

**CHAPTER 90**

**WORK FIRST NEW JERSEY PROGRAM**

**Authority**

N.J.S.A. 44:10-3; Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA); and the Work First New Jersey Act, Public Law 1997 c.13, c.14, c.37 and c.38.

**Source and Effective Date**

R.1998 d.42, effective December 10, 1997.  
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

**Executive Order No. 66(1978) Expiration Date**

Chapter 90, Work First New Jersey Program, expires on December 10, 2002.

**Chapter Historical Note**

Chapter 90, The Handbook for Home Services Program, was filed and became effective prior to September 1, 1969. Chapter 90, The Handbook for Home Services Program, was repealed by R.1980 d.208, effective May 9, 1980. See: 12 N.J.R. 192(a), 12 N.J.R. 323(a).

Chapter 90, Monthly Reporting Policy Manual, was adopted as R.1982 d.399, effective November 15, 1982. See: 14 N.J.R. 958(a), 14 N.J.R. 302(a).

Pursuant to Executive Order No. 66(1978), Chapter 90, Monthly Reporting Policy Manual, was readopted as R.1987 d.454, effective November 16, 1987. See: 19 N.J.R. 1517(a), 19 N.J.R. 2193(a). Pursuant to Executive Order No. 66(1978), Chapter 90, Monthly Reporting Policy Manual, expired on October 14, 1992.

Chapter 90, Work First New Jersey Program, was adopted as R.1997 d.311, effective July 1, 1997 (to expire January 1, 1998). See: 29 N.J.R. 3287(a).

Pursuant to Executive Order No. 66(1978), Chapter 90, Work First New Jersey Program, was readopted as R.1998 d.42, effective December 10, 1997. See: Source and Effective Date. See, also, section annotations.

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#### SUBCHAPTER 1. GENERAL PROVISIONS

##### 10:90-1.1 Purpose, philosophy and scope of the WFNJ program

(a) The Work First New Jersey (WFNJ) program has been established to transform the design and purpose of the welfare system in New Jersey. For the first time, one comprehensive program has been created by the Legislature and the Governor to uniformly both inspire and require all able-bodied families with dependent children, single adults and couples without dependent children to WORK rather than receive welfare. WFNJ builds and expands upon the foundation of the basic principles set forth in the Federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, Public Law 104-193. The Act established the Temporary Assistance for Needy Families (TANF) block grant program which ended the Aid to Families with Dependent Children program and established the WFNJ Program pursuant to the Work First New Jersey Act, Public Law 1997 c.13, c.14, c.37 and c.38.

(b) WFNJ, building upon the base of our former State and Federally funded Aid to Families with Dependent Children (AFDC) program and our State funded General Assistance (GA) program, creates one WFNJ program. However, due to certain necessary differences in the requirements and the responsibilities entailed in being a single adult, a couple without dependent children or a single adult or couple with dependent children, the WFNJ program recognizes two segments which, for ease of reference and clarity throughout this manual are referred to as either the WFNJ/TANF component, which encompasses families with children whether headed by a single adult or a couple, and the WFNJ/GA component, which encompasses single adults and couples without dependent children.

(c) The WFNJ Program is designed specifically to emphasize personal responsibility, instill dignity, promote self-sufficiency and pride through work and strongly reinforce all parents' responsibility for their child(ren) through strict enforcement of child support requirements. WFNJ clearly recognizes that both parents of a child(ren), whether or not they are the custodial caretakers of these children share fully and equally in the responsibility for the financial support of the child(ren), as well as all the positive developmental aspects which occur throughout childhood. All adults have primary responsibility for supporting both themselves and their families.

(d) Assistance benefits provided under WFNJ are time-limited and considered a temporary cash subsidy to bridge the gap while individuals seek and obtain self-sufficiency through bona fide unsubsidized employment. Applicants shall be informed that receipt of WFNJ assistance benefits is limited to a lifetime maximum of 60 cumulative months and that seeking and accepting employment are the primary requirements for receipt of continuing cash assistance.

