

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

BUREAU OF ASSISTANCE

REGULATION # _____
Bulletin #8

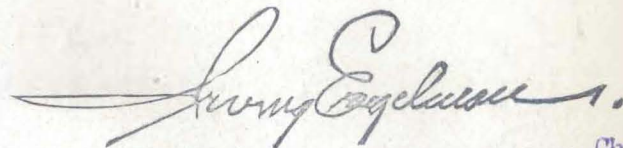
ISSUED: March 20, 1936
(Date)

REV.: _____
(Date)

TITLE: Power of Subpoena

SUBJECT: _____

STATUTORY REFERENCE: R.S. 44:7-20


_____, Chief

Bureau of Assistance

Approved:

By: _____

State of New Jersey
Department Institutions and Agencies
Division of Old Age Assistance

March 20, 1936

BULLETIN NO. 8

POWER OF SUBPOENA

Your attention is directed to Section 14 of Chapter 31, P. L. 1936, which gives the Directors of Welfare power to subpoena individuals and records. Formerly this power was vested only in the County Adjustor.

Consideration should be given to the judicious use of this power in all cases where there is a reasonable suspicion that all pertinent information has not been divulged during the course of a normal investigation. It should be particularly helpful where it is difficult to obtain essential information and, where grants are already being paid, in cases where there is some evidence, or it is strongly suspected, that the assistance allowed is being used for purposes other than that for which it is intended.

It is suggested that the power of subpoena be employed only in extraordinary cases when all reasonable efforts to interview the desired person have failed.

DEPARTMENT INSTITUTIONS AND AGENCIES

J. E. Alloway
Director of Old Age Assistance

By Marc P. Dowdell
Assistant Director

JEA:E

Bulletin Series
No. 8. Insert in Handbook under section "Rulings and Bulletins".

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

BUREAU OF ASSISTANCE

REGULATION # _____

Bulletin #13

ISSUED: _____

(Date)

REV.: Feb. 1, 1949

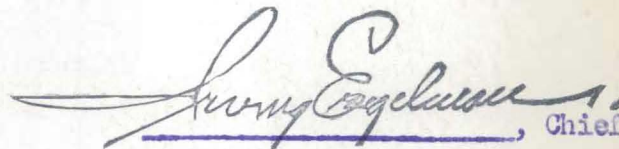
(Date)

Supplement #1, 1/10/45

TITLE: Cooperation with Other Public Agencies

SUBJECT: _____

STATUTORY REFERENCE: R.S. 44:7-34


_____, Chief

Bureau of Assistance

Approved:

By: _____

State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

Revised February 1, 1949

BULLETIN NO. 13

COOPERATION WITH LOCAL PUBLIC AGENCIES

The Old Age Assistance law limits grants to the needs of the eligible individual, contemplating that the needs of non-eligible needy persons who may be in the same household will be provided by other public agencies charged with responsibility for such other persons. The law likewise directs that "no recipient of old age assistance, while receiving the same, shall receive any other assistance from the State or any political subdivision thereof except for medical and surgical care".

It is essential that the highest degree of active cooperation and understanding exist between the county welfare board and other public welfare agencies in the community.

It is anticipated that action on applicants referred by municipal officials to the welfare board will proceed promptly, and thereafter the Board advise the Local Director of Welfare in writing of action taken in order that there may be no duplication of assistance or service.

Attention is directed also to the fact that the Social Security Board will, under the usual limitations approve matching of old age assistance grants made to a qualified aged person for the full month in which such person becomes 65 years of age. The State law is interpreted also to permit such payments and the Division is anxious that the county welfare boards make full use of this privilege.

Referral by County Welfare Board

An indispensable tool in the proper administration of the Old Age Assistance law is the practice of making prompt referral to other agencies of all situations which, while directly affecting the aged applicant, are properly under the jurisdiction of an agency other than the welfare board. It is important that every member of the staff be mindful of this policy and make it effective in operation.

There are many cases where, because of the presence of other needy persons in the household, assistance and service must be provided concurrently by the welfare board together with one or more other agencies. In such cases the plan by which the several agencies participate should be worked out jointly.

Social Service Exchanges

Social service exchanges and central indexes, where they exist, provide a most helpful method of facilitating the prompt interchange of information among welfare agencies. Through such exchange access may be gained to

January 10, 1945

Supplement to Bulletin No. 13

Under date of December 29, 1944 the Division of Commerce and Municipal Aid, Department of Economic Development, issued the following directive which applies to the regulation attached to Bulletin No. 13 as issued on July 1, 1944 by the Municipal Aid Division.

Will you kindly see that all copies of this bulletin in your possession are edited in accordance with the directive quoted below:

"4.501 - Subject 'Old Age Assistance':

Page 4, item 5(b) is no longer effective after January 1, 1945 and this paragraph shall be deleted from the text of the regulation. This change of policy means that the State will not reimburse municipalities for the cost of general hospitalization furnished to persons over 65 years of age and otherwise considered eligible for Old Age Assistance."

Very truly yours,

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

MPD-MEC

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

BUREAU OF ASSISTANCE

REGULATION # _____

Bulletin 14

ISSUED: _____

(Date)

REV.: July 20, 1950 _____

(Date)

Supplement #1, 7/16/51

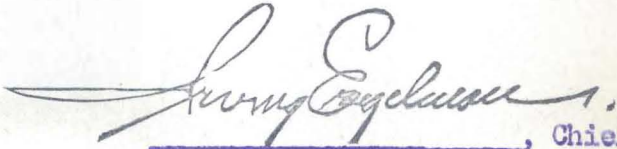
Supplement #2, 8/23/51

Supplement #3, 7/27/54

TITLE: Monthly Statistical Report Form OA-8
(Instructions for Preparation)

SUBJECT: _____

STATUTORY REFERENCE: R.S. 44:7-6
R.S. 44:7-18


_____, Chief

Bureau of Assistance

Approved:

By: _____

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

Revised July 20, 1950

BULLETIN NO. 14

INSTRUCTIONS FOR PREPARATION OF
MONTHLY STATISTICAL REPORT, FORM OA-8

Effective in the month of July, 1950, the county welfare board will file the monthly statistical report, Form OA-8 as revised 7-50. This report consists of the minimum statistical information on Old Age Assistance believed to be necessary for administrative purposes and for information required by the Federal Security Agency. Form OA-8 shall be sent to the State Bureau not later than the tenth of the month following that for which the report is submitted.

SECTION A - APPLICATIONS REGISTERED

Enter in this section the number of applications pending at the beginning of the month and the additional number received during the month. All applications which have been registered in accordance with the requirements of Ruling No. 4 should be included in the count even though the applicant subsequently withdraws his application or proves upon investigation not to be eligible.

Item 1. Pending from last month. -- Enter here the total number of applications previously received which had not been disposed of by the end of the preceding month and which were therefore still pending disposition at the first of the month covered by the current report. All such applications should be distributed to the appropriate columns as follows:

Column "NA" - New applications -- Enter here the number of applications received from individuals who never previously applied for old age assistance in any county of the state.

Column "RA" - Reapplications -- Enter here the number of applications received from individuals who previously were denied assistance or whose former applications were dismissed or voluntarily withdrawn in any county of the state.

Column "RO" - Reopened applications -- Enter here the number of applications received from individuals who formerly received old age assistance and whose allowances were discontinued for cause by the welfare board in any county of the state. Do not include in this item individuals from whom payments were withheld temporarily but whose cases were never formally closed.

Column "TR" - Transferred cases -- Enter here the number of applications registered for individuals who at the time of such registration were in active status as approved recipients in another county, and who were referred to the reporting county for acceptance without interruption in payment of assistance. If there was interruption in

payment and the case was closed by the county of previous residence for reason other than transfer, the application should be classified as a "reopened application" and entered in column "RO". If, at the time of registration in the reporting county, an application was pending in another county but had not yet been approved, the application in the reporting county should be classified as a "reapplication" and entered in column "RA". Do not include in this item applications from individuals previously receiving assistance from another State and who were referred for acceptance pursuant to a reciprocal agreement or upon attainment of statutory residence eligibility in New Jersey; such applications should be classified and entered as "NA", "RA", or "RO", as the case may be, depending on the individual's previous record as an applicant or recipient in New Jersey.

Column "Total" - Total Applications -- Enter here the sum of the entries in the four preceding columns.

Item 2. Applications registered this month. -- Enter here the total number of applications registered during the current month, making columnar distribution according to the definitions stated above for Item 1. This will include any applications which, although actually received in a preceding month, were, through error or oversight, not registered during the month of receipt and were therefore not included in the count shown in Item 1.

Item 3. Total applications to be accounted for. -- Enter here the sums of items 1 and 2, by columns.

SECTION B - DISPOSITION OF APPLICATIONS

This section will show the disposition of the total number of applications reported in Section A. Columnar distribution should be made as indicated according to the classification of each case as reported on OA-7 at the time of registration unless subsequently corrected.

Item 4. Approved. -- Enter here the total number of applications which were approved during the month, as defined in Ruling #22 and as so reported in Schedules I and IX of the Minutes.

The number reported in this item should be checked with the number of social data cards (Form OA-14) submitted for individuals accepted during the month.

Item 5. Denied. -- Enter here the number of applications which were denied during the month, as defined in Ruling #22 and as so reported in Schedule I of the Minutes.

Item 6. Withdrawn. -- Enter here the number of applications reported to the Board this month as withdrawn, as defined in Ruling #22 and as so reported in Schedule I of the Minutes.

Item 7. Dismissed. -- Enter here the number of applications which the Board this month directed to be dismissed, as defined in Ruling #22 and as so reported in Schedule I of the Minutes.

Item 8. Total. -- Enter here the sums of all applications disposed of during the month.

