CHAPTER 85

GENERAL ASSISTANCE MANUAL

Authority

N.J.S.A. 44:8–111(d).

Source and Effective Date

R.1994 d.591, effective November 4, 1994.
See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

Executive Order No. 66(1978) Expiration Date

Chapter 85, General Assistance Manual, expires on November 4, 1999.

Chapter Historical Note

Chapter 85, General Assistance Manual, was originally adopted pursuant to authority of N.J.S.A. 44:8–107 et seq. and was filed and became effective prior to September 1, 1969. Revisions were filed and became effective on August 31, 1971, as R.1971 d.155. See: 3 N.J.R. 154(b), 3 N.J.R. 206(a). Further revisions were filed on October 21, 1976, as R.1976 d.334 to become effective on January 1, 1977. See: 8 N.J.R. 284(a), 8 N.J.R. 557(b). Subchapter 12, "Allowance and Income Standards", was added by R.1980 d.29, effective February 1, 1980. See: 11 N.J.R. 556(b), 12 N.J.R. 86(d). Subchapter 12 was amended by Emergency Rule R.1980 d.295, effective July 1, 1980. See: 12 N.J.R. 482(a). Pursuant to Executive Order No. 66(1978), Chapter 85 (Subchapters 1 through 6, and 10) was readopted as R.1983 d.328, effective July 25, 1983. See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a). Subchapter 12 was repealed by R.1985 d.81, effective March 4, 1985. See: 16 N.J.R. 3165(a), 17 N.J.R. 595(a). Pursuant to Executive Order No. 66(1978), Chapter 85 was readopted as R.1990 d.33, effective December 20, 1989. See: 21 N.J.R. 3221(a), 22 N.J.R. 218(a).

Pursuant to Executive Order No. 66(1978), Chapter 85 was readopted as R.1994 d.591. See: Source and Effective Date. See, also, section annotations.

Law Review and Journal Commentaries

Nursing Homes in the Garden State: A Legal Perspective. Janice Chapin, 141 N.J.Law. 38 (Mag.) (July/August 1991).

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS

10:85–1.1 Purpose of the General Assistance program
10:85–1.2 Administration of municipal welfare
10:85–1.3 Funding of the program
10:85–1.4 Policy of nondiscrimination
10:85–1.5 Disclosure of information
10:85–1.6 Purpose of the manual

SUBCHAPTER 2. ADMINISTRATIVE RESPONSIBILITIES OF THE MUNICIPALITIES

10:85–2.1 Statutory obligation to provide assistance
10:85–2.2 Establishment of local assistance board
10:85–2.3 Appointment of employees
10:85–2.4 Establishment of public assistance trust fund account
10:85–2.5 (Reserved)
10:85–2.6 Fraudulent receipt of assistance
10:85–2.7 Reporting criminal offenses to law enforcement authorities

SUBCHAPTER 3. ELIGIBILITY FOR ASSISTANCE

10:85–3.1 Persons eligible for General Assistance
10:85–3.2 Application process
10:85–3.3 Financial eligibility
10:85–3.4 Resources
10:85–3.5 Continuing eligibility
10:85–3.6 Recoupment of overpayments

SUBCHAPTER 4. GENERAL ASSISTANCE PAYMENTS

10:85–4.1 State and local responsibilities
10:85–4.2 Periods for which assistance is granted
10:85–4.3 Methods of payment
10:85–4.4 Designation of a temporary payee
10:85–4.5 Changes in need while assistance is being received
10:85–4.6 Emergency assistance
10:85–4.7 Homemaker service
10:85–4.8 Funeral and burial expenses
10:85–4.9 (Reserved)

SUBCHAPTER 5. MEDICAL CARE

10:85–5.1 Medical service payment
10:85–5.2 Procedure for payment of medical bills
10:85–5.3 Travel costs for health care
10:85–5.4 Medical care for recipients with chronic renal failure
10:85–5.5 SSI application pending
10:85–5.6 Pharmaceutical payments through DMAHS
10:85–5.7 (Reserved)

SUBCHAPTER 6. FISCAL PROCEDURES

10:85–6.1 Statutory authority
10:85–6.2 State financial participation
10:85–6.3 Public Assistance Trust Fund Accounts
10:85–6.4 Fiscal and statistical reporting requirements
10:85–6.5 Reimbursement of assistance for cases pending SSI entitlement
10:85–6.6 Establishment of Petty Cash Fund Account
10:85–6.7 Retention and destruction of case records
10:85–6.8 Pharmaceutical payments
10:85–6.9 Computerized match reports

SUBCHAPTER 7. NOTICES AND HEARINGS

10:85–7.1 General provisions
10:85–7.2 Notices to applicants or recipients
10:85–7.3 Local hearing
10:85–7.4 State fair hearing
10:85–7.5 Processing State hearing requests
10:85–7.6 Emergency fair hearings

SUBCHAPTER 8. REFERRAL TO OTHER AGENCY PROGRAMS

10:85–8.1 General provisions
10:85–8.2 Referral to county welfare agency
10:85–8.3 Referral to SSA district office
10:85–8.4 Referral to State agencies
10:85–8.5 Referral to Department of Veterans' Affairs
10:85–8.6 Referral to other agencies

SUBCHAPTER 9. LEGALLY RESPONSIBLE RELATIVES

10:85–9.1 General provisions
10:85–9.2 Available support
10:85–9.3 Evaluating LRR's capacity to support
10:85–9.4 Determining amount of support
10:85–9.5 Acceptance forms of support
10:85–9.6 Reevaluation of LRRs

New Jersey State Library

SUBCHAPTER 10. GENERAL ASSISTANCE EMPLOYABILITY PROGRAM

10:85–10.1 Work assignments: "Workfare"
10:85–10.2 Municipal worksite agreements
10:85–10.3 Location of worksite activity
10:85–10.4 Scheduling worksite assignments
10:85–10.5 Types of work allowable under worksite activities
10:85–10.6 Compliance
10:85–10.7 Good cause
10:85–10.8 GAEP reporting requirements

SUBCHAPTER 11. GLOSSARY

10:85–11.1 Acronyms
10:85–11.2 Definitions

SUBCHAPTER 12. EFFICIENCY AND EFFECTIVENESS OF PROGRAM OPERATIONS

10:85–12.1 Authority of the Commissioner
10:85–12.2 Action of the State to assume direct administration

APPENDIX A (RESERVED)

APPENDIX B AGREEMENT OF COOPERATION

APPENDIX C GENERAL ASSISTANCE EMPLOYABILITY PROGRAM

APPENDIX D ALIEN VERIFICATION REQUEST FORM

SUBCHAPTER 1. GENERAL PROVISIONS

10:85–1.1 Purpose of the General Assistance program

(a) General Assistance is a program under which financial and medical aid is provided by municipal departments of welfare to persons who are citizens of the United States or who have eligible alien status and are currently ineligible for participation in any other public assistance program in New Jersey.

(b) Each municipality in New Jersey is required by law (Chapter I of Title 44, Revised Statutes) to provide financial assistance and medical care to all eligible persons residing in the community at the time of application and not otherwise provided for under the laws of this State and to such other persons who may be in the municipality and require emergency assistance. (See N.J.A.C. 10:85–3.2(f) for definition of resident and N.J.A.C. 10:85–4.6 for emergency assistance.)

1. The General Assistance Manual is a compilation of rules based on State law (Chapter 8 of Title 44, Revised Statutes) which govern the provision of assistance to eligible needy persons by all municipalities and authorize 100 percent State funding for non-administrative costs incurred by those municipalities in the administration of the General Assistance program.

(c) The General Assistance program shall be administered by the municipality's director of welfare, under the supervision of the local assistance board. The director shall be responsible for the determination of applicant eligibility in accordance with State law and regulations.

(d) There must be strict adherence to State law and regulations. Requirements other than those established pursuant to State law and regulations shall not be imposed as a condition to receiving assistance.

(e) Any person who is in need and believes him/herself to be eligible for general assistance shall be given the opportunity to apply (see N.J.A.C. 10:85–7.1(b)).

(f) An applicant or recipient shall have the right to appeal any action on the part of the municipal welfare department which results in a denial, reduction or termination of assistance; amount of grant or designation of temporary payee. (See subchapter 7, Notices and Hearings).

(g) Financial assistance for maintenance requirements or other needs, including medical assistance, shall not be authorized through General Assistance when, during the same period, such needs are actually being provided by any other source.

1. Receipt of food stamp benefits shall not constitute duplication of assistance.

2. Receipt of duplicate assistance from more than one MWD in any one month shall render the client ineligible for General Assistance benefits for a period of 90 days beginning with the month subsequent to the month in which the benefit infraction was identified. Sanctions imposed are for additional/cumulative periods of ineligibility for each infraction.

i. Client payment records from the various MWDs shall provide the necessary documentation to initiate the 90 day penalty.

3. The following situation shall be included as duplicative assistance within the meaning of the penalty provisions stipulated in this subsection:

i. General Assistance benefits received from any MWD during any imposed sanction period, such as set forth at N.J.A.C. 10:85–3.2(g)7.

Amended by R.1978 d.171, effective July 1, 1978.
See: 10 N.J.R. 150(a), 10 N.J.R. 285(b).
Amended by R.1978 d.420, effective December 12, 1978.
See: 10 N.J.R. 284(c), 11 N.J.R. 17(d).
Amended by R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 7378(a).
Originally adopted as an Emergency Adoption as R.1983 d.209, effective May 23, 1983, operative June 1, 1983.
N.J.A.C. citation corrected.
Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).

At (b)1, 100 percent State funding of non-administrative costs; at (g)2, 90–day ineligibility penalty and sanctions established.
Amended by R.1992 d.503, effective December 21, 1992.
See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).
Only U.S. citizens eligible; (g)3 added, defining duplicative assistance.
Amended by R.1993 d.382, effective August 2, 1993.
See: 25 N.J.R. 1714(a), 25 N.J.R. 3466(a).

Case Notes

See Gilbert v. Tull, 145 N.J.Super. 53, 62, 366 A.2d 1012 (Law Div.1976) (general statement of purposes of program).

10:85–1.2 Administration of municipal welfare

(a) Each municipality shall have a legally constituted local assistance board (LAB) unless such board has been discontinued or abolished. (See N.J.A.C. 10:85–2.2(a)1). When an LAB exists, it shall consist of unsalaried citizens appointed by the chief executive of the municipality with the approval of the governing body. The Board shall meet at regular intervals, not less than four times a year, and shall oversee the municipality's General Assistance program, as administered by the Director of Welfare. (See also N.J.A.C. 10:85–2.2).

(b) Each municipality shall have a director of welfare, who has been legally appointed by the local assistance board as the salaried employee responsible for the administration of the municipality's General Assistance program. Appointments to the position of welfare director shall be approved by the Division of Family Development prior to consideration for State aid. (See also N.J.A.C. 10:85–2.2(d).) The director of welfare shall be the chief executive and administrative officer of the board, but shall not be a member of such board. A permanently appointed director of welfare shall, therefore, not concurrently serve as a member of the local assistance board (LAB) and hold the position of welfare director. This provision is not applicable to temporary appointees as set forth at N.J.A.C. 10:85–2.2(d)3ii.

(c) The municipality must have a public assistance trust fund bank account which is clearly and separately identifiable from other municipals funds. The account shall be reserved exclusively for the receipt, accumulation, and disbursement of nonadministrative funds (including funds granted as State aid) used in the General Assistance program. (See also N.J.A.C. 10:85–6.3).

(d) The administration of general assistance must be free from involvement in partisan political activity. The director of welfare shall not hold any political office, nor use his/her position to influence the political actions of any other person, nor be permitted to solicit, collect or receive political contributions of any nature. (See also N.J.A.C. 10:85–2.2(d)6).

(e) Municipalities shall administer General Assistance in conformance with standards, policies, procedures and rules developed by the Division of Family Development. This requirement shall include adherence to additional policy directives as distributed by official letters signed by the Director of the Division of Family Development, as well as to the rules set forth in this manual.

Amended by R.1982 d.61, effective March 15, 1982.
See: 13 N.J.R. 301(a), 14 N.J.R. 281(b).
(a): Deleted "consisting" and added "unless such board ... it shall consist".
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.
Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
Reference to State participation deleted.

Case Notes

Involvement of administrators in partisan political activity.

State v. Malone, 16 N.J.Super. 383, 84 A.2d 745 (Ch. Div.1978).

