancelled, strike out
6	Method of Registration	" " "
7	Intake Procedures	" 2/28/59
8	Record of Inquiries	" 2/28/59
9	Case Record Forms	Retain for present
10	Plan for Application Interview	Cancelled 2/28/59
11	Establishing Eligibility	
A	Permanent and Total Disability	Cancelled, strike out
B	Age	" 2/28/59
C	Residence	" , strike out
D	Financial Need	Retain for present
E	Responsible Relatives	" " "
F	Institutional Status	Cancelled, strike out
G	Transfer of Property	Retain for present
H	Duplication of Program	Cancelled 2/28/59
I	Resources, etc.	Cancelled, strike out
J	Special Factors for Intake Interview	" 2/28/59
12	Arrangements for Initial Medical Exam	" , strike out
13	Special Diagnostic Services	" " "
14	Applications of Incompetent Persons	
	Introduction (p.22)	Cancelled 2/28/59
A	Initial Identification of Incompetent	
	1. Applicant Represented by Legal Guardian	" 2/28/59
	2. Criteria for Probable Mental Incompetency	" 2/28/59
	3. Identification of Other Incompetents	Retain for present
B	Initiation of Application	Cancelled 2/28/59
C	Procedures following Registration, etc.	
	1. Old Age Assistance	
	a. Mentally Incompetent Persons	Cancelled 6/15/59
	b. Other Incompetent Persons	Retain for present
	c. Application for OAA, Institution	Cancel, strike out
	2. Disability Assistance	Cancelled, strike out
15	Eligibility of Residents of Institutions	" " "
16	Procedures for Patient Care in Public Medical Institutions	" " "
17	Procedures for Patient Care in Eligible Private Medical Institutions (other than General Hospitals) and in Family Homes	Cancelled, strike out
18	Eligibility in Private General Hospitals	
A		Strike out
B		Strike out
C		Retain for present
19	Applications for Persons with Visual Disability	Cancelled, strike out
20	Determination of P and T Disability- A State Function	Cancelled, strike out
21	Transmittal of Records	" " "
22	Agency Procedure After Bureau Action	" " "

To County Welfare Boards
Re Transmittal Legger #4

8/59

Section	Subject	Status
23	Notice of Agency Action	Retain for present
24	Review of Continuing Eligibility	" " "
25	Determination of Permanent and Total Disability in Reapplications and Reopened Cases	Cancelled, strike out
26	Procedures for Persons Referred for DA by SBCW	" " "
A	General Statement	" " "
B	Application from HLA Family	" " "
C	Referral of Child Under Care, etc.	" " "
D	Determination Eligibility Mentally Disabled Child	" " "
E	Guardianship for Eligible, etc.	Retain for present
F	Notification of Decision	" " "
	Circular letter Jan. 9/59 re: Initial Medical Examination for HLA Fathers	Destroy
27	Methods of Paying Assistance to Incompetent Persons	Retain for present

Retain all Attachments until further instructions are issued.

Corrections for Manual material issued with Transmittal Letters #1, 2/28/59, #2, 5/10/59 and #3, 6/15/59.

The following temporary foot-notes may be eliminated:

2112.1b Strike out footnote symbol 1 and corresponding footnote

2115.1 Strike out footnote symbol 3 and corresponding footnote

2115.2c Strike out footnote symbol 1 and corresponding footnote

2241. Strike out footnote symbol 1 and corresponding footnote

2242.1a In second paragraph change the reference to 2234.6 and strike out the bracketed phrase "(when issued)".

2242.2 Strike out footnote symbol 1 and corresponding footnote

2243.2 Strike out footnote symbol 2 and corresponding footnote

2245. Strike out footnote symbol 4 and corresponding footnote

Destroy page iii of Table of Contents for 2200.

Very truly yours,

Irving Engelman, Chief
Bureau of Assistance

IE/MCRc

Approved
Elmer V. Andrews, Director
Division of Welfare

To County Welfare Boards
Re Transmittal Letter #4

Section	Subject	Status
23	Notice of Agency Action	Retain for present
24	Review of Continuing Eligibility	" " "
25	Determination of Permanent and Total Disability in Reapplications and Reopened Cases	Cancelled, strike out
26	Procedures for Persons Referred for DA by SSDW	" " "
A	General Statement	" " "
B	Application from MAA Family	" " "
C	Referral of Child Under Care, etc.	" " "
D	Determination Eligibility Mentally Disabled Child	" " "
E	Guardianship for Eligible, etc.	Retain for present " " "
F	Notification of Decision	
	Circular Letter Jan. 9/59 re: Initial Medical Examination for MAA Fathers	Destroy
27	Methods of Paying Assistance to Incompetent Persons	Retain for present

Retain all Attachments until further instructions are issued.

Corrections for Manual material issued with Transmittal Letters #3, 2/23/59, #4, 5/20/59 and #5, 6/15/59.

The following temporary foot-notes may be eliminated:

2112.1b Strike out footnote symbol $\frac{1}{4}$ and corresponding footnote

2115.1 Strike out footnote symbol $\frac{2}{3}$ and corresponding footnote

2115.2c Strike out footnote symbol $\frac{1}{4}$ and corresponding footnote

2241. Strike out footnote symbol $\frac{1}{4}$ and corresponding footnote

2242.1a In second paragraph change the reference to 2234.6 and strike out the bracketed phrase "(when issued)".

2242.2 Strike out footnote symbol $\frac{1}{4}$ and corresponding footnote

2243.2 Strike out footnote symbol $\frac{2}{3}$ and corresponding footnote

2245. Strike out footnote symbol $\frac{2}{3}$ and corresponding footnote

Destroy page iii of Table of Contents for 2200.

Very truly yours,

Irving Ingelman, Chief
Bureau of Assistance

IE/MORe

Approved
Elmer V. Andrews, Director
Division of Welfare

TABLE OF CONTENTS

CHAPTER 2200

DETERMINATION OF ELIGIBILITY FACTORS OTHER THAN NEED

2228.	Eligibility of Recipients Who Leave New Jersey	2228. -2228.2
.1	Preliminary Statement	2228. -2228.2
.2	Permanent Removal	2228. -2228.2
.3	Temporary Visit Out of State	2228.2-2228.3
.4	Special Approval Procedures	2228.3-2228.4
.5	Control of Out-of-State Cases	2228.5-2228.7
.6	Notice to Recipient and Agency of Suspension or Closing	2228.5-2228.7
.7	Medical and Patient Care During Out-of-State Visit	2228.5-2228.7
2229.	Reciprocal Agreements with Other States	2229. -2229.1
.1	General Principles	2229. -2229.1
.2	Administrative Procedures	2229.1-2229.3
.3	Agreements with Specific States - See 2200 Appendix for Texts	2229.1-2229.3
2230.	Permanent and Total Disability	2230. -2232.2
2231.	Definition	2230. -2232.2
2232.	Determination of Permanent and Total Disability a State Function	2230. -2232.2
.1	Administrative Review Team	2230. -2232.2
.2	Medical Review Teams	2230. -2232.2
.3	Psychiatric Diagnostic Facilities	2232.3
2233.	General Criteria	2233. -2233.1
.1	Permanent Factor	2233. -2233.1
.2	Total Factor	2233.1-2233.2
.3	Permanent and Total Factor	2233.2-2233.3
2234.	Special Criteria for Consideration	2234. -2234.1
.1	Applicant with Visual Defect	2234. -2234.1
.2	Applicant with Diagnosis of Active Tuberculosis	2234.2
.3	Applicant with Mental Defect, Disease or Impairment	2234.3
.4	Determination as to Whether Applicant is Homemaker	2234.4
.5	Capacity for Work; Employment	2234.5
.6	Refusal to Accept Recommendations for Diagnostic Evaluation, Medical Treatment or Related Services	2234.6

TABLE OF CONTENTS

CHAPTER 2200

DETERMINATION OF ELIGIBILITY FACTORS OTHER THAN NEED

2235.	County Welfare Board Responsibilities	2235. -2235.1
.1	Initial Medical Examination	2235. -2235.1
.2	Ophthalmological Examination	2235.1-2235.2
.3	Examinations and Reports on Mental Conditions	2235.2-2235.3
.4	Submission PA-4 for Applicant Requiring Patient Care	2235.3-2235.4
.5	Procedures in Reapplications and Reopened Applications	2235.5
.6	Concurrent Investigation of Other Eligibility Factors	2235.5-2235.6
2236.	Transmittal of Records	2236. -2236.1
.1	County Welfare Board to Bureau	2236. -2236.1
.2	Return to County Welfare Board	2236.1-2236.2
2237.	Procedure After Bureau Action	2237. -2237.2
.1	"Approved" Cases	2237. -2237.2
.2	"Undetermined" Cases	2237. -2237.2
.3	"Disapproved" Cases	2237.2-2237.4
.4	Payment of Examining Physician	2237.2-2237.4
.5	Action on Application of Visually Disabled Individual	2237.5
2240.	Need for Care in Institution for Tuberculosis or Mental Condition	2240. -2242.1
2241.	Legal Requirements	2240. -2242.1
2242.	Applicants with Tuberculosis	2240. -2242.1
.1	Old Age Assistance	2240. -2242.1
.2	Disability Assistance	2242.2-2243.1
2243.	Applicants with Psychosis or Mental Defect	2242.2-2243.1
.1	Old Age Assistance Applicant	2242.2-2243.1
.2	Disability Assistance Applicant	2243.1-2245.
2244.	Recipients with Tuberculosis or Mental Condition [See also 2600.]	2243.1-2245.
2245.	Need for Patient Care in Eligible Medical Institution [See also 2250.]	2243.1-2245.

TABLE OF CONTENTS

CHAPTER 2200

DETERMINATION OF ELIGIBILITY FACTORS OTHER THAN NEED

2250.	Institutional Status and Eligibility	2250. -2250.1
.1	Explanation of Laws	2250. -2250.1
2251.	Definition of Terms	2251. -2251.1
2252.	Certification of Institutions; Evidence	2252. -2252.2
2253.	Eligibility for Assistance in Institutions	2253. -2253.2
.1	Eligible Public Medical Institutions	2253. -2253.2
.2	Eligible Private Medical Institutions	2253. -2253.2
a.	Licensed Nursing Homes, Infirmaries of Non-Profit or Charitable Homes	2253. -2253.2
b.	Rehabilitation Centers	2253.2
c.	Private General Hospitals	2253.2
d.	Non-profit or Charitable Homes	2253.2
e.	Approved Boarding Homes for Sheltered Care	2253.2
2254.	Certification of Need for Patient Care (Forms PA-4, ODA-26)	2254. -2254.3
2255.	Patient Index	2254.4-2255

2250. Institutional Status and Eligibility 2250. -2250.3

.1 Explanation of Laws 2250. -2250.1

2251. Definition of Terms 2251. -2251.1

2252. Certification of Institutions; Evidence 2252. -2252.2

2253. Eligibility for Assistance in Institutions 2253. -2253.2

.1 Eligible Public Medical Institutions 2253. -2253.2
.2 Eligible Private Medical Institutions

a. Licensed Nursing Homes, Infirmaries of Non-Profit or Charitable Homes 2253. -2253.2
b. Rehabilitation Centers 2253.2
c. Private General Hospitals 2253.2
d. Non-profit or Charitable Homes 2253.2
e. Approved Boarding Homes for Sheltered Care 2253.2

2254. Certification of Need for Patient Care (Forms PA-4, CDA-25) 2254. -2254.3

2255. Patient Index 2254.4-2255

TABLE OF CONTENTS FOR 2200 APPENDIX

Reference	Subject	Appendix Number
2213.	Sources of Evidence of Age	I
2224.2	Sources of Evidence of Residence	II
2229.3	Reciprocal Agreement with New York (OAA)	III-A
	" " " Wisconsin (OAA)	III-B
2227.2	Sample Form PA-12, Referral by State Mental Institution to Public Assistance	IV
	Instructions to State Institutions on Referrals	IV-A
2234.3a	Resolutions by State Board of Control	V
2234.3b	Psychiatric Diagnostic Facilities	VI
2250.4b	Special Agreement with Pinehaven Nursing Home	VII

2230. PERMANENT AND TOTAL DISABILITY

2231. Definition

For purposes of public assistance in New Jersey a permanently and totally disabled person is a person (i.e., needy person) who by reason of a permanent physical or mental defect, disease or impairment other than blindness (see 2234.1), is disabled to a degree that prevents him from performing a useful occupation existent in the community and within his competence.

The phrase "permanently and totally disabled" is not identical with the following: Disability (total or partial) for purposes of veterans benefits, certain insurance contracts, workmen's compensation, various public and private employees retirement systems, recovering damages in an action at law, benefits under the N.J. Temporary Disability Benefits law, or similar wage loss replacement plans, or benefits under the Federal Disability benefits program initiated in 1957 (OASDI-Disability Determination); invalidity, invalidism, long-term patient or chronic illness; incapacity, permanent disability or residual disability; unemployment, unemployability, or socially unemployable.

2232. Determination of Permanent and Total Disability a State Function

By law, the determination of the factor of permanent and total disability is a direct responsibility of the State agency. This responsibility is exercised by the Bureau of Assistance, Medical Service Section. Determination of all other factors of eligibility is the responsibility of the County Welfare Boards.

The Medical Service Section is organized as follows:

.1 Administrative Review Team

The Administrative Review Team is composed of a Medical Administrative Consultant and a Medical Social Service Consultant. The Administrative Review Team has final responsibility for the determination of the medical and social factors relative to eligibility for DA, and supervises the operation of the Medical Service Section.

.2 Medical Review Teams

The Medical Review Teams, each composed of a Medical Consultant and a Medical Social Work Consultant, are scheduled for regular sessions in the Bureau to review the applications for DA submitted by the CWBs.

2232. Determination of Permanent and Total Disability a State Function (Contd.)

.3 Psychiatric Diagnostic Facilities

The Department has made available to the Medical Service Section psychiatric diagnostic facilities for examination of DA clients having a mental defect, disease or impairment. [See 2234.3.]

2233. General Criteria

The Medical Service Section bases its determination on the following criteria:

.1 Permanent Factor

The term permanent refers to an impairment, alteration or loss in body physiology, anatomy, function, or emotion which is medically determinable and which is expected to be of long-continued or indefinite duration.

a. The permanent impairment, defect or alteration may be congenital or acquired by disease or injury.

b. It may be physical or mental, organic or functional, statis or progressive, prone to remissions and exacerbations, single or exist in combination with other impairments or defects. It may be obvious or only discernible by thorough medical evaluation.

c. The permanent condition must be of major importance and must be of such a nature that it is likely to continue for an indefinite or prolonged period, and the concept of the term "cure", within six months from date of Review Team evaluation, cannot be applied.

1) The impairment or condition must be one not likely to respond substantially to any therapeutic procedure which is known, available, not medically contraindicated; or, the client refuses treatment and his decision to refuse therapy can be considered reasonable and prudent. [See 2234.6 for further interpretation of "reasonable refusal."]

2) No condition likely to improve, or be completely arrested or "cured" within six months from date of Review Team evaluation shall be considered permanent, unless one of the following descriptions is applicable:

a) The condition is one in which the healing process is characterized by significant tissue alterations, as in tuberculosis and Hansen's Disease.

b) If the condition is usually considered to be self-limiting or readily responsive to therapy, the concept of permanent may nevertheless apply if treatment is contraindicated or unavailable, or the client refuses treatment and his decision is one which a reasonably prudent person would make. [See 2234.6.]

2233. General Criteria (Contd.)

.1 d. Although the condition must be of major importance and of such a nature as to continue indefinitely and be commonly accepted as irreversible, the term permanent does not rule out the possibility of physical or mental restorative efforts, vocational rehabilitation, or even recovery as a result of new drugs and medical techniques. However, pending actual change in physical or mental status, the classification of permanent is proper.

e. To substantiate a finding of permanent, objective evidence of the defect, disease or impairment, must be adequately and completely described, or verified by the examining physician, in such a manner that another physician would reasonably accept the diagnosis, or, from the description of the impairment or defect, would accept the concept of permanent without examining the client.

1) The unsupported opinion of the examining physician that a defect, disease or impairment exists, cannot, in itself, be accepted.

2) Objective physical findings, diagnostic studies, laboratory studies, reports from recognized specialists, reports indicating discharge diagnosis or summaries from hospitals or clinics, reports or evaluations concerning client's work tolerance or function or capacity, etc., may be accepted as material supporting or demonstrating the existence of a defect, disease or impairment.

.2 Total Factor

a. The term total is not an absolute term. It refers to the inability of the client to perform those activities involved in carrying out the normal responsibilities necessary in employment or homemaking. Thus, total disability means inability to engage in a useful occupation, including homemaking.

b. Total involves factors other than the purely medical. Such social factors as age, education, work experience, skills and training, activities required of the client in his home or on the job, living and working conditions, interests, native capacities and abilities, the extent to which he has adjusted to his defect, disease or impairment, and the availability of training and educational facilities must all be considered. The ability of the client to

2233. General Criteria (Contd.)

.2 b. (Contd.) perform a particular job, (including homemaking) within his competence, in spite of his permanent impairment must be carefully evaluated. The client's remaining capacities and abilities must be considered as they related to the verified medical findings and the type of activities the client is competent to perform, considering the above social factors and his defect, disease or impairment.

c. A disability is not total if the client has the skill, ability, capacity, and is found by competent evaluation to be able to engage in an occupation other than his usual or former occupation. Where there is uncertainty as to the client's ability to perform a job, other than his usual or former occupation, the Review Teram will request an employment evaluation by the State Employment Service and/or the Rehabilitation Commission.

d. The occupation must be one existent in his community. If existent in the community but not available to the client, he is considered unemployed rather than totally disabled. If the occupation does not exist in his community he is totally disabled.

Community shall mean the place where the client lives, or within reasonable commuting distance, provided the client is physically able to use public or private transportation facilities and such facilities are readily available.

.3 Permanent and Total Factor

The decision that a client is permanently and totally disabled requires the joint evaluation by a licensed physician and a qualified medical social worker taking into account all of the factors enumerated above, the additional factors in this sub-section, and the special factors in 2234.

a. When an individual has a permanent physical or mental disease, defect or impairment of such a degree of severity as to be considered incapable of substantially gainful employment, which is within his competence, on a regular and predictable basis, then he will also be considered totally disabled. In other words, if a client is able to perform activities well enough and with sufficient regularity to receive regular payments for his labor, or to carry on homemaking* responsibilities for one other than himself, on a continuing basis, he is not considered totally disabled in spite of any determination of the existence of a permanent defect, disease or impairment.

*See 2234.4 for further interpretation of "homemaking" and "homemaker."

2233. General Criteria (Contd.)

.3 a. Definitions

1) The term "useful occupation" means regular employment (or homemaking responsibility*). The fact that an individual may receive some remuneration through activities having some of the characteristics of a "useful occupation" does not preclude a finding of permanent and total disability.

2) The term "capable of substantially gainful employment" shall be understood to mean regular employment at wages commensurate with earnings of other workers in the same type of work. However, where the impairment precludes the individual from engaging in such employment on a full-time basis, then he will not be deemed capable of substantially gainful employment.

Example: A woman who receives the "going rate" for domestic work, but whose employment in such work is restricted to one or two days a week or to a limited number of hours because of her impairment.

b. In considering the status of applicants where no definitive diagnosis of a single major identifiable defect, disease, or impairment can be determined, but who nevertheless are obviously suffering from the physiological and often psychological limitations of aging, and who cannot realistically be deemed able to perform the essential elements of a useful occupation, for which they have competency, on a regular and predictable basis, a finding of permanent and total disability can justifiably be made.

c. If an individual is properly found to be permanently and totally disabled by a Medical Review Team, this finding is not invalidated by the fact that:

1) The person is undergoing medical or surgical treatment for the purpose of arresting, improving or ameliorating the permanent defect, disease or impairment; or

2) The person is undergoing a planned program of rehabilitation (physical restoration and/or vocational training); or

3) The person is engaged in therapeutic employment which had been planned by a physician as occupational therapy (or work tolerance) incident to rehabilitation; i.e., sheltered workshop, etc.

[See 2234.5 for further interpretation and procedures in respect to employment.]

* See 2234.4 for further interpretation of "homemaking" and "homemaker."

2234. Special Criteria for Consideration

.1 Applicant with Visual Defect

If an applicant is disabled only by reason of blindness as defined in the Blind Assistance law (less than 20/200 vision in the better eye with refraction, or field of limitation reduced to 20 degrees) he is not eligible for DA.

However, even though an applicant is legally blind, if he has other disabling conditions which of themselves warrant a finding of permanent and total disability, then he may be found to be permanently and totally disabled for reasons other than Blindness only.

Furthermore, it shall be recognized that an applicant, while not legally blind, may have a visual disability of such severity that it precludes him from engaging in a useful occupation, or the visual disability in combination with other disabilities of a relatively minor nature precludes employment. In such instance the applicant may be found eligible for DA with respect to the permanent and total disability factor.

[For CWB procedures see 2235.2 and 2237.5.]

2234. Special Criteria for Consideration (Contd.)

.2 Applicant with Diagnosis of Active Tuberculosis

a. Effect on Eligibility

By law, a person who has active tuberculosis and who is determined medically to require immediate institutional care for this condition is ineligible to receive DA. However, assistance cannot be legally denied to an applicant who refuses institutional treatment unless there is a positive medical finding that immediate institutional care is essential.

The Medical Review Team will "Disapprove" any application in which there is conclusive medical evidence of active tuberculosis and recommendation for immediate institutional care. If the evidence is not conclusive or the question of need for institutional care is in doubt, the Team will require further medical evidence, and will, when necessary, evaluate the situation in relation to an applicant's refusal to accept institutional treatment. [See 2234.6.]

b. Eligibility in Respect to Home Care

If the record shows that an applicant with a diagnosis of active tuberculosis is receiving drug therapy, and the attending physician has approved a plan for home care, the Review Team may approve the application for DA if the person is otherwise eligible. "Home" means client's own family home. Existing laws governing boarding and nursing homes do not permit care of patients with contagious diseases.

If there are young children or adolescents in the home and there is any doubt as to whether the clinic or physician is aware of the home situation, the application will be "Undetermined", and the CWB will be directed to request a specific statement from the clinic or physician approving the plan for home care.

[For CWB procedures see 2242.2.]

2234. Special Criteria for Consideration (Contd.)

.3 Applicants with Mental Defect, Disease or Impairment

a. By resolution of the State Board of Control, where a finding of permanent and total disability is based on a diagnosis of mental defect, disease or impairment, the diagnosis must be the result of a "team evaluation" by a multi-discipline group.

[See Appendix 2200 V for Resolution of State Board of Control.]

b. This "team evaluation" is secured through a special service, purchased at Bureau expense (if not otherwise available), by Psychiatric Diagnostic Groups under the direction and supervision of the Diagnostic Center at Menlo Park. In some instances, existing records of institutions for the mentally ill or mentally deficient, or of accredited psychiatric, mental hygiene or guidance clinics, may be accepted by the Medical Service Section as fulfilling the requirements of the "team evaluation" principle.

A list of approved PDG facilities serving the DA program is provided in Appendix 2200VI.

[See 2235.3 for CWB procedures.]

c. Factors Considered in Requesting Psychiatric Diagnostic Group Examination

1) General Policy

The general policy shall be that whenever the Report of the Examining Physician, the Social Data Summary, or other supporting data, indicates a mental defect, disease or impairment, the Review Team shall require an examination by PDG prior to final determination of eligibility.

Certain exceptions are made to this general policy in respect to applicants for whom institutional records exist, or who have been examined in psychiatric, mental hygiene, or guidance clinics. [See 2) and 3), below.]

The purposes of this procedure are to

a) Identify clients who are in need of institutional care for their own and the community's protection, and who are legally ineligible to receive DA;

2234. Special Criteria for Consideration (Contd.)

.3 c. 1) b) Identify clients who can benefit by treatment and/or training;

c) Establish whether clients not in need of institutional care are mentally competent to handle their own financial affairs, or whether a legal guardian must be appointed (or other arrangements made) to receive the assistance payment on behalf of the client; [See 2560, Methods of Payment for Incompetent Recipients.] 1

d) Determine that the mental defect, disease or impairment is or is not permanent and total;

e) Ascertain whether PDG observes need for additional diagnostic procedures or medical treatment; and to

f) Identify those clients whose mental condition should be reevaluated at a subsequent date because of probable deterioration or possible improvement.

There will be instances in which, although the Report of the Examining Physician gives no definitive data indicating a mental condition, the Review Team will nevertheless observe from the medical data coupled with data reported on the Social Data Summary, particularly under the heading of "Social Evaluation" or other supporting data, that there is sufficient indication of the existence of a mental condition to warrant an examination by PDG. Whenever a Team believes that it should not make a final determination in respect to need for institutionalization or mental competency, and/or that a PDG examination would prove beneficial to the applicant, the examination will be requested unless the special provisions of 2) and 3) of this section apply.

2) Applications from Persons Released from Institutions for the Mentally Ill.

When the application is for a person who has received care and treatment in an institution for the mentally ill, and who was officially discharged within one year prior to applying for assistance (or whose discharge merely awaits completion of a plan by the

1 Until issued see Section 27 of County Series No. 3

2234. Special Criteria for Consideration (Contd.)

.3 c. 2) institution and the CWB to return the person to the community), the Review Team may accept a report on PDG Form ODA-2E from the records of the institution without requiring examination by PDG, provided that such records

a) Demonstrate that the person has a diagnosed condition which warrants a finding of permanent and total disability, and

b) Clearly establish that the person is or is not competent to handle his own financial affairs, and

c) Show conclusive evidence that the person is not in need of care, or continued care, in an institution by reason of a diagnosis of psychosis, and

d) Show that the present plan for care is satisfactory, or that the CWB is working on a plan for care which will be satisfactory and will be accomplished before assistance is granted.

If the discharge occurred more than one year prior to application for assistance, the Review Team will require PDG examination.

[See 2227.2d and 2235.3b for procedures on referrals from State Institutions.]

3) Mentally Deficient Applicants for Whom Definitive Diagnosis is Available

When the diagnosed mental condition, or the indicated condition, is related to mental deficiency, the Review Team may make a final determination without referral for a PDG examination, provided that

a) A definitive diagnosis is available in the record, or can be secured, from reports of prior mental testing which was conducted in an instituion for the mentally deficient, or in a psychiatric, mental hygiene, or guidance clinic, and

b) The report clearly establishes that the person is or is not competent to handle his own financial affairs, and

2234. Special Criteria for Consideration (Contd.)

.3 c. 3) c) There is conclusive evidence that the person is not suffering with psychosis and in need of institutional care by reason of such condition, and

d) The record shows that the present plan for care is satisfactory or that the welfare board is working on a plan which will be satisfactory and which will be accomplished before assistance is granted.

4) Mentally Deficient Applicants Awaiting Institutional Admission

There will be some applications for mentally deficient persons who have already been classified as requiring care, treatment or training in an institution and whose names are on the State "waiting list." Where there is conclusive evidence that these persons are not in need of institutional care by reason of psychosis, they are eligible to receive DA pending admission to an institution for the mentally deficient. This will hold also for mentally deficient persons examined by PDG for whom there is a recommendation for care in an institution for the mentally deficient, and who are to be referred for admission to such an institution.

[See 2243.2 for CWB procedures.]

2234. Special Criteria for Consideration (Contd.)

.4 Determination as to Whether Applicant is a Homemaker

a. Definition of Homemaking

As provided in the definition of "useful occupation" - "homemaking is a useful occupation when it is performed in a household that includes one or more persons other than the one performing the household duties."

The term "homemaking," for purposes of Disability Assistance, is defined as follows:

Homemaking involves ability to carry the home-management and decision making responsibilities and to provide essential services within the home for at least one person in addition to one's self. Homemaking may be generally divided into manipulative skills and managerial skills.

Manipulative skills include food preparation and service; cleaning and care of the home; washing and ironing clothes and household linens; care and repair of clothes and linens; feeding, bathing and dressing children and caring for adults who are invalids.

Managerial skills include the ability to manage household expenditures, and to plan, decide, select and purchase the food, clothing, household supplies and furnishings for the family. Social decisions include the ability to supervise the health care, to direct the education and to give social direction to the family, and to direct the training of young children.