Item 9. Pending at end of month. -- Enter here the total number of applications that remain open for consideration and disposition at the end of the month.

SECTION C - ANALYSIS OF APPLICATIONS CLEARED BUT NOT APPROVED FOR ASSISTANCE

This section comprises a subsidiary classification of applications denied, withdrawn, and dismissed as reported in Items 5, 6 and 7. The tabulation should be made by principal reason, precedence being given to reasons for denial or withdrawal in the following order:

- (1) Ineligible because of age requirement. (Item 14)
- (2) Ineligible because of residence requirement. (Item 15)
- (3) Ineligible because of need requirement. (Items 10, 11, 12, and 13 in order listed)
- (4) Ineligible because of institutional care requirement. (Item 16)
- (5) Ineligible for other known cause. (Items 17, 18, 19 and 23 in order listed)

Item 10. Applicant has sufficient earnings. -- Enter here the number of applications denied and voluntarily withdrawn because applicant was employed and earning sufficient to maintain himself.

Item 11. Applicant has sufficient savings. -- Enter here the number of applications denied and voluntarily withdrawn because applicant had sufficient savings available for his current maintenance or because he had sufficient income from savings plus other investments to maintain himself.

Item 12. Applicant has sufficient income from OASI. -- Enter here the number of applications denied and voluntarily withdrawn because applicant is eligible for or receiving OASI benefits which are sufficient, with or without other resources, for the applicant's support. Consider the applicant's monthly benefits whether as a retired worker or as the wife, widow, or parent of a worker insured under the Federal Old-Age and Survivors Insurance program.

Item 13. Other resources of applicant. -- Enter here the number of applications denied and voluntarily withdrawn because of the availability to the applicant of a resource or combination of resources, sufficient for his maintenance, which is not principally earnings, savings, or OASI benefits. Include denials based on the ability of legally responsible relatives to support, and on support voluntarily made available by other persons or agencies.

Item 14. Ineligible, age requirement. -- Enter here the number of applications denied and voluntarily withdrawn because applicant was found to be less than sixty-five years of age, or failed to present satisfactory evidence that his age was sixty-five years or more.

Item 15. Ineligible, residence requirement. -- Enter here the number of applications denied or voluntarily withdrawn because applicant was found to have insufficient state residence, or failed to present satisfactory evidence of sufficient state residence.

Item 16. Ineligible, institutional care requirement. -- Enter here the number of applications denied and voluntarily withdrawn because the applicant was found to be in need of institutional care not included within the old age assistance program and available to him under some other statutory provision or private facility.

Item 17. Ineligible, disposed of assets. -- Enter here the number of applications denied and voluntarily withdrawn because the applicant assigned, transferred or otherwise disposed of assets in order to qualify for old age assistance.

Item 18. Ineligible, reimbursement requirement. -- Enter here the number of applications denied and voluntarily withdrawn because of unwillingness or refusal on the part of applicant and/or spouse to complete the execution of an agreement to reimburse, or to complete the assignment of insurance or other personal assets, or to meet any other property condition required as collateral security for the reimbursement agreement.

Item 19. Refused to comply with other agency requirement. -- Enter here the number of applications denied and voluntarily withdrawn because the applicant failed or refused to comply with any requirement (other than one of the requirements included in items 10 - 18 inclusive) specified as a condition of grant by the State Bureau or by the welfare board. All cases classified in this item must be individually identified on the reverse side of the form, showing name, registration number, and explanation of the requirement involved.

Item 20. Application withdrawn voluntarily, reason unknown. -- Enter here the number of applications voluntarily withdrawn by the applicant, the principal reason for such withdrawal being unknown.

Item 21. Application dismissed because of death. -- Enter here the number of applications dismissed because of the death of the applicant before completion of any other disposition.

Item 22. Application dismissed for other reason. -- Enter here the number of applications dismissed for any reason other than death of the applicant. All cases classified in this item must be individually identified on the reverse side of the form, showing name, registration number, and explanation of the reason for dismissal.

Item 23. Other. -- Enter here the number of applications denied, withdrawn, or dismissed for any cause not otherwise classified in items 10 - 22 inclusive. All cases classified in this item must be individually identified on the reverse side of the form, showing name, registration number, and explanation of the type of disposition and the reason therefor.

Item 24. Total. -- Enter here the sum of Items 10 to 23, inclusive.

SECTION D - SUMMARY OF CASE LOAD

This section comprises a summary report of case load at the beginning of the month and at the end of the month, with proper accounting for cases added and cases closed during the month.

Item 25. Cases continued from last month. -- Enter here Item 29 of the preceding month, total cases open at end of month.

Item 26. Individuals added this month. -- Enter here the number of applications approved for assistance during the month of the current report.

Item 27. Total cases open during the month. -- Enter here the sum of Items 25 and 26, which will represent the total number of different cases which were open at any time during the month.

Item 28. Cases closed during the month. -- Enter here the total number of individuals (approved recipients) whose cases were closed during the month as defined in Ruling #22 and as so reported in Schedules II and IX of the Minutes. The number entered in this item should be checked with the number of social data cards (Form OA-13) submitted for cases closed. They will be classified as follows:

- (a) Transferred to another county. -- Enter here the number of cases closed by reason of transfer to another county.
- (b) Other. -- Enter here the number of cases closed for reason other than transfer to another county.

Item 29. Total cases open at end of month. -- Enter here Item 27 less Item 28. The total figure so entered will be further classified as follows:

- (a) Received payment. -- Enter here the total number of cases for which checks were drawn and entered on Form OA-4. Do not enter in this item any case for which a check was not actually drawn.
- (b) Received no payment. -- Enter here the number of cases which were active during the month but for which no checks were drawn.

SECTION E - AMOUNT OF ASSISTANCE

Report in this section the total number of recipients, the total amount of direct assistance payments, and the average payment per recipient for the month.

SECTION F - AMOUNT OF FUNERAL PAYMENTS

Report in this section the number of deceased persons for whom funeral payments from assistance funds were authorized, the total amount of such funeral payments from assistance funds, and the average payment per case.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

Approved: July 19, 1950
Elmer V. Andrews, Deputy Commissioner
Director Division of Welfare

Bulletin Series.

No. 14. Insert in Handbook under section "Rulings and Bulletins". Destroy Bulletin No. 14, previously revised June 4, 1945.

State of New Jersey
Department Institutions and Agencies
Division of Welfare - Bureau of Assistance
148 West State Street
Trenton 8

July 16, 1951

SUPPLEMENT NO. 1 TO BULLETIN NO. 14

INSTRUCTIONS FOR PREPARATION OF
SEMI-ANNUAL STATISTICAL REPORT ON O.A.S.I. RECIPIENTS

Effective in the month of August 1951, the Social Security Administration is requiring all State agencies to submit a semi-annual statistical report on concurrent receipt of O.A.A. and O.A.S.I. Such reports are required for the month of February and August in each year. The first report must be filed for the month of August 1951.

The report is designed to show the effect that the 1950 amendments in the Social Security Act have had on the O.A.A. case load and cost. Information assembled periodically will be useful in measuring future trends and will be useful for budgetary purposes.

The report must be assembled and submitted by the State Agency on the basis of State-wide totals. Since the information to be reported cannot be prepared in the State Bureau it is necessary to require the submission of sufficient data by the county welfare boards to complete the report. Such data is as follows:

- I. the total number of cases which, for the month of the report, are listed for payment of O.A.A. on Form OA-4 and are also O.A.S.I. beneficiaries;
- II. the total amount of O.A.A. payments billed, for the month of the report, for the cases included in the count;
- III. the total amount of O.A.S.I. benefits receivable, for the month of the report, by the cases included in the count.

The data described in I, II and III, above shall be entered on the reverse side of Form OA-8 for the month of the report in the following manner:

Number of O.A.A. Recipients Receiving OASI Benefits	Total Amount of	
	Assistance Payments to Cases in Col. I	OASI Benefits to Cases in Col. I
I	II	III
_____	\$ _____	\$ _____

The county welfare board is not required to file with the State Bureau an inventory list or detailed information about the cases included in the count, but such information shall be available in the county office, to be accomplished in the following manner:

July 16, 1951

SUPPLEMENT NO. 1 TO BULLETIN NO. 14

- 2 -

- a. Each county welfare board shall establish, as of August 1951, an inventory list or card index of all O.A.A. recipients receiving O.A.S.I. This inventory, whether in list or card index form, should show the case name and number, and amount of O.A.S.I. benefits receivable by each client. The inventory should be so designed that it can and will be kept current by making changes in the amount of awards, deleting cases closed, and adding O.A.A. cases (if also receiving O.A.S.I.) as they are opened or reopened.
- b. This inventory will serve as the direct source of information for items I and III above.
- c. In each month for which the semi-annual report must be prepared, all cases appearing in the inventory (as adjusted for that month) shall be identified on the welfare board's copy of Form OA-4 by a check mark (✓) preceding the item. After identifying such cases, a total should be made of O.A.A. payments billed for the cases so identified, and such total will be the amount required for entry as item II above.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Bureau of Assistance

Approved: July 16, 1951
Elmer V. Andrews, Deputy Commissioner
Director Division of Welfare

Bulletin Series.
Supplement No. 1 to Bulletin No. 14. Insert in Handbook under section "Rulings and Bulletins".

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

August 23, 1951

SUPPLEMENT NO. 2 TO BULLETIN NO. 14

Effective in the month of August 1951, the County Welfare Board will file the following monthly statistical reports:

Form OA-8 (7-50) for Old Age Assistance
Form DA-8 (8-51) for Disability Assistance

Both reports consist of the minimum statistical information necessary for administrative purposes and for information required by the Federal Security Agency. Form OA-8 and Form DA-8 shall be sent to the State Bureau not later than the fifth working day of the month following the month of the report.