10:85–1.3 Funding of the program

Municipalities shall be provided 100 percent State funding for non-administrative costs expended in compliance with State standards in the administration of the General Assistance program.

Amended by R.1978 d.171, effective June 1, 1978.
See: 10 N.J.R. 150(a), 10 N.J.R. 285(b).
Amended, by R.1978 d.217, effective June 30, 1978.
See: 10 N.J.R. 345(b).
Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
State funds 100 percent of administrative costs.

10:85–1.4 Policy of nondiscrimination

(a) Eligibility for program benefits shall be determined without regard to race, color, sex, religious creed, marital or birth status, national origin, political beliefs, or disability.

1. Purchase of services: The municipality shall not purchase services for beneficiaries of the program from any organization, agency, or institution which practices discrimination.

i. The director shall notify appropriate vendors of this policy.

(1) Official statement on invoices: The director shall see that the following statement appears on all official invoices used in the municipality's General Assistance program:

Services are provided to all recipients without regard to race, color, sex, religious creed, marital or birth status, national origin, political beliefs, or disability.

ii. Evidence of noncompliance by vendor: If the municipal welfare director shall become aware of the employment of discriminatory practices by any vendor with whom general assistance business is conducted, the matter shall be promptly referred to the Director of the Division of Family Development.

2. Notification of staff: The director of welfare shall inform his or her staff of the policy of nondiscrimination in the administration of the General Assistance program.

3. Complaint procedure: Any person seeking or receiving general assistance, who feels that he or she has been discriminated against, shall be given the opportunity to file a complaint.

i. Filing the complaint: The aggrieved person may file his or her complaint directly with the Division of Family Development, CN 716, Trenton, New Jersey 08625. If a complaint has been filed with the local agency, it shall be forwarded immediately to the Division of Family Development. All complaints are to be addressed to the attention of the Division Director.

ii. Action by the Director of the Division of Family Development (DFD): Upon receipt of a complaint, the Director shall take whatever action he or she deems appropriate. This action may include, but is not limited to, the securing of reports from whatever sources may have knowledge pertinent to the situation, and/or referral to the Division on Civil Rights of the Department of Law and Public Safety for investigation, evaluation and recommendation.

iii. Cooperation by the municipal welfare director: The municipal director of welfare shall cooperate fully with any agency investigations involving alleged discrimination.

iv. Final disposition of the complaint: The Director of the Division of Family Development shall be responsible for the final disposition of any complaint involving discrimination. In rendering a final decision, the Director shall take into consideration relevant decisions or actions on the part of a court or government agency. v. Implementation of final disposition: The municipal director of welfare shall comply with the final decision of the director regarding the disposition of the discrimination complaint. If staff disciplinary action is required by the decision, the municipal director of welfare shall take such action.

Amended by R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Adoption as R.1983 d.209, effective May 23, 1983, operative June 1, 1983. Address correction.
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.
Amended by R.1994 d.591, effective December 5, 1994.
See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

10:85–1.5 Disclosure of information

(a) The municipal welfare department shall restrict the use or disclosure of information concerning applicants or recipients to persons directly connected with the administration of the General Assistance program whose official duties require access to the information. Municipal officials and appointees, members of the governing body and municipal employees not under the jurisdiction of the municipal welfare director are not permitted such access.

(b) Allowable disclosure of information: The municipal welfare department shall release information concerning an applicant or recipient in the following situations only:

1. Judicial summons: A staff member shall provide such testimony as may be mandated by a court of competent jurisdiction.

2. Waiver of confidentiality: If an applicant or recipient chooses to waive, in writing, his/her right to confidentiality of information, the municipal welfare department shall make disclosure of information to the extent specifically authorized by the waiver.

3. Fair hearings: Pertinent information and records shall be released to the parties directly involved upon request for a local or State fair hearing.

4. Release of lists of names and addresses: The furnishing of any lists of names and addresses, or both, for purposes not directly involved in the administration of general assistance is specifically prohibited; however, this shall not preclude furnishing information by list (or otherwise) to other municipal, State, or Federal agencies lawfully charged with the administration of public welfare functions or services, for the purpose of such administration only.

5. Quality control reviews: Information in connection with a quality control review or State audit shall be furnished to authorized representatives of the Division of Family Development.

6. Information necessary to the performance of regular or special audits by State staff or by the municipality's registered municipal accountant (RMA).

As amended, R.1982 d.61, effective March 15, 1982.
See: 13 N.J.R. 301(a), 14 N.J.R. 281(b).
(a): Added "whose official duties ... access."
Amended by R.1988 d.146, effective April 4, 1988.
See: 19 N.J.R. 2376(b), 20 N.J.R. 809(b).
Added (b)6.
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.

10:85–1.6 Purpose of the manual

(a) The purpose of this manual is to outline the policies and procedures applicable to the administration of and eligibility requirements for general assistance.

(b) The director of welfare shall assign copies of this manual to administrative staff and to other staff working with applicants and recipients, as appropriate. The director shall ensure that each staff member is thoroughly familiar with its contents and that the required policy and procedures are consistently applied.

(c) Each holder of the manual shall be responsible for maintaining a current and up-to-date manual. The Division of Family Development shall issue revisions and changes, as necessary; the manual holder shall insert new material and remove obsolete pages promptly.

1. Retention of obsolete material: The director of welfare shall retain one copy of obsolete manual material for administrative purposes.

(d) This manual is a public document and shall be made accessible in the following manner:

1. Available for review: Copies of the manual are available for review in the State office of the Division of Family Development and in each municipal welfare department for examination and review during regular office hours on normal working days.

2. Fair hearings: Specific policy material necessary for an applicant, recipient or his/her representative to determine whether a local or State hearing should be requested, or to prepare for a hearing, shall be provided by the municipal welfare department to such persons without charge.

3. Libraries: All public and university libraries which have agreed to keep the manual up-to-date shall have a copy available under their regulations.

4. Legal services: Each legal services office shall be furnished with a copy of this manual.

5. Service organizations: Welfare, social service, and other nonprofit organizations shall be furnished with a copy of this manual, at no cost, upon receipt by the Division of Family Development of an official, written request.

6. Individuals: A current up-to-date copy of the manual, or any part of it, shall be available from the Division of Family Development, at the cost of printing and mailing, to anyone who requests such in writing.

(e) All supplementary State policy directives shall be routinely sent to those who have been supplied with the manual. A mailing list shall be maintained by the Division of Family Development.

Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.

SUBCHAPTER 2. ADMINISTRATIVE RESPONSIBILITIES OF THE MUNICIPALITIES

10:85–2.1 Statutory obligation to provide assistance

It is the basic obligation of every municipality in the State to provide financial assistance and medical care, to the extent established by State regulations and as State resources permit, for all eligible persons living in that community who are in need. This essential obligation is embodied in N.J.S.A. chapter 1 of Title 44.

As amended, R.1978 d.171, effective June 1, 1978.
See: 10 N.J.R. 150(a), 10 N.J.R. 285(b).
As amended, R.1978 d.217, effective June 30, 1978.
See: 10 N.J.R. 345(b).
Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
State funds 100 percent of administrative costs.
Amended by R.1992 d.503, effective December 21, 1992.
See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).
Benefits contingent on State resources and eligibility.

Case Notes

Obligation to provide assistance. Faison v. Green, 171 N.J.Super. 341, 344, 409 A.2d 282 (App.Div.1979).

10:85–2.2 Establishment of local assistance board

(a) Statutory requirements: The law stipulates that each municipality shall appoint a local assistance board (LAB); specifies the composition of the board and the terms of office; empowers the LAB to appoint a director of welfare; and authorizes the municipality to appoint any other necessary employees. These requirements are mandatory upon every municipality. Where the establishment of a LAB is not a requirement under a Faulkner Act municipality, the entity or official designated to serve instead of the LAB shall be so recognized. Therefore, the designated alternate shall represent, in meaning, the LAB as set forth throughout this chapter except in LAB membership composition and/or other duties that are not appropriate under such structure.

1. Faulkner Act Municipalities: Municipalities governed under an optional form of government pursuant to the Faulkner Act are referred to in this manual as Faulkner Act municipalities. During the transition period to such optional form, the municipal governing body will determine whether the LAB is to be continued or abolished and will act accordingly. After the transition period the governing body may abolish the LAB only by adoption of the appropriate ordinance. (See N.J.A.C. 10:85–2.2(g), Duties of LAB).

(b) The LAB shall be composed of either three or five members, as determined by the municipal governing body. On both a three-member board and a five member board, at least one member must be a woman. While it is not mandatory for a member of the municipal governing body to serve on the LAB, the law prohibits the appointment of more than one such member. Members of the LAB shall serve without compensation but will be allowed necessary and actual expenses.

1. In Faulkner Act municipalities, the municipal governing body may, by adoption of an appropriate ordinance, reorganize the LAB and/or adjust the terms of

office of the members. In such event, the LAB shall, nonetheless, be composed as described in this section.

2. Terms of office rules are:

i. Municipalities with a board of three members: The term of one member shall be for one year only, and such one-year term must be assigned to the member of the municipal governing body if there is one. The other two members serve terms of two years each, with expiration dates staggered in order to expire at the end of alternate years.

ii. Municipalities with a board of five members: One member shall serve a term of one year only, and such one-year term must be assigned to the municipality governing body representative if there is one. The other four members serve terms of four years each. Such terms are staggered in order that only one expires at the end of each successive year.

iii. The term of each member of the LAB shall begin on January 1. When a vacancy occurs before the expiration of a term, the new member serves only the unexpired portion of the term of the person he/she is replacing.

iv. When circumstances such as illness or a governmental irregularity preclude timely appointment of a new member, the incumbent shall continue until such new appointee can take office.

v. Annually at the first of each year, each LAB shall organize and select, from among its membership, a chairman and a secretary. The director of welfare shall be the chief administrative officer of the board.

(c) Certification to the Division of Family Development (DFD)/General Assistance Program (GAP) Unit (DEA/GAP Unit): Each municipality shall submit annually a certification form, Status Report for Calendar Year (Form GA–15), to the DFD/GAP Unit signed by the municipal clerk and attesting to the appointment of the board members, if any, and the director of welfare. The director of welfare shall be responsible for informing the municipal clerk and other appropriate local officials regarding the required certification, and arranging for the completion of the Status Report and filing same with the DFD/GAP Unit on or before March 1 of the year to which the certification applies.

1. Prior to January 1 of the next calendar year, three copies of Form GA–15, with necessary instructions, will be distributed by the DFD/GAP Unit to welfare directors.

2. Failure to submit certification: Municipalities which fail to submit the required certification in accordance with specified instructions will not be eligible to receive State financial aid for the ensuring year.

(d) Rules concerning the appointment of the director of welfare are:

1. Power to appoint: Under law, the LAB is solely responsible for the appointment and reappointment of a director of welfare. Appointment shall be by formal action of the board at a regular or special meeting and such action duly recorded in the minutes. All appointments and reappointments to the position of director of welfare require the approval of the DFD (see (d)4 below).

2. Qualifications for director:

i. Regardless of the population of a municipality, the duties of a director of welfare are such that it is essential that the LAB select a person who has the respect of the community, is concerned about needy persons and has had training and experience in the public or private welfare field.

ii. A candidate for director should have education and experience commensurate with the duties of the office and the administrative responsibilities necessitated by the extent of the general assistance caseload. Graduation from a college or university and/or courses for credit in public welfare administration or social work are desirable qualifications. However, consideration may be given to a candidate who has at least graduated from high school, and has had two years experience in public or private welfare work or equivalent experience in such related fields as teaching, guidance, nursing or personnel work.

iii. In situations where the LAB cannot locate a candidate possessing the qualifications enumerated above but nevertheless has a candidate whom it believes capable to function adequately as a director of welfare, action may be taken as provided in (d)4iii below.

3. Terms of appointment: The director of welfare shall be appointed for a full term of five years or a temporary term not to exceed 90 days. Appointment for any other period is prohibited.

i. Full-term appointments: A full-term appointment shall be for a period of five years, beginning from the date of appointment. When a vacancy occurs and a new director is duly appointed and approved before the expiration of a previous director's term, the new appointee's term of office begins on the date of his/her appointment and continues for five years; it is not limited to the unexpired term of his/her predecessor.

ii. Temporary appointments: In case of a vacancy in the office of director of welfare, one temporary or acting director may be appointed for a term not to exceed 90 days. Such appointment is not subject to extension or renewal.

