

N.J. Dept. of Institutions and Agencies.

Division of Welfare.

Bureau of Assistance.

MANUAL OF ADMINISTRATION, Vol. 2 (Part 2200)

NJ/KAS

I5/W4

**DO NOT CIRCULATE**

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ADC Insert

Part II

The Individual and Public Assistance

Intentionally Deleted

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

2200. DETERMINATION OF ELIGIBILITY FACTORS OTHER THAN NEED

2201 Preliminary Statement

The provisions of this section apply in ADC.

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

2200. DETERMINATION OF ELIGIBILITY FACTORS OTHER THAN NEED

2201. Preliminary Statement

Eligibility must be established in relation to each legal requirement for the specific public assistance program to provide a valid basis for granting assistance or a valid reason for denial of assistance.

The applicant is the most logical source of information about himself and his affairs. In working with him the CWB exercises judgment as to how much information the applicant may reasonably be expected to secure, and at what point CWB should offer direct help in securing evidence to establish eligibility. The CWB does not initiate inquiries automatically to sources other than the applicant, or merely as a matter of convenience to the CWB. However, when the client is physically or mentally unable to act for himself or when his lack of education would make it difficult for him to write letters, complete necessary forms, etc., he should be given direct help in securing the necessary information.

The following general policy and procedure shall be observed in completing and verifying each legal requirement for the specific public assistance program:

.1 Sources of Evidence

The client's statements regarding his eligibility are evidence. A person must present reasons why he believes he is eligible for a specific program by execution of a PA-1E. For purposes of public assistance, the client's statements must be consistent and otherwise meet prudent tests of credibility and verification required by the CWB. If his statements are incomplete or questionable, they shall be supplemented and substantiated by corroborative evidence from other pertinent sources. When immediate financial need is apparent, a grant of assistance shall be issued on the date of application and continued as necessary during completion and verification of the eligibility requirements applicable to the program for which application is being made. [See 2118. for time limit for completion.]

- a. Documentary sources of evidence present factual information recorded at some previous date by a disinterested party and filed as part of a record. Examples: certificates, legal papers, insurance policies, licenses, bills, receipts, notices of OASDI benefits, etc.
- b. Non-documentary sources of evidence are factual oral statements by reliable individuals based on their observation and personal knowledge.

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

2201. Preliminary Statement (Cont'd)

.2 Evaluation of Evidence

The evidence secured must be analyzed and weighed against certain criteria in order to determine its value as proof. The following criteria shall be observed:

- a. The time at which the record was made. Greater reliability is usually, but not always, placed on older records.
- b. The opportunity which the person, agency or institution making the statement had to secure such knowledge.
- c. The reason for stating the information at the particular time.
- d. The interest of the person, agency or institution in furnishing the information.
- e. The consistency of two or more sources of evidence, including client's statements. When evidence is not in agreement, the conflict must be resolved and a decision made as to the relative weight of the evidence.
- f. The relevancy of the evidence to the particular factor being determined. For example, a tax receipt may furnish evidence of a person's ownership of property, but may not in and of itself be proof of residence.

.3 Recording Evidence

All evidence considered by the agency in determining eligibility shall be recorded in appropriate parts of the case record. [See specific instructions in 2700., Case Records.]

Part II The Individual and Public Assistance  
2100 The Application Process

2102. Responsibilities in the Application Process (Cont'd)

- .1 (Cont'd) "6. Provide applicants with a basis for taking appropriate steps to express dissatisfaction with agency action or failure to act by:
- "a. Establishing procedures for notifying applicants in writing that assistance has been authorized in a stated amount, or that it has been denied, giving the reason for denial.
  - "b. Establishing methods of notifying each applicant in writing of his rights to a fair hearing and the method by which he can obtain a hearing.
- "7. Provide for statistical reporting to the Department of Health, Education and Welfare on applications."

.2 Responsibilities of the County Welfare Board

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

- a. interpret the purpose and eligibility requirements of a particular program and indicate the applicant's rights and responsibilities under its provisions;
- b. receive applications;
- c. make known to the applicant appropriate resources and services both within the agency and the community, and, if necessary, assist him in using them;
- d. assist the applicant in exploring his eligibility for assistance, including consideration of his allowances in relation to his available income and resources;
- e. determine and report initial eligibility promptly;
- f. assure the prompt issuance of payments to eligible persons and prompt notification to ineligible persons;
- g. promptly issue a photo identification card to a person who is to receive a money payment and is named as payee, for the purpose of identification to facilitate the cashing of the public assistance check only; and
- h. account to the Division of Public Welfare for all applications.

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

2202. Photo Identification Cards

Effective July 1, 1973, or as soon thereafter as is possible but in no event later than January 1, 1974, the County Welfare Board shall issue to each client who is receiving a money payment and who is the named payee, an All-Photo identification card to assist him in cashing the public assistance check.

Exception to the above may be made in those instances where the recipient is living in a nursing home, intermediate care facility, public institution, or is homebound. In those cases where a person is named as payee on behalf of a recipient, it is not mandatory that the recipient or the payee be provided an All-Photo I.D. card; however, the card shall be provided if in the judgment of the County Welfare Board the issuance of such a card is indicated.

The County Welfare Board must establish a procedure for completion of the All-Photo I.D. card that will ensure that the client need make only one visit to the agency for that purpose. Should the recipient fail to keep his appointment for photographing and completion of the I.D. card without just cause and a reasonable effort has been made to elicit cooperation of the client, such recipient's public assistance check shall be held until he reports to the agency for completion of the I.D. card.

Photo I.D. cards must contain at least the following:

1. Name of County Welfare Board
2. Color Photograph of recipient
3. Signature of recipient
4. Case Number and recipient's name
5. Social Security Number
6. The Following Statement:

"This card is issued by the \_\_\_\_\_  
County Welfare Board for the sole purpose of  
assisting welfare recipients in negotiating  
welfare checks.

If this card should be found, please mail to  
the:

\_\_\_\_\_ County Welfare Board  
\_\_\_\_\_  
\_\_\_\_\_

All postage guaranteed."

The card must be an All-Photo I.D. Card conforming to the following specifications:

1. Plastic lamination - 95% bond
2. Overall dimensions - approximately 2 1/8" x 3 3/8"
3. Color photograph - no smaller than 1 1/4" x 1 1/4"

Part II The Individual and Public Assistance  
2202 Determination of Eligibility Factors Other Than Need - Preliminary Statement

2202. Photo Identification Cards

The provisions of this section apply in ADC.

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

2203. Citizenship and Alien Status

- .1 An otherwise eligible individual must be either a citizen of the United States or an alien lawfully admitted for permanent residence.
- .2 Every ADC application shall be reviewed by the IM worker for status of citizenship. Where it appears to a prudent person that the applicant or other persons for whom application is being made may be an alien, the status of such individual(s) must be verified. Assistance shall not be granted to an alien who has illegally entered or is illegally remaining in the United States.
- .3 If it appears that an individual has entered or is remaining in the United States illegally, such information shall be forwarded to the U.S. Immigration Service.

Intentionally Deleted

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

2210. AGE REQUIREMENTS

.1 Legal Requirements

c. In Assistance for Dependent Children a child must be of  
eligible age (see 2280.2).

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

2211. Special Provisions

.1 Arbitrary Date of Birth

Applies in ADC.

.2 Date of Eligibility

Does not apply.

.3 Advance Registration

Does not apply in ADC.

2212. Evidence of Age

.1 General Policy

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

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

2210. AGE REQUIREMENT

.1 Legal Requirements

- a. In Assistance for the Blind a person must be 18 years of age or older.
- b. In Disability Assistance a person must be 18 years of age but less than 65 years of age.
- c. In Old Age Assistance a person must be 65 years of age or older.

2211. Special Provisions

.1 Arbitrary Date of Birth

In those instances when the year of birth can be determined but not the exact date, the arbitrary date of July 1 shall be assumed to be the month and day of birth.

.2 Date of Eligibility

In respect to the age requirement, an applicant is eligible from the first of the month in which the required age is attained.

.3 Advance Registration

An application may be registered and processing initiated for an applicant who will attain the required age within two months in AB or OAA and within three months in DA. However, a disabled applicant who will be 65 within one month should be encouraged to apply for OAA rather than DA unless immediate financial need is indicated, then such assistance shall be granted under DA and the case transferred to OAA upon attaining age 65. [See 2113.3 and 2510.]

2212. Evidence of Age

.1 General Policy

The general policy shall be that in completing the verification of eligibility factors the client shall support his statement that he is of eligible age by presenting one acceptable record of age. However, if the record initially available from the client or other sources does not support the client's statement, then further evidence shall be sought and evaluated in relation to the initial evidence. As a general rule, records shall be used which are at least one year old.

.2 Assistance for the Blind

The policy for DA in .3 through a. and b. below, applies in AB.

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2200 Determination of Eligibility Factors Other Than Need - Age

2212. Evidence of Age (Cont'd)

.3 Disability Assistance

In every DA application an effort shall be made to verify exact age, and any available evidence shall be recorded. The following policy shall govern:

- a. Approval of an application for DA shall not be delayed for proof of age when, by execution of the PA-1E, it is claimed that the applicant has attained age 18. However, age must be verified in completing the investigation.
- b. If an older applicant claims to be less than sixty-five, but no proof is available, he shall be assumed to be the age he states unless and until subsequently obtained evidence proves otherwise.

It should be noted that for DA recipients in the upper age range for whom evidence of exact age is lacking, the CWB case record will itself become acceptable evidence as the client nears sixty-five, the upper age limit for eligibility for DA. [See 2215. below.]

.4 Old Age Assistance

In OAA, it must be verified in completing the investigation that the applicant is at least 65 years old. Although it is not necessary to establish the exact age for purposes of OAA, it is desirable that exact age be established in the interest of the client.

2213. Sources of Evidence of Age

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

2214. Assistance for the Blind Applicant or Recipient Who is Sixty-Five

.1 Effect on Eligibility

Since the law governing AB provides that "... any needy person ... who has attained the age of 18 years and who is blind, shall be entitled to receive assistance ...", the fact that a blind applicant is 65, or that an AB recipient attains age 65 does not affect his eligibility for AB.

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2200 Determination of Eligibility Factors Other Than Need - Age

2212. Evidence of Age (Cont'd.)

.5 Assistance to Dependent Children

- a. In ADC, exact age of the child must be verified in completing the investigation.
- b. In ADC, if there is reason to believe that an applicant parent or parent person is 65 years of age or older, eligibility for OAA shall be explored. Upon proof of age 65 or over the parent or parent person shall be required to apply for OAA if otherwise eligible.

2213. Sources of Evidence of Age

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

2214. Assistance for the Blind Recipient on Attaining Age Sixty-five

Applicable in AB only.

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

2214. Assistance for the Blind Recipient on Attaining Age Sixty-five (Cont'd.)  
Applicable in AB only.

2215. Disability Assistance Recipient on Attaining Age Sixty-five  
Applicable in DA only.

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

2214. Assistance for the Blind Applicant or Recipient Who is Sixty-Five (Cont'd)

.2 Right of Choice When Eligible for AB and OAA

A needy blind person at age 65 may choose whether to apply initially for AB or OAA, and an AB recipient on attaining age 65 may elect continuation of AB or request "transfer" to OAA, and the decision shall be the applicant's/recipient's.

2215. Disability Assistance Recipient on Attaining Age Sixty-Five

.1 Effect on Eligibility

A DA recipient is not eligible to receive payments during the month in which he attains age 65.

.2 Administrative Control

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

.3 Determination of Sixty-Fifth Birthday

For purposes of determining when a DA recipient will reach his sixty-fifth birthday, the date shall be figured on the basis of his verified age when this was obtained, or on the basis of the recorded but unverified age at the time of initial application for DA.

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2200 Determination of Eligibility Factors Other Than Need - Age

2216. Assistance for Child Recipient Who is no Longer of Eligible Age

.1 Effect on Eligibility

- a. A recipient child cannot be included in the ADC payment after the month in which he attains the age beyond which he is no longer eligible. Furthermore, the Federal agency has established an interpretation that a child who attains such age on the first or second day of the month is not considered to be of eligible age during that month, and is not eligible for inclusion in the grant for that month. However, children between 18 and 21 who, except for school attendance requirements, would be eligible for ADC may be eligible for medical care under Title XIX (Medicaid).
- b. In an ADC case the family ceases to be eligible beyond the month in which the youngest child is no longer of eligible age.

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

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

.3 Administrative Control

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

- a. timely budget and grant adjustments when one of the children is no longer of eligible age and removal of such child from the recipient count;
- b. case closing when the family is no longer eligible because the youngest child is no longer of eligible age; and
- c. opportunity for a disabled child to apply for DA sufficiently in advance of his eighteenth birthday to assure completion of the application process and uninterrupted provision of assistance.

(See 2530. for adjusted payments.)

2217. ADC Parent or Parent-Person on Attaining Age 65

.1 Effect on Eligibility

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

.2 Administrative Control

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

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

**2220. RESIDENCE REQUIREMENTS**

**.1 Legal Requirement and Authority**

**Applies in ADC**

**2221. Definitions**

**.1 State Residence**

**Applies in ADC**

**.2 Abandonment of New Jersey Residence**

**Applies in ADC**

**.3 County Residence**

**Applies in ADC**

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

2220. RESIDENCE REQUIREMENTS

.1 Legal Requirement and Authority

- a. The law requires that an applicant for or recipient of assistance shall be a resident of this State.
- b. There is no mandatory legal provision that assistance shall be continued to recipients who leave New Jersey. The law does provide that by special resolution the county welfare board may, with the approval of the State Division, continue assistance payments to persons already receiving same who remove to another state under certain specified conditions. (However, it is recognized as implicit in this provision that a recipient who is a resident of New Jersey does not cease to be a resident, and does not necessarily cease to be eligible for continuing assistance, merely because of temporary physical absence from the State. As a corollary, a recipient who does in fact become a resident in another state, ceases to have any statutory right to continue to receive assistance from New Jersey.)

2221. Definitions

.1 State Residence

The term "resident" shall be interpreted to mean a person who is living in the State voluntarily and not for a temporary purpose, that is, with no intention of presently removing therefrom. See 2200. Appendix II for list of suggested sources of evidence of residence.

.2 Abandonment of New Jersey Residence

- a. Abandonment means the termination in fact of any actual place of abode in New Jersey, when accompanied by the establishment in fact of an actual place of abode in another state with apparent intent to remain absent from New Jersey permanently, or for an indefinite period for purposes other than a temporary visit.

.3 County Residence

"County residence" is not an eligibility requirement and relates only to identification of the welfare board charged by law with responsibility for the official receipt, registration and processing of applications, and for making payments to eligible persons. Such allocation of responsibility is declared to be essential for orderly and efficient management and fiscal accountability but it shall not be administered in a manner to preclude or limit the opportunity for any person residing in New Jersey, who wishes to apply for assistance, to do so with reasonable promptness.



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2221. Definitions (Cont'd)

.3 County Residence

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

a. Customary Place of Abode - Applicants

An applicant for ADC shall be considered a resident of the county in which he maintains his customary place of abode. "Customary place of abode" for an applicant shall be determined as follows:

- 1) When an ADC family (parent and children) is living in its own home, or in a family home with a person or persons related by blood or marriage, this shall be considered the family's customary place of abode.
- 2) When an ADC family is purchasing room and board in the home of unrelated persons, this shall be considered the family's customary place of abode.
- 3) These provisions as such are not pertinent in ADC. However, an applicant parent may be receiving patient care in a licensed nursing home and apply in relation to a plan to establish a home for a dependent child upon discharge. In such instance the nursing home shall not be considered the applicant's customary place of abode. (See 2226. and 2283.)

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

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

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

Part II The Individual and Public Assistance

2200 Determination of Eligibility Factors Other Than Need - Residence

2221. Definitions (Cont'd)

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

Customary Place of Abode - Applicants

An applicant for ADC shall be considered a resident of the county in which he maintains his customary place of abode. "Customary place of abode" for an applicant shall be determined as follows:

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

3 a. 5) Applicable in ADC in respect to an applicant parent as in 3) and 4) above. The general hospital shall not be considered the applicant's customary place of abode. (See 2227.1 and 2283.)

6) Applicable in ADC as in 3), 4) and 5) above. The institution shall not be considered the applicant's customary place of abode. (See 2227.2, .4 and 2283.)

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

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

b. Customary Place - Recipients

1) The provisions of this item apply in ADC.

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2200 Determination of Eligibility Factors Other Than Need - Residence

2221. Definitions (Cont'd)

- .3 a. 4) a) the applicant previously resided in a county other than the one where the institution or establishment is located and that he removed for the purpose of purchasing patient, intermediate, or domiciliary care less than one year prior to the date of application for assistance, or
- b) the applicant entered the institution or establishment from another county more than one year prior to application for assistance but the cost of care has been financed in whole or in part by a public assistance agency or private charitable agency.

In the circumstances set forth in 4) the customary place of abode shall be that county where the applicant last resided, regardless of the length of such residence, prior to entering the institution or establishment.

(The procedures for processing applications in situations described in 3) and 4) above, are provided in 2226.)

- 5) When an applicant is a patient in a public or voluntary general hospital, the hospital shall not be considered the customary place of abode regardless of the length of stay therein. (See 2227. for determination of customary place of abode.)
- 6) When an applicant is a patient in an institution for the mentally ill, the mentally deficient, the tuberculous or in a veterans' facility, such institution shall not be considered the customary place of abode regardless of the length of stay therein. (See 2227. for determination of customary place of abode.)

b. Customary Place - Recipients

- 1) A recipient of assistance shall be considered a resident of the county in which he maintains his customary place of abode. A recipient's customary place of abode shall be that county in which
- a) he is living in his own home, or in a family home with a person(s) related by blood or marriage, and whether or not he is receiving patient care, or a plan is made for him to receive patient care in such home;
- b) he is purchasing room and board with or without personal services (but not patient care) in the home of unrelated persons;

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

2221. Definitions (Cont'd)

- .3 b. 1) c) he is purchasing patient care in any establishment operated by a person(s) not related by blood or marriage, or domiciliary care in a nonprofit or charitable home located in the same county where he was receiving assistance prior to entering such establishment or home.
- 2) A recipient shall not be considered to have changed his customary place of abode under the following circumstances:
- a) The recipient goes to another county or to another state for the purpose of making a temporary visit only unless and until it is determined that the original residence (place of customary abode) has been abandoned. (See 2225. and 2228. respectively.)
  - b) As a result of an approved plan for rehabilitation the recipient is living for a temporary period in another county or in another state, to attend school, to obtain special training or treatment, etc., and he returns to his "home" periodically and/or intends to return thereto upon completion of the plan.
  - c) The recipient goes to another county to obtain patient care in a family home (boarding home) operated by an unrelated person. (See 2226.)
  - d) The recipient goes to another county to obtain patient care in an institution or establishment operated by a person(s) not related by blood or marriage, or domiciliary care in a nonprofit or charitable home. (See 2226.)

(In respect to processing cases for recipients who change their customary place of abode from one county to another, see 2225.)

.4 Residence of Mentally Incompetent Client

An applicant or recipient who has been adjudged mentally incompetent and for whom a legal guardian has been appointed, has residence based on his own customary place of abode and not on that of his guardian. Changes in the client's customary place of abode, when arranged by or permitted by the guardian, will result in changes in the client's county or state residence, whether or not there is a change in the county or state residence of the guardian, in conformity with the same provisions as for clients without legal guardian.

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2200 Determination of Eligibility Factors Other Than Need - Residence

2221. Definitions (Cont'd.)

- .3 a. 6) Applicable in ADC as in 3), 4) and 5) above. The institution shall not be considered the applicant's customary place of abode. [See 2227.2, .3 when issued, .4 and 2283.]

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

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

b. Customary Place - Recipients

- 1) The provisions of this item apply in ADC.

2) Temporary Visit Out of County, Out of State

- a) and b) Provisions of these items will apply in ADC.

[See 2225. and 2228.]

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2200 Determination of Eligibility Factors Other Than Need - Residence

2221. Definitions (Cont'd.)

Application in ADC as in (3) and (4) above. The institution shall not be considered the applicant's customary place of abode. (See 2221.3, 3 when issued, 4 and 2223.)

In respect to ADC recipient families who change their customary place of abode from one county to another, see 2222.

In respect to a member of an ADC recipient family who moves to another county to purchase private care in an institution, see 2222 and 2224.

.4 Residence of Mentally Incompetent Client  
Not applicable in ADC.

2222. Return to State of Origin  
Applies in ADC



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

2225. County Responsibility in Respect to Change of County Residence (Customary Place of Abode)

.1 Statement of Law

The law directs that responsibility for case management and payment shall be transferred among the counties as recipients' residences change, except that:

- a. A temporary visit shall not be considered a change of residence, but any visit shall be deemed permanent if continued for more than three months;
- b. Removal from one county to another for the purpose of entering a public institution or a private curative or domiciliary establishment, such as a licensed nursing home or nonprofit or charitable home, shall not be considered a change of county residence during the recipient's stay in such institution or establishment, regardless of the length of such stay.

.2 Definitions

- a. County of origin - the county from which the client moves or expects to move
- b. Receiving county - the county to which the client moves or expects to move

[See 2221.3 for definition of "Customary Place of Abode" and 2226.2 for retention of county responsibility in respect to patient or domiciliary care.]

.3 Statement of Principles

- a. Whenever it is determined that a recipient, whose application has not been validated, has changed or is planning to change his customary place of abode from one county to another, the CWB of origin shall, at its option, either
  - 1) continue assistance while completing the validation, subject to the time limits set forth in 2118., then transfer the case to the receiving county in accordance with 2225.3 b., or
  - 2) close the recipient case without completing the validation (not subject to federal matching) and request the recipient, in writing, to reapply in the receiving county.
- b. Whenever it is determined that a recipient, whose application has been validated or is planning to change his customary place of abode from one county to another, it shall be the responsibility of the directors of welfare of the two counties concerned to effect the prompt and efficient disposition of the case in accordance with the following principles:

The county of origin shall initiate, and the receiving county shall, on request, immediately cooperate in accomplishing a full investigation of the circumstances surrounding the move.

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2200 Determination of Eligibility Factors Other Than Need - Residence

2225. County Responsibility in Respect to Change of County Residence

[ The principles, policy and procedures of this section .1 - .9 shall apply in respect to transfer of county responsibility for an ADC case when the family changes customary place of abode to another county, or when the child(ren) is moving to a new permanent care arrangement in another county with ADC continuing.

When only the eligible child(ren) is being moved to another county to effect a new plan for care in the home of a different natural or adoptive parent or parent-person, refer also to 2285.5 Temporary Payee in Emergency Situation.

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Part II

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2200 Determination of Eligibility Factors Other Than Need - Residence

2222. Return to State of Origin

There may be situations where an individual who has resided in New Jersey for a relatively short period wishes to return to his state of origin. In such situations, CWB shall continue processing of the application and shall grant assistance, if necessary, pending exploration of the possibility of return. (See Budget Manual 314.4)

Sections 2223. and 2224. have been deleted.

2225. County Responsibility in Respect to Change of County Residence (Customary Place of Abode)

.1 Statement of Law

The law directs that responsibility for case management and payment shall be transferred among the counties as recipients' residences change, except that:

- a. A temporary visit shall not be considered a change of residence, but any visit shall be deemed permanent if continued for more than three months;
- b. Removal from one county to another for the purpose of entering a public institution or a private curative or domiciliary establishment, such as a licensed nursing home or nonprofit or charitable home, shall not be considered a change of county residence during the recipient's stay in such institution or establishment, regardless of the length of such stay.

.2 Definitions

- a. County of origin - the county from which the client moves or expects to move
- b. Receiving county - the county to which the client moves or expects to move

(See 2221.3 for definition of "Customary Place of Abode" and 2226.2 for retention of county responsibility in respect to patient or domiciliary care.)

.3 Statement of Principles

- a. Whenever it is determined that a recipient, whose application has not been validated, has changed or is planning to change his customary place of abode from one county to another, the CWB of origin shall, at its option, either

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2225. County Responsibility in Respect to Change of County Residence (Customary Place of Abode)

- .3 a. 1) continue assistance while completing the validation, subject to the time limits set forth in 2118., then transfer the case to the receiving county in accordance with 2225.3 b., or
- 2) close the recipient case without completing the validation (not subject to federal matching) and request the recipient, in writing, to reapply in the receiving county. The welfare of the client shall not be adversely affected, and his right to uninterrupted assistance if in need shall not be prejudiced.
- b. Whenever it is determined that a recipient, whose application has been validated, is planning to change his customary place of abode from one county to another, it shall be the responsibility of the directors of welfare of the two counties concerned to effect the prompt and efficient disposition of the case in accordance with the following principles:

The county of origin shall initiate, and the receiving county shall, on request, immediately cooperate in accomplishing a full investigation of the circumstances surrounding the move.

If the move is permanent and the case warrants continued assistance, transfer of the case shall be accomplished expeditiously by discontinuance of the grant, in the county of origin and award of a grant in the receiving county, to occur simultaneously in the first month for which the directors of welfare concerned can mutually so arrange.

The welfare of the client shall not be adversely affected, and his right to uninterrupted assistance if in need shall not be prejudiced, by disagreement or other administrative difficulty between the counties.

.4 Administrative Procedure

The directors of welfare of the counties concerned shall utilize whatever procedures are most appropriate to the prompt and effective disposition of each case. It is contemplated that most cases will be satisfactorily handled by mutual cooperation without prescribed procedural formality.

However, when unresolved difficulties or unreasonable delays require review by the State Division, decision will be based on compliance with the following procedures.

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2200 Determination of Eligibility Factors Other Than Need - Residence

2225. County Responsibility in Respect to Change of County Residence (Customary Place of Abode)

.4 a. County of Origin

- 1) When it is determined that a recipient has moved or is planning to move to another county, that county shall immediately be requested to determine the nature of the move.
- 2) If notified that the move is permanent, the county of origin shall either
  - a) discontinue the grant for cause when so recommended, or
  - b) promptly forward case record as requested, sending the complete original case record, or copies of all forms, reports of first and subsequent applications, discharge reports and the two most recent continuance reports, eliminating intervening reports. If the intervening reports cover any unusual situation or information, a brief summary of the pertinent data should be included.

If the complete original record is forwarded, a summary of contents deemed adequate to its own purposes shall be prepared and retained by the county of origin.

- 3) When notified of an effective date of assumption of responsibility by the receiving county, the county of origin shall
  - a) promptly confirm the effective date of discharge and month for which last check has been or will be issued;
  - b) so far as possible, include in the last money payment, allowances for all authorized obligations of the client for board and special circumstance requirements;
  - c) formally discharge the case at the next board meeting following receipt of such notification;
  - d) send notification of transfer to the client, informing him that the receiving county has become responsible for his needs and will notify him of its decision.

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2225. County Responsibility in Respect to Change of County Residence (Customary Place of Abode)

.4 b. Receiving County

- 1) As promptly as possible after receiving request from county of origin, the receiving county shall determine whether or not permanent change of county residence has occurred and eligibility in respect to need.
- 2) If the move appears to be permanent (i.e., has already continued or is likely to continue for more than three months) application shall be obtained from the client.
- 3) The county of origin shall be advised promptly, in writing, of the nature of the move and, if permanent, requested to forward the case record, or advised of recommendation that the grant be discontinued for cause when sufficient data is available to support such a recommendation.
- 4) Upon receipt of the case record the receiving county shall:
  - a) immediately acknowledge by letter; and
  - b) confirm to county of origin that responsibility will be assumed not later than the first day of the following month, regardless of whether or not assistance is to be granted; and
  - c) proceed with such further investigation of applicant's eligibility as may be required.
- 5) The case shall be presented for board action in the same month for which it has notified the county of origin it is assuming responsibility, or
- 6) The director shall authorize initial payment or deny the application, as appropriate, by executive action for such month, and present for board action in the subsequent month.

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2225. County Responsibility in Respect to Change of County Residence (Customary Place of Abode)

.5 Referral to State Division of Public Welfare

Any case the disposition of which has not been mutually agreed upon by the directors of welfare concerned within thirty days of the date of original referral, shall be promptly reported by the county of origin to the State Division by letter, setting forth the pertinent available facts. This does not mean that the actual transfer must be completed within thirty days, but rather that an understanding between the directors of welfare shall be concluded within that time. In the absence of such an understanding, the State Division shall be notified by the county of origin and may be notified by the receiving county as well.

.6 Special Procedures for Transfer of Disability Assistance and AB Cases

a. Transfer of Case Records

In respect to AB and DA cases the county of origin shall also include in the case record, material forwarded to the receiving county all medical forms and reports, social data summaries and correspondence with the Bureau of Medical Affairs related to the determination of the blindness or the permanent and total disability factor as appropriate.

Care shall be exercised to see that any special reports, requested by the Bureau for submission at the time of redetermination review, which have been obtained or are being obtained, are included and that the record contains reasonably current information on medical care. If the required portions of the record have already been sent to the Bureau for redetermination, the receiving county shall be so advised, and the material sent as soon as returned by the Bureau.

b. Redetermination of Blindness or Permanent and Total Disability in Transferred Cases.

In accepting transfer of a case which has been initially approved by the Bureau and granted assistance in another county, reexamination by a physician is not required.

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2225. County Responsibility in Respect to Change of County Residence (Cont'd)

.6 b. (Cont'd)

The receiving county shall observe the review date for submission to the Bureau as indicated on the most recent Record of Action in the forwarded case record.

- 1) When advised that the required portions of the record have already been sent to the Bureau for redetermination, the receiving county shall not accept the case for payment until it receives from the county of origin the case material returned by the Bureau with the decision of redetermination of eligibility.
- 2) If the receiving county, upon examining the case record finds that the case is "overdue" for submission to the Bureau for redetermination review, the county of origin shall be notified that the case will not be accepted for payment until review by the Bureau is completed. In this situation the receiving county (which now has the case record and in whose jurisdiction the client is living) shall submit the required portions of the record to the Bureau. However, in preparing Form PA-6A, Interim Social-Medical Report or other required reports, it may be necessary to consult with the county of origin if the data in the case record appears to be incomplete or not current.

In submitting a "transferred" case to the Bureau for redetermination, a brief explanation of the transfer and status of the case shall be included in the interim report.

- 3) Furthermore, if receiving county upon review of record and observation of client believes there has been a marked change in his condition since the last review which may affect eligibility or competency to handle his own affairs or the plan for care and treatment, it is both the right and responsibility of that CWB [ to initiate a review by Medical Review Team by submitting the appropriate portions of the record together with an interim report covering the reasons for request for review at this time.

.7 Assigned Assets in Transferred Cases (When Applicable to Program)

The county welfare board may establish a general policy in respect to retaining or transferring assigned assets of a client whose application is approved by another county or may arrive at a mutual agreement with the particular receiving county at the time of transfer.

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2200 Determination of Eligibility Factors Other Than Need - Residence

2225. County Responsibility in Respect to Change of County Residence (Cont'd)

.8 Recording

In order to provide continuity a chronological progress report shall be prepared by both the county of origin and the receiving county. The entries in these reports will vary with case situations, but in general shall cover the following:

a. Report of County of Origin

- 1) Statement of client's removal or contemplated removal to another county with details of any interview with client or relatives.
- 2) Notation of the date, nature and result of all contacts by letter, telephone or otherwise, with the receiving county in furtherance of transfer or other disposition.
- 3) Closing statement to cover:

The total number of months and total amount of assistance extended up to the time of transfer, including any assistance paid by any other county in any prior period.

Summary statement of all financial resources including a listing of all insurance policies assigned or held by other persons and their current status, amount of trust account, and plan for its disposition, description of real estate and status, etc.

[ Recommendation for discharge of the case, due to transfer to another county or for other causes.

- 4) Transmittal to receiving county of copy of the closing report, if the case is transferred.

b. Report of Receiving County

- 1) Date and nature of referral from county of origin.
- 2) Notation of the date, nature and result of all contacts by letter, telephone, or otherwise, with the county of origin in furtherance of transfer or other disposition.

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

2225. County Responsibility in Respect to Change of County Residence (Cont'd)

- .8 b. 3) Report of investigation of current situation and eligibility. Receiving county may eliminate early social and work history if the original record appears adequate, but should cover the circumstances surrounding the change of residence.
- 4) Date county of origin was notified of date of acceptance of responsibility.
- 5) Statement and explanation of final disposition.

.9 Statistical Procedure

- a. The receiving county, upon taking an application as referred to in .4 b. 2) above, shall assign a new registration number or reopened number as appropriate, and shall enter the case in item 2 (TR) on Form PA-208, for the month in which such application is taken.

If a grant is approved the case shall be recorded in Item 4 of Form PA-208 for the month in which the grant becomes effective and shall be recorded for any OAA case in Item L (2) on Form PA-214.

If a grant is denied or the application withdrawn the case shall be recorded in Item 5 or 6, whichever is appropriate, and in the appropriate item of Section B on Form PA-208.

- b. The county of origin, if it discontinues the grant for cause as referred to in .4 a. 2), above, shall enter the case in Item 13.A.2 on Form PA-208, and in the appropriate classification item on Form PA-213 for any OAA case for the month of discharge.

If the county of origin discontinues the grant by reason of assumption of responsibility by the receiving county as referred to in .4 a. 3), above, such discharge shall be counted as a case transferred to another county and shall be entered in Item 13.A.1, on Form PA-208, as appropriate, and in item E (19) on Form PA-213 for any OAA case for the month of discharge.

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

2225. County Responsibility in Respect to Change of County Residence (Cont'd)

**.9 Statistical Procedure**

**Applies in ADC in respect to use of Form PA-208 (Effective 3/1/62)**

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

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

.1 Applicant

a. Applicant in Care Facility

- 1) In ADC a parent who is receiving patient care in the home of unrelated persons, or in a licensed nursing home and who is about to be discharged therefrom, may apply in relation to a plan to establish a home for a dependent child. Such individual should inquire initially about assistance of the CWB of the county in which he is receiving such care.
- 2) The CWB receiving the inquiry shall interview the inquiring patient regarding the plan to return to his or her home or the desire to establish a home and the location of such home.
- 3) If the individual is to return to a home or plans to establish a home with a dependent child in the county receiving the inquiry and the plan appears to be feasible in respect to eligibility for ADC, the CWB of that county shall register the application, assist in completion of the plan as necessary, complete the determination of eligibility and be responsible for any assistance payments to be made. (See 2283. regarding establishment of home in ADC.)
- 4) If it is determined that the individual is to return to a home or desires to establish a home with a dependent child in another county, CWB receiving the inquiry shall complete an application interview and assist the individual who decides to apply to complete an application form. All information which the applicant can supply shall be obtained and recorded on appropriate case record forms. However, the application will not be registered by CWB handling the inquiry.
- 5) The completed application form and all available information shall be sent promptly to the CWB where the applicant plans to live. The CWB receiving such forwarded application data shall immediately register and process the application. For special instructions in respect to assisting such an applicant to establish a home for a dependent child, see 2283.

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

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

.1 Applicant

a. Applicant in Care Facility

- 1) When an individual who wishes to apply for assistance is receiving patient care in the home of unrelated persons, or in a licensed nursing home, or patient or domiciliary care in an eligible non-profit or charitable home, he should inquire initially about assistance of the CWB of the county where he is receiving such care.
- 2) The welfare board receiving the inquiry shall determine the customary place of abode as promptly as possible, according to definition in 2221.3.
- 3) If it is determined that the individual is currently receiving care in the county of customary place of abode, the CWB of that county shall register the application, complete action thereon and be responsible for any payments to be made.
- 4) If it is determined, prior to registration of an application, that the individual's customary place of abode is in another county, the CWB which has received the inquiry about assistance shall conduct an application interview. If the individual decides to apply he shall be assisted to complete application Form PA-1. All information which the applicant can supply shall be obtained and recorded on appropriate case record forms. However, the application will not be registered by CWB handling the inquiry.
- 5) The completed application and all available information shall then be sent promptly to the CWB of customary place of abode, which shall be responsible for immediate registration and further processing.
- 6) In the event that the CWB initially receiving the inquiry about assistance registers an application and subsequently determines that customary place of abode is in another county, it shall so notify the appropriate CWB, forward all information secured to that point, and dispose of the application by dismissal (registered in error.)

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

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

.1 a. 6) (Cont'd.)

In such instance the registration number, date, etc., shall be crossed out on the original PA-1 before forwarding to the other county. The receiving county will use the same PA-1 for registering the application and shall not require the applicant to execute another application.

b. Applicant Planning to Enter Care Facility in Another County

If at the point of application the individual is in the county of customary place of abode, but a plan is being made for him to enter a care facility in another county, the application shall be registered and processed by CWB of county of customary place of abode even though the individual moves to the care facility in advance of official action on the application.

.2 Recipient

In the instance of a recipient of assistance who moves to another county for the primary purpose of receiving patient care in the home of unrelated persons or in a public or private medical institution, or patient or domiciliary care in an eligible non-profit or charitable home, the county of origin (customary place of abode) shall retain responsibility so long as he continues in patient status, or a resident of the eligible non-profit or charitable home.

When a recipient moves to receive patient care in the home of unrelated persons (boarding home) and has a recipient spouse who moves with him, the spouse shall also continue to be the responsibility of the county of origin, although not himself (or herself) a patient, so long as the patient spouse continues in that status.

.3 Consultation Between County Directors

All directors of welfare shall advise and consult to the fullest extent that circumstances permit, with the welfare director of any other county to which an applicant or recipient has moved or is about to move for the purpose of effecting a plan for patient care, or domiciliary care in a non-profit or charitable home, even though no actual transfer of responsibility for the case under 2225. is involved.

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2200 Determination of Eligibility Factors Other Than Need - Residence

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

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

Inapplicable in ADC.

.2 Recipient

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

.3 Consultation Between County Directors

Applicable in ADC.

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

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

.1 General Hospitals (Public or Private)

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

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

The provision of sub-item c. regarding residence in the State is not generally applicable in ADC. However, when the situation described is pertinent to a patient, and to the dependent children for whom he or she wishes to apply for ADC, responsibility for application and payment shall be in the welfare board of the county where the hospital is located. CWB will also take into consideration the provisions of 2222. in respect to an applicant who may wish to return to a state of origin.

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

a. Residence Unaffected

Applies in ADC. However, if the family to which the individual is to return has moved during the individual's period of institutional care, the individual's customary place of abode shall be the same as his family.

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2200 Determination of Eligibility Factors Other Than Need - Residence

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

.1 Public or Private General Hospitals

As defined in 2221.3, a public or private general hospital is not to be considered an individual's customary place of abode for purposes of determining county responsibility for processing applications or payment of assistance. The following policy and procedure shall be observed.

- a. An application for an individual who is a patient in a public or private general hospital and who is to be discharged therefrom, shall be received and processed by the welfare board of the county in which he had his customary place of abode at the time of admission to the hospital, and such county shall be responsible for assistance payments to any such individual determined to be eligible; except that, if the previous place of abode is no longer available and the patient has made plans, or wishes to make plans to locate a new place of abode in a different county, then referral shall be to such county.
- b. If, in the first instance, the hospital refers the patient to the welfare board of the county in which the hospital is located and this is found not to have been the county of customary place of abode prior to admission, nor his intended place of abode upon discharge, then the referral shall be treated as an inquiry and the hospital instructed to redirect the referral under the rules stated in a., above.
- c. In the situation where an applicant is determined to have residence in the State, but it cannot be determined that he had a definite customary place of abode in any given county at the time of admission to the hospital, nor an intended place of abode upon discharge, then responsibility for processing the application and for payment of assistance shall be in the welfare board of the county where the hospital is located.

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

a. Residence Unaffected

A person's State and county residence is not affected by periods of care in a public institution of custodial, curative or penal character. Upon leaving the institution the person retains the same residence status he had prior to admission, unless he voluntarily establishes a different place of abode.

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2200 Determination of Eligibility Factors Other Than Need - Residence

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

- .2 a. 1) Should a person upon release from such an institution, and prior to the time he seeks to apply for assistance, establish himself in a county other than the county in which he had his customary place of abode before entering the institution, the county in which he is living at the time he applies shall be considered his customary place of abode, except as follows:
- a) When released directly from a State mental (psychiatric) hospital to an Approved Boarding Home for Sheltered Care, an applicant for DA will be considered a resident (for purposes of registration of application and chargeability for county share) of that county in which he resided immediately prior to his last admission to the institution.
  - b) Subsequent moves of such an individual shall be subject to the provisions of 2221.3 b. 1).

b. Terms of Release Defined

- 1) Official Discharge is the term used only for a patient who is fully and legally discharged from the order of commitment, or from any other type of legal instrument which resulted in his confinement. Official discharge means the person resumes his full status as a free agent, subject to no restraint, control or supervision by the institution whatsoever, except any available out-patient services which he voluntarily chooses to utilize.
- 2) Release without Discharge refers to a variety of arrangements under which committed patients may be released for limited or indefinite periods or for special purposes, and permitted to reside outside the physical confines of the institution. The principal classes of such release arrangements are officially referred to and defined as follows:

Extended Visit - for patients released from State Schools for Mentally Deficient and placed with a relative or in an employment situation;

Convalescent Leave - for patients released from State Mental Hospitals and the Neuro-Psychiatric Institute, and placed with a relative or in an employment situation;

Family Care - which is the program for placement of patients in approved boarding homes.

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2200 Determination of Eligibility Factors Other Than Need - Residence

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

.2 b. Terms of Release Defined

Applicable in ADC.

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The Individual and Public Assistance

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Determination of Eligibility Factors Other Than Need - Residence

2227.

County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Cont'd.)

.2 c. Eligibility for Assistance (ADC)

1) Voluntary Admission

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

2) Court Commitment

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

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

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

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

.2 b. 2) (Cont'd)

What distinguishes all of these arrangements from official discharge is the fact that the individual still retains a legal relationship as a patient under the jurisdiction of the institution.

c. Eligibility for Assistance

1) Voluntary Admission

Eligibility for assistance is not affected by periods of care in a mental hospital for a person who was admitted as a voluntary patient. In respect to eligibility such periods of voluntary institutional care shall be regarded as comparable to care in a general hospital.

However, a person under age 65 is not eligible for public assistance while still under care as an inpatient.

A voluntary patient who is on Convalescent Leave or any other form of approved release of indefinite duration, with relatives or other persons who are not able to provide support, is eligible to receive any form of public assistance for which he is otherwise eligible.

2) Court Commitment

A person who was involuntarily committed by the court and who has been placed in a living arrangement outside the institution is fully entitled to apply for and receive assistance in the same manner as any other needy person in the community.

An application may be registered and processed prior to release in connection with a plan to release a committed patient who will require assistance in order to complete arrangements to live in the community, when such plan has been approved by or is under development by the BIS.

No assistance payment shall be issued until the actual release is a matter of record and verified by CWB.

Note: The above statements are not applicable to persons released from penal institutions. Persons on parole from penal institutions are eligible for assistance if otherwise eligible.

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2227. County Responsibility and Procedures in Respect to Persons Released from  
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.2 d. Referral for Assistance by Institution

Responsibility for initial planning for the return of a patient to the community rests, of course, with the institutional authorities. However, when it appears that a plan cannot be completed unless the person can receive public assistance, referral will be made by the institution to the Bureau of Institutional Services, which will exercise responsibility for effecting cooperative planning between the institution and the appropriate CWB. The Bureau of Institutional Services will be responsible for reviewing such referrals, for assuring that all available relevant information is assembled, and for expediting the processing of an application by the appropriate county welfare board for final determination of eligibility.

The institution will complete routinely the following forms without charge (a stock supply of which will be provided to them by the State Bureau) and will forward copies to the Bureau of Institutional Services along with copies of staff notes pertinent to each case:

- Form PA-12 - Referral to Public Assistance 1/
- Form PA-7 - Report of Findings by Psychiatric Diagnostic Group

In instances where it has been indicated by medical evaluation that a patient will, upon release from the institution, require placement in a nursing home or other special class of facility, the institution will complete the PA-4 (Certification of Need for Patient Care in Other Than a Public or Private General Hospital).

In addition, when the individual has a serious visual defect or impairment, the institution will complete Form PA-5A, Eye Physician's Report, whether or not the referral is specifically for Assistance for the Blind.

1) Patient in Institution

- a) If the patient being referred is under care in the institution proper, the Bureau of Institutional Services will initiate planning with and make formal referral to the welfare board of the county where he had his customary place of abode at time of commitment. When the county of customary place of abode cannot be determined, then referral will be made to the county which has been the "chargeable" county during the patient's institutionalization. Where there was no "chargeable county" (the patient having been a "State charge"), and there was no identification of a county of customary place of abode, then referral shall be made to the welfare board of the county from which the patient was admitted to the institution.

1/ For sample Form PA-12, see 2200. Appendix IV.