General instructions contained in Bulletin No. 14 dated July 20, 1950 shall apply to both statistical reports except as follows:

- a. For purposes of administrative recording in dealing with classification of applications, only the activity as related to a single program should be considered. (If an individual who had previously been an applicant for Old Age Assistance subsequently filed an application, for the first time, for Disability Assistance, the latter application should be coded NA without considering the other program status.)
- b. Delete the words "old age" which appear in the explanatory text for "Column NA" and "Column RO" under Item 1.
- c. Delete the words "Form OA-14" appearing in the second paragraph of Item 4.
- d. The explanatory text for Items 10 to 13, and 19 to 24, apply to both Form OA-8 and Form DA-8.
- e. The explanatory text for Items 14 to 17 of Form OA-8 apply to Items 15 to 18 of Form DA-8.
- f. Item 19 of Form OA-8 has been deleted from Form DA-8 and a new Item added. This Item 14 of Form DA-8 is "Ineligible, applicant not permanently and totally disabled". Enter here the number of applications denied or withdrawn because the applicant was officially determined by a Review Team to be not permanently or totally disabled within the terms of the program definition.
- g. The reference to minimum age requirement in the explanatory text for Item 14 (OA-8) will be understood to read "eighteen" instead of "sixty-five" in relation to Item 15 of DA-8.

DEPARTMENT INSTITUTIONS AND AGENCIES

Ruling Series:
Supplement #2 to Bulletin #14.
Insert in Handbook under "Rulings and Bulletins".

Marc P. Dowdell, Director
Bureau of Assistance



State of New Jersey
DEPARTMENT OF INSTITUTIONS AND AGENCIES
TRENTON 8

BUREAU OF ASSISTANCE
148 WEST STATE STREET

August 5, 1954

TO: COUNTY WELFARE DIRECTORS

Re: Supplement No. 3 to Bulletin No. 14

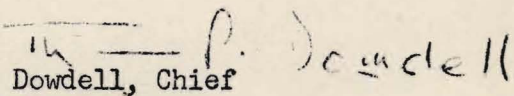
Attached are three copies only of Supplement No. 3 to Bulletin No. 14, modifying the instructions in Supplement No. 1.

You will note that these special instructions are for the report for August 1954 only, and will enable you to plan your work accordingly.

If you have questions, please confer with the Bureau by telephone or letter, through Mr. Poinsett.

Very truly yours,

DEPARTMENT INSTITUTIONS AND AGENCIES


Marc P. Dowdell, Chief
Bureau of Assistance

MPD:IEG

Approved: 8/3/54
Elmer V. Andrews,
Director of Welfare

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

July 27, 1954

SUPPLEMENT NO. 3 TO BULLETIN NO. 14

Special Instructions for Preparation of Semi-Annual Statistical
Report on O.A.S.I. Recipients for August 1954 only

For the month of August 1954 ONLY, the following additions to the instructions provided in Supplement No. 1 to Bulletin No. 14 (dated 7/16/51) are to be observed:

Cases receiving O.A.S.I. benefits concurrently with O.A.A. payments are to be identified for the Bureau as follows:

1. Prepare an inventory list showing the registration numbers and names of all recipients receiving O.A.S.I. benefits.
2. Show the amount of the O.A.A. grant for each recipient.
3. Show the amount of O.A.S.I. benefit for each recipient.
4. Show the appropriate code letter for each recipient to indicate the type of benefit, using the following code:

<u>If the Person is</u>	<u>Code</u>
the primary beneficiary, i.e., the insured worker.....	P
the spouse (wife or husband) of a <u>retired</u> primary beneficiary.....	S
the widow or widower of a <u>deceased</u> primary beneficiary.....	W
the parent of a <u>deceased</u> primary beneficiary.....	X

5. The inventory list should be prepared in a sufficient number of copies so that three copies can be submitted to the Bureau, and the Welfare Board will retain at least one and as many additional copies as are desired for local use.
6. The preparation of this inventory is in lieu of the identification of O.A.S.I. recipients on Form OA-4 by check mark, as called for by item (c) of Supplement No. 1 to Bulletin No. 14.
7. The three copies of the inventory for Bureau use shall be submitted to the Bureau as promptly as possible after completion of August business.

The purpose of this special inventory is in connection with the possibility of Congressional action to increase O.A.S.I. benefit rates effective in September or October.

MPD:IEC

Approved: 8/3/54
Elmer V. Andrews,
Director of Welfare

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell
Marc P. Dowdell, Chief
Bureau of Assistance

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

BUREAU OF ASSISTANCE

REGULATION # _____
Bulletin #20

ISSUED: _____
(Date)

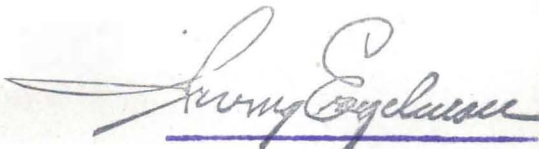
REV.: May 27, 1940
(Date)

Supplement #1, 12/20/45

TITLE: Instructions for Preparation of Social
Data Cards (OAA)

SUBJECT: _____

STATUTORY REFERENCE: R.S. 44:7-18

 Irving Engelmann, Chief

Bureau of Assistance

Approved:

By: _____

State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

Originally issued June 23, 1936

Revised June 20, 1937

Revised December 20, 1939

Revised May 27, 1940

BULLETIN NO. 20

INSTRUCTIONS FOR PREPARATION OF SOCIAL DATA CARDS

FOR INDIVIDUALS ACCEPTED FOR OLD AGE ASSISTANCE

Effective in the month of July, 1940, a social data card (Form OA-14, revised 6-40) is to be filled out for each person granted old age assistance by the County Welfare Board.

The worker who makes the investigation shall routinely make out this card and submit it as part of the completed case record. It should be filled out only after the investigation has been completed and all pertinent facts are available. The information recorded on the card is to be as of the date of investigation unless otherwise specified.

After the individual cards are completed, the total number should be checked with Item 4 of the statistical report (Form OA-8) and the cards forwarded to the State Division with other case material for the month.

Item A. County

Item B. Registration Number

Item C. Name of applicant -- Enter the name of the applicant giving surname first.

Item D. Address -- Enter mailing address of applicant, specifying house number, street, city, town or village. When necessary for identification in rural areas, give RFD number.

Item E. Sex -- Check one.

Item F. Race -- Check one.

Race: White

Race: Negro -- A person of mixed white and Negro blood is to be classified as a Negro, no matter how small the percentage of Negro blood. Both black and mulatto are to be checked as Negro, without distinction.

Race: Other -- If applicant is neither white nor Negro, specify to what race he belongs, as Mexican, Indian, Chinese, Japanese, Filipino, Hindu, Korean, Hawaiian, Malay, Siamese, Samoan, and "all other". Any mixture of white and non-white should be reported according to the non-white parent. Mixtures of colored races should be reported according to the race of the father.

Item G. Date of Birth -- Enter the month, day and year of birth as obtained upon investigation. If the exact year is unknown, enter estimated year and mark "estimated".

Item H. Place of Birth -- If applicant was born in the United States give the state or territory in which born. If he was born in the United States but the state of birth is unknown, enter "United States, state unknown". If he was born abroad of American parents enter both the birth-place and "American citizen". If he was born at sea of American parents, enter "at sea, American citizen".

If applicant was not born in the United States, give the country of birth. If a European country of birth, give the name according to post-war boundaries. If there is uncertainty as to how to classify European birthplace in terms of post-war territorial readjustments, enter the name of country and also province or state in which the person was born as "Alsaco-Lorraine" or "Bohemia". If country of birth is unknown, enter "foreign-born, country unknown". If place of birth is unknown, enter "unknown".

Item I. Date of this application -- Enter date on which applicant filed application with the Welfare Board. This item refers to the application now being investigated and does not refer to the date of any previous application which the applicant may have filed and which may have been accepted or rejected. Give month, day and year in the order indicated.

Item J. Month and year for which first payment is approved, following this application -- Enter the month for which first payment, following this application, is approved by the Welfare Board. This item should show the month for which it is intended that old age assistance shall be granted even if the check is retained in the county office and later credited.

Item K. Monthly payment approved for \$ _____ -- Enter the exact monthly amount of old age assistance officially approved, as \$18.50. This entry should represent the first full monthly payment; if the first payment covers only a partial month, do not enter this partial payment.

Item L. Status of case -- Check one.

Status of Case: New: Never previously applied for old age assistance.
Check if this individual never previously applied for old age assistance.

Status of case: New: Application formerly denied or withdrawn -- Check if any application from this applicant was formerly denied or withdrawn and if old age assistance was NEVER approved for this individual in any county of the state.

Status of case: Transferred from another county -- Check if this individual was transferred to your county from another county in the state without interruption in old age assistance payments. Where there has been interruption in the payment, the case should be reported as reinstated.

Status of case: Reinstated: Case last closed prior to this year -- Check if a grant of assistance was approved previously for this individual in any county of the State, his grant having been discontinued before the beginning of the calendar year, and who is now reinstated to old age assistance rolls.

Status of case: Case last closed within this year -- Check if old age assistance has been approved previously for this individual in any county, his case having been officially closed in a previous month of the current calendar year, and who is again reinstated to old age assistance rolls.

Item M. Marital Status of applicant at time of investigation -- Check one.

Marital status: Single -- Check if applicant has never been married.

Marital status: Widowed -- Check if applicant's spouse is dead. A change in marital status, prior to death of spouse, does not affect this entry. For example, if a man and his wife were divorced and the wife died prior to the man's application for old age assistance, the correct entry is widowed.

Marital status: Divorced or legally separated -- Check if applicant is divorced or legally separated; do not check unless legal action has been taken and the divorce or separation is a matter of public record.