If a person is not able to perform a significant combination of these manipulative and managerial activities on a routine basis with little or no supervision or help from others, then a finding of permanent and total disability (in relation to the issue of homemaker) is authorized.

b. Guides for Determination

Determination that an applicant, who is living as a member of a household, is or is not the homemaker is a diversified problem. Decisions in this area frequently require a high degree of professional judgment from the Medical Review Team. The following factors are considered by the Review Team:

2234. Special Criteria for Consideration (Contd.)

.4 b. 1) There are some individuals who have the ability to perform all the tasks and services required in homemaking, but who are physically unable to be active for the number of hours daily that would be minimally necessary for effective performance.

Also, consideration must be given to the individual's total environmental situation. Inadequate housing, lack of labor saving equipment, and other conditions such as no bathing or inside toilet facilities, the need to build fires, carry wood, coal, water from outside or upstairs, to wash clothes by hand, lack of hot running water, the number of persons in the household, the size of the house, the distance to markets, etc. are all factors which require more hours of work and increased physical exertion.

2) There are some individuals who are in fact functioning as a homemaker but for whom these activities are medically contraindicated.

There are individuals performing homemaking duties in spite of their disabilities because of economic need and/or living arrangements, or because of their own lack of knowledge of the extent of the disability and the need to limit activities, or because of an emotional need to continue their previous pattern of behavior.

Where the activities of homemaking are medically contraindicated the application will be "Approved." Specific recommendations to CWB will be made in such cases, based on an evaluation of total need in respect to medical care, emotional needs, change in living arrangement, or purchase of services and/or equipment to make adjustment possible in the current living arrangement.

3) Part-time or occasional homemaking activities (whether or not for remuneration) such as baby-sitting, sewing, etc., should not be confused with the over-all responsibilities of managing a household. A disabled person may be able to perform such tasks either in or out of the home but still be unable to carry major responsibility for a household.

In such cases, if it appears that the activity is performed regularly for remuneration, it will be evaluated in terms of employment and not in relation to the issue of homemaking.

2234. Special Criteria for Consideration (Contd.)

.4 b. 4) If the medical and social data in the record is adequately completed the Review Team will be able to act on cases presenting the following situations without further question:

a) The applicant lives alone, or will shortly be living alone or in a boarding or nursing arrangement; or, two persons live together in a rooming arrangement and eat in restaurants.

b) Another member of the household is primarily responsible for the homemaking function, and the applicant does some of the chores merely to keep busy, to keep up morale, etc.

c) The applicant attempts to carry some responsibility but must depend on assistance from others in the household, from neighbors, etc., for a significant portion of the necessary tasks.

d) The medical and social information indicate that the applicant is not mentally capable of carrying the managerial aspects of homemaking even though able to perform many of the essential tasks under supervision.

c. The Homemaker Questionnaire; An Aid in Determining the Factor of Homemaker

1) Where the issue cannot be resolved on the basis of the medical and social data submitted, the Review Team may request CWB caseworker to complete Form DA-2b, Homemaker Questionnaire.

2) CWB caseworkers may complete a Questionnaire on their own initiative when, on the basis of their knowledge of the situation, they believe the applicant may be functioning as a homemaker. The questionnaire should not, however, be used routinely.

2234. Special Criteria for Consideration (Contd.)

.5 Capacity for Work; Employment

This is a complex area involving both medical and social evaluation of a DA recipient's capacity to engage in substantially gainful employment on a regular and predictable basis, his opportunity to secure suitable employment, his ability to hold a job, and the effect on motivation of the client to work by continuing or withdrawing assistance.

The following policy will guide the Medical Review Teams. It provides for a reasonable period of time, after a DA recipient has been evaluated as employable, for him to secure employment and to adjust to the job.

a. Evaluation of "Useful Occupation"; "Substantially Gainful Employment"

In evaluating the eligibility of a recipient who is actually employed, the Review Team in determining whether the employment is a "useful occupation" and whether he is capable of "substantially gainful employment" will carefully consider the extent to which [See 2233.3a for Definitions.]

1) The employer's sympathy, compassion and altruism enter into the opportunity to engage in remunerative work;

2) The job has been created ("engineering" the job) specifically for the individual by devising a special environment and situation, which may include the creation of a market for the product, which is based on philanthropy rather than the competitive value of the product;

3) The energy required by the handicapped individual is far beyond that ordinarily required for the same activity for the normal individual;

4) The individual is doing more than can ordinarily be expected from individuals with similar impairments of the same degree of severity;

5) Such mental factors as ability to learn, to act purposefully, to remember, etc., either independently or under supervision, have been carefully evaluated;

6) Such personality factors as inability to relate to others, to accept supervision, to meet time schedules, have been evaluated;

2234. Special Criteria for Consideration (Contd.)

.5 a. 7) The activities, although performed competently and for reasonable compensation, are limited in time because the individual's impairment precludes him from working for a longer period, or for a normal workweek;

8) The job which the recipient secures is a bonafine job at reasonable compensation for the work involved, but the job is limited in hours and energy required; thus it can be performed by an individual with limited work capacity.

Note: The situations described in 7) and 8), above, are not the same as that of an individual who is able to workfull time but who is underemployed. Underemployment of a person who has a defect, disease or imapirment does not of itself warrant classification of such an individual as permanently and totall disabled, unless the underemployment is the direct result of the defect, disease or impairment. It would be incompatible with the intent of the law to consider all recipients permanently and totally disabled until completely self-supporting.

b. Review Team Evaluation and Procedure for Specific Situations

1) No Limitations on Employment

In respect to a recipient who has been re-evaluated as employable with no limitations on capacity for work at his former or another occupation, and such work is available in his community, then the Review Team will "Disapprove" the case. The CWB will be instructed that assistance may be continued if necessary for one month beyond the month in which the Review Team reclassified the case as "Disapproved."

This is considered a reasonable period to allow the client to find employment, adjust to the job and receive his first pay. Regardless of whether or not such recipient secures employment, he shall be considered ineligible for assistance beyond the stipulated period unless, in the interim, additional evidence of inability to engage in substantially gainful employment is submitted to the Bureau.

2) Limited or Selective Employment

When a physician states that an applicant or recipient can engage in limited and/or slective employment, (limited as to hours and selective as to type) or uses the phrase "can do light work," the Review Team must specially consider such factors as age, type of

2234. Special Criteria for Consideration (Contd.)

.5 b. 2) (Contd.) work experience, effect on residual disability on work capacity, availability of the type of work client is able to perform, the seasonal or occasional character of some types of "light work," the length of time client has been out of the competitive labor market, etc.

In such cases, the Review Team may "Approve" the case and instruct the CWB regarding efforts to assist client in locating suitable employment; and, that if such efforts have not resulted in client's finding substantially gainful employment within one month following the month in which the approval is given, then CWB shall report back, summarizing the efforts made to locate suitable work and client's reaction, for final decision on eligibility by the Team.

c. County Welfare Board Procedures

1) "Disapproved" Case, Unlimited Capacity for Employment

a) When CWB is notified that a case is reclassified as "Disapproved" because recipient is considered capable of full employment without limitation, and recipient obtains employment in the same month at a rate of earnings which will equal total need according to State standards, he may nevertheless receive an assistance payment for that month and also for one additional month adjusted to account for any earnings actually received, in accord with provisions of the Budget Manual.

b) In any event the case shall be closed at the end of the month following that in which the case was "Disapproved," whether or not the recipient is working, except that

c) If the client or CWB has additional evidence showing incapacity to engage in substantially gainful employment, the grant may be suspended, rather than the case closed, in the month following the "Disapproved" determination, and the case re-submitted for reevaluation.

2234. Special Criteria for Consideration (Contd.)

.5 c. 2) "Approved" Case, Limited or Selective Employment

a) If subsequent to receipt of an "Approved" determination from Review Team, the recipient obtains employment at a rate of earnings equal to his total needs, the provisions of 1)-a), b) and c) shall apply.

b) If the recipient fails to obtain employment, or finds employment at earnings less than equal to total need, CWB shall continue assistance, after taking any earnings into account.

At the time of submitting the case to Medical Service Section for next redetermination review, the interim report shall give full details regarding employment, including nature of work, working conditions, hours of work and rate of pay, etc. The record shall also include, in this instance, a copy of the assistance budget, and a statement of the average allowances for any medical services or other non-recurring special circumstance items during past three months.

3) Procedures when CWB Receives Initial Information Regarding Employment

When CWB is advised by a recipient or by another agency (such as Rehabilitation Commission) that recipient has obtained employment, the following procedures will apply:

a) If recipient's earnings are adequate to meet his need, the policy and procedure provided in 1), above, will apply.

b) In cases where CWB cannot determine eligibility solely on the basis of "no longer in need," the assistance shall be continued, and a prompt report shall be made to the Medical Service Section as required in 2), b), above.

Upon notice from Medical Service Section that such a recipient is "Approved", CWB shall continue assistance, adjusting the grant to account for earnings.

If CWB is advised that the case is reclassified as "Disapproved," then the policy and procedure provided in 1), above, will apply.

2234. Special Criteria for Consideration (Contd.)

.6 Refusal to Accept Recommendations for Diagnostic Evaluation, Medical Treatment or Related Services

a. General Policy

A basic concept in public assistance is helping the client achieve his highest possible level of self-sufficiency. While there is no intent to force a person to accept medical treatment or related services against his will, it would be incompatible with this concept to grant assistance to a person who, without adequate reason, chooses to remain dependent rather than accept services designed to aid in his rehabilitation for self-care or self-support.

The general policy shall be that an applicant or recipient who refuses to undergo diagnostic evaluation procedures which are essential to the determination of permanent and total disability, shall be found ineligible for DA by the Medical Service Section; a recipient who refuses recommended medical treatment or related services which would eliminate either the permanency or totality of his defect, disease or impairment, will not be eligible for DA unless his refusal is found to be reasonable.

Medical treatment and related services shall be understood to include diagnostic evaluation, medical and/or surgial treatment, psychiatric treatment, or any combination thereof; rehabilitation services including restorative services and vocational training, services of the State Employment Service, etc.

b. Reasonable Refusal Defined

Refusal on the part of a client to accept recommended treatment or services shall be considered to be "reasonable" (by the Medical Service Section) when one or more of the following conditions exist:

1) The client is genuinely fearful of undergoing treatment. While such fear may appear to be unrealistic, or emotional in origin, or even irrational, nevertheless the fear is so intense as to adversely affect the result of treatment, and a physician recommends against it.

2) The client could suffer loss of a faculty, or the residual use of a remaining faculty, and he is unwilling to take the risk.

2234. Special Criteria for Consideration (Contd.)

.6 b. 3) The client has definite religious scruples which do not, in his judgment, permit him to undergo the recommended treatment.

4) The resistance to treatment is an element of the defect, disease or impairment itself.

c. Effect of Refusal on Initial Eligibility and Continuing Eligibility; Procedures

1) "Undetermined" Applications

If an application is returned to CWB as "Undetermined" with request for additional medical information or evaluation by related services, and the applicant refuses to undergo the necessary tests, examinations or evaluations, his refusal and the reasons therefor shall be reported back to the Medical Service Section. Except in unusual circumstances an applicant's refusal at this point will not be considered "reasonable" and will result in a finding of "Disapproved" by the Review Team.

2) Applications "Approved" by Review Team; Reevaluations of Active Cases

a) When an "Approved" application or reevaluation is returned to CWB with recommendations for medical or related services, the recommendations shall be discussed with the client. If the client refuses to follow the recommendations, CWB shall nevertheless grant or continue assistance, as appropriate, if the client is otherwise eligible. The client shall be informed that assistance is being granted, or continued, to allow him time to reconsider his decision, and that continued refusal may result in his ineligibility when his record is next reviewed by the State Bureau.

b) CWB shall continue efforts to help the client change his decision, discussing the situation with any interested relatives, and consulting the physician or other professional personnel involved, and enlisting their cooperation in motivating the client to accept services.

2234. Special Criteria for Consideration (Contd.)

.6 c. 2) c) If at the end of three months (regardless of review date on the Record of Action) efforts to help the client to change his decision have been unsuccessful, the CWB shall prepare a report giving the recipient's expressed reason for refusal, the apparent reactions of recipient and his family, and the current opinion of the physician and/or other professional personnel, regarding the reasonableness of the continued refusal. The report shall be sent to the Medical Service Section together with the original record.

d. Action by Medical Service Section

The Review Team upon reevaluation of the entire record will determine that

1) The refusal cannot be considered "reasonable" and the client is not eligible for assistance, or for continued assistance as appropriate, or

2) The reported facts concerning the continued refusal now indicate that the client's reasons are valid, or the nature of his disability in relation to his refusal is such that a finding of "Approved" for granting assistance or continuing assistance, as appropriate, is warranted, or

3) The report from CWB on an active case indicates that further interpretive efforts might result in client changing his decision, and therefore approval for continuing assistance for an additional three months is warranted. In this situation the Review Team will make appropriate recommendations for ways of helping the client to understand and accept the medical and/or other services recommended for him.

If at the end of the additional three months the client is still unwilling to accept the plan for his care and treatment, the CWB shall so report to the Medical Service Section and await a final determination as to continuing eligibility.

[For special instructions regarding refusal of a client with active tuberculosis to accept institutional care see 2242.2.]

2235. County Welfare Board Responsibility

It is the responsibility of CWB to furnish the Medical Service Section with current, pertinent social and medical information, and to obtain any special or additional reports on request.

Wherever the term "current information" is used in respect to required information, it shall mean information secured within three months of the date of submission to the Bureau.

To carry out this responsibility the following procedures shall be observed:

.1 Initial Medical Examination

a. When a person has specifically applied for DA and there is reasonable evidence that the applicant is a needy person, he shall be furnished with a copy of Form ODA-2D, Parts I and II, to take to a fully licensed physician of his own choice, for completion. (See b, below, for special instructions on HLA father referred for DA; see 2720 for instructions on forms, when issued.) For purposes of initiating the medical examination any individual who is already receiving financial assistance for maintenance needs from a public agency shall be presumed to be in need.

It is not intended that the arrangements for medical examination will be initiated routinely as part of the intake interview in every case, particularly when there is reasonable doubt whether the applicant is a needy person or eligible in other respects, but the arrangements for medical examination should be initiated as promptly as possible whenever it appears certain or probable that final disposition of the application will require such examination.

Because it is important that the initial medical examination report should be prepared, whenever possible, by a physician who has the most intimate and most current knowledge of the client's physical and mental condition, the applicant shall be encouraged to take Form ODA-2D, Parts I and II to his current attending physician (provided he is fully licensed), or clinic in which he is known or is currently under treatment.

In respect to applicants who have no attending private physician (fully licensed) or clinic physician, and who ask the CWB to designate one, CWB will establish its own plan for dealing with such requests on a basis which will avoid any improper partiality in

2235. County Welfare Board Responsibilities (Contd.)

.1 a. (Contd.) making referrals or recommending particular physicians. It may be desirable to consult the county Medical Advisory Committee (if any) or the County Medical Society in this connection.

In respect to an applicant for DA who is a patient in a public medical institution, a State or county institution for the mentally ill, mentally deficient, or in a private general hospital, the Examining Physician's Report shall be prepared without fee by a staff physician of the institution.

[See 2237.4 and 24__ [1] regarding payment of physician.]

b. In respect to initial medical examinations for incapacitated fathers in HLA who are referred by the SBCW to apply for DA, the following special procedure applies until 1/1/60.

SBCW uses a Form CW11-1, Examining Physician's Report for the purpose of establishing the incapacity of the father. The CW11-1 is reviewed by a Medical Consultant on the Central Office staff.

Since the CW11-1 is an exact duplicate of Bureau Form ODA-2D, Part I, II, Examining Physician's Report, it has been agreed that all referrals for DA of HLA fathers will include a copy of Form CW11-1, Part II. This form will be accepted by the Medical Service Section of the Bureau in lieu of Form ODA-2D, Part II as the initial medical examination report.

The SBCW will, prior to referral, tear off Part I, Examining Physician's Bill, and will be responsible for payment to the physician.

In all other repsects the procedures will be the same as for any applicant for DA.

.2 Ophthalmological Examination

In order to facilitate the granting of assistance to needy persons with visual disabilities, the following procedures shall be observed:

a. When the person requesting assistance states that he is blind or that lack of vision is his primary disability, he shall be given information about the eligibility requirements for and the services

[1] Until Chapter 2400 is issued see Attachment 7 to County Series No. 3

2235. County Welfare Board Responsibilities (Contd.)

.2 a. (Contd.) provided by both Disability and Blind Assistance and shall be informed of his right to elect the program for which he wishes to apply. [See 2234.1 for policy statements.]

b. If the person decides to apply for DA, and following registration, the Examining Physician's Report (Form ODA-2D, Part II) indicates a primary or major diagnosis involving an eye defect, disease or impairment, the agency shall, prior to submission of the record to Review Team, obtain an ophthalmological report on Form AB-5 (Eye Physician's Report) from a qualified ophthalmologist whose name appears on the list issued by the Commission for the Blind, or from an eye clinic accepted by the Commission for this purpose. The agency shall prepare a duplicate of Form AB-5 and shall transmit the original to the Bureau together with the usual Form ODA-2D, Parts I, II and III, retaining the duplicate AB-5 for reporting to the Commission for the Blind, as instructed in 2237.5d, below.

.3 Examinations and Report on Mental Conditions

[See 2234.3 for policy and Medical Service Section Procedures.]

a. Procedures Related to Psychiatric Diagnostic Group Examinations

1) When the Review Team determines that an applicant must be examined by PDG, the Record of Action is marked "Undetermined" and the CWB is to arrange with PDG for the examination at the appropriate clinic, or at the client's residence if he is unable to go to the clinic.

Request for appointment should be made promptly in each individual case. CWB should not delay the request until several cases are ready since the Clinic may be scheduling appointment for more than one CWB.

The record is returned to the CWB by Medical Service Section to be delivered to the diagnostic group prior to or at the time of the client's appointment.

2) Following examination PDG sends the entire record to the Medical Service Section of the Bureau, together with a report of findings on Form ODA-2E, and supplemental narrative report in duplicate.

2235. County Welfare Board Responsibilities (Contd.)

.3 a. 2) (Contd.)

The PDG report (Form ODA-2E) also frequently makes recommendations for further mental or physical examination or treatment, or social adjustment, and where indicated, requests that client be reexamined by PDG at some future date. There may be some situations in which, although the PDG report does not recommend reexamination, nevertheless the Review Team considers that reexamination is advisable and so states. (See 4), below.)

In respect to the question on competency, the PDG may find an applicant to be "marginally competent" to handle his own financial affairs, indicating that the individual is presently considered competent to handle his assistance grant. It is used mainly where psychological evaluation indicates there may be some difficulty in social judgment but the client exhibited a mathematical ability to handle funds; or, in cases where social judgment is considered good, but the client's mathematical ability may be borderline.

3) The Record of Action for an "Approved" application for a person with a mental defect, disease or impairment will include a statement regarding mental competency regardless of whether or not the applicant has been examined by PDG or the Review Team has made determination based on acceptable institutional or clinic records.

4) A copy of the PDG report (Form ODA-2E) and narrative summary will be sent to the CWB regardless of whether the application is "Approved" or "Disapproved". When appropriate, the Review Team will interpret or amplify any recommendations made by PDG to aid the CWB in carrying out such recommendations.

In respect to situations in which PDG requests or recommends reevaluation, or in which the Review Team considers reevaluation advisable, the Record of Action will so state, giving the date for such reexamination.

2235. County Welfare Board Responsibilities (Contd.)

.3 b. Completion of Psychiatric Diagnostic Group Form ODA-2E by Institutions

When the CWB finds that a DA applicant was discharged from a mental institution within the year prior to making application, the institution shall be requested to complete the PDG report (Form ODA-2E) from its records. Such report is to be sent to the Bureau with the CWB record. If the institution is unable or unwilling to complete the ODA-2E, the case shall be sent to the Bureau in the usual way, stating that the institution was unable or unwilling to complete the ODA-2E. [See 2234.3c, 2).]

[See 2227.2 for further procedures for patients referred directly from mental institutions.]

c. Examination and Reports for Child Referred by State Board of Child Welfare

1) When an application is filed for a mentally disabled child, the District Office of the SBCW will provide the CWB with copies of any medical, psychological and psychiatric reports available in its files which pertain to the disability. If complete reports are not so available, the CWB is to be advised of the dates and places such examinations were given. The CWB shall then obtain copies of such reports direct from the examiner.

2) In any case where a mentally disabled child requires a physical or psychiatric examination (including examinations by the PDG) the arrangements for such examination shall be made by cooperation of the two agency representatives. The SBCW representative will be responsible for transportation arrangements to and from the examination.

Note: For a physically disabled child and other referrals from SBCW see 2115; also 2235.1b until 1/1/60.

.4 Submission of PA-4 for Applicant Requiring Patient Care

When CWB is sending the Medical Service Section records for a DA applicant who has been certified as in need of patient care for chronic illness, a current Form PA-4, Authorization for Patient Care, shall be included in the record.

[See 2255. for use of Form PA-4.]

2235. County Welfare Board Responsibilities (Contd.)

.5 Procedures in Reapplications and Reopened Applications

In reapplications and reopened applications the following procedures shall be observed in respect to determination of permanent and total disability:

a. Cases Not Previously "Approved" by Medical Service Section

In any reapplication from a person whose earlier application had been denied, dismissed or withdrawn prior to determination of permanent and total disability, or in a case in which the previous action of the Medical Service Section was "Disapproved" or "Undetermined," the application shall be submitted with the following material as appropriate to the particular situation:

1) Any previously completed Examining Physician's Report (ODA-2D) and/or Social Data Summary (ODA-2D III);

2) Any additional medical or social data requested on a previously undetermined case;

3) A current ODA-2D II when none previously completed; otherwise a detailed interim report and official discharge diagnosis of any periods of hospitalization with admission and discharge dates;

4) A current Social Data Summary (ODA-2D III) when none previously completed or, if there has been a change in the living arrangements since Summary last prepared; otherwise, an interim social report;

5) All copies of Records of Action (DA-2a) received on the case.

[See 2720 for instructions on Interim Reports.] [1]

[1] Until issued see Section 24-B of County Series No. 3

2235. County Welfare Board Responsibilities (Contd.)

.5 b. Cases Previously "Approved" by Medical Service Section

1) Denied or Closed by County Welfare Board on Need Factor

a) When the reason for denial or case closing relates to lack of need because of resources other than employment of the client, or for some other technical reason unrelated to to any medical factors, and if the last Record of Action set a redetermination review date which occurred during the period the case was inactive, or falls in the month of re-application, then the case shall be submitted to the Medical Service Section prior to CWB decision to grant assistance.

b) If in the above case situation the redetermination review date was set for sometime later than the month of reapplication, then CWB may grant assistance to any otherwise eligible applicant, and submit the case to the Medical Service Section at the previously set review date.

c) When the reason for denial or case closing was because the recipient obtained employment and he reapplies, then the case shall be resubmitted for determination of permanent and total disability prior to CWB action on the application.

d) The record material submitted in these situations shall include all previous medical reports and social data summaries, interim reports, and current interim report covering all pertinent facts, including reasons for denial or closing and reapplication, and all copies of Records of Action (DA-2a) received on the case. [See 2720 for instructions on Interim Reports.] [1]

2) Denied or Closed on Admission to an Ineligible Institution

If, subsequent to an "Approved" determination by the Medical Service Section, CWB denied or closed a case because client entered an ineligible institution (i.e. private general hospital, tuberculosis sanitarium, institution for mental condition) the following shall apply:

[1] Until issued see Section 24-B of County Series No. 3.

2235. County Welfare Board Responsibilities (Contd.)

.5 b. 2) a) When the case was denied by CWB or closed less than 12 months prior to reapplication, CWB may process the application and grant assistance immediately provided that

(1) The redetermination review date on last Record of Action did not occur during the period the case was inactive, or falls in same month as reapplication, (when this applies follow instructions in 1), a), above);

(2) There is nothing in current medical or social information obtained or observed by caseworker to suggest a new issue of competency.

b) If the case was denied or closed more than 12 months prior to reapplication, or less than 12 months but there is reason to believe the issue of competency requires reevaluation, then the reapplication shall be submitted to the Medical Service Section prior to granting assistance.

The record submitted shall include the reports enumerated in 1), d), above, and an abstract of the institutional record or other form of report when required by procedure. [See 2227.2 and.4.]

.6 Concurrent Investigation of Other Eligibility Factors

a. To assure prompt disposition of the application the CWB shall continue investigation of all other factors of eligibility while awaiting action of the Bureau on the permanent and total factor.

b. In the event that the CWB learns, subsequent to sending the record to the Bureau and prior to its return, that the application is to be denied or withdrawn, or dismissed for reasons unrelated to the disability factor, the Bureau shall be advised immediately.

2236. Transmittal of Records

.1 County Welfare Board to Bureau

a. Record Materials Required

1) In an initial application, as soon as Forms ODA-2D, Parts I, II, III (Examining Physician's Report and Social Data Summary) are completed, one copy of each together with any additional forms and pertinent medical or social information which is available, or required by instructions in this 2230 sub-chapter, shall be stapled together for transmittal to the Bureau, attention of Medical Service Section.

When for some reason the Examining Physician's Report and Social Data Summary are not current (were prepared more than 3 months prior to date of submittal to Bureau), then it will be necessary to prepare a supplemental narrative report covering any changes in social data or additional medical care during that period. Such a report shall include the reasons for the delay in processing the application.

2) Records for reapplications and reopened applications will be submitted as instructed in 2235.5, above.

3) Records submitted for redetermination reviews shall include copies of all Forms ODA-2D, Parts II and III and other diagnostic reports or summaries, any previous interim medical and social summary, a current medical and social summary to include any additional specific medical or social information requested on the last Record of Action, and all copies of Form DA-2a received on case.
[See 2620.8 and 2720 for further instructions.][1]

b. Preparation of Inventory Sheet

Records transmitted by CWB on a given date shall be listed by registration number and name on an inventory sheet, prepared in duplicate, the cases being grouped by case status. One copy shall be attached to the submittal records; the duplicate retained as CWB control. The following format is to be followed for the inventory sheet:

[1] Until issued see Section 24B and C. of County Series No. 3

2236. Transmittal of Records (Contd.)

.1 b. (Contd.)

_____ County Welfare Board Date_____
Disability Assistance Records Transmitted to Medical Service Section, Bureau of Assistance:

Case Number Name

Applications
[Includes new and reapplications or reopened application whether or not previously "Approved" or "Disapproved" by Review Team.]

Resubmittals
[Cases previously "Undetermined" for which additional information is being submitted.]

Redetermination Reviews
[Active cases being submitted at date specified on last Record of Action for redetermination of permanent and total disability.]

It is not necessary to write a cover letter in addition to the inventory sheet.

c. Special Reviews

County Welfare Board may request special reviews of eligibility or ask for Medical Service Section's opinion and recommendations in respect to a specific case problem. Such request shall be made by letter attached to the usual medical and social case record material. The record always must be submitted.

.2 Return to County Welfare Board

a. The Medical Service Section of the Bureau will prepare a similar inventory and attach to cases returned to the CWB on a given date, without regard to the date the individual records were received or the county inventory(s) on which they were listed.

b. Attached to each case will be Form DA-2a, Record of Action, containing the determination of eligibility by the Medical Service Section and any necessary instructions.

2237. Procedure After Bureau Action

Upon receipt of records from the Bureau, the CWB shall examine the Form DA-2a for the action of the Bureau and for specific instructions or recommendations, and to note the determination review date.

Recommendations will be made by the Medical Consultant to alert the CWB to the possibilities of adequate medical care for the client, and to provide specific pertinent questions to be raised with the attending physician. The medical Social Work Consultant will make recommendations to help the CWB staff recognize the social problems indicated in the client's situation and the relationship between these problems and his physical and mental adjustment.

When recommendation is made for referral of the client to specific services in the community the procedures in Chapter 2800 [1] shall be followed.

The following procedures shall be observed in respect to Medical Service Section actions:

.1 "Approved" Cases

a. CWB shall complete, as necessary, determination of eligibility in respect to other factors and, if eligible, issue the initial payment on the earliest possible date. [See 2127, Disposition of Application and 2510, Initial Payments.]

b. When an applicant is not eligible in respect to any other factor, although "Approved" for the disability factor, the application shall be denied.

c. The CWB shall establish and maintain a control file for "Approved" cases granted assistance in order that the date for redetermination review by the Bureau will be observed and considered according to instructions in 2600, Continuing Eligibility.[2]

.2 "Undetermined" Cases

a. When the applicant is to be examined by PDG, or records are requested from a mental institution or mental clinic, follow procedures provided in 2235.3.