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

.2 d. Referral for Assistance by Institution

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

1) Patient in Institution

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

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

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2227. County Responsibility and Procedures in Respect to Persons Released  
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.2 d. 2) Patient Outside Institution

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

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

[

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

- .2 d. 1) b) However, if the patient has a plan to live or wishes to live in a county other than the one to which he would normally be referred under a) above, then the referral shall be made to the county selected by the patient with appropriate explanation. (For exception in DA see c) below.)
- c) [ If the patient is applying for DA, and is in need of an Approved Boarding Home for Sheltered Care, referral shall be made by BIS to the CWB of that county in which he resided immediately prior to his last admission to the institution.
- d) [ If the patient will not himself be an applicant, but is to return to the home of a recipient spouse, then referral will be made by BIS to the county where such spouse is currently residing.
- 2) Patient Outside Institution
- a) [ If the patient is under institutional care outside the institution (on Extended Visit, or in Family Care) then referral shall be to the Bureau of Institutional Services.
- b) [ If such a patient will require nursing care in any setting other than the home of relatives, or if he plans to enter a nonprofit or charitable home, then the referral will be made by BIS to the CWB as specified in 1) a) above.
- c) [ If such a patient is an applicant for Disability Assistance and plans to enter an Approved Boarding Home for Sheltered Care directly from Family Care, he will be referred by BIS as in 1) c) above.
- d) [ With regard to the patient who is not himself an applicant but is to return to the home of a recipient spouse, referral will be made by BIS to the county where such spouse is currently residing.

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2227. County Responsibility and Procedures in Respect to Persons Released  
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.2 e. Responsibility of Bureau of Institutional Services

1) Initial Planning for Community Living

a) Application Interview

Upon receipt of all required forms, the appropriate BIS area caseworker shall arrange with the social service staff of the institution for an interview with the patient. The interview shall include the usual interpretation of program and consideration of the plan made or to be made for living arrangement. If the patient decides to apply he shall be assisted in completing the application form required to establish initial eligibility for public assistance.

b) Determination of Proper Referral

The Bureau of Institutional Services shall review the data and determine the responsible CWB to which referral shall be made. The institution shall also be notified in writing that the referral has been made.

c) Complete Investigation

Thereafter the Bureau of Institutional Services' caseworker shall be responsible for prompt completion of investigation of initial eligibility. This shall include inquiry regarding any funds held by the institution or other party in a personal account for the client.

d) Living Arrangements

- (1) If the applicant requires service in locating a suitable living arrangement, because he has no existent nor planned community living arrangement, or because he is in a facility in which he is not eligible to receive assistance, or he does not wish to remain in his present living arrangement, or the institution considers that a change is advisable, then the Bureau will provide such service unless CWB specifically advises the Bureau within 5 working days after receipt of referral that it prefers to make the arrangements.

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2200 Determination of Eligibility Factors Other Than Need - Residence

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

.2 e. Responsibility of Bureau of Institutional Services

[ Generally applicable in ADC in respect to an applicant parent.

ADC Insert

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

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

- .2 e. Generally applicable to an applicant parent, but CWB must also consider the provisions of 2283. in respect to eligibility for ADC and the establishment of a home for a dependent child.

In respect to return to the home by a spouse of an ADC recipient parent or by a child under 18, the provisions are not applicable in that no application for assistance is involved. For policy on grant adjustment in these situations refer to 2520.

[

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

.2 e. 1) d) (2) The Bureau of Institutional Services shall make every effort to place the applicant in the county of origin. However, if there is agreement between BIS and the respective CWB that a suitable plan cannot be arranged for such a placement within a reasonable time period not to exceed 30 days after receipt of referral from BIS, or the individual wishes to live in another county, Bureau of Institutional Services will work with the counties concerned for a satisfactory arrangement subject to the wishes of the applicant if applicant is medically determined to be capable of choice.

2) Continuing Service

If the individual is placed in a county other than his customary place of abode, Bureau of Institutional Services may, upon agreement with the county of responsibility, continue to provide required service for as long as this arrangement is acceptable to the chargeable county.

f. CWB Responsibility

1) Registration

On receipt of application and necessary forms from the Bureau of Institutional Services, the application shall be immediately registered. (See 2111.2 b. 1)) The application shall be registered within one working day after receipt.

2) Official Determination

The prompt decision regarding initial eligibility is the responsibility of the CWB. The CWB shall inform the BIS in writing, within 30 days, of its decision in each case in order that the BIS can, in turn, coordinate discharge of the client from the institutional responsibility to the new living arrangement with CWB responsibility.

3) Issuance of Grant

Immediately following approval of an application, the CWB shall arrange that the initial assistance payment is available for client as soon as he is determined to be financially eligible

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

.2 f. 4) Continuing Administrative Responsibility

Thereafter the relationship between the recipient and the welfare board will be conducted as in all other cases.

Responsibility for assistance payments shall continue so long as the recipient continues to be properly chargeable to that county in relation to the policy governing customary place of abode.

5) Transfer of Records

If at any point after registration of an application and prior to official disposition CWB is notified that there is a change in plan and it is decided that the client will move or wishes to establish himself in another county, (except when patient care in other than the home of relatives, or domiciliary care in a nonprofit or charitable home is involved), then the record and all related material shall be forwarded to such CWB and the application in the county of original registration shall be disposed of by Dismissal.

g. Responsibilities of Bureau of Institutional Services or CWB as Appropriate

Immediately following approval of an application, the caseworker of the appropriate agency in accord with policy, BIS or CWB, shall consult with the institution worker to arrange final details for client's release (including arrangements for release to the client or CWB when appropriate, of any balance due client from his personal account).

h. Continuing Service by Institution to Recipients

The social service staff of the institution may continue to visit with and consult the former patient from time to time, as may be arranged between the recipient and the institution's caseworker. Such service will be focused on the client's mental health and will have no concern with the utilization of his assistance payment. BIS or CWB, as appropriate, shall be notified by the institution of any such visits.

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

- .2 f. 4) Continuing Administrative Responsibility

Applies in ADC..

- 5) Transfer of Records

Not applicable.

- g. Responsibilities of Bureau of Institutional Services or CWB as  
Appropriate

Applies in ADC.

- h. Continuing Service by Institution to Recipients

Applies in ADC.

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2200 Determination of Eligibility Factors Other Than Need - Residence

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

- .2 i. Applicability of Procedure to Institutions Other Than State Institutions

Applies in ADC.

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

.2 h. (Cont'd)

If the individual has been living in a Family Care home and upon official release from the institution plans to continue to live in such home while receiving categorical assistance, then it must be made clear to both client and sponsor (Family Care Home operator) by the respective caseworkers that his relationship in respect to his financial affairs or any change in his living arrangement, is with the BIS or CWB as appropriate and not with the institution.

If a question of the recipient's mental condition or adjustment comes to the attention of either the CWB worker or BIS as appropriate or the institution worker, there shall be prompt consultation and joint planning by all agencies for appropriate action.

i. Applicability of Procedure to Institutions Other Than State Institutions

The procedures provided in this regulation have been established specifically to govern relationships between the CWB and the several State institutions. These procedures do not apply directly to relationships with local mental hospitals and other institutions. There will be no objection to the adaptation of these procedures to expedite release of persons from local institutions. However, any CWB which wishes to adapt the procedures for that purpose shall submit complete plan material to the Division for approval prior to granting assistance to any person released from such local institution.

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

.4 Veterans Facilities

a. Eligibility for Assistance

1) Veterans Administration Hospital, East Orange

Applicable in ADC.

2) Veterans Administration Hospital, Lyons

a) Terms of Release Defined

Applicable in ADC.

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2200

Determination of Eligibility Factors Other Than Need - Residence

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

.4 Veterans Facilities

The Veterans Administration maintains two institutions in New Jersey.

The Veterans Administration Hospital, East Orange, Essex County, provides care and treatment comparable to that in a general hospital, and serves veterans with service connected disabilities and those with non-service connected disabilities who are eligible for admission under certain conditions.

The Veterans Administration Hospital, Lyons, located in Bernards Township, Somerset County, is a mental hospital to which veterans with mental disabilities may be admitted voluntarily or committed through the New Jersey Courts in the same manner as commitments to State mental hospitals.

a. Eligibility for Assistance

1) Veterans Administration Hospital, East Orange

Individuals who are discharged from this facility are eligible to apply for and receive any form of public assistance for which they qualify under the law.

2) Veterans Administration Hospital, Lyons

a) Terms of Release Defined

(1) Official Discharge from this facility means exactly the same as official discharge from a State mental institution. [Refer to 2227.2b.]

(2) Release without discharge refers to two arrangements under which voluntary or committed patients are permitted to live outside the institution as follows:

Trial Visit - for voluntary or committed patients released to live in their own home or with relatives.

Family Care - for voluntary or committed patients for whom arrangements are made for care in a supervised boarding home with unrelated persons. However, unlike the "Family Care" program operated by the State institutions, the Veterans Administration has no funds to pay for the patient's care in such a boarding arrangement.

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

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

.4 a. 2) b) Effect of Release Status on Eligibility

(1) Voluntary Admission

A patient who was voluntarily admitted to Lyons is eligible to receive assistance, if otherwise eligible, provided he is living outside the institution and is free of institutional restraint, control or supervision prior to receipt of an assistance payment. This refers to patients returned to their own or relative's home and to those placed in "Family Care."

(2) Court Commitment

A person who was involuntarily committed by a court and who has been officially discharged from Lyons is fully entitled to apply for and receive assistance in the same manner as any other needy person in the community.

A person who was involuntarily committed and who is released on Trial Visit or Family Care without official discharge is not eligible for assistance on his own application but may have his needs included in the grant of a spouse who is a recipient of AB, DA or OAA (see Budget Manual 606.1).

An application may be registered and processed prior to discharge in connection with a plan to discharge a committed patient who will require assistance in order to complete arrangements to live in the community.

No assistance payment shall be issued until official discharge is a matter of record and verified by the welfare board.

Furthermore, if it is medically determined that the individual is not competent to handle his assistance payment, arrangement must be made for payment to a legal guardian or other approved method for payment on behalf of the incompetent recipient.

b. Referral to CWB

Responsibility for initial planning for the return of the veteran to the community rests with the institution. However, when it appears that a plan cannot be completed unless the veteran can receive public assistance and he appears to be eligible for AB, DA or OAA, then the plan must be cooperatively developed with the appropriate county welfare board.

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

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

.4 a. 2) b) Effect of Release Status on Eligibility

(1) Voluntary Admission

Applicable in ADC to an applicant parent or to the spouse  
of a recipient parent who returns to the home, provided  
- he is otherwise eligible.

(2) Court Commitment

All paragraphs of this sub-item, except the last paragraph,  
apply in ADC in respect to a parent who wishes to apply for  
ADC in order to establish a home for a dependent child.

- However, the spouse of a recipient parent who returns to  
the home from the Veterans Administration Hospital, Lyons,  
on Trial Visit, may be found eligible for inclusion in the  
ADC payment. A parent who has not been officially dis-  
- charged cannot be either an applicant or payee in ADC.

b. Referral for Old Age or Disability Assistance

The same principle applies in respect to referral for ADC.

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

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

.4 b. 1) County to Receive Referral

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

In respect to a spouse of a recipient parent, referral will be made to CWB of county where the ADC family resides currently.

2) Referral Procedures for Veterans Administration Hospitals

a) Procedures for East Orange Hospital

Applicable in ADC.

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

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

.4 b. 1) County to Receive Referral

The Hospitals at East Orange and Lyons will select the county welfare board to which to make referral on the basis of the following:

- a) If the patient has a home to return to but will require assistance in that home, then referral will be made to the welfare board of such county.
- b) If a living arrangement must be developed for the patient with the cooperation of the welfare board, then referral will be made to the county where he was living at time of admission to the Hospital; or, if the patient had no identifiable place of abode when admitted, referral will be made to the county from which he was admitted.

2) Referral Procedures for Veterans Administration Hospitals

a) Procedures for East Orange Hospital

(1) The Hospital

The hospital will make referral in writing, with the knowledge and consent of the veteran, to include the following minimum information:

- Identifying social data
- Place of abode at time of admission and date
- Anticipated date of discharge
- Description of any known or tentative living arrangement following discharge

In addition, the Hospital will complete, without charge, Form PA-5, Examining Physician's Report\* and forward to the welfare board with the referral letter.

(2) The Welfare Board

Thereafter the county welfare board shall arrange for an application interview and shall process the application as in any other application from an individual planning to leave a general hospital.

\*Stock supply to be provided by State Bureau.

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

.4 b. 2) b) Procedure for Lyons Hospital

(1) The Hospital

The hospital will make referral by letter in the same manner as in a), above, The letter of referral shall also specify whether the patient was voluntarily or involuntarily committed.

The hospital shall prepare routinely without charge the following forms to be forwarded with the referral:

- \*Form PA-5, Examining Physician's Report
- \*Form PA-7, Report of Findings by Psychiatric Diagnostic Group, together with an abstract of patient's hospital record.

When the patient has a serious eye defect or impairment, the institution will complete Form PA-5A, Eye Physician's Report.\*

(2) The Welfare Board

Thereafter the welfare board shall arrange with the Social Service staff at Lyons for a joint interview with the patient, and shall follow the same procedures as for a referral from a State institution. [See 2227.2e, 1)-6.]

(3) Continuing Service by Lyons to Recipient

The social service staff of the institution may continue to visit with and consult the former patient from time to time, as may be arranged between the recipient and the institution's social worker. Such service shall be focused on the client's mental health and will have no concern with the utilization of his assistance payment.

If a question of the recipient's mental condition or adjustment comes to the attention of either the Lyons social worker or the welfare board caseworker, there shall be prompt consultation and joint planning for appropriate action.

\*Stock supply to be provided by State Bureau

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

- .4 b. 2) b) Procedure for Lyons Hospital  
Applicable in ADC.

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

2228. Eligibility of Recipients Who Leave New Jersey

.1 Preliminary Statement

Applies in respect to an ADC recipient family.

.2 Permanent Removal

Applies in respect to an ADC recipient family.

Note: Under policy applicable in Home Life Assistance prior to January 1, 1960, families who moved to another state with the approval of SBCW were eligible for continued payments, if otherwise eligible, for a period not exceeding one year. Therefore, any such case transferred to CWB for which removal from the State had been approved prior to 1/1/60 shall continue to receive ADC payments (if otherwise eligible) until the expiration of the one-year period, or until acquisition of eligibility, with respect to the residence factor, for any form of public assistance in the other state, whichever occurs sooner.

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

2228. Eligibility of Recipients Who Leave New Jersey

.1 Preliminary Statement

Whenever a recipient wishes to leave New Jersey either to establish a permanent place of abode, or for a temporary visit, he shall be advised of the effects of this plan on his eligibility for continued assistance, and on the amount of assistance, if any, for which he may continue to be eligible during a temporary absence.

He shall understand that a decision regarding continuation of assistance will need to be made by the welfare board within the limitations of law and State policy. He shall be informed of his responsibility to keep the CWB informed of his whereabouts and of any change in plan after he leaves the State if assistance payments are being sent to him while temporarily absent.

The decision whether or not to leave New Jersey, whether it be for permanent removal or temporary absence, shall rest with the recipient, and does not require official approval or disapproval by the agency. However, in cases of temporary absence of more than one month, where there is a claim of continuing need for assistance during such absence, the amount of assistance if any for which entitlement will continue will be dependent upon the living arrangements and other financial conditions that will exist at the temporary place of abode. Thus, the agency's approval of the amount and nature of assistance to be provided will be dependent upon knowledge of and consideration of the recipient's plan.

The following policies and procedures shall govern in all instances of recipients who wish to or who have left the State.

.2 Permanent Removal

A recipient who leaves New Jersey with intent to establish a place of abode elsewhere, or who, after leaving, decides to remain indefinitely in the place outside New Jersey to which he had gone for a temporary visit, or in another place outside New Jersey, ceases to be eligible to receive assistance from the CWB.

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

2228. Eligibility of Recipients Who Leave New Jersey (Cont'd)

.3 Temporary Visit Out-of-State

a. Visit up to Three Months

- 1) Assistance shall not be continued automatically, without inquiry, with respect to a recipient who leaves New Jersey when there has been no information provided to the agency establishing that the absence is purely temporary. All recipients shall be advised that it is their responsibility to notify the CWB and arrange in advance, so far as possible, for any plan to leave New Jersey for any period in excess of one month if they wish assistance to be continued during absence from the State.
- 2) When a recipient leaves this State and it has been established that such absence is for a temporary visit in another state, the District of Columbia, or in a United States' territory, assistance may be continued during an initial period not to exceed three months; that is, not more than three payments may be sent to him at an out-of-State address, except as provided in b. below.
- 3) If a recipient is discovered to have removed from the State without having informed the agency of the nature, purpose and expected duration of such absence, proceedings shall be initiated promptly to inform him of intention to suspend until he provides evidence satisfactory to the CWB that his absence from the State is temporary and that he intends to return within a period of time he shall specify, and provides data about his circumstances sufficient to permit a correct determination of the amount of assistance to which he is entitled during his absence. Upon receipt of such evidence from the recipient, or from an out-of-State agency, if deemed necessary by the CWB, assistance shall be continued and any suspended payments may be released to the recipient in whole or in part.

b. Extension of Visit Beyond Three Months

- 1) In any situation where continuation of assistance out-of-State has been authorized but the recipient has either failed to return, or to communicate with CWB to explain his situation, before the end of the third calendar month following the month of departure, proceedings to suspend assistance shall again be undertaken until by correspondence with the recipient, or an agency, the CWB ascertains the current situation with particular reference to the recipient's plans about returning to New Jersey.

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

2228. Eligibility of Recipients Who Leave New Jersey (Cont'd)

.3 Temporary Visit Out-of-State

The general principles of this item shall apply in ADC to the family as a unit. In respect to visits by individual members of the family see 2284., Temporary Absence from Home.

ADC Insert

Part II The Individual and Public Assistance

2200 Determination of Eligibility Factors Other Than Need - Residence

2228. Eligibility of Recipients Who Leave New Jersey (Cont'd)

.3 Temporary Visit Out-of-State

Applies in ADC

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

2228. Eligibility of Recipients Who Leave New Jersey (Cont'd)

- .3 b. 2) If it appears that the recipient still plans to return, but he requests extension of continued assistance out of State for reasons of health, or other relevant causes such as inability to travel alone and pending arrangements to return, etc., CWB may approve continuation of assistance at three-month intervals up to and including payment for the twelfth month following the month in which the recipient departed from New Jersey.
- 3) There may be an occasional situation in which the CWB considers that continuation of assistance out of State beyond twelve months is essential to the health and welfare of the recipient. The facts in any such case may, upon special resolution and recommendation of the welfare board, be presented to the State Division for review and decision provided it can be shown that all of the following elements are present:
- a) the recipient still considers his permanent residence to be in New Jersey and plans to return; and
  - b) the recipient's plans to return to New Jersey are temporarily delayed because of his health or other reasons beyond his control.

c. Procedures Upon Request for Extension

Upon receipt of a request from a recipient for extension of assistance payments out of State beyond three months, no such request shall be granted before CWB shall have secured a report from the appropriate out-of-State agency covering confirmation of the reasonableness of the request, the recipient's living arrangement, budgetary requirements and change, if any, in income or resources.

Requests for subsequent agency reports shall be at the discretion of the CWB as the situation appears to warrant. If, however, the recipient is out of State during the month in which redetermination of eligibility is due, the out-of-State agency shall be requested to obtain the Request for Continuance (Form PA-1G). Whenever possible such request should be made in connection with an initial or subsequent request for report of current circumstances so as to avoid the need for the agency to make a special visit for this purpose.

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

2228. Eligibility of Recipients Who Leave New Jersey (Cont'd)

.3 d. Determination of Need

Any adjustment in the regularly recurring allowances for a recipient for whom approval is given for continuation of assistance during a temporary visit out-of-State shall be based on the recommendations of the state of temporary abode, but in no event shall the recipient receive a higher payment than he would be entitled to receive if he were residing in New Jersey under similar living arrangements.

e. Special Approval Procedures

1) Board Resolution

As required by law the county welfare board shall initially approve continuation of assistance to a recipient out-of-State by special resolution. This shall be accomplished by listing on Schedule VIII of the official board minutes, and by notation in the case record of such special resolution.

Extension of assistance payments beyond three months and up to twelve months may be authorized by the director without further special resolution by the welfare board, but authorization for extension beyond twelve months requires both board approval by special resolution and submission to the State Division for approval.

In the instance of a recipient who gives prior notice of his plan to visit out-of-State for not more than three months, the director may by executive authority direct issuance of one payment if a payment will be due before the next meeting of the welfare board. The case shall then be presented at the next meeting for ratification of the director's action and approval by special resolution.

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

2228. Eligibility of Recipients Who Leave New Jersey (Cont'd.)

.3 Applies in ADC.

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

2228. Eligibility of Recipients Who Leave New Jersey (Cont'd.)

.4 Control of Out-of-State Cases

Applies in ADC.

.5 Notice to Recipient and Agency of Suspension or Closing

Applies in ADC.

.6 Health Care Services During Out-of-State Visit

Applies in ADC.

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

2228. Eligibility of Recipients Who Leave New Jersey (Cont'd)

.4 Control of Out-of-State Cases

The CWB shall maintain an up-to-date control file or other readily accessible record of all cases of recipients approved to receive assistance while out of the State.

There shall be monthly supervisory review of the status of these cases to assure that no payments are issued beyond the period for which approval has been given, unless and until extension of continued assistance is approved, and that payments are terminated when and if eligibility ceases.

.5 Notice to Recipient and Agency of Suspension or Closing

Recipients, who with the approval of CWB are receiving assistance out-of-State, shall be given as much advance notice as possible of any anticipated suspension of payment or case closing with explanation of the reason therefor.

A copy of any such notice shall be sent to any out-of-State agency with which there has been communication regarding the case.

.6 Health Care Services During Out-of-State Visit

The general principle shall be that recipients of categorical assistance who are on temporary visit out-of-State, and for whom CWB has approved continuation of assistance, are eligible for authorized health care services as defined and limited by the provisions of the New Jersey Medical Assistance and Health Services Act.

Part II The Individual and Public Assistance

Reciprocal Agreements with Other States

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

The text of this agreement is given in 200 Appendix III B.

Intentionally Deleted

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

2229. Reciprocal Agreements with Other States

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

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

2229. Reciprocal Agreements with Other States

Pursuant to enabling legislation in New Jersey to enter into reciprocal agreements with appropriate public agencies in other states whereby assistance may be extended to New Jersey residents living in other states, or to residents of other states living in New Jersey, by waiver of residence requirements, the following policies and procedures will be included in the mutual understanding between New Jersey and each such state.

.1 General Principles

a. Waiver of Residence Requirements

1) Assistance shall be granted to a person who moves from such state to New Jersey with the intention of making New Jersey his permanent place of abode, waiving the requirement for one year of continuous residence in New Jersey immediately preceding the date of application, provided that the applicant is in all other respects eligible for assistance under New Jersey law.

Such other state will in turn waive any existing residence requirement for a person moving from New Jersey to that state with the intention of making his permanent place of abode there.

2) Persons moving to New Jersey for the primary purpose of receiving patient or domiciliary care in an institutional facility shall be considered eligible for assistance as stated in 1), above, provided that the specific agreement with the state involved has comparable privilege for a person moving from New Jersey to obtain such care.

b. Assets of Recipient

In respect to an active recipient who moves from one state to another according to the principle stated above, the agency in the state which has first acquired a vested interest in any of the client's assets or resources by assignment, lien, mortgage, or other form of sequestration, will maintain its preemption as to such assets or resources. The liquidation and disposition of such assets and resources, at the time of the client's death or otherwise, will conform to the law and administrative policy of the state having the preemption. The administrative agencies in both states, however, shall undertake to maintain a policy of prompt notification and full exchange of information with respect to such matters.

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

2229. Reciprocal Agreements with Other States (Cont'd.)

.1 c. Burial Costs

The policy on use of available assets, within the control of the respective agencies, to defray the cost of burial will need to vary in order to be compatible with the laws of the respective states, and will therefore be specified in detail in each such reciprocal agreement.

.2 Administrative Procedures

a. New Jersey Recipient Moving to Such State

When the recipient desires to move, or has moved, permanently to a state which has entered into a reciprocal agreement with New Jersey, the appropriate local agency shall be notified promptly to enable it to initiate an investigation. A case summary shall be provided the out-of-State agency in advance of the move whenever possible, but in any event as soon as change of residence is effected. The client shall be instructed where to file application for assistance in the state of residence, and assistance shall be continued by the New Jersey agency until notification of acceptance has been received from the other state's local agency. However, assistance shall not be continued for more than two months following that in which change of residence takes place.

b. Individual Moving to New Jersey

1) When a recipient of assistance in such a state moves to New Jersey, a summary shall be sent by that state. If the recipient has not informed that state of his intention to establish a permanent place of abode in New Jersey, the CWB shall inform the state involved and request a summary. The processing of the application shall proceed in the usual manner. The other state shall be notified of the disposition and the date grant will be effective for an approved application.

2) When a person, who is not receiving assistance in another state, moves to New Jersey and applies for assistance, the other state shall be requested to verify that the person's customary place of abode was in that state, and to secure any necessary information and verification concerning assets, resources and legally responsible relatives which cannot be secured by direct correspondence.

.3 Agreements with Specific States

The Department of Institutions and Agencies has entered into reciprocal agreements with a number of states for specific programs. The texts of these agreements are provided in 2200 Appendix III.

ADC Insert

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

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2230. PERMANENT AND TOTAL DISABILITY

This sub-chapter not applicable in ADC.

**Part II** **The Individual and Public Assistance**  
**2200** **Determination of Eligibility Factors Other Than Need - Permanent and Total Disability**

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**2230. PERMANENT AND TOTAL DISABILITY**

**2231. Definition**

For purposes of public assistance in New Jersey a permanently and totally disabled person is a person (i.e., needy person) who by reason of a permanent physical or mental defect, disease or impairment other than blindness (see 2234.1), is disabled to a degree that prevents him from performing a useful occupation existent in the community and within his competence.

The phrase "permanently and totally disabled" is not identical with the following: disability (total or partial) for purposes of veterans' benefits, certain insurance contracts, workmen's compensation, various public and private employees' retirement systems, recovering damages in an action at law, benefits under the N.J. Temporary Disability Benefits law, or similar wage loss replacement plans, or benefits under the Federal disability benefits program initiated in 1957 (RSDI); invalidity, invalidism, long-term patient or chronic illness; incapacity, permanent disability or residual disability; unemployment, unemployability, or socially unemployable.

**2232. Determination of Permanent and Total Disability, a State Function**

By law, the determination of the factor of permanent and total disability is a direct responsibility of the State agency. This medical eligibility determination is made by a Medical Review Team in the Bureau of Medical Affairs. Determination of all other factors of eligibility is the responsibility of the county welfare boards.

[ When financial need is indicated during the processing of the application, the applicant if single, or married with no eligible children in the home, should be advised to apply for GA.

**.1 Medical Review Teams**

The Medical Review Teams, each composed of a Medical Consultant and a Medical Social Work Consultant, are scheduled for regular sessions in the Bureau to review the applications for DA submitted by the CWBs.

**.2 Psychiatric Diagnostic Facilities**

The Department has made available to the Medical Review Team psychiatric diagnostic facilities for examination of DA clients having a mental defect, disease or impairment. (See 2234.3)

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

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2233. General Criteria

The Medical Review Team bases its determination on the following criteria:

.1 Permanent Factor

The term permanent refers to an impairment, alteration or loss in body physiology, anatomy, function, or emotion which is medically determinable and which is expected to be of long-continued or indefinite duration.

- a. The permanent impairment, defect or alteration may be congenital or acquired by disease or injury.
- b. It may be physical or mental, organic or functional, static or progressive, prone to remissions and exacerbations, single or exist in combination with other impairments or defects. It may be obvious or only discernible by thorough medical evaluation.
- c. The permanent condition must be of major importance and must be of such a nature that it is likely to continue for an indefinite or prolonged period, and the concept of the term "cure", within six months from date of Review Team evaluation, cannot be applied.
  - 1) The impairment or condition must be one not likely to respond substantially to any therapeutic procedure which is known, available, not medically contraindicated; or, the client refuses treatment and his decision to refuse therapy can be considered reasonable and prudent. [See 2234.6 for further interpretation of "reasonable refusal."]
  - 2) No condition likely to improve, or be completely arrested or "cured" within six months from date of Review Team evaluation shall be considered permanent, unless one of the following descriptions is applicable:
    - a) The condition is one in which the healing process is characterized by significant tissue alterations, as in tuberculosis and Hansen's Disease.
    - b) If the condition is usually considered to be self-limiting or readily responsive to therapy, the concept of permanent may nevertheless apply if treatment is contraindicated or unavailable, or the client refuses treatment and his decision is one which a reasonably prudent person would make. [See 2234.6]

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

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2233. General Criteria (Cont'd)

- .1 d. Although the condition must be of major importance and of such a nature as to continue indefinitely and be commonly accepted as irreversible, the term permanent does not rule out the possibility of physical or mental restorative efforts, vocational rehabilitation, or even recovery as a result of new drugs and medical techniques. However, pending actual change in physical or mental status, the classification of permanent is proper.
- e. To substantiate a finding of permanent, objective evidence of the defect, disease or impairment, must be adequately and completely described, or verified by the examining physician, in such a manner that another physician would reasonably accept the diagnosis, or, from the description of the impairment or defect, would accept the concept of permanent without examining the client.
- 1) The unsupported opinion of the examining physician that a defect, disease or impairment exists, cannot, in itself, be accepted.
- 2) Objective physical findings, diagnostic studies, laboratory studies, reports from recognized specialists, reports indicating discharge diagnosis or summaries from hospitals or clinics, reports or evaluations concerning client's work tolerance or function or capacity, etc., may be accepted as material supporting or demonstrating the existence of a defect, disease or impairment.
- .2 Total Factor
- a. The term total is not an absolute term. It refers to the inability of the client to perform those activities involved in carrying out the normal responsibilities necessary in employment or homemaking. Thus, total disability means inability to engage in a useful occupation, including homemaking.
- b. Total involves factors other than the purely medical. Such social factors as age, education, work experience, skills and training, activities required of the client in his home or on the job, living and working conditions, interests, native capacities and abilities, the extent to which he has adjusted to his defect, disease or impairment, and the availability of training and educational facilities must all be considered. The ability of the client to perform a particular job, (including homemaking) within his competence, in spite of his permanent impairment must be carefully evaluated. The client's remaining capacities and abilities must be considered as they relate to the verified medical findings and the type of activities the client is competent to perform, considering the above social factors and his defect, disease or impairment.

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

2233. General Criteria (Cont'd)

- .2 c. A disability is not total if the client has the skill, ability, capacity, and is found by competent evaluation to be able to engage in an occupation other than his usual or former occupation. Where there is uncertainty as to the client's ability to perform a job, other than his usual or former occupation, the Review Team will request an employment evaluation by the State Employment Service and/or the Rehabilitation Commission.
- d. The occupation must be one existent in his community. If existent in the community but not available to the client, he is considered unemployed rather than totally disabled. If the occupation does not exist in his community he is totally disabled.

Community shall mean the place where the client lives, or within reasonable commuting distance, provided the client is physically able to use public or private transportation facilities and such facilities are readily available.

.3 Permanent and Total Factor

The decision that a client is permanently and totally disabled requires the joint evaluation by a licensed physician and a qualified medical social worker taking into account all of the factors enumerated above, the additional factors in this sub-section, and the special factors in 2234.

- a. When an individual has a permanent physical or mental disease, defect or impairment of such a degree of severity as to be considered incapable of substantially gainful employment, which is within his competence, on a regular and predictable basis, then he will also be considered totally disabled. In other words, if a client is able to perform activities well enough and with sufficient regularity to receive regular payments for his labor, or to carry on homemaking\* responsibilities for one other than himself, on a continuing basis, he is not considered totally disabled in spite of any determination of the existence of a permanent defect, disease or impairment.
- 1) The term "useful occupation" means regular employment (or homemaking responsibility\*). The fact that an individual may receive some remuneration through activities having some of the characteristics of a "useful occupation" does not preclude a finding of permanent and total disability.

\* See 2234.4 for further interpretation of "homemaking" and "homemaker."

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

2233. General Criteria (Cont'd)

- .3 b. In considering the status of applicants where no definitive diagnosis of a single major identifiable defect, disease, or impairment can be determined, but who nevertheless are obviously suffering from the physiological and often psychological limitations of aging, and who cannot realistically be deemed able to perform the essential elements of a useful occupation, for which they have competency, on a regular and predictable basis, a finding of permanent and total disability can justifiably be made.
- c. If an individual is properly found to be permanently and totally disabled by a Medical Review Team, this finding is not invalidated by the fact that:
- 1) The person is undergoing medical or surgical treatment for the purpose of arresting, improving or ameliorating the permanent defect, disease or impairment; or
  - 2) The person is undergoing a planned program of rehabilitation (physical restoration and/or vocational training); or
  - 3) The person is engaged in therapeutic employment which had been planned by a physician as occupational therapy (or work tolerance) incident to rehabilitation; i.e., sheltered workshop, etc.

[See 2234.5 for further interpretation and procedures in respect to employment.]

2234. Special Criteria for Consideration

.1 Applicant with Visual Defect

If an applicant is disabled only by reason of blindness as defined in the Blind Assistance law (less than 20/200 vision in the better eye with refraction, or field of limitation reduced to 20 degrees) he is not eligible for DA.

However, even though an applicant is legally blind, if he has other disabling conditions which of themselves warrant a finding of permanent and total disability, then he may be found to be permanently and totally disabled for reasons other than blindness only.

Furthermore, it shall be recognized that an applicant, while not legally blind, may have a visual disability of such severity that it precludes him from engaging in a useful occupation, or the visual disability in combination with other disabilities of a relatively minor nature precludes employment. In such instance the applicant may be found eligible for DA with respect to the permanent and total disability factor.

[For CWB procedures see 2235.2 and 2237.5]

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2234. Special Criteria for Consideration (Cont'd)

.2 Applicant with Diagnosis of Active Tuberculosis

a. Effect on Eligibility

By law, a person who has active tuberculosis and who is determined medically to require immediate institutional care for this condition is ineligible to receive DA. However, assistance cannot be legally denied to an applicant who refuses institutional treatment unless there is a positive medical finding that immediate institutional care is essential.

The Medical Review Team will "Disapprove" any application in which there is conclusive medical evidence of active tuberculosis and recommendation for immediate institutional care. If the evidence is not conclusive or the question of need for institutional care is in doubt, the Team will require further medical evidence, and will, when necessary, evaluate the situation in relation to an applicant's refusal to accept institutional treatment. [See 2234.6]

b. Eligibility in Respect to Home Care

If the record shows that an applicant with a diagnosis of active tuberculosis is receiving drug therapy, and the attending physician has approved a plan for home care, the Review Team may approve the application for DA if the person is otherwise eligible. "Home" means client's own family home. Existing laws governing boarding and nursing homes do not permit care of patients with contagious diseases.

If there are young children or adolescents in the home and there is any doubt as to whether the clinic or physician is aware of the home situation, the application will be "Undetermined", and the CWB will be directed to request a specific statement from the clinic or physician approving the plan for home care.

[For CWB procedures see 2242.2]

.3 Applicants with Mental Defect, Disease or Impairment

- a. By resolution of the State Board of Control, where a finding of permanent and total disability is based on a diagnosis of mental defect, disease or impairment, the diagnosis must be the result of a "team evaluation" by a multi-discipline group.

[See Appendix 2200. V for Resolution of State Board of Control.]

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2234. Special Criteria for Consideration (Cont'd)

- .3 b. This "team evaluation" is secured through a special service, purchased at Division expense (if not otherwise available), by Psychiatric Diagnostic Groups under the direction and supervision of the Diagnostic Center at Menlo Park. In some instances, existing records of institutions for the mentally ill or mentally deficient, or of accredited psychiatric, mental hygiene or guidance clinics, may be accepted by the Medical Review Team as fulfilling the requirements of the "team evaluation" principle.

A list of approved PDG facilities serving the DA program is provided in Appendix 2200-VI. (See 2235.3 for CWB procedures.)

- c. Factors Considered in Requesting Psychiatric Diagnostic Group Examination

1) General Policy

The general policy shall be that whenever the Examining Physician's Report (PA-5), the Medical-Social Information Report (PA-6) or other supporting data, indicates a mental defect, disease or impairment, the Review Team shall require an examination by PDG prior to final determination of eligibility.

Certain exceptions are made to this general policy in respect to applicants for whom institutional records exist, or who have been examined in psychiatric, mental hygiene, or guidance clinics.

(See 2) and 3) below.)

The purposes of this procedure are to

- a) identify clients who are in need of institutional care for their own and the community's protection, and who are legally ineligible to receive DA;
- b) identify clients who can benefit by treatment and/or training;
- c) establish whether clients not in need of institutional care are mentally competent to handle their own financial affairs, or whether a legal guardian must be appointed (or other arrangements made) to receive the assistance payment on behalf of the client; (See 2560., Methods of Payment for Incompetent Recipients.)

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2234. Special Criteria for Consideration (Cont'd)

- .3 c. 1) d) determine that the mental defect, disease or impairment is or is not permanent and total;
- e) ascertain whether PDG observes need for additional diagnostic procedures or medical treatment; and to
- f) identify those clients whose mental condition should be re-evaluated at a subsequent date because of probable deterioration or possible improvement.

There will be instances in which, although the Examining Physician's Report (PA-5) gives no definitive data indicating a mental condition, the Medical Review Team will nevertheless observe from the medical data compiled with data reported on the Medical-Social Information Report (PA-6) particularly under the heading of "Social Evaluation" or other supporting data that there is sufficient indication of the existence of a mental condition to warrant an examination by PDG. Whenever a Team believes that it should not make a final determination in respect to need for institutionalization or mental competency, and/or that a PDG examination would prove beneficial to the applicant, the examination will be requested unless the special provisions of 2) and 3) of this section apply.

2) Applications from Persons Released from Institutions for the Mentally Ill

When the application is for a person who has received care and treatment in an institution for the mentally ill, and who was officially discharged within one year prior to applying for assistance (or whose discharge merely awaits completion of a plan by the institution and the BIS to return the person to the community), the Review Team may accept a report on PDG Form PA-7 from the records of the institution without requiring examination by PDG, provided that such records

- a) demonstrate that the person has a diagnosed condition which warrants a finding of permanent and total disability, and
- b) clearly establish that the person is or is not competent to handle his own financial affairs, and
- c) show conclusive evidence that the person is not in need of care, or continued care, in an institution by reason of a diagnosis of psychosis, and

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2234. Special Criteria for Consideration (Cont'd)

- .3 c. 2) d) show that the present plan for care is satisfactory, or that  
[ the BIS is working on a plan for care which will be satisfactory and will be accomplished before assistance is granted.

If the discharge occurred more than one year prior to application for assistance, the Review Team may require PDG examination.

[See 2227.2 d. and 2235.3 b. for procedures on referrals from State Institutions.]

3) Mentally Deficient Applicants for Whom Definitive Diagnosis is Available

When the diagnosed mental condition, or the indicated condition, is related to mental deficiency, the Review Team may make a final determination without referral for a PDG examination, provided that

- a) a definitive diagnosis is available in the record, or can be secured, from reports of prior mental testing which was conducted in an institution for the mentally deficient, or in a psychiatric, mental hygiene, or guidance clinic, and
- b) the report clearly establishes that the person is or is not competent to handle his own financial affairs, and
- c) there is conclusive evidence that the person is not suffering with psychosis and in need of institutional care by reason of such condition, and
- d) the record shows that the present plan for care is satisfactory or that the welfare board is working on a plan which will be satisfactory and which will be accomplished before assistance is granted.

4) Mentally Deficient Applicants Awaiting Institutional Admission

There will be some applications for mentally deficient persons who have already been classified as requiring care, treatment or training in an institution and whose names are on the State "waiting list." Where there is conclusive evidence that these persons are not in need of institutional care by reason of psychosis, they are eligible to receive DA pending admission to an institution for the mentally deficient. This will hold also for mentally deficient persons examined by PDG for whom there is a recommendation for care in an institution for the mentally deficient, and who are to be referred for admission to such an institution. [See 2243.2 for CWB procedures.]

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2234. Special Criteria for Consideration (Cont'd)

.4 Determination as to Whether Applicant is a Homemaker

a. Definition of Homemaking

As provided in the definition of "useful occupation" - "homemaking is a useful occupation when it is performed in a household that includes one or more persons other than the one performing the household duties."

The term "homemaking," for purposes of Disability Assistance, is defined as follows:

Homemaking involves ability to carry the home-management and decision making responsibilities and to provide essential services within the home for at least one person in addition to one's self. Homemaking may be generally divided into manipulative skills and managerial skills.

Manipulative skills include food preparation and service; cleaning and care of the home; washing and ironing clothes and household linens; care and repair of clothes and linens; feeding, bathing and dressing children and caring for adults who are invalids.

Managerial skills include the ability to manage household expenditures, and to plan, decide, select and purchase the food, clothing, household supplies and furnishings for the family. Social decisions include the ability to supervise the health care, to direct the education and to give social direction to the family, and to direct the training of young children.

If a person is not able to perform a significant combination of these manipulative and managerial activities on a routine basis with little or no supervision or help from others, then a finding of permanent and total disability (in relation to the issue of homemaker) is authorized.

b. Guides for Determination

Determination that an applicant, who is living as a member of a household, is or is not the homemaker is a diversified problem. Decisions in this area frequently require a high degree of professional judgment from the Medical Review Team. The following factors are considered by the Review Team:

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2234. Special Criteria for Consideration (Cont'd)

- .4 b. 1) There are some individuals who have the ability to perform all the tasks and services required in homemaking, but who are physically unable to be active for the number of hours daily that would be minimally necessary for effective performance.

Also, consideration must be given to the individual's total environmental situation. Inadequate housing, lack of labor saving equipment, and other conditions such as no bathing or inside toilet facilities, the need to build fires, carry wood, coal, water from outside or upstairs, to wash clothes by hand, lack of hot running water, the number of persons in the household, the size of the house, the distance to markets, etc., are all factors which require more hours of work and increased physical exertion.

- 2) There are some individuals who are in fact functioning as a homemaker but for whom these activities are medically contraindicated.

There are individuals performing homemaking duties in spite of their disabilities because of economic need and/or living arrangements, or because of their own lack of knowledge of the extent of the disability and the need to limit activities, or because of an emotional need to continue their previous pattern of behavior.

Where the activities of homemaking are medically contraindicated the application will be "Approved." Specific recommendations to CWB will be made in such cases, based on an evaluation of total need in respect to medical care, emotional needs, change in living arrangement, or purchase of services and/or equipment to make adjustment possible in the current living arrangement.

- 3) Part-time or occasional homemaking activities (whether or not for remuneration) such as baby-sitting, sewing, etc., should not be confused with the over-all responsibilities of managing a household. A disabled person may be able to perform such tasks either in or out of the home but still be unable to carry major responsibility for a household.

In such cases, if it appears that the activity is performed regularly for remuneration, it will be evaluated in terms of employment and not in relation to the issue of homemaking.

- 4) If the medical and social data in the record is adequately completed, the Review Team will be able to act on cases presenting the following situations without further question:

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2234. Special Criteria for Consideration (Cont'd)

- .4 b. 4) a) The applicant lives alone, or will shortly be living alone or in a boarding or nursing arrangement; or, two persons live together in a rooming arrangement and eat in restaurants.
- b) Another member of the household is primarily responsible for the homemaking function, and the applicant does some of the chores merely to keep busy, to keep up morale, etc.
- c) The applicant attempts to carry some responsibility but must depend on assistance from others in the household, from neighbors, etc., for a significant portion of the necessary tasks.
- d) The medical and social information indicates that the applicant is not mentally capable of carrying the managerial aspects of homemaking even though able to perform many of the essential tasks under supervision.

.5 Capacity for Work; Employment

This is a complex area involving both medical and social evaluation of a DA recipient's capacity to engage in substantially gainful employment on a regular and predictable basis, his opportunity to secure suitable employment, his ability to hold a job, and the effect on motivation of the client to work by continuing or withdrawing assistance.

The following policy will guide the Medical Review Teams. It provides for a reasonable period of time, after a DA recipient has been evaluated as employable, for him to secure employment and to adjust to the job.

a. Evaluation of "Useful Occupation"; "Substantially Gainful Employment"

In evaluating the eligibility of a recipient who is actually employed, the Review Team in determining whether the employment is a "useful occupation" and whether he is capable of "substantially gainful employment" will carefully consider the extent to which [see 2233.3 a. for Definitions.]

- 1) the employer's sympathy, compassion and altruism enter into the opportunity to engage in remunerative work;
- 2) the job has been created ("engineering" the job) specifically for the individual by devising a special environment and situation, which may include the creation of a market for the product, which is based on philanthropy rather than the competitive value of the product;

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2234. Special Criteria for Consideration (Cont'd)

- .5 a. 3) the energy required by the handicapped individual is far beyond that ordinarily required for the same activity for the normal individual;
- 4) the individual is doing more than can ordinarily be expected from individuals with similar impairments of the same degree of severity;
- 5) such mental factors as ability to learn, to act purposefully, to remember, etc., either independently or under supervision, have been carefully evaluated; and
- 6) such personality factors as inability to relate to others, to accept supervision, to meet time schedules, have been evaluated.

b. Review Team Evaluation and Procedure for Specific Situations

1) No Limitations on Employment

In respect to a recipient who has been reevaluated as employable with no limitations on capacity for work at his former or another occupation, and such work exists in his community, then the Review Team will "Disapprove" the case. The CWB will be instructed that assistance may be continued if necessary for one month beyond the month in which the Review Team reclassified the case as "Disapproved."