(1) Note: A protracted illness of whatever duration, so long as it does not exceed the individual's term of office, shall not be construed as a vacancy; however, the LAB may appoint an acting director where necessary. The prohibitions of (d)6 below apply to acting directors. Members of the municipal governing body are not eligible for appointment as acting directors.

(2) The temporary appointee may be a member of the LAB, preferably the chairman, a subordinate employee of the welfare agency, or any other person deemed competent to serve as temporary director and so designated by the LAB. The prohibitions of (d)6 below apply to temporary appointees. Members of the municipal governing body are not eligible for temporary appointment.

(3) The appointment of a temporary director of welfare is an interim measure to ensure the efficient functioning of the welfare agency until a full-term director can be appointed by the LAB and approved by the DFD. The LAB is required to notify the DFD immediately, in writing, of the name and address of the temporary designee and the date he or she has or will take office. If the temporary director is not to be selected for a full five year term, it is not necessary to submit Form GA–14, Request for State Approval of Municipal Welfare Director.

iii. Reappointments: Reappointment of an incumbent director at the expiration of a current five-year term is solely the responsibility of the LAB. Upon decision of the board to reappoint the incumbent for a full five-year term, the secretary of the LAB will notify the DFD. After receipt of DFD approval, formal action will be taken at a regular or special board meeting and duly recorded in the minutes. In such case, submittal of another Form GA–14 to the DFD is not necessary.

(1) Should the Lab decide not to reappoint the incumbent director, or should he or she decline reappointment, it shall be the responsibility of the board to select promptly a new full-term candidate and to secure approval of the DFD (as described in (d)4 below) or to designate a temporary director while a qualified full term candidate is being sought.

(2) Regardless of the type of appointment made, the LAB shall act to assure that the position of director does not remain vacant at any time.

iv. Removal from office: Removal of the director from office must be by official action of the LAB and based upon appropriately documented evidence of mismanagement or wrongdoing.

4. Procedure for State approval of new appointees: Formal appointment to the position of director for a full term is valid only after the candidate's qualifications have been submitted to and approved by the DFD/GAP Unit.

i. Submittal of Form GA–14, Request for State Approval of Municipal Welfare Director: For purposes of securing State approval of a full-term candidate designated by the LAB, the individual shall prepare, in triplicate, Form GA–14, Request for State Approval of Municipal Welfare Director, which is certified by the secretary of the LAB. The original shall be submitted to the DFD/GAP Unit for approval. Copies will be retained in the board's personnel file and by the candidate. (Form GA–14 is available upon request from the DFD.)

ii. After receipt of Form GA–14 by the DFD/GAP Unit, the candidate will be interviewed by a representative of that unit. Questions relevant to the candidate's qualifications will be reviewed with the chairperson of the LAB. A written decision regarding the candidate's qualifications and the DFD/GAP Unit's approval or disapproval will be sent to the secretary of the LAB.

iii. While it is preferable that a candidate for the position of full-term director possess all of the requisite education and experience, the LAB, after failure to find a properly qualified person (see(d)2 above), may recommend an otherwise qualified individual. In such instance, the secretary of the LAB shall submit the Request for State Approval of Municipal Welfare Director, accompanied by a letter which includes an account of the efforts made to locate a qualified candidate, the reasons for which the candidate merits consideration, and indication of his or her intention to take advantage of available opportunities for additional training or study.

iv. If the qualifications of a new candidate for the full term position of director have been duly approved by the DFD prior to the expiration date of the term of the incumbent director, the LAB may formally appoint the candidate for the full term of office without making an initial "temporary appointment".

5. Duties and responsibilities of the director of welfare: The municipal director of welfare is responsible for ensuring equitable and efficient administration of General Assistance within the community, in accordance with standards and policies set forth in this chapter. The director of welfare is accountable to the LAB. His or her duties and responsibilities include the following:

i. Determination and redeterminations of eligibility of applicants for and recipients of general assistance, and determination of the nature and amount of grant entitlement.

ii. Initiation of action to help clients obtain an adequate standard of living, receive essential aid through other agencies or individuals and become self-supporting.

iii. Arrangements for the custodial care by the State, county or competent persons of clients when it is

in the best interest of such individuals and the community.

iv. Direction of daily and overall operations of the local agency, including maintenance of records for accounting and statistical purposes relevant to the public assistance program.

v. Supervision of other personnel employed by the local agency.

vi. Functioning as liaison officer between the LAB and the DFD.

vii. Maintenance and protection of all records and appropriate documents required by the DFD.

6. Prohibition to engage in political activities: The director of welfare or any employee of the municipal welfare department shall not:

i. Hold any elective governmental office, be a member of a county committee of any political party, serve on a local election board, or hold office in a political club. These limitations are not relevant to elections or positions which are clearly outside of the political process such as local school board elections;

ii. Make political speeches or participate in political canvassing;

iii. Do clerical work connected with a political campaign for any candidate or party;

iv. Participate in political activity on election day, except for casting his/her personal ballot;

v. Divulge, or make available for political purposes, the names of persons receiving general assistance;

vi. Engage in any political activity for the purpose of influencing the political action of or in any way exploiting applicants for or recipients of general assistance;

vii. Directly or indirectly demand, solicit, collect or receive or be in any manner concerned in demanding, soliciting or receiving any assessment, subscription or contribution, whether voluntary or involuntary, intended for any political purpose;

viii. The law provides that individuals in violation of these regulations are, upon conviction, subject to forfeiture of position or employment, and shall further be punished by a fine of not more than $500.00 or by imprisonment for not more than one year.

(e) The salary of the director of welfare shall be set by the LAB, subject to approval of the municipal governing body. The setting of salaries of other employees shall be the responsibility of the governing body.

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

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

2. Days and hours: The office of the municipal welfare department shall be open to the public during the five-day work week at hours specified by the LAB. Additional arrangements shall be instituted by the LAB to ensure that persons in need of assistance are served without delay at times other than normal office hours.

i. Each MWD office shall be required to post a sign(s), in a conspicuous place(s), which lists the telephone number(s) and person(s) who shall be 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 General Assistance 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 General Assistance, shall also be a matter of concern to the LAB.

1. Additional activities: The LAB shall undertake the following additional activities:

i. Seek and utilize opportunities to interpret to the community the purposes of the general assistance 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 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 general assistance when submitted to the board, in writing, prior to its meeting.

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

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

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

i. Maintenance and protection of records: The LAB shall provide space within the MWD office for the proper protection and maintenance of all reports, case records and any other materials essential to the administration of general assistance.

(1) Access to case records shall be granted by the LAB, through the director of welfare, only to the following persons: employees of the MWD 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 general assistance or to a member of his or her family; the client or his or her representative, in accordance with N.J.A.C. 10:87–7.3(b)5; and authorized representatives of the DFD relevant to State audits and quality control review, (see also N.J.A.C. 10:85–1.5(b)).

(2) As a matter of policy, only the director of welfare 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/her identity.

ii. Assurance of nondiscrimination: Responsibility is vested in the LAB to safeguard the applicants for and/or recipients of public assistance from discrimination by MWD 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. 10:85–1.4).

(h) Nothing in this section shall be construed so as to allow access to confidential information beyond that authorized in N.J.A.C. 10:85–1.5(a).

(i) In Faulkner Act municipalities where no LAB exists, the authority, duties and responsibilities of the LAB are assumed by the municipal governing body except as specifically indicated in this chapter. Functions of the Secretary of the LAB are assumed by the municipal clerk.

As amended, R.1980 d.11, effective February 1, 1980.
See: 11 N.J.R. 506(b), 12 N.J.R. 86(a).
(c): Changed form title.
As amended, R.1980 d.505, effective November 19, 1980.
See: 12 N.J.R. 584(b), 13 N.J.R. 17(c).
(d)3ii add (1) "The prohibitions ... acting directors." Renumber (1) as (2) and added "The prohibitions ... appointment." Renumber (2) as (3).
As amended, R.1981 d.98, effective April 9, 1981.
See: 13 N.J.R. 96(b), 13 N.J.R. 228(b).
(c) "Certification to ... BLO):" added.
(c)1 and 2: "BLO" was "BMS".
As amended, R.1982 d.61, effective March 15, 1982.
See: 13 N.J.R. 301(a), 14 N.J.R. 281(b).
Section substantially amended.
As amended, R.1982 d.492, effective January 17, 1983.
See: 14 N.J.R. 1144(a), 15 N.J.R. 92(b).
Deleted language which inappropriately granted that DPW authority to approve or disapprove continuation in office of a local assistance board member when a replacement has not been appointed within 30 days.
As amended, R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209, effective May 23, 1983, operative June 1, 1983.
N.J.A.C. citation corrected.
Correction: (d)6i had missing text.
See: 19 N.J.R. 307(b).
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.
Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
Alternate designated under Faulkner Act represents the LAB; State funds 100 percent of administrative costs; posting of after-hours information required.
Amended by R.1994 d.591, effective December 5, 1994.
See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

Case Notes

Faison v. Green, 171 N.J.Super. 341, 346, 409 A.2d 282 (App. Div. 1979).

Elected officials prohibited from administering general assistance program. State v. Malone, 164 N.J.Super. 47, 53 (Ch. Div. 1978).

10:85–2.3 Appointment of employees

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

10:85–2.4 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. 10:85–6.3.)

(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. 10:85–6.6.

(c) The municipal welfare director shall arrange for a duplicate check to be issued within five working days of receipt of notification from the client that his or her assistance check has been lost or stolen, unless extraordinary circumstances are present and a longer period of time is approved by the Division of Family Development. The client shall complete an affidavit stating that he or she did not receive or endorse the check. The agency shall file a stop payment order with the bank.

As amended, R.1979 d.281, effective October 1, 1979.
See: 11 N.J.R. 247(c), 11 N.J.R. 383(d).
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.

10:85–2.5 (Reserved)

Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.
Repealed by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
Text on Request for State Administration deleted.

10:85–2.6 Fraudulent receipt of assistance

(a) To protect the local assistance agency and the public, it is essential to exercise appropriate controls against the commission of fraud. Likewise, the individual's rights must be protected on the basis that a person is presumed innocent until proven guilty.

1. Applicant/recipient suspected of fraud: Resolution of the question of possible fraud requires the cooperation of the recipient to protect his/her own interest; failure or refusal to cooperate is grounds for denial or termination of assistance.

i. Recipient: If the recipient continues to cooperate with the MWD in its investigation regarding eligibility, assistance shall be continued while the suspected fraud is under review by the agency or law enforcement authority.

ii. Applicant: If substantial evidence of fraud appears during investigation of an application for assistance, disposition of the application shall be deferred pending resolution of the issue.

2. Criteria for identifying cases of possible fraud:

i. Definition of fraud: Fraud is defined as obtaining or attempting to obtain payments of assistance to which an individual is not entitled, by means of willful misrepresentation or by intentional concealment of a relevant fact. There are three basic elements which must be established:

(1) The misrepresentation or concealment must have been deliberate and done knowingly. Fraud does not exist if the misrepresentation or concealment is the result of an unintentional act, a misunderstanding or mental incompetency. Distinction must also be made between intent to defraud by the individual and omission, neglect or error by the MWD in securing and recording information.

(2) The misrepresentation or concealment must have been undertaken for the express purpose of receiving or obtaining benefit from, or attempting to receive or obtain benefit from, a payment of assistance to which the individual was not entitled.

(3) If the misrepresentation or concealment, or attempt to misrepresent or conceal a relevant fact, had been known to the MWD, assistance would not have been granted or would have been granted in a lesser amount.

ii. Evidence of fraud: The evidence to establish these points must be factual and capable of being demonstrated in a court of law through the testimony of witnesses or by documentary evidence.

3. Limitations of MWD responsibility: The role of the municipal welfare agency is limited to responsibility for determining whether there is a basis in fact for believing that fraud may have been committed, so that referral to the county prosecutor or other proper law enforcement official for legal action is justified. The action taken by the law enforcement official following referral determines what further legal action shall be pursued. Whether or not fraud has actually occurred is a question for the court.

4. Recoupment of overpayments for willful withholding of information or when fraud has been proven through the courts shall be performed in accordance with N.J.A.C. 10:85–3.6(a)1.

Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
Recoupment reference added at (a)4.

Case Notes

Faison v. Green, 171 N.J.Super. 341, 346 (App. Div. 1979).