(e) In WFNJ, for the first time, a major commitment has been solicited from all arms of State and local government to pull together resources and philosophy to clearly demonstrate to all welfare and potential welfare clients that WORK is the answer and self-sufficiency is the key to a better life for all New Jerseyans. The changes brought about by this program are monumental. They require all adults to accept personal responsibility and immediately contribute something back to their community in return for the temporary helping hand WFNJ will provide them in their time of need or crisis. Welfare is not a way of life. Work, however, is a way of life for all able-bodied adults. WFNJ recognizes that working families and individuals need temporary supports such as child care, transportation and health care and has strengthened the State's commitments in these areas. Additionally, the WFNJ program is designed to increase the health and well-being of children and young adults reared within the welfare system as well as to instill in these children the dignity, value, pride and self-satisfaction that are derived from work and positively contributing to our society. While WFNJ maintains our commitment to protect the most vulnerable who are unable to care fully for themselves, the major focus in the New Jersey welfare system has definitely changed from welfare to work with the onset of WFNJ. This new era in the public welfare system should be made very clear by the focus and standards put forth in this manual.

(f) However, in line with protecting its most vulnerable citizens, it should be emphasized that the WFNJ Program has availed itself of the PRWORA option regarding protections for victims of Domestic Violence. PRWORA and WFNJ provide the flexibility to uniquely address the specific problems of victims of domestic violence, as well as victims of rape and incest. The flexibility provided is not intended to allow or force individuals to remain on the welfare rolls; rather, it is intended to extend to domestic violence survivors the flexibility, protections and services necessary to begin or continue on the path away from a life of abuse and forward toward a life that will provide safety; physical, mental and financial recovery and self-sufficiency gained through work experience and/or employment as soon as victims are able to avail themselves and their families of these opportunities.

1. When an individual in the course of either application, redetermination or at any other point of contact with the county or municipal agency is identified as a victim of domestic violence, rape or incest, it must be determined with the victim whether or not this represents an immediate barrier to engaging in work. If the victim attests to an inability to participate as would otherwise be required in WFNJ activities, an affidavit to this effect shall be secured from the individual. This affidavit will temporarily exempt the individual from the five year lifetime limit on benefits receipt and will also temporarily defer the individual from the requirement to engage in work or a work activity until the case is redetermined. At any point, the victim may provide corroborative evidence, if available, and it is clear to the victim that providing such information will in no way pose a threat to the safety of the victim and the victim's family.

i. Even though an affidavit is taken, an initial individual responsibility plan (IRP) will be developed with the individual to set goals so that the individual will move forward toward safety and self-sufficiency. Information and referral to the Department of Human Services' (DHS) Designated Domestic Violence Programs which provide all core services or to Rape Crisis Programs will be suggested to the victim as well as referral to any other appropriate community services which can assist the victim and any dependent children in the family. The goals established in the individual's IRP shall be reviewed with the individual at three month intervals to determine the status and progress the individual has made toward meeting the goals established in the IRP. If appropriate, the IRP will be updated to reflect the individual's progress and establish new goals. If, upon disclosure of the domestic violence victimization, the victim expresses a willingness to begin to engage in a work activity prior to the next regular redetermination, this shall be accommodated. For example, the victim may wish to begin work as soon as permanent housing has been secured, the children have been enrolled and settled in school and major court appointments have been kept.

ii. Once the individual has expressed a willingness to engage in work or a work activity the individual will no longer be exempt from the five year lifetime limit on benefits' receipt or deferred from work requirements, unless or until the victim encounters further debilitating factors due to domestic violence and makes these known to the county or municipal agency via an affidavit.

2. The State has a responsibility to protect victims in these cases but it also has a responsibility to help promote the victim's self-sufficiency. Therefore, at the point of the first regular six-month case redetermination following disclosure of domestic violence victimization, unless the victim is in crisis and clearly indicates via affidavit that the inability to participate in work activities still exists, when reviewing the IRP, the individual will be scheduled to begin a regular work activity or, at a minimum, engage in 20 hours per week of community service. If the victim requests or if the victim selects to do only 20 hours of

community service, the victim will also be referred to the local DHS Designated Domestic Violence Program for core services, related support and/or community service placement in counties where arrangements have been made to assist such individuals through purchase of service agreements with the DHS Designated Domestic Violence Programs. The goals established in the individual's IRP shall be reviewed with the individual after three months to determine the status and progress the individual has made toward meeting the goals established in the IRP.