This is considered a reasonable period to allow the client to find employment, adjust to the job and receive his first pay. Regardless of whether or not such recipient secures employment, he shall be considered ineligible for Disability Assistance beyond the stipulated period unless, in the interim, additional evidence of inability to engage in substantially gainful employment is submitted to the Bureau.

2) Limited or Selective Employment

When a physician states that an applicant or recipient can engage in limited and/or selective employment, (limited as to hours and selective as to type) or uses the phrase "can do light work," the Review Team must specially consider such factors as age, type of work experience, effect of residual disability on work capacity, availability of the type of work client is able to perform, the seasonal or occasional character of some types of "light work," the length of time client has been out of the competitive labor market, etc.



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2234. Special Criteria for Consideration (Cont'd)

- .5 c. 3) Procedures when CWB Receives Initial Information Regarding Employment

When CWB is advised by a recipient or by another agency (such as Rehabilitation Commission) that recipient has obtained employment, the following procedures will apply:

- a) If recipient's earnings are adequate to meet his need, the policy and procedure provided in 1), above, will apply.
- b) In cases where CWB cannot determine eligibility solely on the basis of "no longer in need," the assistance shall be continued, and a prompt report shall be made to the Medical Review Team as required in 2), b) above.

Upon notice from Medical Review Team that such a recipient is "Approved," CWB shall continue assistance, adjusting the grant to account for earnings.

If CWB is advised that the case is reclassified as "Disapproved," then the policy and procedure provided in 1), above, will apply.

- .6 Refusal to Accept Recommendations for Diagnostic Evaluation, Medical Treatment or Related Services

a. General Policy

A basic concept in public assistance is helping the client achieve his highest possible level of self-sufficiency. While there is no intent to force a person to accept medical treatment or related services against his will, it would be incompatible with this concept to grant assistance to a person who, without adequate reason, chooses to remain dependent rather than accept services designed to aid in his rehabilitation for self-care or self-support.

The general policy shall be that an applicant or recipient who refuses to undergo diagnostic evaluation procedures which are essential to the determination of permanent and total disability, shall be found ineligible for DA by the Medical Review Team; a recipient who refuses recommended medical treatment or related services which would eliminate either the permanency or totality of his defect, disease or impairment, will not be eligible for DA unless his refusal is found to be reasonable.

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2234. Special Criteria for Consideration (Cont'd)

.6 a. General Policy (Cont'd)

Medical treatment and related services shall be understood to include diagnostic evaluation, medical and/or surgical treatment, psychiatric treatment, or any combination thereof; rehabilitation services including restorative services and vocational training, services of the State Employment Service, etc.

b. Reasonable Refusal Defined

Refusal on the part of a client to accept recommended treatment or services shall be considered to be "reasonable" (by the Medical Review Team) when one or more of the following conditions exist:

- 1) The client is genuinely fearful of undergoing treatment. While such fear may appear to be unrealistic, or emotional in origin, or even irrational, nevertheless the fear is so intense as to adversely affect the result of treatment, and a physician recommends against it.
- 2) The client could suffer loss of a faculty, or the residual use of a remaining faculty, and he is unwilling to take the risk.
- 3) The client has definite religious scruples which do not, in his judgment, permit him to undergo the recommended treatment.
- 4) The resistance to treatment is an element of the defect, disease or impairment itself.

c. Effect of Refusal on Initial Eligibility and Continuing Eligibility; Procedures

1) "Undetermined" Applications

If an application is returned to CWB as "Undetermined" with request for additional medical information or evaluation by related services, and the applicant refuses to undergo the necessary tests, examinations or evaluations, his refusal and the reasons therefor shall be reported back to the Medical Review Team. Except in unusual circumstances an applicant's refusal at this point will not be considered "reasonable" and will result in a finding of "Disapproved" by the Review Team.

2) Applications "Approved" by Review Team; Reevaluations of Active Cases

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

.2 f. 4) Continuing Administrative Responsibility

Applies in ADC.

5) Transfer of Records

Not applicable.

g. Responsibilities of Bureau of Institutional Services or CWB as  
Appropriate

Applies in ADC.

h. Continuing Service by Institution to Recipients

Applies in ADC.

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2227. County Responsibility and Procedures in Respect to Persons Released  
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- .2 i. **Applicability of Procedure to Institutions Other Than State Institutions**

**Applies in ADC.**

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

.2 h. (Cont'd)

If the individual has been living in a Family Care home and upon official release from the institution plans to continue to live in such home while receiving categorical assistance, then it must be made clear to both client and sponsor (Family Care Home operator) by the respective caseworkers that his relationship in respect to his financial affairs or any change in his living arrangement, is with the BIS or CWB as appropriate and not with the institution.

If a question of the recipient's mental condition or adjustment comes to the attention of either the CWB worker or BIS as appropriate or the institution worker, there shall be prompt consultation and joint planning by all agencies for appropriate action.

i. Applicability of Procedure to Institutions Other Than State Institutions

The procedures provided in this regulation have been established specifically to govern relationships between the CWB and the several State institutions. These procedures do not apply directly to relationships with local mental hospitals and other institutions. There will be no objection to the adaptation of these procedures to expedite release of persons from local institutions. However, any CWB which wishes to adapt the procedures for that purpose shall submit complete plan material to the Division for approval prior to granting assistance to any person released from such local institution.

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

.4 **Veterans Facilities**

a. **Eligibility for Assistance**

1) **Veterans Administration Hospital, East Orange**

**Applicable in ADC.**

2) **Veterans Administration Hospital, Lyons**

a) **Terms of Release Defined**

**Applicable in ADC.**

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

.4 Veterans Facilities

The Veterans Administration maintains two institutions in New Jersey.

The Veterans Administration Hospital, East Orange, Essex County, provides care and treatment comparable to that in a general hospital, and serves veterans with service connected disabilities and those with non-service connected disabilities who are eligible for admission under certain conditions.

The Veterans Administration Hospital, Lyons, located in Bernards Township, Somerset County, is a mental hospital to which veterans with mental disabilities may be admitted voluntarily or committed through the New Jersey Courts in the same manner as commitments to State mental hospitals.

a. Eligibility for Assistance

1) Veterans Administration Hospital, East Orange

Individuals who are discharged from this facility are eligible to apply for and receive any form of public assistance for which they qualify under the law.

2) Veterans Administration Hospital, Lyons

a) Terms of Release Defined

(1) Official Discharge from this facility means exactly the same as official discharge from a State mental institution. [Refer to 2227.2b.]

(2) Release without discharge refers to two arrangements under which voluntary or committed patients are permitted to live outside the institution as follows:

Trial Visit - for voluntary or committed patients released to live in their own home or with relatives.

Family Care - for voluntary or committed patients for whom arrangements are made for care in a supervised boarding home with unrelated persons. However, unlike the "Family Care" program operated by the State institutions, the Veterans Administration has no funds to pay for the patient's care in such a boarding arrangement.

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

.4 a. 2) b) Effect of Release Status on Eligibility

(1) Voluntary Admission

A patient who was voluntarily admitted to Lyons is eligible to receive assistance, if otherwise eligible, provided he is living outside the institution and is free of institutional restraint, control or supervision prior to receipt of an assistance payment. This refers to patients returned to their own or relative's home and to those placed in "Family Care."

(2) Court Commitment

A person who was involuntarily committed by a court and who has been officially discharged from Lyons is fully entitled to apply for and receive assistance in the same manner as any other needy person in the community.

A person who was involuntarily committed and who is released on Trial Visit or Family Care without official discharge is not eligible for assistance on his own application but may have his needs included in the grant of a spouse who is a recipient of AB, DA or OAA (see Budget Manual 606.1).

An application may be registered and processed prior to discharge in connection with a plan to discharge a committed patient who will require assistance in order to complete arrangements to live in the community.

No assistance payment shall be issued until official discharge is a matter of record and verified by the welfare board.

Furthermore, if it is medically determined that the individual is not competent to handle his assistance payment, arrangement must be made for payment to a legal guardian or other approved method for payment on behalf of the incompetent recipient.

b. Referral to CWB

Responsibility for initial planning for the return of the veteran to the community rests with the institution. However, when it appears that a plan cannot be completed unless the veteran can receive public assistance and he appears to be eligible for AB, DA or OAA, then the plan must be cooperatively developed with the appropriate county welfare board.

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

.4 a. 2) b) Effect of Release Status on Eligibility

(1) Voluntary Admission

Applicable in ADC to an applicant parent or to the spouse of a recipient parent who returns to the home, provided  
[ ] he is otherwise eligible.

(2) Court Commitment

All paragraphs of this sub-item, except the last paragraph, apply in ADC in respect to a parent who wishes to apply for ADC in order to establish a home for a dependent child.

[ ] However, the spouse of a recipient parent who returns to the home from the Veterans Administration Hospital, Lyons, on Trial Visit, may be found eligible for inclusion in the ADC payment. A parent who has not been officially discharged cannot be either an applicant or payee in ADC.

b. Referral for Old Age or Disability Assistance

The same principle applies in respect to referral for ADC.

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

.4 b. 1) County to Receive Referral

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

In respect to a spouse of a recipient parent, referral will be made to CWB of county where the ADC family resides currently.

2) Referral Procedures for Veterans Administration Hospitals

a) Procedures for East Orange Hospital

Applicable in ADC.

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

.4 b. 1) County to Receive Referral

The Hospitals at East Orange and Lyons will select the county welfare board to which to make referral on the basis of the following:

- a) If the patient has a home to return to but will require assistance in that home, then referral will be made to the welfare board of such county.
- b) If a living arrangement must be developed for the patient with the cooperation of the welfare board, then referral will be made to the county where he was living at time of admission to the Hospital; or, if the patient had no identifiable place of abode when admitted, referral will be made to the county from which he was admitted.

2) Referral Procedures for Veterans Administration Hospitals

a) Procedures for East Orange Hospital

(1) The Hospital

The hospital will make referral in writing, with the knowledge and consent of the veteran, to include the following minimum information:

Identifying social data  
Place of abode at time of admission and date  
Anticipated date of discharge  
Description of any known or tentative living arrangement following discharge

In addition, the Hospital will complete, without charge, Form PA-5, Examining Physician's Report\* and forward to the welfare board with the referral letter.

(2) The Welfare Board

Thereafter the county welfare board shall arrange for an application interview and shall process the application as in any other application from an individual planning to leave a general hospital.

\*Stock supply to be provided by State Bureau.

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.4 b. 2) b) Procedure for Lyons Hospital

(1) The Hospital

The hospital will make referral by letter in the same manner as in a), above, The letter of referral shall also specify whether the patient was voluntarily or involuntarily committed.

The hospital shall prepare routinely without charge the following forms to be forwarded with the referral:

- \*Form PA-5, Examining Physician's Report
- \*Form PA-7B, Report of Findings by Psychiatric Diagnostic Group, together with an abstract of patient's hospital record.

When the patient has a serious eye defect or impairment, the institution will complete Form PA-5A, Eye Physician's Report.\*

(2) The Welfare Board

Thereafter the welfare board shall arrange with the Social Service staff at Lyons for a joint interview with the patient, and shall follow the same procedures as for a referral from a State institution. [See 2227.2e, 1)-6.]

(3) Continuing Service by Lyons to Recipient

The social service staff of the institution may continue to visit with and consult the former patient from time to time, as may be arranged between the recipient and the institution's social worker. Such service shall be focused on the client's mental health and will have no concern with the utilization of his assistance payment.

If a question of the recipient's mental condition or adjustment comes to the attention of either the Lyons social worker or the welfare board caseworker, there shall be prompt consultation and joint planning for appropriate action.

\*Stock supply to be provided by State Bureau

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.4 b. 2) b) Procedure for Lyons Hospital

Applicable in ADC.

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2228. Eligibility of Recipients Who Leave New Jersey

.1 Preliminary Statement

Applies in respect to an ADC recipient family.

.2 Permanent Removal

Applies in respect to an ADC recipient family.

Note: Under policy applicable in Home Life Assistance prior to January 1, 1960, families who moved to another state with the approval of SBCW were eligible for continued payments, if otherwise eligible, for a period not exceeding one year. Therefore, any such case transferred to CWB for which removal from the State had been approved prior to 1/1/60 shall continue to receive ADC payments (if otherwise eligible) until the expiration of the one-year period, or until acquisition of eligibility, with respect to the residence factor, for any form of public assistance in the other state, whichever occurs sooner.

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Determination of Eligibility Factors Other Than Need - Residence

2228. Eligibility of Recipients Who Leave New Jersey

.1 Preliminary Statement

Whenever a recipient wishes to leave New Jersey either to establish a permanent place of abode, or for a temporary visit, he shall be advised of the effects of this plan on his eligibility for continued assistance, and on the amount of assistance, if any, for which he may continue to be eligible during a temporary absence.

He shall understand that a decision regarding continuation of assistance will need to be made by the welfare board within the limitations of law and State policy. He shall be informed of his responsibility to keep the CWB informed of his whereabouts and of any change in plan after he leaves the State if assistance payments are being sent to him while temporarily absent.

The decision whether or not to leave New Jersey, whether it be for permanent removal or temporary absence, shall rest with the recipient, and does not require official approval or disapproval by the agency. However, in cases of temporary absence of more than one month, where there is a claim of continuing need for assistance during such absence, the amount of assistance if any for which entitlement will continue will be dependent upon the living arrangements and other financial conditions that will exist at the temporary place of abode. Thus, the agency's approval of the amount and nature of assistance to be provided will be dependent upon knowledge of and consideration of the recipient's plan.

The following policies and procedures shall govern in all instances of recipients who wish to or who have left the State.

.2 Permanent Removal

A recipient who leaves New Jersey with intent to establish a place of abode elsewhere, or who, after leaving, decides to remain indefinitely in the place outside New Jersey to which he had gone for a temporary visit, or in another place outside New Jersey, ceases to be eligible to receive assistance from the CWB.

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

2228. Eligibility of Recipients Who Leave New Jersey (Cont'd)

.3 Temporary Visit Out-of-State

a. Visit up to Three Months

- 1) Assistance shall not be continued automatically, without inquiry, with respect to a recipient who leaves New Jersey when there has been no information provided to the agency establishing that the absence is purely temporary. All recipients shall be advised that it is their responsibility to notify the CWB and arrange in advance, so far as possible, for any plan to leave New Jersey for any period in excess of one month if they wish assistance to be continued during absence from the State.
- 2) When a recipient leaves this State and it has been established that such absence is for a temporary visit in another state, the District of Columbia, or in a United States' territory, assistance may be continued during an initial period not to exceed three months; that is, not more than three payments may be sent to him at an out-of-State address, except as provided in b. below.
- 3) If a recipient is discovered to have removed from the State without having informed the agency of the nature, purpose and expected duration of such absence, proceedings shall be initiated promptly to inform him of intention to suspend until he provides evidence satisfactory to the CWB that his absence from the State is temporary and that he intends to return within a period of time he shall specify, and provides data about his circumstances sufficient to permit a correct determination of the amount of assistance to which he is entitled during his absence. Upon receipt of such evidence from the recipient, or from an out-of-State agency, if deemed necessary by the CWB, assistance shall be continued and any suspended payments may be released to the recipient in whole or in part.

b. Extension of Visit Beyond Three Months

- 1) In any situation where continuation of assistance out-of-State has been authorized but the recipient has either failed to return, or to communicate with CWB to explain his situation, before the end of the third calendar month following the month of departure, proceedings to suspend assistance shall again be undertaken until by correspondence with the recipient, or an agency, the CWB ascertains the current situation with particular reference to the recipient's plans about returning to New Jersey.

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

2228. Eligibility of Recipients Who Leave New Jersey (Cont'd)

.3 Temporary Visit Out-of-State

The general principles of this item shall apply in ADC to the family as a unit. In respect to visits by individual members of the family see 2284., Temporary Absence from Home.

ADC Insert

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

2228. Eligibility of Recipients Who Leave New Jersey (Cont'd)

.3 Temporary Visit Out-of-State

Applies in ADC

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

2228. Eligibility of Recipients Who Leave New Jersey (Cont'd)

- .3 b. 2) If it appears that the recipient still plans to return, but he requests extension of continued assistance out of State for reasons of health, or other relevant causes such as inability to travel alone and pending arrangements to return, etc., CWB may approve continuation of assistance at three-month intervals up to and including payment for the twelfth month following the month in which the recipient departed from New Jersey.
- 3) There may be an occasional situation in which the CWB considers that continuation of assistance out of State beyond twelve months is essential to the health and welfare of the recipient. The facts in any such case may, upon special resolution and recommendation of the welfare board, be presented to the State Division for review and decision provided it can be shown that all of the following elements are present:
- a) the recipient still considers his permanent residence to be in New Jersey and plans to return; and
  - b) the recipient's plans to return to New Jersey are temporarily delayed because of his health or other reasons beyond his control.

c. Procedures Upon Request for Extension

Upon receipt of a request from a recipient for extension of assistance payments out of State beyond three months, no such request shall be granted before CWB shall have secured a report from the appropriate out-of-State agency covering confirmation of the reasonableness of the request, the recipient's living arrangement, budgetary requirements and change, if any, in income or resources.

Requests for subsequent agency reports shall be at the discretion of the CWB as the situation appears to warrant. If, however, the recipient is out of State during the month in which redetermination of eligibility is due, the out-of-State agency shall be requested to obtain the Request for Continuance (Form PA-1G). Whenever possible such request should be made in connection with an initial or subsequent request for report of current circumstances so as to avoid the need for the agency to make a special visit for this purpose.

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

2228. Eligibility of Recipients Who Leave New Jersey (Cont'd)

.3 d. Determination of Need

Any adjustment in the regularly recurring allowances for a recipient for whom approval is given for continuation of assistance during a temporary visit out-of-State shall be based on the recommendations of the state of temporary abode, but in no event shall the recipient receive a higher payment than he would be entitled to receive if he were residing in New Jersey under similar living arrangements.

[ e. Special Approval Procedures

1) Board Resolution

As required by law the county welfare board shall initially approve continuation of assistance to a recipient out-of-State by special resolution. This shall be accomplished by listing on Schedule VIII of the official board minutes, and by notation in the case record of such special resolution.

Extension of assistance payments beyond three months and up to twelve months may be authorized by the director without further special resolution by the welfare board, but authorization for extension beyond twelve months requires both board approval by special resolution and submission to the State Division for approval.

In the instance of a recipient who gives prior notice of his plan to visit out-of-State for not more than three months, the director may by executive authority direct issuance of one payment if a payment will be due before the next meeting of the welfare board. The case shall then be presented at the next meeting for ratification of the director's action and approval by special resolution.

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

2228. Eligibility of Recipients Who Leave New Jersey (Cont'd.)

.3 Applies in ADC.

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

2228. Eligibility of Recipients Who Leave New Jersey (Cont'd.)

.4 Control of Out-of-State Cases

Applies in ADC.

.5 Notice to Recipient and Agency of Suspension or Closing

Applies in ADC.

.6 Health Care Services During Out-of-State Visit

Applies in ADC.

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

2228. Eligibility of Recipients Who Leave New Jersey (Cont'd)

.4 Control of Out-of-State Cases

The CWB shall maintain an up-to-date control file or other readily accessible record of all cases of recipients approved to receive assistance while out of the State.

There shall be monthly supervisory review of the status of these cases to assure that no payments are issued beyond the period for which approval has been given, unless and until extension of continued assistance is approved, and that payments are terminated when and if eligibility ceases.

.5 Notice to Recipient and Agency of Suspension or Closing

Recipients, who with the approval of CWB are receiving assistance out-of-State, shall be given as much advance notice as possible of any anticipated suspension of payment or case closing with explanation of the reason therefor.

A copy of any such notice shall be sent to any out-of-State agency with which there has been communication regarding the case.

.6 Health Care Services During Out-of-State Visit

The general principle shall be that recipients of categorical assistance who are on temporary visit out-of-State, and for whom CWB has approved continuation of assistance, are eligible for authorized health care services as defined and limited by the provisions of the New Jersey Medical Assistance and Health Services Act.

Part II The Individual and Public Assistance

Restored agreement with other States  
Effective February 1, 1961, the New Jersey Department of  
Institutions and Agencies has entered into a restored agreement  
with the State of Pennsylvania in respect to assistance for dependent  
children.

The text of this agreement is given in 2009 Appendix III C.

Intentionally Deleted

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

2229. Reciprocal Agreements with Other States

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

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

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

2229. Reciprocal Agreements with Other States

Pursuant to enabling legislation in New Jersey to enter into reciprocal agreements with appropriate public agencies in other states whereby assistance may be extended to New Jersey residents living in other states, or to residents of other states living in New Jersey, by waiver of residence requirements, the following policies and procedures will be included in the mutual understanding between New Jersey and each such state.

.1 General Principles

a. Waiver of Residence Requirements

1) Assistance shall be granted to a person who moves from such state to New Jersey with the intention of making New Jersey his permanent place of abode, waiving the requirement for one year of continuous residence in New Jersey immediately preceding the date of application, provided that the applicant is in all other respects eligible for assistance under New Jersey law.

Such other state will in turn waive any existing residence requirement for a person moving from New Jersey to that state with the intention of making his permanent place of abode there.

2) Persons moving to New Jersey for the primary purpose of receiving patient or domiciliary care in an institutional facility shall be considered eligible for assistance as stated in 1), above, provided that the specific agreement with the state involved has comparable privilege for a person moving from New Jersey to obtain such care.

b. Assets of Recipient

In respect to an active recipient who moves from one state to another according to the principle stated above, the agency in the state which has first acquired a vested interest in any of the client's assets or resources by assignment, lien, mortgage, or other form of sequestration, will maintain its preemption as to such assets or resources. The liquidation and disposition of such assets and resources, at the time of the client's death or otherwise, will conform to the law and administrative policy of the state having the preemption. The administrative agencies in both states, however, shall undertake to maintain a policy of prompt notification and full exchange of information with respect to such matters.

ADC Insert

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

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2230. PERMANENT AND TOTAL DISABILITY

This sub-chapter not applicable in ADC.

Part II The Individual and Public Assistance

2200 Determination of Eligibility Factors Other Than Need - Permanent and Total Disability

2230. PERMANENT AND TOTAL DISABILITY

2231. Definition

For purposes of public assistance in New Jersey a permanently and totally disabled person is a person (i.e., needy person) who by reason of a permanent physical or mental defect, disease or impairment other than blindness (see 2234.1), is disabled to a degree that prevents him from performing a useful occupation existent in the community and within his competence.

The phrase "permanently and totally disabled" is not identical with the following: disability (total or partial) for purposes of veterans' benefits, certain insurance contracts, workmen's compensation, various public and private employees' retirement systems, recovering damages in an action at law, benefits under the N.J. Temporary Disability Benefits law, or similar wage loss replacement plans, or benefits under the Federal disability benefits program initiated in 1957 (RSDI); invalidity, invalidism, long-term patient or chronic illness; incapacity, permanent disability or residual disability; unemployment, unemployability, or socially unemployable.

2232. Determination of Permanent and Total Disability, a State Function

By law, the determination of the factor of permanent and total disability is a direct responsibility of the State agency. This medical eligibility determination is made by a Medical Review Team in the Bureau of Medical Affairs. Determination of all other factors of eligibility is the responsibility of the county welfare boards.

[ When financial need is indicated during the processing of the application, the applicant if single, or married with no eligible children in the home, should be advised to apply for GA.

.1 Medical Review Teams

The Medical Review Teams, each composed of a Medical Consultant and a Medical Social Work Consultant, are scheduled for regular sessions in the Bureau to review the applications for DA submitted by the CWBs.

.2 Psychiatric Diagnostic Facilities

The Department has made available to the Medical Review Team psychiatric diagnostic facilities for examination of DA clients having a mental defect, disease or impairment. (See 2234.3)

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

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2233. General Criteria

The Medical Review Team bases its determination on the following criteria:

.1 Permanent Factor

The term permanent refers to an impairment, alteration or loss in body physiology, anatomy, function, or emotion which is medically determinable and which is expected to be of long-continued or indefinite duration.

- a. The permanent impairment, defect or alteration may be congenital or acquired by disease or injury.
- b. It may be physical or mental, organic or functional, static or progressive, prone to remissions and exacerbations, single or exist in combination with other impairments or defects. It may be obvious or only discernible by thorough medical evaluation.
- c. The permanent condition must be of major importance and must be of such a nature that it is likely to continue for an indefinite or prolonged period, and the concept of the term "cure", within six months from date of Review Team evaluation, cannot be applied.
  - 1) The impairment or condition must be one not likely to respond substantially to any therapeutic procedure which is known, available, not medically contraindicated; or, the client refuses treatment and his decision to refuse therapy can be considered reasonable and prudent. [See 2234.6 for further interpretation of "reasonable refusal."]
  - 2) No condition likely to improve, or be completely arrested or "cured" within six months from date of Review Team evaluation shall be considered permanent, unless one of the following descriptions is applicable:
    - a) The condition is one in which the healing process is characterized by significant tissue alterations, as in tuberculosis and Hansen's Disease.
    - b) If the condition is usually considered to be self-limiting or readily responsive to therapy, the concept of permanent may nevertheless apply if treatment is contraindicated or unavailable, or the client refuses treatment and his decision is one which a reasonably prudent person would make. [See 2234.6]

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The Individual and Public Assistance

2200 Determination of Eligibility Factors Other Than Need - Permanent and Total Disability

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2233. General Criteria (Cont'd)

- .1
- d. Although the condition must be of major importance and of such a nature as to continue indefinitely and be commonly accepted as irreversible, the term permanent does not rule out the possibility of physical or mental restorative efforts, vocational rehabilitation, or even recovery as a result of new drugs and medical techniques. However, pending actual change in physical or mental status, the classification of permanent is proper.
  - e. To substantiate a finding of permanent, objective evidence of the defect, disease or impairment, must be adequately and completely described, or verified by the examining physician, in such a manner that another physician would reasonably accept the diagnosis, or, from the description of the impairment or defect, would accept the concept of permanent without examining the client.
    - 1) The unsupported opinion of the examining physician that a defect, disease or impairment exists, cannot, in itself, be accepted.
    - 2) Objective physical findings, diagnostic studies, laboratory studies, reports from recognized specialists, reports indicating discharge diagnosis or summaries from hospitals or clinics, reports or evaluations concerning client's work tolerance or function or capacity, etc., may be accepted as material supporting or demonstrating the existence of a defect, disease or impairment.
- .2 Total Factor
- a. The term total is not an absolute term. It refers to the inability of the client to perform those activities involved in carrying out the normal responsibilities necessary in employment or homemaking. Thus, total disability means inability to engage in a useful occupation, including homemaking.
  - b. Total involves factors other than the purely medical. Such social factors as age, education, work experience, skills and training, activities required of the client in his home or on the job, living and working conditions, interests, native capacities and abilities, the extent to which he has adjusted to his defect, disease or impairment, and the availability of training and educational facilities must all be considered. The ability of the client to perform a particular job, (including homemaking) within his competence, in spite of his permanent impairment must be carefully evaluated. The client's remaining capacities and abilities must be considered as they relate to the verified medical findings and the type of activities the client is competent to perform, considering the above social factors and his defect, disease or impairment.

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

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2233. General Criteria (Cont'd)

- .2 c. A disability is not total if the client has the skill, ability, capacity, and is found by competent evaluation to be able to engage in an occupation other than his usual or former occupation. Where there is uncertainty as to the client's ability to perform a job, other than his usual or former occupation, the Review Team will request an employment evaluation by the State Employment Service and/or the Rehabilitation Commission.
- d. The occupation must be one existent in his community. If existent in the community but not available to the client, he is considered unemployed rather than totally disabled. If the occupation does not exist in his community he is totally disabled.

Community shall mean the place where the client lives, or within reasonable commuting distance, provided the client is physically able to use public or private transportation facilities and such facilities are readily available.

.3 Permanent and Total Factor

The decision that a client is permanently and totally disabled requires the joint evaluation by a licensed physician and a qualified medical social worker taking into account all of the factors enumerated above, the additional factors in this sub-section, and the special factors in 2234.

- a. When an individual has a permanent physical or mental disease, defect or impairment of such a degree of severity as to be considered incapable of substantially gainful employment, which is within his competence, on a regular and predictable basis, then he will also be considered totally disabled. In other words, if a client is able to perform activities well enough and with sufficient regularity to receive regular payments for his labor, or to carry on homemaking\* responsibilities for one other than himself, on a continuing basis, he is not considered totally disabled in spite of any determination of the existence of a permanent defect, disease or impairment.
- 1) The term "useful occupation" means regular employment (or homemaking responsibility\*). The fact that an individual may receive some remuneration through activities having some of the characteristics of a "useful occupation" does not preclude a finding of permanent and total disability.

\* See 2234.4 for further interpretation of "homemaking" and "homemaker."

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2200 Determination of Eligibility Factors Other Than Need - Permanent and  
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2233. General Criteria (Cont'd)

- .3 b. In considering the status of applicants where no definitive diagnosis of a single major identifiable defect, disease, or impairment can be determined, but who nevertheless are obviously suffering from the physiological and often psychological limitations of aging, and who cannot realistically be deemed able to perform the essential elements of a useful occupation, for which they have competency, on a regular and predictable basis, a finding of permanent and total disability can justifiably be made.
- c. If an individual is properly found to be permanently and totally disabled by a Medical Review Team, this finding is not invalidated by the fact that:
- 1) The person is undergoing medical or surgical treatment for the purpose of arresting, improving or ameliorating the permanent defect, disease or impairment; or
  - 2) The person is undergoing a planned program of rehabilitation (physical restoration and/or vocational training); or
  - 3) The person is engaged in therapeutic employment which had been planned by a physician as occupational therapy (or work tolerance) incident to rehabilitation; i.e., sheltered workshop, etc.

[See 2234.5 for further interpretation and procedures in respect to employment.]

2234. Special Criteria for Consideration

.1 Applicant with Visual Defect

If an applicant is disabled only by reason of blindness as defined in the Blind Assistance law (less than 20/200 vision in the better eye with refraction, or field of limitation reduced to 20 degrees) he is not eligible for DA.

However, even though an applicant is legally blind, if he has other disabling conditions which of themselves warrant a finding of permanent and total disability, then he may be found to be permanently and totally disabled for reasons other than blindness only.

Furthermore, it shall be recognized that an applicant, while not legally blind, may have a visual disability of such severity that it precludes him from engaging in a useful occupation, or the visual disability in combination with other disabilities of a relatively minor nature precludes employment. In such instance the applicant may be found eligible for DA with respect to the permanent and total disability factor.

[For CWB procedures see 2235.2 and 2237.5]

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Total Disability

2234. Special Criteria for Consideration (Cont'd)

.2 Applicant with Diagnosis of Active Tuberculosis

a. Effect on Eligibility

By law, a person who has active tuberculosis and who is determined medically to require immediate institutional care for this condition is ineligible to receive DA. However, assistance cannot be legally denied to an applicant who refuses institutional treatment unless there is a positive medical finding that immediate institutional care is essential.

The Medical Review Team will "Disapprove" any application in which there is conclusive medical evidence of active tuberculosis and recommendation for immediate institutional care. If the evidence is not conclusive or the question of need for institutional care is in doubt, the Team will require further medical evidence, and will, when necessary, evaluate the situation in relation to an applicant's refusal to accept institutional treatment. [See 2234.6]

b. Eligibility in Respect to Home Care

If the record shows that an applicant with a diagnosis of active tuberculosis is receiving drug therapy, and the attending physician has approved a plan for home care, the Review Team may approve the application for DA if the person is otherwise eligible. "Home" means client's own family home. Existing laws governing boarding and nursing homes do not permit care of patients with contagious diseases.

If there are young children or adolescents in the home and there is any doubt as to whether the clinic or physician is aware of the home situation, the application will be "Undetermined", and the CWB will be directed to request a specific statement from the clinic or physician approving the plan for home care.

[For CWB procedures see 2242.2]

.3 Applicants with Mental Defect, Disease or Impairment

- a. By resolution of the State Board of Control, where a finding of permanent and total disability is based on a diagnosis of mental defect, disease or impairment, the diagnosis must be the result of a "team evaluation" by a multi-discipline group.

[See Appendix 2200. V for Resolution of State Board of Control.]

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2200 Determination of Eligibility Factors Other Than Need - Permanent and  
Total Disability

2234. Special Criteria for Consideration (Cont'd)

- .3 b. This "team evaluation" is secured through a special service, purchased at Division expense (if not otherwise available), by Psychiatric Diagnostic Groups under the direction and supervision of the Diagnostic Center at Menlo Park. In some instances, existing records of institutions for the mentally ill or mentally deficient, or of accredited psychiatric, mental hygiene or guidance clinics, may be accepted by the Medical Review Team as fulfilling the requirements of the "team evaluation" principle.

A list of approved PDG facilities serving the DA program is provided in Appendix 2200-VI. (See 2235.3 for CWB procedures.)

- c. Factors Considered in Requesting Psychiatric Diagnostic Group Examination

1) General Policy

The general policy shall be that whenever the Examining Physician's Report (PA-5), the Medical-Social Information Report (PA-6) or other supporting data, indicates a mental defect, disease or impairment, the Review Team shall require an examination by PDG prior to final determination of eligibility.

Certain exceptions are made to this general policy in respect to applicants for whom institutional records exist, or who have been examined in psychiatric, mental hygiene, or guidance clinics.

(See 2) and 3) below.)

The purposes of this procedure are to

- a) identify clients who are in need of institutional care for their own and the community's protection, and who are legally ineligible to receive DA;
- b) identify clients who can benefit by treatment and/or training;
- c) establish whether clients not in need of institutional care are mentally competent to handle their own financial affairs, or whether a legal guardian must be appointed (or other arrangements made) to receive the assistance payment on behalf of the client; (See 2560., Methods of Payment for Incompetent Recipients.)

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2200 Determination of Eligibility Factors Other Than Need - Permanent and Total Disability

2234. Special Criteria for Consideration (Cont'd)

- .3 c. 1) d) determine that the mental defect, disease or impairment is or is not permanent and total;
- e) ascertain whether PDG observes need for additional diagnostic procedures or medical treatment; and to
- f) identify those clients whose mental condition should be re-evaluated at a subsequent date because of probable deterioration or possible improvement.

There will be instances in which, although the Examining Physician's Report (PA-5) gives no definitive data indicating a mental condition, the Medical Review Team will nevertheless observe from the medical data compiled with data reported on the Medical-Social Information Report (PA-6) particularly under the heading of "Social Evaluation" or other supporting data that there is sufficient indication of the existence of a mental condition to warrant an examination by PDG. Whenever a Team believes that it should not make a final determination in respect to need for institutionalization or mental competency, and/or that a PDG examination would prove beneficial to the applicant, the examination will be requested unless the special provisions of 2) and 3) of this section apply.

2) Applications from Persons Released from Institutions for the Mentally Ill

When the application is for a person who has received care and treatment in an institution for the mentally ill, and who was officially discharged within one year prior to applying for assistance (or whose discharge merely awaits completion of a plan by the institution and the BIS to return the person to the community), the Review Team may accept a report on PDG Form PA-7 from the records of the institution without requiring examination by PDG, provided that such records

- a) demonstrate that the person has a diagnosed condition which warrants a finding of permanent and total disability, and
- b) clearly establish that the person is or is not competent to handle his own financial affairs, and
- c) show conclusive evidence that the person is not in need of care, or continued care, in an institution by reason of a diagnosis of psychosis, and

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2200 Determination of Eligibility Factors Other Than Need - Permanent and Total Disability

2234. Special Criteria for Consideration (Cont'd)

- .3 c. 2) d) show that the present plan for care is satisfactory, or that  
[ the BIS is working on a plan for care which will be satisfactory and will be accomplished before assistance is granted.

If the discharge occurred more than one year prior to application for assistance, the Review Team may require PDG examination.

[See 2227.2 d. and 2235.3 b. for procedures on referrals from State Institutions.]

3) Mentally Deficient Applicants for Whom Definitive Diagnosis is Available

When the diagnosed mental condition, or the indicated condition, is related to mental deficiency, the Review Team may make a final determination without referral for a PDG examination, provided that

- a) a definitive diagnosis is available in the record, or can be secured, from reports of prior mental testing which was conducted in an institution for the mentally deficient, or in a psychiatric, mental hygiene, or guidance clinic, and
- b) the report clearly establishes that the person is or is not competent to handle his own financial affairs, and
- c) there is conclusive evidence that the person is not suffering with psychosis and in need of institutional care by reason of such condition, and
- d) the record shows that the present plan for care is satisfactory or that the welfare board is working on a plan which will be satisfactory and which will be accomplished before assistance is granted.

4) Mentally Deficient Applicants Awaiting Institutional Admission

There will be some applications for mentally deficient persons who have already been classified as requiring care, treatment or training in an institution and whose names are on the State "waiting list." Where there is conclusive evidence that these persons are not in need of institutional care by reason of psychosis, they are eligible to receive DA pending admission to an institution for the mentally deficient. This will hold also for mentally deficient persons examined by PDG for whom there is a recommendation for care in an institution for the mentally deficient, and who are to be referred for admission to such an institution. [See 2243.2 for CWB procedures.]

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Part II The Individual and Public Assistance  
2200 Determination of Eligibility Factors Other Than Need - Permanent and  
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2234. Special Criteria for Consideration (Cont'd)

.4 Determination as to Whether Applicant is a Homemaker

a. Definition of Homemaking

As provided in the definition of "useful occupation" - "homemaking is a useful occupation when it is performed in a household that includes one or more persons other than the one performing the household duties."

The term "homemaking," for purposes of Disability Assistance, is defined as follows:

Homemaking involves ability to carry the home-management and decision making responsibilities and to provide essential services within the home for at least one person in addition to one's self. Homemaking may be generally divided into manipulative skills and managerial skills.

Manipulative skills include food preparation and service; cleaning and care of the home; washing and ironing clothes and household linens; care and repair of clothes and linens; feeding, bathing and dressing children and caring for adults who are invalids.

Managerial skills include the ability to manage household expenditures, and to plan, decide, select and purchase the food, clothing, household supplies and furnishings for the family. Social decisions include the ability to supervise the health care, to direct the education and to give social direction to the family, and to direct the training of young children.

If a person is not able to perform a significant combination of these manipulative and managerial activities on a routine basis with little or no supervision or help from others, then a finding of permanent and total disability (in relation to the issue of homemaker) is authorized.

b. Guides for Determination

Determination that an applicant, who is living as a member of a household, is or is not the homemaker is a diversified problem. Decisions in this area frequently require a high degree of professional judgment from the Medical Review Team. The following factors are considered by the Review Team:

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

2234. Special Criteria for Consideration (Cont'd)

- .4 b. 1) There are some individuals who have the ability to perform all the tasks and services required in homemaking, but who are physically unable to be active for the number of hours daily that would be minimally necessary for effective performance.

Also, consideration must be given to the individual's total environmental situation. Inadequate housing, lack of labor saving equipment, and other conditions such as no bathing or inside toilet facilities, the need to build fires, carry wood, coal, water from outside or upstairs, to wash clothes by hand, lack of hot running water, the number of persons in the household, the size of the house, the distance to markets, etc., are all factors which require more hours of work and increased physical exertion.

- 2) There are some individuals who are in fact functioning as a homemaker but for whom these activities are medically contraindicated.

There are individuals performing homemaking duties in spite of their disabilities because of economic need and/or living arrangements, or because of their own lack of knowledge of the extent of the disability and the need to limit activities, or because of an emotional need to continue their previous pattern of behavior.

Where the activities of homemaking are medically contraindicated the application will be "Approved." Specific recommendations to CWB will be made in such cases, based on an evaluation of total need in respect to medical care, emotional needs, change in living arrangement, or purchase of services and/or equipment to make adjustment possible in the current living arrangement.

- 3) Part-time or occasional homemaking activities (whether or not for remuneration) such as baby-sitting, sewing, etc., should not be confused with the over-all responsibilities of managing a household. A disabled person may be able to perform such tasks either in or out of the home but still be unable to carry major responsibility for a household.

In such cases, if it appears that the activity is performed regularly for remuneration, it will be evaluated in terms of employment and not in relation to the issue of homemaking.

- 4) If the medical and social data in the record is adequately completed, the Review Team will be able to act on cases presenting the following situations without further question:

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2234. Special Criteria for Consideration (Cont'd)

- .4 b. 4) a) The applicant lives alone, or will shortly be living alone or in a boarding or nursing arrangement; or, two persons live together in a rooming arrangement and eat in restaurants.
- b) Another member of the household is primarily responsible for the homemaking function, and the applicant does some of the chores merely to keep busy, to keep up morale, etc.
- c) The applicant attempts to carry some responsibility but must depend on assistance from others in the household, from neighbors, etc., for a significant portion of the necessary tasks.
- d) The medical and social information indicates that the applicant is not mentally capable of carrying the managerial aspects of homemaking even though able to perform many of the essential tasks under supervision.

.5 Capacity for Work; Employment

This is a complex area involving both medical and social evaluation of a DA recipient's capacity to engage in substantially gainful employment on a regular and predictable basis, his opportunity to secure suitable employment, his ability to hold a job, and the effect on motivation of the client to work by continuing or withdrawing assistance.

The following policy will guide the Medical Review Teams. It provides for a reasonable period of time, after a DA recipient has been evaluated as employable, for him to secure employment and to adjust to the job.

a. Evaluation of "Useful Occupation"; "Substantially Gainful Employment"

In evaluating the eligibility of a recipient who is actually employed, the Review Team in determining whether the employment is a "useful occupation" and whether he is capable of "substantially gainful employment" will carefully consider the extent to which [see 2233.3 a. for Definitions.]

- 1) the employer's sympathy, compassion and altruism enter into the opportunity to engage in remunerative work;
- 2) the job has been created ("engineering" the job) specifically for the individual by devising a special environment and situation, which may include the creation of a market for the product, which is based on philanthropy rather than the competitive value of the product;

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2234. Special Criteria for Consideration (Cont'd)

- .5 a. 3) the energy required by the handicapped individual is far beyond that ordinarily required for the same activity for the normal individual;
- 4) the individual is doing more than can ordinarily be expected from individuals with similar impairments of the same degree of severity;
- 5) such mental factors as ability to learn, to act purposefully, to remember, etc., either independently or under supervision, have been carefully evaluated; and
- 6) such personality factors as inability to relate to others, to accept supervision, to meet time schedules, have been evaluated.

b. Review Team Evaluation and Procedure for Specific Situations

1) No Limitations on Employment

In respect to a recipient who has been reevaluated as employable with no limitations on capacity for work at his former or another occupation, and such work exists in his community, then the Review Team will "Disapprove" the case. The CWB will be instructed that assistance may be continued if necessary for one month beyond the month in which the Review Team reclassified the case as "Disapproved."

This is considered a reasonable period to allow the client to find employment, adjust to the job and receive his first pay. Regardless of whether or not such recipient secures employment, he shall be considered ineligible for Disability Assistance beyond the stipulated period unless, in the interim, additional evidence of inability to engage in substantially gainful employment is submitted to the Bureau.

2) Limited or Selective Employment

When a physician states that an applicant or recipient can engage in limited and/or selective employment, (limited as to hours and selective as to type) or uses the phrase "can do light work," the Review Team must specially consider such factors as age, type of work experience, effect of residual disability on work capacity, availability of the type of work client is able to perform, the seasonal or occasional character of some types of "light work," the length of time client has been out of the competitive labor market, etc.



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2234. Special Criteria for Consideration (Cont'd)

- .5 c. 3) Procedures when CWB Receives Initial Information Regarding Employment

When CWB is advised by a recipient or by another agency (such as Rehabilitation Commission) that recipient has obtained employment, the following procedures will apply:

- a) If recipient's earnings are adequate to meet his need, the policy and procedure provided in 1), above, will apply.
- b) In cases where CWB cannot determine eligibility solely on the basis of "no longer in need," the assistance shall be continued, and a prompt report shall be made to the Medical Review Team as required in 2), b) above.

Upon notice from Medical Review Team that such a recipient is "Approved," CWB shall continue assistance, adjusting the grant to account for earnings.

If CWB is advised that the case is reclassified as "Disapproved," then the policy and procedure provided in 1), above, will apply.

- .6 Refusal to Accept Recommendations for Diagnostic Evaluation, Medical Treatment or Related Services

a. General Policy

A basic concept in public assistance is helping the client achieve his highest possible level of self-sufficiency. While there is no intent to force a person to accept medical treatment or related services against his will, it would be incompatible with this concept to grant assistance to a person who, without adequate reason, chooses to remain dependent rather than accept services designed to aid in his rehabilitation for self-care or self-support.