10:85–2.7 Reporting criminal offenses to law enforcement authorities

(a) Investigation of new applications or investigations for redetermination of eligibility may indicate to the municipal welfare department that a crime may have been committed. Allegations of the suspected commission of a crime may also be made known through various other sources, for example, phone calls, written communications, verbal communications from individuals, etc. In matters of reporting of criminal offenses, the municipal welfare agency shall, at all times, maintain full compliance with the provisions of N.J.A.C. 10:85–1.5, dealing with basic principles for safeguarding of information.

1. Nature of offenses which must be reported are:

i. To local authorities: Arson, manslaughter, murder or any crimes which constitute crimes of the third, second and first degrees, such as atrocious assault and battery, carnal abuse, incest or rape. (Refer to legal counsel for additional information identifying crimes of the third, second and first degrees.)

ii. To the Division of Youth and Family Services—If any of the following conditions appear to exist regarding a child, the case shall immediately be referred to the Division of Youth and Family Services (DYFS) for appropriate action. The MWD shall provide DYFS with available information and will cooperate as necessary.

(1) Physical or sexual abuse or cruel treatment.

(2) Exploitation by prostitution or overwork, having the child beg or involving the child in illegal activities.

(3) Neglect as shown by apparent malnutrition or lack supervision necessary for the health and safety of the child.

NOTE: In the event of any indication that the death of a child resulted from abuse or neglect, such matter shall be reported immediately to DYFS.

iii. To Federal authorities: Knowledge of the actual commission of a Federal felony unless disclosure of such information is prohibited by law (see N.J.A.C. 10:85–1.5 and 2.2(g)2). (Refer to legal counsel for identification of Federal felonies.)

2. Procedures: When the MWD becomes aware of facts that would indicate that one of the above mentioned crimes has been or may have been committed or receives a direct allegation in any form, written, verbal or anonymous, that such a crime has been committed, it shall proceed as follows:

i. The director shall personally, and in collaboration with counsel, review whatever facts and circumstances are immediately available in order to determine whether there is suspicion that a crime was committed.

ii. If the director is satisfied that there is evidence to support an investigation as to whether a crime has been committed, he/she shall, after consultation with counsel, report the matter to the county prosecutor, or to a local police department or to the State Police if so directed by the Office of the Prosecutor. If such matter involves suspected child abuse or neglect, it shall also be reported to the Division of Youth and Family Services.

iii. When a decision has been made to report the alleged or suspected commission of the crime, such report shall be made in written form to the appropriate law enforcement agency.

iv. The MWD shall cooperate fully with any subsequent investigation initiated by the law enforcement agency within the limits of the policy and regulations of the Division of Family Development. An MWD staff member may sign a written complaint only upon a written request from the law enforcement agency, provided his or her information of the facts to be stated in such complaint is based upon his or her own personal knowledge and belief.

R.1977 d.141, effective May 1, 1979.
See: 10 N.J.R. 488(a), 11 N.J.R. 249(c).
As amended, R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209, effective May 23, 1983, operative June 1, 1983.
Internal citation corrected.
Amended by R.1987 d.448, effective November 2, 1987.
See: 19 N.J.R. 1393(a), 19 N.J.R. 2056(b).
Substantially amended.
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.

SUBCHAPTER 3. ELIGIBILITY FOR ASSISTANCE

Law Review and Journal Commentaries

Protecting the Home in Government Benefits Planning. Gary Mazart, 164 N.J.Law. 34 (Mag.) (Oct. 1994).

10:85–3.1 Persons eligible for General Assistance

(a) General Assistance shall be provided to all eligible needy persons who, while in the State, are entitled to receive such assistance. Entitlement does not extend to persons who have been found eligible for or are recipients of public assistance programs administered by the county welfare agency, or who have been found ineligible for such programs due to voluntary refusal to comply with program requirements. (See also (c) and (d) below.)

1. Exceptions relevant to medical care:

i. Individuals and families who are ineligible for public assistance (General Assistance, AFDC, Refugee Resettlement Program) or for SSI payments because their income exceeds the standards established for the applicable program may apply to the MWD on a monthly basis for assistance in paying excessive medical costs. The provisions of this section are not applicable to the payment of bills for inpatient or outpatient hospitalization or for medical services rendered to an inpatient or outpatient;

ii. See N.J.A.C. 10:85–3.3(g)2 regarding Medicaid coverage for individuals under age 21.

2. Citizen/alien status: To be eligible for GA an individual shall be either a citizen of the United States or otherwise permanently residing in the United States under color of law. Such permanently residing persons include individuals lawfully present in the United States under color of law including any alien who is lawfully present in the United States as a result of the application of the following sections of the Immigration and Nationality Act, 8 U.S.C. § 1101 et seq.: Section 207(c) concerning refugees; Section 203(a)(7) (prior to April 1, 1980) related to conditional entrants; Section 208 concerning asylees; and Section 212(d)(5) covering parolees.

i. An alien who is legally admitted as a student or visitor shall not be eligible for GA.

ii. Legal alien status shall be verified and documented in accordance with provisions set forth at N.J.A.C. 10:85–3.2(c)6.

iii. Sponsorship of an alien admitted for permanent residency shall be pursued in accordance with provisions at N.J.A.C. 10:85–3.4(b)1.

3. In the GA program, there are two distinct categories of persons eligible for financial assistance, those who are "employable" and those who are "unemployable."

4. An "employable" person is any person applying for or receiving assistance who is able-bodied and does not meet any one of the criteria of "unemployable" delineated in (a)5 below.

5. An "unemployable" person is any person who meets any of the unemployable criteria below:

i. Persons who are 65 years of age or older;

ii. Persons receiving inpatient hospital care and treatment who were receiving an unemployable grant prior to entering the hospital. (Persons who were listed as employable shall retain such employable status until hospital discharge);

iii. Persons who are residents in long term care facilities;

iv. Persons in the first 12 months of residential treatment in centers licensed by the New Jersey Department of Health for the treatment of drug abuse, when medical evidence exists that the residential treatment is necessary. The 12 month period starts anew for each commencement of treatment, previous incomplete or unsuccessful courses of treatment notwithstanding;

v. Persons normally eligible to receive RSDI (Title II benefits), SSI or Railroad Retirement benefits on the basis of disability, but due to recovery of overpayments or administrative delays in that respective program, payments are being withheld;

vi. Persons who have been determined to be legally blind by the New Jersey Commission for the Blind and Visually Impaired;

vii. Persons in the third trimester of pregnancy when an examining physician certifies to both the pregnancy and its term;

viii. Pregnant persons when an examining physician certifies that employment poses a threat to the mother or the fetus;

ix. Persons whose presence is required at home to care for one or more children under age two or for disabled family member(s). No more than one person in an eligible unit may be considered unemployable for this reason without written authorization from the Division of Family Development (DFD)/GAP Unit; and/or

x. Persons determined to be incapacitated by the MWD are unemployable when such determination of incapacity is supported by any of the following circumstances:

(1) Form GA–40, Medical Employability Evaluation, shall be completed to provide written certification by an examining physician that the individual is, by reason of an identified physical or mental defect, disease, or impairment, unable to engage in any useful occupation. Such certification shall include the date of examination, diagnosis, length of incapacity, functional limitations, prescribed treatment, an indication of whether or not reevaluation will be necessary, and the examining physician's signature. Any time period or termination date included in the written certification shall be observed. A time period of "indefinite" shall be construed to mean "three months" unless renewed by the examining physician or extended under (a)5x(4) below. When no date or time period is indicated, the certification shall be renewed monthly or such longer period as may be specified under (a)5x(4) below;

(2) An obvious disability or impairment which makes employment unrealistic at the time of application/redetermination. A determination on this basis shall be valid for up to three months or such longer period as may be specified under (a)5x(4) below;

(3) The individual's history of unemployment and lack of vocational training and/or education, combined with medical evidence of the existence of a mental or physical disability or impairment, negates all possible employment. Facts leading to such determination must be recorded in the case file. A determination on this basis shall be valid for three months or such longer period as may be specified under (a)5x(4) below; and/or

(4) Written Record of Action (Form GA–38) from DFD/GAP Unit. The record may be applied for by MWD submission of such documentary material as the MWD finds appropriate. This may include, but is not limited to, medical or hospital reports and the MWD's own statement of specific observations and recommendations with reasons. Form PA–5/DRS–1, Examining Physician's Report, may be used in this process. MWDs shall submit social information on Form GA–39. Evaluation for General Assistance Employable/Unemployable Status, which provides such pertinent social information as client's age, educational level attained, experience, and a general description of the individual, especially as it relates to employment. The DFD/GAP Unit shall consider the individual's age, experience, education, vocational training, and work history as well as physical or mental defects, diseases or impairments in determining whether an individual is able to engage in any useful occupation for which he or she has competence, or his or her ability to engage in retraining.

(b) Eligibility for general assistance is determined according to the number of persons applying as a unit (eligible unit).

1. Eligible unit: The eligible unit shall be comprised of one or more persons. In most cases, it will consist of a single individual, 18 years old or over, or a couple without children. In room and board or residential treatment situations, each person is an eligible unit of one. In all other situations, the eligible unit shall consist of:

i. The applicant/recipient;

ii. The spouse of the applicant/recipient who lives in the home unless the spouse is receiving SSI or public assistance through another program;

iii. The person with whom the applicant/recipient lives as a couple representing themselves to the community as husband and wife unless such person is receiving SSI or public assistance through another program;

iv. All children under age 18 of persons identified in (b)1i, ii, and iii above who live in the home and who are not receiving SSI or public assistance under another program.

2. Income to be counted: All income of persons in the eligible unit shall be taken into account as prescribed in N.J.A.C. 10:85–3.3 and subtracted from the applicable general assistance allowance standard.

(c) Rules concerning persons found ineligible by CWA are as follows:

1. Families:

i. When the county welfare agency determines a family to be financially ineligible for AFDC, such family is not eligible to receive general assistance from the MWD. The family should be advised, however, that it may apply for medical assistance and that excessive medical costs will be considered in accordance with N.J.A.C. 10:85–3.3(g)1.

ii. Families determined by the CWA to be ineligible for AFDC due to eligibility factors other than financial need (such as age of children) may be eligible for general assistance. Applications will be accepted and processed in accordance with the rules stated in this manual.

(1) An individual member (parent or child) of an AFDC unit who is otherwise eligible but incurs a penalty of ineligibility and whose needs are therefore deleted from the AFDC grant, or whose application is therefore denied, is not eligible for general assistance.

iii. When adult family members are determined ineligible for AFDC–N by the CWA because the father has voluntarily ceased employment within 90 days prior to application, such persons are ineligible for general assistance.

2. Child temporarily in home on visit: When an institutionalized child is on temporary visit home but is not a member of an AFDC eligible unit, he/she may be eligible for general assistance if the visit does not exceed 21 consecutive days. If the length of such child's visit exceeds 21 days, he/she shall be referred to the CWA.

(d) Rules concerning aged, blind and disabled are as follows:

1. Referral for SSI: Individuals who are aged, blind or disabled shall be referred to the nearest Social Security district office (SSA/DO) to apply for supplemental security income (SSI). However, any immediate need shall be met through General Assistance as a loan to the needy individual. (See N.J.A.C. 10:85–8.3(c)3ii for referral procedures and N.J.A.C. 10:85–6.5 for reimbursement procedures.)

2. Ineligible for SSI: In the event an aged, blind or disabled individual is determined by the SSA/DO to be ineligible for SSI, he/she may apply for and/or continue to receive general assistance, so long as financial eligibility exists. (See N.J.A.C. 10:85–8.3(c)3iii for procedures for appeal of SSI denials).

3. SSI Recipients: If an individual (or couple) who is receiving SSI benefits does not receive his or her SSI payment promptly, such person(s) may be in immediate need and may apply for General Assistance. Under these circumstances the MWD shall contact the SSA/DO to determine the anticipated length of the delay and shall provide assistance for that period, based on the allowance standards in Schedule I and provide that financial eligibility exists in accordance with this subchapter. (See N.J.A.C. 10:85–4.2 regarding periods for which assistance may be granted.)

i. This provision also applies when a new SSI applicant has been officially notified of eligibility to receive SSI benefits and a Form GA–30 was not submitted in accordance with N.J.A.C. 10:85–6.5(c).

ii. In any situation where a Form GA–30 is not in effect, reimbursement to the MWD of any assistance granted to an eligible SSI beneficiary will be on a voluntary basis only. The MWD shall not require the client to sign a voluntary agreement to repay.

iii. Refer to N.J.A.C. 10:85–7.2(b)2 regarding use of a time-limited notice.