Marital status: Separated -- Check if applicant and spouse have agreed to live apart, but are not legally separated. Include if applicant is a deserting person or if his spouse has deserted. Do not report individual as separated if there have been no domestic difficulties and spouse is living at a place of employment, such as an institution, or with a family employed as a domestic, or in an institution receiving care, or in another town.

Marital status: Married: Living with spouse who does not receive old age assistance -- Check if applicant is legally married or has an established common law marriage and spouse does not receive old age assistance. This item does not refer to the spouse who has been receiving old age assistance but temporarily is not receiving it, as, for example, while away on a visit.

Marital status: Married: Living with spouse who receives grant of old age assistance -- Check if applicant is legally married or has an established common law marriage and is living with spouse who receives a separate grant of old age assistance. Specify case number of spouse.

Marital status: Married: Living with spouse whose application for old age assistance is pending -- Check if applicant is legally married or has an established common law marriage and is living with spouse who has made application for old age assistance and final action on the application has not been taken. Specify case number of spouse.

Marital status: Married: Not living with spouse -- Check if spouse is living elsewhere such as in an institution, place of employment, with children, other relatives or friends for reasons other than domestic difficulties. If applicant and spouse are separated because of domestic difficulties resulting in divorce, separation or desertion "Marital status: Divorced or legally separated" or "Marital status: Separated" should be checked.

Item N. Public or private assistance received by applicant: Was applicant receiving assistance within thirty days prior to investigation? -- This question pertains either to assistance received in the name of the applicant or to assistance received in the name of another member of the household but which is intended to include the needs of the applicant. It does not include assistance received by another member of the household in which the applicant is not intended to share.

For the purpose of this schedule, a household is defined as a family group or a group of related or unrelated persons living together who share a common income which may be earned by one member of the group or which may result from the pooling of income from several members. Unmarried children and other relatives if they are considered as a part of the family group as an economic unit and not as a separate family unit, should be considered as members of the household even though they pay a definite amount for board and room instead of sharing a common family income. Boarders and lodgers who are not married to members of the household and who pay a definite amount for services received should not be considered as members of the household.

Federal Surplus Commodities or other commodities which are the product of Federal work projects are not to be considered as aid for the purposes of this classification.

If the applicant has received assistance within thirty days prior to the investigation, even though the case was considered inactive or closed at the time of the investigation, check each form of assistance received, according to the following instructions:

Care in voluntary (private) institution for aged -- Check if within thirty days prior to investigation applicant was living in a non-profit incorporated institution, such as a Masonic, Hebrew or other denominational home supported in whole or in part by gifts or endowments.

Care in other voluntary (private) institution -- Check if applicant was living in a non-profit incorporated institution other than a home for the aged such as a private hospital or sanatorium. Specify kind of institution.

Assistance from a voluntary (private) agency (not in institution)-- Check if applicant was receiving assistance from a private or semi-private, non-profit, incorporated agency, such as the Family Welfare Society, but was not living in an institution.

Care in public institution -- Check if applicant was living in an institution supported in whole or in part by public funds. Included in this item will be county and municipal almshouses, county welfare houses, municipal lodging houses, mental hospitals, general or special hospitals supported in whole or in part by public funds. Specify the type of institution in which the applicant resided.

Works Program Wages -- This item includes projects operated by the Works Progress Administration (including the National Youth Administration), by the Civilian Conservation Corps, and by the Public Works Administration.

One of the following two items is to be checked, if wages were received by the applicant or by a member of the household in which applicant lives on any Works Progress Administration or Public Works Administration project or from the Civilian Conservation Corps, or from any project financed from the works program fund and operated by any of the following Federal agencies: Department of Agriculture (entomology, plant quarantining, forest service, public roads, soil conservation, etc.) Department of Commerce; Department of Interior (Puerto Rico, Reclamation, etc.); Department of Labor; Navy Department (yards and docks); Resettlement Administration; Rural Electrification, Treasury Department, Veterans' Administration, War Department (engineers and quartermaster) and others that might be authorized by the President.

Individual loans granted by the Resettlement Administration to farm families for the purchase of capital goods such as live stock, farm equipment, repairs, feed and seed are not to be included in checking this item. Grants by the Resettlement Administration to needy farm families for their subsistence which are not to be repaid are to be entered below under: "Other Assistance".

Received by applicant -- Check if the works program wages were received in the name of the applicant.

Received by member of household -- Check if the works program wages were received in the name of a member of the applicant's household. (See definition of household above.) If the applicant or any member of his household received an allotment from the wages of a person enrolled in the C.C.C., check this item since the wages from which the allotment was taken were not earned by the applicant.

General Public Assistance -- One of the following two items is to be checked, if applicant was receiving any form of general public assistance. Such assistance includes all forms of public, non-institutional assistance generally known as outdoor relief or temporary unemployment relief. It includes work relief if earned on a work relief project which is not part of the Federal works program. It does not include special types of aid such as Aid to the Blind, or statutory aid to service and ex-service men. It does not include medical care received at a hospital or any other form of institutional care.

General public assistance: Granted prior to application for old age assistance -- Check if general public assistance as above defined was received by the applicant before filing of the present application for old age assistance.

General public assistance: Granted pending approval for old age assistance -- Check if general public assistance as above defined was granted by the relief agency after this application for old age assistance was made and pending approval for old age assistance.

Other Assistance -- Check and specify any other form of assistance included in the above items such as Aid to Blind and statutory aid to service and ex-service men. Grants by the Resettlement Administration to needy farm families which are not to be repaid should be entered here.

If applicant was not receiving assistance within thirty days prior to this investigation, had he received any of the above types of assistance within two years prior to this investigation? -- This question is to be answered only if the applicant was NOT receiving assistance within thirty days prior to investigation. Check "no" if the applicant had received no public or private assistance within the two years prior to this investigation. Check "yes" if he had received any form of public or private assistance within the two years prior to this investigation. Check "unknown" if determination could not be made regarding receipt of assistance by the applicant within the specified two-year period.

Item O. Living arrangements to be effective when first payment is received -- Check one.

Alone -- Check if applicant on receipt of old age assistance is to live alone live alone in a house or apartment or in a furnished room, cooking his own meals or eating away from the place in which he rooms.

In household group with relatives: With spouse only -- Check if applicant is to live with spouse only, regardless as to whether they are to live in apartment, house, room, or rooming house.

In household group with relatives: With spouse and others (relatives or non-relatives) -- Check if applicant is to live with both spouse and other persons who may be relatives or non-relatives regardless of whether or not applicant and spouse are to cook their own meals or are to eat with others in the household. Checking of this item should not be affected by which member of the household owns the home, if it is owned, or by which member is the head of the household.

In household group with relatives: With other relatives, without spouse -- Check if applicant is to live in a household group with other relatives, but without spouse, regardless of whether or not he is to have his meals with the household group.

In household group not with relatives, eating at same table -- Check if applicant is to live in a household group of persons who are not relatives and is to have his meals with them.

In voluntary institution, incorporated not for profit -- Check if applicant is to live in an incorporated non-profit institution, such as a denominational private home for the aged. Give name of institution as it appears in articles of incorporation.

In proprietary or unincorporated institution or in lodging house (ten or more lodgers) -- Check if applicant is to live in a lodging house or in an institution privately owned and operated for the benefit of proprietor but not incorporated. A lodging house is defined by the United States Bureau of the Census as a household in which there are ten or more lodgers. In counting the number of persons exclude as lodgers persons who take their meals in an unincorporated institution or in a lodging house but do not sleep there.

Other (specify) -- Specify any other living arrangement not included in the above categories which is to be effective when first payment is made.

Item P. Income of applicant to continue during any part of the period in which old age assistance is to be received -- This item is intended to show the forms of relatively fixed income, WHETHER RECEIVED IN THE FORM OF CASH OR NOT, which may be counted upon by the applicant for any part of the period for which old age assistance is to be received.

None -- Check if applicant will not have any income other than his old age assistance. The item should not be checked where relatives or friends make cash contributions to the maintenance of the applicant nor in cases where the applicant lives with relatives or friends who make contributions to his maintenance whether in cash or by reason of supplying such items as clothing, shelter, food, medical attention, etc.

Veteran's Pension -- Check if a veteran's pension from a public agency is received by the applicant. The term "veteran's" is used broadly to include soldiers and sailors; the term "pension" refers only to a regular grant given to ex-service veterans of the United States forces (Army, Navy or Marine Corps, on an honorary basis.) This item does not include a temporary aid granted from statutory funds to service and ex-service men on the basis of need. Such aid should be considered as "public assistance" and entered below in Item Q.

Employee's Pension -- Check if applicant receives any pension from an industrial organization, from any governmental department, or from any other organization which formerly employed the applicant.

Annuity or Income from Trust Fund or Insurance Policy -- Check if applicant receives REGULAR INCOME, monthly, quarterly or at other stated intervals from a trust fund or insurance policy. Do not check if person has received a lump sum settlement from an insurance policy.

Income from Invested Capital (savings account, bonds, stocks) -- Check if applicant receives regular payments in dividends or otherwise from stocks or bonds, or interest on a savings account, or is making regular withdrawals from a savings account for his maintenance.

Net Income or Rent from Real Property -- Check only if applicant actually receives NET income from property. Do not check if applicant owns the property in which he lives and rents no part of it or if his property is a potential source of income but does not yield any income at the time application is approved and indications are that it will not be a source of income. Net income represents the amount received after deductions are made for carrying charges, such as interest on mortgage, insurance, principal and interest payments to the Home Owner's Loan Corporation and to building loan association, taxes, assessments, and water rents. Check the item if the applicant owns his home and rents part of it for an amount in excess of carrying charges.