[1] Until issued see Rulings Nos. 18, 26, 27
[2] Until issued see Ruling No. 4 and Section 24 of County Series No. 3

2237. Procedures After Bureau Action (Contd.)

.2 b. If further medical and/or social information is required by the Bureau for the initial determination of eligibility, the CWB shall obtain the information promptly and resubmit the case. Reports from medical specialists shall be submitted on their own letterheads. All cases resubmitted shall be entered on the inventory sheet as given in 2236.1b.

[For list of Certified Specialists see 2400 Appendix.] 1

.3 "Disapproved" Cases

Any case "Disapproved" by the Medical Service Section as not permanently and totally disabled shall be denied DA by the CWB.

In respect to applications "Disapproved" because the applicant requires institutional care, see 2240, Need for Care in Institution for Mental or Tuberculous Condition.

Appropriate notification of the client and any other interested agency shall include any specific recommendations for follow-up care and treatment. [See 2128 and 2910] 2

.4 Payment of Examining Physician

When Part I of Form ODA-2D carries the signature of the Medical Consultant approving the payment of the examining physician, such payment shall be forwarded to the physician from administrative funds, regardless of whether the action on the Record of Action is "Approved," "Disapproved" or "Undetermined." (In an "Undetermined" case, if the request for additional information relates to an incomplete report from the examining physician, approval for payment will not appear on the ODA-2D, Part I.) In respect to examining physician's report and payment for HLA fathers referred for DA, see 2235.1b.

Payment for special diagnostic reports (except PDG) shall likewise be forwarded to the medical specialist or clinic from administrative funds regardless of whether the case is "Approved," "Disapproved," or "Undetermined."

[For Diagnostic Fees see 2400.] 3

1 Until 2400 is issued see Attachment 6 of County Series No. 3
2 Until 2910 is issued see Ruling No. 24 and section 23 of County Series No. 3
3 Until issued see Attachment No. 7 to County Series No. 3

2237 Procedures After Bureau Action (Contd.)

.5 Action on Application of Visually Disabled Individual

a. When the Medical Service Section determines that the person is blind, but is not otherwise permanently and totally disabled, the application will be "Disapproved;" the CWB shall deny the application and advise the person promptly about applying for Blind Assistance. The original Form AB-5 will be returned to the CWB to be used in relation to the application for Blind Assistance, so that the duplicate can be retained in the DA record.

b. If the Medical Service Section determines that the person is permanently and totally disabled, whether or not he is legally blind, the application will be "Approved" for DA.

c. If the Medical Service Section determines that the person is neither blind nor permanently and totally disabled, the application will be "Disapproved" for DA. In such instance, the person should be advised to apply for GA if he is not already receiving this form of assistance.

d. In any case "Approved" under b, above, or "Disapproved" under c, above, the CWB shall report the status of the application to the Commission for the Blind and make available to them the duplicate Form AB-5, Eye Report. This will enable the Commission to register the person and consider the possibility of eye care, surgery or special services. With respect to any "Approved" application for DA that is so reported, the CWB will in due course be informed by the Commission of any special service initiated for such person.

2250. INSTITUTIONAL STATUS AND ELIGIBILITY

.1 Explanation of Laws

a. Public Institution

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

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

b. Private Institution

Under State law, a person residing in a private institution is not eligible for assistance unless

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

2) He is a resident of an eligible non-medical institution;

and

3) If the institution is operated on a non-profit or charitable basis, and is a medical institution [as referred to under 1)], or is a non-medical institution [as referred to under 2)], or the institution includes identifiable medical and non-medical sections, then the institution must also meet certain specific requirements and receive official approval as an eligible institution from the Bureau of Assistance. [See 2253.2d below.]

2251 Definition of Terms

.1 Institution

An "institution" means and includes:

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

or

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

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

1) Any asylum, sanitaria, sanitorium, retreat, hospital, nursing home, convalescent home, or any other establishment or facility licensed, or approved by the Department of Institutions and Agencies to receive, care for or treat persons who are insane, suffering from mental disorder, or who are crippled, convalescent or infirm, or who are in need of obstetrical or other medical or nursing care.

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

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

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

2251. Definition of Terms (Contd.)

.1 c. 5) Any penal or correctional institution.

6) Public or private hospitals of any kind.

7) Rehabilitation Centers or infirmaries providing in-living facilities.

8) Any boarding or family home in which two or more persons unrelated to the operator are patients as defined in .6 of this sub-section.

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

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

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

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

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

4) Boarding homes in which there are four or more persons unrelated to the operator, but which provide no care or personal service other than food or shelter, provided, however, that not more than one of such persons is a patient.

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

.2 Eligible Public Medical Institution

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

a. Facilities providing care for the chronically ill, and

b. Facilities for treating acute illness.

2251. Definition of Terms (Contd.)

.3 Eligible Private Medical Institution

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

.4 Eligible Private Non-Medical Institution

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

.5 Eligible Non-profit or Charitable Home

An eligible non-profit or charitable home is one which has been approved by the Department as a private non-medical institution (as in 4, above), or licensed as a private medical institution, or specified section so licensed, (as in .3, above), and which has also been approved by the Bureau of Assistance as meeting the special conditions under which residents of such homes are eligible for public assistance. [See 2253.2d, below.]

.6 Patient

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

.7 Domiciliary Care

Domiciliary care, for purposes of OAA and DA, means boarding care and related services in a non-medical section of an approved non-profit or charitable home.

2252. Certification of Institutions; Evidence

.1 Certification Methods

Classification and certification of institutions, or sections thereof, is the responsibility of the Department exercised through the Bureau of Community Institutions.

Copies of the following lists of certified institutions are made available to each CWB and are revised as necessary:

a. Certified Public Medical Institutions (Chronic and Acute)

b. Licensed Nursing Homes

c. Approved Boarding Homes for Sheltered Care

d. Eligible Non-profit or Charitable Homes

In respect to public medical institutions, the Bureau of Community Institutions regularly notifies the management of such institutions, the responsible governmental unit and the appropriate county welfare board of the status of the institution and the approved bed capacity.

The Bureau of Assistance is kept currently advised of changes in status or capacity for lists a, b, and c. The CWBs will be advised of additions to list d, when non-profit or charitable homes apply for and obtain approval under Bureau regulations as institutions in which assistance clients may purchase domiciliary and/or patient care.

.2 Evidence of Certification

In addition to the above lists, evidence of Department certification can be determined by

a. A posted current license or permit to operate a medical institution, or medical section thereof;

b. A letter of current certification or approval for non-medical institution, and

c. For non-profit or charitable homes, the additional evidence of a letter from the Bureau of Assistance showing that the home has qualified under Bureau regulations;

d. Clearance by telephone or letter with the Bureau of Assistance when other forms of evidence are lacking.

2253. Eligibility for Assistance in Institutions

.1 Eligible Public Medical Institutions

a. Chronically Ill

An individual who is eligible for OAA or DA and who has been certified as in need of patient care for chronic illness or condition is eligible to receive assistance in an eligible public medical institution (or section thereof) providing care for the chronicall ill.

[See 2254.1 for procedures for certification of patient status.]
[See Budget Manual 300 for rates, and 2570± of this Manual for payment and refunds.]

b. Acute Illness (Public General Hospitals)

An individual who is eligible for OAA or DA and who has been certified as requiring patient care for an acute illness is eligible to receive assistance in an eligible public medical institution (or section thereof) approved to provide care for the acutely ill.

[See 2254.3 for procedures for certification of patient care.]
[See 2300 ± for rates and 2570 ± for payment.]

.2 Eligible Private Medical Institutions

a. Licensed Nursing Homes, Infirmaries of Non-Profit or Charitable Homes

An individual who is eligible for OAA or DA and who has been certified as in need of patient care for chronic illness is eligible to receive assistance in a licensed nursing home or licensed infirmary of an eligible non-profit or charitable home. (See c, below, for special provisions on Infirmaries.)

[See 2254.1 for procedures for certification of patient status.]
[See Budget Manual 300 for rates and budget procedure; and 2200 Appendix VII for Special Agreement with Pinehaven Nursing Home.]
[See 2570 ± for payment procedures and refunds.]

1 Until issued see Attachment 10 to County Series No. 3.

2253. Eligible Private Medical Institutions (Contd.)

.2 b. Rehabilitation Centers

No general policy has been established in respect to assistance allowances for treatment and/or training in rehabilitation centers. Normally recipients enter such facilities under the special agreement with and as the financial responsibility of the Rehabilitation Commission. [See 2870] 1/

However, if a recipient seeking or recommended for such rehabilitative services is not accepted for service by the Commission, the Medical Service Section of the State Bureau may be consulted. Where there is a possibility of substantial benefits to the recipient in the areas of self-care and personal independence, approval can be given by the Bureau on an individual case basis, for meeting the cost of such treatment and/or training in rehabilitation centers, approved by the Department.

c. Private General (Voluntary) Hospitals

Individuals who are patients in private general hospitals are not eligible for OAA or DA under existing laws.

No application for OAA or DA shall be officially registered for an individual under care in a private general hospital unless the application is being made in contemplation of the individual's leaving the institution as soon as assistance can be made available.

[See 2530 2/ in respect to suspension of payments to recipients while patients in private general hospitals.]

d. Non-profit or Charitable Homes

In order to determine whether or not an individual is eligible to receive assistance to purchase board and care, or patient care, in a non-profit or charitable home, certain special requirements are established to assure compliance with the intent of the law.

1/ Until issued see Ruling No. 26
2/ Until issued see Section 18 C, of County Series No. 3

2253. Eligible Private Medical Institutions (Contd.)

.2 d. 1) Basic Principles

a) No individual is eligible for public assistance unless he is officially determined to be a "needy person," according to the official standards of the responsible public agency. "Need" is not synonymous with "absence of income." Any individual, who is in fact provided with all goods and services necessary for a minimum subsistence compatible with decency and health, is not in need of public assistance unless it can be demonstrated that he has an obligation, enforceable at law or in equity at the instance of the provider, to pay for all or some portion of the goods and services so provided, and that he lacks the resources to make such payment.

b) Any private institution has the right to determine and maintain its own rules, standards, fees, etc., governing the admission to and continued residence of persons in its establishment, and no interference with such right is intended by these regulations.

c) Any private institution, and any individual seeking the services of such institution or persons acting on the individual's behalf in seeking such services, have the right freely to arrange and agree with one another, whether by written contract or otherwise, and no such arrangement or agreement is or shall be impaired or controlled by these regulations so long as the arrangement or agreement does not contemplate or result in the filing of an application for OAA or DA.

d) The CWB is not responsible and does not assume responsibility for obligations incurred by an applicant for or recipient of assistance. However, beginning at the time an individual is officially determined to be eligible for assistance, the CWB takes his current obligations into consideration in determining the amount of assistance he may receive.

e) The CWB is not responsible and does not assume responsibility to compensate, directly or indirectly, any person or agency for the value of goods and services voluntarily furnished or donated to an applicant for or recipient of assistance.

2253. Eligibile Private Medical Institutions (Contd.)

.2 d. 2) Determination of Needy Individual

a) No individual who has entered or is about to enter a Home will be considered a "needy individual" eligible for assistance, unless he has entered or is about to enter such Home pursuant to an approved "pay-as-you-go" agreement as defined below. If an individual has entered or is about to enter a Home under any arrangement other than an approved "pay-as-you-go" agreement, it will be presumed that pursuant to such arrangement (whatever its terms and whether or not reduced to writing) the Home will continue to provide for the individual's care and maintenance so long as the individual in fact remains in the Home, and such individual is therefore not a "needy individual" eligible for assistance.

b) A "pay-as-you-go " agreement means an agreement between the Home and the individual having the following elements:

(1) The agreement is stated in writing and was reduced to writing within the following time limits:

(a) In the case of an individual admitted to the Home prior to July 1, 1953, at or about the date of admission;

(b) In the case of an individual admitted to the Home on and after July 1, 1953, but before whatever subsequent date may be officially certified by the Bureau as the beginning date of the Home's approved "pay-as-you-go" plan, within 30 days following such date;

(c) In the case of an individual admitted to the Home after the approved "beginning date" referred to in (b), within 30 days following admission.

(2) The agreement obligates the individual to pay a stipulated amount of money per diem, per week or per month on a continuing basis, in return for board, lodging and care to be furnished by the Home.

(3) The periodic amount so stipulated may be subject to change from time to time, but only in accordance with general rules applicable to all other "pay-as-you-go" residents in the Home.

2253. Eligible Private Medical Institutions (Contd.)

.2 d. 2) b) (4) The amount so stipulated may be greater or less than the authorized maximum assistance allowance for such service, but it shall be understood that in the event it becomes necessary for the resident to apply for assistance, the CWB will not thereafter take into consideration any obligation greater than the authorized maximum assistance allowance for such service.

(5) Neither the resident nor other person on his behalf has contributed, paid or donated any lump sum amount of money or property additional to the periodic amount, and no one is obligated to make or procure any such contribution, payment or donation, except for specified extra services, unless the payment represents merely a convenience deposit to be held in trust by the Home for the resident's use and the unused portion of which is owned by and returnable to the resident at any time on his request.

(6) Any agreement by the resident to make a testimentary disposition in favor of the Home shall not be construed to be in violation of element (5).

(7) If the Home, under its own rules and practices, affords "life-care contracts" to some admittees, it must be demonstrated that the individual (if he applies for assistance) was unwilling, unable, or ineligible to purchase a "life-care contract."

(8) If the Home, under its own rules and practices, affords "free" care to some admittees, it must be demonstrated that the individual (if he applies for assistance) was not within the class or classes eligible for "free" care.

(9) The agreement is authorized by and consistent with the charter, by-laws, and published rules of admission of the Home.

2253. Eligible Private Medical Institutions (Contd.)

.2 d. 3) Allowable Rates and Budgetary Procedure in Homes

For board and lodging (domiciliary care) and related personal services, the same maximum as applies in commercial boarding homes as established in the Budget Manual in Appendix 4.

For board and lodging, plus professional supervised nursing care in a licensed or approved infirmary section, the maximum rate relating to patient care as established in Budget Manual, Chapter 300.

In respect to method of payment and refunds see 2280 and 2570 [1].

4) Applicability of Certain Other Eligibility Requirements

a) All statutory provisions and official Bureau policy in respect to assignment of assets, execution of an agreement to reimburse, and payment for funeral and burial costs which affect applicants and recipients generally, shall equally affect residents of Homes who apply for OAA or DA.

b) In respect to determination of customary place of abode and county of responsibility for applicants who are residents of such Homes or who plan to enter such homes, see 2221.3 and 2226.1; for recipients who wish to enter homes see 2226.2.

5) Special Procedures

a) Applicants

(1) In processing an application for an individual who is a resident of a Home, or who plans to enter a home, the investigation shall proceed in the usual manner, but assistance payments shall not be made in an approved application until a copy of the "pay-as-you-go" agreement, made between the applicant and the Home, is available and on file in the case record.

(2) If it is found that the applicant's arrangement with the Home is under some arrangement other than an approved "pay-as-you-go" agreement, then the application shall be denied. The stated cause for denial in such cases shall be "Other Resources of Applicant" (item 13 on Forms OA-8 and DA-8), unless the application is denied, withdrawn, or dismissed for other cause.

[1] Until issued see Attachment No. 10 to County Series No. 3

2253. Eligible Private Medical Institutions (Contd.)

.2 d. 5) b) Recipients Entering Home

(1) In like manner if a recipient enters or plans to enter a Home, and requests continuance of assistance, the determination of continuing eligibility will include obtaining a copy of the "pay-as-you-go" agreement prior to payment of assistance subsequent to admission.

(2) If it is found that a recipient has entered or will enter a Home under some arrangement other than an approved "pay-as-you-go" agreement, assistance shall be terminated and the case closed.

The stated cause for closing such an OAA case shall be "Admitted to voluntary (private) institution" (Item 04 on Form OA-13).

e. Approved Boarding Homes for Sheltered Care

1) Board and Care

Applicants and recipients who are purchasing or who plan to purchase shelter in a boarding home offering room, board and personal services to four or more adults unrelated to the operator, are eligible to receive assistace provided the home is an eligible home in that it has been approved by the Department.

Boarding homes which serve less than four adults unrelated to the operator, or which, while serving four or more adults, provide no personal services beyond room and board are not subject to Department approval and do not come within the meaning of an institution. Residents of such homes are eligible to receive assistance.

[See Budget Manual Appendix 4 for rates, etc.]

2) Patient Care

An applicant or recipient who requires "patient care" may receive assistance to purchase such care in a boarding home under conditions stated in Budget Manual 300.

2253. Eligible Private Medical Institutions (Contd.)

.2 e. 2) (Contd.)

It is recommended that CWB avoid, so far as possible, arranging for clients to purchase patient care in approved boarding homes. There is question as to whether the operator serving 4 or more persons can provide adequate nursing services in addition to her other responsibilities. Also, in any home serving elderly persons there is likelihood that one or more will become chronically ill; obviously, if there is already one resident in patient status when this occurs, an immediate problem is created for both operator and CWB.

It is recognized that there are instances in which the operator of a home serving only one or two persons is willing and can provide excellent individualized care to a client in patient status. Preference should be given to an establishment of this kind in selecting a boarding home arrangement for a client in patient status.

[See 2254.4, below, for certification of patient status.]
[See Budget Manual 300 for rates.]

In respect to patient care in the home of related persons or in client's own home see Budget Manual 300.

2254. Certification of Need for Patient Care

.1 Certification Form PA-4 (Chronically Ill)

Certification by a licensed physician that an applicant or recipient requires patient care will be accomplished by completion of section A on Form PA-4 in respect to care in

a. Eligible public medical institutions providing care for chronically ill;

b. Licensed private nursing homes;

c. Approved infirmaries of non-profit or charitable homes.

.2 Certification of Patient Status in Public Medical Institution (Chronically Ill)

Form PA-4 (section B on reverse) also provides certification that a client who is receiving care in a public medical institution is in fact "in-patient status" according to the following criteria:

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

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

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

.3 Certification for Public Institution for Acute Care

It is assumed that every client is admitted to a public general hospital only by a physician's order. At the present there is no special standard form required for this purpose. However, the case record shall include full details of diagnosis, dates of admission and discharge,etc.

2254. Certification of Need for Patient Care (Contd.)

.4 Certification for Boarding Home and Family Home (Form ODA-26)

a. Certification of the need for patient care for applicants and recipients who are to receive such care in approved boarding homes, in homes of unrelated or related persons, or in own home will be accomplished by completion of Form ODA-26 by the attending physician.

b. If the physician is unwilling to certify on Form ODA-26 that the client does not require care beyond that which can be provided in a boarding or family home, then the client shall be assisted with arrangements to enter an eligible public or private medical institution.

.5 Incomplete Certification (Forms PA-4 and ODA-26)

In any instance where the physician is unable or unwilling to certify on Form PA-4 or ODA-26, as appropriate, that the client's need for institutionalization is not because of a diagnosis of tuberculosis or mental disease, defect, or impairment, the provisions of 2242.1 and 2243.1 shall be observed in respect to an OAA client, and the provisions in 2242.2 and 2243.2 shall be observed in respect to a DA client.

.6 Filing of Form PA-4 and ODA-26

The original PA-4 or ODA-26, as appropriate, shall be filed in the official case record of any applicant or recipient for whom allowances are made for patient care prior to the issuance of payment.

It is recommended that a second copy of Form PA-4 or ODA-26 be completed for retention by the institution for its files.

2255. Patient Index

For purposes of ready identification of all cases in patient status for use by CWB and Bureau representatives, a "patient index" shall be maintained. The index shall be kept current.

[See 2750 for further instructions, when issued.]

APPENDIX SECTION

CHAPTER 2200
DETERMINATION OF ELIGIBILITY FACTORS OTHER THAN NEED

APPENDIX SECTION

CHAPTER 2200
DETERMINATION OF ELIGIBILITY FACTORS OTHER THAN NEED

State of New Jersey
DEPARTMENT OF INSTITUTIONS AND AGENCIES
TRENTON 8

BUREAU OF ASSISTANCE
148 WEST STATE STREET

May 11, 1959

TO: STATE MENTAL HOSPITALS AND STATE SCHOOLS FOR THE MENTALLY RETARDED AND THE NEURO-PSYCHIATRIC INSTITUTE

RE: Referrals to Public Assistance Agencies

The Division of Mental Health and the Division of Welfare have cooperatively developed standard procedures for referral by the State institutions to the several public assistance agencies of patients who will require financial assistance to live in the community.

Attached are copies of a release entitled "Instructions to State Institutions on Referrals to Public Assistance Agencies" for the use of your social service or field service staff. It is recommended that you arrange for each staff member who will have any responsibility for recommending referral to a public assistance agency in connection with working out a plan for a patient to return to the community, to review these "Instructions" promptly. Any questions which you or your staff have about this release should be directed to the Division of Mental Health, which will, if necessary, clear them with the Division of Welfare.

The release undertakes, very briefly, to outline the administrative structure and functions of the several public assistance agencies and explains in detail the eligibility of patients for the various assistance programs in relation to their patient status and conditions of release. It includes specific methods and prescribes certain forms to be completed in connection with referrals.

A stock supply of the forms is being distributed to you and additional supplies are to be requested as needed from Mr. Elmer V. Andrews, Director, Division of Welfare, 148 West State Street, Trenton 8.

Attached to each set of "Instructions" are sample copies of the required forms. Four information pamphlets which describe the five public assistance programs are being forwarded with the stock supply of forms for the use of your staff.

To State Mental Hospitals and State Schools for the Mentally Retarded and the Neuro-Psychiatric Institute

5/11/59

Agency policy statements incorporating the policy and procedure provided to you in these "Instructions" have been issued to the County Welfare Boards, the Municipal Directors of Welfare, and to the District Offices of the State Board of Child Welfare. Two points should be noted however:

1. In respect to General Assistance, this program is administered by the 570 municipalities in the State. The Department of Institutions and Agencies exercises some supervisory authority only in those municipalities which voluntarily accept such authority as a condition for receiving State Aid. Annually, about one-third of the municipalities do not choose to receive State Aid. Therefore, institutional staff must be prepared to encounter resistence or absolute refusal to provide General Assistance to a discharged or released patient even though such assistance appears to be authorized according to the "Instructions." If any such situation arises, the facts should be summarized in a report to the Division of Mental Health for clearance with the Bureau of Assistance. The Bureau will endeavor to the fullest extent possible within its legal authority to secure the cooperation of the municipal welfare department.

2. In respect to referrals for Home Life Assistance, although recipients under this program are the immediate responsibility of the District Offices of the State Board of Child Welfare, referrals are to be made to the Liaison Representative on the staff of the agency's Central or State office, provided in Section D, 4b of the "Instructions."

Very truly yours

V. T. Davis

V. Terrell Davis, M.D., Director
Division of Mental Health

Elmer V Andrews

Elmer V. Andrews, Director
Division of Welfare

TABLE OF CONTENTS

INSTRUCTIONS TO STATE INSTITUTIONS ON REFERRALS TO PUBLIC ASSISTANCE AGENCIES

	Page
INTRODUCTION	1
ADMINISTRATIVE AGENCIES	1
1. County Welfare Boards	1
2. State Board of Child Welfare	1
3. New Jersey Commission for the Blind	2
4. Municipal Welfare Departments	2
EFFECT OF INSTITUTIONALIZATION ON ELIGIBILITY FOR PUBLIC ASSISTANCE	2
1. Voluntary Admission	2
2. Involuntary Commitment - Officially Discharged	2
3. Family Care	2
4. Convalescent Leave and Extended Visit	2
a. Voluntary Patient	2
b. Committed Patient	3
REFERRAL PROCEDURES	3
1. Referral Form PA-12	3
2. Special Forms	3
3. Time of Referral	3
a. County Welfare Board	3
b. Municipal Welfare Director	4
4. Referral to Agency	4
a. County Welfare Board	4
1) Location of Individual at Time of Referral	4
a) Individual in Institution	4
b) Individual Outside Institution	4
2) Procedures Following Referral to County Welfare Board	5
a) Determination of Proper Referral	5
b) Application Interview	5
c) Responsibility for Living Arrangement	5
d) Procedures for Approved Application	5
(1) Written Notice of Decision	5
(2) Final Arrangements	6
3) Continuing Service to Recipient	6

TABLE OF CONTENES

	Page
b. State Board of Child Welfare	6
c. Municipal Welfare Directors	7
1) Place of Referral	7
2) Application Interview	7
3) Determination of Eligibility	7
4) Notice of Eligibility	8
5) Responsibility for Transportation	8
6) Continuing Service to Recipient of General Assistance	8
7) Notice of Change of Status	8
5. Eligibility Chart (Attachment)	

INSTRUCTIONS TO STATE INSTITUTIONS ON REFERRALS TO PUBLIC ASSISTANCE AGENCIES

INTRODUCTION

This memorandum provides information for State institutional personnel concerning eligibility for public assistance of individuals discharged or released from State institutions, and establishes standard procedures for referrals to and working relationships with the public assistance agencies.

In New Jersey there are five public assistance programs. Each has specific eligibility requirements, but the factor of economic need is basic to all. The first four of the following programs are referred to as "categorical assistance":

1. Old Age Assistance for individuals age 65 or older;

2. Disability Assistance for individuals between ages 18 and 65 who are permanently and totally disabled;

3. Blind Assistance for individuals who are blind as defined by law and over age 18; and

4. Home Life Assistance (Aid to Dependent Children) for children under age 18, living with mother or other female acting in loco parentis, the father being deceased, disabled, institutionalized or continuously absent from the home under certain circumstances. The assistance grant may include the mother person but not the father even though he may be disabled and living in the home.

5. General Assistance, which is available for individuals or families who are not eligible for any form of categorical assistance.

ADMINISTRATIVE AGENCIES

1. County Welfare Boards

The twenty-one County Welfare Boards are administratively supervised by the Bureau of Assistance, Division of Welfare, of the Department. The County Welfare Boards are responsible for the administration of Old Age Assistance and Disability Assistance.

In addition, the County Welfare Boards accept applications and determine the factor of need in Blind Assistance.

2. State Board of Child Welfare

The State Board of Child Welfare maintains twelve District Offices and is an administrative unit within the Division of Welfare of the Department. It is responsible for various assistance and casework service programs for children, including the Home Life Assistance program.

3. New Jersey Commission for the Blind

The Commission for the Blind is an administrative unit within the Division of Welfare of the Department. It provides remedial and rehabilitative services to the visually handicapped, and administers the Blind Assistance program through the County Welfare Boards.

4. Municipal Welfare Departments

Each municipality (city, town, borough, township) is required by law to establish a Local Assistance Board and appoint a Director of Welfare. The municipal Director of Welfare is directly charged by law to provide for needy persons in the community who are not otherwise provided for under the laws of the State. The program so administered is General Assistance.

Approximately two-thirds of the municipalities receive "State Aid" in connection with their administration of the General Assistance program. These municipalities are administratively supervised by the Bureau of Assistance. The municipalities which do not receive State Aid (approximately 200) are completely autonomous in their administration of welfare activities.

EFFECT OF INSTITUTIONALIZATION ON ELIGIBILITY FOR PUBLIC ASSISTANCE

1. Voluntary Admission

Eligibility for public assistance is not affected by periods of care in a mental institution for an individual who had been admitted as a voluntary patient. The individual must, however, be again living outside the institution and free of institutional restraint, control and supervision prior to receipt of assistance.

2. Involuntary Commitment - Officially Discharged

An individual who was involuntarily committed by the court and who has been officially discharged from a mental institution resumes his former status in the community and is fully entitled to apply for and receive public assistance if otherwise eligible.

3. Family Care

An individual who is on an institutional Family Care program is not eligible for public assistance. This applies to both voluntary and committed patients.

4. Convalescent Leave and Extended Visit

a. Voluntary Patient

A voluntary patient who is on Convalescent Leave with relatives who are not able to provide support, is eligible to receive any form of public assistance for which he is otherwise eligible.

Instructions to State Institutions on Referrals to Public Assistance Agencies

b. Committed Patient

1) Old Age Assistance, Disability Assistance, Blind Assistance

A committed patient who is on Convalescent Leave or Extended Visit and who lacks support as in a, above, is not eligible to receive Old Age Assistance, Disability Assistance or Blind Assistance.

2) Home Life Assistance

A child under age 18 who was a committed patient and who is being released from an institution for the mentally deficient on Extended Visit is eligible to receive Home Life Assistance. However, a mother who was a committed patient and who is on Convalescent Leave from a mental hospital would not be deemed able to establish a suitable home for her family until officially discharged by the institution, and is therefore not eligible for Home Life Assistance.

3) General Assistance

A committed patient released on Convalescent Leave or Extended Visit is eligible for General Assistance.