The general policy shall be that an applicant or recipient who refuses to undergo diagnostic evaluation procedures which are essential to the determination of permanent and total disability, shall be found ineligible for DA by the Medical Review Team; a recipient who refuses recommended medical treatment or related services which would eliminate either the permanency or totality of his defect, disease or impairment, will not be eligible for DA unless his refusal is found to be reasonable.

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2234. Special Criteria for Consideration (Cont'd)

.6 a. General Policy (Cont'd)

Medical treatment and related services shall be understood to include diagnostic evaluation, medical and/or surgical treatment, psychiatric treatment, or any combination thereof; rehabilitation services including restorative services and vocational training, services of the State Employment Service, etc.

b. Reasonable Refusal Defined

Refusal on the part of a client to accept recommended treatment or services shall be considered to be "reasonable" (by the Medical Review Team) when one or more of the following conditions exist:

- 1) The client is genuinely fearful of undergoing treatment. While such fear may appear to be unrealistic, or emotional in origin, or even irrational, nevertheless the fear is so intense as to adversely affect the result of treatment, and a physician recommends against it.
- 2) The client could suffer loss of a faculty, or the residual use of a remaining faculty, and he is unwilling to take the risk.
- 3) The client has definite religious scruples which do not, in his judgment, permit him to undergo the recommended treatment.
- 4) The resistance to treatment is an element of the defect, disease or impairment itself.

c. Effect of Refusal on Initial Eligibility and Continuing Eligibility; Procedures

1) "Undetermined" Applications

If an application is returned to CWB as "Undetermined" with request for additional medical information or evaluation by related services, and the applicant refuses to undergo the necessary tests, examinations or evaluations, his refusal and the reasons therefor shall be reported back to the Medical Review Team. Except in unusual circumstances an applicant's refusal at this point will not be considered "reasonable" and will result in a finding of "Disapproved" by the Review Team.

2) Applications "Approved" by Review Team; Reevaluations of Active Cases

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2234. Special Criteria for Consideration (Cont'd)

- .6 c. 2) a) When an "Approved" application or reevaluation is returned to CWB with recommendations for medical or related services, the recommendations shall be discussed with the client. If the client refuses to follow the recommendations, CWB shall nevertheless grant or continue assistance, as appropriate, if the client is otherwise eligible. The client shall be informed that assistance is being granted, or continued, to allow him time to reconsider his decision, and that continued refusal may result in his ineligibility when his record is next reviewed by the Medical Review Team.
- b) CWB shall continue efforts to help the client change his decision, discussing the situation with any interested relatives, and consulting the physician or other professional personnel involved, and enlisting their cooperation in motivating the client to accept services.
- c) If at the end of three months (regardless of review date on the Record of Action) efforts to help the client to change his decision have been unsuccessful, the CWB shall prepare a report giving the recipient's expressed reason for refusal, the apparent reactions of recipient and his family, and the current opinion of the physician and/or other professional personnel, regarding the reasonableness of the continued refusal. The report shall be sent to the Medical Review Team together with the original record.

d. Action by Medical Review Team

The Review Team upon reevaluation of the entire record will determine that

- 1) the refusal cannot be considered "reasonable" and the client is not eligible for assistance, or for continued assistance as appropriate; or
- 2) the reported facts concerning the continued refusal now indicate that the client's reasons are valid, or the nature of his disability in relation to his refusal is such that a finding of "Approved" for granting assistance or continuing assistance, as appropriate, is warranted; or

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2234. Special Criteria for Consideration (Cont'd)

- .6 d. 3) the report from CWB on an active case indicates that further interpretive efforts might result in client changing his decision, and therefore approval for continuing assistance for an additional three months is warranted. In this situation the Review Team will make appropriate recommendations for ways of helping the client to understand and accept the medical and/or other services recommended for him.

If at the end of the additional three months the client is still unwilling to accept the plan for his care and treatment, the CWB shall so report to the Medical Review Team and await a final determination as to continuing eligibility.

[For special instructions regarding refusal of a client with active tuberculosis to accept institutional care see 2242.2.]

2235. County Welfare Board Responsibility

It is the responsibility of CWB to furnish the Medical Review Team with current, pertinent social and medical information, and to obtain any special or additional reports on request.

.1 Initial Medical Examination

Arrangements for medical examination will not be initiated routinely as part of the intake interview in every case where a person has applied for DA, particularly when there is reasonable doubt whether the applicant is a needy person or eligible in other respects.

When it appears that the applicant is a needy person, arrangements for obtaining current medical information should be initiated immediately by whichever of the following procedures is applicable when it appears that final disposition of the application will require such information.

- a. When the applicant is currently (within 3 months) under the care of a private physician, he shall be furnished with a copy of Form PA-5 (Examining Physician's Report) to take to the physician for completion.
- b. If the applicant is currently receiving treatment in a hospital clinic, public health facility (i.e., tuberculosis clinic, mental health clinic), or other outpatient facility, on a regular basis for the medical condition related to his application for Disability Assistance, a copy or abstract of the clinic record may be submitted in lieu of PA-5.

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2235. County Welfare Board Responsibility (Cont'd)

- .1
- c. If the applicant has been hospitalized within three (3) months for a condition related to the defect, disease or impairment for which he is applying for assistance, an abstract of the hospital record may be submitted in lieu of PA-5.
  - d. In the event none of the above are applicable the CWB should assist the applicant in choosing a physician to complete the PA-5 who is competent to determine the nature of his disability.
- .2 Ophthalmological Examination

In order to facilitate the granting of assistance to needy persons with visual disabilities, the following procedures shall be observed:

- a. When the person requesting assistance states that he is blind or that lack of vision is his primary disability, he shall be given information about the eligibility requirements for and the services provided by both Disability and Blind Assistance and shall be informed of his right to elect the program for which he wishes to apply. (See 2234.1 for policy statements.)
- b. If the person decides to apply for DA, and following registration the Examining Physician's Report (Form PA-5) indicates a primary or major diagnosis involving eye pathology or disease, the CWB shall, prior to submission of the record to the Medical Review Team, obtain a Report of Eye Examination, Form PA-5A, from a qualified medical specialist in diseases of the eye (e.g., ophthalmologist), or from an eye clinic of a general hospital. (The Membership Directory of the Medical Society of New Jersey is suggested as a reference for physicians specializing in diseases of the eye in each municipality.) The CWB shall prepare a duplicate of Form PA-5A and transmit both copies to the Medical Review Team together with the Examining Physician's Report (PA-5).

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2235. County Welfare Board Responsibility (Cont'd)

.3 Examinations and Report on Mental Conditions

[See 2234.3 for policy and Medical Review Team procedures]

a. Procedures Related to Psychiatric Diagnostic Group Examinations

- 1) When the Review Team determines that an applicant must be examined by PDG, the Record of Action is marked "Undetermined" and the CWB is to immediately arrange with PDG for the examination at the appropriate clinic, or at the client's residence if he is unable to go to the clinic.
- 2) Following examination PDG sends the entire record to the Medical Review Team of the Bureau, together with a report of findings on Form PA-7, and supplemental narrative report in duplicate.

The Report of the Findings of Psychiatric Diagnostic Group, Form PA-7, also frequently makes recommendations for further mental or physical examination or treatment, or social adjustment, and where indicated, requests that client be reexamined by PDG at some future date. There may be some situations in which, although the PDG report does not recommend reexamination, nevertheless the Review Team considers that reexamination is advisable and so states. (See 4) below.)

In respect to the question on competency, the PDG may find an applicant to be "marginally competent" to handle his own financial affairs, indicating that the individual is presently considered competent to handle his assistance grant. It is used mainly where psychological evaluation indicates there may be some difficulty in social judgment but the client exhibited a mathematical ability to handle funds; or, in cases where social judgment is considered good, but the client's mathematical ability may be borderline.

- 3) The Record of Action for an "Approved" application for a person with a mental defect, disease or impairment will include a statement regarding mental competency regardless of whether or not the applicant has been examined by PDG or the Review Team has made determination based on acceptable institutional or clinic records.

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2235. County Welfare Board Responsibility (Cont'd)

- .3 a. 4) A copy of the PDG report (Form PA-7) and narrative summary will be sent to the CWB regardless of whether the application is "Approved" or "Disapproved." When appropriate, the Review Team will interpret or amplify any recommendations made by PDG to aid the CWB in carrying out such recommendations.

In respect to situations in which PDG requests or recommends re-evaluation, or in which the Review Team considers reevaluation advisable, the Record of Action will so state, giving the date for such reexamination.

- b. Completion of Report of Findings of Psychiatric Diagnostic Group Form PA-7 by Institutions

When the CWB finds that a DA applicant was discharged from a mental institution within the year prior to making application, the institution shall be requested to complete the PDG report (Form PA-7) from its records. Such report is to be sent to the Review Team with the CWB record. If the institution is unable or unwilling to complete the PA-7, the case shall be sent to the Review Team in the usual way, stating that the institution was unable or unwilling to complete the PA-7. [See 2234.3 c. 2]

[See 2227.2 for further procedures for patients referred directly from mental institutions.]

- .4 Submission of PA-4 for Applicant Requiring Patient Care

When CWB is sending the Medical Review Team records for a DA applicant who has been certified as in need of patient care for chronic illness, a current Form PA-4, Certification of Need for Patient Care in Facilities Other Than Public or Private General Hospital, shall be included in the record.

[See 2254. for use of Form PA-4]

- .5 Procedures in Reapplications and Reopened Applications

In accordance with the concept that the factors of "permanence" (see 2233.1 d.), totality (see 2233.2 a.), and permanent and total disability (see 2233.3 c.), are not absolute and do not preclude improvement, recovery, or change in competence, there must be a redetermination of the permanent and total disability factor by the Medical Review Team, Bureau of Medical Affairs, in every reapplication and reopened application. The items to be submitted by the county welfare board to the Bureau of Medical Affairs shall be as follows:

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2235. County Welfare Board Responsibility (Cont'd)

- .5 a. Previously submitted material
- 1) Examining Physician's Report
  - 2) Medical-Social Information Reports
  - 3) Interim Medical Social Reports
  - 4) Any additional medical or social data
  - 5) All copies of Record of Action received on applicant

b. Submission of Reapplication or Reopened Application

At the time of reapplication or reopening the following information must be current and forwarded to the Bureau of Medical Affairs for review by the Medical Review Team for the determination of medical eligibility. If the previously submitted items are not current except in situations where the condition is congenital or chronic or objective evidence is already available, additional reports must be completed and submitted. ("Current Information," as defined in the introduction to this section means information secured within three months of the date of submission to the Medical Review Team.)

- 1) Examining Physician's Report (PA-5) (Refer to 2235.1)
- 2) Medical-Social Information Report (PA-6)

For procedures after Medical Review Team action refer to section 2237.

c. Cases Previously "Approved" by Medical Review Team

- 1) Denied or Closed by County Welfare Board on Need Factor
  - a) When the reason for denial or case closing relates to lack of need because of resources other than employment of the client, or for some other technical reason unrelated to any medical factors, and if the last Record of Action set a redetermination review date which occurred during the period the case was inactive, or falls in the month of reapplication, then the case shall be submitted to the Medical Review Team prior to CWB decision to grant assistance.
  - b) If in the above case situation the redetermination review date was set for sometime later than the month of reapplication, then CWB may grant assistance to any otherwise eligible applicant, and submit the case to the Medical Review Team at the previously set review date.

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2235. County Welfare Board Responsibility (Cont'd)

- .5 c. 1) c) When the reason for denial or case closing was because the recipient obtained employment and he reapplies, then the case shall be resubmitted for determination of permanent and total disability prior to CWB action on the application.
- d) The record material submitted in these situations shall include all previous medical reports and social data summaries, interim reports, and current interim report covering all pertinent facts, including reasons for denial or closing and reapplication, and all copies of Records of Action (PA-8) received on the case. [See 2629.2 c. for instructions on Interim Reports.]

2) Denied or Closed on Admission to an Ineligible Institution

If, subsequent to an "Approved" determination by the Medical Review Team, CWB denied or closed a case because client entered an ineligible institution (i.e., voluntary general hospital, tuberculosis sanitarium, institution for mental condition), the following shall apply:

- a) When the case was denied by CWB or closed less than 12 months prior to reapplication, CWB may process the application and grant assistance immediately provided that
- (1) the redetermination review date on last Record of Action did not occur during the period the case was inactive, or falls in same month as reapplication, (when this applies, follow instructions in 1), a), above);
  - (2) there is nothing in current medical or social information obtained or observed by caseworker to suggest a new issue of competency.
- b) If the case was denied or closed more than 12 months prior to reapplication, or less than 12 months but there is reason to believe the issue of competency requires reevaluation, then the reapplication shall be submitted to the Medical Review Team prior to granting assistance.

The record submitted shall include the reports enumerated in 1), d), above and an abstract of the institutional record or other form of report when required by procedure. [See 2227.2 and .4]

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2235. County Welfare Board Responsibility (Cont'd)

.6 Concurrent Investigation of Other Eligibility Factors

To assure prompt disposition of the application the CWB shall continue investigation of all other factors of eligibility while awaiting action of Review Team on the permanent and total factor.

2236. Transmittal of Records

.1 County Welfare Board to Medical Review Team, Bureau of Medical Affairs

a. Record Materials Required

- 1) In an initial application, as soon as medical reports and the Medical Social-Information Report (PA-6) are completed, one copy of each together with any additional forms and pertinent medical or social information which is available, or required by instructions in this 2230. sub-chapter shall be stapled together for transmittal to the Bureau of Medical Affairs, attention of Medical Review Team.
- 2) Records for reapplications and reopened applications will be submitted as instructed in 2235.5 above.

b. Preparation of Inventory Sheet

Records transmitted by CWB on a given date shall be listed by registration number and name on an inventory sheet, prepared in duplicate, the cases being grouped by case status. One copy shall be attached to the submittal records; the duplicate retained as CWB control.

c. Special Reviews

County Welfare Board may request special reviews of eligibility or ask for Medical Review Team's opinion and recommendations in respect to a specific case problem. Such request shall be made by letter attached to the usual medical and social case record material. The record always must be submitted.

.2 Return to County Welfare Board

- a. The Medical Review Team of the Bureau will prepare a similar inventory and attach to cases returned to the CWB on a given date, without regard to the date the individual records were received or the county inventory(s) on which they were listed.
- b. Attached to each case will be Form PA-8, Record of Action, containing the determination of eligibility by the Medical Review Team and any necessary instructions.

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2237. Procedure After Review Team Action

Upon receipt of records from the Bureau, the CWB shall examine the Form PA-8 for the action of the Medical Review Team and for specific instructions or recommendations, and to note the determination review date.

Recommendations will be made by the Medical Consultant to alert the CWB to the possibilities of adequate medical care for the client, and to provide specific pertinent questions to be raised with the attending physician. The Medical Social Work Consultant will make recommendations to help the CWB staff recognize the social problems indicated in the client's situation and the relationship between these problems and his physical and mental adjustment.

When recommendation is made for referral of the client to specific services in the community the procedures in Chapter 2800. shall be followed.

The following procedures shall be observed in respect to Medical Review Team actions:

.1 "Approved" Cases

- a. CWB shall complete, as necessary, determination of eligibility in respect to other factors and, if eligible, issue the initial payment on the earliest possible date. [See 2127., Disposition of Application and 2510., Initial Payments.]
- b. When an applicant is not eligible in respect to any other factor, although "Approved" for the disability factor, the application shall be denied.
- c. The CWB shall establish and maintain a control file for "Approved" cases granted assistance in order that the date for redetermination review by the Bureau will be observed and considered according to instructions in 2600., Continuing Eligibility.

.2 "Undetermined" Cases

- a. When the applicant is to be examined by PDG, or records are requested from a mental institution or mental clinic, follow procedures provided in 2235.3.
- b. If further medical and/or social information is required by the Bureau for the initial determination of eligibility, the CWB shall obtain the information promptly and resubmit the case. Reports from medical specialists shall be submitted on their own letterheads. All cases re-submitted shall be entered on the inventory sheet as given in 2236.1 b.

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2237. Procedures After Review Team Action (Cont'd)

.3 "Disapproved" Cases

Any case "Disapproved" by the Medical Review Team as not permanently and totally disabled shall be denied DA by the CWB.

In respect to applications "Disapproved" because the applicant requires institutional care, see 2240., Need for Care in Institution for Mental or Tuberculous Condition.

Appropriate notification of the client and any other interested agency shall include any specific recommendations for follow-up care and treatment. (See 2128. and 2910.)

.4 Payment of Examining Physician

When Page 5 of Form PA-5 carries the signature of the Medical Consultant approving the payment of the examining physician, such payment shall be forwarded to the physician from administrative funds, regardless of whether the action on the Record of Action is "Approved," "Disapproved" or "Undetermined." (In an "Undetermined" case, if the request for additional information relates to an incomplete report from the examining physician, approval for payment will not appear on Page 5 of the PA-5.

Payment for special diagnostic reports (except PDG) shall likewise be forwarded to the medical specialist or clinic from administrative funds regardless of whether the case is "Approved," "Disapproved," or "Undetermined."

Maximum Allowances for Examining Physician (Completion of PA-5)

- |                                      |        |
|--------------------------------------|--------|
| a. Examination at office or hospital | \$10.  |
| b. Examination at patient's home     | \$15.  |
| c. Examination at public institution | No fee |

.5 Action on Application of Visually Disabled Individual

- a. When the Medical Review Team determines that the person is blind, but is not otherwise permanently and totally disabled, the application will be "Disapproved;" the CWB shall deny the application and advise the person promptly about applying for Assistance for the Blind. The original Form PA-5A will be returned to the CWB to be used in relation to the application for Assistance for the Blind, so that the duplicate can be retained in the DA record.

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2237. Procedures After Review Team Action (Cont'd)

- .5
- b. If the Medical Review Team determines that the person is permanently and totally disabled, whether or not he is legally blind, the application will be "Approved" for DA.
  - c. If the Medical Review Team determines that the person is neither blind nor permanently and totally disabled, the application will be "Disapproved" for DA. In such instance the person if single, or married with no eligible children in the home, should be advised to apply for GA.
  - d. In any case "Approved" under b. above, or "Disapproved" under c. above, the CWB shall report the status of the application to the Commission for the Blind and make available to them the duplicate Form PA-5A, Eye Report. This will enable the Commission to register the person and consider the possibility of eye care, surgery or special services. With respect to any "Approved" application for DA that is so reported, the CWB will in due course be informed by the Commission of any special service initiated for such person.

2238. Diagnostic Examination Services

.1 Statement of Policy

This section is concerned with medical specialty consultant evaluation services and diagnostic studies (i.e., clinical laboratory, diagnostic x-ray and special diagnostic examinations) incident thereto, authorized by a county welfare board upon recommendation of the medical review team or a physician consultant to the local agency (including a medical consultant employed by the Division of Medical Assistance and Health Services), when deemed essential as part of the initial determination of medical eligibility in one of the categorical assistance programs requiring such a decision. This section is not applicable to a recipient receiving health benefits (medical assistance) as an eligible person under a categorical assistance program or programs administered by the Bureau of Children's Services.

These examinations and procedures are exclusively for diagnostic purposes as an incident of program eligibility, are chargeable as matchable administrative costs, and a medical vendor payment should be promptly made upon approval of the consultant's report by a reviewing physician employed by the State agency.

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2238. Diagnostic Examination Services (Cont'd)

.2 Maximum Allowances for Medical Specialty Consultant Evaluation Services

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

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

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

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

.3 Diagnostic X-ray and Interpretation; Radio Isotope Studies

- a. The fee(s) as listed in Schedule of Maximum Plan Payments, Series 575 (Appendix XIII), as issued by the Medical-Surgical Plan of New Jersey (Revised 1/1/70) shall be approved when diagnostic x-ray or radio isotope studies are deemed essential by the medical specialist authorized to perform the diagnostic consultant evaluation.
- b. Limitation on Payment

Payment based on the allowances listed by the Medical-Surgical Plan, Series 575, shall be limited to medical specialists as defined in 2238.2 c. 2).

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2238. Diagnostic Examination Services (Cont'd)

.4 Clinical Laboratory and Special Diagnostic Examinations

- a. The fee(s) as listed on the Schedule of Maximum Plan Payments, Series 575 (Appendix XIII), issued by the Medical-Surgical Plan of New Jersey (Revised 1/1/70) shall be approved when laboratory and/or special diagnostic studies are deemed essential by the medical specialist authorized to perform the diagnostic consultant evaluation.
- b. Limitation on Payment
  - 1) When multi-channel automated laboratory equipment is available in the community and the clinical laboratory studies required by the consultant are included in the battery of tests available in a multi-channeled automated laboratory determination, the sum of the charges for three or more clinical laboratory studies ordered by the consultant shall be billed to the Agency at a cost not to exceed a charge reflecting the customary fee for the entire automated battery. Under no circumstances shall payment exceed the Medical-Surgical Series 575 schedule for each test when less than four clinical laboratory studies are deemed essential by the consultant and are available as part of the determination furnished by an automated laboratory, regardless of whether the test is performed individually or as part of the profile produced by the multi-channel test battery.
  - 2) The most frequent biochemical procedures performed and reported by multi-channel automated profiles are: (1) Blood glucose, (2) Cholesterol, (3) Uric Acid, (4) Transaminase (Sgot), (5) Total Protein, (6) Serum Albumin and the Albumin-Globulin Ratio, (7) Alkaline Phosphatase, (8) Urea Nitrogen, (9) Calcium, (10) Bilirubin, (11) Lactic Acid Dehydrogenase and (12) Inorganic Phosphorus.
  - 3) Laboratory services provided by an independent laboratory must be charged to the Agency by the consultant ordering the studies at the same cost charged the physician plus a fee of \$1.50 for drawing the blood sample. A copy of the laboratory report must be attached to the consultant's report to the Agency.

Intentionally Deleted

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2240. NEED FOR CARE IN INSTITUTION FOR TUBERCULOSIS OR MENTAL CONDITION

2241. Legal Requirements

R.S. 44:7-5 is not applicable in ADC.

2242. Applicants with Tuberculosis

information on

For ~~policy and procedure in respect to~~ an ADC parent "incapacitated" by  
tuberculosis, etc. see ~~2281.3d, 2), a).~~  
2281.3h, 2), a).

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2240. NEED FOR CARE IN INSTITUTION FOR TUBERCULOSIS OR MENTAL CONDITION

2241. Legal Requirements

The fact that a person has tuberculosis or a mental condition does not of itself make him ineligible for AB, DA or OAA. He may prove, on investigation, to be ineligible because of existing living arrangements in a prohibited institutional setting (see 2250.), or because of a diagnosed need for care and treatment in an institution for tuberculosis or mental condition. The law does require that there shall be determination as to whether such a person is in need of institutional care. (R.S. 44:7-5)

2242. Applicants with Tuberculosis

Assistance shall not be denied to a person for the reason that he has tuberculosis. It may be denied if there is current medical evidence that he has active tuberculosis, and a positive medical finding that immediate institutional care is essential as determined by the following procedures:

.1 Assistance for the Blind and Old Age Assistance

- a. When, on the basis of positive written medical evidence, it is determined that an AB or OAA applicant requires immediate care in an institution because of active tuberculosis, he shall be so informed and shall be helped as necessary to enter an appropriate facility. The application shall be denied for the reason "Requires institutional care."

Should the applicant refuse institutional treatment, the medical reports and a summary of the case situation shall be referred to the [ Medical Review Team of the Bureau for evaluation under the "reasonable refusal" policy established in 2234.6. The application shall be held [ in pending status until instructions are received from the Medical Review Team.

- b. When an applicant with a diagnosis of active tuberculosis is receiving drug therapy, and the attending physician approves a plan for home care in writing, (home may not include boarding home or nursing home) then he is eligible to receive assistance if he is otherwise eligible.

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2242. Applicants with Tuberculosis (Cont'd)

.2 Disability Assistance

- [ a. The procedures for determination by the Medical Review Team of the Bureau as to whether a DA applicant with a diagnosis of active tuberculosis is eligible are provided in 2234.2.
- [ b. When such an application is Disapproved by the Medical Review Team because it has been found essential that applicant receive institutional care for tuberculosis, he shall be informed and shall be helped as necessary to enter an appropriate facility. If the applicant accepts the service, the application shall be denied for the reason "Requires institutional care."

[ However, should the applicant refuse institutional treatment, the record shall be returned to the Medical Review Team with an explanatory statement, for evaluation under the "reasonable refusal" policy. Such a Disapproved application shall nevertheless be held in pending status until further instructions are received from the Medical Review Team.

2243. Applicants with Psychosis or Mental Defect

The fact that a person has been diagnosed as having a psychosis or mental defect does not make him ineligible for AB, DA, or OAA. He may prove, on investigation, to be ineligible because of existing living arrangements in a prohibited institutional setting, or because of a diagnosed need for care and treatment in a mental institution. However, in no event shall assistance be denied on the ground that the person is in need of care in a mental institution unless such finding is supported by a professional opinion.

.1 Assistance for the Blind and Old Age Assistance Applicant

- a. When on the basis of available evidence, the agency cannot reach a specific determination as to the need for care in a mental institution, or the person's competency to handle his own affairs, the agency shall secure a professional opinion by referral to a mental hygiene or psychiatric clinic, to a psychiatrist, or a physician qualified to

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**2243. Applicants with Psychosis or Mental Defect**

[ For information on an ADC parent "incapacitated" by a mental defect, disease or impairment, see 2281.3 g. 2).

Intentionally Deleted

Application with Physical or Mental Defect

For information on an ADC permit "designated" by a mental defect,  
disease or impairment, see 22B:12.2.

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Part II The Individual and Public Assistance  
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2243. Applicant with Psychosis or Mental Defect (Cont'd)

- .1 a. (Cont'd)  
certify to a person's condition for purposes of commitment to a mental institution.\*
- b. Such professional opinion shall be obtained on Form PA-13 and become a part of the case record.
- c. The cost of securing such professional opinion is a matchable administrative expense.
- d. When it is determined by professional opinion that an applicant for AB or OAA is in immediate need of care in an institution for mental disease because of psychosis, the application shall be denied. Responsibility for initiating commitment procedures shall rest first with the family, next with the public or private agency from which the client is already receiving assistance, with an appropriate municipal official if client is not receiving assistance, and lastly, with the county director of welfare when necessary.
- e. When it is determined by professional opinion that an applicant for AB or OAA should have care in an institution for the mentally deficient, arrangements for admission to such an institution shall be initiated, but until admission actually occurs, the client shall be considered eligible for AB or OAA, if eligible in all other respects, but assistance shall not be paid until arrangements have been made for payment to a legal guardian or other approved arrangements have been made as specified in 2560.

\* By statute (R.S. 30:4-29) a physician who is qualified to verify for commitment to a mental institution ". . . must be a reputable character, duly licensed to practice medicine in this State and holding a degree of doctor of medicine, a permanent resident of this State, and shall have been in the actual practice of his profession for at least five years." The law (R.S. 30:4-32) further states "No physician who is a relative, either by blood or marriage, of the patient, or director, chief executive officer or proprietor of any institution for the care and treatment of the insane to which it is proposed to commit any patient, or who is professionally employed as a resident physician at a regularly paid salary by the management thereof or who is financially interested therein, shall be qualified to certify as to the patient's insanity."

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2243. Applicant with Psychosis or Mental Defect (Cont'd)

- .1 f. When it is determined by professional opinion that an AB or OAA applicant is not in need of care in a mental institution, but is incompetent to manage his own financial affairs, the application shall not be denied on grounds of incompetency, but assistance shall not be paid until arrangements have been made for payment to a legal guardian, or other approved arrangements have been made, as specified in 2560.

.2 Disability Assistance Applicant

The State Board of Control has ruled that the determination of need for care in a mental institution and competency to handle his own affairs, for DA applicants, shall be made by special diagnostic procedures. For these special procedures see 2234.3.

- [ a. When an application is Disapproved by the Medical Review Team because the client requires care in an institution for mental disease because of psychosis, the provisions of 2243.1 d. above, will apply.
- b. When the Medical Review Team Approves an application for a person who is mentally deficient with recommendation for institutional care, the provisions of 2243.1 e. above, will apply.
- c. When the Medical Review Team Approves an application for a person who is not in need of institutional care but who is incompetent to manage his own financial affairs, the provision of 2560. will apply.

2244. Recipients with Tuberculosis or Mental Condition

See 2600., Continuing Eligibility.

2245. Need for Patient Care in Eligible Medical Institution

See 2250., Institutional Status and Eligibility.

Part II

The Individual and Public Assistance

INSTITUTIONAL STATUS AND ELIGIBILITY .0220

1. Explanation of Law

N.J. A.C. 17:27 is not applicable in ADC; however, for purposes of administrative action of the program the policy and procedure provided shall apply in ADC.

Intentionally Deleted

Part II The Individual and Public Assistance  
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2250. INSTITUTIONAL STATUS AND ELIGIBILITY

.1 Explanation of Laws

R.S. 44:7-5 is not applicable in ADC; however, for purposes of administration of the program the policy and procedure provided shall apply in ADC.

Incorrectly placed

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

2250. INSTITUTIONAL STATUS AND ELIGIBILITY

.1 Explanation of Federal and State Laws

a. Federal Law

Under Federal law persons who are otherwise eligible for Assistance for the Blind, Disability Assistance and Old Age Assistance are not eligible to receive payments while receiving care in public institutions, unless such recipients are patients in eligible public medical institutions. Only persons who are otherwise eligible for Old Age Assistance are eligible to receive payments while patients in institutions for mental diseases or tuberculosis.

Federal matching of grants in such cases is conditioned on the establishment by the State agency of definitions and standards by which "public medical institutions" can be identified and distinguished as eligible institutions, and definitions and standards by which patient status can be identified and distinguished from other types of institutional residence such as domiciliary care.

b. State Law

Under State law, persons who are otherwise eligible for assistance are eligible for assistance payments while receiving patient care in public or private medical institutions.

1) Assistance for the Blind and Disability Assistance

Persons who are otherwise eligible for AB and DA are eligible to receive assistance payments while in institutions as follows:

- a) Persons who are receiving patient care in eligible public or private medical institutions (but not as a result of a diagnosis of tuberculosis or psychosis); or
- b) Persons who are residents of eligible private nonmedical institutions; and

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2250. INSTITUTIONAL STATUS AND ELIGIBILITY (Cont'd)

- .1 b. 1) c) If the private institution is operated on a nonprofit or charitable basis (whether it be a medical or nonmedical institution, or includes identifiable medical and nonmedical sections) then such institution must also meet specific requirements and receive official approval from the Division of Public Welfare.

[  
(See 2253. below for identification of eligible institutions.)

2251. Definition of Terms

.1 Institution

An "institution" means and includes:

- a. any group living arrangement, whether in single or multiple dwellings, whether public or private, whether incorporated or unincorporated, whether for profit or nonprofit, operated at the direction of or under the management of a governmental unit, an individual or individuals, corporation, society, association, fraternal or sectarian auspices, in which food, shelter and personal care (other than nursing care) are furnished on a continuous basis to four or more persons unrelated to the operator or in which food, shelter and personal care, including nursing care, are furnished on a continuous basis to two or more persons unrelated to the operator; or
- b. any establishment or facility already licensed or approved by the Department of Institutions and Agencies.
- c. Under the terms of the above definition, the following are institutions:
- 1) any asylum, sanitarium, sanitorium, retreat, hospital, nursing home, convalescent home, or any other establishment or facility licensed, or approved by the Department of Institutions and Agencies to receive, care for or treat persons who are insane, suffering from mental disorder, or who are crippled, convalescent or infirm, or who are in need of obstetrical or other medical or nursing care.

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2251. Definition of Terms

Applies in ADC.

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2200 Determination of Eligibility Factors Other Than Need - Institutional Status

2251. Definition of Terms

Applies in ADC.

2251.1  
Definition of Terms  
Applies in ADC.

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2200 Determination of Eligibility Factors Other Than Need - Institutional Status

2251. Definition of Terms (Cont'd)

- .1 c. 2) any unlicensed establishment which operates under a name or title that includes any term such as hospital, nursing home, convalescent home or rest home, or which by advertisement or any other means holds out to the public that it is equipped to provide medical, nursing or convalescent care;
- 3) any unlicensed establishment known as a home for the aged and/or infirm, operated by an individual, society, association, corporation, or under fraternal or sectarian auspices;
- 4) any unlicensed establishment known as a mission or retreat in which food and shelter are furnished on a continuous basis to the residents;
- 5) any penal or correctional institution;
- 6) public or private hospitals of any kind;
- 7) rehabilitation centers or infirmaries providing in-living facilities;
- 8) any boarding or family home in which two or more persons unrelated to the operator are patients as defined in .6 of this sub-section;
- 9) any boarding home or family home in which there are four or more persons unrelated to the operator, and in which personal care other than food and shelter is provided on a continuous basis.
- d. Under the terms of the above definition, the following are not institutions:
- 1) hotels, motels, tourist courts or rooming houses;
- 2) apartment houses, cooperative residences or cooperative residence colonies;
- 3) boarding homes or family homes in which there are fewer than four persons unrelated to the operator, provided, however, that not more than one of such persons is a patient;

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2200 Determination of Eligibility Factors Other Than Need - Institutional Status

2251. Definition of Terms (Cont'd)

- .1 d. 4) boarding homes in which there are four or more persons unrelated to the operator, but which provide no care or personal service other than food or shelter, provided, however, that not more than one of such persons is a patient;
- 5) any family home in which all members are related to each other by blood or marriage, regardless of the number of occupants.

.2 Eligible Public Medical Institutions

An eligible public medical institution is any institution, or specified section thereof, within this State, which is certified by the Department of Institutions and Agencies as an approved public medical institution. Such approvals are extended to two major classes of public medical institutions.

- a. Facilities providing care for the chronically ill, and
- b. Facilities for treating acute illness.

Part II

The Individual and Public Assistance

2200 Determination of Eligibility Factors Other Than Need - Institutional Status

2251 Definition of Terms

.1 Institution

An "institution" means and includes:

a. Any group living arrangement, whether in single or multiple dwellings, whether public or private, whether incorporated or unincorporated, whether for profit or non-profit, operated at the direction of or under the management of a governmental unit, an individual or individuals, corporation, society, association, fraternal or sectarian auspices, in which food, shelter and personal care (other than nursing care) are furnished on a continuous basis to four or more persons unrelated to the operator or in which food, shelter and personal care including nursing care are furnished on a continuous basis to two or more persons unrelated to the operator.

or

b. Any establishment or facility already licensed or approved by the Department of Institutions and Agencies.

c. Under the terms of the above definition the following are institutions:

1) Any asylum, sanitarium, sanatorium, retreat, hospital, nursing home, convalescent home, or any other establishment or facility licensed, or approved by the Department of Institutions and Agencies to receive, care for or treat persons who are insane, suffering from mental disorder, or who are crippled, convalescent or infirm, or who are in need of obstetrical or other medical or nursing care.

2) Any unlicensed establishment which operates under a name or title that includes any term such as hospital, nursing home, convalescent home or rest home, or which by advertisement or any other means holds out to the public that it is equipped to provide medical, nursing or convalescent care.

3) Any unlicensed establishment known as a home for the aged and/or infirm, operated by an individual, society, association, corporation, or under fraternal or sectarian auspices..

4) Any unlicensed establishment known as a mission or retreat in which food and shelter are furnished on a continuous basis to the residents.

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

2251. Definition of Terms (Contd.)

- .1 c. 5) Any penal or correctional institution.
- 6) Public or private hospitals of any kind.
- 7) Rehabilitation Centers or infirmaries providing in-living facilities.
- 8) Any boarding or family home in which two or more persons unrelated to the operator are patients as defined in .6 of this sub-section.
- 9) Any boarding home or family home in which there are four or more persons unrelated to the operator, and in which personal care other than food and shelter is provided on a continuous basis.
- d. Under the terms of the above definition, the following are not institutions:
- 1) Hotels, motels, tourist courts or rooming houses.
- 2) Apartment houses, cooperative residences or cooperative residence colonies.
- 3) Boarding homes or family homes in which there are fewer than four persons unrelated to the operator, provided, however, that not more than one of such persons is a patient.
- 4) Boarding homes in which there are four or more persons unrelated to the operator, but which provide no care or personal service other than food or shelter, provided, however, that not more than one of such persons is a patient.
- 5) Any family home in which all members are related to each other by blood or marriage, regardless of the number of occupants.

.2 Eligible Public Medical Institution

An eligible public medical institution is any institution, or specified section thereof, within this State, which is certified by the Department of Institutions and Agencies as an approved public medical institution. Such approvals are extended to two major classes of public medical institutions.

- a. Facilities providing care for the chronically ill, and
- b. Facilities for treating acute illness.

Part II

The Individual and Public Assistance

2200 Determination of Eligibility Factors Other Than Need - Institutional Status

2251. Definition of Terms (Cont'd.)

.3 Eligible Private Medical Institution

An eligible private medical institution is an establishment, or section thereof, within this State which is licensed under Chapter 11, Title 30, Revised Statutes (except hospitals to which payment or distribution of funds is permitted to be made by counties or municipalities of this State pursuant to any provision of Chapter 5, Title 44, Revised Statutes), or otherwise certified by the Department of Institutions and Agencies as an approved private medical institution.

.4 Eligible Private Non-Medical Institution

An eligible private non-medical institution is any establishment (other than a public institution) which provides four or more persons unrelated to the operator with food, shelter, and personal care and which has been approved by the Department of Institutions and Agencies pursuant to the provisions of Chapter 212, Laws of 1953.

.5 Eligible Non-profit or Charitable Home

An eligible non-profit or charitable home is one which has been approved by the Department as a private non-medical institution (as in .4, above), or licensed as a private medical institution, or specified section so licensed, (as in .3, above), and which has also been approved by the Bureau of Assistance as meeting the special conditions under which residents of such homes are eligible for public assistance. [See 2252.3 below]

.6 Patient

A patient is defined as a person who, by reason of an acute or chronic illness or injury, crippling condition, state of convalescence, or infirmity, is in fact receiving or is in need of medical and nursing care on a continuous basis.

.7 Domiciliary Care

Domiciliary care means boarding care and related services in a non-medical section of an approved non-profit or charitable home.

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

2252. Certification of Institutions; Evidence

.1 Certification Methods

Classification and certification of institutions, or sections thereof, is the responsibility of the Department exercised through the Bureau of Community Institutions.

Copies of the following lists of certified institutions are made available to each CWB and are revised as necessary:

- a. Certified Public Medical Institutions (Chronic and Acute)
- b. Licensed Nursing Homes
- c. Approved Boarding Homes for Sheltered Care
- d. Eligible Non-profit or Charitable Homes

In respect to public medical institutions, the Bureau of Community Institutions regularly notifies the management of such institutions, the responsible governmental unit and the appropriate county welfare board of the status of the institution and the approved bed capacity.

The Bureau of Assistance is kept currently advised of changes in status or capacity for lists a, b, and c. The CWBs will be advised of additions to list d, when non-profit or charitable homes apply for and obtain approval under Bureau regulations as institutions in which assistance clients may purchase domiciliary and/or patient care.

.2 Evidence of Certification

In addition to the above lists, evidence of Department certification can be determined by

- a. A posted current license or permit to operate a medical institution, or medical section thereof;
- b. A letter of current certification or approval for non-medical institution (i.e. approved boarding home or domiciliary section of non-profit or charitable home), and
- c. For non-profit or charitable homes, the additional evidence of a letter from the Bureau of Assistance showing that the home has qualified under Bureau regulations, [see 2252.3 below];
- d. Clearance by telephone or letter with the Bureau of Assistance when other forms of evidence are lacking.

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2200 Determination of Eligibility Factors Other Than Need - Institutional Status

2252. Certification of Institutions; Evidence

.1 Certification Methods

Applies in ADC.

.2 Evidence of Certification

Applies in ADC.

Intentionally Deleted

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2200 Determination of Eligibility Factors Other Than Need - Institutional Status

2252. Certification of Institutions; Evidence (Cont'd)

.3 Requirements and Procedures for Division Approval of Nonprofit or Charitable Homes

In order for a nonprofit or charitable home to qualify as an institution eligible to provide domiciliary or nursing care to individuals who are recipients of public assistance, it must be established to the satisfaction of the State Division that the following principles and conditions will be met.

a. Definition of Nonprofit or Charitable Home

The phrase "nonprofit or charitable home" is defined to include all establishments, by whatever name known, which

- 1) are not licensed or subject to license as hospitals;
- 2) provide board and lodging to four or more individuals unrelated to the operator or operating authority; and
- 3) are operated by a person, corporation, association or fraternal organization not for profit, within the meaning of chapters 1, 2, and 14 of Title 15, Revised Statutes, or by a religious corporation or association within the meaning of Title 16 of the Revised Statutes.

Such establishments are hereinafter referred to as the "Home" or "Homes."

b. Basic Principles

- 1) No individual is eligible for public assistance unless he is officially determined to be a "needy person," according to the official State standards. "Need" is not synonymous with "absence of income." Any individual, who is in fact provided with all goods and services necessary for a minimum subsistence compatible with decency and health, is not in need of public assistance unless it can be demonstrated that he has an obligation, enforceable at law or in equity at the instance of the provider, to pay for all or some portion of the goods and services so provided, and that he lacks the resources to make such payment.
- 2) Any private institution has the right to determine and maintain its own rules, standards, fees, etc., governing the admission to and continued residence of persons in its establishment, and no interference with such right is intended by these regulations.

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2200 Determination of Eligibility Factors Other Than Need - Institutional Status

2252. Certification of Institutions; Evidence (Cont'd)

- .3 b. 3) Any private institution, and any individual seeking the services of such institution or persons acting on the individual's behalf in seeking such services, have the right freely to arrange and agree with one another, whether by written contract or otherwise, and no such arrangement or agreement is or shall be impaired or controlled by these regulations so long as the arrangement or agreement does not contemplate or result in the filing of an application for public assistance.
- 4) The CWB is not responsible and does not assume responsibility for obligations incurred by an applicant for or recipient of assistance. However, beginning at the time an individual is officially determined to be eligible for assistance, the CWB takes his current obligations into consideration in determining the amount of assistance he may receive.
- 5) The CWB is not responsible and does not assume responsibility to compensate, directly or indirectly, any person or agency for the value of goods and services voluntarily furnished or donated to an applicant for or recipient of assistance.

c. Determination of Needy Individual

- 1) No individual who has entered or is about to enter a Home will be considered a "needy individual" eligible for assistance, unless he has entered or is about to enter such Home pursuant to an approved "pay-as-you-go" agreement as defined below. If an individual has entered or is about to enter a Home under any arrangement other than an approved "pay-as-you-go" agreement, it will be presumed that the Home will continue to provide for the individual's care and maintenance so long as the individual in fact remains in the Home, and such individual is therefore not a "needy individual" eligible for assistance.
- 2) A "pay-as-you-go" agreement means an agreement between the Home and the individual having the following elements:
- a) The agreement is stated in writing and was reduced to writing within the following time limits:
- (1) In the case of an individual admitted to the Home prior to July 1, 1953, at or about the date of admission;

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

2252. Certification of Institutions; Evidence (Cont'd)

- .3 c. 2) a) (2) In the case of an individual (to whom no "life-care contract" was ever given) admitted to the Home on and after July 1, 1953, but before whatever subsequent date may be officially certified by the Division as the beginning date of the Home's approved "pay-as-you-go" plan, within 30 days following such date.
- (3) In the case of an individual admitted to the Home after the approved "beginning date" referred to in (2), within 30 days following admission.
- b) The Agreement obligates the individual to pay a stipulated amount of money per diem, per week or per month on a continuing basis, in return for board, lodging and care to be furnished by the Home.
- c) The periodic amount so stipulated may be subject to change from time to time, but only in accordance with general rules applicable to all other "pay-as-you-go" residents in the Home.
- d) The amount so stipulated may be greater or less than the authorized maximum assistance allowance for such service, but it shall be understood that if a resident applies for assistance, the CWB, in determining whether the person is needy, will consider the person's obligation to the Home as limited to the amount stipulated in the agreement, or the maximum assistance allowance, whichever is less. If the person has regularly recurring income (e.g., OASDI, contributions from relatives, etc.) such income is applied toward the person's obligation to the Home, and assistance is granted only in the supplementary amount needed to make up the deficit, if any.
- e) Neither the resident nor other person on his behalf has contributed, paid or donated any lump sum amount of money or property additional to the periodic amount, and no one is obligated to make or procure any such contribution, payment or donation, except for specified extra services, unless the payment represents merely a convenience deposit to be held in trust by the Home for the resident's use and the unused portion of which is owned by and returnable to the resident at any time on his request.
- f) Any agreement by the resident to make testamentary disposition in favor of the Home shall not be construed to be in violation of element e).