Income from Earnings (including net income from small business)
Earnings may be in the form of cash or in kind. Check if applicant is to receive any regular wages, however small; or net income for business, for any part of the period for which old age assistance is to be received. Wages in the form of goods such as free rent in return for services of applicant, as janitor, should be considered as income. If applicant receives money payment in return for furnishing board and room or other service to relatives, friends or others, and if this payment represents a profit, the item should be checked; this item should also be checked if applicant receives board or room in return for rendering some specific service.

Net Income from Sale of Farm Produce -- Check if applicant receives any net income from the sale of farm produce during any part of the year, the amount of which can be predicted with a fair degree of certainty and which does not represent only a small uncertain amount.

Regular Contributions From Relatives or Friends -- Check if applicant is to receive definite contributions from relatives or friends continuously or at regular intervals in return for which he renders no service. THE ITEM SHOULD BE CHECKED IF THE APPLICANT LIVES WITH RELATIVES OR FRIENDS AND THE LATTER PROVIDE HIM WITH ANY PORTION OF HIS MAINTENANCE: ROOM, FOOD, CLOTHING, MEDICAL ATTENTION, ETC. Sporadic gifts should not be included, however.

Old-Age Retirement Benefits -- Check if applicant is to receive monthly benefits as a retired worker insured under the Federal Old-Age and Survivors Insurance program, or as the wife (not widow) of an insured worker.

Survivors Old-Age Benefits -- Check if applicant is to receive monthly benefits as the survivor of a worker insured under the Federal Old-Age and Survivors Insurance program. Include widows' or parents' benefits. Do not include lump-sum death payments.

Other -- Check and specify other forms of income that can be counted on regularly.

Item 9. Other public or private assistance approved for applicant to be received simultaneously with old age assistance during any part of the period for which old age assistance is to be received -- The purpose of this item is to show any form of public or private agency assistance that may be received by the applicant simultaneously with old age assistance.

None -- Check if applicant is to receive no form of public or private assistance other than old age assistance

Public Assistance (specify kind) -- Check if applicant is to receive any assistance in cash from a public welfare agency other than a welfare board. That applicant may receive such assistance simultaneously with old age assistance only for medical and surgical care. The item should not be checked if the applicant is receiving or is to receive medical care at a hospital or in other public institution.

Assistance from a Voluntary (private) Agency -- Check if assistance from a private or semi-private, non-profit, incorporated agency has been approved for the applicant. Such assistance does not include care in a private hospital or any other form of care that he may receive from any other private institutions.

Unknown -- Check if at the time of investigation it is uncertain whether the applicant will receive other public or private assistance.

Item R. Other Public or Private Assistance approved in Household of Applicant for any member of the household other than the applicant, and excepting lodgers, to be received simultaneously with old age assistance during any part of the period for which old age assistance is to be received -- The purpose of this item is to show all forms of public or private assistance that are to be received simultaneously with old age assistance by any member of the applicant's household other than the applicant himself. For definition of household see Item N. Boarders and lodgers who are not related to members of the household and who pay a definite amount for services received should not be considered members of the household. Each form of public or private assistance received should be checked.

None -- Check if no other public or private assistance is to be received by any member of the applicant's household.

Public Assistance: Aid to Dependent Children -- Check if aid to dependent children has been approved for one or more members of the applicant's household.

Public Assistance: Aid to Blind -- Check if aid to blind has been approved for a member of the applicant's household. The item should be checked only if the aid consists of material aid given regularly and not merely services such as instructions, aid in selling goods made by the blind person, etc.

Public Assistance: General Public Assistance -- Check if general public assistance has been approved for any member of the applicant's household other than the applicant himself. General public assistance is defined for the purpose of this item as in Item N.

Public Assistance: Another grant of Old Age Assistance -- Check if grant of old age assistance has been approved for another member of the household. Give name and relationship to the applicant.

Public Assistance: Works Program Wages -- Check if any member of the household is certified for work on a project operated under the Works Program as defined in Item N.

Public Assistance: Other -- Check and specify any other type of public assistance which has been approved for any member of the household, such as statutory aid to service and ex-service men or a regular grant from public funds for special forms of health service to children in the household. Do not check if some member of the household is receiving care at a hospital or in some other public institutions.

Assistance from a voluntary (private) agency -- Check if assistance from a private or semi-private, non-profit, incorporated agency, such as the Family Welfare Society, has been approved for any member of the applicant's household other than the applicant. Such assistance does not include care in a private hospital or in some other private institution.

Unknown -- Check if at the time of investigation it is uncertain whether any member of the applicant's household other than the applicant will receive any other form of public or private assistance.

Item S. Birthplace of applicant's father -- If applicant's father was born in the United States, give the state or territory in which born. If he was born in the United States but the state of birth is unknown enter "United States, state unknown". If applicant's father was not born in the United States, give the country of his birth. If country of birth is unknown, enter "Foreign-born, country unknown". If place of birth is unknown, enter "Unknown".

Birthplace of applicant's mother -- Same as above

Item T. Number of living children -- Enter in this item the number of applicant's children who are living at the time of this investigation and who have reached their sixteenth year. The entry made in this item should include ONLY living children who have attained the age of sixteen whether they are living in New Jersey or elsewhere and without regard to whether their present whereabouts are known or not.

Total Number of responsible relatives -- Enter in this item total number of the applicant's legally responsible relatives, including the applicant's spouse, parents, if living, living children included in the preceding item, and all grandchildren who have attained their sixteenth year.

Item U. Financial assets of applicant -- Enter in this item all real and personal property assets of the applicant as determined at the time of this investigation.

Financial assets of applicant: Net value of real estate (assessed value, less liens) -- Enter here the assessed value of any or all of the applicant's real property, less all indebtedness and liens standing against that property. Indebtedness will include mortgages, accumulated unpaid interest on mortgage and any other lien that may have been established against the property. Where property is owned jointly by husband and wife the net value of the property should be entered in this item for each of them. Where property is owned jointly with a person other than the applicant's spouse, entry should be made only of the applicant's share in ownership.

Financial assets of applicant: Value of investments other than insurance and open bank account -- Enter here the total value of applicant's assets except real property insurance and open bank account. This item will comprise such assets as mortgages, mortgage certificates, stocks, bonds, building and loan shares, notes, etc. In determining the value of investments employ their market value at the time of this investigation. This observation applies particularly to stocks and bonds and building and loan shares owned by the applicant. Accounts in CLOSED banks should be included in this item. However, when such accounts have been determined to be valueless they should be omitted entirely from this item. Do not include any debts owing the applicant unless there appears definite likelihood of their being collected.

Financial assets of applicant: Amount of Life Insurance, including Fraternal Benefits -- Enter in this item the face value of all insurance on the applicant's life whether held and paid for by the applicant himself, by a legally responsible relative or by any other person. Disability or accident insurance should not be included. The value of death benefits payable by a fraternal organization should be entered in this item without regard to relationship of the person to whom payable.

Financial assets of applicant: Amount of open bank account -- Enter in this item the amount of money on deposit in any open bank account or accounts in the name of the applicant or jointly in his name with any other person.

Note -- The signature of the investigator who obtained the data recorded on this form and the date when the investigation was completed should be entered in the lower right hand corner of the form on the lines indicated.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

MPD:W

Bulletin Series No. 20. Insert in Handbook under section "Rulings and Bulletins". Cancel Bulletin No. 20, previously issued, December 20, 1939.

State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

December 20, 1945

SUPPLEMENT TO BULLETIN NO. 20

Effective in the month of January, 1946, an additional entry will be made on the social data card (Form OA-14, revised 6-40) prepared for each person granted old age assistance by the county welfare board. This entry will be a code identification of the reason for opening or re-opening the case in accordance with the classification of such reasons set forth below.

The entry will consist of that combination of letters and numerals which identifies the appropriate reason for opening or re-opening the case as shown in the table. For example, a case opened because of the lay-off of a son with whom the applicant has been making his home would be coded as A2b(2); a case opened because of transfer from another county under Ruling 8 would be coded as C. The entry will be made in ink on the face of the social data card (Form OA-14), in the bottom margin immediately under the words "Do not fill in columns....."

In classifying cases according to the following table, if it appears that more than one of the listed reasons for opening has existed within the six months immediately preceding approval of assistance, the first pertinent reason listed in the table determines the classification, except for transferred cases under Section C. It is recognized that in some instances use of the reason listed first in the table will result in giving precedence to a factor that in the particular case may have been of lesser economic significance. Generally, however, the order of precedence as listed is significant and its use will serve to eliminate the variation that would otherwise occur because of differing interpretations as to the most important reason for opening.

TABLE OF CLASSIFICATIONS

Section A. Change in economic circumstances during last 6 months - Classify according to the proper items below all cases in which the recipient's requirements increased or his resources diminished during the six months immediately preceding approval of assistance. For purposes of this section, a loss of income from an assistance agency is not to be regarded as a change in economic circumstances.

1. Discontinuance of unemployment benefits to person in home. - Cases in which the recipient lost support or income because unemployment compensation paid to him or another person in the home was discontinued within six months before approval of assistance.

2. Loss of employment or decreased earnings of:

a. Recipient

(1) Illness or disablement - Cases in which the recipient lost employment or suffered a decrease in earnings as a result of his own illness or disablement, if the loss or decrease in earnings occurred within six months immediately preceding approval of assistance even though the onset of illness or disablement occurred earlier.

(2) Lay-off, discharge, or other reason - Cases in which the recipient lost employment or suffered a decrease in earnings for any reason other than his own illness or disablement. A case in which the recipient voluntarily quit his employment would be in this category.

b. Other Persons in Home -

(1) Illness or disablement - Cases in which a wage earner in the home other than the recipient lost employment or suffered a decrease in earnings because of that wage earner's illness or disability, if the loss or decrease in earnings occurred within six months immediately preceding approval of assistance, even though the onset of illness or disablement occurred earlier.