(f) The LAB is responsible for establishment of the official municipal agency office and designation of hours of operation.

1. The office of the municipal agency shall be in a location accessible to the general public and adequate for efficient operation.

2. The office of the municipal agency shall be open to the public a minimum of three hours a day during the five-day work week to take applications for assistance and to provide emergency assistance. Additional arrangements shall be instituted by the LAB to ensure that someone is accessible to the public seven hours a day during the five-day work week to take applications for assistance and provide emergency assistance, and that persons in need of assistance are served without delay at times other than normal office hours.

i. Each municipal agency office shall be required to post a sign(s), in a conspicuous place(s), which lists the telephone number(s) and the person or agency available to handle emergencies beyond normal office hours.

(g) The LAB shall act as a body in discharging its duties. A board member shall not individually take upon himself or herself the responsibility for creation of policy, investigation of a client or disclosure of data contained in a case record. Actions taken by the LAB on all matters pertaining to the administration of WFNJ/GA shall be discharged by the board at regular or special meetings and recorded in the secretary's minutes. Functions and activities of the LAB include the study of employment possibilities in local industry, health, housing, and social conditions of the community. Analysis of municipal financial needs, insofar as they are related to WFNJ/GA, shall also be a matter of concern to the LAB.

1. The LAB shall undertake the following additional activities:

i. Seek and utilize opportunities to interpret to the community the purposes of the WFNJ/GA program as provided by law, and the needs of the community as revealed through the LAB's experience with the administration of the program;

ii. Confer with the director on concerns, criticisms or recommendations coming to it from citizens in the community;

iii. Meet with individuals and organizations interested in the administration of the assistance program;

iv. Accept and act upon complaints relating to the administration of the WFNJ/GA program when submitted to the board, in writing, prior to its meeting;

v. Review problem cases presented by the director for discussion; and

vi. Make recommendations as to the adequacy in number and qualifications of personnel for the administration of the program.

2. Specific duties of the local assistance board include, but are not limited to, the following:

i. The LAB shall provide space within the municipal office for the proper protection and maintenance of all reports, case records and any other materials essential to the administration of WFNJ/GA.

(1) Access to case records shall be granted by the LAB, through the agency director, only to the following persons: employees of the municipal agency acting in an official capacity; representatives of another recognized public or private health or welfare agency, organization or institution for the purpose of obtaining information relevant to providing service to a current or former recipient of WFNJ/GA or to a member of his or her family; the client or his or her representative, in accordance with N.J.A.C. 10:90-9.11 and authorized representatives of the DFD relevant to State audits and quality control reviews.

(2) As a matter of policy, only the agency director or the LAB, by formal action and for a just cause, shall authorize the removal of a case record from the office.

(3) Information may be released to authorized persons for statistical purposes but shall not bear the name of the public assistance recipient or any other indication of his or her identity; and

ii. Responsibility is vested in the LAB to safeguard the applicants for and/or recipients of public assistance from discrimination by municipal agency employees and vendors who provide services to clients. Any discrimination based upon race, color, sex, religious creed, national origin, marital or birth status, political beliefs or disability is unlawful and subject to appropriate action (see N.J.A.C. 10:90-1.7).

(h) Nothing in this section shall be construed so as to allow access to confidential information beyond that authorized in N.J.A.C. 10:90-1.11.

(i) In Faulkner Act municipalities where no LAB exists, the authority, duties and responsibilities of the LAB resides with the mayor or manager as applicable to the form of government. Functions of the secretary of the LAB are assumed by the municipal clerk.

Amended by R.1998 d.42, effective January 20, 1998.  
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

In (d)1, added a fourth sentence.

#### 10:90-12.10 Appointment of employees

Employees for the municipal agency shall be appointed by the governing body in accordance with municipal ordinances and in numbers adequate for the proper administration of the WFNJ/GA program. While the LAB shall appoint the agency director, the municipal governing body is responsible for the appointing of department staff.

**10:90-12.11 Establishment of Public Assistance Trust  
Fund Account**

(a) The governing body of the municipality shall establish a bank account titled "Public Assistance Trust Fund Account," with the municipal treasurer or other designated official as custodian (see N.J.A.C. 10:90-14.3).