(e) Rules concerning eligibility of young people are as follows:

1. Single persons under age 18: Assistance is provided through the AFDC program for needy families with children under age 18 (or in certain situations under age 19 if the child is attending secondary school/vocational training). Therefore, when an unmarried individual under age 18 applies for General Assistance, the MWD shall make every effort to locate the family and refer it and the child to the appropriate county welfare agency.

i. An unmarried, unattached child under the age of 18, although not legally an adult, may in fact be emancipated. That he or she is under age 18 is not, of itself, a bar to eligibility for assistance; it is, however, reason for additional action relating to eligibility. The MWD will provide assistance to any such person who applies and is eligible, based on the following action:

(1) The MWD will make all reasonable efforts to bring about the return of the child to his/her own family and/or support by his/her own parents.

(2) If such efforts are not successful within one week of the first grant of assistance or if no such efforts are possible, the MWD will immediately refer the case to the appropriate district office of the Division of Youth and Family Services (DYFS).

(A) For cases between ages 16 and 18, the DYFS office may accept those for which it can provide services and/or maintenance. The MWD will continue assistance for each case so long as the case remains eligible or until the date on which DYFS assumes responsibility for maintenance.

(B) For all cases under age 16, it is expected that DYFS will act promptly to accept responsibility for services and maintenance. The MWD will continue assistance until the date on which DYFS assumes responsibility. The MWD will notify DFD/GAP Unit of any case under age 16 which is still active on the GA rolls 30 days after referral to DYFS.

(C) The MWD will be notified in writing by DYFS when a case referred to DYFS cannot be accepted for services.

ii. See paragraph (c)2 of this section regarding an institutionalized child who visits his/her home.

2. Married person under age 18: Persons under age 18 who are married, living with their spouses, and without children of their own may be eligible for General Assistance.

i. An individual who is married but does not live with his or her spouse shall be treated in accordance with (e)1 above.

3. Persons aged 18 or over: An individual aged 18 or over may be eligible for General Assistance, whether or not he or she is residing with his or her family.

(f) This subsection applies to persons released from State and/or county psychiatric hospitals, State schools for the mentally retarded, the New Jersey Neuropsychiatric Institute, and Veterans Administration (V.A.) hospitals (see also N.J.A.C. 10:85–3.2(h)). For procedures to be followed for individuals released from a State psychiatric hospital refer to N.J.A.C. 10:85–3.2(i).

1. Eligibility for public assistance:

i. Voluntary patient: Eligibility for public assistance is not affected by periods of care in a mental institution or V.A. hospital for an individual who was admitted as a voluntary patient. The individual must, however, be again living outside the institution and free of institution restraint, control and supervision prior to receipt of assistance.

(1) Exception: When a voluntary patient is on convalescent leave with relatives who are unable to provide support, he/she may apply for and receive general assistance if he/she is otherwise eligible.

ii. Involuntary commitment; officially discharged: An individual who was involuntarily committed by the court and who has been officially discharged from a mental institution or V.A. hospital resumes his or her former status in the community and is fully entitled to apply for and receive public assistance if otherwise eligible.

(1) An individual released on a Trial Visit, Convalescent Visit or Extended Visit is likewise eligible to apply for and receive assistance.

iii. Interim Assistance–Trial Placement/Family Care: An individual who is placed in an Interim Assistance–Trial Placement program by a State psychiatric hospital is not eligible for any form of public assistance; this applies to both voluntary and involuntarily committed patients. However, veterans placed in Family Care by a V.A. hospital or individuals discharged to Family Care by a State school for the mentally retarded may apply for and receive public assistance if otherwise eligible.

iv. Referral application: See N.J.A.C. 10:85–3.2(h).

As amended, R.1977 d.134, effective June 1, 1977.
See: 9 N.J.R. 123(c), 9 N.J.R. 238(b).
As amended, R.1977 d.410, effective November 1, 1977.
See: 9 N.J.R. 367(b), 9 N.J.R. 535(a).
As amended, R.1977 d.444, effective December 1, 1977.
See: 9 N.J.R. 432(a), 10 N.J.R. 15(a).
As amended, R.1978 d.420, effective December 12, 1978.
See: 10 N.J.R. 284(c), 11 N.J.R. 17(d).
As amended, R.1978 d.303, effective October 1, 1978.
See: 9 N.J.R. 523(b), 10 N.J.R. 443(d).
As amended, R.1978 d.420, effective December 12, 1978.
See: 10 N.J.R. 284(c), 11 N.J.R. 17(d).
As amended, R.1979 d.365, effective October 1, 1979.
See: 11 N.J.R. 378(a), 11 N.J.R. 519(f).
As amended, R.1980 d.116, effective March 19, 1980.
See: 11 N.J.R. 507(a), 12 N.J.R. 194(a).
(f): Added county hospitals. Added last sentence.
(f)1ii: "Interim Assistance–Trial Placement" was "Family Care", "Psychiatric hospital" was "institution" and "or individuals ... mentally retarded" was added.
As amended, R.1981 d.160, eff. June 4, 1981.
See: 13 N.J.R. 145(a), 13 N.J.R. 363(b).
(d)1 and 2: Code cross-references added.
As amended, R.1982 d.102, eff. April 5, 1982 (Operative May 1, 1982).
See: 13 N.J.R. 927(a), 14 N.J.R. 344(b).
(b)2: deleted "as a family unit"; added "without regard ... programs"; deleted "such persons ... in common".
As amended, R.1982 d.355, eff. October 18, 1982.
See: 14 N.J.R. 815(a), 14 N.J.R. 1162(a).

Change in eligibility from children under 21 if attending school to children under 19, if attending secondary school. Reflects Federal change in AFDC standards.
As amended, R.1983 d.328, eff. July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209, eff. May 23, 1983, operative June 1, 1983.
Internal citations corrected throughout text.
As amended, R.1984 d.16, eff. February 6, 1984.
See: 15 N.J.R. 1629(a), 16 N.J.R. 245(a).
Clarification of unrelated persons functioning as households.
Amended by R.1985 d.168, effective April 15, 1985 (operative May 1, 1985).
See: 17 N.J.R. 37(a), 17 N.J.R. 968(a).
(b)2ii added; old 2ii recodified to 2iii with substantial changes.
Correction: (a)1 and 2 missing from text.
See: 18 N.J.R. 307(b).
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.
Amended by R.1992 d.260, effective June 15, 1992.
See: 24 N.J.R. 926(a), 24 N.J.R. 2263(a).
In (b)2: deleted text regarding household size in the determination of GA allowances.
Recodified existing 3 as 2, with no change in text.
Amended by R.1992 d.503, effective December 21, 1992.
See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).
Outpatient costs excluded at (a)1i; inpatient references deleted; only certain U.S. citizens or lawful permanent residents eligible for service; employability defined.
Amended by R.1993 d.382, effective August 2, 1993.
See: 25 N.J.R. 1714(a), 25 N.J.R. 3466(a).
Amended by R.1994 d.591, effective December 5, 1994.
See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

Case Notes

Former regulation (cited as General Assistance Manual § 2.300A(III)(4)) invalid as contrary to statute in providing for distinction between recipients unemployable because of a disability and those unemployable because of lack of job availability. Pascucci v. Vagott, 71 N.J. 40, 362 A.2d 566 (1976).

10:85–3.2 Application process

(a) The application process begins with an individual's initial contact with the agency and includes determination of eligibility, verification of the applicant's statements and decision by the municipal welfare department regarding issuance of assistance. Both the applicant and the MWD have responsibility in verifying and documenting eligibility (see subsection (e) of this section).

1. Initial contact with agency: An individual's initial contact with the municipal welfare department may be in form of an inquiry, a referral or an application for public assistance.

i. Inquiry: Any request for information about assistance programs which does not result in an application. A record is necessary only when the inquiry requires follow-up action.

ii. Referral: A request from a public or private agency or individual for assistance on behalf of a person who has indicated need of such help. All referrals must be recorded, including appropriate facts and action taken.

iii. Application: A written request for General Assistance by an individual who wishes to apply for him/herself and his/her dependent, if any, or a request from an authorized agent acting on behalf of such an individual (see (c)2 below).

(b) Rules concerning responsibilities of the agency are:

1. Initial contact: Upon initial contact, the municipal welfare department is responsible for informing the individual of the following:

i. The general requirements of the application process, including the necessity of contacting certain relatives and of making certain other collateral contacts; the right of the applicant to confidentiality and to be the primary source of information; an explanation of the blanket consent statement; and the fact that the applicant is, by signing this form, consenting to have the MWD contact others (except the Social Security Administration which releases information only upon written consent of the client).

ii. The availability of the Food Stamp Program to eligible nonpublic assistance households, with instructions about where to apply.

iii. Other programs (services and assistance) which are appropriate and for which the individual may be eligible. (See subchapter 8 of this chapter.)

2. Decision to apply: The agency shall determine whether or not the individual does indeed wish to apply, with his/her full understanding of the MWD's need to verify essential eligibility factors and of the requirement for a personal interview.

3. Immediate application: When the individual indicates his or her decision to apply for General Assistance, an application shall be taken immediately.

4. Referral to CWA:

i. When, during the initial contact, it appears that potential eligibility for AFDC exists, the municipal welfare department shall immediately refer the individual(s) to the county welfare agency to make application.

ii. When such referral is made at a time other than the normal business hours of the county welfare agency or when, in the opinion of the municipal welfare director, the individual cannot reasonably be expected to reach the CWA offices before the end of the business day, general assistance may be granted on an emergency basis only, in accordance with N.J.A.C. 10:85–4.6.

(1) When immediate need exists (see N.J.A.C. 10:85–3.3(a)1), such emergency grant shall be made in an amount sufficient to provide for the family's immediate needs from the date of application until the reopening of the CWA office. (See N.J.A.C. 10:85–4.2(a)3 for method of prorating allowance.)

(c) Rules concerning taking applications are:

1. Application/affidavit: Any person who indicates a wish to apply for General Assistance shall be recognized as an applicant. Such individual will be assisted by an MWD worker in completing the application (Form GA–1). He or she shall then be required to sign under oath the attached affidavit attesting to the correctness of his or her statements.

i. Form GA–1 (Application and Affidavit for General Assistance) shall be used in every case for the initial application. The director of welfare or MWD caseworker is empowered to receive the oath and witness the applicant's signature or the signature of an authorized agent acting in situations described in (c)2 below.

ii. When application is being made for more than one person, it must be signed by all persons for whom assistance is requested except dependent children under age 18.

iii. The following procedures apply at the time of application:

(1) All applicants shall be required to sign two copies of Form GA–51 (Important Reminder of Your Obligation to Report Changes). The applicant shall retain one copy and the original shall be filed in the case record. The MWD shall explain to the applicant(s) that it is his or her obligation to promptly report changes in income, resources or other circumstances.

(2) All applicants shall be provided with a copy of Form GA–197, Your Rights and Responsibilities in the General Assistance Program. The MWD shall provide any oral explanations the applicant(s) may request.

iv. Upon request, the MWD shall provide the applicant(s) with a copy of the completed GA–1 form.

2. Authorized agent:

i. A legally appointed guardian shall always be recognized as an authorized agent to initiate an application to establish eligibility for General Assistance.

ii. In General Assistance, an individual who wishes to apply may be confined at home or at an institution, or may be subject to a critical illness or injury which impedes action on his/her own behalf. Consequently, the MWD shall accept any one of the following, in the order of priority as listed, as an authorized agent for the purpose of initiating an application:

(1) A relative by blood or marriage;

(2) A staff member of a public or private welfare agency of which the person is a client, who has been designated by the agency to so act;

(3) A physician or attorney of whom the person is respectively a patient or client;

(4) A staff member of an institution or facility in which a person is receiving care, who has been designated by the institutional facility to so act.

3. Binding upon eligible unit: The application and affidavit is binding upon the individual(s) signing this document and upon any other member(s) of the eligible unit for whom he/she is applying. An authorized agent is obliged to complete the application to the best of his/her knowledge.

4. Personal interview: The application shall be taken at a personal interview with the client unless an authorized agent is acting on behalf of a client in accordance with (c)2 above. The interview may occur at the welfare office or in the client's home (or hospital or other institution, if necessary).