REFERRAL PROCEDURES

1. Referral Form PA-12

The institution will prepare Referral Form PA-12 in duplicate, retaining one for file and forwarding one to the appropriate agency as designated below.

2. Special Forms

In referrals for Old Age, Disability, Blind Assistance, and Home Life Assistance, the appropriate professional staff members shall complete routinely without charge, two copies of

Form ODA-2D, Examining Physician's Report
Form ODA-2E, Report of Findings by Psychiatric Diagnostic Group

In addition, when the individual has a serious visual defect or impairment, the institution shall complete two copies of Form AB-5, Eye Physician's Report, whether or not the referral is specifically for Blind Assistance.

The two copies of these forms shall be attached to the PA-12.

3. Time of Referral

Referral may be made to

a. A county welfare board or the State Board of Child Welfare prior to discharge of a committed patient from the institution proper from Family Care, Convalescent Leave or Extended Visit; and prior to placement on or during Convalescent Leave of a voluntary patient;

Instructions to State Institutions on Referrals to Public Assistance Agencies

b. A municipal welfare director prior to placement on or during Convalescent Leave or Extended Visit for a voluntary or committed patient, or prior to discharge from any status of a patient who is not eligible for any form of categorical assistance.

It is recommended that whenever possible referrals be made well in advance of the anticipated date of discharge or community placement, particularly in those situations where the county welfare board or the State Board of Child Welfare will be responsible for finding a suitable living arrangement. The county welfare boards may register and process applications 60 days in advance in Old Age and Blind Assistance and 90 days in advance in Disability Assistance.

4. Referral to Agency

a. County Welfare Board

Referrals are made to the county welfare board for Old Age Assistance, Disability Assistance and Blind Assistance. The specific welfare board to receive the referral shall be determined as follows:

1) Location of Individual at Time of Referral

a) Individual in Institution

(1) If the individual is under care in the institution proper, referral shall be made to the welfare board of the county where the individual had his customary place of abode at the time of voluntary admission or commitment.

(2) When the county of customary place of abode cannot be determined, then referral shall be made to the county which has been the "chargeable county" during the patient's institutionalization.

(3) Where there was no "chargeable county" (the individual having been a "State charge"), and there is no identified county of customary place of abode, then referral shall be made to the welfare board of the county from which the individual was admitted to the institution.

(4) However, if the individual has a plan to live or wishes to live in a county other than the one to which he would normally be referred under the preceding paragraphs, then referral may be made to the county selected by the individual with appropriate explanation to the welfare board.

b) Individual Outside Institution

If the individual being referred is on Family Care, on Convalescent Leave or Extended Visit, then referral shall be made to the welfare board of the county in which he is currently residing.

However, if such an individual will require care in a licensed nursing home, or he plans to enter a non-profit or charitable home (home for aged or similar establishment), then referral shall be made to the welfare board as specified in a), (1), (2) and (3), above.

Whenever the institution is in doubt about the appropriate welfare board to which referral should be made, there shall be pre-referral telephone consultation with one or more welfare boards as may be necessary to resolve the question.

2) Procedures following Referral to County Welfare Board

a) Determination of Proper Referral

Upon receipt of a Referral Form PA-12 and other required forms, the county welfare board will review the data to determine whether referral has been made to the appropriate county. When doubt exists the institution will be consulted. If the data clearly indicates that referral should be to another county, the welfare board will redirect the referral and so notify the institution.

b) Application Interview

A welfare board caseworker will arrange with the social service staff of the institution or with the field service staff for a joint interview with the individual at a mutually convenient place.

It is expected that the institutional, or field service social worker, will prepare the individual for the interview, and will assist him as necessary in providing the required information if he decides to apply for assistance following an interpretation of the program by the welfare board caseworker.

c) Responsibility for Living Arrangement

If the applicant requires service in locating a suitable living arrangement (either because he has no existent nor planned community arrangement, or because his present arrangement is in a facility in which he is not eligible to receive assistance, or he does not wish to remain in his present arrangement, or the institution considers that a change is advisable), then the county welfare board will provide the service.

d) Procedures for Approved Application

(1) Written Notice of Decision

Upon completion of determination of eligibility, the county welfare board will advise the institution in writing of the official decision.

Instructions to State Institutions on Referrals to Public Assistance Agencies

It should be noted that when it has been determined that the individual who is 21 years or older is incompetent to handle his financial affairs, it will be necessary for the county welfare board to have a legal guardian appointed by the court, or itself appoint a "custodian." The welfare board may elect the method to be used and will require additional time to accomplish this. The institution will be advised when such is the situation.

(2) Final Arrangements

In an approved application, the welfare board caseworker will consult with the institution worker, or field service worker, to arrange final details, including verification from institution records that a committed patient has been officially discharged, and to secure the client's signature to required legal forms. The welfare board worker will see that an initial assistance payment is available for the client and, when necessary, that transportation for the client to his living arrangement is provided.

3) Continuing Service to Recipient

a) The social service staff of the institution, or field service staff, may continue to visit and consult with the OAA. DA or BA recipient as may be arranged between him and the caseworker. Such service must be focused on the client's mental health, and shall have no concern with the utilization of his assistance payment.

b) If the individual has been living in a "Family Care" home, and upon discharge plans to continue to live in such home while receiving OAA, DA, or BA, then it must be made clear to the recipient and sponsor by the respective caseworkers that the individual is now a free agent; that his relationship, in respect to his financial affairs or any change in his living arrangement, is with the county welfare board and not with the institution.

c) If the recipient is one whose assistance payment is being provided to him through a legal guardian, or custodian appointed by the welfare board, then such guardian or custodian will be responsible to the court or to the welfare board respectively, for the supervision of the recipient's affairs.

d) If a question of the client's mental condition or adjustment comes to the attention of either the welfare board caseworker or the institution or field service worker, there shall be prompt consultation and joint planning for appropriate action.

b. State Board of Child Welfare

Referral should be made by the institution to the liaison representative in the Central Office of the State Board of Child Welfare who will be responsible for making arrangements with the proper district office for determination of eligibility and necessary action to establish a grant of assistance.

Instructions to State Institutitions on Referrals to Public Assistance Agencies

c. Municipal Welfare Director

1) Place of Referral

Referrals for General Assistance are made to a municipal director of welfare according to the following:

a) If the patient is under care in the institution and is to be discharged or released to return to his home or the home of relatives, or is already in such home, then referral shall be made to the director of the municipality where the home is.

b) If the patient is currently under the institutional Family Care program, but is to be discharged or released from that program to return to his home or the home of relatives, then referral shall be made to the director of the municipality where the patient is to live.

c) If the patient is to be discharged or released from Family Care, has no other home and wishes to remain in the Family Care boarding home, then referral shall be made to the director of the municipality where such Family Care boarding home is located.

d) If the patient is either under care in the institution proper or in Family Care and plans must be made to locate a suitable home for him, then referral shall be made to the municipality where patient was living at the time he entered the institution, and the responsibility for establishing a suitable living arrangement will rest with the municipal welfare department.

If the institution social service staff, or field service staff, does not know the welfare director for the particular municipality, the local police department or municipal clerk should be able to supply the information. In the event of continued difficulty in locating the proper official, information may be secured from the State Bureau of Assistance, 148 West State Street, Trenton; Telephone Export 2-2131, Extension 8482.

2) Application Interview

Upon receipt of Referral Form PA-12 the municipal welfare director, or caseworker, will arrange with the institution social service staff, or field service staff, for a joint interview with the referred individual and the family member who is the head of the household, (if any) at a mutually convenient place.

3) Determination of Eligibility

When the family with whom the referred individual is living or is to live, is already receiving General Assistance, the decision regarding the individual's eligibility to receive assistance as a member of the household should be relatively simple and might be reached during the initial interview.

If, however, the family is now known to the municipal welfare director, it will be necessary for him to investigate the financial circumstances.

Instructions to State Institutions on Referrals to Public Assistance Agencies

4) Notice of Eligibility

The institution will be advised in writing whether or not the individual is eligible to receive General Assistance and the date on which assistance will be available for him if eligible.

5) Responsibility for Transportation

Any necessary transportation of individuals from the institution to a community living arrangement shall be provided by the institution.

6) Continuing Service to Recipient of General Assistance

The social service staff of the institution, or field service staff, may continue to visit and consult with client as arranged between him and the social worker. If a question of his mental condition or adjustment shall come to the attention of either the institution or field service worker or the General Assistance worker there shall be consultation and joint planning for appropriate action.

7) Notice of Change of Status

The institution shall promptly notify the municipal welfare director of any change in status of an individual receiving General Assistance while on Convalescent Leave or Extended Visit (i.e., return to institution, transfer to Family Care, or official discharge).

The municipal welfare director shall promptly notify the institution in the event that a client becomes ineligible for General Assistance and the reason therefor.

5. Eligibility Chart

For your convenience a chart showing eligibility for public assistance by program and patient status is attached herewith.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Elmer V. Andrews

Elmer V. Andrews, Director
Division of Welfare

EVA/MCRd

Attachment
5/10/59

ELIGIBILITY FOR PUBLIC ASSISTANCE PROGRAMS BY STATUS OF PATIENT

Program	Voluntary Patient	Committed Patient					Refer to:
		In Institution	Family Care	Conval. Leave	Extended Visit	Official Discharge	
OAA	Eligible for any program if released to community, except not eligible for any program if on Family Care	No	No	No	No	Yes	Co.Wel.Bd.
DA		No	No	No	No	Yes	Co.Wel.Bd.
BA		No	No	No	No	Yes	Co.Wel.Bd.
HLA		No	No	No	Yes*	Yes	Liaison Rep., SBCW, State Office
GA		No	No	Yes	Yes	Yes	Mun.Wel.Dept.

*Children under 18 only.

2234.3a Resolution by State Board of Control

The State Board of Control, at its meeting on July 24, 1951 adopted the following Resolution directing the establishment of a Disability Assistance program and fixing certain policies which are to govern:

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

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

"2. Assistance shall be granted to needy persons as determined in accordance with State-wide standards common to this and other categories of public assistance.

"3. Such needy persons must also have a physical or mental impairment, disease or loss, other than blindness, which is not likely to improve, and which precludes them from engaging in useful occupations such as holding jobs or homemaking.

"4. The operating plan shall include detailed determination of permanent and total disability by professional staff in the employ of the Department.

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

"6. Detailed regulations conforming to Federal requirements and Revised Statutes 44:7 as amended and supplemented, shall be developed by the Bureau of Assistance in consultation with the Deputy Commissioner for Welfare and shall be issued when satisfactory to the Commissioner and be binding upon all county welfare boards in administering this program."

At its meeting on January 22, 1952, the State Board of Control adopted the following amended Resolution superseding a Resolution dated September 25, 1951:

"Be it resolved by the State Board of Control that the following basic policies are prescribed with respect to the program of Permanent and Total Disability Assistance authorized by

2234.3a Resolution by State Board of Control (Contd.)

L. 1951, c. 139, and that the Commissioner shall direct the Division of Welfare, Bureau of Assistance, to develop and maintain such regulations and procedures as may be necessary and proper to effectuate these policies:

"1. The definition of a permanently and totally disabled person for purposes of eligibility for Disability Assistance, shall be:

A permanently and totally disabled person shall mean a needy person who, by reason of a permanent physical or mental defect, disease or impairment other than blindness, is disabled to the degree that prevents him from performing the essential elements of a useful occupation existent in the community and within his competence.

"2.(a) There shall be no finding of permanent and total disability by reason of a mental defect, disease or impairment unless the diagnosis has been made by a psychiatric diagnostic group composed of qualified psychiatrists, clinical psychologists and psychiatric social workers.

"(b) Persons who are psychotic and who, in the opinion of the psychiatric diagnostic group, require in-patient care or treatment in an institution for mental disease, shall be referred for such care and shall be ineligible for disability assistance. There shall be no presumption that a psychosis is permanent. Moreover, it shall be presumed that any person suffering from a diagnosed psychosis which is permanent and total requires care and treatment in a mental institution. No person shall be found eligible for disability assistance, based on a diagnosis of psychosis, unless the psychiatric diagnostic group finds specifically that (1) the psychosis is permanent and (2) the individual does not require care and treatment in a mental institution. The totality of the disability must be determined with the aid of qualified psychiatric social workers.

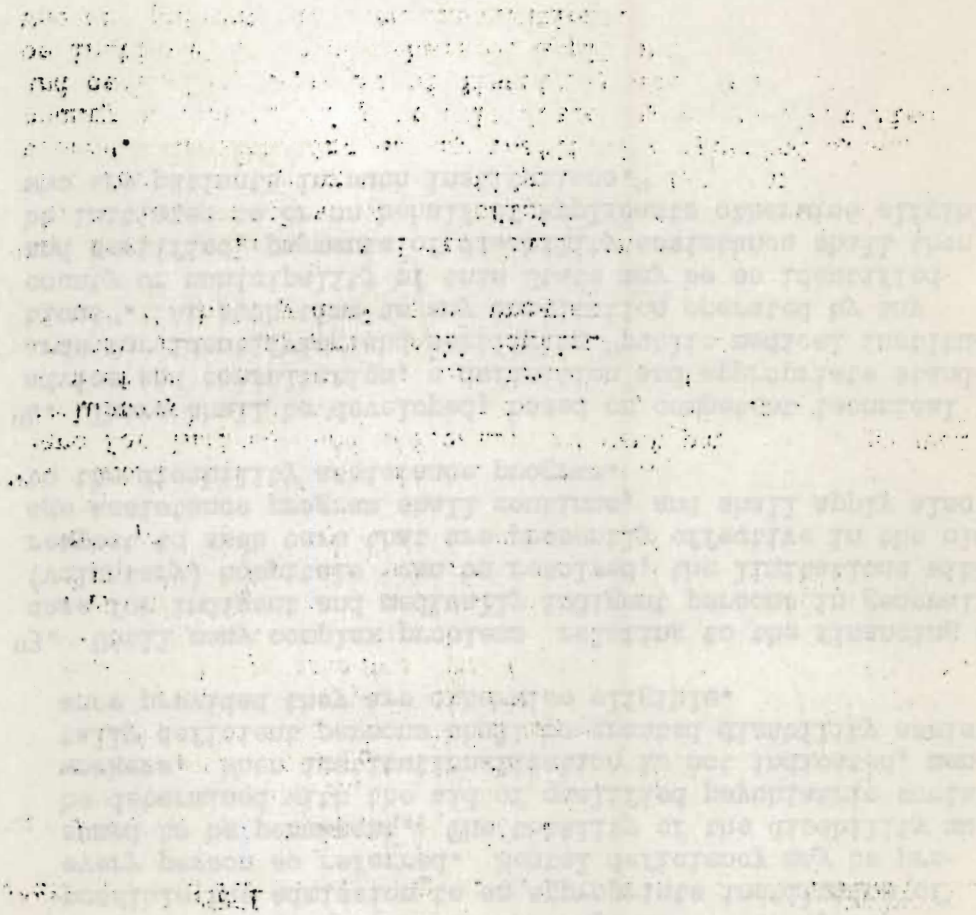
"(c) Persons who are mentally deficient and who, in the opinion of the psychiatric diagnostic group require care, treatment or training in an institution for the mentally deficient, shall be referred for such care. All institutions and agencies within the Department, and all officers thereof,

2234.3a Resolution by State Board of Control (Contd.)

are directed to facilitate and expedite in every way possible the admission to an appropriate institution of every person so referred. Mental deficiency may be presumed to be permanent. The totality of the disability must be determined with the aid of qualified psychiatric social workers. When institutionalization is not indicated, mentally deficient persons shall be granted disability assistance provided they are otherwise eligible.

"3. Until many complex problems relating to the financing of care for indigent and medically indigent persons in general (voluntary) hospitals can be resolved, the limitations with respect to such care that are presently effective in the old age assistance program shall continue, and shall apply also to the disability assistance program.

"4. There shall be developed, based on competent technical advice and consultation, a definition and appropriate standards for identifying and certifying "public medical institutions". At such time as any institution operated by any county or municipality of this State may be so identified and certified, payments of disability assistance shall then be initiated to or on behalf of applicants otherwise eligible who are patients in such institutions."



PSYCHIATRIC DIAGNOSTIC FACILITIES FOR DISABILITY ASSISTANCE CLIENTS 2200 APPENDIX VI

2234.3b Psychiatric Diagnostic Facilities

The following Psychiatric Diagnostic Groups have been authorized as units serving the Bureau of Assistance. These units operate under the supervision and direction of Dr. Ralph Brancale, Director of the Diagnostic Center at Menlo Park.

N.J.State Diagnostic Center Menlo Park	Dr. Ralph Brancale, Director Liberty 8-2500

The N. J. State Diagnostic Center serves clients of any county in the State where no other facilities are provided.

Atlantic Area Guidance Center 1809 Pacific Avenue, Atlantic City	Dr. Amedeo A. Barbanti, Director Telephone - Atlantic City 6-1161

The Atlantic Area Psychiatric Group serves clients in Atlantic and Cape May County.

Bergen Pines County Hospital Paramus, N. J.	Dr. Rufus R. Little, Supt. Colfax 1-9000

Bergen Pines County Hospital serves Bergen County clients only.

Burlington County Guidance Center 205 High Street, Mt. Holly	Dr. Sidney Kosofsky, Director Telephone Amherst 7-1377

The Burlington County Psychiatric Group serves clients in Burlington County only.

Camden Area Mental Hygiene Clinic 413 Broadway, Camden 3	Dr. Charles F. Deaterly, Director Telephone - Woodlawn 4-9828

The Camden Area Psychiatric Group serves clients in Camden, Cumberland, Gloucester and Salem Counties.

Morris County Guidance Center County Service Bldg., West Hanover Ave., Morris Plains	Dr. Robert P. Kimble Telephone - Jefferson 8-6700

The Morris County Guidance Center serves Morris County clients only.

Appointments for clients are to be made with the Director of the appropriate unit by the county welfare boards for both ambulatory and non-ambulatory patients.

The unit Directors have been instructed by Dr. Brancale and the Bureau concerning processing of records and billing procedures. The procedures operate in the same manner as for clients examined by the Psychiatric Diagnostic Group at Menlo Park, except that these area groups prepare an additional copy of all reports for routing to Dr. Brancale for statistical purposes.

SPECIAL AGREEMENT WITH PINEHAVEN NURSING HOME 2200 APPENDIX VII

Under date of October 15, 1958, a copy of the Agreement effective 7/1/58-6/30/59 was sent to each county welfare director.

Refer to this issue for current rates and special provisions until further notice.

Copies of any revised issue of this Agreement will be prepared for insertion in this Appendix.

File
Thompson

July 24, 1959

Honorable Edward J. Patten
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing is the following regulation of the Bureau of Assistance of the Division of Welfare of this Department:

RULING NO. 11

Pages 4 and 5, revised 8/59

Very truly yours

John W. Tramburg
Commissioner

JWT:4

CC: Mrs. Dorothy G. Smith, Acting Secretary to the Governor
Mr. Elmer V. Andrews, Director, Division of Welfare
Mrs. Elizabeth Feehan, Secretary, State Board of Control

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

BUREAU OF ASSISTANCE

REGULATION # RULING No. 11

ISSUED: _____
(Date)

REV.: 8/59
(Date)

TITLE: Personnel Plan

SUBJECT: _____

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

Revised pages 3-4 and 5-6

_____, Chief
Bureau of Assistance

Approved:
By: John A. Tramburg

State of New Jersey

DEPARTMENT OF INSTITUTIONS AND AGENCIES

TRENTON 8

BUREAU OF ASSISTANCE
148 WEST STATE STREET

August 3, 1959

TO: COUNTY WELFARE BOARDS

RE: Ruling No. 11, Personnel Plan

Attached is one copy of page 3-4 and 5-6 for Ruling No. 11. Additional copies for appropriate staff distribution will be forwarded.

There are no changes on pages 3 and 6. On page 4, salary ranges 36 through 40 have been added; on page 5, salary ranges 31 and 32 have been added.

These additional ranges are authorized to be effective January 1, 1959.

Please destroy current pages 3-4 and 5-6 in all copies of Ruling No. 11 and insert the revised pages.

Very truly yours

Irving Engelman

Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved
Elmer V. Andrews, Director
Division of Welfare

g. The salary range designated for Administrative Supervisor of Case Work shall be at least four ranges higher than the range for Supervisor of Case Work and Supervisor of Property and Resources, and provided further that no employee in this title shall, at any time, receive a rate less than the amount being paid to any Supervisor of Case Work or Supervisor of Property and Resources.

h. The salary range designated for Deputy Director shall be at least four ranges higher than the highest range designated for any other position in the organization subordinate to the Deputy Director, and provided further that no employee in any subordinate position shall, at any time receive a rate greater than the amount being paid to the Deputy Director.

i. The salary range designated for the position of Director of Welfare, where such position is staffed on a full time basis, shall be at least four ranges higher than the maximum designated for any other authorized subordinate position in the organization, and provided further that no employee in any subordinate position shall at any time receive a rate greater than the amount being paid to the Director of Welfare. Where the position of Director of Welfare is staffed on a part-time basis, then the range designated may be the same as, but not less than the highest range designated for any other authorized subordinate position and salary payment pro-rated.

j. Salary ranges for the positions Mechanical Repairman and Building Maintenance Worker shall be not greater than the highest range designated for any one of the positions set forth in 8a.

k. Where a position is staffed on an hourly basis, an hourly rate may be designated by the welfare board pro-rated on a salary rate within the authorized salary range.

9. The county welfare board shall choose one of the following Plans A or B of standardized salary ranges and shall allocate a salary range from within the Plan selected, to all authorized county welfare board positions concerned in whole or in part with the administration of any public assistance program.

PLAN A

Salary Range Number	Minimum Rate (Normal Hiring Rate)	First Step	Second Step	Third Step	Fourth Step	Fifth Step	Sixth Step (Maximum Rate)
1.	2160	2280	2400	2520	2640	2760	2880
2.	2280	2400	2520	2640	2760	2880	3000
3.	2400	2520	2640	2760	2880	3000	3120
4.	2520	2640	2760	2880	3000	3120	3240
5.	2640	2760	2880	3000	3120	3240	3360
6.	2760	2880	3000	3120	3240	3360	3480
7.	2880	3000	3120	3240	3360	3480	3600
8.	3000	3120	3240	3360	3480	3600	3720
9.	3120	3300	3480	3660	3840	4020	4200
10.	3300	3480	3660	3840	4020	4200	4380
11.	3480	3660	3840	4020	4200	4380	4560
12.	3660	3840	4020	4200	4380	4560	4740
13.	3840	4020	4200	4380	4560	4740	4920
14.	4020	4200	4380	4560	4740	4920	5100
15.	4200	4380	4560	4740	4920	5100	5280
16.	4380	4560	4740	4920	5100	5280	5460
17.	4500	4740	4980	5220	5460	5700	5940
18.	4740	4980	5220	5460	5700	5940	6180
19.	4980	5220	5460	5700	5940	6180	6420
20.	5220	5460	5700	5940	6180	6420	6660
21.	5460	5700	5940	6180	6420	6660	6900
22.	5700	5940	6180	6420	6660	6900	7140
23.	6000	6300	6600	6900	7200	7500	7800
24.	6300	6600	6900	7200	7500	7800	8100
25.	6600	6900	7200	7500	7800	8100	8400
26.	6900	7200	7500	7800	8100	8400	8700
27.	7200	7500	7800	8100	8400	8700	9000
28.	7500	7800	8100	8400	8700	9000	9300
29.	7800	8100	8400	8700	9000	9300	9600
30.	7920	8340	8760	9180	9600	10020	10440
31.	8340	8760	9180	9600	10020	10440	10860
32.	8760	9180	9600	10020	10440	10860	11280
33.	9180	9600	10020	10440	10860	11280	11700
34.	9600	10020	10440	10860	11280	11700	12120
35.	10020	10440	10860	11280	11700	12120	12540
Added 8/59; Effective 1/1/59 (36.	10440	10860	11280	11700	12120	12540	12960
(37.	10860	11280	11700	12120	12540	12960	13380
(38.	11280	11700	12120	12540	12960	13380	13800
(39.	11700	12120	12540	12960	13380	13800	14220
(40.	12120	12540	12960	13380	13800	14220	14640

PLAN B

Salary Range Number	Minimum Rate (Normal Hiring Rate)	First Step	Second Step	Third Step	Fourth Step	Fifth Step	Sixth Step (Maximum Rate)
1.	2400	2520	2640	2760	2880	3000	3120
2.	2520	2646	2772	2898	3024	3150	3276
3.	2646	2778	2910	3042	3174	3306	3438
4.	2778	2917	3056	3195	3334	3473	3612
5.	2917	3063	3209	3355	3501	3647	3793
6.	3063	3216	3369	3522	3675	3828	3981
7.	3216	3377	3538	3699	3860	4021	4182
8.	3377	3546	3715	3884	4053	4222	4391
9.	3546	3723	3900	4077	4254	4431	4608
10.	3723	3909	4095	4281	4467	4653	4839
11.	3909	4104	4299	4494	4689	4884	5079
12.	4104	4309	4514	4719	4924	5129	5334
13.	4309	4524	4739	4954	5169	5384	5599
14.	4524	4750	4976	5202	5428	5654	5880
15.	4750	4988	5226	5464	5702	5940	6178
16.	4988	5237	5486	5735	5984	6233	6482
17.	5237	5499	5761	6023	6285	6547	6809
18.	5499	5774	6049	6324	6599	6874	7149
19.	5774	6063	6352	6641	6930	7219	7508
20.	6063	6366	6669	6972	7275	7578	7881
21.	6366	6684	7002	7320	7638	7956	8274
22.	6684	7018	7352	7686	8020	8354	8688
23.	7018	7369	7720	8071	8422	8773	9124
24.	7369	7737	8105	8473	8841	9209	9577
25.	7737	8124	8511	8898	9285	9672	10059
26.	8124	8530	8936	9342	9748	10154	10560
27.	8530	8957	9384	9811	10238	10665	11092
28.	8957	9405	9853	10301	10749	11197	11645
29.	9405	9875	10345	10815	11285	11755	12225
30.	9875	10369	10863	11357	11851	12345	12839
Added 8/59; (31.	10369	10887	11405	11923	12441	12959	13477
Effective (32. 1/1/59	10887	11431	11975	12519	13063	13607	14151

10. Upon the adoption by a county welfare board of a revised Compensation Plan pursuant to these regulations, the authorized salary rates of persons in employ on the effective date of such plan shall be affected as follows:

a. The salary rate of each person, if less than the minimum of the new range designated for his position, shall be adjusted to not less than the minimum of the new range.

b. The salary rate of any person, if in excess of the maximum of the new range designated for his position, may be continued at the discretion of the county welfare board, but that portion of any compensation paid in excess of the authorized maximum rate shall be disallowed for administrative matching funds.

c. Under Plan A, a standard step of the range is any multiple of $60. within the established range.

d. Under Plan B, the salary range of any person not at a standard step within the authorized range shall be adjusted to the next higher step of the range adopted as set forth in Plan B, and a standardized step will be one of the rates of the range as expressly listed in Plan B.

11. a. The minimum rate of the range shall normally be the hiring rate for the class. In cases where it is difficult to secure qualified personnel, or if a person of unusual qualifications is engaged, the county welfare board may, upon the showing of such cause in the appointment resolution, appoint at the first or second step, or at a higher step if necessary to comply with Regulation #8. In cases where former employees of the welfare board are rehired on a temporary basis for emergency periods, then the welfare board may consider a rate in excess of the second step but not in excess of the maximum of the authorized range, to be submitted to and approved by the State Bureau.

b. Increments may be granted by the welfare board to any employee for satisfactory service, upon the specific recommendation of the Director of Welfare provided, however, that sufficient funds are available for such purpose.

c. Under Plan A, increments may be granted in multiples of $60 units per annum within the range designated for the position. Under Plan B, increments will be at the rate of 5% of the minimum rate of the range. All increments are subject to review and approval by the State Bureau, subject to the further approval of the Department of Civil Service.

d. The maximum rate specified in the range designated for the position is the highest rate that may be paid to any employee while occupying the position to which such maximum rate applies, regardless of the number of years of service rendered, unless otherwise provided in a plan for "longevity increments" specifically approved by the State Bureau.

e. These regulations shall not be construed as granting any employee entitlement to automatic increments based solely on the completion of specific periods of employment. All increments and rates above the minimum entrance rate are at the discretion of the county welfare board to be based on meritorious service and availability of funds.