(b) The governing body of the municipality may, at the request of the LAB, establish a Public Assistance Petty Cash Fund Account. Such fund shall be established and operated in accordance with N.J.A.C. 10:90-14.6.

**SUBCHAPTER 13. MEDICAL SERVICES FOR  
WFNJ SINGLE ADULTS AND COUPLES  
WITHOUT DEPENDENT CHILDREN  
(WFNJ/GA)**

**10:90-13.1 Payment of medical service claims**

(a) Claims resulting from medical services provided to WFNJ/GA recipients, on or after February 1, 1997, shall be processed and paid by the New Jersey Division of Medical Assistance and Health Services (DMAHS) through its fiscal agent, in accordance with the rules appropriate for the services rendered (see N.J.A.C. 10:49). Payment of claims submitted to the fiscal agent for medical services covered under the WFNJ/GA program shall be based upon the Medicaid reimbursement methodology for the respective services. Those medical services identified at (a)2 below shall not be considered eligible for payment by the fiscal agent for WFNJ/GA program purposes.

1. Medical service claims with service dates on or after February 1, 1997 shall be submitted directly to the fiscal agent by the medical provider/vendor for payment processing. The original claim must be received by the fiscal agent within the time frame of one year from the date the service was rendered or the product was provided. If the original claim is not received by the fiscal agent within the one year time frame the claim shall not be processed for payment.

i. The provider/vendor shall direct all concerns relating to the payment or processing of WFNJ/GA medical service claims to the fiscal agent.

(1) A provider/vendor may, however, contact the agency in which the WFNJ/GA recipient is receiving assistance to ascertain information concerning WFNJ/GA policies, coverage of services and/or eligibility.

ii. Medical service claims, except for prescription claims, with service dates prior to February 1, 1997 shall be processed by the county/municipality. Such claims, however, must be received by the county/municipality within a time frame of six months from the date the service was rendered in order for that claim to be considered eligible for payment processing.

2. The following services are not considered eligible medical services for WFNJ/GA program purposes and shall not be processed for payment by the fiscal agent:

i. Inpatient or outpatient hospital services/care provided in a hospital either in-State or out-of-State, including, but not limited to, psychiatric hospitals, acute care hospitals, special hospitals, rehabilitation hospitals, Christian Science sanatoria and county or State hospitals;

(1) Exception: Inpatient hospitalization at Mt. Carmel Guild in Newark is an eligible medical service for the WFNJ/GA program.

ii. Professional services rendered to residents in public/private medical institutions;

iii. Professional services to WFNJ/GA clients residing in residential treatment centers for drug or alcohol abuse;

iv. Nursing facility per diem payments for individuals residing in Medicaid approved nursing facilities;

(1) See N.J.A.C. 10:90-13.3 concerning per diem payments for WFNJ/GA clients residing in non-Medicaid nursing facilities on or prior to June 30, 1995;

v. Early and periodic screening, diagnosis and treatment (EPSDT) services;

vi. Services provided under a home and community based services waiver, in accordance with Section 1915(c) of the Social Security Act, 42 U.S.C. § 1396n;

vii. Managed care services;

viii. Transportation for medical services provided under contract with a vendor or through a contract with the county agency;

ix. Medical services payable through other health insurance coverage, no-fault insurance benefits, or any other type of insurance/benefit coverage;

(1) Medical service bills shall be submitted to the appropriate primary carrier prior to being submitted for payment consideration through the fiscal agent;

x. Methadone maintenance services;

xi. HealthStart maternity and pediatric care services including comprehensive medical and health support service packages;

xii. Hospice services provided in a nursing facility;

xiii. Maternity services provided by any type of provider including, but not limited to physicians, certified nurse specialists/clinical nurse practitioners, certified nurse-midwives and clinics;

xiv. Medical day care services;

xv. Medical bills, which have been paid by the client or on his or her behalf; and

xvi. Federally qualified health center encounter rates.

3. The director of the county/municipal agency may authorize payment of other medical insurance premiums.

4. Prior authorizations required under the Medicaid program shall also be applicable for WFNJ/GA program purposes.

5. The municipality shall be billed for the administrative costs associated with the processing and payment of WFNJ/GA medical service claims by the fiscal agent in accordance with the procedures set forth at N.J.A.C. 10:90-14.8.