(2) Lay-off, discharge, or other reason - Cases in which a wage earner in the home other than the recipient lost employment or suffered a decrease in earnings for any reason other than the illness or disablement of that wage earner. This will include cases where the wage earner was laid off, discharged, retired for age, or where he quit voluntarily.

3. Loss of a wage earner in home by death or absence - Cases in which the recipient lost support or income because a wage earner living in home with the recipient died or left the home within six months immediately preceding approval of assistance.

4. Discontinuance of allowance, pension or other payment connected with military service, received by person in home - Cases in which an allowance or any other payment to person in the home as a dependent of a member of the armed forces has been discontinued within six months immediately preceding approval of assistance. If a relative living outside the home has withdrawn support because his allowance as a dependent of a member of the armed forces has been discontinued, the case should be classified in item 6.

5. Depletion of savings or other resources - Cases in which the recipient has had no source of income within six months of the date of approval but did have savings or other assets that were exhausted or reduced within the six months' period.

6. Loss or decrease of contributions from relatives outside home - Cases in which the needs of the recipient have been met wholly or in part through contributions from relatives outside home, and such contributions are discontinued or reduced.

7. Other change in economic circumstances (including increased need without change in resources) - Cases in which the recipient has lost within six months a source of income other than those specified in items 1 - 6, such as loss of income from investments, real property, pensions, etc. This item will also include cases in which the total requirements of the recipient have increased without a corresponding increase in resources.

Section B. No material change in economic circumstances during last 6 months - Classify according to proper items below cases in which the recipient had no substantial decrease in resources or increase in requirements during the preceding six months.

1. Change in law or agency policy - Cases in which the recipient became eligible because of a change in the law or in the eligibility provisions of State or local administrative policy, if such change occurred within six months immediately preceding approval of assistance.

2. Attained technical eligibility - Cases in which the recipient has been in need and has had no material change in economic circumstances for more than six months, but only within the last six months has fulfilled some technical condition of eligibility, such as age or residence. Such cases may or may not have received other assistance during the six months' period.

3. Other - Cases in which there has been no material changes in the recipient's economic circumstances within the last six months and to which items 1 and 2 above are not applicable. For example, a recipient may have been needy and eligible over an extended period but may have postponed applying by living below minimum standards for assistance.

Section C. Transferred from another county - Classify in this section all cases in which the recipient's grant was approved by the reporting county following acceptance as an inter-county transfer under Ruling No. 8. All inter-county transfers should be so classified regardless of the applicability of any other category above.

In the case of a temporary grant made under Ruling No. 14, where Form OA-14 (social data card) is not available to be submitted with the material for the month in which the temporary grant is made, a paper slip containing the case number and code identification of reason for opening shall be attached to the form OA-7 (index card) and authorization report for each such case.

With the inauguration of the system of reporting reasons for opening as set forth in this supplement, Bulletin 14A dated September 12, 1945 and modifying letters dated November 8 and 28, 1945 are discontinued, and the monthly preparation of Form OA-8A by the county welfare boards as provided in letter dated September 14, 1945 is likewise discontinued. Hereafter Form OA-8A will be prepared by the State Division from the individual case classifications

reported in the manner provided in this supplement, and the Division will transmit to each county welfare board monthly the full report of totals affecting that county in addition to such state-wide figures as may be compiled for general distribution.

The county welfare boards will continue to prepare Form OA-8C for monthly transmittal to the Commission for the Blind, as provided in letter dated September 21, 1945, but the interpretation of classifications on such form will be governed by the definitions and instructions contained in this supplement.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Approved December 20, 1945
Sanford Bates, Commissioner

Bulletin Series.
No. 20 - Insert in Handbook under section "Rulings and Bulletins" as Supplement to Bulletin No. 20.

Destroy Bulletin No. 14-A dated September 12, 1945.

Transfer from another county - Classify in this section all cases in which the recipient's grant was approved by the reporting county following acceptance as an inter-county transfer under Ruling No. 8. All inter-county transfers should be classified regardless of the applicability of any other category above.

In the case of a temporary grant made under Ruling No. 14, where Form OA-1A (social case card) is not available to be submitted with the material for the month in which the temporary grant is made, a paper slip containing the case number and a de-identification of names for the month shall be attached to the Form OA-7 (index card) and submitted with the material for each such case.

With the inauguration of the system of printing reports for reporting agencies in this department, Bulletin OA-14 dated September 12, 1945 and Bulletin OA-15 dated November 8 and 28, 1945 are discontinued, and the monthly program of Form OA-8C by the county welfare boards provided in Bulletin OA-20 dated September 14, 1945 is likewise discontinued. Bulletin Form OA-8C will be prepared by the State Division in the individual case classification

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

BUREAU OF ASSISTANCE

REGULATION # _____
Bulletin #24

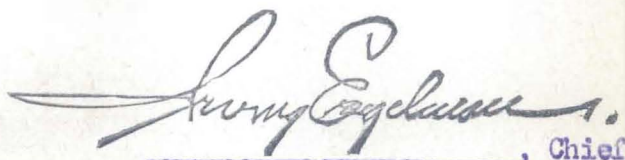
ISSUED: _____
(Date)

REV.: December 3, 1943
(Date)

TITLE: Preparation of Social Data Cards;
Cases Closed

SUBJECT: _____

STATUTORY REFERENCE: R.S. 44:7-18

 _____, Chief

Bureau of Assistance

Approved:

By: _____

State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

Revised December 3, 1943

BULLETIN NO. 24

INSTRUCTIONS FOR SOCIAL DATA CARDS: CASES CLOSED

Effective in the month of July, 1943, a revised Social Data Card, Form OA-13 revised 7-43, is to be filled out for each case closed by action of the County Welfare Board.

When completed, the total number of cases closed should be checked with the number of cases closed shown on the monthly statistical report, Form OA-8, and the cards forwarded to the State Division together with other case material for the month.

Item A. County

Item B. Registration Number

Item C. Date of closing case - Enter the month and year on which the case was closed officially by action of the Welfare Board. This date is not necessarily the date on which payment actually ceased but rather the day on which the Welfare Board took formal action of closing. If, however, payment is continued beyond the date of formal closing, the case should not be recorded as closed until the month for which last payment was made.

Item D. Name of individual - Enter the name of the client, giving surname first.

Item E. Reason for closing (check principal reason):

Not eligible for original grant - Check if case was closed because reinvestigation has shown that original grant should not have been made since applicant had sufficient assets, legally responsible relatives were able to support, residence requirements had not been met, or because there were other reasons making applicant ineligible. Include both cases of intentional fraud on the part of the applicant and cases of honest mistakes in which the individual unintentionally gave information which was found subsequently to be incorrect.

Death - Enter date of client's death giving month, day and year.

Admitted to public institution - Check and specify the kind of institution, as general hospital, State hospital, welfare house, etc.

Admitted to voluntary (private) institution - Check if admitted to a private, non-profit incorporated institution, such as a Masonic, Hebrew or other denominational home.

Became self-supporting by reason of:

Employment - Check if client, after being approved for a grant of assistance, became self-supporting by reason of earnings.

Other resources of recipient - Check if client, after being approved for a grant of assistance, became self-supporting by reason of income from resources other than earnings, including investments, Old Age Survivors Insurance, etc., but excluding any items which follow.

Relatives became able to support by reason of:

Employment of spouse - Check if employment of spouse increased resources of client to such an extent that the case was closed.

Other resources of spouse - Check if recipient's case was closed because increased resources, excluding earnings, became available to his spouse.

Employment of other members of household - Check if the employment of other persons in the home increased the resources of client to such an extent that the case was closed.

Other resources of other members of household - Check if case was closed because of increased income from resources, other than earnings, of persons in the home other than the client or his spouse. This item should include not only aid from persons in the home whose ability to contribute has increased, but also aid from persons who without any change in circumstances have assumed more responsibility for support.

Receipt of allowances or other payments to dependents of persons in the Armed Services by any person in home - Check if allowances or other payments to dependents of persons in the Armed Services received by any person in the home increased the resources of client to such an extent that the case was closed. Include here allowances under the Servicemen's Dependents Allowance Act, death gratuities and military insurance.

Increased support from persons outside of home - Check if case was closed because relatives outside the home became able to support the client or assumed his support.

Receipt of other public or private aid in household - Check one of the two following items if case was closed because of the receipt of other public or private aid. Workmen's Compensation and Unemployment Compensation are not to be considered in this item. Such resources should be entered in "Relatives became able to support by reason of: Other resources of spouse" or "Relatives became able to support by reason of: Other resources of other members of household".

By recipient or spouse - Check if case was closed because recipient or spouse is to receive work program earnings or another grant of assistance, public or private, under name of recipient or spouse. This item should be checked only if the recipient would be eligible for old age assistance if he were not approved for the new type of aid. Specify type of aid.

By other member of household - Check if case was closed because the recipient is to be included in an assistance payment made in

the name of another person in the household other than spouse or is to benefit from work program earnings of such person. Specify type of aid.

Refusal to comply with established regulations - Check if the recipient refused to comply with the requirement that Agreement to Reimburse be executed, insurance be assigned, or with any other requirement that the Welfare Board may have made regarding the assignment or control of assets, or other requirements.

Moved out of county - Check one of the following:

To another county within State - Check if recipient moved to another county within the State after being approved for a grant of assistance. Name the county to which removal was made.

To another state - Check if recipient moved to another state after being approved for a grant of assistance.

Other - Check and specify reason for closing if the case was closed for any reason not listed above.