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

2252. Certification of Institutions; Evidence (Cont'd)

- .3 c. 2) g) If the Home, under its own rules and practices, affords "life-care contracts" to some admittees, it must be demonstrated that the individual (if he applies for assistance) was unable, or ineligible to purchase a "life-care contract."
- h) If the Home, under its own rules and practices, affords "free" care to some admittees, it must be demonstrated that the individual (if he applies for assistance) was not within the class or classes eligible for "free" care.
- i) The agreement is authorized by and consistent with the charter, by-laws, and published rules of admission of the Home.

d. Applicability of Certain Other Eligibility Requirements

- 1) All statutory provisions and official Division policy in respect to assignment of assets, execution of an agreement to reimburse, and payment for funeral and burial costs which affect applicants and recipients generally, shall equally affect residents of Homes who apply for assistance, or applicants for or recipients of assistance who plan to enter such Homes.

e. Approval Procedures

- 1) As a first step, the Home must hold an official certificate of approval and/or license issued by the Department of Institutions and Agencies as required by Chapters 212 and 213 of the Laws of 1953.
- 2) Upon request from officials of a Home about securing approval as an eligible institution the Division sends a statement outlining the above requirements, and offers to arrange a meeting to discuss the matter in detail. A sample form of an acceptable agreement to be executed by admittees is also sent. [See 2200. Appendix XII for sample Agreement]
- 3) The Division then reviews existing charters, by-laws and rules governing admissions, specimens of all forms of contracts offered to admittees, and other pertinent information.
- 4) By negotiation and conference an acceptable plan of administrative policy for the Home, and agreement as to the basis for a "patient care" rate for infirmary care for assistance clients are arrived at. [See 2253.2b. 3)]
- 5) Official approval is issued by the Division in letter form to be held by the Home as verification that it has qualified under Division regulations.

Part II

The Individual and Public Assistance

Eligibility for Assistance in Institutions

Eligible Public Medical Institutions

a. Chronically III

In ADC, applicable to any otherwise eligible member of the ADC family in accordance with the provisions of 18B:1 or 18B:4.

b. Acutely III (Public General Hospitals)

In ADC, applicable to any otherwise eligible member of the ADC family in accordance with the provisions of 18B:1 or 18B:4.

**Intentionally Deleted**

c. Eligible Private Institutions

a. Licensed Proprietary Nursing Homes

In ADC, applicable to any otherwise eligible member of the ADC family in accordance with the provisions of 18B:1 or 18B:4.

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

2253. Eligibility for Assistance in Institutions

.1 Eligible Public Medical Institutions

a. Chronically Ill

In ADC, applicable to any otherwise eligible member of the ADC family in accordance with the provisions of 2281. or 2284.

b. Acutely Ill (Public General Hospitals)

In ADC, applicable to any otherwise eligible member of the ADC family in accordance with the provisions of 2284.

.2 Eligible Private Institutions

a. Licensed Proprietary Nursing Homes

In ADC, applicable to any otherwise eligible member of the ADC family in accordance with the provisions of 2281. or 2284.

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

2253. Eligibility for Assistance in Institutions

.1 Eligible Public Medical Institutions

a. Chronically Ill

1) Bases for Eligibility  
otherwise

An individual who is/eligible for AB or DA and who has been certified by a physician as in need of patient care for chronic illness or condition, is eligible to receive assistance in an eligible public medical institution (or section thereof) providing care for the chronically ill. Certification procedures are provided in 2254. below.

2) Maximum Allowable Rate

Budget Manual 300. provides that the maximum monthly rate shall be one-twelfth the annual per capita cost or the maximum "inclusive patient care rate" for private medical institutions whichever is less; it further specifies additional items and services covered by the rate in the public medical institutions for care of chronically ill.

The annual per capita cost is based on fiscal data on institutional costs for the previous year. Whenever a county institution wishes to qualify for an increase in its established "patient care rate" for assistance clients, (the current rate being less than the allowable maximum set by the Budget Manual), the institution shall advise the State Bureau. Upon review of the data submitted on a special report form supplied by the Bureau, the Bureau will confer as necessary with appropriate county officials; if and when the new rate is established the Bureau will notify the institution and the welfare board of the authorized monthly rate.

[See 2570. for vendor payment procedures]

b. Acutely Ill (Public General Hospitals)

1) Bases for Eligibility  
otherwise

An individual who is/eligible for AB or DA and who has been certified by a physician as requiring patient care for an acute illness is eligible to receive assistance in an eligible public medical institution (or section thereof) approved to provide care for the acutely ill. Certification procedures are provided in 2254. below.

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2253. Eligibility for Assistance in Institutions (Cont'd.)

.1 b. 2) Maximum Allowable Rate

The maximum allowable rate in a public medical institution providing care for the acutely ill is \$10. per diem, and shall be understood to be all inclusive. No additional allowances are to be made for any particular medical services, procedures or supplies (except personal prosthetics) furnished to such a patient by the institution, its staff, and facilities.

[See 2570. for vendor payment procedures]

.2 Eligible Private Institutions

a. Licensed Proprietary Nursing Homes

1) Bases for Eligibility

otherwise  
An individual who is/eligible for ~~AB or DA~~ and who has been certified by a physician as in need of care for chronic illness or condition in such a facility is eligible to receive assistance in a licensed nursing home. Certification procedures are provided in 2254. below.

2) Maximum Allowable Rates (Alternate Plan)

Budget Manual 300. establishes two alternate patient care rates, "basic" and "inclusive".

Each CWB is authorized at its discretion to act as agent for the State Bureau in negotiating a special agreement with any nursing home located in its county for an "inclusive patient care rate". Such negotiations shall be subject to the following conditions:

a) Observance of the conditions set forth in the Budget Manual in respect to the authorized maximum rate and the items covered within the meaning of the term "inclusive".

b) When a nursing home currently has in residence patients who are clients of one or more other county or municipal welfare departments, the CWB negotiating the special agreement shall inform and collaborate with such other department(s) in carrying on the negotiations.

ADC Insert

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

2253. Eligibility for Assistance in Institutions (Cont'd)

.2 Eligible Private Institutions

a. Licensed Proprietary Nursing Homes

[ In ADC, applicable to any otherwise eligible member of the ADC family in accordance with the provisions of 2281. or 2284. ]

a.a. Institutions for Mentally Retarded Children

[ In ADC, applicable to a child who is a member of an otherwise eligible ADC family, as provided in 2284.4 when all conditions are met. ]

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2253. Eligibility for Assistance in Institutions (Cont'd.)

b. Non-profit or Charitable Homes

Applicable in ADC only to the use of an approved infirmary section by a parent or parent person requiring temporary patient care.

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

2253. Eligibility for Assistance in Institutions

.1 Eligible Public Medical Institutions

a. Chronically Ill

1) Bases for Eligibility

[ An individual who is otherwise eligible for AB or DA and who has been certified by a physician as in need of patient care for chronic illness or condition, is eligible to receive assistance in an eligible public medical institution (or section thereof) providing care for the chronically ill. Certification procedures are provided in 2254. below.

b. Acutely Ill (General Hospitals)

1) Assistance for the Blind and Disability Assistance

a) An individual who is otherwise eligible for AB or DA, and who has been certified by a physician as requiring patient care for an acute illness, is eligible to receive assistance in an eligible municipal or county operated general hospital (or section thereof) approved to provide care for the acutely ill. Certification procedures are provided in 2254. below.

2) Old Age Assistance

a) An individual who is otherwise eligible for OAA, and who has been certified as requiring patient care for an acute illness, is eligible to receive assistance in an approved hospital. Certification procedures are provided in 2254. below.

.2 Eligible Private Institutions

a. Licensed Proprietary Nursing Homes

1) Bases for Eligibility

[ An individual who is otherwise eligible and who has been certified by a physician as in need of care for chronic illness or condition in such a facility is eligible to receive assistance in a licensed nursing home. Certification procedures are provided in 2254. below.

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2200 Determination of Eligibility Factors Other Than Need - Institutional Status

2253. Eligibility for Assistance in Institutions (Cont'd)

.2 b. Nonprofit or Charitable Homes (Homes for Aged, etc.)

1) Bases for Eligibility

A needy individual is eligible to receive assistance as a boarder (domiciliary care) or as a patient (infirmary care) in a nonprofit or charitable Home provided the Home has been approved as an "eligible institution." The special requirements and procedures established to assure compliance with the intent of the law governing assistance to residents of such Homes are provided in 2252.3.

2) Special Procedures

a) Applicants

- (1) In processing an application for an individual who is a resident of a Home, or who plans to enter a Home, the investigation shall proceed in the usual manner, but assistance payments shall not be made in an approved application until a copy of the "pay-as-you-go" agreement, made between the applicant and the Home, is available and on file in the case record.
- (2) If it is found that the applicant's arrangement with the Home is under some arrangement other than an approved "pay-as-you-go" agreement, then the application shall be denied. The stated cause for denial in such cases shall be "Other Resources of Applicant," unless the application is denied, withdrawn or dismissed for other cause.

b) Recipients Entering Home

- (1) In like manner if a recipient enters or plans to enter a Home, and requests continuance of assistance, the determination of continuing eligibility will include obtaining a copy of the "pay-as-you-go" agreement prior to payment of assistance subsequent to admission.
- (2) If it is found that a recipient has entered or will enter a Home under some arrangement other than an approved "pay-as-you-go" agreement, assistance shall be terminated and the case closed.

The stated cause for closing such an OAA case shall be "Admitted to institution" (Code 77 on Form PA-213).

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2253. Eligibility for Assistance in Institutions (Cont'd)

.2 b. Nonprofit or Charitable Homes (Homes for Aged, etc.)

Applicable in ADC only to the use of an approved infirmary section by a parent or parent person requiring temporary patient care.



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

2253. Eligibility for Assistance in Institutions (Cont'd)

.2 b. 2) c) Factor of Customary Place of Abode

Since these Homes usually accept guests at least on a State-wide basis, the county of responsibility in relation to customary place of abode must be determined. The provisions of 2221.3 and 2226.1 shall apply to applicants who are residents of such Home, and 2226.2 to recipients who wish to enter Homes.

3) Maximum Allowable Rates

a) Domiciliary Care

When a client is purchasing domiciliary care (board and care with personal services) in a Home, the maximum established in Budget Manual, Appendix II 4. applies.

c. Approved Boarding Homes for Sheltered Care

1) Board and Care

a) Eligibility

Applicants and recipients who are purchasing or who plan to purchase shelter in a boarding home offering room, board and personal services to four or more adults unrelated to the operator, are eligible to receive assistance provided the home is an eligible home in that it has been approved by the Department. (Bureau of Community Institutions)

b) Medical Certification Requirement

The operators of approved boarding homes are held responsible by the Bureau of Community Institutions of the Department for having on file for each guest from the time of admission a medical certification. This certification is "A written statement signed by a licensed physician stating that the boarder is free from communicable disease, and is not in need of nursing . . ." The phrase "not in need of nursing means that the individual is not a "patient", i.e., the individual must "not be bedfast, chairfast, must be able to negotiate stairs unassisted, and must be reasonably well-oriented." The above quotations are from the Manual of Standards of the Bureau of Community Institutions.

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

2253. Eligibility for Assistance in Institutions (Cont'd)

.2 c. 1) b) (Cont'd)

In order to comply with this requirement and thereby avoid penalties, the operator must require that any sponsor of the individual being placed in the boarding home produce the medical certification. Therefore, when CWB is the sponsor, it shall extend full cooperation to the operator by assisting the client to secure such certification. Any physician's fee, or other authorized medical service incident to securing the medical certification, is a valid assistance expenditure and shall be paid by CWB when not otherwise available without cost to the client.

c) Eligibility in Other Boarding Facilities

Boarding homes which serve less than four adults unrelated to the operator, or which, while serving four or more adults provide no personal services beyond room and board are not subject to Department approval and do not come within the meaning of an institution. Residents of such homes may be eligible to receive assistance.

d) Maximum Allowable Rates

The appropriate maximum allowable rates for board and care are provided in Financial Assistance Manual 131.2.

d. Intermediate Care Facility

1) Eligibility

Applicants and recipients who are purchasing or who plan to purchase care in an Intermediate Care Facility may be eligible to receive assistance provided

- a) the facility is an eligible Intermediate Care Facility in that it has been approved by the Department (Bureau of Community Institutions);
- b) the client is an adult person who requires supervision, who is ambulant with or without assistance, who is reasonably oriented mentally, and who has been certified by a licensed physician to be free from communicable disease and not in need of nursing care on a continuing basis. This shall not be construed to prevent medical and nursing care of residents on an intermittent basis, in emergencies or during temporary illness;

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

2253. Eligibility for Assistance in Institutions (Cont'd)

.2 b. 3) b) Patient Care (Cont'd)

The State Division will discuss the rate with the officials of the Home during the course of evaluating the application for approval and will advise the CWBs whether the Home has accepted the "inclusive" or "basic" rate. Thereafter, this shall be the rate for that Home for all residents who become assistance clients of any welfare board or municipal welfare department.

In the event the Home wishes to change the rate plan following approval, the Home shall notify the State Division.

[See 2254. below for certification procedures; see 2570. for vendor payment procedures.]

c. Rehabilitation Centers

[ No general policy has been established in respect to assistance allowances for treatment and/or training in certain specialized facilities generally known as "rehabilitation centers." Normally, recipients enter such facilities under a special agreement with and as the financial responsibility of the Rehabilitation Commission. [See 2870.]

[ However, if a recipient seeking or recommended for such rehabilitative services is not accepted for a service by the Commission, the State Bureau of Medical Affairs may be consulted. Where there is a possibility of substantial benefits to the recipient in the areas of self-care and personal independence, approval can be given by the Bureau on an individual case basis, for meeting the cost of such treatment and/or training in rehabilitation centers, approved by the Department.

d. Approved Boarding Homes for Sheltered Care

1) Board and Care

a) Eligibility

Applicants and recipients who are purchasing or who plan to purchase shelter in a boarding home offering room, board and personal services to four or more adults unrelated to the operator, are eligible to receive assistance provided the home is an eligible home in that it has been approved by the Department.  
(Bureau of Community Institutions)

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

2253. Eligibility for Assistance in Institutions (Cont'd)

.2 d. 1) b) Medical Certification Requirement

The operators of approved boarding homes are held responsible by the Bureau of Community Institutions of the Department for having on file for each guest from the time of admission a medical certification. This certification is "A written statement signed by a licensed physician stating that the boarder is free from communicable disease, and is not in need of nursing . . ." The phrase "not in need of nursing" means that the individual is not a "patient", i.e., the individual must "not be bedfast, chairfast, must be able to negotiate stairs unassisted, and must be reasonably well-oriented." The above quotations are from the Manual of Standards of the Bureau of Community Institutions.

In order to comply with this requirement and thereby avoid penalties, the operator must require that any sponsor of the individual being placed in the boarding home produce the medical certification. Therefore, when CWB is the sponsor, it shall extend full cooperation to the operator by assisting the client to secure such certification. Any physician's fee, or other authorized medical service incident to securing the medical certification, is a valid assistance expenditure and shall be paid by CWB when not otherwise available without cost to the client.

c) Eligibility in Other Boarding Facilities

Boarding homes which serve less than four adults unrelated to the operator, or which, while serving four or more adults provide no personal services beyond room and board are not subject to Department approval and do not come within the meaning of an institution. Residents of such homes may be eligible to receive assistance.

d) Maximum Allowable Rates

The appropriate maximum allowable rates for board and care are provided in Budget Manual Appendix II 4.

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

2253. Eligibility for Assistance in Institutions (Cont'd)

(Include in ADC) (Include in ADC) (Include in ADC)  
Apply to ADC

- [ .2 d. Intermediate Care Facility  
Applies in ADC.

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

2253. Eligibility for Assistance in Institutions (Cont'd)

.2 e. Private Medical Institution (Voluntary General Hospital)

Applies in ADC.

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

2253. Eligibility for Assistance in Institutions (Cont'd)

- .2 d. 1) c) the client, because of physical or mental limitations or both, requires living accommodations and care which as a practical matter, can be made available only through institutional facilities;
- d) the client does not have such an illness, disease, injury or other condition as to require the degree of care and treatment which a hospital or skilled nursing home (as that term is employed in Title XIX) is designed to provide.

2) Maximum Allowable Rates

The appropriate maximum allowable rates for Intermediate Care Facilities are provided in Financial Assistance Manual 131.2.

e. Private Medical Institution (Voluntary General Hospital)

An individual who is otherwise eligible and who has been certified as requiring patient care for an acute illness, is eligible to receive assistance in an approved hospital. Certification procedures are provided in 2254.2 below.

Part II

The Individual and Public Assistance

2200 Determination of Eligibility Factors Other Than Need - Institutional Status

2254. Certification of Need for Patient Care

.1 Chronic Illness

a. Certification by Physician

Applies in ADC.

b. Social Evaluation by Agency

Applies in ADC.

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

2254. Certification of Need for Patient Care

.1 Chronic Illness

a. Certification by Physician

Certification that a client requires patient care for a chronic illness or condition shall be made in writing by the attending physician on Form PA-4. The physician shall certify that

- 1) the client has a diagnosed defect, disease or impairment for which patient care on a continuing basis is necessary, and that
- 2) the client is not in need of prolonged care in an institution for tuberculosis or mental disease, defect or impairment, and is not receiving patient care and treatment because of such diagnosed condition.

The physician shall also state the client's diagnoses, his physical limitations, the kind and extent of nursing services required, and shall recommend the type of facility he considers necessary to provide adequate care for the client.

b. Social Evaluation by Agency

The physician's certification of need for patient care is of primary importance. It is, however, also important for the agency to evaluate the social situation, and when indicated, to confer with the physician about the care arrangement in relation to the client's requirements. For example, the physician may not be aware that care can be arranged for a particular client in other than a licensed nursing home; or, if client is presently in a family home the physician may not be familiar with conditions in the home which should be considered in relation to adequate care for the client.

Again, the fact that a client is already residing in a licensed proprietary nursing home, eligible medical institution, or approved infirmary of a non-profit or charitable home shall not in itself be considered conclusive evidence that he is in need of patient care, or that continued patient care in such an institution is essential.

[See 2628. in respect to recertification of need for patient care]

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

2254. Certification of Need for Patient Care (Cont'd.)

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

1) Certification by Physician

The physician's certification of need for care will be accomplished by completion of Section A of Form PA-4 in respect to care in the following facilities or living arrangements:

- a) Eligible public medical institutions providing care for chronically ill [2253.1 a.]
- b) Licensed proprietary nursing homes [2253.2 a.]
- c) Approved infirmaries of non-profit or charitable homes [2253.2 b.]
- d) Approved boarding homes [2253.2 d.]
- e) Family homes (includes boarding homes serving less than four persons, homes of relatives, client's own home)

[See 2200 Appendix XI for sample of Form PA-4]

2) Incomplete Certification

In any instance in which the physician is unable or unwilling to certify on Form PA-4 that the client is not in need of prolonged care in an institution because of a diagnosis of tuberculosis or mental disease, defect or impairment, the provisions of 2242.1 and 2243.1 shall be observed in respect to an OAA client, and the provisions of 2242.2 and 2243.2 shall be observed in respect to a DA client.

3) Certification of Patient Status in Public Medical Institution (Chronically Ill)

Form PA-4 (section B on reverse) also provides certification by the institution that a client who is receiving care in a public medical institution is in fact in "in-patient status" according to the following criteria:

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

2254. Certification of Need for Patient Care (Cont'd.)

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

Applies in ADC.

1) Certification by Physician

Applies in ADC.

2) Incomplete Certification

Applicable in ADC in respect to completion of the PA-4 by the physician. It is assumed that such a situation in ADC would occur only in respect to an "incapacitated" natural or adoptive parent, or to a parent person's spouse who is an applicant for DA. In either situation the record will be submitted to the Medical Service Section, and CWB will be advised as to eligibility and appropriate action.

3) Certification of Patient Status in Public Medical Institution (Chronically Ill)

Applies in ADC.

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

2254. Certification of Need for Patient Care (Cont'd.)

.1 d. Filing of Form PA-4

Applies in ADC.

.2 Acute Illness

Applies in ADC

2255. Patient Index

Applies in ADC.

Part II

The Individual and Public Assistance

2200 Determination of Eligibility Factors Other Than Need - Institutional Status

2254. Certification of Need for Patient Care (Cont'd.)

- .1 c. 3) a) An individual who is admitted to an eligible public medical institution, or to a certified section thereof, because of illness (other than tuberculosis or psychosis) and for whom there is planned continuing medical treatment, including nursing care, directed toward improvement in health, or for whom palliative medical measures are required although improvement in health or recovery cannot be expected;
- b) An individual who is in fact receiving professional medical treatment; and
- c) An individual who is free to leave at the conclusion of treatment, or at any other time.
- d. Filing of Form PA-4

The original PA-4 shall be on file in the official case record of the client prior to the issuance of any payment to client or vendor, as appropriate, for patient care costs.

It is recommended that a second copy of Form PA-4 be completed for retention by the operator of the care facility, or by the person providing care for the client in a family home.

[In respect to recertification of need for patient care refer to 2628]

.2 Acute Illness

It is assumed that every client is admitted to a public general hospital only by a physician's order. At the present there is no special standard form required for this purpose. However, the case record shall include full details of diagnosis, dates of admission and discharge, etc.

2255. Patient Index

For purposes of ready identification of all cases in patient status for use by CWB and Bureau representatives, a "patient index" shall be maintained. The index shall be kept current.

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

2254. Certification of Need for Patient Care (Cont'd.)

.1 d. Filing of Form PA-4  
Applies in ADC.

.2 Acute Illness  
Applies in ADC

2255. Patient Index  
Applies in ADC.

Part II The Individual and Public Assistance

2200 Determination of Eligibility Factors Other Than Need  
Relatives - Legally Responsible and Others

2260. RELATIVES - LEGALLY RESPONSIBLE AND OTHERS

Applies in ADC.

Intentionally Deleted

Part II

The Individual and Public Assistance

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2200 Determination of Eligibility Factors Other Than Need  
Relatives - Legally Responsible and Others

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2260. RELATIVES - LEGALLY RESPONSIBLE AND OTHERS

Applies in ADC.

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Part II The Individual and Public Assistance  
2200 Determination of Eligibility Factors Other Than Need  
Relatives - Legally Responsible and Others

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2260. RELATIVES - LEGALLY RESPONSIBLE AND OTHERS

.1 Legal Provisions

State Law (R.S. 44:7-5) provides that to be considered eligible, a person shall not only be unable to support himself, but be without legally responsible relatives able to support him and without other persons able and willing to support him.

R.S. 44:1-140, 141 identifies the relatives charged with responsibility for support.

.2 Responsibility of County Welfare Board

It is mandatory responsibility of CWB to determine the capacity of legally responsible relatives to provide economic support to an applicant for and recipient of public assistance, and of other relatives' willingness and ability to support him.

For policy as to the relatives whose responsibility in each program is to be mandatorily enforced by the agency, and the standards established in respect to the evaluation of their financial capacity to support, see Budget Manual 500.

It shall also be recognized that relatives are a valuable resource for purposes other than financial support. Relatives often can provide a variety of services for an elderly or disabled client; relatives should participate to the fullest extent possible in planning for the physical, emotional and social well-being of a client. (For further discussion of working with relatives on non-financial assistance see 28\_\_, when issued.)

[See 2320. and 2954. for procedures regarding orders to support.]

[See also 2120. for general policy on Collateral Investigation.]

2261. Contacts

.1 General Policy

All legally responsible relatives shall be contacted in completing the investigation as shall any other relative who has indicated interest in the client by rendering financial aid or other service. [See 2262. below.]

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2200 Determination of Eligibility Factors Other Than Need  
Relatives - Legally Responsible and Others

2261. Contacts (Cont'd)

.2 Knowledge and Assent of the Applicant Necessary

Contacts with relatives should be made with the knowledge and assent of the applicant. Although his application for public assistance contains an acknowledgment of his responsibility to assist the agency in necessary efforts to secure information from all sources including relatives, nevertheless, in any specific situation, he has the choice of whether or not he wishes the contact made. If he refuses to allow contact to be made, his application may either be withdrawn or denied. In such instance, the individual should be told that he has the right to reapply at any time.

2262. Method of Contact

Regardless of where the relative lives it is the responsibility of the caseworker to obtain the necessary information by the most direct and practical method.

.1 Within the County

When the relative lives in the county, he shall be personally interviewed in his home, in the welfare board office or at some other mutually convenient place. While staff should consider the relative's convenience in making appointments, it should be clear that worker and agency have business hours which are to be respected.

.2 Out-of-County

When the relative lives in another county within the State, he shall be personally interviewed by whichever of the following methods is most practical:

- a. When the relative lives within reasonable distance in a contiguous county, it is desirable that to the fullest extent that is practical the caseworker serving the client arrange to visit the relative.
- b. The relative may be requested by correspondence or telephone to come to the office for an interview.
- c. When neither of the above methods is practical, the welfare board of the county where the relative lives shall be requested to interview him and to submit a report, including a completed Form PA-3B.

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The Individual and Public Assistance

Determination of Eligibility Factors Other Than Need  
Relatives - Legally Responsible and Others

2262. Method of Contact (Contd.)

.2 c. (Contd.)

The letter of request should provide a brief but clear picture of the applicant's situation, noting particularly any special problems on which the relative may be able to help, as well as giving definite instructions on the relative's address; if employed, where he works; etc.

The receiving CWB shall take prompt action on such requests. If, after reasonable effort, CWB is unable to locate the relative or to arrange an interview within two weeks, the requesting CWB shall be notified promptly in order that action on the application will not be unduly delayed. (See 2511.) A copy of all correspondence and reports shall be kept in a readily identifiable file for future reference.

.3 Out-of-State

a. When the relative lives out of the State, initial contact shall be by direct correspondence. It is recommended that letters to relatives be individually composed, although it may be desirable to develop certain standard paragraphs which would be appropriate for any legally responsible relative. Letters should be expressed in simple language and should describe briefly the applicant's situation as well as requesting the specific social and economic data necessary to complete a recommendation for action on the application. The appropriate information pamphlet shall be enclosed.

b. A local public assistance agency shall be requested to interview the relative only when there has been no response from the relative within a reasonable time (two weeks is suggested as reasonable), or the information received is inadequate to determine capacity to support.

Such requests shall advise the agency of failure to receive reply from the relative or to obtain adequate information by direct correspondence. The letter shall include as specific information as possible on the relative's address and employment, sufficient explanation to enable the agency to discuss the client's situation intelligently with the relative, and instructions about the specific data required.

[In respect to enforcement of support by a relative living out of State see ~~2954~~ ]

*2954.1d, and Appendix 2900 II*

Part II

The Individual and Public Assistance

2200

Determination of Eligibility Factors Other Than Need  
Relatives - Legally Responsible and Others

2263. Verification of Information on Capacity to Support

.1 Legally Responsible Relatives

a. The legally responsible relative shall be the primary source of the information required to evaluate his capacity to support.

b. If the relative has salary receipts, income tax reports or other written evidence, these shall ordinarily be accepted as verification of income. If he does not possess such evidence he shall be given reasonable opportunity to obtain the evidence.

c. When the evidence submitted by the relative is inadequate or shows a discrepancy, or he is unable to submit evidence, he shall understand that it will be necessary for the agency to obtain verification directly from the employer, bank, etc.

.2 Other Relatives

Discussions with non-responsible relatives shall be in terms of the extent to which they are presently helping the client, and what they may be able and willing to do.

2264. Frequency of Reevaluation of Capacity to Support

[Refer to 2622.]

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Part II

The Individual and Public Assistance

2200

Determination of Eligibility Factors Other Than Need  
Relatives - Legally Responsible and Others

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2265. Relative Judicially Excused

When as provided in 44:7-19, R.S., it has been formally determined by judicial process that a child of an applicant for or recipient of assistance is legally excused and relieved of the obligation to support by reason of abandonment, desertion and non-support on the part of such applicant or recipient during the child's minority, such child shall thereafter be considered a non-legally responsible relative, rather than a legally responsible relative, with respect to other administrative requirements of the program, such as visitation, evaluation of capacity to support, etc.

At the same time it must be remembered that certain property rights arising out of a parent-child relationship, such as rights of inheritance, continue in full legal force and effect. The existence of such rights and their effect on the present or future economic situation of the client must be fully examined and properly accounted for at all times.

[Refer to 2954. for legal procedures]

Intentionally Deleted

Part II

The Individual and Public Assistance

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2200 Determination of Eligibility Factors Other Than Need - Disposal of Assets;  
Reimbursement Requirement

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2270. DISPOSAL OF ASSETS: REIMBURSEMENT REQUIREMENT

.1 Not applicable in ADC.

2271. Disposal of Assets to Qualify for Assistance

Not applicable in ADC.

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Part II The Individual and Public Assistance  
2200 Determination of Eligibility Factors Other Than Need -  
Disposal of Assets; Reimbursement Requirement

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2270. DISPOSAL OF ASSETS; REIMBURSEMENT REQUIREMENT

.1 Legal Requirement

R.S. 44:7-5 provides that an applicant must not have made a voluntary assignment or transfer of property for the purpose of qualifying for assistance, or for the purpose of evading responsibility for reimbursement for assistance received through DA or OAA.

R.S. 44:7-14 requires that as a condition of eligibility in DA or OAA, all or any part of the property, either real or personal, be pledged to the county welfare board as a guaranty for the reimbursement of the assistance granted. This is to be accomplished by execution of an agreement to reimburse, and assignment of all or any part of his personal property as the board shall specify.

Note: The Supreme Court of the United States in *Philpott Et Al. v. Essex County Welfare Board* ruled on 1/10/73 that the Social Security Act, 42 U.S.C. §407, which prohibits subjecting Social Security benefits to any legal process, bars a State from legally requiring recovery of such benefits retroactively paid to a beneficiary. As a result, such benefits cannot be considered available for reimbursement or repayment for assistance granted unless the recipient voluntarily agrees to repay the CWB.

2271. Disposal of Assets to Qualify for Assistance

.1 General Statement

Whenever investigation indicates that a person applying for assistance has transferred or assigned any property, whether real or personal, prior to application, the motive for and circumstances surrounding such transfer and assignment shall be evaluated, and a determination made as to whether such transfer or assignment was made for the purpose of qualifying for assistance or, if applying for DA or OAA, to avoid repayment of assistance from such assets.

.2 Effect on Eligibility

- a. If it is determined that there was no intent to defraud CWB and that the transfer or assignment of the property was a normal transaction for adequate consideration, such transfer or assignment shall not make the applicant ineligible.
- b. If the transfer or assignment is found to have been made without receipt of adequate consideration by the applicant, but with no evidence of intent to qualify for assistance or to avoid repayment, it shall be recognized that the applicant may have legal rights to secure the return of the property or the payment of adequate consideration. In such event, this shall be considered a potential resource, and the applicant shall be expected to comply with State requirements governing the liquidation of potential resources. [See Financial Assistance Manual 340.]

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**Part II** **The Individual and Public Assistance**  
**2200** **Determination of Eligibility Factors Other Than Need -**  
**Disposal of Assets; Reimbursement Requirement**

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**2271.** Disposal of Assets to Qualify for Assistance (Cont'd)

- .2 c. If it is determined that such transfer or assignment was made for the purpose of qualifying for assistance or to avoid repayment of assistance through DA or OAA, then the applicant shall be ineligible unless and until the property itself or its equivalent value is returned to him.

.3 Case Record

In any application where such question arises the full facts shall be made a matter of record including a clear statement of the basis for the final decision regarding eligibility or ineligibility.

**2272.** Reimbursement Requirement; Assignment of Assets

The law (44:7-13, 14, 15, 16 and 39 N.J.S.A.) provides that the county welfare board shall require, as a condition to granting assistance, that all or any part of the property, either real or personal of a person applying for Disability Assistance or Old Age Assistance be pledged to the county welfare board as a guaranty for the reimbursement of any funds so granted as such assistance. "The county welfare board shall take from each applicant a properly acknowledged agreement to reimburse for all advances granted, and pursuant to such agreement, said applicant shall assign to the welfare board, as collateral security for such advances, all or any part of his personal property as the board shall specify."

.1 Preparation of the Agreement to Reimburse

Every applicant for DA or OAA shall be required to execute the Agreement to Reimburse, Form PA-10, as a condition of eligibility. The Form PA-10 shall be prepared in duplicate. The original will be filed by the welfare board and the copy will be retained by the applicant.

a. Applicant has a Spouse

The spouse shall also sign the Form PA-10. Both signatures must be acknowledged. It is not necessary, however, to have a separate acknowledgment for each signature.

- 1) Where the applicant and spouse have been separated for a period of five years or more and the spouse cannot be located although active efforts have been made by the county welfare board to do so and the applicant is without knowledge which will lead to the discovery of the spouse's whereabouts, the county welfare board is authorized to accept the Agreement to Reimburse with the signature of the applicant alone.

Part II

The Individual and Public Assistance

2200

Determination of Eligibility Factors Other Than Need -  
Disposal of Assets; Reimbursement Requirement

2271. Disposal of Assets to Qualify for Assistance (Cont'd)

2272. Reimbursement Requirement; Assignment of Assets

Not applicable in ADC.

[See ADC 2273.]

Part II The Individual and Public Assistance  
2200 Determination of Eligibility Factors Other Than Need -  
Disposal of Assets; Reimbursement Requirement

Not applicable in ADC.

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Determination of Eligibility Factors Other Than Need -  
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2272. Reimbursement Requirement; Assignment of Assets (Cont'd)

- .1 a. 2) Where the spouse is unwilling to sign the Agreement to Reimburse and the applicant is otherwise eligible, assistance may be granted subject to the special written approval of the Division of Public Welfare. Such approval for waiver of spouse's signature shall be secured within a period of three months beginning with the month in which payment was started.

b. Change in Marital Status of Client

It will be necessary to have the client and spouse execute a new Form PA-10 where:

- 1) The client was unmarried at the time the original Form PA-10 was signed but married thereafter.
- 2) The client and spouse had both signed the original Form PA-10 but such marriage was terminated and the client subsequently remarried.

(Note: Original PA-10 is to be retained and enforced as responsibility of ex-spouse [personally or estate] for assistance granted during marriage.)

.2 Notice of the Agreement to Reimburse to the County

The certificate of Notice of Agreement to Reimburse, Form PA-10A, shall be filed with the Clerk of the County Court or Register of Deeds and Mortgages in every case immediately upon the granting of assistance. This form will be prepared in duplicate, the original to be placed on file with the Clerk of the County Court or Register of Deeds and Mortgages and the copy to be retained by the welfare board.

a. Real Property Owned by Client in Another County

In cases where real property is owned in a county or counties other than that in which the client is resident, the PA-10A should also be docketed with the Clerk of the Superior Court of New Jersey.

- 1) An alternative method to the docketing procedure would be to send copies of Form PA-10, PA-10A and, wherever necessary, PA-10B (see 2272.3 below) to the Clerk(s) of the County Court or Register of Deeds and Mortgages of the other county(ies).

b. Change in Marital Status of Client

It will be necessary to file a new Form PA-10A whenever a new Form PA-10 is executed in accord with the requirements of 2272.1, b. above.

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Part II The Individual and Public Assistance  
2200 Determination of Eligibility Factors Other Than Need -  
Disposal of Assets; Reimbursement Requirement

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2272. Reimbursement Requirement; Assignment of Assets (Cont'd)

.3 Certification of Amount to be Reimbursed

The Certificate of Assistance Granted, Form PA-10B, provides the basis for specific collection of the lien established by the PA-10A. Copies shall be prepared and distributed in the same manner as Form PA-10A. The form shall set forth the specific amount due and owing and shall be filed in the same office as the PA-10A as a supplement to the lien record upon the death of the recipient, or at any intermediate time when it is desirable to effect reimbursement.

It may also be filed, at the discretion of the county welfare board, where a case is closed for a reason other than death.

.4 Reimbursement to the County Welfare Board

a. Full reimbursement

When full reimbursement for assistance granted is received by the county welfare board the Warrant to Enter Satisfaction, Form PA-10C, shall be filed in the office or offices in which the PA-10A was filed.

- 1) This will serve to discharge from the records either Form PA-10A, Form PA-10B, or any other form of Agreement to Reimburse which may have been filed.
- 2) Form PA-10C shall be prepared in triplicate. The original is to be filed with the appropriate official, one copy with the county welfare board, and one with the recipient or his estate.

b. Partial Reimbursement

The county welfare board is authorized to enter into tentative arrangements involving the compromise of claims for assistance granted in cases where full reimbursement is not received.

- 1) In such cases the matter shall be referred to the Division of Public Welfare for review and written approval. This procedure will afford the Division opportunity to examine the facts affecting each case before full or partial release of the State and Federal governments' interests is made.

.5 Liens and Voluntary Conveyance of Property

a. Voluntary Conveyance of Property

The county welfare board is authorized to accept voluntary conveyance of real or personal property in lieu of issuance of execution.

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Part II The Individual and Public Assistance  
2200 Determination of Eligibility Factors Other Than Need -  
Disposal of Assets; Reimbursement Requirement

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2272. Reimbursement Requirement; Assignment of Assets (Cont'd)

.5 b. Execution of Liens

There will usually be only three general types of situations in which it will be necessary or desirable for the welfare board to secure the issuance of a writ of execution of the judgment, viz.:

- 1) Where the recipient is acting in fraud or is uncooperative, the remedy would be the establishment of a judgment record in the County Court and the immediate issuance of execution to be levied upon a specific identified asset(s). If necessary the asset(s) so levied upon may be liquidated at a judgment sale.
- 2) Where an asset is discovered after recipient's death, execution of the judgment may protect the board against misappropriation of such asset.
- 3) Where real estate of a deceased recipient is being dissipated by heirs or by accumulating taxes and a tax sale is in prospect, a judgment levy and sale would be in order.

c. Disposal of Real or Personal Property by the County Welfare Board

Wherever it is necessary for the county welfare board to dispose of any property, title to which has been acquired, for the purposes of reimbursement it shall be accomplished in accord with the following:

- 1) The county welfare board may develop any plan to effect the liquidation of personal property subject to review by the Division of Public Welfare.
- 2) Real property may be disposed of by the welfare board only at public sale, or by sale on sealed bids, at the discretion of the welfare board, provided that notice of said sale shall be advertised at least once a week for two weeks prior to the sale in a newspaper published in the county in which the land is situated. Written approval of the Division of Public Welfare of the terms, conditions and consideration for such sale shall be secured prior to advertisement, unless the advertisement itself stipulates that the consummation of any such sale shall be expressly made conditional on the approval of the Division of Public Welfare following report to and review by the Division of the terms, conditions and consideration for such sale.

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Part II The Individual and Public Assistance  
2200 Determination of Eligibility Factors Other Than Need -  
Disposal of Assets, Reimbursement Requirement

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2272. Reimbursement Requirement; Assignment of Assets (Cont'd)

.6 Recipients Who Move from one State to Another

a. Assets

In respect to an active recipient who moves from one state to another, the agency in the state which has first acquired a vested interest in any of the client's assets or resources by assignment, lien, mortgage or other form of sequestration, will maintain its preemption as to such assets or resources. The liquidation and disposition of such assets and resources, at the time of the client's death or otherwise, will conform to the law and administrative policy of the state having the preemption. The administrative agencies in both states, however, shall undertake to maintain a policy of prompt notification and full exchange of information with respect to such matters.

b. Burial Costs

The policy on use of available assets, within the control of the respective agencies, to defray the cost of burial will need to vary in order to be compatible with the laws of the respective states.

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2200 Determination of Eligibility Factors Other Than Need -  
Disposal of Assets; Reimbursement Requirement

2273. Written Agreement to Repay in ADC

.1 Legal Authority

R.S. 44:10-4 as amended by Chapter 80, P.L. 1962, authorizes the county welfare board to require a written agreement to repay from the natural or adoptive parent(s) in any instance where there is pending payment to the child or such parent(s) funds arising from a claim or interest legally or equitably owned by such child or such parent(s). This authority shall be exercised in accord with the following policy and procedure. Retro-active Social Security payments are not subject to the Agreement to Repay.

.2 Statement of Policy

a. When at the time of application there is pending a claim for statutory benefits, such as veterans' benefits, workmen's compensation, temporary disability benefits other than Social Security benefits, or a suit or claim arising from a contract, legacy, inheritance, accident, etc., CWB shall require the natural or adoptive parent, or both parents when available, to sign a written promise to repay for assistance granted from any funds subsequently received from such source.

Form PA-10D Agreement to Repay, shall be used for this purpose.  
[See 2200 Appendix VIII for sample Form PA-10D]

b. When at any time during receipt of assistance it is determined that there is pending such a claim or suit, action shall be taken to secure a promise of repayment as in a. above.

c. When in relation to either a. or b. above there appears to be eligibility for benefits or compensation but no claim has been filed, the parent(s) shall be expected to make such claim promptly.

d. Refusal of the parent(s) to comply with a. or b. above, or refusal to file a claim as in c. above renders the family ineligible for ADC.

.3 Evaluation after Claim Settled

If and when a lump sum payment is received as a result of an approved claim or pending suit, etc., CWB shall evaluate the situation and, in accordance with provisions of 322. of the Financial Assistance Manual decide

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

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

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**2200** **Determination of Eligibility Factors Other Than Need -**  
**Disposal of Assets; Reimbursement Requirement**

**2274. Claims Against Estate of Deceased Minor in ADC**

**.1 Legal Authority**

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

**.2 Statement of Policy**

Whenever a situation as described above occurs, CWB shall evaluate the facts of the situation in the same manner as in OAA and DA where there are surviving members of the family.

If in the opinion of the welfare board, upon recommendation of the director, a compromise settlement is in order, the facts of the matter shall be presented in writing to the State Division for approval.

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2200 Determination of Eligibility Factors Other Than Need - Factors Applicable in ADC Only

2280. FACTORS APPLICABLE IN ASSISTANCE FOR DEPENDENT CHILDREN ONLY

.1 Statement of Purpose of the Program

To live in a family to which he belongs is the foundation of a child's security. A parent should not be forced to surrender responsibility for rearing a child merely because of inability to provide financially for the child's needs.

Recognizing the fundamental need of the child for care, guidance and affection from his own family, ADC is directed toward enabling the parent, or in his absence a close relative, to ensure continuity of family relationships in a setting in which the child naturally belongs.

In addition, the program includes in its purpose, providing service, or access to other resources in the community, through which the family may realize their plans and hopes for their children. Thus the purpose of ADC is two-fold; one, to make it possible for the child to remain in or return to the custody and care of his parents or of relatives who have a natural bond of affection and concern for his well-being; and, two, to provide for the child's unmet needs.

Adequate health care for both parents and children is an essential factor in attaining the objectives of ADC. Since illness frequently precipitates or aggravates financial and other family problems, an opportunity to obtain consistent medical care may enable a family to regain economic independence. Care of an incapacitated parent at home may avert separation of the members at a time when the child most needs the feeling of family solidarity and the security of the familiar home environment.

Children receiving ADC have the right to share the opportunities provided in their communities for education, physical and social development in the same way as children who do not receive ADC. To assure this right there must be recognition that children have special individual requirements which must be provided in addition to basic maintenance requirements. The development of individual capacity is important to the child in achieving a useful and satisfactory life for himself, and in preparing him to become a responsible member of society.

ADC is one means of fulfilling the fundamental purpose of all measures for social security - to foster and preserve basic human resources and to strengthen family life.

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Part II The Individual and Public Assistance  
2200 Determination of Eligibility Factors Other Than Need - Factors Applicable  
in ADC Only

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2280. FACTORS APPLICABLE IN ASSISTANCE FOR DEPENDENT CHILDREN ONLY (Cont'd)

.2 Definitions

- a. The term "dependent child" as defined in State law, means a needy child of eligible age who is living in New Jersey with a parent or other enumerated relative, and who has been "deprived of parental support or care by reason of the death, continued absence from the home, physical or mental incapacity of a parent".  
[
- b. The term "child of eligible age" by State law means a needy child under the age of 18; or under the age of 21 and a student regularly attending school, college or university or regularly attending a course of vocational or technical training designed to fit him for gainful employment.
  - 1) "School" means an accredited public, private or parochial school on a secondary level.
  - 2) "Attending a course of vocational or technical training" means participation in an organized curriculum in a school or training program under recognized sponsorship with a specified employment objective.
  - 3) "Regularly attending" means participation that is required and acceptable for maintaining the status of a student or trainee. A child who is attending school, college or university or taking a course of vocational or technical training on a part-time basis is considered to be in regular attendance.
  - 4) When any schooling or course of training involves attendance during an academic year, a child shall be considered eligible during the summer months when he has been accepted for admission in the fall. He shall be considered eligible during regular vacation periods unless the educational program has been completed or there is verification that the child does not intend, or is not acceptable to reenter the program.
- c. The term "parent" includes adoptive (by legal action) as well as natural parents. "Parent" in relation to the "deprivation" factor does not include other relatives who are acting in parental capacity (Parent-person).
- d. The term "deprived of parental support" means that a child's economic needs are not or cannot be met by his parents.