Amended by R.1998 d.42, effective January 20, 1998.  
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

In (a)2, deleted former iii and recodified former iv through xvi as iii through xv.

Amended by R.1998 d.517, effective November 2, 1998.  
See: 30 N.J.R. 2417(a), 30 N.J.R. 3962(a).

In (a)2, added a new xvi.

Amended by R.1999 d.182, effective June 7, 1999.  
See: 31 N.J.R. 20(a), 31 N.J.R. 1508(a).

In (a)5, changed N.J.A.C. reference.

### 10:90-13.2 Obtaining medical services

(a) The county/municipality shall provide the WFNJ/GA recipient with a current validation card or letter which will be utilized to obtain treatment by a Medicaid participating provider/vendor. The agency shall supply a validation card or letter to each WFNJ/GA recipient at time of opening or reopening of the case and monthly thereafter to ensure validity through all periods of assistance eligibility. The size and layout of the validation card or letter are optional. Each card or letter must contain, at a minimum:

1. The name, address, phone number and four-digit municipality code of the agency;

2. The first and last name(s) of the client(s) for whom the card or letter applies;

3. The required six-digit case number and two-digit person number. If the case number does not contain six digits, zeros are to be placed in the front of the case number to accommodate the entry. A two-digit person number (that is, 01, 02, and so forth) must be used to identify the person in the eligible unit for whom the services are to be provided. The person number 01 should be used to reflect the person whose name appears on the case name and person number 02 reflects the person who resides with the case name person in a marital relationship or who represents themselves as a couple to the community;

4. The expiration date;

5. A notice to client as follows: This validation form indicates eligibility for WFNJ/GA benefits and is to be presented to the Medicaid participating provider when you require medical services; and

6. A notice to Medicaid participating provider/vendor as follows: Please complete the appropriate claim form according to Medicaid policies and procedures and forward the claim directly to the Medicaid fiscal agent for claim processing and payment.

(b) Claims for medical services eligible under the WFNJ/GA program shall be processed and paid by the fiscal agent when such services are provided by Medicaid approved providers.

1. When a WFNJ/GA recipient requires medical services from a provider and an appropriate clinic is not available to provide such services without charge, the client shall have the opportunity to select a Medicaid participating provider of his or her own choice. A representative of the agency may assist the client in obtaining an appropriate Medicaid participating provider.

Amended by R.1998 d.42, effective January 20, 1998.  
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

### 10:90-13.3 Travel costs for medical care

(a) The county/municipal agency shall authorize payment for travel costs necessary for the receipt of health services, provided that such transportation is not otherwise available without cost.

1. To the extent possible, such services shall be purchased directly from the vendor.

i. Payment may be made directly to the recipient when prior authorization for the expenditure has been obtained from the agency.

2. Payment shall not exceed the Medicaid rate, when appropriate, or the most reasonable rate for which service may be obtained.

New Rule, R.1998 d.42, effective January 20, 1998.  
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

### 10:90-13.4 Nursing facility payments

(a) The agency director shall authorize payments for patient care and allow for a personal needs allowance (PNA) for those clients who were residing in a non-Medicaid nursing facility on or prior to June 30, 1995 when a physician certifies that the client has a defect, disease, or impairment (other than psychosis) which necessitates such care, the client is not eligible for Medicaid, or for nursing facility services under the Medically Needy Program, and there is no person available who will provide such care without cost to the client. Those WFNJ/GA recipients shall continue to receive WFNJ/GA nursing facility benefits until such time as the WFNJ/GA nursing facility benefits are no longer required, or when the client is no longer eligible to receive such WFNJ/GA benefits as long as the client remains in the same non-Medicaid nursing facility.

1. Physician certification shall be accomplished by means of Form GA-18, Certification of Need for Patient Care in Facility Other than Public or Private General Hospital. This form shall be completed in duplicate, by the attending or staff physician and the operator or superintendent of the appropriate facility. One copy shall be submitted to DFD for determination of nursing facility care and subsequently, filed in the case record and the other copy shall be retained by the nursing facility or institution.