5. Social Security number: The Social Security number of every recipient of General Assistance must be recorded on the application form (Form GA–1) and elsewhere in the record as may be appropriate to the facts of the case. Any person who has a number and whose number is not disclosed and recorded is not eligible for assistance.

i. When assistance is requested for a person who does not have a Social Security number, the MWD will make referral (using Referral for Services Form PA–14) to the appropriate district office of the Social Security Administration. Form PA–14 shall explain that the purpose of the referral is to make application for a Social Security number. The MWD will grant assistance while issuance of the number is pending if the person is otherwise eligible. Failure to apply for a number or to cooperate with the Social Security Administration in those things necessary for issuance of a number renders the applicant ineligible for assistance.

ii. The MWD will maintain appropriate follow-up of the referral.

6. If at the time of application a client indicates on Form GA–1, Application and Affidavit for General Assistance, that he or she is not a United States citizen, he or she shall be required to provide the MWD documentation from the Immigration and Naturalization Service (INS) which indicates his or her alien status. Additionally, the appropriate corresponding Alien Registration Number shall be made available as soon as possible but no later than 10 calendar days from the date of application. If the applicant, who is otherwise GA eligible, cannot provide documentation concerning alien status because he or she is awaiting receipt of that information, assistance shall not be withheld pending the receipt of the information. A copy of such documentation shall be retained in the case file. Information about the applicant/recipient's alien status shall not be used to violate the individual's right to confidentiality by the MWD or INS, except in instances of fraudulent activity committed by the individual to establish eligibility for GA.

i. Upon receipt of alien status documentation, the MWD shall complete and submit (faxed or mailed) Form GA–26 (Alien Verification Form), incorporated herein by reference as Appendix D, Exhibit 1, to the Division of Family Development, Bureau of Integrity Control, CN 716, Trenton, New Jersey 08625. Information supplied in the GA–26 shall be used for verification purposes through an INS automated system in the Bureau of Integrity Control (BIC).

ii. When the information has been verified, the BIC will fax or mail that information to the MWD.

iii. When the INS system indicates that additional verification is required, the MWD will be so advised on the returned Form GA–26 (Alien Verification Form) and the MWD shall be required to complete and submit INS Form G–845 (Document Verification Request) to the Regional INS office.

iv. All information concerning alien status shall be kept confidential and secure in the case file.

v. Requests for alien verification shall at no time be made for anyone who is not an applicant or current recipient of GA.

7. All applicants/recipients (except nursing facility applicants/recipients) are required to participate in the fingerimaging process at the time of application and at other times when the MWD deems it necessary to positively establish the identity of the client.

i. Fingerimages will be completed on the left and right index finger of the client.

ii. All MWDs without automated worksites for fingerimaging shall mail the fingerimage cards, with the accompanying reference data, to DFD within 24 hours after obtaining the fingerimage.

iii. When immediate need is apparent, a grant shall be issued in an amount sufficient to assure that the applicant is provided with food, shelter and clothing, pending verification of the results of fingerimaging. Refer to N.J.A.C. 10:85–4.2 for periods for which assistance may be granted.

iv. Applicants/recipients refusing to participate in the fingerimaging process shall be deemed ineligible for GA. Clients currently receiving GA shall be terminated immediately (see N.J.A.C. 10:85–7.2 regarding timely notices) and shall be ineligible for GA until participation in the fingerimaging process occurs.

v. Recipients found in receipt of duplicate assistance from more than one MWD will be ineligible for GA benefits for a period of 90 days beginning with the month subsequent to the month in which the benefit infraction was identified (see N.J.A.C. 10:85–1.1(g)2).

vi. The data collected and maintained through the use of the fingerimaging identification program shall be used for the sole purpose of preventing multiple enrollments in the General Assistance program and shall only be disclosed to those directly connected with the administration of the General Assistance program who need access to the data for the purpose of preventing multiple enrollments in the General Assistance program.

8. Registration and case number: The application shall be immediately registered and a number assigned.

(d) Rules concerning immediate need are:

1. Assistance granted: When immediate need is apparent, the director of welfare shall grant such assistance as may be necessary to ensure that the applicant is provided with food, shelter and clothing pending further verification of the case.

2. Prompt verification: Verification shall be initiated promptly and in accordance with the regulations in subsection (e) of this section.

(e) Rules concerning verification and sources of evidence are:

1. Applicant's statements:

i. The client's statements regarding his or her eligibility are evidence. For purposes of public assistance, the client's statements must be consistent, and certain facts must be verified and documented, such as, but not limited to, client identity, residence, and ownership of resources. The applicant will be informed that the municipal welfare department is required to document the facts regarding certain eligibility criteria and that this process will include contacting collateral sources as necessary.

ii. Applicants are usually able to help select the most likely sources for corroboration of essential eligibility information. If they are not willing either to have the necessary inquiries made or to secure the required information from such sources themselves, it shall be explained that the municipal welfare department will be unable to grant assistance. This choice and the consent statement printed on the application which allows others to be contacted will be explicitly explained.

2. Limitations in seeking evidence:

i. Only evidence to corroborate facts essential to eligibility shall be sought. In determining the relative validity of evidence, the agency should bear in mind the type and source of the document.

ii. Affidavits shall be used only when other sources have failed or have produced inconclusive data. Documentation obtained in the manner shall be taken under oath from a person who has factual knowledge of the relevant circumstances. The affidavit shall show the circumstances under which this person has known the applicant, as well as the factual basis of his/her state-

ments relating to this applicable eligibility requirements.

3. Sources of evidence:

i. Public records are preferred evidence, and investigation of these sources shall be exhausted before other sources are used.

ii. Sources of collateral evidence to establish eligibility include but are not limited to the following: Birth, death and marriage certificates, church records, immigration and naturalization papers, census records, school records, military service record, court records, employment records, records of public or private welfare agencies, voting records, medical records, personal records and affidavits from knowledgeable persons.

iii. While it is usually desirable to obtain evidence in written form, personal inspection of records by the agency personnel, where permission can be secured, is an acceptable practice and is often quicker and simpler. See (e)5 below for recording of such information.

4. Verification of income and resources:

i. Earned income: The worker will verify, either through examination of pay stubs or with the client's employer, the amount of gross income received.

(1) MWD staff shall make telephone contact with DFD's Bureau of Integrity Control to elicit available wage match information for every new applicant within 30 days of the application date and shall document such information in the case file.

ii. Unearned income: All unearned income shall be verified by examination of benefit check or by contact with the company or agency granting such benefit.

(1) MWD staff shall make telephone contact with DFD's Bureau of Integrity Control to elicit available Unemployment Insurance Benefit (UIB) or Temporary Disability Insurance Benefit (TDI) information for every new applicant within 30 days of the application date and shall document such information received in the case file. For situations of incomplete or inconsistent information about Unemployment/Disability Insurance benefits from the client himself or herself, or, where the agency experiences difficulty in securing verification, the MWD may send Form PA–24 (Verification of Unemployment/Disability Insurance) to the DFD, Att: Bureau of Integrity Control.

iii. Previous support: Previous sources of support shall be explored with the client.

iv. Resources: All resources shall be evaluated and, where appropriate, a plan for their liquidation developed and undertaken by client. (See N.J.A.C. 10:85–3.4(d).)

v. Legally responsible relatives: Relatives who are responsible for one or more members of the eligible unit shall be contacted and their ability to contribute support evaluated. However, assistance shall not be withheld pending this evaluation. See N.J.A.C. 10:85–92.(a) regarding support as countable income.

5. Recording of verification: All information upon which verification is based, whether written or oral, shall be recorded in the case record, including sources from which it was obtained and methods utilized.

i. Incomplete information in the case record may, at the time of State review, be considered insufficient evidence to substantiate eligibility.

(f) Resident defined: A resident of a municipality is a person who maintains a permanent customary home in the municipality, a person who is in the municipality with intention to remain, or a person who enters a New Jersey long-term care facility from out-of-State and qualifies as a resident in accordance with (f)1i below. No time intervals are relevant so long as the home is not established for a temporary purpose such as for a visit or vacation. A resident may live in his or her own home, a rented home or apartment, the home of a friend or relative, in a boarding home or in a residential medical facility.

1. When the last municipality of residence was not in New Jersey and the person qualifies in accordance with (f)1i below, that person shall be considered a resident of the municipality in which the medical facility is located.

i. Whenever an individual enters this State in order to receive medical care, and applies for General Assistance to meet all or a portion of the costs of such care, the fact that the immediate purpose of the move was to secure medical care does not, in and of itself, have the effect of making the person ineligible for the General Assistance program. It is the responsibility of the MWD to evaluate all such cases and to make an eligibility determination, considering carefully all of the following criteria.

(1) Whether the move is a temporary one, being solely for the purpose of receiving medical care for a limited time;

(2) Whether the move is part of a carefully conceived social service plan which would serve to meet other requirements of the individual in addition to purely physical needs, for example, a person moves to a nursing home in order to be closer to relatives who are interested in the person's welfare;

(3) Whether there is a clear expression of intent on the part of the individual to remain permanently in this State;

(4) Whether there is objective evidence that the individual has, in fact, abandoned or not abandoned residence in the state from which he or she came;

(5) Whether the state in which the individual previously resided recognizes him or her as having continuing eligibility in that jurisdiction under the Medicaid program or any other program providing payment for medical care.

ii. If, after full consideration of the factors in (f)1i above, the MWD is satisfied that the individual has become a resident of this State, then the person shall be considered a resident of the municipality in which the person is present.

2. Nonresidents/transients: Persons in a municipality who are neither residents nor medical facility patients by the above definitions shall, if otherwise eligible, be granted assistance while in the municipality according to the same standards as for residents.

i. For any person in a municipality who is away from the municipality of his or her customary home and wishes to return but cannot, because of lack of funds, the MWD shall grant sufficient funds to allow the individual to travel to his or her own municipality or to the nearest place at which it has been confirmed that help from nonassistance funds may be expected. Travel costs shall be estimated or ascertained, as appropriate, according to the least expensive method of travel which is appropriate. The travel agent shall be sufficient to allow payment for the fare and such food, clothing, or shelter as may be essential during the trip.

(1) When circumstances prevent an accurate determination as to whether an applicant would be otherwise eligible to receive General Assistance, the MWD will evaluate the application according to the best information available.

(2) Assistance for travel purposes in any amount over $100.00 shall be granted only with prior approval from the DFD.

3. College students: An individual age 18 or over who is attending school or college may be found eligible for General Assistance only when all of the following conditions are present:

i. He/she is a resident of the municipality in which application is made, and such municipality is his/her acknowledged home on a year-round basis:

(1) An individual coming from another state for the purpose of attending school or college is not eligible for General Assistance during the period he/she is attending school.

ii. He or she is eligible in accordance with the eligibility provisions of the GA program.

iii. He or she is registered with the State Employment Service, in accordance with (g) below; is available for and agrees to accept employment offered through that agency or by any other source.

(1) The MWD shall caution the individual that a bona fide offer of employment may, at any time, interrupt his/her course of studies.

(2) See (g) below regarding refusal to register for work.

iv. A college student shall not be eligible for General Assistance while residing out-of-State in order to attend school.

4. Absence from State: The MWD shall not be obligated to provide assistance to persons who leave the State for more than seven consecutive days or who regularly leave the State for three or more days each week, unless such absence is required by the individual's employment.

(g) Work requirement: Eligibility for public assistance in New Jersey is directly related to an individual's willingness to work when he or she is able to do so. It is, therefore, a part of the application process to explain the work requirement to the applicant and to record in the case file the reasons for any exemption from this requirement. If not exempt from the work training requirement, GA recipients shall participate in the work requirements of this subsection or N.J.A.C. 10:86 which delineates the Family Development Program (FDP), which replaces the requirements of this subsection in those counties that have been phased into that enhanced work/training initiative.

1. For persons who are registered in accordance with (g)2i below, the case folder must contain copies of the requisite forms demonstrating that registration was current throughout all periods covered by grants of assistance. Those MWDs receiving lists of GA clients registered for work must keep these lists in a central location and make them available to State staff.

2. Elements of the work requirement: Unless specifically exempt, all employable recipients of General Assistance benefits shall comply with all parts of this section unless participating in the FDP in accordance with N.J.A.C. 10:86:

i. Maintain current registration with the New Jersey Division of Employment Services. No employable person who is subject to this requirement shall be eligible for any General Assistance payment until after he or she has completed Form NJES–1A and submitted it to the MWD. The MWD will, within one working day thereafter, submit the form to the appropriate Special Programs Office of the New Jersey Division of Employment Services. Once registered, a GA recipient remains registered as long as he or she remains on assistance.

ii. Report to the Employment Service office upon request, providing all required information.

iii. Report for employment interviews as scheduled by the Employment Service.

iv. Accept employment or better employment if and when offered. This requirement is not limited to offers made through or on referral of the Employment Service.

v. In the absence of employment, accept training for employment as offered.

vi. Continue in employment or training unless good cause for discontinuance exists.