Thompson

June 1, 1959

Honorable Edward J. Patten
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing is the following regulation of the Bureau of Assistance of the Division of Welfare of this Department:

SUPPLEMENT NO. 1 TO RULING NO. 11

Personnel Plan, dated 6/59

Very truly yours

Lloyd W. McCorkle, Acting Commissioner

LWMcC:h

CC: Mrs. Dorothy G. Smith, Acting Secretary to the Governor
Mr. Elmer V. Andrews, Director, Division of Welfare
Mrs. Elizabeth Feehan, Secretary, State Board of Control

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

BUREAU OF ASSISTANCE

REGULATION # RULING No. 11
Supplement No. 1

ISSUED: 6/59
(Date)

REV.: _____
(Date)

TITLE: _____

SUBJECT: PERSONNEL PLAN

STATUTORY REFERENCE: 44:7-6

_____, Chief
Bureau of Assistance

Approved:
By: _____

State of New Jersey
DEPARTMENT OF INSTITUTIONS AND AGENCIES
TRENTON 8

BUREAU OF ASSISTANCE
148 WEST STATE STREET

June 10, 1959

TO: COUNTY WELFARE DIRECTORS

RE: Supplement No. 1 to Ruling No. 11

We are forwarding herewith Supplement No. 1 to Ruling No. 11, Personnel Plan, which is self-explanatory.

In this instance we are not providing copies for staff distribution.

Very truly yours

Irving Engelman

Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved
Elmer V. Andrews, Director
Division of Welfare

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

6/59

SUPPLEMENT NO. 1 TO RULING NO.11

PERSONNEL PLAN

1. The attached job specifications covering the various positions in use by the several County Welfare Boards supplement Regulation #5 of Ruling No. 11 as revised January 1, 1959.

2. The job specification for the position of Counsel remains as set forth in Regulation 16b of Ruling No. 11 as revised January 1, 1959.

3. The job specification for the position of Mechanical Repairman is in process of revision.

Irving Engelman

Irving Engelman, Chief
Bureau of Assistance

IE/ABw

Approved
Elmer V. Andrews, Director
Division of Welfare

Ruling Series
Supplement No. 1 to Ruling No. 11

CLASSIFICATIONS OF CLASS OF POSITIONS TO BE USED IN COUNTY WELFARE BOARDS

Irving Engelman, Chief
Bureau of Assistance
Department of Institutions &
Agencies

&

John J. Farrell
Chief Examiner and Secretary
Department of Civil Service

ADDRESSOGRAPH MACHINE OPERATOR

DEFINITION: Under direction, operates addressograph and graphotype Machine equipment; does related work as required.

EXAMPLES OF WORK: Operates, cleans, oils, and makes minor adjustments to addressograph and graphotype machines; makes the required adjustments to the equipment with respect to timing, alignment of impression, and depth of impression in order to process varied types of materials; changes plates and/or stencils and runs proof slips; maintains records of forms being processed and spot checks them for appearances, content, accuracy, and omissions; maintains files of addressograph plates in current condition and pulls and files plates; maintains established records and files where selection and classification of data does not require difficult decisions and where procedures are routinized.

REQUIREMENTS:

1. Formal or other education and training showing attainment of the level represented by graduation from high school.

2. Some knowledge of modern office methods, practices and equipment, and of the operation of addressograph and graphotype machine equipment, including knowledge of the various parts of the machines and the routine adjustments necessary to insure proper operation.

3. Ability to understand, remember, and carry out oral and written directions.

4. Good health and freedom from disabling physical and mental defects.

ADMINISTRATIVE SUPERVISOR OF CASE WORK 1/1/59

DEFINITION: Under the direction of the Director and/or Deputy Director of Welfare, has charge of the case work services of the County Welfare Board; does related work as required.

EXAMPLES OF WORK: When the work program has been established and approved, organizes assigned work and develops effective case work methods and routines; gives suitable assignments and instructions to individuals and groups and supervises the performance of their work; assists in planning, developing and installing appropriate case work standards, services, procedures and techniques and in making required revisions thereto; plans and conducts staff meetings and conferences; consults with the Deputy Director and the Director of Welfare on matters of policy and procedure and acts as liaison officer between them and the case work supervisory staff members; makes appraisals and evaluations of the work efficiency of individual staff members and of the quality of the professional case work services provided by the social work staff; supervises the follow-up procedures required for the realization of unliquidated assets and gives advice as to measures to be taken to insure recovery; prepares and/or assigns and reviews correspondence prepared by members of the staff; prepares suitable reports; maintains a liaison with community councils, religious and civic organizations and social agencies; supervises the maintenance of essential records and files.

REQUIREMENTS:

1. Graduation from a college of recognized standing with courses in psychology, sociology, family relationships, political science and/or economics supplemented by two years of full time study at the graduate level in sociology, social case work, and/or psychology and one year of full time supervisory experience in a large public or private social agency embracing a wide experience with social problems.

or

Graduation from a college of recognized standing with courses in psychology, sociology, family relationships, political science and/or economics and three years of full time supervisory experience in a large public or private social agency embracing a wide experience with social problems.

2. Wide knowledge of the particular problems involved in the supervision of the issuance of varied types of categorical assistance with particular emphasis upon the social, economic, medical, and other problems of the aged and disabled persons, of the laws of New Jersey, the pertinent articles of the Federal Social Security Act, the rules, regulations, standards, policies and procedures of the Bureau of Assistance of the Department of Institutions and Agencies, and the regulations of the County Welfare Board and their application to specific cases in accordance with prescribed procedures, and of modern public social case work theory and approved practices, particularly as they apply to aged and disabled persons.

3. Ability to analyze, comprehend and interpret laws, rules, regulations, and procedures and apply them with reasonable consistency to individual cases, to give suitable assignments and instructions to individuals and groups engaged in professional social case work and to supervise the performance of their work, to locate, collect, verify and interpret factual data and to make accurate appraisals of information and of the social relationships of individuals, to plan

(over)

and supervise the carrying out of programs for the social and economic readjustment of persons who are aged, disabled and/or dependent, to supervise the preparation of appropriate case histories and budgets in accordance with prescribed procedures, to prepare formal recommendations and to handle technical correspondence, to prepare clear, sound, accurate and informative statistical, financial and other reports containing findings, conclusions and recommendations, and to supervise the maintenance of essential records and files.

4. Good health and freedom from disabling physical and mental defects.

BUILDING MAINTENANCE WORKER

DEFINITION: Under direction, performs varied simple and routine tasks involved in the cleaning and maintenance of buildings and grounds; does related work as required.

EXAMPLES OF WORK: Either working alone or as one of a group, washes and cleans windows and floors, polishes floors, dusts desks, tables, chairs, and other furniture; cleans business offices, cafeterias, living quarters, classrooms, halls, gymnasiums, auditoriums, hospital wards, lavatories and other buildings; burns trash in incinerators; polishes metal fixtures and trimmings; may tend low pressure boilers used to produce hot water and heat; tidies working areas by arranging equipment, materials, and articles in an orderly manner; deposits sweepings in trash cans; replaces burned out light bulbs and services water coolers; in addition to cleaning and maintaining buildings, mows lawns, t trims hedges, rakes and burns leaves and refuse, trims driveway and sidewalk edges using spades and hoes; in winter, shovels snow from driveways and sidewalks, and spreads sand, salt, or ashes on icy surfaces to prevent slipping; makes minor repairs to heating, electrical and other systems; performs simple and routine painting and carpentry tasks; assists carpenters, electricians, painters, plumbers and steamfitters by carrying tools and materials, by placing and removing ladders, by cleaning up after work has been done, and by doing other varied tasks of a simple nature; keeps simple records.

REQUIREMENTS:

1. Formal or other education and training showing attainment of the level represented by completion of the eighth grade.

2. Some knowledge of the problems, procedures, methods, tools, equipment, and supplies used in cleaning and washing windows and floors, in waxing and polishing floors, in dusting desks, chairs, and other furniture, and of making minor repairs to heating, electrical and other systems of varied types.

3. Ability to understand, remember, and carry out oral and written directions, and to learn quickly from oral and written directions and from demonstrations.

4. Good health and freedom from disabling physical and mental defects.

CASE WORKER 1/1/59

DEFINITION: Under direction, performs the office and field work required in determining the need and eligibility of persons for assistance, and in providing case work services to them and their families; does related work as required.

EXAMPLES OF WORK: Performs the office and field work involved in receiving and acting upon applications for assistance as provided for by law; provides case work services to clients and their families; recommends the need of continuing assistance in individual cases at regular intervals; prepares or dictates reports in the form of case entries and prepares social case work histories; answers inquiries; maintains a liaison with community councils, religious and civic organizations and social agencies; maintains records and files.

REQUIREMENTS:

1. Graduation from a college of recognized standing with courses in psychology, sociology, family relationships, political science and/or economics.

2. Some knowledge of the proper methods and procedures, laws, regulations and policies of the welfare activities relating to the aged, permanently and totally disabled, and/or to others as provided for by law, of the philosophy and objectives of case work, of the social needs and resources of the local community and the state, and of the federal, state and local laws affecting the administration of welfare programs.

3. Ability to analyze social and financial data concerning persons applying for assistance, to prepare suitable reports, to work harmoniously with people, and to maintain suitable records and files.

4. Good health and freedom from disabling physical and mental defects.

CLERK

DEFINITION: Under direction, performs routine, repetitive, non-complex clerical work of a varied nature as a beginner at the entrance level of employment which includes a relatively small proportion of difficult tasks; does related work as required.

EXAMPLES OF WORK: Opens, sorts, numbers, and distributes mail; addresses, stamps, and marks envelopes and other mail; sorts and files checks, cash stubs, vouchers, requisitions or other materials numerically, alphabetically or according to other predetermined classification; wraps packages for shipment by mail or express; assembles and staples materials for distribution; clips newspapers, periodicals, and printed releases and arranges clippings in suitable form as directed; fills in and checks form letters, circulars, and forms as directed; looks up needed information; maintains prepared mailing lists; gives routine information in person and over the telephone; tabulates simple numerical data; occasionally operates varied types of office machines and equipment; files papers, records, correspondence, memoranda, maps, tracings, property plans and other matter; pulls papers and folders from files as requested; answers the telephone and takes messages accurately; checks assigned reports, applications and other documents for correctness and completeness; refers errors and irregularities to superiors; sorts and counts various types of tickets and forms and check tickets for expiration dates, endorsements and mutilations; collates and staples pages of reports, instructions and other duplicated materials; runs errands to deliver or pick up material; maintains established records and files where selection and classification of data does not require difficult decisions and where procedures are routinized.

REQUIREMENTS:

1. Formal or other education and training showing attainment of the level represented by graduation from high school.

2. Some knowledge of modern office methods, practices and equipment.

3. Ability to understand, remember, and carry out oral and written directions.

4. Good health and freedom from disabling physical and mental defects.

CLERK BOOKKEEPER

DEFINITION: Under direction, performs routine, repetitive, non-complex bookkeeping-clerical work of a varied nature as a beginner at the entrance level of employment which includes a relatively small proportion of difficult tasks; does related work as required.

EXAMPLES OF WORK: Makes entries in cash boxes, journals, and other records; posts from original entries or other material to ledgers, forms, statements, etc; maintains a double entry set of books; balances and/or adjusts accounts; maintains budgetary accounts; assists in compiling data for inclusion in budgets; refers errors and irregularities to superiors; gives routine information in person and over the telephone; maintains established records and files where selection and classification of data does not require difficult decisions and where procedures are routinized.

REQUIREMENTS:

1. Formal or other education and training showing attainment of the level represented by graduation from high school.

2. Some knowledge of modern office methods, practices and equipment, and of performing routine, repetitive, non-complex bookkeeping work.

3. Ability to understand, remember, and carry out oral and written directions.

4. Good health and freedom from disabling physical and mental defects.

CLERK STENOGRAPHER

DEFINITION: Under direction, takes and transcribes dictation and performs routine, repetitive and other non-complex clerical work of a varied nature as a beginner at the entrance level of employment which includes a relatively small proportion of difficult tasks; does related work as required.

EXAMPLES OF WORK: Takes and transcribes dictation consisting of letters, memoranda, statements, etc. of limited complexity, following prescribed procedures; types a wide variety of materials from pencil copy, rough notes and detailed instructions as correspondence, forms, memoranda, lists, reports, statements, certificates, payrolls, vouchers, purchase orders, etc; opens, sorts, numbers, and distributes mail; addresses, stamps, and mails envelopes and other mail; sorts and files checks, cash stubs, vouchers, requisitions or other materials numerically, alphabetically or according to other predetermined classification; wraps packages for shipment by mail or express; assembles and staples materials for distribution; clips newspapers, periodicals, and printed releases and arranges clippings in suitable form as directed; fills in and checks form letters, circulars, and forms as directed; looks up needed information; maintains prepared mailing lists; gives routine information in person and over the telephone; tabulates simple numerical data; occasionally operates varied types of office machines and equipment; files papers, records correspondence, memoranda, maps, tracings, property plans and other matter; pulls papers and folders from files as requested; answers the telephone and takes messages accurately; checks assigned reports, applications and other documents for correctness and completeness; refers errors and irregularities to superiors; sorts and counts various types of tickets and forms and checks tickets for expiration dates, endorsements and mutilations; collates and staples pages of reports, instructions and other duplicated materials; runs errands to deliver or pick up material; cuts stencils; maintains established records and files where selection and classification of data does not require difficult decisions and where procedures are routinized.

REQUIREMENTS:

1. Formal or other education and training showing attainment of the level represented by graduation from high school.

2. Some knowledge of modern office methods, practices and equipment, of performing routine, repetitive and non-complex typing work from varied types of copy, and of taking and transcribing dictation of limited complexity.

3. Ability to understand, remember, and carry out oral and written directions.

4. Good health and freedom from disabling physical and mental defects.

CLERK TRANSCRIBER

DEFINITION: Under direction, performs routine clerical work involved in typing copy from Ediphone, Dictaphone, Soundscriber, Gray Audiograph or other recording equipment as a beginner at the entrance level of employment which includes a relatively small proportion of difficult tasks; does related work as required.

EXAMPLES OF WORK: Transcribes routine dictation from an Ediphone, Dictaphone, Soundscriber, Gray Audiograph or other recording equipment and types technical scientific, financial, statistical, and other statements and reports, certificates, correspondence, memoranda, payrolls, vouchers, purchase orders, charts, forms, tabulations, bills, warrants, contracts, specifications, case records, manuscripts, and/or legal documents; cuts stencils; checks and compares finished copy; sorts and files materials; fills in and checks form letters, circulars, and forms as directed; looks up needed information; occasionally operates varied types of office machines and equipment; maintains established records and files where selection and classification of data does not require difficult decisions and where procedures are routinized.

REQUIREMENTS:

1. Formal or other education and training showing attainment of the level represented by graduation from high school.

2. Some knowledge of modern office methods, practices, routines, machines, and equipment, and of the operation of the Ediphone, Dictaphone, Soundscriber, Gray Audiograph or other recording devices and of the taking and transcribing of dictation using such equipment.

3. Ability to understand, remember, and carry out oral and written directions.

4. Good health and freedom from disabling, physical and mental defects.

CLERK TYPIST

DEFINITION: Under direction, performs typing primarily but also performs routine, repetitive and other non-complex clerical work of a varied nature as a beginner at the entrance level of employment which includes a relatively small proportion of difficult tasks; does related work as required.

EXAMPLES OF WORK: Types a wide variety of materials from pencil copy, rough notes and detailed instructions as correspondence, forms, memoranda, lists, reports, statements, certificates, payrolls, vouchers, purchase orders, etc; opens, sorts, numbers, and distributes mail; addresses, stamps, and mails envelopes and other mail; sorts and files checks, cash stubs, vouchers, requisitions or other materials numerically, alphabetically or according to other predetermined classification; wraps packages for shipment by mail or express; assembles and staples materials for distribution; clips newspapers, periodicals, and printed releases and arranges clippings in suitable form as directed; fills in and checks form letters, circulars, and forms as directed; looks up needed information; maintains prepared mailing lists; gives routine information in person and over the telephone; tabulates simple numerical data; occasionally operates varied types of office machines and equipment; files papers, records, correspondence, memoranda, maps, tracings, property plans and other matter; pulls papers and folders from files as requested; answers the telephone and takes messages accurately; checks assigned reports, applications and other documents for correctness and completeness; refers errors and irregularities to superiors; sorts and counts various types of tickets and forms and checks tickets for expiration dates, endorsements and mutilations; collates and staples pages of reports, instructions and other duplicated materials; runs errands to deliver or pick up material; cuts stencils; maintains established records and files where selection and classification of data does not require difficult decisions and where procedures are routinized.

REQUIREMENTS:

1. Formal or other education and training showing attainment of the level represented by graduation from high school.

2. Some knowledge of modern office methods, practices and equipment, and of performing routine, repetitive and non-complex typing work from varied types of copy.

3. Ability to understand, remember, and carry out oral and written directions.

4. Good health and freedom from disabling physical and mental defects.

DEPUTY DIRECTOR OF WELFARE 1/1/59

DEFINITION: Assists the Director of Welfare in supervising the welfare programs; does related work as required.

EXAMPLES OF WORK: Assists the Director of Welfare in planning, organizing, developing, and directing the varied county welfare programs; assists in developing, installing and revising administrative policies and procedures; under the immediate direction of the Director of Welfare, supervises and has charge of the work performed by the entire staff; establishes and sees that plans for in-service training of staff members are carried out; consults with supervisors with reference to the work of their subordinates and general standards of performances by the social work staff; gives suitable assignments and instructions to employees; prepares and/or assigns and reviews correspondence prepared by members of the staff; prepares suitable reports; maintains a liaison with community councils, religious and civic organizations and social agencies; assists in directing the establishment and maintenance of records and files.

REQUIREMENTS:

1. Graduation from a college of recognized standing with courses in psychology, sociology, family relationships, political science and/or economics, supplemented by two years of full time study at the graduate level in sociology, social case work and/or psychology and two years of full time supervisory experience in a large public or private social agency embracing a wide experience with social problems.

or

Graduation from a college of recognized standing with courses in psychology, sociology, family relationships, political science and/or economics and four years of full time supervisory experience in a large public or private social agency enbracing a wide experience with social problems.

2. Thorough knowledge of the particular problems in the supervision of the issuance of varied types of categorical assistance with particular emphasis upon the social, economic, medical, and other problems of the aged and disabled persons, of the laws of New Jersey, the pertinent articles of the Federal Social Security Act, the rules, regulations, standards, policies, and procedures of the Bureau of Assistance of the Department of Institutions and Agencies, and the regulations of the County Welfare Board and their application to specific cases in accordance with prescribed procedures, and of modern public social case work theory and approved practices, particularly as they apply to aged and disabled persons.

3. Ability to assist in planning, developing, organizing, installing, and supervising county-wide programs of categorical and other assistance, to give suitable assignments and instructions to the professional, clerical, stenographic and other employees of the Board and to supervise the performance of their work, to assist in directing a staff engaged in receiving and reviewing applications for assistance of varied types, in making social, financial and other investigations, in determining eligibility for assistance, and in providing welfare services to individuals and families receiving grants of assistance; to make sound determinations of eligibility based on facts and information and to direct the initial and continued issuance of assistance of varied types, and to assist in directing the establishment and maintenance of suitable records and files.

4. Good health and freedom from disabling physical and mental defects.

DIRECTOR OF WELFARE

1/1/59

DEFINITION: Subject to the policies and rules of the County Welfare Board and of the Bureau of Assistance of the New Jersey Department of Institutions and Agencies, organizes, develops, directs, and has charge of the welfare programs; does related work as required.

EXAMPLES OF WORK: Serves as the Chief executive and approval officer of the agency and exercises all the power pertaining thereto; plans, organizes, develops, and directs the varied county welfare programs, including old age and total disability assistance; is responsible for the determination and supervision of assistance as provided for by law; supervises and has charge of the work performed by the entire staff; establishes and sees that plans for the in-service training of staff members are carried out; consults with supervisors with reference to the work of their subordinates and general standards of performances by the staff; prepares and directs the preparation of clear, sound, accurate, and informative financial and other reports containing findings, conclusions and recommendations; gives suitable assignments and instructions to employees; plans, schedules and conducts formal hearings concerned with the approval of grants of assistance; maintains a liaison with community councils, religious and civic organizations and social agencies; directs the establishment and maintenance of records and files.

REQUIREMENTS:

1. Graduation from a college of recognized standing with courses in psychology, sociology, family relationships, political science and/or economics, supplemented by two years of full time study at the graduate level in sociology, social case work and/or psychology and three years of full time supervisory experience in a large public or private social agency embracing a wide experience with social problems.

or

Graduation from a college of recognized standing with courses in psychology, sociology, family relationships, political science and/or economics and five years of full time supervisory experience in a large public or private social agency embracing a wide experience with social problems.

2. Thorough knowledge of the particular problems involved in the supervision of the issuance of varied types of categorical assistance with particular emphasis upon the social, economic, medical, and other problems of the aged and disabled persons, of the laws of New Jersey, the pertinent articles of the Federal Social Security Act, the rules, regulations, standards, policies, and procedures of the Bureau of Assistance of the Department of Institutions and Agencies, and the regulations of the County Welfare Board and their application to specific cases in accordance with prescribed procedures, and of modern public social case work theory and approved practices, particularly as they apply to aged and disabled persons.

(over)

3. Ability to plan, develop, organize, install, and supervise county-wide programs of categorical and other assistance, to give suitable assignments and instructions to the professional, clerical, stenographic and other employees of the Board and to supervise the performance of their work, to direct a staff engaged in receiving and reviewing applications for assistance of varied types, in making social, financial and other investigations, in determining eligibility for assistance, and in providing welfare services to individuals and families receiving grants of assistance, to make sound determinations of eligibility based on facts and information and to direct the initial and continued issuance of assistance of varied types, and to direct the establishment and maintenance of suitable records and files.

4. Good health and freedom from disabling physical and mental defects.

HEAD CLERK

DEFINITION: Under direction, performs highly responsible and varied clerical work requiring thorough knowledge of department rules and regulations and has charge of a large clerical unit; does related work as required.

EXAMPLES OF WORK: When the work program has been established, organizes assigned work and develops effective work methods; reviews, checks and certifies reports, applications, and other documents for correctness where difficult determinations are concerned; handles special requests for information in accordance with prescribed rules and regulations; relieves the supervisory officer of office details; interviews and transacts business with persons who may call at the office; prepares agendas of meetings; assists in the planning, and when so required, in the revision of clerical procedures and office routines; compiles statistical and other data; receives, reviews and adjusts complaints; prepares requisitions; answers inquiries; guides, instructs and assigns tasks, participates in, and is responsible for the work of the staff; compiles data for budgets and reports; makes special studies of certain operations and reports findings; handles correspondence; prepares periodic statements; maintains petty cash fund; prepares reports and statements; makes decisions requiring thorough knowledge of the organization; maintains, classifies, indexes, and cross references records and files.

REQUIREMENTS:

1. Formal or other education and training showing attainment of the level represented by graduation from high school.

2. Three years of experience in clerical work, including some supervisory experience.

3. Thorough knowledge of modern office methods, practices and equipment.

4. Ability to comprehend established office routines and rules and regulations of complexity, to organize assigned work and develop effective work methods, to give suitable assignments and instructions to individuals and groups, and to supervise the maintenance of suitable records and files.

5. Good health and freedom from disabling physical and mental defects.

HEAD CLERK BOOKKEEPER

DEFINITION: Under direction, performs highly responsible and varied bookkeeping-clerical work requiring thorough knowledge of department rules and regulations and has charge of a large bookkeeping-clerical unit; does related work as required.

EXAMPLES OF WORK: When the work program has been established, organizes assigned work and develops effective work methods; reviews, checks and certifies reports, applications, and other documents for correctness where difficult determinations are concerned; handles special requests for information in accordance with prescribed rules and regulations; relieves the supervisory officer of office details; interviews and transacts business with persons who may call at the office; assists in the planning, and when so required, in a revision of bookkeeping-clerical procedures and office routines; receives, reviews and adjusts complaints; prepares requisitions; answers inquiries; guides, instructs and assigns tasks, participates in, and is responsible for the work of the staff; compiles data for budgets and reports; makes special studies of certain operations and reports findings; handles correspondence; prepares periodic statements; maintains petty cash fund; prepares reports and statements; makes decisions requiring thorough knowledge of the organization; makes suitable journal, ledger, cash book, and other entries; maintains double entry ledgers and subsidiary ledgers; prepares difficult financial statements; prepares trial balances; maintains, classifies, indexes, and cross references records and files.

REQUIREMENTS:

1. Formal or other education and training showing attainment of the level represented by graduation from high school.

2. Three years of experience in bookkeeping-clerical work, including some supervisory experience.

3. Thorough knowledge of modern office methods, practices and equipment, and of performing complex bookkeeping work.

4. Ability to comprehend established office routines and rules and regulations of complexity, to organize assigned work and develop effective work methods, to give suitable assignments and instructions to individuals and groups, and to supervise the maintenance of suitable records and files

5. Good health and freedom from disabling physical and mental defects.

PRINCIPAL CLERK

DEFINITION: Under direction, performs highly responsible and varied clerical work requiring thorough knowledge of relative rules and regulations and the frequent exercise of independent judgment and/or has charge of a small clerical unit; does related work as required.

EXAMPLES OF WORK: When the work program has been established, organizes assigned work and develops effective work methods; reviews, checks and certifies reports, applications, and other documents for correctness where difficult determinations are concerned; handles special requests for information in accordance with prescribed rules and regulations; relieves the supervisory officer of office details; interviews and transacts routine business with persons who may call at the office; prepares agendas of meetings; assists in the planning, and when so required, in the revision of clerical procedures and office routines; compiles statistical and other data; receives, reviews and adjusts complaints; prepares requisitions; answers inquiries; if in charge of a small clerical unit, guides, instructs and assigns tasks, participates in, and is responsible for the work of the staff; compiles data for budgets and reports; makes special studies of certain operations and reports findings; handles routine correspondence; prepares periodic statements; maintains petty cash fund; prepares standardized reports and statements; makes decisions requiring thorough knowledge of the organization; maintains, classifies, indexes, and cross references records and files.

REQUIREMENTS:

1. Formal or other education and training showing attainment of the level represented by graduation from high school.

2. Two years of experience in clerical work.

3. Wide knowledge of modern office methods, practices and equipment.

4. Ability to comprehend established office routines and rules and regulations of complexity, to organize assigned work and develop effective work methods, to give suitable assignments and instructions to individuals and groups, and to supervise the maintenance of suitable records and files.

5. Good health and freedom from disabling physical and mental defects.

PRINCIPAL CLERK BOOKKEEPER

DEFINITION: Under direction, performs highly responsible and varied bookkeeping-clerical work requiring thorough knowledge of relative rules and regulations and the frequent exercise of independent judgment and/or has charge of a small clerical unit engaged in account and/or bookkeeping tasks; does related work as required.

EXAMPLES OF WORK: When the work program has been established, organizes assigned work and develops effective work methods; reviews, checks and certifies reports, applications, and other documents for correctness where difficult determinations are concerned; handles special requests for information in accordance with prescribed rules and regulations; relieves the supervisory officer of office details; interviews and transacts routine business with persons who may call at the office; assists in the planning, and when so required, in the revision of bookkeeping and clerical procedures and office routines; makes suitable journal, ledger, cash book, and other entries; maintains double entry ledgers and subsidiary ledgers; compiles and tabulates needed financial and other data; compiles and tabulates data for inclusion in budgets, for special requests for information, and for financial and other statements and reports; prepares trial balances; maintains accurate time records, the calculation of payroll deductions, and prepares and verifies payrolls; receives, reviews and adjusts complaints; prepares requisitions; answers inquiries; if in charge of a small unit, guides, instructs and assigns tasks, participates in, and is responsible for the work of the staff; makes special studies of certain operations and reports findings; handles routine correspondence; prepares periodic statements; makes decisions requiring thorough knowledge of the organization; maintains, classifies, indexes, and cross references records and files.

REQUIREMENTS:

1. Formal or other education and training showing attainment of the level represented by graduation from high school.

2. Two years of experience in bookkeeping-clerical work.

3. Wide knowledge of modern office methods, practices and equipment, and of performing complex bookkeeping work.

4. Ability to comprehend established office routines and rules and regulations of complexity, to organize assigned work and develop effective work methods, to give suitable assignments and instructions to individuals and groups, and to supervise the maintenance of suitable records and files.