2. Payment to the non-Medicaid facility shall not exceed the rates established by DFD for that facility. The county/municipality shall contact DFD to obtain the per diem rate for room, board and nursing care. A PNA of \$35.00 per month shall be allowed to the resident.

i. To determine the all inclusive rate the agency shall be authorized to pay the non-Medicaid nursing facility, the agency shall calculate the non-Medicaid facility rate established by the DFD, times the number of days of care for the month, less the payment by or on behalf of the client. Each month the agency will obtain a current bill for all services rendered during the previous month.

(1) The agency shall authorize per diem payments for periods of up to 10 days during which the client is temporarily absent from the facility for hospitalization, or for periods of up to 25 days in a calendar year for therapeutic visits.

ii. Prescription drugs, laboratory, x-ray, physician, dental, podiatry services and supplies are not included in the nursing facility per diem rate. Payment for such services rendered shall be paid directly to the provider by the fiscal agent in accordance with the rules and regulations appropriate for the services rendered (see N.J.A.C. 10:49).

Recodified from N.J.A.C. 10:90-13.3 by R.1998 d.42, effective January 20, 1998.  
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

### 10:90-13.5 Medically needy

(a) Individuals and families who are ineligible for WFNJ/GA, WFNJ/TANF, the Refugee Resettlement Program or SSI, because their income exceeds the standards established for the applicable program may apply to the county/municipal agency on a monthly basis for assistance in paying excessive medical costs. The provisions of this subsection are not applicable to the payment of bills for inpatient or outpatient hospitalization or for medical services rendered to an inpatient or outpatient by a hospital or hospital clinic. Those individuals who appear to be potentially eligible for the Medically Needy Program shall be referred to that program. Except as stated in (b) below, any person found eligible under the provisions of that program is not eligible for benefits under this subsection.

(b) Elderly, blind or disabled individuals who are ineligible for the SSI Program, because their income exceeds the SSI standard, will be referred to the Medically Needy Program. That program, however, does not provide payment for prescribed drugs. Therefore, individuals not entitled to receive assistance in meeting the cost of drugs from any other source may apply to the county/municipal agency on a monthly basis for assistance in meeting excessive medical costs.

(c) When an individual's or family's income over and above the appropriate income level as explained in (d) below has been used to pay medical bills, any additional medical costs are considered excessive.

(d) For the purpose of determining excessive medical costs, the total available monthly income (see (e) below) of individuals, couples, or families with children is measured against the appropriate allowance standard. For elderly, blind, or disabled persons, the Medically Needy Program standard applies. For families with children, Schedule II applies (see N.J.A.C. 10:90-3.3(b)). For all others, Schedule IV (see N.J.A.C. 10:90-3.5(b)) or V (see N.J.A.C. 10:90-3.6(a)), as appropriate, applies. Information about the current standards may be obtained by contacting the Division of Family Development.

(e) Form WFNJ/GA-19 will be used to determine income and the amount of excessive medical costs. Monthly earned income is adjusted by deducting any earned disregard, as appropriate (see N.J.A.C. 10:90-3.8), plus any child care necessary for employment of the parent(s) and/or court ordered support payments; no further disregards are recognized. This adjusted amount added to any unearned income equals the total monthly income available to the eligible unit.

(f) When the appropriate standard ((d) above) is subtracted from the total available income, the difference or "surplus" is the amount of medical expenses the client is expected to pay him or herself. When the client has proof of paid medical bills in the amount of the "surplus," the agency shall provide payment for any unpaid medical costs in excess of the "surplus," in accordance with the regulations and rates set forth in this subchapter.

(g) N.J.A.C. 10:90-1.2 and 2.11(b) shall constitute the application process relevant to the medically needy. See also N.J.A.C. 10:90-3.22 regarding redeterminations.

New Rule, R.1998 d.42, effective January 20, 1998.  
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

## SUBCHAPTER 14. FISCAL PROCEDURES FOR WFNJ SINGLE ADULTS AND COUPLES WITHOUT DEPENDENT CHILDREN (WFNJ/GA)

### 10:90-14.1 Statutory authority

(a) Under the provisions of N.J.S.A. 44:8-111, the Commissioner is empowered to make and to enforce rules and regulations governing the provision of WFNJ/GA.