3. Exemptions from work requirement: An individual shall be exempt from the work requirement if any of the following exists:

i. The individual is participating in a lawful strike or is locked-out because of a labor dispute. Participation in an unlawful strike, a "sympathy" strike, or walkout or refusal to cross a picket line is, however, a voluntary cessation of work and is to be processed in accordance with (g)7 below;

ii. The individual is under age 16 or is under age 18 and is a full-time student; or

iii. The individual is applying for or is receiving medical benefits only without maintenance payments; or

iv. The individual is receiving inpatient hospital care and treatment; or

v. The individual is determined to be unemployable. See N.J.A.C. 10:85–3.1(a)5 for those groups of individuals that are considered to be "unemployable."

4. Action in situations of exemption:

i. Action by MWD:

(1) The MWD will record dates and reasons for all determinations of exemption.

(2) When an exemption is authorized for any reason which is subject to change, the MWD will make redeterminations at appropriate intervals.

(3) When appropriate, the MWD will make referral of the recipient to the Division of Vocational Rehabilitation Services (see N.J.A.C. 10:85–8.4(g)) and/or to the Social Security Administration for RSDI and/or SSI benefits (see N.J.A.C. 10:85–8.3(c)).

ii. Action by Recipient:

(1) In accordance with the signed application, the recipient will provide all information required for determination of exemption or continuing exemption and will provide cooperation in obtaining any necessary information from others.

(2) The recipient will report as referred for medical services and/or rehabilitation for purposes of restoring or improving employability and will cooperate in efforts to that end.

5. Project Activity: Employable recipients for whom the Employment Service is unable to locate immediate employment shall be assigned to work projects in accordance with the provisions of subchapter 10 of this chapter. Persons who fail or refuse to perform in such assignments shall be subject to penalty as prescribed in that subchapter and subparagraph 7i of this subsection. The MWD will provide all necessary cooperation with the Employment Service.

6. Good cause: For individuals involved in worksites supervised by the Special Programs Office of the New Jersey Employment Service, that agency will make the good cause determination. For interim worksites supervised by the MWD, the MWD will make the determination (see N.J.A.C. 10:85–10.7). The failure or refusal to accept or retain employment for good cause is established when any of the following exists:

i. No bona fide offer of employment was received by the individual.

ii. Rates offered or paid were less than an applicable minimum wage established by law.

iii. The individual was physically unable to engage in the employment in question.

iv. No reasonable means of transportation to work was available.

v. Working conditions were hazardous to health or safety.

vi. An offered job was available solely because of a strike or walkout of other employees of the employer or organization offering employment.

vii. The job required membership in a union which the recipient did not wish to join.

7. Failure to comply: Employable persons who are not exempt (see (g)3 above) and who fail or refuse without good cause (see (g)6 above) to comply with applicable parts of this work requirement section are considered to be unwilling to work and are subject to penalty as indicated in (g)7ii below.

i. In an eligible unit of more than one, when a person incurs a penalty of ineligibility, the grant will be reduced by the penalized person's pro rata share.

ii. Penalties:

(1) Any employable person who fails or refuses without good cause to comply with any part of (g)2i through vi above or who voluntarily ceases employment without good cause or who has been involuntarily terminated from employment for reasons attributable to his or her own negligence, shall be considered unwilling to work for a period of 90 days which shall commence at the end of the month during which the person last received GA benefits. The MWD shall terminate (with notice) all assistance to or for such person for the 90 day period.

8. MWDs must notify the Special Programs Office of the termination of assistance to any client registered for employment services. Such notification shall be by use of Form NJES–1A or a monthly listing giving the name, Social Security number and case number of the applicable client(s).

9. Travel costs: For an individual who is eligible for maintenance payments in the General Assistance Program, the MWD shall authorize payment, not to exceed $40.00 per month, for costs of local travel by the least expensive feasible mode of transportation when the travel is for training for employment when such training has been approved by the MWD, for the seeking of employment at times and places approved by the MWD, or for participation in project activity in accordance with N.J.A.C. 10:85–10. Local travel shall be construed to mean travel within the area of normal commutation for employment from the home of the individual. No payment shall be authorized under this section to or for any person for whom disregards of earned income (N.J.A.C. 10:85–3.3(c)4) were applied in the calculation of the most recent grant of assistance. No payment shall be made under the authority of this section for travel which is available without charge to the recipient or for travel costs available from any other source.

(h) Persons released from an institution (see also N.J.A.C. 10:85–3.1(f)):

1. Place of referral: Referral will be made to the municipal welfare director as follows:

i. If the patient is under care in the institution and is to be discharged or released to return to his/her home or the home of relatives, or is already in such home, referral will be made to the director of the municipality where the home is located.

ii. If the patient is currently under the institutional Interim Assistance–Trial Placement program, but is to be discharged or released from that program to return to his/her home or the home of relatives, referral will be made to the director of the municipality where the patient is to live.

iii. If the patient to be discharged or released from Interim Assistance–Trial Placement has no other home and wishes to remain in the Trial Placement boarding home, referral will be made to the director of the municipality where such Trial Placement boarding home is located.

iv. If the patient is either under care in the institution proper or in Interim Assistance–Trial Placement and plans must be made to locate to a suitable home for him/her, referral will be made to the municipality where patient was living at the time he/she entered the institution, and the responsibility for establishing a suitable living arrangement will rest with that municipal welfare department.

(1) However, in the event the patient expresses a specific desire to establish him/herself in a certain locality, referral shall be made to such municipality.

2. Methods of referral: Referrals for general assistance of persons released or about to be released from State institutions or V.A. hospitals may be made to the MWD by the Bureau of Field Services, Division of Developmental Disabilities, by the Disability Determination Review Section (DDRS) of the Division of Mental Health and Hospitals, or by the institution or hospital itself.

i. When the referral is made directly by the State institution, it will be requested to prepare and send to the municipal welfare director Form PA–12, Referral by State Mental Institution to Public Assistance Agency.

ii. A Veterans Administration hospital will send the following, in writing and with knowledge and consent of the veteran, to the municipal welfare director:

(1) Identifying data;

(2) Anticipated date of discharge;

(3) Description of any known or tentative living arrangement following discharge.

3. Application interview: Upon receipt of a referral, the municipal welfare director or caseworker will arrange for an interview with the referred individual (and the family member who is the head of the household if patient is to return to relatives) as promptly as possible but in any event within two working days, to be held at a mutually convenient place.

4. Notice of eligibility: The referring agency or institution shall be advised promptly, in writing, whether or not the individual is eligible to receive general assistance and, if eligible, the date on which assistance will be available.

5. Responsibility for transportation: A 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 agency or institution may continue to visit and consult with client as arranged between the social worker and the client. If a question of the client's mental condition or adjustment comes to the attention of either social worker or the MWD worker, there shall be consultation and joint planning for appropriate action.

7. Notice of change of status: The institution will promptly notify the municipal welfare director of any change in status of an individual receiving general assistance while on convalescent leave or extended visit (that is, return to institution, transfer to family care, or official discharge).

i. The director shall promptly notify the institution in the event that a client becomes ineligible for general assistance and the reason therefore.

(i) Procedures for individuals released from a State psychiatric hospital are:

1. If the individual is under care in the institution and plans are to be made to locate a placement for him or her, prior to discharge to the community, the DDRS in the Division of Mental Health and Hospitals (DMHH) will have the responsibility to contact the municipality where the person was living at the time he/she entered the institution.

i. In the event the person indicates that he or she wishes to locate in a specific municipality, DDRS will make referral to that municipality.

ii. In any event, placement in the community will be the responsibility of the DDRS worker.

iii. Under the contractual agreement between the United States Department of Health and Human Services and the State of New Jersey, DMHH may be reimbursed for interim assistance it grants to individuals while eligibility for SSI is being determined. If the individual is receiving such interim assistance, the DDRS will not refer the individual for GA until notified by the Social Security Administration that the client's application for SSI has been denied. The DDRS worker will notify the MWD that interim assistance is being terminated and GA is now required.

2. The DDRS worker will fully complete Form GA–1 (Application and Affidavit for General Assistance), prior to discharge, for the person needing assistance.

3. The DDRS worker will arrange for completion of a Social Service Plan and a physician's report or medical abstract and will forward both together with the PA–7 (Report of Findings by Psychiatric Diagnostic Group), PA–12 (Referral by State Mental Institution to Public Assistance Agency) and GA–18 (Certification of Need for Patient Care in Facility Other than Public or Private General Hospital), if applicable, to the MWD.

4. The municipal welfare director or an authorized case worker will receive the material, review it for completeness and determine eligibility for assistance as soon as possible, but shall, in any event, make a decision within 30 days of receipt of such material, pursuant to N.J.A.C. 10:85–7.1(c).

i. If the individual has been referred for SSI by DMHH/DDRS but is not receiving interim assistance from that agency, prior to granting GA the municipal welfare director or authorized case worker shall ensure that the applicant has signed Form GA–30 in accordance with the procedures outlined in N.J.A.C. 10:85–6.5(c).

5. If placement must be made before a final decision as to eligibility can be rendered by the MWD, or DDRS worker is not in a position to have the appropriate material prepared and submitted before discharge to the community, both agencies will retain their respective responsibilities as defined above and shall keep the other agency fully informed of any action taken on behalf of the discharged persons. However, in accordance with N.J.A.C. 10:85–3.3(a), no person shall be denied assistance if in immediate need, if he or she is otherwise apparently eligible, because necessary material identified above as coming from the DDRS has not been completed and submitted.

6. The provision of social services incident to discharge of individuals from the State institution shall be the responsibility of the DDRS social worker, at least until such time as a decision with respect to SSI eligibility is made or eligibility for GA is determined. Thereafter, either the CWA or MWD will provide social services independently or in conjunction with DDRS staff.

7. All disputes shall be referred to the Division of Family Development, General Assistance Program (GAP) Unit (DFD/GAP Unit) field representative assigned to the specific area wherein the dispute occurs for appropriate resolution. The field representative shall render a decision and notify the DDRS and MWD within five working days after the dispute has been referred.

As amended, R.1978 d.169, effective June 1, 1978.
See: 10 N.J.R. 151(a), 10 N.J.R. 256(a).
As amended, R.1978 d.171, effective June 1, 1978.
See: 10 N.J.R. 150(a), 10 N.J.R. 258(b).
As amended, R.1979 d.197, effective July 1, 1979.
See: 11 N.J.R. 184(a), 11 N.J.R. 283(c).
As amended, R.1979 d.280, effective September 1, 1979.
See: 11 N.J.R. 247(a), 11 N.J.R. 383(c).
As amended, R.1979 d.326, effective September 1, 1979.
See: 11 N.J.R. 345(a), 11 N.J.R. 449(a).
As amended, R.1979 d.496, effective December 14, 1979.
See: 11 N.J.R. 507(b), 12 N.J.R. 43(b).
(g)6iii(2): Added sentences 4 through 6.
As amended, R.1980 d.11, effective February 1, 1980.
See: 11 N.J.R. 506(b), 12 N.J.R. 86(a).
Amended form in (c)1i and (g)4ii and iii.
As amended, R.1980 d.92, effective April 1, 1980.
See: 12 N.J.R. 29(c), 12 N.J.R. 193(d).
(c)1iii: Changed cross reference from 5.2(g)2 to 5.2(f)2.
(c)4: Added last (parenthetical) sentence.
Added (f)1ii and codified (f)1i separately from (f)1.
As amended, R.1980 d.116, effective March 19, 1980.
See: 11 N.J.R. 507(a), 12 N.J.R. 194(a).
(h)1ii–iv: "Interim Assistance–Trial Placement" was "Family Care".
(h)2: Replaced BLO/ISS of DPW with Bureau of Transitional Services.
Added subsection (i).
Amended by R.1980 d.122, effective March 19, 1980.
See: 12 N.J.R. 122(a), 12 N.J.R. 195(b).
(g): Added paragraph 1.
(g)1i: Renumbered as (g)2i, deleted requirement for renewal every 90 days.
(g): Renumbered paragraphs 2 through 7 as 3 through 8.
Amended by R.1980 d.152, effective April 11, 1980.
See: 12 N.J.R. 121(a), 12 N.J.R. 278(b).
(a)1iii: Added "or a request ... of this subsection".
(c)1i: Added "or the signature ... of this subsection".