Item F. Total number of months for which this individual received old age assistance - Enter the total number of months for which the individual actually received old age assistance in any county of the State. Each month for which assistance was received, either for all or part of a month, should be counted as one month. For example, if an individual received assistance for seven full months and part of another month, the correct entry is "8 months".

If the case was closed previously and reopened, all months and parts of months for which the individual received old age assistance should be counted in making this entry. In determining the number of months during which old age assistance was received only those months should be counted for which a check was drawn and actually paid to the recipient. Months for which the Welfare Board drew checks and subsequently took credit for those checks should not be included.

Note - The signature of the person filling out this form and the date on which the form is prepared should be entered at the bottom of the form on the lines indicated.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

MPD:W

Bulletin Series.

No. 24. Insert in Handbook under section "Rulings and Bulletins".
Destroy Bulletin No. 24, dated May 25, 1943.

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

BUREAU OF ASSISTANCE

REGULATION # _____

Bulletin #30


ISSUED: August 23, 1939
(Date)

REV.: _____
(Date)

TITLE: Instructions for Use of Pamphlet ODA-9

SUBJECT: _____

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


_____, Chief

Bureau of Assistance

Approved:

By: _____

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State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

August 23, 1939

BULLETIN NO. 30

INSTRUCTIONS FOR USE OF PAMPHLET GUIDE FOR APPLICANTS

AND RECIPIENTS (FORM OA-9)

The pamphlet guide for applicants and recipients as formerly in use (Form OA-9) has been revised and republished to reflect the various changes in law and practice that have become effective since April 1st, 1936, and is now available for general use and distribution by the county welfare boards.

In order that there may be uniformity of policy among the county welfare boards in the use of this form, the following rules are suggested:

1. It is desired that every applicant and recipient shall be fully informed of the general conditions affecting the Old Age Assistance program, and to that end Form OA-9 should be freely distributed to applicants at the intake desk, in response to inquiries by mail, etc.
2. In order that every person now receiving old age assistance may be fully informed, Form OA-9 shall be sent to every active recipient as an enclosure with the regular assistance checks to be issued as of September 30, 1939.
3. In order that every person hereafter receiving old age assistance may be fully informed, and in order that every person denied old age assistance may be routinely informed of his right to fair hearing (as required by regulations of the Social Security Board.), Form OA-9 shall be sent as an enclosure with every notification of decision on new, reopened or reinstated applications, whether such decision be grant, denial or withdrawal, beginning with such decisions for the month of September, 1939, and thereafter routinely every month.
4. It is desired that Form OA-9 shall be utilized freely by the investigators in their discretion, for the purpose of bringing information regarding the program to the attention of relatives, references, friends, and other persons concerned in any case.
5. It is desired that Form OA-9 shall have general distribution not only among applicants and recipients, but also among interested persons and organizations in the public at large. It is therefore intended that no restrictions shall be placed upon the distribution of this form, but copies may be furnished freely to municipal departments of welfare, other social agencies, other interested organizations and individuals, etc., on any occasion when the opportunity to make such distribution presents itself.

6. It is to be observed that Form OA-9 does not purport to be a complete statement of all the law bearing on the administration of old age assistance, nor a technically exact statement of any portion of the law. It is at best a brief outline or summary of the more important aspects of law and practice which are of primary interest to applicants and recipients, and prepared as a matter of general information. No statement appearing in the Form is to be regarded as conferring any right not otherwise established specifically in the law and official regulations, and no general statement appearing in the Form may be relied on as a basis for deciding any individual case to which such statement, because of special circumstances, may not be applicable.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Approved August 22, 1939
William J. Ellis, Commissioner

Bulletin Series
No. 30 - Insert in Handbook under section "Rulings and Bulletins."

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

BUREAU OF ASSISTANCE

REGULATION # _____
Bulletin #31

ISSUED: December 7, 1945
(Date)

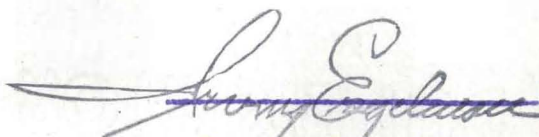
REV.: _____
(Date)

Supplement #1, 4/15/47
Supplement #2, 5/5/47

TITLE: O.A.S.I. Information

SUBJECT: _____

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

 , Chief
Bureau of Assistance

Approved:

By: _____

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

December 7, 1948

BULLETIN NO. 31

OLD AGE AND SURVIVORS INSURANCE

Information concerning Old Age and Survivors Insurance claims is made available to public assistance and private welfare agencies who work concordantly with the Bureau of Old Age and Survivors Insurance in recognizing certain conditions and requirements governing release of such information by the Bureau. Friendly and constructive relationships between the field offices of the Social Security Board and the county welfare boards have been established through the development of cooperative techniques and procedures.

Requests for information from welfare agencies should be limited to the minimum consistent with the agency's responsibility for determining eligibility for public aid. Referrals and requests for information should be made only where the agency is unable to obtain satisfactory information from the client himself. In most instances it is expected that the client can show his award certificate or notice of disallowance which is received after his claim is acted upon by the Old Age and Survivors Insurance Bureau.

Requests for Information on Claims Filed

When the county welfare board has information that a claim for Old Age and Survivors Insurance benefits has been filed but the claimant cannot produce his award certificate, disallowance letter or other satisfactory evidence of the status of his claim, the welfare board should submit a request for information on Form OA-20 in triplicate to the local field office of the Social Security Board serving the territory in which the claimant lives. If the claim has already been acted upon by the Board, the appropriate part of Form OA-20 will be filled in, one copy returned to the welfare board, and the remaining original and copy retained by the local field office. If the claim has been filed but not acted upon, notation to that effect will be entered on a copy of the form which will be returned to the county welfare board. The field offices will notify the welfare board later of final action on the claim.

It will be noted that this revised form does not require the signature of the claimant, the Social Security Board being satisfied that the authority given the welfare boards to request information regarding resources or income by the applicant on Form OA-1 is satisfactory authorization. The words "months of entitlement" as used on this form mean, in general, the first month for which the claimant's eligibility is established; in some instances the initial payment may cover preceding months during which the claim was pending.

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The date of birth will be filled in on Form OA-20 by the Bureau of Old Age and Survivors Insurance only when that date has been verified. Accordingly, if included on the form, it may be accepted as verification of age by the county welfare board.

The field offices of the Bureau of Old Age and Survivors Insurance in New Jersey are located at Atlantic City, Bayonne, Bridgeton, Camden, Elizabeth, Jersey City, Newark, Passaic, Paterson, Perth Amboy, and Trenton. Some of these offices also maintain an itinerant service, that is, have established stations throughout the territory covered by the office, open for specified periods to receive claims and requests for information. The location and hours when representatives of the Bureau of Old Age and Survivors Insurance are available at these stations may be obtained by referring to the local field office.

Referrals for Filing of Original Claims

In addition to cases in which the welfare board will desire information on claims already filed, there will be occasions when applicants for Old Age Assistance should be referred to the local field office of the Bureau of Old Age and Survivors Insurance to file an original claim. In these cases, Form OA-20 mentioned above may be used, the Welfare Board giving the applicant three copies. If the applicant files a claim with the Bureau, the field office will make a notation to this effect on one copy of the form and return it to the county welfare board, later notifying the welfare board when formal action on the claim is taken.

If no claim is filed because the person is obviously not entitled to benefits, all three copies of the form will be returned to the county welfare board with an explanation of the applicant's ineligibility. If it should occur that the person is apparently eligible for benefits but does not wish to file a claim, all copies will be returned to the welfare board with a statement regarding his eligibility and unwillingness to file a claim.

Requesting Information for Other Agencies

Other public or private welfare agencies who request claims information through the county welfare boards, may be notified that such inquiries should be made directly to the local field office of the Board. It is no longer necessary for other welfare agencies to channel their requests through a public assistance agency. Form OA-21, revised 6/44, is accordingly disconnected.

Voluntary Furnishing of Information by Local Field Office

If at any time the local field office has information that a person receiving Old Age and Survivors Insurance benefits is also receiving Old Age Assistance or Aid to the Needy Blind, and there is doubt that the welfare board knows about the receipt of Old Age and Survivors Insurance benefits, the welfare board will be notified by the local field office on a voluntary basis. There is no provision made for the supplying of such voluntary information to any agency other than those operating under the Social Security Act.

Referral of Persons Who May Be Eligible by County Welfare Boards

If an applicant for or recipient of public assistance appears to be eligible for old age and survivors insurance benefits, he should be referred to the field office servicing the area in which he lives. Such referrals should not be indiscriminate but based insofar as possible upon a review of the wage earner's work history. The county welfare board staff will find that "A Handbook on Federal Old Age and Survivors Insurance" published by the Social Security Board in 1941, contains material which will be helpful in selecting those applicants or recipients who warrant referral to the field office.

It should be emphasized that the above procedures do not eliminate the desirability of informal contacts with the local field offices of the Social Security Board with which mutually advantageous relationships have been established throughout the State. It is the desire of the State Division that such contacts involving problems of a special or general nature should continue and be encouraged.

A copy of Form OA-20 is to be filed as part of this Bulletin. Additional copies of such form may be secured from the Division as required.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Approved December 7, 1945
Sanford Bates, Commissioner

Bulletin Series:

No. 31 - Insert in Handbook under section "Rulings and Bulletins".
Destroy Bulletin No. 31 dated June 28, 1944.
Supplement 2 to Bulletin No. 31 dated October 27, 1944 is still
up to date and continues in force

State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

April 15, 1947

SUPPLEMENT TO BULLETIN NO. 31

REIMBURSEMENT OF BURIAL EXPENSES THROUGH OLD AGE AND SURVIVORS INSURANCE

The Social Security Board's regulations affecting lump-sum death benefits under the Old Age and Survivors Insurance program have been revised to provide as follows:

"OASI Lump-Sum Death Payments--Equitable Entitlement
State and Local Governmental Units

States or local governmental units that pay the burial expenses of recipients of assistance (whether the categorical programs or otherwise) may file claim for reimbursement from the Bureau of Old-Age and Survivors Insurance providing certain basic requirements are met.