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The Individual and Public Assistance

2200 Determination of Eligibility Factors Other Than Need - Factors Applicable in ADC Only

2281. Deprivation of Parental Support or Care

The statutory definition of "dependent child" sets forth two eligibility factors - economic "need" and "deprivation of parental support or care." These two factors are not necessarily identical although they frequently co-exist. (A child who lacks support by a natural or adoptive parent may have some other source of support and therefore not be in "need.") The law requires that both "need" and "deprivation of parental support or care" must be demonstrated as existing in the individual case. Furthermore, it must be demonstrated that the "deprivation" is the result of one of the factors of death, continued absence from the home, physical or mental incapacity of a natural or adoptive parent.

"Need" is determined in accordance with the provisions of the Financial Assistance Manual.

"Deprivation of parental support or care" is determined as follows:

.1 Death

A needy child may be found to be "deprived of parental support or care" by reason of the death of either or both natural or adoptive parents.

The death of the natural or adoptive parent must be substantiated by documentary proof; such as

Death certificate

Hospital death record

Attending physician's record

Record of insurance company which paid death benefits

Funeral director's record

Burial permit

Written record of church or clergyman

Fraternal organization records

Probated will of deceased

Newspaper obituary notice

Affidavits of pastor, physician or of employer at time of death, or by other unrelated persons with nothing to gain thereby.

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

.2 Continued Absence of the Natural or Adoptive Parent from the Home

a. Interpretation

Continued absence of either or both natural or adoptive parents from the home constitutes the reason for "deprivation of parental support or care" when

- 1) the natural or adoptive parent is out of the home, and
- 2) the absence is such as to terminate or to interfere with the parent's functioning as a provider of maintenance, physical care and guidance for the child, and
- 3) when the known or indefinite duration of the absence precludes reliance on the parent's performance of his function in planning for support or care of the child.

Note: In considering "absence" as the reason for "deprivation" it shall be understood that this does not include the absence of a parent who is receiving treatment for a physical or mental defect, disease, or impairment in a public or private institutional facility. In such a situation the eligibility of the family shall be determined under the "incapacity" factor as provided in 2281.3

b. Statement of Policy

- 1) Consistent with the basic principle of maintaining and strengthening family life, parents shall be encouraged to make plans which they consider to be in the interest of themselves and their children, including continuation of the relationship of the absent parent with the children, whether the parent is temporarily or permanently out of the home.
- 2) Every effort should be made to communicate with the absent parent whenever his whereabouts is known, so that he may be consulted in developing plans for the family. If he is in the State, it shall be by personal interview, or, if out of the State, by letter or through another agency, as appropriate to the situation. The absent parent shall be given the opportunity to voluntarily support his child to the extent of his ability, but both parents must fully understand that the extent of support will be established by the Court if there is cause for legal action.

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2281. Deprivation of Parental Support or Care (Cont'd)

- .2 b. 3) The applicant shall not be denied the opportunity to apply for and receive assistance by requiring as a prerequisite for eligibility either that legal action be taken against an absent parent, or that the missing parent be located and action taken in order to obtain support. However, this does not preclude the agency from assisting a parent in initiating and pursuing legal action during the application process when such action appears necessary for his or her children's best interest.
- 4) When it has been agreed that it is advisable or preferable for the agency rather than the parent to initiate legal action, or when the parent refuses to take the necessary steps, it is CWB's duty to initiate or pursue legal action, unless the parent makes a decision to withdraw the application or to have assistance discontinued.

c. Establishing Continued Absence

"Continued absence from home" may result from any of the following situations.

1) Divorce, Pending Divorce, or Legal Separation

A parent shall be considered continuously absent when there is documentary proof of divorce, pending divorce or legal separation.

Sources of proof are

Official documents in possession of the applicant  
Court records  
Attorney's records  
Newspaper account at time a divorce was granted.

[Refer to Chapter 2300. for policy on determination of the parent's ability to support.]

[Refer to Chapter 2950. for legal procedures if complaint is to be filed or case reopened to seek support.]

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2281. Deprivation of Parental Support or Care (Cont'd)

.2 c. 2) Desertion

A parent shall be considered "continuously absent from the home" when a condition of desertion is established. The desertion may already be a matter of public record, or may be alleged or presumed.

a) Desertion Formally Established

Desertion for purposes of ADC eligibility, is established by verification that a parent has been

Convicted of desertion, or

Charged with desertion by indictment, or by filing of a complaint with the Court, or

Named as defendant in an action for divorce on grounds of desertion.

Sources of verification are:

Records of the county prosecutor's office

Records of Domestic Relations Court

Records of local magistrate where complaint was filed

In divorce action, document in possession of applicant, records of appropriate court, or attorney's records.

b) Alleged Desertion

Where none of the conditions in a) is present, but the applicant parent alleges that the spouse has deserted (or a parent person alleges that the child for whom he is applying has been deserted), the factor of continued absence by reason of "desertion" shall be considered established if

- (1) There is evidence that the parent is clearly "dis-associated" from the home with no apparent intention of returning or of sending for the family at a later date, and

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**2281.** Deprivation of Parental Support or Care (Cont'd)

c. 2) b) (2) Every effort should be made to persuade the deserted applicant parent (or the parent person for the deserted child) to provide all known information about the deserting parent's whereabouts, and to sign an Affidavit of Desertion (Form PA-17).

(3) There shall be no denial of assistance because a parent or parent person does not cooperate in naming the reputed father of a child born out of wedlock or in seeking support from a person with legal responsibility to support the child.

c) **Notice to Law Enforcement Officials**

In every instance where eligibility for ADC is based on the factor "continued absence from the home" by reason of "desertion," Form PA-17A shall be sent to the county prosecutor concurrently with issuance of the initial assistance payment. It will rest with the judgment of the prosecutor to determine what action, if any, should be taken in response to the Notices received.

Refer to 2200. Appendix X for Sample Form PA-17A to 2320. and Financial Assistance Manual 300. for policy on determination of absent parent's ability to support; and to 2953. for legal procedures.

3) **Informal Separation**

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

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2281. Deprivation of Parental Support or Care (Cont'd)

.2 c. 3) b) In certain cases there may be evidence that the absent parent is desirous of returning to the home, or of having the family join him or her in the previous or a new place of residence, but the person seeking assistance is resistive to the stated desire for reconciliation and resumption of familial responsibilities. If there is a support order already in effect against the absent parent this shall be deemed evidence of continuing absence to establish eligibility for ADC.

If there is no support order in effect, ADC shall be approved for an applicant who is otherwise eligible; however, to establish continuing eligibility as a "needy" child, the parent or parent person shall be requested to provide information necessary to initiate non-support proceedings in order that the respective responsibilities of the parent's move be determined. Refusal to provide such information shall not result in denial of assistance.

In any such case CWB shall provide the court with any available pertinent information regarding the marital and home situation to assist the court in its determination as to whether or not the ADC recipient parent is justified in refusing reconciliation.

c) If the court enters an order of support against the absent parent, eligibility for ADC will continue subject to the factor of need. If the court, however, does not enter an order against the absent parent, on the ground that the behavior of the ADC recipient is the cause of the continued absence, then ADC may continue (if the recipient family is otherwise eligible) for not more than one month following the month in which the decision was entered.

Refer to 2320., 2953., and Financial Assistance Manual 200. and 300. regarding support orders.

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2281. Deprivation of Parental Support or Care (Cont'd)

.2 c. 4) Imprisonment

a) Policy

- A parent shall be considered continuously absent from the home  
- during a period of incarceration.

- There is the possible situation that a parent whose imprison-  
- ment is expected to be of short duration, may be "incapacitated."  
- Where this appears to be so, consideration shall be given to  
possible eligibility under the "incapacity" factor rather than  
the "absence" factor. [Refer to 2281.3, Incapacity.]

b) Procedure

(1) State Penal and Correctional Institutions

(a) Evidence to substantiate "absence" when a parent is  
incarcerated in a State penal or correctional insti-  
tution will be secured by use of Forms PA-17B and  
PA-17C. [See 2700. Appendix VI and VI-A and VI-B  
for sample forms and specific instructions.]

(b) When the "tear-sheet" has been returned and the date  
of release determined the CWB shall immediately there-  
after redetermine the basis of continued eligibility.

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

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2200 Determination of Eligibility Factors Other Than Need - Factors Applicable  
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2281. Deprivation of Parental Support or Care (Cont'd)

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

(a) CWB will need to develop a simple and effective procedure in cooperation with each jail within its jurisdiction regarding exchange of information both at time of initial ADC applications and at time of release of incarcerated parents. Forms PA-17B and 17-C are not appropriate and shall not be used for local jails.

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

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

5) Deportation

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

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

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2281. Deprivation of Parental Support or Care (Cont'd)

.2 c. 5) (Cont'd)

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

6) Unmarried Parents

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

[Refer to 2287.4 for policy on establishing paternity, and to 2952., for legal procedures.]

7) Service in the Armed Services

The fact that a parent is geographically separated from his family because of service in the armed forces is not to be construed as "continuously absent from the home." At the same time there may be situations where a parent may be found to be "continuously absent" notwithstanding the fact that he is in military service. Some examples are:

- a) when desertion occurred before he entered the armed forces;
- b) his whereabouts are unknown (AWOL);
- c) he is incarcerated while in the armed forces; and
- d) although his income is sufficient to meet all or part of the needs of his family he refuses to contribute toward their support. In this situation the parent shall be considered to have deserted the family. (Refer to 2281.2 c. 2) for procedures to be followed.)

Note: The fact that a parent is living away from home temporarily or part-time because commutation to his place of employment is not practical, or is away from home seeking employment, is not to be construed as "continuously absent from the home."

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2281. Deprivation of Parental Support or Care (Cont'd)

.3 Incapacity

a. The Eligibility Factor

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

b. Incapacity Defined

"Incapacity" is defined as the inability (by reason of a physical or mental defect, disease or impairment) to engage in gainful employment (i.e. at least 30 hours per week) for which the parent has competence, and/or inability to assume responsibility for homemaking and child care. "Incapacity" shall be interpreted as continuing during a reasonable period of convalescence, (i.e., not to exceed 30 days).

c. Determination of Incapacity by CWB

"Incapacity" shall be determined to exist by CWB only when the natural or adoptive parent is:

- 1) currently eligible for Disability Assistance or Assistance for the Blind, or
- 2) currently eligible for Disability Insurance Benefits under the Federal RSDI program, or
- 3) receiving in-patient care in a public or private medical facility and the attending physician indicates in writing that such care shall be required for at least 30 days.

In all cases where eligibility is determined under the provisions of 2) and 3) above, forms PA-5 and PA-6 shall be forwarded immediately, but in no event later than 30 days from the date of application, to the Medical Review Team for an official determination of "incapacity", and possible medical eligibility for Disability Assistance.

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2281. Deprivation of Parental Support or Care (Cont'd)

.3 d. Determination of Incapacity by Medical Review Team

When the natural or adoptive parent is in the home and the provisions of c. above are not applicable the determination of "incapacity" shall only be made by the Medical Review Team on the basis of medical evidence provided by the CWB.

As promptly as possible Form PA-5 and PA-6 shall be forwarded to the Medical Review Team for the official medical determination of "incapacity", and possible medical eligibility for Disability Assistance.

e. General Criteria for Determination of "Incapacity"

The Medical Review Team bases its determination of "incapacity" on the following criteria:

- 1) "Incapacity," as a factor in determining that a parent is unable to provide support or care for a child, may result from a physical or mental defect, disease, or impairment of a temporary nature.
- 2) "Incapacity" relates to a medically determined disease, defect or impairment which is likely to persist for a minimum of 60 days including the period of convalescence.
- 3) The existence of a physical or mental defect, disease or impairment must be substantiated by current medical information (pertinent within the past 3 months).
  - a) Substantiation that incapacity exists requires objective evidence of a defect, disease, or impairment that is adequately and completely described by an examining physician in such a manner that another physician would reasonably accept the concept that incapacity exists without examining the client.
  - b) The unsupported opinion of the examining physician that an incapacity exists may, in itself, be accepted. However, material presented in the Summary of Social-Medical Information (Form PA-6) or in other portions of the case record, should be additionally evaluated in demonstrating that incapacity exists.

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2281. Deprivation of Parental Support or Care (Cont'd)

- .3 e. 3) c) A definite diagnosis, if unknown or not determined, is not required to substantiate the existence of an incapacity.
- [
- d) Reports from attending physicians, recognized specialists, hospital or clinic reports or abstracts, photocopies of hospital discharge diagnosis or summaries, objective physical findings, diagnostic studies, etc. are all acceptable as supporting material.
- 4) Social data is required to support a determination that inability of the parent to provide "support" (full-time gainful employment) or "care" (homemaking and child care) is directly related to and caused by the defect, disease or impairment, and is not due to unemployment, underemployment, or other socio-economic factors.
- a) Such social factors as education, training, past work record, etc. must be evaluated in relation to the individual's ability to engage in such types of employment as may be available to him.
- b) Social data is important in reaching a determination that a parent can or cannot carry the responsibilities and perform a significant number of the essential activities involved in homemaking and child care.
- 5) Advanced age, although it frequently precludes securing employment, is nevertheless not synonymous with and does not of itself constitute "incapacity," even though the parent is receiving or is eligible to receive Old Age Assistance, or Old Age Benefits under the Federal insurance program. It must be demonstrated that a parent, regardless of age, is incapacitated according to these provisions.
- f. Special Criteria for Consideration
- 1) Parent with Diagnosis of Active Tuberculosis
- a) Unlike OAA or DA, in ADC a medical determination that a parent requires institutional care by reason of a diagnosis of active tuberculosis does not affect the eligibility of the family. Demonstration that a parent is incapacitated by reason of tuberculosis establishes eligibility for an otherwise eligible family whether the parent is under care at home or in an institution.

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2281. Deprivation of Parental Support or Care (Cont'd)

- .3 f. 1) b) However, particular care should be taken in evaluating the social situation and living arrangement in any case where the examining or attending physician recommends a plan for home care for the tuberculous parent.

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

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

2) Parent Incapacitated by Mental Defect, Disease or Impairment

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

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

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

[ Whenever, in the judgment of the Medical Review Team, special psychiatric or psychological examination or testing is necessary or advisable, the facilities of the Psychiatric Diagnostic Groups may be used.

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2281. Deprivation of Parental Support or Care (Cont'd)

.3 f. 3) "Incapacity" and Its Relation to Employment

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

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

c) When a parent has previously been determined "incapacitated" by reason of a temporary defect, disease or impairment and no residuals are anticipated upon complete recovery, such a parent shall be found no longer "incapacitated" upon statement by the treating physician that he is able to resume full-time gainful employment in his previous or a similar occupation.

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

a) Focus on Rehabilitation

In relation to the incapacitated natural or adoptive parent in ADC, the basic concept of helping the client achieve his maximum level of self-sufficiency necessarily includes the goal of strengthening family life by helping the parent resume maximum responsibility for his family. Release from worry about providing support or care for the family and the knowledge that the agency has concern for him as an individual, are important factors in motivating the parent to accept and make constructive use of a plan directed toward his return to health and resumption of responsibility for the family.

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.3 f. 4) a) (Cont'd)

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

- (1) financial assistance to enable the family to stay together in as normal a setting as possible,
- (2) help to the incapacitated parent in locating and using services available in the community, and
- (3) help to the incapacitated parent and the family to understand the nature of his illness and what he can do about it.

The agency will have this goal in mind when making plans for medical care and related services.

b) Refusal to Accept Recommendations, etc.

- (1) In situations where a natural or adoptive parent claims to be "incapacitated," but refuses to undergo diagnostic evaluations considered by the Medical Review Team as essential to a determination of his "incapacity," such refusal shall not affect the eligibility of his spouse and child for ADC. However, the "incapacitated" parent is not eligible for inclusion in the grant unless the agency determines, on the basis of criteria, for "reasonable refusal" as defined in 2234.6 b., that such refusal can be accepted as valid.
- (2) Similarly, if in an "Approved" application the "incapacitated" parent is unwilling to accept the Medical Review Team's recommendations for medical care, further diagnostic procedures, restorative and other special services, the policy as in (1) above will apply.

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2281. Deprivation of Parental Support or Care (Cont'd)

.4 Unemployment

a. The Eligibility Factor

For purposes of public assistance in New Jersey an eligible child, when living with both natural or adoptive parents, may be found to be deprived of parental support or care by reason of the unemployment of his father.

b. Unemployment Defined

[- "Unemployment" is defined as being employed less than 35 hours a week, or less than the number of hours considered by the industry to be full time for the job, whichever is less.

c. Procedures for Determination of Unemployment

1) Determining Eligibility

In determining eligibility for assistance or continuance of assistance, it must be established that the father:

- a) has been unemployed within the definition set forth for "Unemployment";
- b) is actively seeking full employment;
- c) is currently registered or, will register with the Division of Employment Security within five (5) days of date of application;
- d) will, if appropriate, within 30 days after the receipt of assistance, be referred for participation in the Work Incentive Program; and
- e) has not, without good cause, refused a bona fide offer of employment or training for employment.

(1) Before it is determined that a father has refused a bona fide offer of employment or training for employment without good cause, CWB must establish that such an offer was actually made. The father shall be given an opportunity to explain why such an offer was not accepted. Questions with respect to the following factors must be resolved:

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2281. Deprivation of Parental Support or Care (Cont'd)

- .4 c. 1) e) (1) (a) that there was a definite offer of employment at wages, meeting any applicable minimum wage requirements and which are customary for such work in the community;
- (b) the father's inability to engage in such employment for physical reasons or because he has no way to get to or from the particular job; and
- (c) working conditions, such as risks to health, safety, or lack of workmen's compensation protection.
- (2) In the case of offers of employment made through the public employment or Manpower agencies, the determination as to whether the offer was bona fide, or whether there was good cause to refuse it, will be made by that office or agency.

2) Client Refusal of Employment or Training

When it has been determined that an applicant or a recipient has refused to seek employment or has refused to accept a bona fide offer of employment or training for employment, the needs of such father shall not be included in the grant.

d. Special Criteria for Federal Recipient Count

For purposes of Federal matching of assistance payments based on "Unemployment," the following criteria must be met:

- 1) The father has been unemployed (See 2281.4 b. for definition) for at least 30 days prior to the receipt of public assistance and is currently registered with the Division of Employment Security.
- 2) The father has not, without good cause, within such 30-day period prior to the receipt of public assistance, refused a bona fide offer of employment or training for employment. [See 2281.4 c. 1) e)]
- 3) The father has (i) six or more quarters of work\* (see note below) within any 13-calendar-quarter period ending within one year prior to the application for such aid, or (ii) within such one-year period, received unemployment compensation under an unemployment compensation law of a State or of the United States, or was qualified\*\* (see note below) for such compensation under the State's unemployment compensation law.

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- .4 d. 4) The father has not received unemployment compensation under an unemployment compensation law of a State or of the United States for any week for which he has also received a grant of assistance.
- 5) The father will, within 30 days after the receipt of assistance, be referred for participation in the Work Incentive Program; or, if he resides in a county that does not have such a program, will be referred to the local office of the Division of Employment Security for participation in a manpower training program.
- 6) If an application is made within six months after the effective date of this program (January 1, 1969) in accordance with the provisions set forth above, [1) through 5)] the father will be considered to have met the requirements of d. 3) above, if he met such requirements at any time after April 1961 and prior to the date of such application.

Notes: \* A "quarter of work" with respect to any individual means a period (of three consecutive calendar months ending on March 31, June 30, September 30, or December 31) in which he received earned income of not less than \$50, or in which he participated in a community work and training program under section 409 of the Act or any other work and training program subject to the limitations in such section 409, (Title V projects) or the Work Incentive Program established under Part C of Title IV of the Act.

\*\* An individual shall be deemed "qualified" for unemployment compensation under the State's unemployment compensation law if he would have been eligible to receive such benefits upon filing application, or he performed work not covered by such law which, if it had been covered, would (together with any covered work he performed) have made him eligible to receive such benefits upon filing application.

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2281. Deprivation of Parental Support or Care (Cont'd)

.5 Insufficient Earnings of Both Natural or Adoptive Parents

a. The Eligibility Factor

For purposes of public assistance in New Jersey a child, when living with both natural or adoptive parents, may be found to be deprived of parental support or care by reason of insufficient earnings of his parents. [Assistance granted in such cases is not subject to Federal matching.]

b. Insufficient Earnings Defined

"Insufficient earnings" is defined as the father being employed that number of hours considered by the industry to be full time for the job and his earnings combined with the earnings, if any, of the mother is less than the amount necessary to meet the needs of the family in accordance with standards set forth in the Categorical Assistance Budget Manual.

c. Procedures for Determination of Insufficient Earnings

1) Determining Eligibility

In determining eligibility for assistance or continuance of assistance, it must be established that the father:

- a) comes within the definition of "Insufficient Earnings";
- b) if employed in an occupation in which his earnings are not equal to his potential, is or will be registered with the Division of Employment Security; and
- c) has not without good cause refused a bona fide offer of employment with increased earnings or training for employment which may lead to increased earnings. [See 2281.4 c. 1) e)]

2) Client Refusal of Employment or Training

The needs of the father shall not be included in the assistance grant when:

- a) it has been determined that he has refused to seek employment or has refused to accept a bona fide offer of employment or training for employment; or
- b) if employed in an occupation in which his earnings are not equal to his potential, refuses to register with the Division of Employment Security.

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2281. Deprivation of Parental Support or Care (Cont'd)

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

(a) CWB will need to develop a simple and effective procedure in cooperation with each jail within its jurisdiction regarding exchange of information both at time of initial ADC applications and at time of release of incarcerated parents. Forms PA-17B and 17-C are not appropriate and shall not be used for local jails.

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

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

5) Deportation

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

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

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2281. Deprivation of Parental Support or Care (Cont'd)

.2 c. 5) (Cont'd)

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

6) Unmarried Parents

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

[Refer to 2287.4 for policy on establishing paternity, and to 2952., for legal procedures.]

7) Military Service

A parent who is separated from his family because of military service shall be considered "continuously absent from the home" when

- a) the nature of the absence is such as either to interrupt or to terminate the parent's functioning as a provider of maintenance, physical care or guidance for the child; and
- b) the known or indefinite duration of the absence precludes counting on the parent's performance of his function in planning for the present support or care of the child.

The fact that a parent is living away from home temporarily or part-time because of commutation to his place of employment is not practical, or is away from home seeking employment, is not to be construed as "continuously absent from the home."

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2282. Family Life (Cont'd.)

- .2 d. 1) Abuse - physical abuse, such as beating, over-work, or other cruel treatment, or improper relations with the child.
- 2) Exploitation - when a parent or parent person has the child beg on the streets, sell or make contacts for the sale of illegal products, or is responsible for the prostitution of the child.
- 3) Neglect - when the child is without proper food and clothing as shown by apparent malnutrition and ragged or dirty clothing; when the child repeatedly is left in the home without the supervision necessary for his protection, or is permitted to be at large in the community without some knowledge of his whereabouts or activities.

.3 Procedures

a. Tentative Evaluation

When, as a result of a tentative evaluation, the caseworker has some question about the adequacy of the "family life" being provided for the child, there shall be prompt discussion of the case at the supervisory level, and a decision made, subject to executive approval:

- 1) to provide intensive social services and keep the case under close supervision for further observation of the home situation, or
- 2) that since the conditions in the home in relation to the "family life" factor are so intolerable for the welfare of the child, further investigation should be made and the results:
- a) referred to ECS (2880) or other agency, and
- b) in the event action taken by the above agency/agencies is believed to be insufficient for the welfare of the child, the matter shall be presented to the welfare board for further determination.

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2282. Family Life (Cont'd.)

.3 b. Welfare Board Consideration and Decision

1) Presentation of Case

The director of welfare shall present to the board a special analysis of the situation, pointing up the issues involved, possible courses of action, and any recommendations which in his judgment appear advisable.

The analysis should also summarize the results of consultation with personnel of any public or private health or welfare agency which has been directly or indirectly involved in the case, or with other persons having a direct professional interest, such as the probation or parole officer, guidance teacher, attendance officer, family physician, visiting or school nurse, clergyman, attorney, medical or psychiatric social worker, etc.

2) Board Decision

The welfare board shall determine the appropriate course of action including initiation of complaints, civil or criminal or both, before the courts. [See 2950, when issued, for procedures.]

Note: For instructions regarding "family life" factor in active cases see 2633.

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2283. Establishment of Home

There will be situations in which a parent who is about to be released from an institutional facility (medical, mental or correctional), wishes to apply for ADC in order to establish a home for a dependent child upon release.

.1 Federal Requirement

Federal regulations permit the establishment of eligibility for ADC and payment of an initial grant upon release from an institutional facility provided the parent and child will be living together in a home within 30 days from the date of payment.

.2 Registration and Process of Application

As provided in ADC insert 2113.3d, an application may be registered and processed as much as two months in advance of anticipated eligibility in order to plan for the establishment of a home for a child.

.3 County Responsible

CWB responsibility for registration, processing and payment of assistance to an approved applicant in any such situation shall be as follows:

a. In respect to an applicant parent who is a patient in a licensed nursing home see ADC insert for 2226.1.

b. In respect to an applicant parent who is a patient in a general hospital see ADC insert for 2227.1.

c. In respect to an applicant parent who is a patient in a State mental hospital see ADC inserts for 2227.2.

d. In respect to an applicant parent who is a patient in a Veteran's facility, see ADC inserts for 2227.4.

e. In respect to an applicant parent who is to be released from a correctional institution see 2227.2.

f. In respect to an applicant parent who is currently living out of State and wishes to reapply in order to re-establish a home in New Jersey, see ADC insert for 2229.2.

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2284. Temporary Absence from Home

.1 General Policy

Under specified circumstances, eligibility for ADC may continue during a temporary absence of either child or parent from the customary family setting. However, in order to determine that the required conditions exist, the CWB must necessarily be informed, in advance so far as possible, concerning the plans for such temporary absence in order that the assistance grant may be adjusted when appropriate.

.2 Essential Conditions

a. The nature and purpose of the absence must be consistent with the concept of "temporary." There must be an anticipated time limit, beyond which the temporary absence will no longer continue, and there must be continued maintenance of a home to which the absent member(s) can return.

b. There must be evidence that the child remains under the care and protection of the parent despite the temporary separation.

.3 Special Conditions Relating to Child

a. When a child is receiving active treatment or under going diagnostic procedures for a physical or mental illness in a diagnostic or treatment center, his eligibility continues as long as necessary to complete such treatment, provided the family continues to be otherwise eligible.

b. An exception to condition .2a, above, may be made for a mentally deficient child who has been committed to a State institution and has been placed in a private institution awaiting admission. In such instance the child is considered still under the continuing care and supervision of his parent since he may be removed from a private institution at any time by the parent. [See 2300 for budgeting and rate procedures.]

c. When a child must live away from home during school sessions in order to obtain necessary educational or vocational training not otherwise available, he will continue to be an eligible member of the ADC family provided he returns to the home for some portion of the normal school holidays or vacation periods. [See 2300 for budgeting and authorized allowances.]

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2284. Temporary Absence from Home (Cont'd)

- .4 c. the child has been or is to be placed in a private institution recommended by the Division of Mental Retardation until placement is available in a State institution; and
- d. the child is an eligible member of an ADC family in which there are [ other eligible children.

.5 Other Absences from the Home

For any visit, vacation or any temporary absence from the home other than those in .3 and .4 above, authorized and approved by the CWB, the limit shall be 60 days if the child is to be continued in the grant. This does not preclude longer periods of absence if maintenance is being otherwise provided.

.6 Special Conditions Relating to Parent

- a. When a parent is absent due to illness, and, even though hospitalized, is able to retain responsibility for supervising a plan for adequate care and control of his child, eligibility may continue as long as necessary to complete recovery.

[ However, when such illness continues for a prolonged period (more than six months), there must be a careful redetermination to satisfy conditions in .2 c.

- b. Visits or vacations of no more than 30 days may be permitted without affecting eligibility provided adequate care and supervision of child has been arranged.

.7 Special Conditions Relating to Family Unit

When the entire ADC family leaves the home for a temporary visit out-of-county or out-of-State, the provisions of 2221.4, 2225. and 2228. will apply.

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2285. Temporary Payee in an Emergency Situation

.1 General Policy Statement

During an emergency situation, a temporary change in payee to a person other than an enumerated relative, whether living in the same or another county, may be made without a break in payment or a new application. This is done to preserve, insofar as possible, the values of economic security already attained through the provision of ADC.

.2 Emergency Situations

Emergency situations are those in which there has been insufficient time to make any other plan for the child, e.g., the parent's sudden death, hospitalization, desertion, imprisonment, or commitment for mental illness.

[.3 Child Cared for by Person Other Than Enumerated Relative

In emergency situations a temporary change in payee may be made when a child is being cared for by a person other than an enumerated relative, and such person is assuming responsibility in all respects for the care of the child and use of the ADC payment on his behalf because of the necessity created by the emergency. Such change in payee is subject to the following conditions:

- a. The child is a recipient of ADC at the time the emergency occurs.
- b. Active planning is being carried out for continuing care of the child.
- c. Not more than two months payment is made following the month in which the emergency occurs.
- d. Further action is taken as required by Manual of Administration, 2883. e., f., and g.

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2285. Temporary Payee in an Emergency Situation (Cont'd.)

.4 Child Placed Temporarily in Institution for Shelter Care

When there is no parent substitute available, and the child who is otherwise eligible must be placed temporarily in an institution for shelter care, the temporary payee shall be the superintendent or other chief executive officer of the institution. (Payments made pursuant to this paragraph are not subject to Federal matching. For maximum allowances see Budget Manual Appendix Sec. II 5.)

In these situations, the following policy and procedure shall be followed:

- a. The initial period of such institutional placement shall not exceed thirty days.
- b. A prompt referral shall be made to BCS when it appears that the only available plan for an ADC child is through foster home placement by BCS.
- c. BCS will give priority of consideration to such a referral in an effort to effect an adequate foster home placement within the thirty-day period following placement in institutional shelter care.
- d. If BCS determines that adequate foster home placement cannot be made within the initial thirty-day period, a written request shall be made to the county welfare board to continue the child in institutional care, with payment through ADC for a continued period which shall not exceed thirty days. Concurrently a copy of this request shall be sent to the institution caring for the child. The county welfare board will then be authorized to continue ADC for institutional shelter care up to a maximum of sixty days from the initiation of the institutional placement.
- e. If during the sixty-day period there appears a newly developed resource whereby care of a child may be continued through ADC, the referral to BCS will be withdrawn.
- f. In the absence of an alternative plan, and although an adequate foster home placement has not been developed by BCS, supervisory and financial responsibility for the child will be assumed by BCS after sixty days following initiation of the institutional shelter placement.

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2285. Temporary Payee in an Emergency Situation (Cont'd.)

.5 Change of Parent-Person (Transfer)

When a new permanent plan is necessary and a qualified parent-person in another county is willing to provide ~~care~~ on a continuing basis, normal procedure calls for "transfer" of responsibility to the receiving county (2225.). If it is necessary to provide assistance for the child's maintenance pending referral to and acceptance of responsibility by the receiving county, the qualified parent-person may be treated as a "temporary payee." It will, of course, be incumbent upon the receiving county to accept responsibility within the two months limitation. [Refer to 2550. for instructions for change of payee.]

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2286. Employment and Training

The goal of public assistance is to help the client realize his full potential and make use of his own capabilities for self-support. Therefore every individual, unless specifically exempt as below, shall personally register for manpower services, training and employment.

The county welfare board as agent of the Department of Labor is responsible, through the income maintenance staff, for determining who is required to register and who is exempt. A personal interview with each individual is desirable but not mandatory. However, each registrant must personally sign the registration form (e.g., a mother cannot sign for her 16 year old child).

When an individual claims exemption under one of the exemption criteria but further verification is necessary (e.g., a medical examination), the individual will be regarded as exempt under that criterion so that such individual's needs may be included in the ADC payment while the status is being verified. Verification of the exemption shall be made as expeditiously as possible but, in no event, may it take longer than 60 days.

.1 Individuals Not Required to Register

The following individuals are not required to register:

- a. a child who is under age 16 or a child who is age 16 but not yet age 21 who is enrolled or has been accepted for enrollment as a full-time student for the next school term;
- b. a person who:
  - 1) has an illness or injury verified by a physician which temporarily prevents entry into employment or training. This exemption will not exceed 90 days. Exemptions for "illness" in excess of 90 days should be reviewed for possible determination as "incapacity";
  - 2) is incapacitated with a medically determinable physical or mental impairment which, by itself or in conjunction with age, prevents the individual from engaging in employment or training under WIN, and which is expected to exist for a continuous period of at least three months;
  - 3) is of advanced age, 65 years or older;

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2286. Employment and Training (Cont'd)

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  - c. a person so remote from a work incentive project that his effective participation is precluded;
  - d. a person whose presence in the home is required because of illness or incapacity of another member of the household;
  - e. a mother or other relative of a child under the age of 6 who is caring for the child; or
  - f. the mother or other female caretaker of a child, if the father or another adult male relative is in the home and not excluded by items a. - e. above, unless he has failed to register as required or has been found to have refused without good cause to participate under a work incentive program or accept employment.

.2 Referral to Vocational Rehabilitation

Individuals who have been determined to be exempt from registration on the basis of incapacity will be referred to the appropriate State vocational rehabilitation agency.

.3 Voluntary Registration

- a. A mother or other relative of a child under 6 who is caring for the child shall be advised of her option to register if she so desires, and of the fact that child care will be provided if needed.
- b. Other exempted individuals may volunteer to register.

.4 Failure to Register

- a. The needs of any individual who fails to register as required shall not be taken into account in determining the need of the family and the amount of assistance.
- b. Assistance shall be furnished to the eligible members of the family.

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2286. Employment and Training (Cont'd)

.5 Refusal to Participate

- a. If and for so long as an individual certified to the WIN program has been determined to have refused without good cause to participate in the Work Incentive Program or to accept a bona fide offer of employment in which he is able to engage, the following sanctions shall apply.
- 1) If such individual is a caretaker relative receiving ADC, his needs will not be taken into account in determining the family's need for assistance, and assistance in the form of protective or vendor payments will be provided;
  - 2) If such an individual is the only dependent child in the family, assistance for the family will be denied; and
  - 3) If such individual is one of several dependent children in the family, assistance for such child will be denied and his needs will not be taken into account in determining the family's need for assistance.
- b. The specified sanctions shall not be applied during the period of 60 days in which an individual is being provided counseling and other services except for a. 1) above.
- c. If an individual registered on a voluntary basis discontinues participation in the WIN program, he and his family are not subject to the sanctions.

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2286. Employment and Training (Cont'd)

.6 Determination as to Bona Fide Offer and Refusal for Good Cause

- a. In the event the individual who has been certified to the WIN program refuses to accept employment which is offered to him by an employer, whether directly or through the employment service, the determination as to whether the offer is bona fide or there was good cause to refuse the offer will be made by the Labor Department (after providing opportunity for Fair Hearing) and will be binding upon the CWB.
- b. In the event an individual certified to the manpower agency should need to be referred to CWB as having good cause for not continuing on a training plan or a job, CWB shall promptly restore the assistance payment to the individual or make other necessary payment adjustments.

.7 Fair Hearing

Any individuals who are dissatisfied with a determination that they must register may request a fair hearing. The Division of Public Welfare will provide the hearing as an agent of the WIN manpower agency.

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2287. Child Born Out of Wedlock

A child born out of wedlock is a child born to a mother who is unmarried; or, if married, by a man other than her husband.

.1 Eligibility

- a. The eligibility of a child is not affected by the fact that he was born out of wedlock.
- b. The initiation of proceedings to determine paternity and to establish the financial responsibility of the reputed father shall not be a pre-application requirement.

.2 Legal Responsibility of Parents

- a. Parents of a child born out of wedlock are equally responsible for his support. To establish that this child is "needy" the ability of both parents to support the child must be determined. In proper circumstances, court action may be necessary to establish paternity of the father, and to obtain such support from the parents. [See 2320. and 2952.]

The possibility of court action shall be explained to the applicant during the application process.

- b. Responsible parents of such a child as designated by law are
  - 1) mother of the child,
  - 2) natural father when paternity has been established by filiation proceedings, and
  - 3) husband of the child's mother based on a legal presumption that he is the father of her child, unless and until otherwise determined by a court of competent jurisdiction.

.3 Reputed Father

- a. When the reputed father voluntarily admits paternity, the child's needs should be discussed with him and an effort should be made to have him assume the role of responsible parent. [Refer to 2952.4c]

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2287. Child Born Out of Wedlock (Cont'd)

- .3 b. His financial capacity to contribute to the support of the child shall be evaluated. However, voluntary contributions by the reputed father do not of themselves establish paternity, nor can the continuance of such voluntary support be enforced in the absence of the legal establishment of paternity (filiation proceedings).

c. Where there is a voluntary admission of paternity, it is desirable to have the admission reduced to writing whenever possible. (Refer to 2828. concerning written acknowledgment of paternity as establishing entitlement to OASDI benefits.)

.4 Legal Determination of Paternity (filiation proceedings)

a. It is to the advantage of the child that paternity be legally established since:

- 1) His support by the father as well as the mother becomes legally enforceable;
- 2) It may have bearing on his right of inheritance from his father (in certain states other than New Jersey);
- 3) It may have bearing on such financial benefits as OASDI, servicemen's dependents' allowance, etc.;
- 4) His identity is established and every child has a right to know his full parental and familial background.

b. Therefore the basic policy shall be to initiate filiation proceedings in respect to every "out-of-wedlock" child except as noted below.

[See 2952. Filiation Proceedings]

.5 Exceptions to Requirement for Filiation Proceedings

Exception to the basic policy may be made when, in the judgment of the welfare board, based upon disclosure of full information by the ADC recipient, the presenting situation is one in which the disadvantages to the child and his parents outweigh the social and economic advantages that might be accomplished through filiation proceedings. Illustrative situations include the following:

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2287. Child Born Out of Wedlock (Cont'd)

- a. An older child whose reputed father has not been seen or heard from over a period of years, so that paternity would be hard to prove;
- b. A reputed father who is married, has legitimate children to support, and such action would cause family discord or result in deprivation to the legitimate children.

.6 Procedures

- a. Unless the welfare board determines that an exception should be made, as provided in .5 above, filiation proceedings shall be initiated either by the mother or should she refuse by CWB as provided in 2952. The CWB shall fully inform the mother about the policy, the reasons for it and shall secure all information available to her which she is willing to provide concerning the identity and whereabouts of the reputed father.
- b. When a mother whose application has been approved with the understanding that filiation proceedings are to be initiated later decides she prefers to have her case closed, her wishes shall be respected and no court action initiated.
- c. There shall be no denial of assistance because the mother fails or refuses to provide information leading to the identification of the reputed father.

In any case when the mother of an out-of-wedlock child decides not to apply or requests case closing as in b. above, she shall be informed about other agencies in the community which may be able to help her make appropriate plans. Direct referral service should be offered to her.

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

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

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

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

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

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

[ However, determination of "incapacity" is essential prior to inclusion of an "incapacitated spouse" in the ADC grant.

.3 Procedure

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

.4 Procedures in Reapplications and Reopened Applications

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

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

2290. FACTORS RELATED TO METHODS OF PAYMENT

[ This sub-chapter is not applicable in ADC except 2294., Other Incompetents.

2294. [ Other Incompetents  
[ Applicable in ADC.

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2200 Determination of Eligibility Factors Other Than Need - Methods of Payment

2290. FACTORS RELATED TO METHODS OF PAYMENT

Certain factors directly affect the eligibility of an individual to receive assistance; other factors do not in themselves affect eligibility but do affect the method by which assistance is provided. This sub-chapter relates to the latter aspect.

.1 Legal Authority

The law provides that the county welfare board shall decide whether or not an individual is eligible, the amount of assistance to which an eligible individual is entitled, and the conditions and method of paying or providing assistance, subject to policy and procedure established by the State agency.

2291. Institutional Status

Federal and State law impose certain conditions on the granting of categorical assistance to residents of public or private institutional facilities, and these conditions affect the method or methods of payment of assistance. [See 2250.]

2292. Mental Incompetency

An individual who has been determined by professional diagnostic procedures to be mentally incompetent is nevertheless eligible to receive categorical assistance provided he does not require institutional care for the diagnosed condition (see 2240.), and provided that an appropriate, authorized method of payment is arranged. [See 2560.]

2293. Minority

Individuals under 21 years of age who have been determined to be mentally incompetent may not receive assistance without special arrangement for payment. [See 2560.]

2294. Other Incompetents

.1 Identification

It is within the authority and discretion of the welfare board to decide, on the basis of available evidence, that an individual who has not been determined to be mentally incompetent is nevertheless inadequate to manage his own expenditures without close supervision or direction. In such cases the welfare board may provide for payment through a third person rather than through unrestricted money payments. [See 2560.]

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2294. Other Incompetents (Cont'd)

.2 General Policy Related to Applicants

The welfare board may make such a decision in respect to an applicant or recipient. However, as a general policy it is recommended that an applicant be given an opportunity to demonstrate his ability to manage an unrestricted money payment. The data secured during an initial investigation regarding an applicant's personal habits is frequently hearsay, and a determination by the welfare board that an individual is inadequate to manage his own expenditures even though apparently mentally competent, should not be made unless there is substantial evidence to support such a finding.

If, after direct experience with the person as a recipient, the staff recommends and the welfare board finds that the recipient's best interests require the services of a third party to receive and supervise the assistance payments, the procedures for appointment of an authorized custodian, or other authorized arrangement, as given in 2560. may be instituted provided that

- a. the client shall be given an opportunity (whenever practical) to participate in the selection of the third party; and
- b. if, at a later date the recipient requests a change of or elimination of the third party, his request shall be granted if upon investigation the request is found to be reasonable and justified; or
- c. if, at a subsequent review of the case the caseworker recommends, on the basis of observation, reports of the third party concerned and/or other reliable reports, that the special payment arrangement be eliminated as no longer necessary to protect the recipient's welfare, the welfare board may approve the recommendation.

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22XX. FACTORS APPLICABLE IN ASSISTANCE FOR THE BLIND ONLY

.1 Definition of Blindness

Blindness for purposes of Assistance for the Blind is defined as central visual acuity of 20/200 or less in the better eye with correction; or peripheral vision in which the field is reduced to 20 degrees or less in the better eye.

.2 Determination of Blindness a State Function

It is a Federal requirement that there must be a "review of each eye examination report by a State supervising ophthalmologist", and that such physician "shall be given the authority and charged with the responsibility for the agency's decision as to whether the individual is blind."

To meet this requirement the determination of the medical eligibility (factor of blindness) is the direct responsibility of the state agency. Determination of all other eligibility factors is the responsibility of the county welfare boards.

.3 CWB Responsibilities in Determination of Blindness

a. Initial Eye Examination

In determining whether an individual is blind, there shall be an examination by a physician specializing in diseases of the eye or by an optometrist, whichever the individual may select. If the applicant needs or requests help in this matter, the CWB will assist him to whatever extent is necessary and appropriate. The Membership Directory of the Medical Society of New Jersey is suggested as a source of reference for physicians specializing in diseases of the eyes in each municipality.

In addition to serving as the means by which the determination of blindness as an eligibility factor for AB is made, the eye examination also determines:

- 1) the degree of visual loss when total blindness is not established; and
- 2) the nature of recommendations for treatment which might either prevent further blindness or restore sight.

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22XX. FACTORS APPLICABLE IN ASSISTANCE FOR THE BLIND ONLY (Cont'd)

.3 b. Report of Eye Examination

[ The applicant shall be furnished with a copy of "Report of Eye Examination", Form PA-5A, to take to a physician specializing in diseases of the eye or optometrist of his choice.

c. Transmittal of Records to Bureau

[ 1) The completed "Report of Eye Examination", Form PA-5A, shall be forwarded to the Bureau of Medical Affairs for evaluation by the State Supervising Ophthalmologist.

[ If the client had any contact with or had received service from the Commission for the Blind, the CWB should clear with that agency as to any medical information which they might make available with regard to the applicant's eye condition. This material should be forwarded to the Bureau of Medical Affairs along with the Form PA-5A.

2) The format and procedures in subsection 2236.1 b. for the preparation of the Inventory Sheet are applicable in AB.

.4 Action by Bureau of Medical Affairs

[ a. The "Report of Eye Examination", Form PA-5A, will be evaluated by the State Supervising Ophthalmologist who will indicate medical eligibility on "Record of Action", Form PA-8. The Form PA-8 will indicate:

- 1) Determination of medical eligibility (blindness factor);
- 2) Diagnosis;
- 3) Indication of the existence of any remedial eye pathology with recommendations for any necessary medical services;
- 4) The review date and need for any further medical evaluation; and
- 5) Authorization over the signature of the State Supervising Ophthalmologist for payment of the examining physician or optometrist. (Refer to item .6 below.)

b. The material referred to above in a. will be returned to the CWB with an Inventory Sheet attached.

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22XX. FACTORS APPLICABLE IN ASSISTANCE FOR THE BLIND ONLY (Cont'd)

.5 CWB Procedure After Bureau Action

Refer to Section 2237.1, .2 b. and .3 for policies and procedures applicable to the processing of Assistance for the Blind applications after Bureau action.