5. Good health and freedom from disabling physical and mental defects.

PRINCIPAL CLERK STENOGRAPHER

DEFINITION: Under direction, performs highly responsible and varied stenographic and clerical work requiring thorough knowledge of relative rules and regulations and the frequent exercise of independent judgment and/or has charge of a small clerical unit; does related work as required.

EXAMPLES OF WORK: Takes and transcribes dictation consisting of letters, memoranda, statements, etc. of complexity; types a wide variety of materials from pencil copy and rough notes as correspondence, forms, memoranda, lists, reports, statements, certificates, payrolls, vouchers, purchase orders, etc; when the work program has been established, organizes assigned work and develops effective work methods; reviews, checks and certifies reports, applications, and other documents for correctness where difficult determinations are concerned; handles special requests for information in accordance with prescribed rules and regulations; relieves the supervisory officer of office details; interviews and transacts routine business with persons who may call at the office; prepares agendas of meetings; assists in the planning, and when so required, in the revision of clerical procedures and office routines; compiles statistical and other data; receives, reviews and adjusts complaints; prepares requisitions; answers inquiries; if in charge of a small clerical unit, guides, instructs and assigns tasks, participates in, and is responsible for the work of the staff; compiles data for budgets and reports; makes special studies of certain operations and reports findings; handles routine correspondence; prepares periodic statements; maintains petty cash fund; prepares standardized reports and statements; makes decisions requiring thorough knowledge of the organization; maintains, classifies, indexes, and cross references records and files.

REQUIREMENTS:

1. Formal or other education and training showing attainment of the level represented by graduation from high school.

2. Two years of experience in stenographic and clerical work.

3. Wide knowledge of modern office methods, practices and equipment and of performing complex typing and stenographic tasks.

4. Ability to comprehend established office routines and rules and regulations of complexity, to organize assigned work and develop effective work methods, to give suitable assignments and instructions to individuals and groups, and to supervise the maintenance of suitable records and files.

5. Good health and freedom from disabling physical and mental defects.

SENIOR CLERK

DEFINITION: Under direction, performs responsible and varied clerical work of limited complexity requiring knowledge of related functions and/or takes the lead in a very small clerical unit; does related work as required.

EXAMPLES OF WORK: Reviews, checks and certifies reports, applications, and other documents for correctness; answers non-routine and routine inquiries of a limited complexity; when so directed, receives, reviews and adjusts complaints; assists with the training of new clerical employees; organizes assigned clerical work and develops effective work methods; assists in preparing reports; when so directed, gives suitable assignments to employees; composes replies to routine correspondence; occasionally supervises a designated phase of the clerical activity of the unit; prepares requisitions; fills in and checks form letters, circulars, and forms as directed; looks up needed information; occasionally operates varied types of office machines and equipment; refers errors and irregularities to superiors; when so directed, maintains, classifies, indexes and cross references records and files.

REQUIREMENTS:

1. Formal or other education and training showing attainment of the level represented by graduation from high school.

2. One year of experience in clerical work.

3. Considerable knowledge of modern office methods, practices and equipment.

4. Ability to comprehend established office routines and rules and regulations of a limited complexity, and to maintain suitable records and files.

5. Good health and freedom from disabling physical and mental defects.

SENIOR CLERK BOOKKEEPER

DEFINITION: Under direction, performs responsible and varied bookkeeping-clerical work of limited complexity requiring knowledge of related functions and/or takes the lead in a very small account and/or bookkeeping clerical unit; does related work as required.

EXAMPLES OF WORK: Reviews, checks and certifies reports, applications, and other documents for correctness; answers non-routine inquiries of a limited complexity; when so directed, receives, reviews and adjusts complaints; assists with the training of new clerical employees; organizes assigned bookkeeping-clerical work and develops effective work methods; assists in preparing reports; when so directed, gives suitable assignments to employees; composes replies to routine correspondence; occasionally supervises a designated phase of the bookkeeping-clerical activity of the unit; prepares requisitions; occasionally operates varied types of office machines and equipment; refers errors and irregularities to superiors; makes entries in cash books, journals, and other records; posts from original entries or other material to ledgers, forms, statements, et cetera; maintains a double entry set of books; balances and/or adjusts accounts; when so directed, maintains, classifies, indexes and cross references records and files.

REQUIREMENTS:

1. Formal or other education and training showing attainment of the level represented by graduation from high school.

2. One year of experience in bookkeeping-clerical work.

3. Considerable knowledge of modern office methods, practices and equipment, and of performing responsible bookkeeping work.

4. Ability to comprehend established office routines and rules and regulations of a limited complexity, and to maintain suitable records and files.

5. Good health and freedom from disabling physical and mental defects.

SENIOR CLERK STENOGRAPHER

DEFINITION: Under direction, performs responsible and varied stenographic and clerical work of limited complexity requiring knowledge of related functions and/or takes the lead in a very small clerical unit; does related work as required.

EXAMPLES: Takes and transcribes dictation consisting of letters, memoranda, statements, et cetera; types a wide variety of materials from pencil copy, rough notes as correspondence, forms, memoranda, lists, reports, statements, certificates, payrolls, vouchers, purchase orders, et cetera; reviews, checks and certifies reports, applications, and other documents for correctness; answers non-routine and routine inquiries of a limited complexity; assists with the training of new clerical employees; organizes assigned clerical work and develops effective work methods; assists in preparing reports; when so directed, gives suitable assignments to employees; composes replies to routine correspondence; occasionally supervises a designated phase of the clerical activity of the unit; prepares requisitions; fills in and checks form letters, circulars, and forms as directed; looks up needed information; occasionally operates varied types of office machines and equipment; refers errors and irregularities to superiors; when so directed, maintains, classifies, indexes and cross references records and files.

REQUIREMENTS:

1. Formal or other education and training showing attainment of the level represented by graduation from high school.

2. One year of experience in stenographic and clerical work.

3. Considerable knowledge of modern office methods, practices and equipment and of performing responsible typing and stenographic tasks.

4. Ability to comprehend established office routines and rules and regulations of a limited complexity, and to maintain suitable records and files.

5. Good health and freedom from disabling physical and mental defects.

SENIOR CLERK TYPIST

DEFINITION: Under direction, performs responsible and varied typing and clerical work of limited complexity requiring knowledge of related functions and/or takes the lead in a very small clerical unit; does related work as required.

EXAMPLES OF WORK: Types a wide variety of materials from pencil copy, rough notes and detailed instructions as correspondence, forms, memoranda, lists, reports, statements, certificates, payrolls, vouchers, purchase orders, etc; reviews, checks and certifies reports, applications, and other documents for correctness; answers non-routine and routine inquiries of a limited complexity; when so directed, receives, reviews and adjusts complaints; assists with the training of new clerical employees; organizes assigned clerical work and develops effective work methods; assists in preparing reports; when so directed, gives suitable assignments to employees; composes replies to routine correspondence; occasionally supervises a designated phase of the clerical activity of the unit; prepares requisitions; fills in and checks form letters, circulars, and forms as directed; looks up needed information; occasionally operates varied types of office machines and equipment; refers errors and irregularities to superiors; when so directed, maintains, classifies, indexes and cross references records and files.

REQUIREMENTS:

1. Formal or other education and training showing attainment of the level represented by graduation from high school.

2. One year of experience in clerical work.

3. Considerable knowledge of modern office methods, practices and equipment, and of performing moderately difficult typing work.

4. Ability to comprehend established office routines and rules and regulations of a limited complexity, and to maintain suitable records and files.

5. Good health and freedom from disabling physical and mental defects.

SUPERVISOR OF CASE WORK 1/1/59

DEFINITION: Under direction, supervises and has charge of a group of Case Workers involved in case work services; does related work as required.

EXAMPLES OF WORK: Supervises the activities of assigned Case Workers involved in receiving and acting upon applications for assistance as provided for by law; makes decisions requiring considerable knowledge of the laws concerning old age assistance, permanent and total disability assistance and other welfare matters; for the assigned group of Case Workers, is responsible for the determination and supervision of assistance as provided for by law; evaluates recommendations of assigned Case Workers; prepares correspondence and suitable reports; answers inquiries; guides, instructs, and assigns tasks and is responsible for the work of the assigned employees; maintains a liaison with community councils, religious and civic organizations and social agencies; reviews case histories of Case Workers for accuracy and completeness; supervises the establishment and maintenance of records and files.

REQUIREMENTS:

1. Graduation from a college of recognized standing with courses in psychology, sociology, family relationships, political science and/or economics, supplemented by two years of full time study at the graduate level in sociology, social case work and/or psychology and one year of experience in social case work in a recognized public or private welfare agency or program.

or

Graduation from a college of recognized standing with courses in psychology, sociology, family relationships, political science and/or economics and three years of experience in social case work in a recognized public or private welfare agency or program.

2. Considerable knowledge of modern case work theory, procedures, terminology, and methods, particularly as applied to old age and disability assistance, of the problems involved in supervising a case work program, including the collection and analyzing of factual information needed in passing upon individual cases and the basing of determinations and grants thereon, of the welfare laws of the State of New Jersey applicable to old age and disability assistance and of the pertinent articles of the Federal Social Security Act, and of the social service standards, policies and procedures of the County Welfare Board and of the Bureau of Assistance of the Department of Institutions and Agencies.

3. Ability to analyze, comprehend and interpret welfare laws, rules, regulations, and procedures and apply them with reasonable consistency to individual cases, to analyze social and financial data, to evaluate recommendations of assigned Case Workers, to give them suitable assignments and instructions and to supervise their work, to work harmoniously with people, to prepare clear, sound, accurate and informative reports containing findings, conclusions and recommendations, and to supervise the establishment and maintenance of suitable records and files.

4. Good health and freedom from disabling physical and mental defects.

SUPERVISOR OF PROPERTY AND RESOURCES 1/1/59

DEFINITION: Under direction, supervises the work involved in the investigation, review and supervision of the assets of clients of the Board or assets on which the Board has a lien; does related work as required.

EXAMPLES OF WORK: Organizes the work involved in assisting recipients of grants of assistance and the case work staff in the recognition, conservation, management, and liquidation of clients' assets in whatever form; reviews closed cases in order to determine the possibility of recovery from estates of deceased clients; negotiates with heirs, executors and other persons on matters related to claims of the Welfare Board; carries out follow up activities relating to unliquidated assets in closed cases; acts as administrator in the settling of the estates of deceased clients; makes studies and investigations of the possibility of recovery in involved real estate situations; conducts title searches as may be required; lists and negotiates for the sale of property using the services of local real estate establishments; assists clients to obtain reasonable tax assessments on real property; conducts negotiations with mortgages, attorneys and holders of tax title liens; makes personal contacts or corresponds with insurance companies, lodges and other organizations and with individuals against whom clients or their estates may have a claim with the viewpoint of protecting such claims; secures agreements from legally responsible relatives and other persons for reimbursement when the situation indicates the propriety and legality of such action; assists the Board's legal staff in the preparation and execution of legal documents; handles correspondence; prepares suitable reports; maintains essential records and files.

REQUIREMENTS:

1. Graduation from a college of recognized standing, including or supplemented by training in the field of law, business administration and/or real estate.

2. Three years of experience in case work, law, real estate or business management.

3. Considerable knowledge of the state and local laws relating to the management and sale of real estate, of the federal, state and local laws affecting the administration of those welfare programs for which the County Welfare Board is responsible, of the procedures involved in real estate transactions, of market values, and of realty within the county, and of the procedures and formalities involved in administering estates of decendents, including foreclosure proceedings, tax liens, mortgages, assignments, and contracts in general.

4. Ability to make searches of property and other records and documents, to comprehend the detail involved in the supervision of the assets of estates, to plan and carry out real estate transactions, to administer estates and to appraise property, to work harmoniously with clients, lawyers, real estate agents and others interested in or concerned with the activities of the County Welfare Board, to handle correspondence, and to prepare clear, sound, accurate and documented financial and other reports containing findings, conclusions and recommendations, and to maintain essential records and files.

5. Good health and freedom from disabling physical and mental defects.

TELEPHONE OPERATOR

DEFINITION: Under direction, performs the tasks involved in operating a telephone switchboard, gives information and does related clerical work; does related work as required.

EXAMPLES OF WORK: At a telephone exchange or multiple position telephone switchboard, answers and completes incoming and outgoing calls; completes outgoing toll calls and sends telegrams; ascertains the cost of and records outgoing toll calls and telegrams in the ledger and files individual slips in order that calls may be charged properly; takes messages accurately and sees that they reach the proper persons; dials outgoing calls when necessary; checks and prepares bills for personal calls; gives information and directs visitors; when on night duty, receives and records telephone reports at regular intervals from attendants and watchman; in emergencies, transmits signals to the proper agency officers; receives and signs for registered and insured letters and packages; performs simple clerical tasks, including receiving and sorting mail, stamping outgoing letters, and filing; maintains simple records.

REQUIREMENTS:

1. Formal education or other education or training showing attainment of the level represented by graduation from high school, including or supplemented by training in the operation of a telephone switchboard.

2. Some knowledge of the mechanical problems in operating a multiple position telephone switchboard, of the usages involved in giving information courteously, accurately and clearly, of answering and completing incoming calls, of taking messages accurately and transmitting them to the proper persons, of placing outgoing calls and toll calls and sending telegrams, of transmitting signals to the proper agency when emergencies arise, of performing simple clerical tasks, and of keeping simple records.

3. Ability to analyze the problems encountered in operating a multiple position switchboard, to organize assigned work and develop effective work methods, to understand, remember and carry out oral and written directions, to learn quickly from oral and written explanations and from demonstrations, to operate a telephone switchboard, to comprehend the internal organization and policies of the agency, to give accurate information in a courteous and understandable manner, using good English and enunciating distinctly, to take messages accurately, to check and record costs, to prepare bills for personal calls and telegrams, to remember names, dates, persons, and occurrences, to give directions to visitors, to receive and record reports from watchmen and others, to transmit signals to the proper agency in the case of emergencies, to do simple clerical tasks, and to keep simple records.

3. Good health and freedom from disablingphysical and mental defects.

File Thompson

Sp May 14, 1959

Honorable Edward J. Patten
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing is the following regulation of the Bureau of Assistance of the Division of Welfare of this Department:

MUNICIPAL AID REGULATION 4.900

OTHER AGENCIES
Eligibility of Persons Released from State Mental Hospitals, State Schools for the Mentally Deficient, and the Neuro-Psychiatric Institute

Very truly yours

John W. Tramburg

JWT:4 John W. Tramburg, Commissioner

CC: Mrs. Dorothy G. Smith, Acting Secretary to the Governor
Mr. Elmer V. Andrews, Director, Division of Welfare
Mrs. Elizabeth Feehan, Secretary, State Board of Control

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

BUREAU OF ASSISTANCE

REGULATION # 4.900

ISSUED: 5/10/59
(Date)

REV.: _____
(Date)

TITLE: Other Agencies

SUBJECT: Eligibility of Persons Released from State Mental Hospitals, State Schools for the Mentally Deficient, and the Neuro-Psychiatric Institute

STATUTORY REFERENCE: R.S. 44:8-111

_____, Chief
Bureau of Assistance

Approved:
By: John W. Tramburg

State of New Jersey

DEPARTMENT OF INSTITUTIONS AND AGENCIES

TRENTON 8

BUREAU OF ASSISTANCE
148 WEST STATE STREET

May 10, 1959

TO: MUNICIPAL WELFARE DIRECTORS

RE: M.A. 4.900, Eligibility of Persons Released from State Mental Hospitals, State Schools for the Mentally Deficient, and the Neuro-Psychiatric Institute

Attached is one copy of this new regulation. Additional copies for staff use will be forwarded under separate cover when appropriate.

Comparable policy and procedure is being concurrently issued to the county welfare boards and appropriate instructions are being distributed to the various State institutions.

It is hoped that this policy statement will clarify for you the many questions which have arisen in the past in this area. Your attention is particularly directed to section C, setting forth the eligibility status of patients who were voluntarily and involuntarily admitted to institutions, and the fact that no patient under the institutional Family Care program is eligible for any form of public assistance since this is a program financed from institutional funds.

Any questions you may have about this new policy statement should be discussed with your Field Representative or this office.

Very truly yours

Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved
Elmer V. Andrews, Director
Division of Welfare

TITLE: OTHER AGENCIES

SUBJECT: Eligibility of Persons Released from State Mental Hospitals, State Schools for the Mentally Deficient, and the Neuro-Psychiatric Institute

A. INTRODUCTION

This regulation is issued to clarify the eligibility for General Assistance of persons released from certain State institutions, and to provide standard procedures for working relationships between municipal welfare departments and the social service departments of the institutions. Similar instructions are being concurrently issued to the county welfare boards and to institutional personnel.

B. TERMS OF RELEASE DEFINED

Following are the official terms used to classify the status of persons leaving the State institutions:

1. Official Discharge is the term used only for a patient who is fully and legally discharged from an order of commitment, or from any other type of legal instrument which resulted in his confinement. Official discharge means the person resumes his full status as a free agent, subject to no restraint, control or supervision by the institution whatsoever, except any available out-patient services which he voluntarily chooses to utilize.

2. Release without Discharge refers to a variety of arrangements under which committed patients may be released for limited or indefinite periods or for special purposes, and permitted to reside outside the physical confines of the institution. Such arrangements vary as to purpose, legal basis, characteristics and degree of continuing control and supervision on the part of the institution. The principle classes of such release arrangements are officially referred to and defined as follows:

Extended Visit - for patients released from State Schools for Mentally Deficient and placed with relatives or in an employment situation;

Convalescent Leave - for patients released from State Mental Hospitals and the Neuro-Psychiatric Institute, and placed with relatives or in an employment situation;

Family Care - which is the program for placement of patients in approved boarding homes, the cost being financed by the institution when the patient or his relatives cannot pay all or part of the cost.

What distinguishes all of these arrangements fromofficial discharge is the fact that the individual still retains a legal relationship as a patient under the jurisdiction of the institution.

It should be noted that the laws governing the institutions make special provision for funds to be allocated for use by the institutions to maintain patients placed on Family Care. There are no funds available to the institutions to maintain patients permitted to leave the institutions on Extended Visit or Convalescent Leave.

1. Voluntary Admission

Eligibility for public assistance is not affected by periods of care in a mental institution for an individual who had been admitted as a voluntary patient. The individual must, however, be again living outside the institution and free of institutional restraint, control and supervision prior to receipt of assistance.

2. Involuntary Commitment - Officially Discharged

An individual who was involuntarily committed by the court and who has been officially discharged from a mental institution resumes his former status in the community and is fully entitled to apply for and receive public assistance if otherwise eligible.

3. Family Care

An individual who is on an institutional Family Care program is not eligible for any form of public assistance. This applies to both voluntary and committed patients.

4. Convalescent Leave and Extended Visit

a. Voluntary Patient

A voluntary patient who is on Convalescent Leave with relatives who are not able to provide support, is eligible to receive any form of public assistance for which he is otherwise eligible.

b. Committed Patient

A committed patient who is on Convalescent Leave or Extended Visit and who lacks support is eligible to receive General Assistance.

D. EFFECT OF INSTITUTIONALIZATION ON LEGAL SETTLEMENT

According to law the time spent by an individual in a mental institution cannot be counted in determining the period required to acquire State or municipal settlement. (See M.A. 0.003, section C.) However, an individual who is released from a mental institution has the same settlement status which he had when he entered the institution.

Municipal financial responsibility for such released individuals who apply for and are found to be in need of General Assistance, shall be determined in the same manner as in any other application.

E. REFERRAL PROCEDURES

1. Place of Referral

The institution will prepare Form PA-12, Referral by State Mental Institution to Public Assistance Agency and send to a municipal welfare director as follows:

a. If the patient is under care in the institution and is to be discharged or released to return to his home or the home of relatives, or is already in such home, then referral will be made to the director of the municipality where the home is.

b. If the patient is currently under the institutional Family Care program, but is to be discharged or released from that program to return to his home or the home of relatives, then referral will be made to the director of the municipality where the patient is to live.

c. If the patient is to be discharged or released from Family Care, has no other home and wishes to remain in the Family Care boarding home, then referral will be made to the director of the municipality where such Family Care boarding home is located.

d. If the patient is either under care in the institution proper or in Family Care and plans must be made to locate a suitable home for him, then referral will be made to the municipality where patient was living at the time he entered the institution, and the responsibility for establishing a suitable living arrangement will rest with the municipal welfare department.

2. Application Interview

Upon receipt of Referral Form PA-12*, the municipal welfare director, or caseworker, will arrange with the institution social service staff for a joint interview with the referred individual and the family member who is the head of the household (if patient is to return to relatives) at a mutually convenient place.

3. Notice of Eligibility

The institution shall be advised in writing whether or not the individual is eligible to receive General Assistance, and, if eligible, the date on which assistance will be available.

4. Responsibility for Transportation

Any necessary transportation of individuals from the institution to a community living arrangement shall be provided by the institution.

5. Continuing Service to Recipient of General Assistance

The social service staff of the institution may continue to visit and consult with client as arranged between him and the social worker. If a question of his mental condition or adjustment shall come to the attention of either the institution worker or the General Assistance worker there shall be consultation and joint planning for appropriate action.

6. Notice of Change of Status

The institution will promptly notify the municipal welfare director of any change in status of an individual receiving General Assistance while on Convalescent Leave or Extended Visit (i.e., return to institution, transfer to Family Care, or official discharge).

The municipal welfare director shall promptly notify the institution in the event that a client becomes ineligible for General Assistance and the reason therefor.

*Form PA-12 will be supplied to the institutions by the State Bureau. (Sample attached.)

F. STATE PARTICIPATION

Assistance payments to individuals discharged or released from State mental institutions in accordance with the provisions of this regulation, are eligible for reimbursement under State Aid.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved
Elmer V. Andrews, Director
Division of Welfare

Official Regulation 4.900

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

Form PA-12
4/59

REFERRAL BY STATE MENTAL INSTITUTION TO PUBLIC ASSISTANCE AGENCY

From: _____ Date _____
(Identify State Institution)

To: _____
(Identify Public Assistance Agency)

The following patient may require public assistance to complete a plan to live in the community. The patient is

☐ eligible for discharge and is being referred to apply for _____
(Program)

☐ eligible for ☐ Convalescent Leave ☐ Extended Visit and is being referred to apply for General Assistance.

The patient has been informed of this referral and is prepared to participate in an application interview.

Name: _____ Sex ___ Marital status ___ File No. _____

Birthdate & place: _____ Source of data _____

Admission date: _____ Status: ☐ Voluntary ☐ Involuntary

Place of abode at time of admission: Municipality _____ County _____

☐ County charge of _____ County;
or
☐ State charge admitted from _____ County.

Currently under care:

☐ Still in institution

☐ Family Care _____
(Address)

☐ With relative _____
(Name, relationship and address)

☐ Other _____
(Describe arrangement and give address)

List known relatives and other interested persons:

Name	Relationship	Address

Form PA-12
4/59

Known resources: Amount Period Source

Income: Pension $_____ per _____ _____

Annuity $_____ per _____ _____

OASDI $_____ per _____ XXXX

Relative $_____ per _____ _____

Other $_____ per _____ _____

Assets: Property (Location and type): _____

_____

Insurance: _____

Personal account: _____

Other: _____

Attached are completed copies (two each) of Forms ODA-2D, Examining Physicians Report, and ODA-2E, Report of Finding by Psychiatric Diagnostic Group.

Please telephone _____ and ask for _____
(Telephone no. & extension) (Caseworker's name)
to arrange appointment.

Remarks:

_____

_____

_____

_____

_____

Signed _____
Superintendent or Medical Director

May 4, 1959

Honorable Edward J. Patten
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing are sections of a new Manual of Administration issued by the Bureau of Assistance, Division of Welfare, of this department.

We direct your special attention to the enclosed copy of Transmittal Letter #2, which gives details as to the effect of this new material on previous regulations and includes specific instructions for cancellations, corrections and insertions.

Very truly yours

John W. Tramburg, Commissioner

JWT:h

CC: Mrs. Dorothy G. Smith, Acting Secretary to the Governor
Mr. Elmer V. Andrews, Director, Division of Welfare
Mrs. Elizabeth Feehan, Secretary, State Board of Control

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

BUREAU OF ASSISTANCE

REGULATION # Manual of Administration

ISSUED: 5/10/59
(Date)

REV.: _____
(Date)

TITLE: None - (Relates to policy and procedure OAA and DA)

SUBJECT: Various

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

_____, Chief
Bureau of Assistance

Approved:
By: John H. Trautberg

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

TRANSMITTAL LETTER #2

May 10, 1959

TO: COUNTY WELFARE BOARDS

Attached is one copy of the following additional material for the Manual of Administration, staff copies of which are being forwarded under separate cover:

Title

Table of Contents (Temporary) revised, Chapter 2200

Residence Requirements (2220.-2224.2)

County Responsibility in Respect to Change of County Residence (2225.-2225.10)

Retention of County Financial Responsibility in Respect to Patient or Domiciliary Care (2226.-2226.3)

County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (2227.-2227.2)

Eligibility of Recipients Who Leave New Jersey (2228.-2228.7)

Reciprocal Agreements with Other States (2229.-2229.3)

2200 Appendix II, Sources of Evidence of Residence

2200 Appendix III-A, Reciprocal Agreement with New York

2200 Appendix III-B, Reciprocal Agreement with Wisconsin

2200 Appendix IV (temporary), Sample Copy of Form PA-12

To County Welfare Boards
Re Transmittal Letter #2

5/10/59

Instructions on Superseded Regulations

Remove from Ruling Series and destroy:

Ruling No. 5, Interpretation of Residence Requirements, dated 8/17/45
Supp. No.1, Migration Between New Jersey and Pennsylvania, dated 5/1/50
Supp. No.2, Transfer of Cases Between New Jersey and New York, dated 8/17/45
Supp. No.3, " " " " " " " Wisconsin, dated 9/19/47
Ruling No. 8, Transfer of Cases on Change of County Residence, dated 5/1/46
Ruling No. 16, Persons Released from Institutions for the Mentally Ill, the Mentally Deficient, and the Epileptic, dated 11/1/50
Also destroy sample Form OA-28 (Rev. 9/50)
Ruling No. 17, Assistance to Residents of Non-profit or Charitable Homes, - strike out section 14, "Residence Requirements," and enter marginal cross reference to Manual section 2226.

County Series No. 3 - if you have copies of old sub-section L of section 16 entitled "Change of Residence in Relation to Patient Care," which included pages 38, 39, 40 and part of 41 and dated "Revised 7/1/52" - destroy this material. Many persons inadvertently discarded this sub-section when Section 16 was revised 1/1/56.