1. The recipient of assistance (hereafter referred to as the deceased wage earner) must have been fully or currently insured under the Old-Age and Survivors Insurance program.
2. The wage earner must have died after December 31, 1939.
3. (a) In the case of a wage earner whose death occurred prior to December 31, 1946, there must be no widow, widower, child, grandchild, or parents surviving.

(b) In the case of a wage earner whose death occurred after December 31, 1946 (Social Security Act Amendments of 1946), there must be no widow or widower surviving.
4. Payment of a part or all of the burial expenses of the deceased wage earner must have been made by the State or local government without receipt or expected receipt of reimbursement from some other source.
5. An application must be filed by an authorized official no later than the second anniversary of the death of the wage earner.

Explanation of Conditions of Entitlement

1. Insured Status of Individual--A wage earner is "fully insured" if he has been paid \$50 or more in employment covered by the Social Security Act in at least half the number of calendar quarters as there are between January 1, 1937, and the quarter in which he died. In no case can a worker become fully insured unless he has been paid \$50 in wages in each of at least six calendar quarters. This minimum of six calendar quarters applies in the case of persons who reach age 65 before January 1, 1940, and most of those who are 24 years of age or younger. A wage earner will have died "currently insured" if he worked in covered employment approximately half of the last three years of his life.

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2. Death After December 31, 1939--A lump-sum **death** benefit is payable only where the insured individual died after December 31, 1939, and leaves no survivor immediately eligible for monthly payments at the time of his death.
3. Death Between December 31, 1939 - December 31, 1946--If the wage earner died before January 1, 1947, the lump-sum payment may go to the widow, widower, child, grandchild, or parent in the order named. Where the wage earner is not survived by any such relative, the lump sum may be paid to "any person" "equitably entitled" including State or local governmental agencies, who has paid the burial expenses.

Death After December 31, 1946--In the case of a wage earner who died after this date, the lump sum may be paid to a widow or widower if they were living together when the wage earner died. If no widow or widower survives, or if the surviving widow or widower was not living with the wage earner at the time of his death, the lump sum will be paid to the person or persons (including State or local governmental agencies) who pay the burial expenses.

4. Payment of Burial Expenses Without Reimbursement from Some Other Source--Although payment may be made to the agency or agencies that have paid the burial expenses, it will not be made to any agency that has been or may later expect reimbursement from other sources. However, if burial expenses were paid with the proceeds of assigned insurance (legal or equitable title to which was held by the State or local agency), the agency is considered as not having received reimbursement for the funeral expenses, and therefore may collect the lump-sum benefit.
5. Filing of Application (a)--The application must be filed no later than the second anniversary of the death of the wage earner, on Form OA-C8 entitled "Application for Lump-Sum Death Payment." The application forms are available at and are filed with the appropriate local field office of the Social Security Administration.
 - (b) Any authorized official of a State or local governmental unit may file an application on its behalf. A statement by the official on the application under "Remarks" that he is authorized to file for the lump-sum death payment is acceptable evidence of his authority.
 - (c) Additional information and assistance may be obtained at any local field office of the Social Security Administration."

The policy of the Social Security Administration as outlined above means that in the cases of certain Old Age Assistance clients who have received Old Age and Survivors Insurance benefits while living, the county welfare board will be eligible for reimbursement from the Old Age and Survivors Insurance funds for all or a portion of any sum which it may expend to meet the burial costs of such persons.

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Accordingly, the county welfare boards should file claim for such reimbursement in any case where the following requirements are met:

1. The deceased was protected as the primary wage earner under the Old Age and Survivors Insurance program;
2. The client died without survivors immediately eligible for monthly benefit payments (i.e., spouse or parent over sixty-five, or children under eighteen);
3. The client died without a surviving spouse who was living with the decedent at time of death;
4. The welfare board assumed all or any part of the cost of burial.

It is to be observed that a lump sum death payment can be made available directly to the welfare boards only in the case of primary wage earners who are not survived by any relatives in the relationship of widow, widower, child or parent, who would be immediately eligible for monthly benefit payments. Even if there are no such relatives eligible for monthly benefit payments, if there is a widow or widower surviving who was living with the wage earner at time of death, then such widow or widower has the exclusive right to receive the lump sum death benefit in preference to any other relative, friend or public agency assuming burial cost.

Therefore, in any case of the death of an old age assistance recipient who is apparently entitled to a lump sum death benefit, if such recipient is survived by a widow or widower who was living with him at the time of death, an inquiry as to the availability of funds for burial through the lump sum payment to such widow or widower should be made before any funds are advanced by the county welfare board towards the burial.

The lump sum death payment is based on the total cost of burial, but not to exceed six times the monthly benefit paid to the wage earner during his lifetime. Furthermore, the lump sum death payment is limited to the proportion of the actual sum available for payment to the total cost of burial. Thus, if total burial costs are \$200, of which relatives or friends paid \$50.00 to supplement a payment of \$150 by the Welfare Board, and the maximum lump sum death benefit available is only \$100, the Welfare Board would receive only three-fourths of the available death payment or \$75.00.

Procedure for Filing Claim

Claim should be filed on Form OA-C8, Application for Lump-Sum Death Payment, which may be obtained from the local offices of the Social Security Board. In filing a claim, the welfare board should insert the following statement under "Remarks" on Form OA-C8:

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

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This procedure will avoid the necessity of making an application from both County and State and will permit reimbursement to be handled in the usual manner. The authorization instruction furnishing blanket authority to the county welfare boards is now on file in the local offices of the Social Security Board.

In the event that costs of burial were met jointly by the welfare board and another person or organization, two separate claims should be filed, which claims will be pro-rated by the Social Security Board as outlined above.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Bulletin Series.

Supplement to Bulletin No. 31. Insert in handbook under sections "Rulings and Bulletins".

Destroy Supplement No. 2 to Bulletin No. 31 dated October 27, 1944.

State of New Jersey
Department of Institutions and Agencies
Division of Old Age Assistance

May 5, 1947

SUPPLEMENT NO. 2 TO BULLETIN NO. 31

OLD AGE AND SURVIVORS INSURANCE PAYMENTS FOR INSTITUTIONAL PATIENTS

Since a significant number of Old Age Assistance recipients are being continuously discharged to public institutions, and since an increasing number of such clients are recipients of monthly benefits under the Old-Age and Survivors Insurance program, it has become important to clarify policy and procedure with regard to the continuing receipt of such benefits by clients who are committed to mental institutions.

We are advised that under the regulation of the Bureau of Old-Age and Survivors Insurance, benefits in behalf of incompetent adults may be paid to a guardian-in-fact. A person wishing to serve as guardian-in-fact makes application to receive benefits in behalf of the incompetent adult, and the Bureau of Old-Age and Survivors Insurance makes the determination as to who shall serve as payee. Wherever a suitable relative is available to act as guardian-in-fact, the Bureau of Old-Age and Survivors Insurance selects the relative. In the absence of a suitable relative, a director of a county welfare board or a superintendent of a mental hospital might be appointed as guardian-in-fact upon filing an application. Applications may be filed at a field office.

Accordingly, it is suggested that whenever Old Age Assistance recipients, who are also recipients of monthly OASI benefits, are committed to mental institutions, the county welfare board should proceed in accordance with the following principles:

1. If the order of commitment entered by the committing court takes cognizance of the patient's OASI income, and specifies that such income shall be paid to the county treasurer or to the institution treasurer for contribution to the cost of the patient's maintenance, the county welfare board will assert no conflicting interest. In such cases the welfare board will not ordinarily have to exercise any further responsibility with respect to the OASI benefits, unless and until any request is made to the welfare board to participate in the client's funeral expenses at time of death, in which event the welfare board will inquire into the matter of entitlement to a lump-sum death payment.
2. If the order of commitment does not take cognizance of the patient's OASI income, the County Director of Welfare should immediately notify the Bureau of Old-Age and Survivors Insurance concerning the recipient's incompetence and commitment, and should apply for appointment as guardian-in-fact.
3. If the Bureau should select a relative of the patient to serve as guardian-in-fact, i.e. as payee of the monthly benefits, the relative so designated should be interviewed to determine his plans for utilizing this income toward the cost of the patient's maintenance at the institution, or toward other special or incidental needs of the patient, or both. A full report concerning the relative's plans

in this connection, with whatever recommendations may seem appropriate, should be directed to the attention of the committing court, through the County Adjuster, in order that the court may amend the order of commitment or take other appropriate action.

4. If the Bureau should select the County Director of Welfare to serve as guardian-in-fact, i.e. as payee of the monthly benefits, the funds received should be credited to a trust account for the client concerned and utilized, in the discretion of the Welfare Board, for any or all of the following purposes, desirably in the order of preference indicated unless circumstances make a different order of preference appropriate:

- (a) Payments to or on behalf of the client for personal incidentals and other special requirements while a patient at the institution;
- (b) Payments incident to the conservation and protection of the patient's estate, if any, such as payment of life insurance premiums, expenses of maintaining real property, etc.;
- (c) Payment of burial costs and other terminal expenses at time of death;
- (d) Reimbursement for old age assistance extended;
- (e) Payments to the county treasurer or institution treasurer, as the case may be, with respect to the charge for maintenance at the institution.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Director
Division of Old Age Assistance

Bulletin Series.
Supplement No. 2 to Bulletin No. 31. Insert in Handbook under sections "Rulings and Bulletins".