.6 Payment of Examining Ophthalmologist or Optometrist

When approval is given for payment of the examining ophthalmologist or optometrist (refer to .4 a. 5) above), such payment shall be made from administrative funds, regardless of whether the case is "Approved", "Disapproved" or "Undetermined."

Payment for special diagnostic reports shall likewise be made from administrative funds regardless of whether the case is "Approved", "Disapproved" or "Undetermined."

.7 Criteria for Selection of Physicians Skilled in Diseases of the Eye or Optometrists

a. Physicians specializing in Diseases of the Eye

A physician specializing in diseases of the eye is:

- 1) A licensed physician (Doctor of Medicine) who is a Diplomate of the American Board of Ophthalmology; or
- 2) A physician whose practice is limited to ophthalmology (a physician who specializes in diseases of the eye); or
- 3) A physician whose practice is limited in part to ophthalmology and who is a member of a specialty staff section of a licensed and accredited hospital.

b. Optometrists

Any optometrist who has been licensed by the State of New Jersey.

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22XX. FACTORS APPLICABLE IN ASSISTANCE FOR THE BLIND ONLY (Cont'd)

.8 Procedures in Reapplications and Reopened Applications

In reapplications and reopened applications the following procedures shall be observed:

a. Cases Not Previously "Approved" by the Bureau of Medical Affairs

In any reapplication from a person whose previous application was denied, dismissed or withdrawn prior to determination of the blindness factor or in which the previous action of the Bureau of Medical Affairs was "Disapproved" or "Undetermined", the CWB shall submit the following material as appropriate to the situation:

- 1) a current Report of Eye Examination, Form PA-5A;
- 2) any previously completed Report of Eye Examination, Form PA-5A;
- 3) all additional medical or social reports regardless of whether obtained previously or in connection with the current reapplication process; and
- 4) all copies of Records of Action, Form PA-8, previously received on the case.

b. Cases Previously Approved by Bureau of Medical Affairs

- 1) When the reason for not granting or for discontinuing AB was for reasons other than the blindness factor, the need for a new eye examination and report is determined by the review date on the last Record of Action, Form PA-8. If the scheduled review date was prior to the date of reapplication, the case material specified below in 2) shall be submitted to the Bureau of Medical Affairs for redetermination of blindness.

If the scheduled review date is subsequent to the date of reapplication, the CWB may grant assistance to an otherwise eligible applicant without prior decision by the Bureau of Medical Affairs unless the agency has reason to believe that there might have been improvement in the applicant's vision or unless the person had undergone treatment of a remedial nature in the interim since the last evaluation by the Bureau of Medical Affairs.

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Part II The Individual and Public Assistance  
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22XX. FACTORS APPLICABLE IN ASSISTANCE FOR THE BLIND ONLY (Cont'd)

- .8 b. 2) In all reapplications requiring decision by the Bureau of Medical Affairs prior to granting AB, the CWB shall submit the same material as specified above in sub-item a.

- .9 Instructions for Redetermination of Blindness

For instructions for redetermination of blindness refer to 2640.

- .10 Solicitation of Alms Forbidden

- a. Legal Provision

The law provides "... that payments of assistance will be denied or promptly terminated with respect to any person who publicly solicits alms by wearing, carrying or exhibiting signs denoting blindness, or carrying receptacles for the reception of alms, or doing same by proxy or by begging from house to house."

- b. Agency Responsibility

All applicants for AB shall have the above legal provision read to them prior to executing the written application. [See also 2113., Initial Interview.]

- .11 Exemption of Earned Income in AB

Refer to 2350. for the special exemption provided by law and to Budget Manual 408.1 for determination of need.

- .12 Agreement to Reimburse Not Applicable in AB

- a. Legal Provision

Section 42 of Chapter 197 of the Laws of 1962 supplementing Chapter 7 of Title 44 of the Revised Statutes, specifically exempts sections 44:7-14, 15 and 16 (which pertain to the mandatory requirement for an agreement to reimburse and resulting lien) from being applicable to the Assistance for the Blind program.

- b. Evaluation of Resources in Respect to Need

All real and personal assets of an AB client shall be evaluated and accounted for in accord with the provisions of Budget Manual 408.1.

APPENDIX SECTION

CHAPTER 2200  
DETERMINATION OF ELIGIBILITY FACTORS OTHER THAN NEED

BOND  
M-NON-11

2213. Sources of Evidence of Age

.1 a. Birth Certificate of Applicant

A properly authenticated birth certificate issued at the time of the applicant's birth or as a delayed certificate gives conclusive evidence of age.

1) An applicant born in New Jersey may secure a birth certificate from the Bureau of Public Health Statistics, Division of Vital Statistics and Administration, New Jersey Department of Health, Trenton. However, an applicant will generally find it more convenient to apply for his birth certificate directly at the proper municipal bureau of vital statistics. An applicant may obtain his copy without cost if he indicates that the information is to be used in his application for public assistance.

2) An applicant born outside of New Jersey but in the United States may obtain a birth certificate by writing the division of vital statistics of the State Health Department in the proper State. Exceptions to this are the cities of Baltimore, Boston, New York, and the District of Columbia, which keep the original records in the Municipal Bureau of Vital Statistics. Massachusetts is also an exception in that its Division of Vital Statistics is part of its Department of State.

3) A birth certificate will sometimes fail to show the given name of the applicant or will show an entirely different name. In these instances, the agency shall make every effort to clear up the inadequacy or inconsistency through other sources of evidence. If the inadequacy of the original certificate cannot be conclusively resolved, the agency shall weigh all available evidence and decide whether or not the certificate corroborates the age of the applicant. All the determining factors entering into the decision shall be recorded in detail in the case record.

4) Birth certificates which may have been changed in accordance with Chapter 174, New Jersey Laws of 1938, shall be carefully evaluated. This regulation provides that corrections to birth and marriage certificates may be made "by the person who made the original report...or by any other person having personal knowledge of the matters sought to be corrected which other persons shall state such matters on his oath."

The New Jersey Bureau of Public Health Statistics incorporates in its transcription both the original and corrected records, together with the name of the person making such a correction. A corrected record shall not be accepted as conclusive proof of age without additional substantiating evidence.

2213. Sources of Evidence of Age (Contd.)

.1 a. 4) (Contd.)

When municipal records cannot be examined personally, a copy of both the original and corrected records shall be requested.

5) Chapter 21, New Jersey Laws of 1942, provides that unrecorded Births may be recorded "by any person who has definite knowledge of the facts concerning the birth or by the person whose birth is being recorded, provided substantiating documentary proof is submitted and noted upon the certificate by the person before whom the affidavit is taken." An applicant is able in this way to record his birth upon submitting substantiating documentary proof.

In requesting birth certificates from the Bureau of Public Health Statistics, the agency shall request the date when the certificate was filed. The agency shall seek additional evidence if the filing date of the birth certificate is less than three years before the time of application.

b. Birth Certificate or Death Record of Another Person

The birth certificate or death record of a person other than the applicant may indirectly help in determining the applicant's age. For example, the birth certificate of a child generally shows the age of the parent and is considered adequate evidence of the age of both the parent and child. Even if the parent's age is not given, it may be assumed that he was not less than fifteen years old at the time of the birth of the first child. Other information given by the applicant in conjunction with these data may help to determine that he is even older than shown by the document submitted.

Similarly, the death record of a child which gives the child's age at the time of death may enable the agency to determine the applicant's age.

c. Marriage Certificates

The ages of the contracting parties and the date of marriage will be presented in an authenticated marriage certificate. Information from these records are available in the same way as original birth records. Consideration may have to be given to the fact that certain persons understate or overstate age at the time of marriage due to the difference in the ages of the couple.

(ii)

2213. Sources of Evidence of Age (Contd.)

.2 Church Records

Evidence of age may be secured from various church records, such as baptismal, membership, first communion, confirmation, marriage, and the like.

.3 Records of Foreign Born Applicants

Foreign born applicants may have their age determined through records which resulted from their immigration, such as passports, immigration records, naturalization records, etc.

a. If the passport is unavailable, inquiry may be made regarding the applicant's application for a passport to the United States Department of State, Washington, D.C.

b. Immigration records after July 1, 1924, may be considered conclusive evidence. Since that date, each immigrant must support his declared date of birth with documentary proof.

Information regarding immigration records is usually available from the Immigration and Naturalization Service in the district of entry. The United States Department of Labor at Washington, D.C., may be used also to locate immigration records. Requests for this information shall include the following data:

The exact spelling of the immigrant's name as used at the time of arrival in this country,

The date and port of entry,

The name of the ship, and

Any other available identifying information.

c. Age may frequently be determined through documents issued in connection with applications for citizenship. Papers covering declaration of intention to become a naturalized citizen may state the person's age at the time of declaration. When no age is given, the person can be considered as having been at least 18 years old at the time of declaration.

d. Naturalization papers usually give the age of the naturalized person. Even if no age is given, the person can be considered to have been at least 21 years of age at the time of naturalization

(iii)

2213. Sources of Evidence of Age (Contd.)

- .3 d. (Contd.) unless he derived his citizenship through the naturalization of someone else. For example, naturalization papers issued for a parent frequently list the names and ages of the children under 21 at the time.

If naturalization papers are unavailable, the proper court of naturalization shall be contacted for information.

At time the United States Department of Labor at Washington, D.C., will be able to furnish naturalization records. A request for such material shall include the following information:

The name of the person as spelled at the time of naturalization,

The location of the court issuing the naturalization certificate, and

The date of naturalization.

.4 Census Records, Federal and State

a. Evidence of age may be secured from federal census records only after other evidence is not available from State and local records. Requests for information are to be filed with the U.S. Department of Commerce, Bureau of the Census, Pittsburg, Kansas on the form furnished for this purpose, with all pertinent identifying information, such as the applicant's address at the time of the census.

The fee charged for each search of the federal census records is a proper administrative cost.

b. Evidence of age may be secured from the census records of New Jersey taken on a State-wide basis during 1905 and 1915. The State census records show the age and name of every member of the families enumerated. In requesting information, it is essential that the address of the applicant at the time of the census be given.

The charge for public assistance agencies is \$.50 for each address searched in each year. Requests should be addressed to the Registrar of Vital Statistics, State Department of Health, Trenton.

.5 School Records

Evidence of age may be secured from school records in which the applicant's age or years of attendance are given.

2213. Sources of Evidence of Age (Contd.)

.6 Military Service Records, Federal and State

Government records of ~~enlistment~~ with and discharge from the armed forces ordinarily state ~~the age of~~ the person who has experienced military service.

a. An applicant who served with the armed forces of the United States may have in his possession certain records of his military service which present evidence of age. If these records are not available, then the United States Department of Defense shall be contacted for information. In requesting information from this source, the following information should be given as a minimum:

The full name of the person,

The dates of service, i.e., enlistment and discharge,

The places of enlistment and discharge,

Organization and rank, and

The approximate date and place of birth.

b. An applicant who served with the State Militia or the National Guard will also have certain records of his local military service. If these are not available, then the office of the State Adjutant-General, Department of Defense, Trenton, shall be contacted.

.7 Court Records

Evidence of age may be secured from various records maintained by different county, state, or federal courts of law. Some examples of court records are legal commitments, adoption records, divorce records, etc.

a. Records of legal commitments of the mentally ill or delinquent maintained by the county courts in New Jersey will present the applicant's age.

b. An applicant who was adopted before his twenty-first birthday may obtain evidence of his age from the adoption decree granted through the proper county court.

c. Records of divorce or legal separation indicate the age of the applicant at the time of the event. Requests for information on divorces may be made to the Clerk, Superior Court, State House, Trenton, N.J.

Any discrepancy in the name of the applicant as shown in such records should be cleared through other sources of evidence.

(v)

2213. Sources of Evidence of Age (Contd.)

.8 Employment Records

Records resulting directly or indirectly from employment, such as records maintained by employers, labor unions, the Federal Security Agency, etc., may give evidence of age.

a. Employment records maintained by former employers in private industry may show the age of the applicant at the time of his employment.

In weighing evidence from this source, consideration shall be given to the common tendency of older persons to misrepresent themselves as younger while younger persons misrepresent themselves as older in order to secure employment.

b. Federal Civil Service records generally show the age of the applicant before and during the time of his employment. Such records are kept for a comparatively short time by the United States Civil Service Commission, Washington, D.C. It may also be helpful to contact the United States Pension Board.

c. State Civil Service records will similarly show the age of the applicant. Such records are available at the New Jersey Civil Service Department, Trenton.

d. Records on file with labor union such as the American Federation of Labor or the Congress for Industrial Organization will show the age of the applicant at the time of his admission to membership.

e. In order to secure employment in covered industry, the working individual must have his age recorded by the Federal Security Agency in respect to Old Age and Survivors Insurance. In using this source, the agency shall submit a request for information on revised Form OA-20 in triplicate to the local field office of the Social Security Agency serving the area in which the applicant lives.

.9 Records of Public and Private Welfare Agencies

Records kept by public and private welfare agencies will generally show the age of the applicant at the time of agency contact.

Any records which may have been made in anticipation of referral to public assistance shall be carefully examined.

.10 Town and County Histories and Genealogies

Histories and genealogies maintained by some communities and counties are sources of evidence of age.

2213. Sources of Evidence of Age (Contd.)

.11 Voting Records

Enrollment or registration records of voting districts will generally show the age of the applicant. However, the fact that age is not always stated correctly at the time of enrollment shall be considered.

.12 Bank and Postal Savings Records

Evidence on age may be secured from bank and postal savings records where the applicant may have been required to give his age as a means of identification when he opened his account.

.13 Fraternal Organization Records

Records of fraternal organizations may present the age of members at the time of admission to membership. Such records are often maintained by the local chapters of the fraternal organizations.

.14 Medical Records

a. Medical records of hospitals, clinics and institutions may give the authentic birth date.

b. An authenticated hospital record of birth is acceptable as conclusive evidence of age.

c. Other medical records of hospitals, clinics and medical institutions will generally show the age of the applicant at the time of his admission for emergency or continued care. However, the fact that the applicant himself may not have given the information must be considered.

d. Records maintained by such non-medical institutions as welfare houses, almshouses, orphanages, jails, prisons, reformatories, etc., will generally show the applicant's age at the time of his admission.

e. The records of the family physician and/or midwife who were in attendance at the time of birth frequently provide the date of birth and the name of the applicant.

f. Other records of physicians, such as patient file, will provide additional evidence of age. However, the value of the evidence presented in these records depends upon the age of the record.

(vii)

2213. Sources of Evidence of Age (Contd.)

.15 Personal Records

The applicant may have any number of the above sources of evidence in his possession or readily accessible to him. In addition, he may have other sources of evidence of which he is the sole possessor, such as the family bible, other family records, insurance policies, licenses of various sorts, award letters, etc.

It is recommended that personal records submitted by the applicant or by another person in his behalf be returned to the owner after they have served their purpose.

a. Evidence of age may be obtained from the applicant's family bible in which successive entries of birth have been made. The reliability of these entries is open to question if they appear to be of recent origin or to have been tampered with. Their reliability is increased if the particular entry for the applicant and the bible can be determined to be of considerable age or when the information on the applicant appears in chronological order of the entries on other family members.

b. Other family records which may furnish evidence of age include birthday books, old diaries, old letters, embroidered samplers, family pictures with dates and ages, prizes with dates and ages, dated newspaper clippings, and the like.

c. Current, lapsed, cash-surrendered, or paid-up insurance policies in the applicant's possession will show his age at the time of issuance. In evaluating the evidence secured from insurance records, it shall be kept in mind that people frequently understate their age for insurance purposes.

d. Licenses of various sorts, such as fishing, hunting, boating, driving, vending, professional, and the like will generally present evidence of age.

e. The applicant's letter of award for Old Age and Survivors Insurance Benefits from the Federal Security Agency is acceptable evidence that the person is past 65 years of age.

f. Award letters by other federal agencies, such as the United States Veterans Administration, may also include information on the applicant's age.

2213. Sources of Evidence of Age (Contd.)

.16 Affidavits

Evidence of age presented in affidavit form by reliable and disinterested persons are considered the least desirable sources of evidence. Affidavits may be used, however, when efforts to secure evidence from other sources have failed or have produced inconclusive data. In these instances, affidavits shall be taken under oath from a person who has objective, factual knowledge of the applicant's age. The affidavit shall show the circumstances under which the affiant has known the applicant and the factual basis for his statements in regard to the applicant's age. It is essential that the affidavit indicate more than mere opinion.

The following example indicates the nature of a valid affidavit:

The affiant states that he believes the applicant to be over 65 years of age since he (the affiant) himself, now aged 50, was married in 1927 at the age of 25 at the applicant's home, and his best man, also 25, was the youngest of the applicant's three sons.

SOURCES OF EVIDENCE OF RESIDENCE

2221.1 Sources of Evidence of Residence

- a. The following are suggested as possible sources of evidence of residence:

landlord's records and rent receipts,  
public utility records and receipts,  
personal property assessment records,  
census records,  
records of business or professional people such as grocers, bankers,  
and physicians with whom applicant has had frequent contact,  
telephone directories,  
city directories if maintained on current basis,  
postmarked letters addressed to applicant,  
post office records,  
records of social agencies, public or private,  
employment records, or  
statements of disinterested persons which support other recorded  
evidence or knowledge of CWB.

- b. Affidavits

Evidence of residence which is presented in affidavit form should be used only for the period of time for which other satisfactory evidence cannot be secured. If affidavits are the only evidence available for any period of time, the affidavits must be critically evaluated, and shall meet the following minimum requirements:

- 1) full name and current address of person executing the affidavit;
- 2) specific period or periods of time for which affiant is certifying residence;
- 3) full name of applicant and address, or addresses, at which he lived during the period being certified, and address of affiant during same period;
- 4) indication of frequency of contact during such period as daily, weekly, etc;
- 5) relationship between affiant and applicant as neighbor, friend, employer, mailman, etc.

(i)

2229.3 Reciprocal Agreement with New York (Old Age Assistance)

Effective September 15, 1945, the Department of Social Welfare of the State of New York entered into an agreement with the Department of Institutions and Agencies of the State of New Jersey, the purpose and intent of which is summarized as follows:

- a. The State of New York, through its proper public local administering agencies, will receive applications for Old Age Assistance from persons who remove from New Jersey to the State of New York with intention to take up permanent residence therein, and will grant assistance in accordance with the provisions of the Social Welfare Law of New York State; and
- b. The State of New Jersey, through its proper public local administering agencies, will receive applications for Old Age Assistance from persons who remove from New York to New Jersey with intention to take up permanent residence therein, and will waive the statutory requirement for one year's residence in New Jersey prior to application, and will grant assistance in accordance with the law governing Old Age Assistance in New Jersey.
- c. In the event of the death of a recipient of Old Age Assistance who has moved from one to the other of the States under the provisions of the agreement, the State and/or its proper local administering agencies, which holds assignment or otherwise controls any of the personal or real property of the deceased shall, before considering any claim which the other State might have against the estate of the deceased, take reimbursement for all public aid paid by said State and/or its proper local administering agencies; and, in the event full reimbursement is received by said State, and/or its proper local administering agencies, and a balance of funds remain, then said State shall notify the other of this fact.

The procedure for handling cases under this agreement is provided in 2229.

Note: Renegotiation of this agreement is pending. It is planned to include Disability Assistance as well as Old Age Assistance.

(i)

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New Jersey Department of  
Institutions & Agencies

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2229.3 Reciprocal Agreement with Wisconsin (Old Age Assistance)

Pursuant to an exchange of correspondence between the Department of Institutions and Agencies, New Jersey, and the Wisconsin Department of Public Welfare, the following mutual understanding became effective August 4, 1947:

a. Each State agrees to grant Old Age Assistance to any person who moves from either State to the other with the intention of becoming a permanent resident, waiving the requirement for one year of continuous residence immediately preceding date of application, provided the applicant is in all other respects eligible for assistance under the laws of the receiving State.

b. When an active recipient moves from one State to the other according to the principle stated above, the State which has first acquired a vested interest in any of the client's assets or resources by assignment, lien, mortgage, or other form of sequestration, will maintain its preemption as to such assets and resources. The liquidation and disposition of such assets and resources, at the time of the client's death or otherwise, will conform to the law and administrative policy of the State having the preemption. The administrative agencies in both States, however, undertake to maintain a policy of prompt notification and full exchange of information with respect to such matters.

c. It is further understood that when a resident of either State who is receiving Old Age Assistance removes to the other State for temporary abode only (temporary visit), without intention of becoming a permanent resident, the agency in the State of origin will continue to extend assistance so long as the recipient continues to be otherwise eligible, and will continue to be responsible for budgetable items of need including medical care, hospitalization, and burial expenses if death occurs, until such time as the recipient returns to the State of origin, or decides to become a permanent resident of the State of temporary abode. Such intent to become a permanent resident shall in any event be presumed when the temporary abode has continued for twelve months. <sup>1</sup>

In determining the amount of assistance to be continued to a recipient who is residing temporarily in the other State, the agency of the State of origin will consider, as fully as its law and regulations permit, the recommendations of the State of temporary abode. <sup>1</sup>

<sup>1</sup> The wording of these statements shall not be considered as contrary to or in abrogation of the provisions of 2228. of this Manual.

(i)

RECIPROCAL AGREEMENT WITH PENNSYLVANIA (ASSISTANCE FOR DEPENDENT CHILDREN)

2229. Reciprocal Agreement with Pennsylvania (ADC Only)

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

- a. A person who removes from the Commonwealth of Pennsylvania to the State of New Jersey and establishes a residence-in-fact in New Jersey, will be eligible for Assistance for Dependent Children in New Jersey without regard to the duration of such newly-established residence, if he is otherwise eligible under New Jersey's law and regulations governing Assistance for Dependent Children. Reciprocally, a person who removes from the State of New Jersey to the Commonwealth of Pennsylvania and establishes a residence-in-fact in Pennsylvania, will be eligible for Aid to Dependent Children in Pennsylvania without regard to the duration of such newly-acquired residence, if he is otherwise eligible under Pennsylvania's law and regulations governing Aid to Dependent Children.
- b. "Residence-in-fact," as used in the preceding stipulation, refers to the establishment and maintenance of an actual place of abode on a permanent or indeterminate basis, and is intended to exclude physical presence in the jurisdiction for purposes of temporary visit or transit only.
- c. This reciprocity will apply to new applicants as well as recipients in either jurisdiction.
- d. 1) A person already receiving Aid to Dependent Children from the Commonwealth of Pennsylvania, who moves to New Jersey, will continue to receive assistance from the Commonwealth of Pennsylvania, if he continues to be eligible, for up to three months, to afford the appropriate County Welfare Board in New Jersey reasonable time to process his application for assistance.  
2) A person already receiving Assistance for Dependent Children from a County Welfare Board in the State of New Jersey, who moves to Pennsylvania, will be afforded opportunity to continue to receive such assistance, if in financial need and otherwise eligible, for a period not to exceed two months following the month in which the removal occurs.

(1)

RECIPROCAL AGREEMENT WITH PENNSYLVANIA (ASSISTANCE FOR DEPENDENT CHILDREN)

- e. In respect to any person who shall, under the laws of the respective jurisdictions, become indebted to both jurisdictions, and who shall, at time of death or otherwise, have assets or resources answerable for such indebtedness, the administrative agencies in both States agree to maintain a policy of prompt notification and full exchange of information with respect to such matters, to the end that both jurisdictions shall be afforded full opportunity to assert and pursue their respective rights under their respective laws.
- f. Amendments or additions to this arrangement may be proposed by either State as need arises and, when approved by the other, become a part of this reciprocal arrangement.
- g. Each State agency will advise its respective local units administering the Assistance for Dependent Children/Aid to Dependent Children program of the terms of this reciprocal arrangement, and will take any regulatory steps necessary to give it obligatory effect on a State-wide basis.
- h. The effective date of this arrangement will be February 1, 1961.

RECIPROCAL AGREEMENT WITH PENNSYLVANIA (ASSISTANCE FOR THE BLIND)

2229.3 Reciprocal Agreement with Pennsylvania\* (AB Only)

Following is the text of the "Reciprocal Agreement between the Pennsylvania Department of Public Assistance and the State Commission for the Blind of the New Jersey Department of Institutions and Agencies concerning the Administration of Public Assistance to the Blind," that was effective February 15, 1955:

"THIS AGREEMENT, made by and between the Pennsylvania Department of Public Assistance, party of the first part, and the State Commission for the Blind of the New Jersey Department of Institutions and Agencies, party of the second part.

WITNESSETH;

THAT, WHEREAS, the contracting parties are by the laws of their respective states (Uniform Transfer of Dependents Act (Act 12 of 1941), Commonwealth of Pennsylvania and Title 30:6, Revised Statutes of New Jersey, as amended) severally authorized and empowered to enter into reciprocal agreements with corresponding state agencies of other states regarding interstate transportation of dependent and indigent persons, and to arrange for the acceptance, transfer and support of persons receiving public assistance and care in other states, in accordance with the terms of such reciprocal agreements,

NOW, THEREFORE, IT IS MUTUALLY AGREED by and between the parties hereto as follows, to wit:

- (1) That the party of the first part will arrange through its county offices to receive applications for Blind Pension M of persons who remove from the State of New Jersey to the Commonwealth of Pennsylvania with intention to take up permanent residence therein, and will arrange through its appropriate staff representatives to provide for their needs, if they are eligible, in accordance with Pennsylvania laws and regulations governing Blind Pension M.
- (2) That the party of the second part will arrange, through County Welfare Board offices, to receive applications for Blind Assistance of persons who remove from the Commonwealth of Pennsylvania to the State of New Jersey with intention to take up permanent residence therein, and will provide for their needs, if they are eligible, in accordance with the New Jersey laws governing Aid to the Needy Blind.

\*The provisions of this agreement were reaffirmed on January 22, 1964 by an exchange of correspondence indicating the current parties to the aforesaid agreement to be the Pennsylvania Department of Public Welfare (on behalf of its office of Public Assistance) and the New Jersey Department of Institutions and Agencies (on behalf of its Bureau of Assistance).

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RECIPROCAL AGREEMENT WITH PENNSYLVANIA (ASSISTANCE FOR THE BLIND)

2229.3 (Cont'd.)

(3) That this agreement shall continue from the effective date stated herein until either party shall give notice in writing to the other of intention to revoke the agreement, such revocation to take effect not less than ninety days following such notices; that this agreement may also be revoked by proper action of the Legislature of either contracting State; and

(4) That under this agreement, recipients as well as new applicants for assistance who are otherwise eligible on the basis of need and blindness, will be considered for Assistance with length of residence waived.

(5) That Pennsylvania recipients of "Blind Pension B" - a pension paid by State funds only - will be accepted for assistance in New Jersey only if they meet the needs test requirements of the New Jersey program of Aid to the Needy Blind.

(6) That under this agreement, assistance recipients will continue to receive assistance from the State of origin for a period up to three (3) months in order to permit their application for assistance to be processed by the State to which the recipient has removed.

(7) That amendments to this agreement may be proposed by either party as need arises and that such amendments, when approved by the other party and executed in the same manner as this agreement, shall be incorporated and become a part of this agreement; and

(8) That it is understood between the parties that each shall advise the public local administering agencies and/or their responsible staff members of this agreement and will guide them in the execution of its terms.

IN WITNESS WHEREOF, the said parties hereto have executed these presents on behalf of their respective States.

Effective Date: February 15, 1955

APPROVED AS TO FORM AND  
MANNER OF EXECUTION:

Attorney General of the  
Commonwealth of Pennsylvania

BY s/G. F. Kauriel  
Deputy Attorney General

APPROVED AS TO FORM AND MANNER OR  
EXECUTION:

GROVER C. RICHMAN  
Atty. General of New Jersey

BY s/ Eugene T. Urbaniak  
Deputy Attorney General

FOR THE COMMONWEALTH OF PENNSYLVANIA:  
THE PENNSYLVANIA DEPARTMENT OF PUBLIC ASSISTANCE

BY s/ Ruth Grigg Horting  
Secretary

FOR THE STATE OF NEW JERSEY:  
DEPARTMENT OF INSTITUTIONS AND AGENCIES

BY s/ F. Lovell Bixby  
Acting Commissioner

FOR THE NEW JERSEY STATE COMMISSION  
FOR THE BLIND

BY s/ G. F. Meyer  
Executive Director

(ii)

2229.3 Reciprocal Agreement with Nebraska (AB, DA, OAA), effective 4/1/62)

Following is the text of the agreement entered into by the Nebraska State Department of Public Welfare and the New Jersey Department of Institutions and Agencies.

This agreement shall govern in Aid to the Blind, Disability Assistance, and Old Age Assistance. It does not include Assistance for Dependent Children due to the fact that the Nebraska law governing ADC does not provide authority to the State Department of Public Welfare to enter into reciprocal agreements for that program.

"THIS AGREEMENT made on the 1st day of April, 1962 between Frank M. Woods, Director of the Nebraska State Department of Public Welfare and John W. Tramburg, Commissioner, New Jersey Department of Institutions and Agencies, witnesses:

1. That the said parties are authorized to enter into this agreement by the laws of their respective States, and execution by them creates a document which is valid and binding without further approval.
2. That the said Frank M. Woods, as the Director of the Nebraska State Department of Public Welfare, agrees to instruct the County Divisions of Public Welfare of the several counties in Nebraska to make grants of Old Age Assistance, Aid to the Blind or Aid to the Permanently and Totally Disabled to applicants who have moved from New Jersey to Nebraska and who have resided in Nebraska less than the period of time required by law to become eligible for public assistance, provided such applicants are otherwise eligible for assistance under the laws of Nebraska.
3. That the said John W. Tramburg, as Commissioner of Institutions and Agencies, State of New Jersey, agrees to instruct the County Welfare Boards of the several counties of New Jersey to make grants of Old Age Assistance, Aid to the Blind or Aid to the Permanently and Totally Disabled to applicants who have moved from Nebraska to New Jersey and who have resided in New Jersey less than the period of time required by law to become eligible for public assistance, provided such applicants are otherwise eligible for public assistance under the laws of New Jersey.
4. That this reciprocity shall apply to new applicants as well as to persons currently receiving assistance in either State.
5. That with respect to any person who moves from one party State to the other while receiving any form of assistance above mentioned, such assistance shall continue to be paid by the original State, so long as the person continues to be eligible therefor, for a period not to exceed two months following the month in which removal occurs in order to afford the appropriate local agencies a reasonable time to process the application for assistance.

(1)

2229.3 Reciprocal Agreement with Nebraska (AB,DA,OAA), (Contd.)

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

7. That this agreement may be amended or supplemented upon approval of both parties and may be cancelled by either party upon 90 days written notice to the other.

For the State of New Jersey:

s/ JOHN W. TRAMBURG

John W. Tramburg, Commissioner  
Department Institutions and Agencies

For the State of Nebraska:

s/ FRANK M. WOODS

Frank M. Woods, Director  
Nebraska State Department of Public Welfare"

**REFERRAL BY STATE MENTAL INSTITUTION TO PUBLIC ASSISTANCE AGENCY**

From: \_\_\_\_\_  
(Identify State Institution)

Date \_\_\_\_\_

To: \_\_\_\_\_  
(Identify Public Assistance Agency)

The following patient may require public assistance to complete a plan to live in the community. The patient is

- eligible for discharge and is being referred for \_\_\_\_\_;  
(Categorical program)
- eligible for  Convalescent Leave  Extended Visit and is being referred
  - a.  for General Assistance
  - b.  as member of \_\_\_\_\_ family.  
(Categorical program)

The patient has been informed of this referral and is prepared to participate in an interview.

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital status: \_\_\_\_\_ File No.: \_\_\_\_\_

Birthdate & place: \_\_\_\_\_ Source of data: \_\_\_\_\_

Admission date: \_\_\_\_\_ Status:  Voluntary  Involuntary

Place of abode at time of admission: Municipality \_\_\_\_\_ County \_\_\_\_\_

- County charge of \_\_\_\_\_ County;  
or
- State charge admitted from \_\_\_\_\_ County.

Currently under care:

- Still in institution
- Family care \_\_\_\_\_  
(Address)
- With relative \_\_\_\_\_  
(Name, relationship and address)
- Other \_\_\_\_\_  
(Describe arrangement and give address)

List known relatives and other interested persons:

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Known resources:	<u>Amount</u>	<u>Period</u>	<u>Source</u>
Income: Pension	\$ _____	per _____	_____
Annuity	\$ _____	per _____	_____
OASDI	\$ _____	per _____	XXXX
Relative	\$ _____	per _____	_____
Other	\$ _____	per _____	_____

Assets: Property (Location and type): \_\_\_\_\_  
\_\_\_\_\_

Insurance: \_\_\_\_\_

Personal account: \_\_\_\_\_

Other: \_\_\_\_\_

Attached is a completed copy of Form PA7, Report of Findings by Psychiatric Diagnostic Group, and hospital abstract and/or summary.

Please telephone \_\_\_\_\_ and ask for \_\_\_\_\_  
(Telephone no. & extension) (Caseworker's name)  
to arrange appointment.

Remarks:

Signed \_\_\_\_\_  
Director of Social Services



2200 APPENDIX IV-A

**State of New Jersey**  
**DEPARTMENT OF INSTITUTIONS AND AGENCIES**  
TRENTON 8

BUREAU OF ASSISTANCE  
148 WEST STATE STREET

May 11, 1959

**TO: STATE MENTAL HOSPITALS AND STATE SCHOOLS FOR THE MENTALLY  
RETARDED AND THE NEURO-PSYCHIATRIC INSTITUTE**

**RE: Referrals to Public Assistance Agencies**

The Division of Mental Health and the Division of Welfare have cooperatively developed standard procedures for referral by the State institutions to the several public assistance agencies of patients who will require financial assistance to live in the community.

Attached are copies of a release entitled "Instructions to State Institutions on Referrals to Public Assistance Agencies" for the use of your social service or field service staff. It is recommended that you arrange for each staff member who will have any responsibility for recommending referral to a public assistance agency in connection with working out a plan for a patient to return to the community, to review these "Instructions" promptly. Any questions which you or your staff have about this release should be directed to the Division of Mental Health, which will, if necessary, clear them with the Division of Welfare.

The release undertakes, very briefly, to outline the administrative structure and functions of the several public assistance agencies and explains in detail the eligibility of patients for the various assistance programs in relation to their patient status and conditions of release. It includes specific methods and prescribes certain forms to be completed in connection with referrals.

A stock supply of the forms is being distributed to you and additional supplies are to be requested as needed from Mr. Elmer V. Andrews, Director, Division of Welfare, 148 West State Street, Trenton 8.

Attached to each set of "Instructions" are sample copies of the required forms. Four information pamphlets which describe the five public assistance programs are being forwarded with the stock supply of forms for the use of your staff.

To State Mental Hospitals and State Schools for the Mentally  
Retarded and the Neuro-Psychiatric Institute

5/11/59

Agency policy statements incorporating the policy and procedure provided to you in these "Instructions" have been issued to the County Welfare Boards, the Municipal Directors of Welfare, and to the District Offices of the State Board of Child Welfare. Two points should be noted however:

1. In respect to General Assistance, this program is administered by the 570 municipalities in the State. The Department of Institutions and Agencies exercises some supervisory authority only in those municipalities which voluntarily accept such authority as a condition for receiving State Aid. Annually, about one-third of the municipalities do not choose to receive State Aid. Therefore, institutional staff must be prepared to encounter resistance or absolute refusal to provide General Assistance to a discharged or released patient even though such assistance appears to be authorized according to the "Instructions." If any such situation arises, the facts should be summarized in a report to the Division of Mental Health for clearance with the Bureau of Assistance. The Bureau will endeavor to the fullest extent possible within its legal authority to secure the cooperation of the municipal welfare department.

2. In respect to referrals for Home Life Assistance, although recipients under this program are the immediate responsibility of the District Offices of the State Board of Child Welfare, referrals are to be made to the Liaison Representative on the staff of the agency's Central or State office, provided in Section D, 4b of the "Instructions."

Very truly yours

*V. T. Davis*

V. Terrell Davis, M.D., Director  
Division of Mental Health

*Elmer V. Andrews*

Elmer V. Andrews, Director  
Division of Welfare

T A B L E O F C O N T E N T S

INSTRUCTIONS TO STATE INSTITUTIONS ON REFERRALS TO PUBLIC ASSISTANCE AGENCIES

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**INSTRUCTIONS TO STATE INSTITUTIONS ON REFERRALS TO PUBLIC ASSISTANCE AGENCIES**

**INTRODUCTION**

This memorandum provides information for State institutional personnel concerning eligibility for public assistance of individuals discharged or released from State institutions, and establishes standard procedures for referrals to and working relationships with the public assistance agencies.

In New Jersey there are five public assistance programs. Each has specific eligibility requirements, but the factor of economic need is basic to all. The first four of the following programs are referred to as "categorical assistance":

1. Old Age Assistance for individuals age 65 or older;
2. Disability Assistance for individuals between ages 18 and 65 who are permanently and totally disabled;
3. Blind Assistance for individuals who are blind as defined by law and over age 18; and
4. Home Life Assistance (Aid to Dependent Children) for children under age 18, living with mother or other female acting in loco parentis, the father being deceased, disabled, institutionalized or continuously absent from the home under certain circumstances. The assistance grant may include the mother person but not the father even though he may be disabled and living in the home.
5. General Assistance, which is available for individuals or families who are not eligible for any form of categorical assistance.

**ADMINISTRATIVE AGENCIES**

**1. County Welfare Boards**

The twenty-one County Welfare Boards are administratively supervised by the Bureau of Assistance, Division of Welfare, of the Department. The County Welfare Boards are responsible for the administration of Old Age Assistance and Disability Assistance.

In addition, the County Welfare Boards accept applications and determine the factor of need in Blind Assistance.

**2. State Board of Child Welfare**

The State Board of Child Welfare maintains twelve District Offices and is an administrative unit within the Division of Welfare of the Department. It is responsible for various assistance and casework service programs for children, including the Home Life Assistance program.

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## Instructions to State Institutions on Referrals to Public Assistance Agencies

**3. New Jersey Commission for the Blind**

The Commission for the Blind is an administrative unit within the Division of Welfare of the Department. It provides remedial and rehabilitative services to the visually handicapped, and administers the Blind Assistance program through the County Welfare Boards.

**4. Municipal Welfare Departments**

Each municipality (city, town, borough, township) is required by law to establish a Local Assistance Board and appoint a Director of Welfare. The municipal Director of Welfare is directly charged by law to provide for needy persons in the community who are not otherwise provided for under the laws of the State. The program so administered is General Assistance.

Approximately two-thirds of the municipalities receive "State Aid" in connection with their administration of the General Assistance program. These municipalities are administratively supervised by the Bureau of Assistance. The municipalities which do not receive State Aid (approximately 200) are completely autonomous in their administration of welfare activities.

**EFFECT OF INSTITUTIONALIZATION ON ELIGIBILITY FOR PUBLIC ASSISTANCE****1. Voluntary Admission**

Eligibility for public assistance is not affected by periods of care in a mental institution for an individual who had been admitted as a voluntary patient. The individual must, however, be again living outside the institution and free of institutional restraint, control and supervision prior to receipt of assistance.

**2. Involuntary Commitment - Officially Discharged**

An individual who was involuntarily committed by the court and who has been officially discharged from a mental institution resumes his former status in the community and is fully entitled to apply for and receive public assistance if otherwise eligible.

**3. Family Care**

An individual who is on an institutional Family Care program is not eligible for public assistance. This applies to both voluntary and committed patients.

**4. Convalescent Leave and Extended Visit****a. Voluntary Patient**

A voluntary patient who is on Convalescent Leave with relatives who are not able to provide support, is eligible to receive any form of public assistance for which he is otherwise eligible.

Instructions to State Institutions on Referrals to Public Assistance Agencies

b. Committed Patient

1) Old Age Assistance, Disability Assistance, Blind Assistance

A committed patient who is on Convalescent Leave or Extended Visit and who lacks support as in a, above, is not eligible to receive Old Age Assistance, Disability Assistance or Blind Assistance.

2) Home Life Assistance

A child under age 18 who was a committed patient and who is being released from an institution for the mentally deficient on Extended Visit is eligible to receive Home Life Assistance. However, a mother who was a committed patient and who is on Convalescent Leave from a mental hospital would not be deemed able to establish a suitable home for her family until officially discharged by the institution, and is therefore not eligible for Home Life Assistance.

3) General Assistance

A committed patient released on Convalescent Leave or Extended Visit is eligible for General Assistance.

REFERRAL PROCEDURES

1. Referral Form PA-12

The institution will prepare Referral Form PA-12 in duplicate, retaining one for file and forwarding one to the appropriate agency as designated below.

2. Special Forms

In referrals for Old Age, Disability, Blind Assistance, and Home Life Assistance, the appropriate professional staff members shall complete routinely without charge, two copies of

Form ODA-2D, Examining Physician's Report

Form ODA-2E, Report of Findings by Psychiatric Diagnostic Group

In addition, when the individual has a serious visual defect or impairment, the institution shall complete two copies of Form AB-5, Eye Physician's Report, whether or not the referral is specifically for Blind Assistance.

The two copies of these forms shall be attached to the PA-12.

3. Time of Referral

Referral may be made to

- a. A county welfare board or the State Board of Child Welfare prior to discharge of a committed patient from the institution proper from Family Care, Convalescent Leave or Extended Visit; and prior to placement on or during Convalescent Leave of a voluntary patient;

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## Instructions to State Institutions on Referrals to Public Assistance Agencies

- b. A municipal welfare director prior to placement on or during Convalescent Leave or Extended Visit for a voluntary or committed patient, or prior to discharge from any status of a patient who is not eligible for any form of categorical assistance.

It is recommended that whenever possible referrals be made well in advance of the anticipated date of discharge or community placement, particularly in those situations where the county welfare board or the State Board of Child Welfare will be responsible for finding a suitable living arrangement. The county welfare boards may register and process applications 60 days in advance in Old Age and Blind Assistance and 90 days in advance in Disability Assistance.

4. Referral to Agencya. County Welfare Board

Referrals are made to the county welfare board for Old Age Assistance, Disability Assistance and Blind Assistance. The specific welfare board to receive the referral shall be determined as follows:

## 1) Location of Individual at Time of Referral

## a) Individual in Institution

(1) If the individual is under care in the institution proper, referral shall be made to the welfare board of the county where the individual had his customary place of abode at the time of voluntary admission or commitment.

(2) When the county of customary place of abode cannot be determined, then referral shall be made to the county which has been the "chargeable county" during the patient's institutionalization.

(3) Where there was no "chargeable county" (the individual having been a "State charge"), and there is no identified county of customary place of abode, then referral shall be made to the welfare board of the county from which the individual was admitted to the institution.

(4) However, if the individual has a plan to live or wishes to live in a county other than the one to which he would normally be referred under the preceding paragraphs, then referral may be made to the county selected by the individual with appropriate explanation to the welfare board.

## b) Individual Outside Institution

If the individual being referred is on Family Care, on Convalescent Leave or Extended Visit, then referral shall be made to the welfare board of the county in which he is currently residing.

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## Instructions to State Institutions on Referrals to Public Assistance Agencies

However, if such an individual will require care in a licensed nursing home, or he plans to enter a non-profit or charitable home (home for aged or similar establishment), then referral shall be made to the welfare board as specified in a), (1), (2) and (3), above.

Whenever the institution is in doubt about the appropriate welfare board to which referral should be made, there shall be pre-referral telephone consultation with one or more welfare boards as may be necessary to resolve the question.

### 2) Procedures following Referral to County Welfare Board

#### a) Determination of Proper Referral

Upon receipt of a Referral Form PA-12 and other required forms, the county welfare board will review the data to determine whether referral has been made to the appropriate county. When doubt exists the institution will be consulted. If the data clearly indicates that referral should be to another county, the welfare board will redirect the referral and so notify the institution.

#### b) Application Interview

A welfare board caseworker will arrange with the social service staff of the institution or with the field service staff for a joint interview with the individual at a mutually convenient place.

It is expected that the institutional, or field service social worker, will prepare the individual for the interview, and will assist him as necessary in providing the required information if he decides to apply for assistance following an interpretation of the program by the welfare board caseworker.

#### c) Responsibility for Living Arrangement

If the applicant requires service in locating a suitable living arrangement (either because he has no existent nor planned community arrangement, or because his present arrangement is in a facility in which he is not eligible to receive assistance, or he does not wish to remain in his present arrangement, or the institution considers that a change is advisable), then the county welfare board will provide the service.

#### d) Procedures for Approved Application

##### (1) Written Notice of Decision

Upon completion of determination of eligibility, the county welfare board will advise the institution in writing of the official decision.

## Instructions to State Institutions on Referrals to Public Assistance Agencies

It should be noted that when it has been determined that the individual who is 21 years or older is incompetent to handle his financial affairs, it will be necessary for the county welfare board to have a legal guardian appointed by the court, or itself appoint a "custodian." The welfare board may elect the method to be used and will require additional time to accomplish this. The institution will be advised when such is the situation.