Corrections for Manual material issued with Transmittal Letter No. 1, 2/28/59

The following temporary footnotes may now be eliminated:

2111.2b, 2) - Strike out footnote symbol [1] and the footnote at bottom of page.
2112.1c - Strike out footnote symbol [2] and corresponding footnote at bottom of page which refers, in error, to Ruling No. 17.
2112.1d - Strike out footnote symbol [3] and corresponding footnote at bottom of page.
2112.2 - Strike out footnote symbol [3] and corresponding footnote at bottom of page.
Destroy Table of Contents (Temporary) dated 2/59

Very truly yours

Irving Engelman

Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved
Elmer V. Andrews, Director
Division of Welfare

TABLE OF CONTENTS (TEMPORARY)

CHAPTER 2200

DETERMINATION OF ELIGIBILITY FACTORS OTHER THAN NEED

2201.	Preliminary Statement	2200. -2201.2
.1	Sources of Evidence	2200. -2201.2
.2	Evaluation of Evidence	2200. -2201.2
.3	Recording Evidence	2201.2-2201.3
2210.	Age Requirement	2210. -2212.2
.1	Legal Requirements	2210. -2212.2
2211.	Special Provisions	2210. -2212.2
.1	Arbitrary Date of Birth	2210. -2212.2
.2	Date of Eligibility	2210. -2212.2
.3	Advance Registration	2210. -2212.2
2212.	Evidence of Age	2210. -2212.2
.1	General Policy	2210. -2212.2
.2	Old Age Assistance	2210. -2212.2
.3	Disability Assistance	2212.3-2214.2
2213.	Sources of Evidence of Age - See 2200 Appendix I	2212.3-2214.2
2214.	Disability Assistance Recipient on Attaining Age 65	2212.3-2214.2
.1	Effect of Eligibility	2212.3-2214.2
.2	Administrative Control	2212.3-2214.2
.3	Determination of Sixty-fifth Birthday	2214.3-
2220.	Residence Requirements	2220. -2221.1
.1	Legal Requirement and Authority	2220. -2221.1
2221.	Definitions	2220. -2221.1
.1	State Residence	2220. -2221.1
.2	Abandonment of New Jersey Residence	2221.1-2221.3
.3	County Residence	2221.1-2221.3
.4	Temporary Visit Out-of-County, Out-of-State	2221.3-2221.5
.5	Residence of Mentally Incompetent Client	2221.3-2221.5

TABLE OF CONTENTS (TEMPORARY)

CHAPTER 2200

DETERMINATION OF ELIGIBILITY FACTORS OTHER THAN NEED

2222.	Residence at Time of Application	2221.5-2224.1
2223.	Special Provisions	2221.5-2224.1
.1	Date of Eligibility	2221.5-2224.1
.2	Advance Registration	2221.5-2224.1
2224.	Evidence of Residence	2221.5-2224.1
.1	Factors to be Considered	2221.5-2224.1
.2	Sources of Evidence - See 2200 Appendix II	2224.1-2224.2
2225.	County Responsibility in Respect to Change of County Residence	2225. -2225.3
.1	Statement of Law	2225. -2225.3
.2	Definitions	2225. -2225.3
.3	Statement of Principles	2225. -2225.3
.4	Administrative Procedure	2225.3-2225.4
.5	Referral to State Bureau of Assistance	2225.4-2225.6
.6	Special Procedures for Transfer of DA Cases	2225.4-2225.6
.7	Assigned Assets in Transferred Cases	2225.6-2225.7
.8	Responsibility for Outstanding Medical Bills	2225.8-2225.9
.9	Recording	2225.8-2225.9
.10	Statistical Procedure	2225.10 -
2226.	Retention of County Financial Responsibility in Respect to Patient or Domiciliary Care	2226. -2226.1
.1	Applicant	2226. -2226.1
.2	Recipient	2226.1-2226.3
.3	Consultation Between County Directors	2226.1-2226.3
2227.	County Responsibility and Procedures in Respect to Persons Released from Certain Institutions	2227. -2227.2
.1	Private General Hospitals	2227. -2227.2
.2	State Mental Hospitals, State Schools for Mentally Deficient, and Neuro-Psychiatric Institute	2227. -2227.2
.3	Institutions for Tuberculosis and Chest Diseases [To be developed.]	
.4	Veterans Facilities [To be developed.]	

TABLE OF CONTENTS (TEMPORARY)

CHAPTER 2200

DETERMINATION OF ELIGIBILITY FACTORS OTHER THAN NEED

2228.	Eligibility of Recipients Who Leave New Jersey	2228. -2228.2
.1	Preliminary Statement	2228. -2228.2
.2	Permanent Removal	2228. -2228.2
.3	Temporary Visit Out of State	2228.2-2228.3
.4	Special Approval Procedures	2228.3-2228.4
.5	Control of Out-of-State Cases	2228.5-2228.7
.6	Notice to Recipient and Agency of Suspension or Closing	2228.5-2228.7
.7	Medical and Patient Care During Out-of-State Visit	2228.5-2228.7
2229.	Reciprocal Agreements with Other States	2229. -2229.1
.1	General Principles	2229. -2229.1
.2	Administrative Procedures	2229.1-2229.3
.3	Agreements with Specific States - See 2200 Appendix for Texts	2229.1-2229.3

2220. RESIDENCE REQUIREMENTS

.1 Legal Requirement and Authority

a. The law requires that an applicant for Old Age Assistance or Disability Assistance shall be a resident of this State and that he shall have resided therein for a period of one year immediately preceding the date of application.

b. The State Bureau is empowered by law to enter into reciprocal agreements with appropriate public agencies in other states whereby the residence requirement will be waived for purposes of eligibility for a specified assistance program for New Jersey residents living in other states, or for residents of other states living in New Jersey who wish to apply for Old Age Assistance or Disability Assistance.

c. There is no mandatory legal provision that assistance shall be continued to recipients who leave New Jersey on a temporary visit or to live in another state permanently. The law does provide that by special resolution the county welfare board may, with the approval of the State Bureau, continue assistance payments to persons already receiving same who remove to another state under certain specified conditions, until the person acquires eligibility in respect to residence, for any form of public assistance in the state to which he has moved.

d. The provisions of the law, together with the policy and procedure issued by the State Bureau to interpret and carry out the law, constitute the sole basis of determining residence requirements for Old Age Assistance and Disability Assistance.

2221. Definitions

.1 State Residence

For purposes of OAA and DA the concept of "legal settlement" in a particular municipality, county, or State is immaterial. Further, at no time shall the fact that the applicant is receiving or has received public assistance, in whatever form, from an agency within or without this State be construed, of itself, as an impairment to acquiring the duration of residence necessary to qualify for OAA or DA.

An individual shall be found to meet the residence requirement when it is established that he is presently residing in fact in New Jersey and that such residence has had a duration of at least one year immediately preceding his application for assistance.

2221. Definitions (Contd.)

.1 The requirement for "duration of at least one year" shall be deemed to be satisfied if it is established that

a. he has been physically present in New Jersey without interruption for a minimum period of twelve (12) months immediately preceding the date of application for assistance; or

b. although interruption of presence in New Jersey has occurred, the individual has not abandoned his New Jersey residence [see .2, below]; or

c. although the individual moved to New Jersey, with the intention of becoming a permanent resident, less than twelve months prior to application, such move was from a place of residence in a state which has entered into a reciprocal agreement with the State Bureau of Assistance to waive respective residence requirements for the specified program.

.2 Abandonment of New Jersey Residence

Abandonment means the termination in fact of any actual place of abode in New Jersey, when accompanied by the establishment in fact of an actual place of abode in another state with apparent intent to remain absent from New Jersey permanently, or for an indefinite period for purposes other than a temporary visit. However, an individual who has absented himself from New Jersey, but has thereafter returned, shall be considered as not having abandoned New Jersey residence if the total period(s) of absence totalled less than twelve months during the twenty-four months immediately preceding application.

In any case in which the above interpretation is applicable and appears to result in hardship for an individual who had had long residence in New Jersey prior to the absence or absences deemed to show abandonment, the facts shall be referred in writing to the State Bureau. In consultation with the county welfare board the Bureau shall make a determination regarding the individual's intent as to residence within the requirements of the law.

.3 County Residence

"County residence" is not an eligibility requirement, but relates to identification of the jurisdiction responsible for receiving an application and making payments to an eligible person.

2221. Definitions (Contd.)

.3 An applicant for or recipient of OAA or DA shall be considered a resident of the county in which he maintains his customary place of abode. "Customary place of abode" shall be determined as follows:

a. Where an applicant or recipient is living in his own home, or in a family home with a person or persons related by blood or marriage, this shall be considered his customary place of abode. This principle shall hold even though the applicant or recipient is receiving patient care, or a plan is made for him to be provided patient care, in such home.

b. Where an applicant or recipient is purchasing room and board with or without personal services (but not patient care) in the home of unrelated persons, this shall be considered his customary place of abode.

c. Where an applicant is receiving patient care in any establishment operated by a person(s) not related by blood or marriage, or domiciliary care in a non-profit or charitable home, it shall be considered his customary place of abode only if

1) the applicant's customary place of abode prior to admission was in the same county as the institution or establishment, or

2) although the applicant had resided in another county prior to admission, he has been purchasing care in the institution or establishment for twelve or more months continuously with his own funds or funds provided by relatives or friends.

d. Where an applicant is receiving patient care in any establishment operated by a person(s) not related by blood or marriage, or domiciliary care in a non-profit or charitable home, it shall not be considered his customary place of abode if it is determined that

1) the applicant previously resided in a county other than the county where the institution or establishment is located and that he removed for the purpose of purchasing patient or domiciliary care therein less than one year prior to the date of application for OAA or DA; or

2) the applicant entered the institution or establishment from another county more than one year prior to application for OAA or DA but the cost of care has been continuously financed in whole or in part by any public assistance agency or private charitable agency located in another county.

2221. Definitions (Contd.)

.3 Procedures for processing applications for persons in situations described in c and d, above, are provided in 2226.

e. Where an applicant is a patient in a private general hospital, the hospital shall not be considered the person's customary place of abode regardless of the length of stay therein. [See 2227.]

f. Where an applicant is a patient in a public institution for the mentally ill, the mentally deficient, for the tuberculous, or in a veterans facility, such institution shall not be considered the person's customary place of abode regardless of the length of stay therein. [See 2227.]

g. A recipient who is living temporarily in another county as the result of a plan agreed to by the CWB and the Rehabilitation Commission, for the purpose of attending school, to obtain special training or treatment, and who returns to his "home" periodically and/or intends to return thereto upon completion of the purpose for which he left "home", shall not be considered to have changed his customary place of abode. [See 2835.] [1]

In respect to recipients who change their customary place of abode from one county to another, see 2225.

In respect to recipients who move to another county to purchase patient or domiciliary care in an institution, see 2226.

.4 Temporary Visit Out of County, Out of State

When a recipient leaves the county of customary abode or leaves the State for the purpose of making a temporary visit, it shall not be considered a change of residence, but any visit which continues for more than three months shall be considered a permanent change of residence, unless for good and considered reason the CWB approves extension of the period of visit. [See 2225. and 2228., respectively, for further instructions.]

.5 Residence of Mentally Incompetent Client

An applicant or recipient who has been adjudged mentally incompetent and for whom a legal guardian has been appointed, has residence based on his own customary place of abode and not on that of his guardian. Changes in

[1] Until issued see Ruling No. 26

2221. Definitions (Contd.)

.5 (Contd) the client's customary place of abode, when arranged by or permitted by the guardian, will result in changes in the client's county or State residence, whether or not there is a change in the county or State residence of the guardian, in conformity with the same provisions as for clients without legal guardian.

2222. Residence at Time of Application

An application for OAA or DA can be made only by an individual who is a resident of New Jersey at the time of application. The same principle holds in respect to an initial application, reapplication or reopened application.

Exception: However, if a situation arises in which an individual who previously received OAA or DA, is now living out of State and requests a reopened application to enable him to receive assistance during the period necessary to complete arrangements for his return to live in New Jersey, the county welfare board may present the facts in writing to the State Bureau for consideration and decision, provided it has been clearly established that the individual has not in fact abandoned his prior residence in New Jersey.

2223. Special Provisions

.1 Date of Eligibility

In respect to the residence requirement, an applicant, shall be considered eligible from the first of the month in which the residence requirement in this State is completed.

.2 Advance Registration

An application may be registered and processing initiated for an applicant who will complete the residence requirement within two months in OAA and within three months in DA.

2224. Evidence of Residence

.1 Factors to Consider

a. Place of Residence

The applicant's statement that his residence is at the place where he is living is to be accepted, unless there is definite evidence that his statement does not represent the real situation.

2224. Evidence of Residence (Contd.)

.1 b. Length of Residence

Verification of length of residence involves evidence showing continuity of residence during a period or periods of time within given calendar dates.

It is the responsibility of the CWB to determine that there is adequate evidence from written records and/or the testimony of responsible individuals to corroborate the statement of the applicant regarding his length of residence in New Jersey.

c. Conflicting Evidence

When there is conflicting evidence which cannot be resolved to the satisfaction of the CWB, the facts may be presented in writing to the State Bureau for evaluation and decision.

.2 Sources of Evidence

See 2200 Appendix II for list of suggested sources of evidence of residence.

2225. County Responsibility in Respect to Change of County Residence (Customary Place of Abode)

.1 Statement of Law

The law directs that responsibility for case management and payment shall be transferred among the counties as recipients' residences change, except that:

a. A temporary visit shall not be considered a change of residence, but any visit shall be deemed permanent if continued for more than three months;

b. Removal from one county to another for the purpose of entering a public institution or a private curative or domiciliary establishment, such as a licensed nursing home or non-profit or charitable home, shall not be considered a change of county residence during the recipient's stay in such institution or establishment, regardless of the length of such stay.

.2 Definitions

a. County of origin - the county from which the client moves or expects to move.

b. Receiving county - the county to which the client moves or expects to move.

[See 2221.3 for definition of "Customary Place of Abode" and 2226.2 for retention of county responsibility in respect to patient or domiciliary care.]

.3 Statement of Principles

Whenever it is determined that a recipient has or is planning to change his customary place of abode from one county to another, it shall be the responsibility of the directors of welfare of the two counties concerned to effect the prompt and efficient disposition of the case in accordance with the following principles:

The county of origin shall initiate, and the receiving county shall, on request, immediately cooperate in accomplishing a full investigation of the circumstances surrounding the move.

2225. County Responsibility in Respect to Change of County Residence (Contd.)

.3 If the move is permanent and the case warrants continued assistance, transfer of the case shall be accomplished expeditiously by discontinuance of the grant in the county or origin and award of a grant in the receiving county, to occur simultaneously in the first month for which the directors of welfare concerned can mutually so arrange.

The welfare of the client shall not be adversely affected, and his right to uninterrupted assistance if in need shall not be prejudiced, by disagreement or other administrative difficulty between the counties.

.4 Administrative Procedure

The directors of welfare of the counties concerned shall utilize whatever procedures are most appropriate to the prompt and effective disposition of each case. It is contemplated that most cases will be satisfactorily handled by mutual cooperation without prescribed procedural formality.

However, when unresolved difficulties or unreasonable delays require review by the State Bureau, decision will be based on compliance with the following procedures.

a. County of Origin

1) When it is determined that a recipient has moved or is planning to move to another county, that county shall immediately be requested to determine the nature of the move.

2) If notified that the move is permanent, the county of origin shall either

a) discontinue the grant for cause when so recommended, or

b) promptly forward case record as requested, sending the complete original case record, or copies of all forms, reports of first and subsequent applications, discharge reports and the two most recent continuance reports, eliminating intervening reports. If the intervening reports cover any unusual situation or information, a brief summary of the pertinent data should be included.

If the complete original record is forwarded, a summary of contents deemed adequate to its own purposes shall be prepared and retained by the county of origin.

2225. County Responsibility in Respect to Change of County Residence (Contd.)

.4 a. 3) When notified of an effective date of assumption of responsibility by the receiving county, the county of origin shall

a) promptly confirm the effective date of discharge and month for which last check has been or will be issued;

b) so far as possible, include in the client's last check, allowances to meet all authorized outstanding obligations of the client for board, medical services and other special circumstance requirements; [See 2225.8 and 2520, when issued, for further instructions.]

c) formally discharge the case at the next board meeting following receipt of such notification;

d) send notification of transfer to the client, informing him that the receiving county has become responsible for his needs and will notify him of its decision.

b. Receiving County

1) As promptly as possible after receiving request from county of origin, the receiving county shall determine whether or not permanent change of county residence has occurred and eligibility in respect to need.

2) If the move appears to be permanent (i.e., has already continued or is likely to continue for more than three months) application shall be obtained from the client.

3) The county of origin shall be advised promptly, in writing, of the nature of the move and, if permanent, requested to forward the case record, or advised of recommendation that the grant be discontinued for cause when sufficient data is available to support such a recommendation.

4) Upon receipt of the case record the receiving county shall:

a) immediately acknowledge by letter, and

b) confirm to county of origin that responsibility will be assumed not later than the first day of the following month, regardless of whether or not assistance is to be granted, and

c) proceed with such further investigation of applicant's eligibility as may be required.

2225. County Responsibility in Respect to Change of County Residence (Contd.)

.4 b. 5) The case shall be presented for Board action in the same month for which it has notified the county of origin it is assuming responsibility, or

6) The director shall authorize initial payment or deny the application, as appropriate, by executive action for such month, and present for board action in the subsequent month.

.5 Referral to State Bureau of Assistance

Any case the disposition of which has not been mutually agreed upon by the directors of welfare concerned within thirty days of the date of original referral, shall be promptly reported by the county of origin to the State Bureau by letter, setting forth the pertinent available facts. This does not mean that the actual transfer must be completed within thirty days, but rather than an understanding between the directors of welfare shall be concluded within that time. In the absence of such an understanding, the State Bureau shall be notified by the county of origin and may be notified by the receiving county as well.

.6 Special Procedures for Transfer of Disability Assistance Cases

a. Transfer of Case Records

In respect to DA cases the county of origin shall also include in the case record material forwarded to the receiving county all medical forms and reports, social data summaries and correspondence with the Bureau related to the determination of the permanent and total disability factor.

Care shall be exercised to see that any special reports, requested by the Bureau for submission at the time of redetermination review, which have been obtained, or are being obtained, are included, and that the record contains reasonably current information on medical care. If the required portions of the record have already been sent to the Bureau for redetermination, the receiving county shall be so advised, and the material sent as soon as returned by the Bureau.

b. Redetermination of Permanent and Total Disability in Transferred Cases

In accepting transfer of a case which has been initially approved by the Bureau and granted assistance in another county, reexamination by a physician is not required.

2225. County Responsibility in Respect to Change of County Residence (Contd.)

.6 b. (Contd.)

The receiving county shall observe the review date for submission to the Bureau as indicated on the most recent Record of Action (Form DA-2a) in the forwarded case record.

1) When advised that the required portions of the record have already been sent to the Bureau for redetermination, the receiving county shall not accept the case for payment until it receives from the county of origin the case material returned by the Bureau with the decision on redetermination of eligibility.

2) If the receiving county, upon examining the case record, finds that the case is "overdue" for submission to the Bureau for redetermination review, the county of origin shall be notified that the case will not be accepted for payment until review by the Bureau is completed. In this situation the receiving county (which now has the case record and in whose jurisdiction the client is living) shall submit the required portions of the record to the Bureau. However, in preparing the interim medical and social report, it may be necessary to consult with the county of origin if the data in the case record appears to be incomplete or not current.

In submitting a "transferred" case to the Bureau for redetermination, a brief explanation of the transfer and status of the case shall be included in the interim report.

3) Furthermore, if receiving county upon review of record and observation of client believes there has been a marked change in his condition since the last review which may affect eligibility, or competency to handle his own affairs, or the plan for care and treatment, it is both the right and responsibility of that CWB to initiate a review by Medical Service Section by submitting the appropriate portions of the record together with an interim report covering the reasons for request for review at this time.

.7 Assigned Assets in Transferred Cases

The county welfare board may establish a general policy in respect to retaining or transferring assigned assets of a client whose application is approved by another county, or, may arrive at a mutual agreement with the particular receiving county at the time of transfer.

2225. County Responsibility in Respect to Change of County Residence (Contd.)

.8 Responsibility for Outstanding Medical Bills

It shall be the responsibility of the county of origin to advise with the receiving county in regard to outstanding medical bills to assure that such bills will be met by the appropriate county in a manner that will not result in an assistance payment to the client by both counties in the same month. The following principles shall be observed:

a. If, following the recipient's removal, the case is closed because it is determined that he is no longer eligible for assistance, then the county of origin shall decide whether the recipient was eligible to receive allowances for the services at the time rendered. Any such bills approved for payment by the welfare board shall be paid from the administrative account.

b. In cases accepted as transfers, the county of origin shall be responsible for including in the last regular payment all outstanding bills already submitted for payment.

c. In a situation where the county of origin has authorized goods or services which have not been delivered or completed at the time the client moves to another county (e.g. dentures, glasses, etc.) there shall be mutual agreement by discussion between the two CWBs as to the most practical action in respect to responsibility for meeting the costs. If it is anticipated that the bill will be received for payment within 30 days, the county of origin may decide to retain responsibility for the case for another month; or, if a longer period is anticipated, may request acceptance of the case by the receiving county and agree to meet the outstanding bill when submitted, from administrative account.

d. Any bills other than those described in c, above, received by the county of origin subsequent to issuance of the last regular payment shall be forwarded to the receiving county. If the receiving county determines that the bills are allowable, it shall authorize appropriate allowances in client's grant.

.9 Recording

In order to lend continuity to the case record a chronological progress report shall be prepared by both the county of origin and the receiving county. The entries in these reports will vary with case situations, but will in general cover the following:

2225. County Responsibility in Respect to Change of County Residence (Contd.)

.9 a. Report of County of Origin

1) Statement of client's removal or contemplated removal to another county with details of any interview with client or relatives.

2) Notation of the date, nature and result of all contacts, by letter, telephone, or otherwise, with the receiving county, in furtherance of transfer or other disposition.

3) Closing statement to cover:

The total number of months and total amount of assistance extended up to the time of transfer, including any assistance paid by any other county in any prior period.

Summary statement of all financial resources including a listing of all insurance policies assigned or held by other persons and their current status, amount of trust account, and plan for its disposition, description of real estate and status, etc.

Recommendation for discharge of the case, due to transfer to another county or for other causes.

4) Transmittal to receiving county of copy of the closing report, if the case is transferred.

b. Report of Receiving County

1) Date and nature of referral from county of origin.

2) Notation of the date, nature and result of all contacts by letter, telephone, or otherwise, with the county of origin, in furtherance of transfer or other disposition.

3) Report of investigation of current situation and eligibility. Receiving county may eliminate early social and work history if the original record appears adequate, but should cover the circumstances surrounding the change of residence.

4) Date county of origin was notified of date of acceptance of responsibility.

5) Statement and explanation of final disposition.

2225. County Responsibility in Respect to Change of County Residence (Contd.)

.10 Statistical Procedure

a. The receiving county, upon taking an application as referred to in .4, b, 2), above, shall assign a new registration number, or reopened number as appropriate, and shall enter the case in item 2, ((TR) on Form OA-8 or DA-8, as appropriate, for the month in which such application is taken.

If a grant is approved, the case shall be recorded in Item 4 of Form OA-8 or DA-8, as appropriate, for the month in which the grant becomes effective, and shall be recorded for any OAA case in Item L (2) on Form OA-14.

If a grant is denied or the application withdrawn, the case shall be recorded in Item 5 or 6, whichever is appropriate, and in the appropriate item of section C on Form OA-8 or DA-8.

b. The county of origin, if it discontinues the grant for cause as referred to in .4, a, 2), above, shall enter the case in Item 28 (b) on Form OA-8 or DA-8, and in the appropriate classification item on Form OA-13 for any OAA case for the month of discharge.

If the county of origin discontinues the grant by reason of assumption of responsibility by the receiving county as referred to in .4, a, 3), above, such discharge shall be counted as a case transferred to another county, and shall be entered in Item 28, (a) on Form OA-8 or DA-8, as appropriate, and in item E (19) on Form OA-13 for any OAA case for the month of discharge.

2226. Retention of County Financial Responsibility and Procedures in Respect to Patient or Domiciliary Care

.1 Applicant

a. Applicant in Care Facility

1) When an individual who wishes to apply for assistance is receiving patient care in the home of unrelated persons, or in a licensed nursing home, or patient or domiciliary care in an eligible non-profit or charitable home, he should inquire initially about assistance of the CWB of the county where he is receiving such care.

2) The welfare board receiving the inquiry shall determine the customary place of abode as promptly as possible, according to definition in 2221.3.

3) If it is determined that the individual is currently receiving care in the county of customary place of abode, the CWB of that county shall register the application, complete action thereon and be responsible for any payments to be made.

4) If it is determined, prior to registration of an application, that the individual's customary place of abode is in another county, the CWB which has received the inquiry about assistance shall conduct an application interview. If the individual decides to apply he shall be assisted to complete application Form ODA-1. All information which the applicant can supply shall be obtained and recorded on appropriate case record forms. However, the application will not be registered by CWB handling the inquiry.

5) The completed application and all available information shall then be sent promptly to the CWB of customary place of abode, which shall be responsible for immediate registration and further processing.

6) In the event that the CWB initially receiving the inquiry about assistance registers an application and subsequently determines that customary place of abode is in another county, it shall so notify the appropriate CWB, forward all information secured to that point, and dispose of the application by dismissal (registered in error.)

In such instance the registration number, date, etc., shall be crossed out on the original ODA-1 before forwarding to the other county. The receiving county will use the same ODA-1 for registering the application and shall not require the applicant to execute another ODA-1.

2226. Retention of County Financial Responsibility and procedures in Respect to Patient or Domiciliary Care (Contd.)

.1 b. Applicant Planning to Enter Care Facility in Another County

If at the point of application the individual is in the county of customary place of abode, but a plan is being made for him to enter a care facility in another county, the application shall be registered and processed by CWB of county of customary place of abode even though the individual moves to the care facility in advance of official action on the application.

.2 Recipient

In the instance of a recipient of assistance who moves to another county for the primary purpose of receiving patient care in the home of unrelated persons or in licensed nursing home, or patient or domiciliary care in an eligible non-profit or charitable home, the county of origin (customary place of abode) shall retain responsibility so long as he continues in patient status, or a resident of the eligible non-profit or charitable home.

When a recipient moves to receive patient care in the home of unrelated persons (boarding home) and has a recipient spouse who moves with him, the spouse shall also continue to be the responsibility of the county of origin, although not himself (or herself) a patient, so long as the patient spouse continues in that status.

.3 Consultation Between County Directors

All directors of welfare shall advise and consult to the fullest extent that circumstances permit, with the welfare director of any other county to which an applicant or recipient has moved or is about to move for the purpose of effecting a plan for patient care or domiciliary care in a non-profit or charitable home, even though no actual transfer of responsibility for the case under 2225 is involved.

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions

.1 Private General Hospitals

As defined in 2221.3e, a private general hospital is not to be considered an individual's customary place of abode for purposes of determining county responsibility for processing applications or payment of assistance. The following policy and procedure shall be observed.

a. An application for an individual who is a patient in a private general hospital and who is to be discharged therefrom, shall be received and processed by the welfare board of the county in which he had his customary place of abode at the time of admission to the hospital, and such county shall be responsible for assistance payments to any such individual determined to be eligible; except that, if the previous place of abode is no longer available and the patient has made plans, or wishes to make plans to locate a new place of abode in a different county, then referral shall be to such county.

b. If, in the first instance, the hospital refers the patient to the welfare board of the county in which the hospital is located and this is found not to have been the county of customary place of abode prior to admission, nor his intended place of abode upon discharge, then the referral shall be treated as an inquiry and the hospital instructed to redirect the referral under the rules stated in a, above.

c. In the situation where an applicant is determined to have one year's residence in the State, but it cannot be determined that he had a definite customary place of abode in any given county at the time of admission to the hospital, nor an intended place of abode upon discharge, then responsibility for processing the application and for payment of assistance shall be in the welfare board of the county where the hospital is located.

.2 State Mental Hospitals, State Schools for Mentally Deficient, and the Neuro-Psychiatric Institute

a. Residence Unaffected

For purposes of OAA and DA, a person's State and county residence is not affected by periods of care in a public institution of custodial, curative or penal character. Upon leaving the institution the person retains the same residence status he had prior to admission.

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Contd.)

.2 a. (Contd.)

However, should a person upon discharge from such an institution establish himself in a county other than the county in which he had his customary place of abode before entering the institution, the county in which he is living at the time he applies shall be considered his customary place of abode.

b. Terms of Release Defined

1) Official Discharge is the term used only for a patient who is fully and legally discharged from the order of commitment, or from any other type of legal instrument which resulted in his confinement. Official discharge means the person resumes his full status as a free agent, subject to no restraint, control or supervision by the institution whatsoever, except any available out-patient services which he voluntarily chooses to utilize.

2) Release without discharge refers to a variety of arrangements under which committed patients may be released for limited or indefinite periods or for special purposes, and permitted to reside outside the physical confines of the institution. The principal classes of such release arrangements are officially referred to and defined as follows:

Extended visit - for patients released from State Schools for Mentally Deficient and placed with a relative or in an employment situation;

Convalescent leave - for patients released from State Mental Hospitals and the Neuro-Psychiatric Institute, and placed with a relative or in an employment situation;

Family Care - which is the program for placement of patients in approved boarding homes, the cost being financed by the institution when the patient or his relatives cannot pay all or part of such cost.

What distinguishes all of these arrangements from official discharge is the fact that the individual still retains a legal relationship as a patient under the jurisdiction of the institution.

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Contd.)

.2 c. Eligibility for Assistance

1) Voluntary Admission

Eligibility for assistance is not affected by periods of care in a mental hospital for a person who was admitted as a voluntary patient. In respect to eligibility such periods of voluntary institutional care shall be regarded as comparable to care in a general hospital.

The person must, however, again be living outside the institution and free of institutional restraint, control and supervision prior to receipt of assistance.

A voluntary patient who is on Convalescent Leave with relatives who are not able to provide support, is eligible to receive any form of public assistance for which he is otherwise eligible. However, a voluntary patient on Family Care is not eligible for assistance.

2) Court Commitment

A person who was involuntarily committed by the court and who has been officially discharged from a mental institution resumes his former status in the community. If he is in need at time of discharge, or becomes needy following discharge, he is fully entitled to apply for and receive assistance in the same manner as any other needy aged or permanently and totally disabled person in the community.