## (2) Final Arrangements

In an approved application, the welfare board caseworker will consult with the institution worker, or field service worker, to arrange final details, including verification from institution records that a committed patient has been officially discharged, and to secure the client's signature to required legal forms. The welfare board worker will see that an initial assistance payment is available for the client and, when necessary, that transportation for the client to his living arrangement is provided.

## 3) Continuing Service to Recipient

- a) The social service staff of the institution, or field service staff, may continue to visit and consult with the OAA, DA or BA recipient as may be arranged between him and the caseworker. Such service must be focused on the client's mental health, and shall have no concern with the utilization of his assistance payment.
- b) If the individual has been living in a "Family Care" home, and upon discharge plans to continue to live in such home while receiving OAA, DA, or BA, then it must be made clear to the recipient and sponsor by the respective caseworkers that the individual is now a free agent; that his relationship, in respect to his financial affairs or any change in his living arrangement, is with the county welfare board and not with the institution.
- c) If the recipient is one whose assistance payment is being provided to him through a legal guardian, or custodian appointed by the welfare board, then such guardian or custodian will be responsible to the court or to the welfare board respectively, for the supervision of the recipient's affairs.
- d) If a question of the client's mental condition or adjustment comes to the attention of either the welfare board caseworker or the institution or field service worker, there shall be prompt consultation and joint planning for appropriate action.

b. State Board of Child Welfare

Referral should be made by the institution to the liaison representative in the Central Office of the State Board of Child Welfare who will be responsible for making arrangements with the proper district office for determination of eligibility and necessary action to establish a grant of assistance.

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## Instructions to State Institutions on Referrals to Public Assistance Agencies

c. Municipal Welfare Director

## 1) Place of Referral

Referrals for General Assistance are made to a municipal director of welfare according to the following:

- a) If the patient is under care in the institution and is to be discharged or released to return to his home or the home of relatives, or is already in such home, then referral shall be made to the director of the municipality where the home is.
- b) If the patient is currently under the institutional Family Care program, but is to be discharged or released from that program to return to his home or the home of relatives, then referral shall be made to the director of the municipality where the patient is to live.
- c) If the patient is to be discharged or released from Family Care, has no other home and wishes to remain in the Family Care boarding home, then referral shall be made to the director of the municipality where such Family Care boarding home is located.
- d) If the patient is either under care in the institution proper or in Family Care and plans must be made to locate a suitable home for him, then referral shall be made to the municipality where patient was living at the time he entered the institution, and the responsibility for establishing a suitable living arrangement will rest with the municipal welfare department.

If the institution social service staff, or field service staff, does not know the welfare director for the particular municipality, the local police department or municipal clerk should be able to supply the information. In the event of continued difficulty in locating the proper official, information may be secured from the State Bureau of Assistance, 148 West State Street, Trenton; Telephone Export 2-2131, Extension 8482.

## 2) Application Interview

Upon receipt of Referral Form PA-12 the municipal welfare director, or caseworker, will arrange with the institution social service staff, or field service staff, for a joint interview with the referred individual and the family member who is the head of the household, (if any) at a mutually convenient place.

## 3) Determination of Eligibility

When the family with whom the referred individual is living or is to live, is already receiving General Assistance, the decision regarding the individual's eligibility to receive assistance as a member of the household should be relatively simple and might be reached during the initial interview.

If, however, the family is now known to the municipal welfare director, it will be necessary for him to investigate the financial circumstances.

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## Instructions to State Institutions on Referrals to Public Assistance Agencies

## 4) Notice of Eligibility

The institution will be advised in writing whether or not the individual is eligible to receive General Assistance and the date on which assistance will be available for him if eligible.

## 5) Responsibility for Transportation

Any necessary transportation of individuals from the institution to a community living arrangement shall be provided by the institution.

## 6) Continuing Service to Recipient of General Assistance

The social service staff of the institution, or field service staff, may continue to visit and consult with client as arranged between him and the social worker. If a question of his mental condition or adjustment shall come to the attention of either the institution or field service worker or the General Assistance worker there shall be consultation and joint planning for appropriate action.

## 7) Notice of Change of Status

The institution shall promptly notify the municipal welfare director of any change in status of an individual receiving General Assistance while on Convalescent Leave or Extended Visit (i.e., return to institution, transfer to Family Care, or official discharge).

The municipal welfare director shall promptly notify the institution in the event that a client becomes ineligible for General Assistance and the reason therefor.

5. Eligibility Chart

For your convenience a chart showing eligibility for public assistance by program and patient status is attached herewith.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

*Elmer V. Andrews*  
Elmer V. Andrews, Director  
Division of Welfare

EVA/MCRd

Attachment  
5/10/59

## ELIGIBILITY FOR PUBLIC ASSISTANCE PROGRAMS BY STATUS OF PATIENT

Program	Voluntary Patient	Committed Patient					Refer to:
		In Insti- tution	Family Care	Conval Leave	Ex- tended Visit	Official Dis- charge	
OAA	Eligible for any program if re-leased to commu-nity, except <u>not</u> eligible for any program if on Family Care	No	No	No	No	Yes	Co.Wel.Bd.
DA		No	No	No	No	Yes	Co.Wel.Bd.
BA		No	No	No	No	Yes	Co.Wel.Bd.
HLA		No	No	No	Yes*	Yes	Liaison Rep., SBCW, State Office
GA		No	No	Yes	Yes	Yes	Mun.Wel.Dept.

\*Children under 18 only.

RESOLUTION BY STATE BOARD OF CONTROL

2200 APPENDIX V

2234.3a Resolution by State Board of Control

The State Board of Control, at its meeting on July 24, 1951 adopted the following Resolution directing the establishment of a Disability Assistance program and fixing certain policies which are to govern:

"BE IT RESOLVED by the New Jersey State Board of Control of Institutions and Agencies:

- "1. As provided in Section 5, Chapter 139, P.L. 1951, the following general policies are adopted for the guidance of the Commissioner in issuing rules and regulations concerning assistance for needy persons, eighteen years of age and older, who are permanently and totally disabled.
- "2. Assistance shall be granted to needy persons as determined in accordance with State-wide standards common to this and other categories of public assistance.
- "3. Such needy persons must also have a physical or mental impairment, disease or loss, other than blindness, which is not likely to improve, and which precludes them from engaging in useful occupations such as holding jobs or homemaking.
- "4. The operating plan shall include detailed determination of permanent and total disability by professional staff in the employ of the Department.
- "5. Provisions shall be made for fair hearings for dissatisfied applicants and recipients.
- "6. Detailed regulations conforming to Federal requirements and Revised Statutes 44:7 as amended and supplemented, shall be developed by the Bureau of Assistance in consultation with the Deputy Commissioner for Welfare and shall be issued when satisfactory to the Commissioner and be binding upon all county welfare boards in administering this program."

At its meeting on January 22, 1952, the State Board of Control adopted the following amended Resolution superseding a Resolution dated September 25, 1951:

"Be it resolved by the State Board of Control that the following basic policies are prescribed with respect to the program of Permanent and Total Disability Assistance authorized by

(1)

2234.3a Resolution by State Board of Control (Contd.)

L. 1951, c. 139, and that the Commissioner shall direct the Division of Welfare, Bureau of Assistance, to develop and maintain such regulations and procedures as may be necessary and proper to effectuate these policies:

"1. The definition of a permanently and totally disabled person for purposes of eligibility for Disability Assistance, shall be:

A permanently and totally disabled person shall mean a needy person who, by reason of a permanent physical or mental defect, disease or impairment other than blindness, is disabled to the degree that prevents him from performing the essential elements of a useful occupation existent in the community and within his competence.

"2.(a) There shall be no finding of permanent and total disability by reason of a mental defect, disease or impairment unless the diagnosis has been made by a psychiatric diagnostic group composed of qualified psychiatrists, clinical psychologists and psychiatric social workers.

"(b) Persons who are psychotic and who, in the opinion of the psychiatric diagnostic group, require in-patient care or treatment in an institution for mental disease, shall be referred for such care and shall be ineligible for disability assistance. There shall be no presumption that a psychosis is permanent. Moreover, it shall be presumed that any person suffering from a diagnosed psychosis which is permanent and total requires care and treatment in a mental institution. No person shall be found eligible for disability assistance, based on a diagnosis of psychosis, unless the psychiatric diagnostic group finds specifically that (1) the psychosis is permanent and (2) the individual does not require care and treatment in a mental institution. The totality of the disability must be determined with the aid of qualified psychiatric social workers.

"(c) Persons who are mentally deficient and who, in the opinion of the psychiatric diagnostic group require care, treatment or training in an institution for the mentally deficient, shall be referred for such care. All institutions and agencies within the Department, and all officers thereof,

(ii)

2234.3a Resolution by State Board of Control (Contd.)

are directed to facilitate and expedite in every way possible the admission to an appropriate institution of every person so referred. Mental deficiency may be presumed to be permanent. The totality of the disability must be determined with the aid of qualified psychiatric social workers. When institutionalization is not indicated, mentally deficient persons shall be granted disability assistance provided they are otherwise eligible.

"3. Until many complex problems relating to the financing of care for indigent and medically indigent persons in general (voluntary) hospitals can be resolved, the limitations with respect to such care that are presently effective in the old age assistance program shall continue, and shall apply also to the disability assistance program.

"4. There shall be developed, based on competent technical advice and consultation, a definition and appropriate standards for identifying and certifying "public medical institutions". At such time as any institution operated by any county or municipality of this State may be so identified and certified, payments of disability assistance shall then be initiated to or on behalf of applicants otherwise eligible who are patients in such institutions."

2234.3b Psychiatric Diagnostic Facilities

The following Psychiatric Diagnostic Groups have been authorized as units serving the Bureau of Assistance. These units operate under the supervision and direction of Dr. Ralph Brancale, Director of the Diagnostic Center at Menlo Park.

N.J.State Diagnostic Center                      Dr. Ralph Brancale, Director  
Menlo Park    Liberty 8-2500

The N. J. State Diagnostic Center serves clients of any county in the State where no other facilities are provided.

Atlantic Area Guidance Center                      Dr. Amedeo A. Barbanti, Director  
1809 Pacific Avenue, Atlantic City              Telephone - Atlantic City 6-1161

The Atlantic Area Psychiatric Group serves clients in Atlantic and Cape May County.

Bergen Pines County Hospital                      Dr. Rufus R. Little, Supt.  
Paramus, N. J.    Colfax 1-9000

Bergen Pines County Hospital serves Bergen County clients only.

Burlington County Guidance Center                      Dr. Sidney Kosofsky, Director  
205 High Street, Mt. Holly                      Telephone Amherst 7-1377

The Burlington County Psychiatric Group serves clients in Burlington County only.

Camden Area Mental Hygiene Clinic                      Dr. Charles F. Deaterly, Director  
413 Broadway, Camden 3                      Telephone - Woodlawn 4-9828

The Camden Area Psychiatric Group serves clients in Camden, Cumberland, Gloucester and Salem Counties.

Morris County Guidance Center                      Dr. Robert P. Kimble  
County Service Bldg., West                      Telephone - Jefferson 8-6700  
Hanover Ave., Morris Plains

The Morris County Guidance Center serves Morris County clients only.

Appointments for clients are to be made with the Director of the appropriate unit by the county welfare boards for both ambulatory and non-ambulatory patients.

The unit Directors have been instructed by Dr. Brancale and the Bureau concerning processing of records and billing procedures. The procedures operate in the same manner as for clients examined by the Psychiatric Diagnostic Group at Menlo Park, except that these area groups prepare an additional copy of all reports for routing to Dr. Brancale for statistical purposes.

SPECIAL AGREEMENT WITH PINEHAVEN NURSING HOME

2200 APPENDIX VII

Under date of October 15, 1958, a copy of the Agreement effective 7/1/58-6/30/59 was sent to each county welfare director.

Refer to this issue for current rates and special provisions until further notice.

Copies of any revised issue of this Agreement will be prepared for insertion in this Appendix.

(i)

Case No. \_\_\_\_\_ County Welfare Board

I,  
We, \_\_\_\_\_, of  
[Name(s)]

\_\_\_\_\_ for the purpose  
[Address]

of receiving assistance for myself and my children, in accordance with New Jersey  
ourselves our children, in accordance with New Jersey  
Statutes Annotated, Title 44, Chapter 10, Assistance for Dependent Children, do  
hereby promise, in consideration of the granting of such assistance, to repay the  
County Welfare Board for that portion of any assistance so granted which may be paid  
during the period pending my receipt of certain funds which are anticipated by the  
our virtue of a claim or other action against \_\_\_\_\_

[Name]  
arising out of \_\_\_\_\_  
[Describe Circumstances]

I hereby agree, and also authorize and direct my attorney, if any, to furnish full  
and complete information to the \_\_\_\_\_ County Welfare Board as to the above  
claim or other action. I agree to keep the Welfare Board informed of any proposed  
disposition of the claim or other action, and I agree not to dispose of any monies  
realized from such claim or other action without the prior consent and approval of  
the Welfare Board.

Witness \_\_\_\_\_ Signature \_\_\_\_\_ (L.S.)

Witness \_\_\_\_\_ Signature \_\_\_\_\_ (L.S.)

Date \_\_\_\_\_

\_\_\_\_\_ COUNTY WELFARE BOARD

CASE NO. \_\_\_\_\_

**AFFIDAVIT OF DESERTION**

COUNTY OF \_\_\_\_\_: STATE OF NEW JERSEY:

I, \_\_\_\_\_, being duly sworn according to law say that:

1. I reside at \_\_\_\_\_

2. I am applying for Assistance for Dependent Children (N.J.S.A. 44:10) through the County Welfare Board and the need for such assistance has been caused wholly or in part by reason of the desertion of the following named child(ren).

Name of Child(ren)	Birth Date	Name of Child(ren)	Birth Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. The name and relationship of the person(s) who deserted are:

\_\_\_\_\_

4. The desertion began on \_\_\_\_\_,

while said child(ren) were living at \_\_\_\_\_ (Address)

and occurred under the following circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Since such desertion I have made continued and diligent efforts to locate the person(s) who deserted the child(ren) and have been unsuccessful except as stated in paragraphs 6 and 7.

6. I have no information which would possibly indicate the present whereabouts of such person(s) except: (If none, insert word "None").

\_\_\_\_\_  
\_\_\_\_\_

7. Such person(s) has not written to me nor visited me; we have not visited nor have we talked to each other directly or indirectly; nor have I been in any way in communication with said person(s) since the desertion except as follows: (If none, insert word "None")

---

---

8. I know that I must give complete and truthful information to representatives of the Welfare Board and law enforcement officers who question me concerning the desertion of the child(ren). I have supplied all facts known to me to date. I know it is my duty to report immediately to the County Welfare Board any additional information that may become known to me, and I hereby declare that I will do so.

9. I will at any time testify in court concerning the facts of the desertion of the child(ren).

10. I know that a deliberate misstatement of facts in this affidavit is a misdemeanor punishable by fine or imprisonment or both, under the provisions of N.J.S.A. 2A: 111-2 and 3 and R.S. 44: 7-32, and I make this statement for the purpose of obtaining financial assistance from the County Welfare Board.

11. I have read this affidavit and fully understand what I have stated in it. It has been explained to me by a representative of the Welfare Board. I also understand that this affidavit will be brought to the attention of the law enforcement authorities for use in legal action which may lead to arrest of the person(s) who deserted the child(ren).

---

(Signature)

Subscribed and Sworn to before me

this            day of            , 19

---

Title of Representative of Agency

(This affidavit is taken under authority of N.J.S.A. 44: 7-9)

\_\_\_\_\_ County Welfare Board

In the matter of

\_\_\_\_\_ Case No.

\_\_\_\_\_ Case Name



NOTICE TO  
COUNTY PROSECUTOR  
OF  
ALLEGED DESERTION

1. In compliance with the requirements of Section 402(a) (10) of the Federal Social Security Act and the requirements of N.J.R.S. 44:10-3(e), you are hereby notified that payment under the program of Assistance for Dependent Children has been furnished on \_\_\_\_\_ to \_\_\_\_\_,  
(Date of Payment) (Name)

\_\_\_\_\_ Address

on behalf of the following child (children):

Names

Date of Birth

2. The child (children) appear(s) to have been deserted or abandoned by:

Name

Relationship

Last Known  
Address

Date

3. An affidavit executed by \_\_\_\_\_, giving testimony relating to such desertion, is annexed hereto.

4. The county welfare board is continuing to explore the possibility of reconciliation, or support through agency service or civil action, and will submit further information in the event of criminal prosecution.

Date \_\_\_\_\_

\_\_\_\_\_, Director  
County Welfare Board

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

To be completed by Public Assistance Agency \_\_\_\_\_  
(Identify Agency)

Case Name \_\_\_\_\_ Registration No. \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Municipality County

Birthdate (or age) \_\_\_\_\_ Sex: M F Veteran: Yes No  
(Circle correct letter) (Circle correct word)

Describe Current Living Arrangement \_\_\_\_\_

Name of Institution \_\_\_\_\_ Admission Date \_\_\_\_\_

A. CERTIFICATION OF PHYSICIAN

THIS IS TO CERTIFY THAT THE ABOVE NAMED INDIVIDUAL REQUIRES PATIENT CARE FOR THE CHRONICALLY ILL BECAUSE:

1. DIAGNOSIS (Complete) \_\_\_\_\_

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

**BEDRIDDEN**

- \_\_\_\_\_ Bedfast and helpless
- \_\_\_\_\_ Sits up in bed

**AMBULATORY**

- \_\_\_\_\_ Entirely independent
- \_\_\_\_\_ Only with wheelchair
- \_\_\_\_\_ With aid of appliances
- \_\_\_\_\_ With other—specify \_\_\_\_\_
- \_\_\_\_\_ Only from bed to chair without help
- \_\_\_\_\_ Cannot use any stairs

3. EATING

- \_\_\_\_\_ Feeds self unaided
- \_\_\_\_\_ Needs constant help to eat
- \_\_\_\_\_ Partial help to eat
- \_\_\_\_\_ Requires special diet

4. CONTINENCE STATUS

- \_\_\_\_\_ Continent
- \_\_\_\_\_ Partially incontinent
- \_\_\_\_\_ Incontinent

5. MENTAL STATUS

- \_\_\_\_\_ Clear
- \_\_\_\_\_ Confused occasionally or part of the time
- \_\_\_\_\_ Confused most of the time

6. NURSING CARE AND SERVICES NEEDED

- \_\_\_\_\_ Hypodermic injections
- \_\_\_\_\_ Dressings
- \_\_\_\_\_ Temperature and/or Pulse Record
- \_\_\_\_\_ Catheterization
- \_\_\_\_\_ Oral medication
- \_\_\_\_\_ External medication
- \_\_\_\_\_ Bed baths only
- \_\_\_\_\_ Daily enemas
- \_\_\_\_\_ Change bed position
- \_\_\_\_\_ Rubs and massages

7. CHARACTERISTICS OF MAJOR DISABILITY

- \_\_\_\_\_ Static or stable
- \_\_\_\_\_ Progressive
- \_\_\_\_\_ Improving

8. Is patient now receiving any medication or treatment? (If so, give details) \_\_\_\_\_

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

10. Is care in Nursing Home or Public Medical Institution now necessary? YES \_\_\_\_\_ NO \_\_\_\_\_

11. If "yes" in 10, is future discharge contemplated? YES \_\_\_\_\_ NO \_\_\_\_\_

12. Could this client be adequately cared for now in Boarding Home? YES \_\_\_\_\_ NO \_\_\_\_\_

His own home? YES \_\_\_\_\_ NO \_\_\_\_\_ Other facility (describe) \_\_\_\_\_

13. ( ) 1. I further certify that in my opinion this individual does not require care and treatment for active tuberculosis.

( ) 2. Does not require care and treatment for a mental disease, defect or impairment in an Institution for the mentally ill or mentally deficient.

\_\_\_\_\_  
M.D.

\_\_\_\_\_  
Date

## B. STATEMENT OF INSTITUTION

**NOTE:** This section is to be completed for all cases except when client is to receive patient care in his own home or home of relatives.

### THIS IS TO CERTIFY THAT:

1. The individual named above entered this institution voluntarily on \_\_\_\_\_ and is free to leave at any time upon his own decision. Date

2. The individual will receive continuous medical treatment and nursing care in the section of this institution certified for care of the chronically ill unless he is not in need of such care.

3. The monthly assistance payment made to the client to cover personal needs, separate and apart from the payment to the institution of the allowable rate for board, nursing and related services, will be available to the individual for his unrestricted use — and if any funds belonging to the individual are held in safe keeping by the institution, a current identifiable account will be maintained and be open for inspection by the individual and by representatives of the public assistance agency.

4. If the individual dies, or leaves, or is to leave the institution, or is moved from the certified to an uncertified section of the institution, the public assistance agency will be notified promptly.

5. If the individual dies, or leaves, or is moved from the certified to a non-certified section prior to the last day of any calendar month, or of other period for which payment has been received in advance, the institution will refund the unearned portion of such payment.

The refund is to be calculated as that percentage of the amount allowed the individual by the public assistance agency (for patient care in advance) which the number of unearned days bears to 30 (unearned days calculated from the date immediately following the date of death or removal).

a) The refund will be made to the public assistance agency for any individual who dies or who is removed from the certified to a non-certified section of the institution, or in any instance of an individual who becomes ineligible to receive assistance, or

b) The refund will be made to the individual if he leaves the institution but is to continue to receive assistance outside the institution.

6. The institution will also refund to the public assistance agency any other funds of a deceased individual (and not subject to any prior claim or lien by the institution) which were in his possession or in the custody of the institution at the time of his death, and that refund of any such funds will be made to any individual who leaves the institution.

DATE \_\_\_\_\_

\_\_\_\_\_  
SUPERINTENDENT

\_\_\_\_\_  
NAME OF INSTITUTION

\_\_\_\_\_  
ADDRESS

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

NOTE: This is a specimen form only. It constitutes a sample of the type of Agreement for admissions which is acceptable to the Division of Public Welfare. Modifications are usually necessary to meet particular conditions of a particular Home. For example, clauses marked \* should be omitted if they do not relate in any way to the actual practices of the Home.

A G R E E M E N T

This Agreement, made this \_\_\_\_\_ day of \_\_\_\_\_ between \_\_\_\_\_ (hereinafter referred to as the Home), and \_\_\_\_\_ formerly residing at \_\_\_\_\_, (hereinafter referred to as the Resident).

1. The Resident

(a) Commencing with the \_\_\_\_\_ day of \_\_\_\_\_, or the date of his actual admission to the Home, whichever is later, will pay to the Home the sum of \$ \_\_\_\_\_ per month, for domiciliary care during the period when furnished, or the sum of \$ \_\_\_\_\_ per month for infirmary care, such payment to constitute full payment on the part of the Resident for the board, lodging, maintenance, service, and care to be provided by the Home, and such payment to continue, except as hereinafter specified, for as long as he or she remains a resident of the Home;

(b) Agrees to comply in all respects with all the rules and regulations of the Home;

\*(c) Has deposited or will deposit with the Home the sum of \$ \_\_\_\_\_ with the understanding that such deposit is made for the convenience and security of both the Home and the Resident, and that the sum is to be held in trust by the Home as a fund for satisfaction of the obligation referred to in subsection (a) above, and for the Resident's use for other purposes, and the unused balance of which at any time is owned by and returnable to the Resident whenever for any reason he ceases to be a resident;

\*(d) Hereby gives, grants, conveys, transfers and assigns to the Home, and its successors, IN TRUST nevertheless for the uses and purposes hereinafter expressed, the real and personal property hereunder listed; all of such property to be under the management and control of the Home, as Trustee for the Resident; but such trusteeship to be automatically terminated at any time that the Resident either ceases to be a Resident or becomes a recipient of any form of public assistance from the State of New Jersey or any political subdivision thereof:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_;

\*(e) Agrees that in the event he leaves the Home, voluntarily or involuntarily, within \_\_\_\_\_ days of the date of his admission, the Home shall be entitled to a payment, additional to the payment specified in subsection (a) above, of the sum of \$ \_\_\_\_\_ to cover the reasonable expense incurred by the Home in connection with the admission processing;

(f) Agrees that the Home may solicit or require contributions or payments to be made by relatives of the Resident, or other persons or agencies interested in the Resident, on the Resident's behalf, provided, however, that all such contributions shall become a part of and credited to the trusteeship account or accounts above referred to, and shall be used by the Home as payments on account of, rather than in addition to, the obligation referred to in subsection (a) above;

(g) If no trusteeship account or accounts are established, or if, having been established, they should become exhausted through periodic reductions of the obligation referred to in subsection (a) above, and through other withdrawals by the Resident, and the Resident at any time becomes financially unable to make the payments required under subsection (a) or to procure the making of such payments by others on his behalf, than and in such event the Resident agrees to apply for any form of public assistance to which he may at such time be entitled under the laws of the State of New Jersey, and agrees, if granted such public assistance, to pay therefrom to the Home the full amount allowed in such public assistance grant in recognition of the Resident's obligation to make current payments to the Home.

2. The Home agrees to provide the Resident with board, lodging, maintenance, service and care from the time of his admission until he leaves the Home voluntarily or involuntarily.

3. The Home reserves the right at any time, through appropriate action of its Board of Trustees, to alter the rate of payment stipulated in subsection 1 (a) above, except that this shall not affect the right of the Resident, if he becomes a recipient of public assistance, to continue as a resident of the Home upon payment of the sum allowed in the public assistance grant for that purpose; and the Resident agrees to pay the prevailing rate, as revised from time to time, provided such revisions are effective for all residents or for all persons falling within the class of residents of which this Resident is a member.

4. The Resident or the Home shall each have the right to terminate the residence at any time with or without cause, upon giving \_\_\_\_\_ days notice to the other party.

\*5. In the event that, in the opinion of the medical staff of the Home, the Resident shall become afflicted with a contagious or infectious disease, or become mentally ill, the Resident may be removed from the Home to any public or other institution, without any further liability of any kind on the part of the Home to the Resident or on the part of the Resident to the Home.

6. It is understood and agreed that the rate of payment to be made by the Resident to the Home pursuant to Sections 1 (a) and 3 above, does not include payment to the Home for the following kinds of goods or services. The responsibility for securing and paying for such goods or services, if required by the Resident, is the responsibility of the Resident or others acting on his behalf, and if for any reason it becomes necessary for the Home to procure or furnish such goods and services for the Resident, whether at the Resident's request or by reason of emergency, then the Resident shall be obligated to pay the Home the actual cost of such goods and services, which obligation shall be in addition to the obligation hereinbefore stated for payment of maintenance costs:

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7. This Agreement is subject to the provisions of the Constitution and By-Laws of the Home and any amendment, revision or alteration thereof; provided, however, that the rights and requirements of any public assistance agency, in the event the Resident now or hereafter applies for public assistance, shall not be altered or adversely affected by any provision of the Constitution and By-Laws not specifically set forth herein.

8. This Agreement does not and is not intended to constitute an undertaking or contract, expressed or implied, to care for the Resident for life.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seals the day and year first above written.

FEEES FOR PROFESSIONAL AND DIAGNOSTIC SERVICES

Code  
 Number X-RAY DIAGNOSTIC  
 Head and Neck Series 575

	Cerebral angiography	
7000	without serialography, unilateral	\$ 75
7041	bilateral	100
7042	with serialography, unilateral	100
7043	bilateral	100
7002	Encephalography	50
7005	Ventriculography	50
7007	Eye for foreign body detection	15
7008	for detection and localization of foreign body	40
7010	Mandible, unilateral	15
7011	bilateral	20
7012	Mastoids, two views	15
7013	three or more views	20
7015	Facial bones	20
7016	Nasal bones	15
7018	Optic foramina	15
7019	Nasolacrimal duct (dacrocystography)	25
7020	Paranasal sinuses, without contrast study	20
7022	contrast study	25
7024	Sella turcica	15
7026	Skull, complete study, four or more views	25
7027	partial study, one to three views	15
7029	including code 7026 and any one of codes 7010 through 7020 or with code 7033	40
7033	Temporomandibular joints	20
7035	Neck for soft tissues or foreign body	10
7036	Larynx with phonation (4 views)	20
7037	Salivary glands for detection of calculi Sialography, contract study	15
7038	not including injection of contrast material	15
7039	including injection of contrast material	30
7040	Combined codes 7037 and 7039 separate days	40

Chest

	Chest, teleroentgenogram (full size film)	
7100	PA	10
7121	PA and lateral or oblique	15
7122	PA stereoscopic, 2 views	15
7123	more than 2 views with fluoroscopy where indicated	20
7101	Complete--stereoscopic postero-anterior, other positions as indicated	25
7102	Special studies: Kymography	25
7104	Bronchography	30
7106	including injection of contrast media and anesthesia	50

Code  
 Number Series 575

	Angiocardiography	
7107	single plane rapid, serialography or cineradiography	\$100
7108	simultaneous biplane, ultra-rapid serialography	175
7110	Ribs, unilateral	15
7111	bilateral	20
7112	Sternum	15
7113	Ribs, sternum and chest	25

Spine and Pelvis

7201	Spine, complete, AP and lateral	45
7204	cervical, AP and lateral	15
7206	cervical, complete including special obliques and/or flexion studies	25
7207	thoracic	15
	Spine, lumbosacral	
7211	AP and lateral	20
7213	multiple views	25
7214	sacro-coccygeal	15
7215	lumbosacral, including pelvis	25
	Pelvis	
7217	AP including both hips	15
7216	with lateral hip (one or both)	20
7218	Myelography or discography	40
7219	Sacro-iliac regions	20
7231	Scoliosis survey, fusion or leg length integrity	25

Upper Extremities

Fee includes multiple views unless otherwise specified

7250	Clavicle	10
7251	Scapula	15
7252	Shoulder	15
7253	Humerus, including one joint	15
7254	Elbow	15
7255	Forearm, including one joint	10
7257	Hand, including wrist	15
7258	Fingers	5
7261	Hand, including fingers	10

Lower Extremities

Fee includes multiple views unless otherwise specified

7300	Hip, AP and lateral	15
7301	Both hips and pelvis, multiple positions	20
7302	Hip, during operative procedure	40
7303	Femur, including one joint	15

Code Number		Series 575
7304	Knee	\$ 15
7305	Leg, including one joint	15
7306	Ankle	10
7307	Foot	10
7308	Toes	5
7310	Ankle and Foot	15
7311	Foot and Toes	10
7312	Os calcis	10
Abdomen		
	Plain film study	
7350*	single film	10
7352*	multiple films	15
7351	Special studies, such as in passage of Miller-Abbott tube, etc. Gastro-intestinal tract:	25
7356*	Esophagus	20
7357*	Small bowel studies	30
7358	Upper gastro-intestinal tract (stomach, esophagus, duodenum and delayed film)	40
7359	Upper gastro-intestinal series with small bowel examined on the same day (Code 7358 plus entire small bowel)	50
7360	Colon by barium enema	30
7361	by barium enema and double contrast	40
	Cholecystography	
7364	without scout film	25
7369	with scout film (prior date)	35
7365	Cholangiography, post-operative (T tube)	25
7366	including intravenous opaques	40
7367	Cholangiography, operative	40
	Urological:	
	Kidney, ureter, bladder	
7370*	single film	10
7371*	multiple films	15
7372	Pyelography--intravenous	35
7373	retrograde	35
7375	Cystography	15
7377	Voiding Cystourethography	20
	Gynecological:	
7387	Hysterosalpingography--not including injection of contrast medium	20
7389	including injection of contrast medium	40

\*Not eligible for separate payment when performed in conjunction with a contrast study.

Code Number	Special Studies	Series 575
7452	Localization of foreign body (excepting eye), fluoroscopy and film as indicated	\$ 15
7453	Foreign body removal--fluoroscopic and film assistance	15
7456	Bone age studies	15
7457	Bone length studies (orthoroentgenogram)	20
7458	Bone survey--by report	15-50
7460	Arteriography, extremities	40
7461	Venography, extremities	40
7462	Pneumo-arthrography (or opaque)	20
7463	Fistula or sinus injection with contrast--trunk	20
7464	Mammography, bilateral	30
7466	Body section radiography, one plane	35
7467	two or more planes	50
7470	Aortography, without serialography	40
7471	with serialography	65
<b>RADIOACTIVE ISOTOPE DIAGNOSTIC STUDIES</b>		
Blood Volume Studies		
7760	Blood plasma volume (radio-iodinated H.S.A.)	20
7761	Red cell volume (radio-chromate)	25
7764	Blood loss--intestinal (radio-chromate or radio-iron)	30
Cardiac Function		
7767	Cardiac output (radio-iodinated H.S.A.)	20
7768	Circulation time (radio-iodinated H.S.A.)	20
Gastrointestinal Function		
7757	Radio-cyanocobalamin absorption (Schilling Test) single phase	25
7758	double phase	40
7773	Fat absorption (radio-iodinated triolein)	20
7774	(radio-iodinated triolein and oleic acid)	40
7775	(radio-iodinated oleic acid)	Report
Hemotopoietic Function		
7762	Red cell survival (radio-chromate)	35
7765	Radio-iron metabolism-plasma clearance	30
7766	Red cell turnover	50
Liver Function		
7771	Liver function (radio-iodinated rose bengal)	35

Code Number	Renal Function	Series 575
7772	Renal Function (radio-iodo-hippurate sodium)	\$ 35
Scanning and Localization		
7740	Liver and/or spleen with or without sequestration	60
7741	Kidney	60
7742	Heart	50
7743	Skeletal	60
7744	Lung	60
7745	Pancreas	Report
7754	Thyroid, scanning only	20
7759	Brain	60
Splenic Function		
7763	Red cell sequestration (hepatic and splenic)	35
Thyroid Function		
7751	Radio-iodine uptake single determination	20
7752	multiple determinations	20
7753	with scanning	40
7755	Protein bound radio-iodine plasma, or conversion ratio	15
7756	Radio-tri-iodo-thyronine (in vitro) uptake	15
Miscellaneous		
7770	Tissue clearance studies	20
7779	Other radioactive isotope diagnostic examinations	By Report
CLINICAL LABORATORY and Special Diagnostic Examinations		
8550	Electroencephalogram	25
8556	Basal metabolic rate	10
8557	Electrocardiogram, with interpretation and report	15
8558	without interpretation and report	10
8559	interpretation and report (tracing not done by interpreting physician)	10
8560	with exercise and/or anoxemia test, with interpretation and report	20
8570	Bronchspirometry	25
8970	Residual air determination	IC
8973	Skin test with microbial extract, (each) (Brucella, Frei, Tuberculin, etc.)	4
8983	Vital capacity	3

Code  
Number

Series 575

8987	Ventilation studies, complete (respirometer), including spirogram, timed vital capacity, maximum breathing capacity, without residual air determination	\$ 15
8990	with residual air determination	25
8993	Hearing survey, complete including audiogram	10

Blood

The Codes, Procedures and Payments listed hereunder are for the specified services as customarily performed by Pathologists, Licensed Clinical Laboratories and Hospital Laboratories and are not to be used for abbreviated methods.

Obtaining blood specimens, Stick, Dip or Tablet tests are not eligible for payment.

8590	ABO, isoagglutination titer (Rasmussen technique)	12.50
8591	RH and other subgroup antibody titrations (saline agglutinations, albumin agglutinins, Coombs titration, etc.), each	5
8601	Acid hemolysis (Ham test)	5
8602	Febrile agglutinations, first antigen	3
8780	Each additional slide technique	1.50
8781	Tube technique	3
8603	Aldosterone, biochemical analysis	50
8604	Alcohol, blood	10
8605	Amylase, quantitative	7.50
8606	Ammonia	10
8607	Antistreptolysin O titer	7.50
8608	Ascorbic acid	6
8609	Basophilic aggregates (LE cells)	5
8610	Bilirubin, total serum	5
8611	Van den Bergh, Qualitative (total), Direct and Indirect	7.50
8612	Arsenic	10
	Barbiturates	
8613	Qualitative	15
8782	Quantitative	20
8614	Bleeding time, skin puncture	2
8617	Blood culture, aerobic and anaerobic	10
8618	definitive	10
8620*	Blood, red cell count (erythrocyte)	2
8621*	Blood, red cell count and hemoglobin	4
8622*	Blood, hemoglobin determination, Photoelectric method	2
8623*	Hematocrit (macro or micro)	2.50
8624*	Blood, white cell count	2
8625*	Blood, white cell count and differential	4
8626*	Blood, differential count	2
8628*	Complete blood count, hemoglobin, white cells, red cells and/or hematocrit, differential	5

\*Maximum payment for any combination of these procedures is \$5.

Code Number		Series 575
8629	Eosinophile count	\$ 3
8630	Complete Hemogram: supravital morphological study of the formed elements of the blood, hematocrit, reticulocyte count, platelet count, hemoglobin, total white count, supravital differential or phase, regular differential, total red count (By Report)	IC
8632	Blood, Ph	7.50
8633	Blood, volume, dye technique	10
	Bone marrow (for collection only, see Surgical Schedule Code 0501)	
8636	Bone marrow study--examination of smear with interpretation	15
8783	with collection of material--same physician	25
8637	Bromide	5
8638	Bromsulphalein (BSP) including administration of dye	10
8639	Chromatography, single phase	10
8640	C-reactive protein	5
8641	Calcium	5
8642	Carotene	10
8643	Carbon dioxide content or combining power	5.50
8645	Ceruloplasmin	10
8646	Cephalin flocculation	5
8647	Carbon Monoxide, spectrometric	5
8648	quantitative, any method	15
8650	Choloride	5
8651	Copper	15
8652	Cholesterol, total	5
8654	Cholesterol, total and esters	7
8655	Cholinesterase	7.50
8656	Clot retraction	2
8657	Cold agglutinins with titer	10
8658	Coagulation time (Lee and White)	3
8659	other methods	2
8661	Complement fixation tests (Wasserman, Kolmer, Reiter, etc.)	5
8675	Fioccculation tests, (Kline, Mazzini, VDRL, etc.), each	3
8662	Complement fixation tests, quantitative (virus or rickettsial)	7.50
8663	Treponema pallidum fluorescent antibody test	20
8664	Creatinine or creatine	5
8665	Creatinine clearance	7.50
8666	Creatine phosphakinase (CPK)	8
8667	Electrophoresis pattern, protein, qualitative	10
8669	hemoglobin	10
8670	lipoprotein	12.50
8671	Cryoglobin, qualitative	2.50
8672	Fibrinogen, semi-quantitative (fibrindex)	5
8677	Hemoglobin, carbon monoxide, qualitative	5
8678	methemoglobin	5
8679	sulfhemoglobin	5
	Hemoglobin, routine--(See Code 8622)	
	Hematocrit, (macro or micro)--(See Code 8623)	

Code Number		Series 575
8682	Hemagglutination inhibition	\$ 15
8683	Heterophile antibodies: presumptive or "mono"	5
8684	presumptive and confirmatory	7.50
8686	Hemogentisic acid	5
8688	Lactic dehydrogenase (L.D.H.)	7
8784	with fractions	15
8689	Isocitric dehydrogenase	10
8690	Icterus index	2.50
8691	Lead	15
8692	Lipase	7.50
8693	Lipids, total	5
8694	Phospholipids	5
8696	Oxygen, gasometric, initial	10
8697	subsequent, same study	2.50
8698	Oxygen, saturation, oximetric, initial	10
8699	subsequent, same study	2.50
8700	Phosphatase, acid	7.50
8701	alkaline or prostatic acid, each	7.50
8702	Phosphorus	6
	Phenylalanine, serum	
8703	Qualitative	3
8785	Quantitative	10
8704	Platelet count	3
8706	Potassium	6.50
8707	Iodine: protein bound (PBI)	10
8708	butanol extractible (BEI)	15
8709	Prothrombin time, first three each	5
8711	subsequent, each	3
8710	Prothrombin consumption	10
8712	Red Cell fragility, osmotic	8
8713	Reticulocyte count	3
8714	Latex fixation (RA test)	3
8717	Iron, serum	7.50
8718	binding capacity, serum	15
8719	Salicylates	6.50
8720	Sedimentation rate	3
8721	Sickle cell preparation	5
8722	Smears for protozoa, (thin and thick film)	5
8723	Magnesium	7.50
8724	Sodium	6.50
8726	Glucose (sugar) quantitative	5
8727	tolerance, 3 hours--(four specimens)	15
8728	tolerance, 5 hours--(six specimens)	20
8729	quantitative, additional specimens, each	3
8730	Glucose 6 P dehydrogenase	10
8731	Thymol trubidity	5
8732	Thyocyanate	6

Code Number		Series 575
8733	Protein, total	\$ 3
8734	Fractions quantitative: albumin and globulin with total protein	10
8737	ABO and Rh typing	3
8738	Rh (D), Rh (E), Rh (C), Hr (C), Hr (e), subgroup typing, each (Geno typing)	3
8739	Coombs test (direct or indirect)	5
8740	Crossmatch: Compatibility tests, complete including ABO and Rh, Saline, Albumin and Coombs	7.50
8741	Typing for Kell and other rare subgroups, (screening for atypical antibodies)	5
8743	Urea clearance	10
8744	Urea nitrogen (or N.P.N.)	5
8746	Uric acid	5
8747	Transaminase (SGO-T or SPG-T)	7
8749	Thromboplastin generation test (T.G.T.)	30
8750	Partial thromboplastin time (P.T.T.)--(Platein--thrombofax)	5
8751	Vitamin A	10
8761	Triglycerides (neutral fat)	25
8762	Fat, total serum, qualitative	12.50

Feces

8800	Blood, occult	2
8801	Fat, qualitative	1
8802	Starch, qualitative	1
8803	Ova and parasites, (concentrated method)	2.50
8805	permanent stain preparation	5
8806	Trypsin, qualitative	5.50
8807	Routine chemical and microscopic examination including fat, trypsin, occult blood	3.50
8809	Urobilinogen, quantitative	15
8813	Culture, screening	5
8814	definitive	10

Gastric or Duodenal Contents

8820	Gastric analysis: routine fractional without histamine	10
8828	with histamine	10
8830	tubeless (diagnex)	10
8846	Enzyme determination as ordered, each	7.50
8847	Smear, (concentrated) for A.F.B.	5
8848	Smear and culture, (concentrated) for A.F.B.	10

Code  
 Number

Series 575

Spinal Fluid

8853	Routine chemical (Pandy)	\$ 1
8855	Routine microscopic (cell count)	1.50
8861	Colloidal gold or gum mastic	3
	Complement fixation tests for syphilis, see Blood.	
8871	Smear for bacteria	3
8873	Culture for bacteria, screening	5
8874	definitive	10
	Quantitative chemical tests, see Blood.	

Sputum

8881	Acid fast smear, direct	3
8884	(concentrated specimen)	5
8891	Smear and culture, acid fast, concentrated	10
8892	Culture, pyogenic bacteria, screening	5
8893	pyogenic bacteria, definitive	10
8895	Culture for fungus	10

Urine

8923	Melanin	1.50
8924	Serotonin as 5-HIAA, quantitative	10
8925	Urobilinogen, qualitative	2
8926	quantitative	3.50
8928	Estrogen level, biochemical analysis	25
8929	Gonadotropin pituitary (FSH)	25
8931	Glucose quantitative	2.50
8933	Protein, Bence-Jones--(Qualitative)	1
8934	Complete routine (chemical and microscopic)	2
8935	Addis count (quantitative functional)	5
8936	Concentration and/or dilution tests	2
8937	Sugar fermentation	1
8938	Phenosulfonphthalein (P.S.P.)	5
8932	Prophyrins: porphobilinogen, qualitative	3
8939	with coproporphyrins	5
8940	quantitative	12.50
8941	Smear for bacteria	3
8942	Culture for bacteria, screening	5
8943	definitive	10
8944	Pregnanediol or pregnanetriol	20
8945	Inulin clearance, or glomerular filtration rate (XYLOSE)	10
8946	Quantitative calcium (Sulkowitch)	1.50
8947	Bile or bilirubin	1.50
8948	Calcium--24 hour	6
8950	Lead, quantitative	15

Code  
Number

Series 575

8951	Catecholamines, fluorometric or vanillylmaudelic acid (VMA), each	\$ 20
8949	Ketosteroids: total neutral or 17 OH-corticosteroids as reduced	
	ketogenic steroids	12.50
8952	11-oxycorticosteroids	20
8953	alpha and beta fractional, additional	5
8954	ketogenic steroids or dihydroisoandrosterone, qualitative	10

Miscellaneous Examinations

8955	Sensitivity studies, bacterial: disc technique	
	up to 10 antibodies	10
8956	each additional	1
8957	titration tube technique	10
8958	mycobacteria: one drug	10
8959	each additional drug	5
8965	Darkfield examinations	10
8968	Typing for specific organisms: polyvalent screening	5
8969	additional for definitive	10
8974	Smears for bacteria, stained, any type	3
8977	Guinea pig for Tbc	15
8981	Semen analysis, complete	10
8986	Autogenous vaccine	25
8991	Stone analysis, qualitative	7.50
8992	quantitative	15
8994	Sweat test for chloride, quantitative, (Iontophoretic method)	15
8999	qualitative (plate test)	5
8995	Culture, other (wounds, pharynx, etc.) screening	5
8996	definitive	10