A person who was involuntarily committed and who is released from a mental institution without official discharge is not eligible for assistance. Therefore, such patients on Convalescent Leave, Extended Visit or Family Care are not eligible for assistance.

An application may be registered and processed prior to discharge in connection with a plan to discharge a committed patient who will require assistance in order to complete arrangements to live in the community.

No assistance payment shall be issued until official discharge is a matter of record and verified by CWB.

Note: The above statements are not applicable to persons released from penal institutions. Persons on parole from penal institutions are eligible for assistance if otherwise eligible.

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Contd.)

.2 d. Referral for Assistance by Institution

Responsibility for initial planning for the return of a patient to the community rests, of course, with the institutional authorities. However, when it appears that a plan cannot be completed unless the person can receive public assistance, it is essential that cooperative planning with the appropriate county welfare board be initiated.

The institution will complete routinely the following forms without charge (a stock supply of which will be provided to them by the State Bureau) and will forward copies to the appropriate CWB as designated below:

Form PA-12 - Referral for Public Assistance [1]
Form ODA-2D - Examining Physician's Report
Form ODA-2E - Report of Findings by Psychiatric Diagnostic Group

In addition, when the individual has a serious visual defect or impairment, the institution will complete Form AB-5, Eye Physician's Report, whether or not the referral is specifically for Blind Assistance.

1) Patient in Institution

a) If the patient being referred is under care in the institution proper, the referral will be made to the welfare board of the county where he had his customary place of abode at time of commitment. When the county of customary place of abode cannot be determined, then referral will be made to the county which has been the "chargeable" county during the patient's institutionalization. Where there was no "chargeable county" (the patient having been a "State charge"), and there was no identification of a county of customary place of abode, then referral shall be made to the welfare board of the county from which the patient was admitted to the institution.

[1] For sample Form PA-12, see 2200 Appendix IV

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Contd.)

.2 d. 1) b) However, if the patient has a plan to live or wishes to live in a county other than the one to which he would normally be referred under a), above, then referral may be made to the county selected by the patient with appropriate explanation.

Whenever the institution is in doubt about the appropriate CWB to which referral should be made, it will be expected to engage in pre-referral consultation by telephone with one or more CWBs as may be necessary to resolve the question.

2) Patient Outside Institution

If the patient is under institutional care outside the institution (on Extended Visit, Convalescent Leave, or in Family Care) then referral shall be to the welfare board of the county in which the patient is currently living.

However, if such a patient will require nursing care in any setting other than the home of relatives or if he plans to enter a non-profit or charitable home, then the referral will be made to the CWB as specified in 1), a), above.

e. Responsibility of County Welfare Board

1) Determination of Proper Referral

Upon receipt of Form PA-12 and other required forms, the CWB shall review the data and determine whether referral has been made to the appropriate CWB according to the conditions in d, above. If the data is not adequate to make such a determination, the institution shall be consulted. If it can be clearly established that referral should be to another CWB, all forms secured shall be forwarded to such CWB with explanation. The institution shall also be notified in writing of the redirection of the referral.

2) Registration

In accord with normal intake procedures, the referral will be treated as an inquiry until there is opportunity to interview the patient. Once there is an affirmative decision to apply, an application shall be promptly registered.

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Contd.)

.2 e. 3) Application Interview

A welfare board caseworker shall arrange with the social service staff of the institution for a joint interview with the patient at a mutually convenient place.

The interview shall include the usual interpretation of program and consideration of the plan made or to be made for living arrangement.

If the patient decides to apply he shall be assisted in completing the ODA-1 and other required forms, except any forms which directly affect the real or personal property rights of the patient.

4) Complete Investigation; Living Arrangements

a) Thereafter the CWB caseworker shall be responsible for prompt completion of investigation of eligibility as in any other application. This shall include inquiry regarding any funds held by the institution in a personal account for the client.

b) If the applicant requires service in locating a suitable living arrangement (either because he has no existent nor planned community arrangement, or because his present arrangement is in a facility in which he is not eligible to receive assistance, or he does not wish to remain in his present arrangement, or the institution considers that a change is advisable), then the CWB shall provide such service.

c) If at any point after registration of an application and prior to official disposition, there is a change in plan and it is decided that the client will move or wishes to establish himself in another county, (except when patient care in other than the home of relatives, or domiciliary care in a non-profit or charitable home is involved), then the record and all related material shall be forwarded to such CWB, and the application in the county of original registration shall be disposed of by Dismissal.

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Contd.)

.2 e. 5) Procedures for Approved Application

Immediately following approval of an application, the caseworker shall

a) consult with the institution worker to arrange final details for client's discharge (including arrangements for release to the client or CWB, when appropriate, of any balance due client from his personal account);

b) complete, immediately following discharge, the client's execution of the agreement to reimburse and any other necessary documents relating to real and personal property rights;

c) see that the initial assistance payment is available for him at that time.

6) Continuing Administrative Responsibility

Thereafter the relationship between the recipient and the welfare board will be conducted as in all other cases.

Responsibility for assistance payments shall continue so long as the recipient continues to be properly chargeable to that county in relation to the rules governing customary place of abode.

f. Continuing Service by Institution and County Welfare Board to Recipients

The social service staff of the institution may continue to visit with and consult the former patient from time to time, as may be arranged between the recipient and the institution's caseworker. Such service will be focused on the client's mental health and will have no concern with the utilization of his assistance payment.

If the individual has been living in a Family Care home and upon discharge plans to continue to live in such home while receiving categorical assistance, then it must be made clear to both client and sponsor (Family Care Home operator) by the respective caseworkers that the individual is now a free agent, and that his relationship in respect to his financial affairs or any change in his living arrangement, is with the CWB and not with the institution.

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Contd.)

.2 f. (Contd.)

If a question of the recipient's mental condition or adjustment comes to the attention of either the CWB worker or the institution worker, there shall be prompt consultation and joint planning for appropriate action.

g. Applicability of Procedure to Institutions Other Than State Institutions

The procedures provided in this regulation have been established specifically to govern relationships between the CWB and the several State institutions. These procedures do not apply directly to relationships with local mental hospitals and other institutions. There will be no objection to the adaptation of these procedures to expedite release of persons from local institutions. However, any CWB which wishes to adapt the procedures for that purpose shall submit complete plan material to the Bureau for approval prior to granting assistance to any person released from such local institution.

2228. Eligibility of Recipients Who Leave New Jersey

.1 Preliminary Statement

Whenever a recipient wishes to leave New Jersey either to establish a permanent place of abode, or for a temporary visit, he shall be advised of the effect of this plan on his eligibility for continued assistance. In addition, he should be given as much information as is available about assistance requirements in the other state. Particular care should be taken to caution the client that if he should need medical care or hospitalization while out of State, his non-residence status may be a bar to his eligibility for such care in the other state; and, further that while the welfare board may approve continuation of assistance during a temporary visit outside New Jersey, no absolute assurance can be given that his medical needs can be provided even though the welfare board may be willing to provide funds, within policy limitations, to meet the costs of such care.

When information concerning eligibility requirements in the other state is not available, and is essential to enable the recipient to reach a decision, the CWB may offer to secure the information for him by correspondence with an appropriate agency in the other state.

The decision whether or not to leave New Jersey shall rest with the recipient, but he shall understand that the decision regarding continuation of assistance rests with the welfare board within the limitations of law and State policy. It is the responsibility of the recipient to keep the CWB informed of his whereabouts and of any change in plan after he leaves the State if assistance payments are being sent to him.

The following policy and procedure shall govern in all instances of recipients who wish to or who have left the State.

.2 Permanent Removal

It shall be the policy of this State that if a recipient leaves New Jersey with intent to establish a place of abode elsewhere, or for an indefinite period for purposes other than a temporary visit, or if he decides to remain indefinitely in the place outside New Jersey to which he had gone for a temporary visit, he ceases to be eligible to receive assistance.

The only exception shall be that when a recipient moves to a state which has entered into a reciprocal agreement with New Jersey to waive residence requirements, then assistance may be continued as necessary for

2228. Eligibility of Recipients Who Leave New Jersey (Contd.)

.2 (Contd.) a period not to exceed two months following the month in which change of residence occurs to enable the other state to process an application. [See 2229.]

Note: The eligibility of recipients who moved to another state with intent to remain permanently and for whom approval was given prior to 5/31/59 for assistance to be continued (if otherwise eligible) until eligibility with respect to residence is established in the other state for some form of public assistance, shall not be affected by the above policy.

.3 Temporary Visit Out of State

a. Visit up to Three Months

1) A recipient of OAA or DA who leaves this State for a temporary visit in another state, the District of Columbia, or in a United States territory, may with the approval of the welfare board, continue to receive assistance during a period not to exceed three months; that is, not more than three payments may be sent to him at an out-of-State address, except as provided in b, below.

2) Assistance shall not be continued automatically with respect to a recipient who leaves New Jersey for a period of one month or more. All recipients shall be advised that it is their responsibility to notify the CWB and arrange in advance, so far as possible, for any plan to leave New Jersey for any period in excess of one month if they wish assistance to be continued during absence from the State.

3) If recipient fails to notify the CWB prior to leaving the State, assistance payments shall be suspended until there is evidence satisfactory to the CWB that the recipient is out of State temporarily and intends to return before the expiration of the third month following the month in which he departed. Upon receipt of such evidence from the recipient, or from an out-of-State agency, if deemed necessary by the CWB, any suspended payments may be released to the recipient in whole or in part.

b. Extension of Visit Beyond Three Months

1) In any situation where approval for continuation of assistance out of State has been given, and the recipient has either failed to return, or to communicate with CWB to explain his

2228. Eligibility of Recipients Who Leave New Jersey (Contd.)

.3 b. 1) (Contd.) situation before the end of the third calendar month following the month of departure, assistance payments shall be suspended until by correspondence with the recipient, or an agency, the CWB ascertains the current situation with particular reference to the recipient's plans about returning to New Jersey.

2) If it appears that the recipient still plans to return, but he requests extension of continued assistance out of State for reasons of health, or other relevant causes such as inability to travel alone and pending arrangements to return, etc., CWB may approve continuation of assistance at three-month intervals up to and including payment for the twelfth month following the month in which the recipient departed from New Jersey.

3) There may be an occasional situation in which the CWB considers that continuation of assistance out of state beyond twelve months is essential to the health and welfare of the recipient. The facts in any such case may, upon special resolution and recommendation of the welfare board, be presented to the State Bureau for review and decision provided it can be shown that all of the following elements are present:

a) The recipient still considers his permanent residence to be in New Jersey and plans to return;

b) The recipient's plans to return to New Jersey are temporarily delayed because of his health or other reasons beyond his control; and

c) The recipient is not eligible, in respect to residence, for any form of public assistance in the place where he is currently living.

c. Procedures Upon Request for Extension

Upon receipt of a request from a recipient for extension of assistance payments out of State beyond three months, no such request shall be granted before CWB shall have secured a report from the appropriate out-of-State agency covering confirmation of the reasonableness of the request, the recipient's living arrangement, budgetary requirements and change, if any, in income or resources.

Requests for subsequent agency reports shall be at the discretion of the CWB as the situation appears to warrant. If, however, the recipient is out of State during the month in which redetermination of eligibility is due, the out-of-State agency shall be requested

2228. Eligibility of Recipients Who Leave New Jersey (Contd.)

.3 c. (Contd.) to obtain the Request for Continuance (Form ODA-1). Whenever possible such request should be made in connection with an initial or subsequent request for report of current circumstances so as to avoid the need for the agency to make a special visit for this purpose.

d. Determination of Need

Any adjustment in the regularly recurring allowances for a recipient for whom approval is given for continuation of assistance during a temporary visit out of State shall be based on the recommendations of the State of temporary abode, but in no event shall the recipient receive a higher payment than he would be entitled to receive if he were residing in New Jersey under similar living arrangements. This limitation shall not apply to the item of allowances for "hospitalization" out of State, when authorized pursuant to 2228.7, below.

.4 Special Approval Procedures

a. Board Resolution

As required by law the county welfare board shall initially approve continuation of assistance to a recipient out of State by special resolution. This shall be accomplished by listing on Schedule VIII of the official board minutes, and by notation in the case record of such special resolution.

Extension of assistance payments beyond three months and up to twelve months may be authorized by the director without further special resolution by the welfare board, but authorization for extension beyond twelve months requires both board approval by special resolution and submission to the State Bureau for approval.

In the instance of a recipient who gives prior notice of his plan to visit out of State for not more than three months, the director may by executive authority direct issuance of one payment if a payment will be due before the next meeting of the welfare board. The case shall then be presented at the next meeting for ratification of the director's action and approval by special resolution.

b. State Approval

The law also requires approval by the State Bureau of continuation of assistance to a recipient living out of State. These regulations, if observed, are declared to constitute Bureau approval with respect to assistance payments made to persons living out of New Jersey during the first twelve months of absence.

2228. Eligibility of Recipients Who Leave New Jersey (Contd.)

.5 Control of Out-of-State Cases

The CWB shall maintain an up-to-date control file or other readily accessible record of all cases of recipients approved to receive assistance while out of the State.

There shall be monthly supervisory review of the status of these cases to assure that no payments are issued beyond the period for which approval has been given, unless and until extension of continued assistance is approved, and that payments are terminated when and if eligibility ceases.

.6 Notice to Recipient and Agency of Suspension or Closing

Recipients, who with the approval of CWB are receiving assistance out of State, shall be given as much advance notice as possible of any anticipated suspension of payment or case closing with explanation of the reason therefor.

A copy of any such notice shall be sent to any out-of-State agency with which there has been communication regarding the case.

.7 Medical and Patient Care During Out-of-State Visit

a. General Principle

Recipients who are on temporary visit out of State and for whom the CWB has approved continuation of assistance, are eligible to receive allowances for medical services and patient care which are authorized for recipients living in New Jersey. In addition, the CWB is authorized to provide at its own discretion for the cost of care in a public or private general hospital in accord with the provisions of c, 1), below.

b. Assistance Allowances

Allowances for costs of medical services and patient care shall be based on the allowances for public assistance recipients in the other state, but in no event shall the allowances exceed those authorized for such service and care in New Jersey, except as provided in c, 1), below.

2228.- Eligibility of Recipients Who Leave New Jersey (Contd.)

.7 c. Procedures for Patient Care

1) Acute Care in General Hospital

When a recipient on an approved out-of-State visit requires hospital care for illness or injury, the CWB shall ascertain that the hospital is a licensed or approved public or private institution, and shall obtain in writing a physician's statement of diagnosis and treatment given, or to be given, and estimated period of care required.

The authorized allowance for general hospital care out of the State is the per diem ward rate of the hospital, or the rate allowed for public assistance recipients in that State, whichever is the lower rate.

2) Chronically Ill Care

When a recipient on an approved out-of-State visit requires prolonged patient care in a nursing home or similar establishment, CWB shall request from the appropriate out-of State agency

a) assurance that the institution is approved for the use of assistance clients in that State,

b) the rate allowed for assistance clients for the particular institution and what the rate includes, and

c) completion of two copies of Form PA-4 with instruction to give one copy to the institution operator and return one to CWB.

Note: The "split-payment" method shall not be applied in meeting cost of care in out-of-State institutions.

d. Physicians and Other Medical Services

Recipients on approved visit out of the State may receive allowances as required for physicians' services and other medical services authorized in 2400. [1] Where procedures require prior approval by CWB, an out-of-State agency shall be requested to submit the information essential to a determination of eligibility for payment of the service.

[1] Until issued see Co. Series No. 3, Attachment No. 7

2229. Reciprocal Agreements with Other States

Pursuant to enabling legislation in New Jersey to enter into reciprocal agreements with appropriate public agencies in other states whereby OAA and DA may be extended to New Jersey residents living in other states, or to residents of other states living in New Jersey, by waiver of residence requirements, the following policies and procedures will be included in the mutual understanding between New Jersey and each such state.

.1 General Principles

a. Waiver of Residence Requirements

1) Old Age Assistance or Disability Assistance shall be granted to a person who moves from such state to New Jersey with the intention of making New Jersey his permanent place of abode, waiving the requirement for one year of continuous residence in New Jersey immediately preceding the date of application, provided that the applicant is in all other respects eligible for assistance under New Jersey law.

Such other state will in turn waive any existing residence requirement for a person moving from New Jersey to that state with the intention of making his permanent place of abode there.

2) Persons moving to New Jersey for the primary purpose of receiving patient or domiciliary care in an institutional facility shall be considered eligible for assistance as stated in 1), above, provided that the specific agreement with the state involved has comparable privilege for a person moving from New Jersey to obtain such care.

b. Assets of Recipient

In respect to an active recipient who moves from one state to another according to the principle stated above, the agency in the state which has first acquired a vested interest in any of the client's assets or resources by assignment, lien, mortgage, or other form of sequestration, will maintain its preemption as to such assets or resources. The liquidation and disposition of such assets and resources, at the time of the client's death or otherwise, will conform to the law and administrative policy of the state having the preemption. The administrative agencies in both states, however, shall undertake to maintain a policy of prompt notification and full exchange of information with respect to such matters.

2229. Reciprocal Agreements with Other State (Contd.)

.1 c. Burial Costs

The policy on use of available assets, within the control of the respective agencies, to defray the cost of burial will need to vary in order to be compatible with the laws of the respective states, and will therefore be specified in detail in each such reciprocal agreement.

.2 Administrative Procedures

a. New Jersey Recipient Moving to Such State

When the recipient desires to move, or has moved, permanently to a state which has entered into a reciprocal agreement with New Jersey, the appropriate local agency shall be notified promptly to enable it to initiate an investigation. A case summary shall be provided the out-of-State agency in advance of the move whenever possible, but in any event as soon as change of residence is effected. The client shall be instructed where to file application for assistance in the state of residence, and assistance shall be continued by the New Jersey agency until notification of acceptance has been received from the other state's local agency. However, assistance shall not be continued for more than two months following that in which change of residence takes place.

b. Individual Moving to New Jersey

1) When a recipient of assistance in such a state moves to New Jersey, a summary shall be sent by that state. If the recipient has not informed that state of his intention to establish a permanent place of abode in New Jersey, the CWB shall inform the state involved and request a summary. The processing of the application shall proceed in the usual manner. The other state shall be notified of the disposition and the date grant will be effective for an approved application.

2) When a person, who is not receiving assistance in another state, moves to New Jersey and applies for assistance, the other state shall be requested to verify that the person's customary place of abode was in that state, and to secure any necessary information and verification concerning assets, resources and legally responsible relatives which cannot be secured by direct correspondence.

.3 Agreements with Specific States

At the present time New Jersey has reciprocal agreements in respect to OAA only with New York and Wisconsin. The texts of these agreements is given in 2200 Appendix III.

2224.2 Sources of Evidence of Residence

a. The following are suggested as possible sources of evidence of residence:

Landlord's records and rent receipts
Public utility records and receipts
Personal property assessment records
Census records
Records of business or professional people such as grocers, bankers, and physicians with whom applicant has had frequent contact
Telephone directories
City directories if maintained on current basis
Postmarked letters addressed to applicant
Post office records
Records of social agencies, public or private
Employment records
Statements of disinterested persons which support other recorded evidence or knowledge of CWB

b. Affidavits

Evidence of residence which is presented in affidavit form should be used only for the period of time for which other satisfactory evidence cannot be secured. If affidavits are the only evidence available for any period of time, the affidavits must be critically evaluated, and shall meet the following minimum requirements.

1) Full name and current address of person executing the affidavit,

2) Specific period or periods of time for which affiant is certifying residence.

3) Full name of applicant and address, or addresses, at which he lived during the period being certified, and address of affiant during same period.

4) Indication of frequency of contact during such period, as daily, weekly, etc.

5) Relationship between affiant and applicant as neighbor, friend, employer, mailman, etc.

2224.2 Sources of Evidence of Residence (Contd.)

Example of Valid Affidavit:

"The affiant knows that the applicant _____ (name) _____ lived at _____ New Jersey from February 20, 1957 to June 23, 1958, because he delivered groceries to him once a week at that address. The affiant maintains his grocery at _____ and resides next door at _____ and so resided during the above period. The affiant is not related to the applicant."

2229.3 Reciprocal Agreement with New York (Old Age Assistance)

Effective September 15, 1945, the Department of Social Welfare of the State of New York entered into an agreement with the Department of Institutions and Agencies of the State of New Jersey, the purpose and intent of which is summarized as follows:

a. The State of New York, through its proper public local administering agencies, will receive applications for Old Age Assistance from persons who remove from New Jersey to the State of New York with intention to take up permanent residence therein, and will grant assistance in accordance with the provisions of the Social Welfare Law of New York State; and

b. The State of New Jersey, through its proper public local administering agencies, will receive applications for Old Age Assistance from persons who remove from New York to New Jersey with intention to take up permanent residence therein, and will waive the statutory requirement for one year's residence in New Jersey prior to application, and will grant assistance in accordance with the law governing Old Age Assistance in New Jersey.

c. In the event of the death of a recipient of Old Age Assistance who has moved from one to the other of the States under the provisions of the agreement, the State and/or its proper local administering agencies, which holds assignment or otherwise controls any of the personal or real property of the deceased shall, before considering any claim which the other State might have against the estate of the deceased, take reimbursement for all public aid paid by said State and/or its proper local administering agencies; and, in the event full reimbursement is received by said State, and/or its proper local administering agencies, and a balance of funds remain, then said State shall notify the other of this fact.

The procedure for handling cases under this agreement is provided in 2229.

Note: Renegotiation of this agreement is pending. It is planned to include Disability Assistance as well as Old Age Assistance.

RECIPROCAL AGREEMENT WITH NEW YORK (OLD AGE ASSISTANCE)

2229.3 Reciprocal Agreement with New York (Old Age Assistance)

Effective September 15, 1945, the Department of Social Welfare of the State of New York entered into an agreement with the Department of Institutions and Agencies of the State of New Jersey, the purpose and intent of which is summarized as follows:

a. The State of New York, through its proper public local administering agencies, will receive applications for Old Age Assistance from persons who remove from New Jersey to the State of New York with intention to take up permanent residence therein, and will grant assistance in accordance with the provisions of the Social Welfare Law of New York State; and

b. The State of New Jersey, through its proper public local administering agencies, will receive applications for Old Age Assistance from persons who remove from New York to New Jersey with intention to take up permanent residence therein, and will waive the statutory requirement for one year's residence in New Jersey prior to application, and will grant assistance in accordance with the law governing Old Age Assistance in New Jersey.

c. In the event of the death of a recipient of Old Age Assistance who has moved from one to the other of the States under the provisions of the agreement, the State and/or its proper local administering agencies, which holds assignment or otherwise controls any of the personal or real property of the deceased shall, before conducting any claim which the other State might have against the estate of the deceased, take reasonable steps for all public aid paid by said State and/or its proper local administering agencies, and, in the event full reimbursement is received by said State, and/or its proper local administering agencies, and a balance of funds remain, then said State shall notify the other of this fact.

The procedure for handling cases under this agreement is provided in 2229.

Note: Renegotiation of this agreement is pending. It is planned to include Disability Assistance as well as Old Age Assistance.

New Jersey Department of Institutions & Agencies	Transmittal Letter 72	Page Date 1/52

2229.3 Reciprocal Agreement with Wisconsin (Old Age Assistance)

Pursuant to an exchange of correspondence between the Department of Institutions and Agencies, New Jersey, and the Wisconsin Department of Public Welfare, the following mutual understanding became effective August 4, 1947:

a. Each State agrees to grant Old Age Assistance to any person who moves from either State to the other with the intention of becoming a permanent resident, waiving the requirement for one year of continuous residence immediately preceding date of application, provided the applicant is in all other respects eligible for assistance under the laws of the receiving State.

b. When an active recipient moves from one State to the other according to the principle stated above, the State which has first acquired a vested interest in any of the client's assets or resources by assignment, lien, mortgage, or other form of sequestration, will maintain its preemption as to such assets and resources. The liquidation and disposition of such assets and resources, at the time of the client's death or otherwise, will conform to the law and administrative policy of the State having the preemption. The administrative agencies in both States, however, undertake to maintain a policy of prompt notification and full exchange of information with respect to such matters.

c. It is further understood that when a resident of either State who is receiving Old Age Assistance removes to the other State for temporary abode only (temporary visit), without intention of becoming a permanent resident, the agency in the State of origin will continue to extend assistance so long as the recipient continues to be otherwise eligible, and will continue to be responsible for budgetable items of need including medical care, hospitalization, and burial expenses if death occurs, until such time as the recipient returns to the State of origin, or decides to become a permanent resident of the State of temporary abode. Such intent to become a permanent resident shall in any event be presumed when the temporary abode has continued for twelve months. [1]

In determining the amount of assistance to be continued to a recipient who is residing temporarily in the other State, the agency of the State of origin will consider, as fully as its law and regulations permit, the recommendations of the State of temporary abode. [1]

[1] The wording of these statements shall not be considered as contrary to or in abbrogation of the provisions of 2228. of this Manual.

2252.3 Reciprocal Agreement with Wisconsin (Old Age Assistance)

Pursuant to an exchange of correspondence between the Department of Institutions and Agencies, New Jersey, and the Wisconsin Department of Public Welfare, the following mutual understanding became effective August 1, 1947:

a. Each State agrees to grant Old Age Assistance to any person who moves from either State to the other with the intention of becoming a permanent resident, waiving the requirement for one year of continuous residence immediately preceding date of application, provided the applicant is in all other respects eligible for assistance under the laws of the receiving State.

b. When an active recipient moves from one State to the other according to the principle stated above, the State which has first acquired a vested interest in any of the client's assets or resources by assignment, lien, mortgage, or other form of acquestration, will maintain its preemption as to such assets and resources. The liquidation and disposition of such assets and resources, at the time of the client's death or otherwise, will conform to the law and administrative policy of the State having the preemption. The administrative agencies in both States, however, undertake to maintain a policy of prompt notification and full exchange of information with respect to such matters.

c. It is further understood that when a resident of either State who is receiving Old Age Assistance removes to the other State for temporary abode only (temporary visit), without intention of becoming a permanent resident, the agency in the State of origin will continue to extend assistance so long as the recipient continues to be otherwise eligible, and will continue to be responsible for budgetary items of need including medical care, hospitalization, and burial expenses if death occurs, until such time as the recipient returns to the State of origin, or decides to become a permanent resident of the State of temporary abode. Such intent to become a permanent resident shall in any event be presumed when the temporary abode has continued for twelve months. 1/

In determining the amount of assistance to be continued to a recipient who is residing temporarily in the other State, the agency of the State of origin will consider, as fully as its law and regulations permit, the recommendations of the State of temporary abode. 1/

1/ The working of these statements shall not be considered as contrary to or in abrogation of the provisions of 2250. of this Manual.

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

APPENDIX IV
Sample Form PA-12
4/59

REFFRRAL BY STATE MENTAL INSTITUTION TO PUBLIC ASSISTANCE AGENCY

From: _____ Date _____
(Identify State Institution)

To: _____
(Identify Public Assistance Agency)

The following patient may require public assistance to complete a plan to live in the community. The patient is

☐ eligible for discharge and is being referred to apply for _____;
(Categorical program)

☐ eligible for ☐ Convalescent Leave ☐ Extended Visit and is being referred to apply for General Assistance.

The patient has been informed of this referral and is prepared to participate in an application interview.

Name: _____ Sex ___ Marital status ___ File No. _____

Birthdate & place: _____ Source of data _____

Admission date: _____ Status: ☐ Voluntary ☐ Involuntary

Place of abode at time of admission: Municipality _____ County _____

☐ County charge of _____ County;
or
☐ State charge admitted from _____ County.

Currently under care:

☐ Still in institution

☐ Family Care _____
(Address)

☐ With relative _____
(Name, relationship and address)

☐ Other _____
(Describe arrangement and give address)

List known relatives and other interested persons:

Name	Relationship	Address

Known resources:		Amount	Period	Source
Income:	Pension	$_____ per	_____	_____
	Annuity	$_____ per	_____	_____
	OASDI	$_____ per	_____	xxxx
	Relative	$_____ per	_____	_____
	Other	$_____ per	_____	_____

Assets: Property (Location and type): _____

_____

Insurance: _____

Personal account: _____

Other: _____

Attached are completed copies (two each) of Forms ODA-2D, Examining Physicians Report, and ODA-2E, Report of Findings by Psychiatric Diagnostic Group.

Please telephone _____ and ask for _____
(Telephone no. & extension) (Caseworker's name)
to arrange appointment.

Remarks:

_____

_____

_____

_____

_____

Signed _____
Superintendent or Medical Director