(c): Added paragraph 2.
(c)2: Renumbered as 3 and added last sentence.
(c)3: Renumbered as 4 and added "unless an . . . of this subsection".
(c): Renumbered paragraphs 4 and 5 as 5 and 6.
Amended by R.1980 d.153, effective May 1, 1980.
See: 12 N.J.R. 121(b), 12 N.J.R. 278(c).
(g): Substantially amended.
Amended by R.1980 d.245, effective July 1, 1980.
See: 12 N.J.R. 191(a), 12 N.J.R. 418(b).
(f) amended to include persons entering a New Jersey medical facility from out-of-state in the definition of municipal resident.
(f)1 amended to include current exception and sentence immediately following.
(f)1iii added.
Amended by R.1980 d.252, effective July 1, 1980.
See: 12 N.J.R. 275(c), 12 N.J.R. 419(a).
(f)1i: Exception language added.
Amended by R.1980 d.514, eff. January 1, 1981.
See: 12 N.J.R. 584(c), 13 N.J.R. 18(a).
(c)1iv amended to provide applicant with pamphlet and oral explanations. (c)1v added.
Amended by R.1981 d.160, eff. June 4, 1981.
See: 13 N.J.R. 145(a), 13 N.J.R. 363(b).
(g)4i(3): cross-references added.
Amended by R.1982 d.103, eff. April 5, 1982 (operative May 1, 1982.)
See: 13 N.J.R. 927(b), 14 N.J.R. 344(c).
(g)3ii deleted-v. deleted and replaced with new (g)3ii through (g)3v9(D).
Amended by R.1982 d.104, eff. April 5, 1982 (operative May 1, 1982).
See: 13 N.J.R. 929(a), 14 N.J.R. 344(d).
(g)7 substantially amended.
Amended by R.1982 d.418, eff. December 6, 1982.
See: 14 N.J.R. 956(a), 14 N.J.R. 1398(a).
Information regarding verification of Unemployment/Disability Insurance added.
Amended by R.1983 d.160, eff. May 16, 1983.
See: 15 N.J.R. 314(a), 15 N.J.R. 807(a).
Medical evidence of mental or physical disability or impairment added as necessary proof of unemployability.
Amended by R.1983 d.328, eff. July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209, eff. May 23, 1983, operative June 1, 1983.
Internal N.J.A.C. citation form corrected throughout text.
Amended by R.1983 d.374, eff. September 6, 1983.
See: 15 N.J.R. 313(a), 15 N.J.R. 1476(a).
Determination of municipal responsibility added.
Amended by R.1983 d.622, eff. January 17, 1984.
See: 15 N.J.R. 1630(a), 16 N.J.R. 145(b).
Clear directives added routing forms from General Assistance offices to N.J. Division of Employment Services.
Amended by R.1984 d.506, effective November 5, 1984 (operative December 1, 1984).
See: 16 N.J.R. 2219(b), 16 N.J.R. 3031(c).
(f)2: deleted old text and inserted new.
Amended by R.1985 d.692, effective January 21, 1986 (operative February 1, 1986).
See: 17 N.J.R. 2338(a), 18 N.J.R. 192(b).
N.J.A.C. 10:85–3.2(g)(7)ii terminating general assistance recipients from welfare for a 90–day period if they are discharged because of their negligence held invalid as not in furtherance of legislative policy. *Newark Div. of Public Welfare v. Ragin,* 197 N.J.Super. 225 (App. Div. 1984).
Correction: (e)4ii(1) omitted from text.
See: 19 N.J.R. 307(b).
Amended by R.1987 d.409, effective October 5, 1987.
See: 18 N.J.R. 2183(a), 19 N.J.R. 1812(a).
(g) substantially amended.
Amended by R.1988 d.425, effective September 6, 1988.
See: 20 N.J.R. 879(a), 20 N.J.R. 2292(c).
Added (g)9.
As amended by R.1989 d.161, effective March 20, 1989.
See: 20 N.J.R. 2968(a), 21 N.J.R. 764(b).
Residency of person in health care facility clarified.
See: 21 N.J.R. 1147(a).
Correction: Erroneously entered text at N.J.A.C. 10:85–3.2(e)3.iii(1) deleted.
Amended by R.1989 d.398, effective August 7, 1989.
See: 21 N.J.R. 835(a), 21 N.J.R. 2384(a).
Stipulation of 30 consecutive day residency time frame deleted.
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.
Administrative change to (g)2.
See: 23 N.J.R. 1412(a).
Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
Verification requirements and definition of resident clarified.
Amended by R.1992 d.368, effective September 21, 1992 (operative October 1, 1992).
See: 24 N.J.R. 2160(b), 24 N.J.R. 3356(a).
Text at (g) amended to conform to Family Development Program requirements.
Amended by R.1992 d.503, effective December 21, 1992.
See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).
Application procedures revised and clarified; text conformed to penalty at N.J.S.A. 44:8–114.
Amended by R.1993 d.382, effective August 2, 1993.
See: 25 N.J.R. 1714(a), 25 N.J.R. 3466(a).
Amended by R.1994 d.591, effective December 5, 1994.
See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).
Amended by R.1995 d.383, effective July 17, 1995.
See: 27 N.J.R. 864(a), 27 N.J.R. 2689(a).
New (c)7 is added and old (c)7 is redesignated as (c)8.

Case Notes

Public assistance to strikers. Super Tire Engineering Co. v. McCorkle, 412 F. Supp. 192 (D.N.J. 1976) affirmed 550 F.2d 903, certiorari denied 98 S.Ct. 106, 434 U.S. 827, 54 L.Ed.2d 86, rehearing denied 98 S.Ct. 753, 434 U.S. 1025, 54 L.Ed.2d 773.

Tardiness to work did not indicate unwillingness to work. Robinson v. New Jersey Dept. of Human Services, Div. of Family Development, 270 N.J.Super. 191, 636 A.2d 1066 (A.D.1994).

Regulation terminating general assistance recipients from welfare for a 90–day period if they are discharged from work because of that negligence is invalid as it does not further legislative intent (also cited as N.J.A.C. 10:85–2.2). Newark Div. of Public Welfare v. Ragin, 197 N.J.Super. 225, 484 A.2d 716 (App.Div.1984).

Immediate application. Faison v. Green, 171 N.J.Super. 341, 344, 409 A.2d 282 (App. Div. 1979).

Failure to comply with work requirement as basis for general assistance ineligibility. J.B. v. Newark Div. of Public Welfare, 5 N.J.A.R. 493 (1979).

10:85–3.3 Financial eligibility

(a) Rules concerning immediate need are as follows.

1. Definition: Immediate need is the condition in which the available resource of an applicant are insufficient to meet current living expenses.

2. Immediate assistance: When immediate need is apparent and the applicant provides affirmative evidence of eligibility by a written application signed under oath (Form GA–1), the director of welfare shall issue a grant, effective as of the date of application, in an amount

sufficient to assure that the applicant is provided with food, shelter and clothing pending further verification of the case. Refer to N.J.A.C. 10:85–4.2 for periods for which assistance may be granted. (See N.J.A.C. 10:85–3.2(e) regarding verification and sources of evidence.)

(b) Rules concerning countable income are as follows.

1. Requirement: All income from whatever source must be considered in establishing the applicant's eligibility and in computing the grant.

2. Definition: Income is countable when it is in cash or in some other form readily available to meet the needs of the eligible unit.

i. "Some other form" means income-in-kind, such as shelter or food provided at no cost to the client. See (c)3 and (e)4 below.

ii. Income which is not readily available is considered a resource and will be counted only when it actually becomes available. See N.J.A.C. 10:85–3.4 for regulations regarding resources.

3. Availability of income: For purposes of determining immediate need either at the time of initial application or at any point prior to completion of verification, moneys which may have been received in the past, even though recently, and which the applicant has already spent cannot be counted as available so long as he/she provides reasonable explanation or evidence of such expenditures.

i. Having provided for immediate need, the MWD shall determine financial eligibility for continuing assistance on a monthly or weekly basis (see N.J.A.C. 10:85–4.2), in accordance with (c), (d) and (e) below.

4. Demand deposits: Funds which are available to the applicant(s) or any member(s) of the eligible unit upon demand, i.e., signature authority, are to be considered fully available for purposes of eligibility determination. This includes funds in joint accounts regardless of the source of the funds when the applicant or eligible unit member may make unrestricted withdrawals, i.e., "or" accounts. When use of funds is restricted by the need for the signature of a person(s) who is/are not a member(s) of the eligible unit, i.e., "and" account(s), a pro rata share of the funds shall be considered available unless a demonstration is made that actual ownership is in a different proportion. Such different proportion shall then be recognized. If it is demonstrated that funds in such an account are totally inaccessible, they shall not be considered. Information relating to accessibility or the lack of it must be verified.

(c) Rules concerning earned income are as follows.

1. Definition: Earned income is income earned by an individual through the receipt of wages, salaries or commissions from activities in which he/she is engaged as an employee or from his/her self-employment. It includes earnings over a period of time for which settlement is made in one payment, as in the sale of farm crops.

2. Self employment: Earned income from self-employment is the total income from a trade, business or enterprise adjusted by deducting business expenses or the cost of producing the income. Personal expenses, income tax payments, lunches, transportation, child care, and so forth, are not classified as business expenses for this purpose.

i. Persons who are self-employed shall be required to submit evidence of business receipts and expenditures as the basis for determining earned income. A reliable, accurate accounting system or the method utilized in reporting to the Internal Revenue Services shall be acceptable for determining net income.

ii. An individual who is providing extensive personal services together with room and board accommodation to an adult other than a relative shall be considered self-employed. Any income from this arrangement in excess of the room and board cost figure as given in (e)2 below shall be recognized as earned income.

(1) "Extensive personal services" means care given an ill or aged person, such as feeding, bathing and dressing.

(2) "Relative" in this section includes spouse, child, parent, grandparent, brother or sister.

3. Shelter or food as part of wages: When an individual is provided with shelter and/or food without charge in return for performing work duties, the monetary value shall be counted as gross earned income. Such value shall not exceed $55.00 per month for shelter and/or $45.00 per month for food; however, a lesser amount may be counted where warranted by conditions. (See (e)4 below for other income-in-kind situations.)

4. Disregards: Certain earnings shall be disregarded in determining the amount of countable income.

i. A standard disregard of $60.00 per month ($14.00 per week) for each employed member of the eligible unit engaged in either full or part-time employment shall be deducted from gross earned income. This amount represents mandatory payroll deductions and all other expenses of employment.

ii. In addition, after initial eligibility has been established (see (d) below), one-third of the total remaining earned income of all employed members of the eligible unit shall be disregarded.

iii. When the earnings of an individual are less than $60.00 per month or $14.00 per week, the entire amount of such earnings shall be disregarded.

5. Monthly earnings: Monthly gross earnings are established by multiplying the client's weekly gross earnings by 4⅓.

6. Irregular earnings: When earnings are irregular, the weekly gross earnings for the four weeks preceding the date the grant becomes effective shall be averaged to determine a weekly amount for the purpose of grant computation.

i. When the client has been employed less than four weeks prior to the determination, the average shall be based on the actual employment period of one, two or three weeks.

(1) Example: New employment began three weeks ago, with wages (gross earnings) in amounts of $80.00, $62.00 and $68.00. Average weekly earnings are $70.00.

ii. The weeks must be identified in the case record and the amounts of earnings utilized in determining the average documented therein.

7. Change in earned income: Any change in employment circumstances, such as change in base pay, change to full or part-time work or to a different job, must be reported to the MWD immediately and a recalculation of earned income promptly made. If this change has occurred less than four weeks prior to the date the new determination is made and the earnings are irregular, an average shall be determined only for the period since the change occurred. (See example in (c)6 above.)

8. Contract income: Earnings payable under the terms of a renewable contract, e.g., earnings of school teachers, are to be prorated over the stated term of the contract only.

9. Income from tips: When the client is employed in a position where tipping is customary, a daily log or other acceptable documentation of tips received shall be used for income calculation. Tip income calculation shall not be based on the estimated tips information as reported on W–2 forms.

(d) Initial eligibility must be established for all persons who have earned income and are applying for assistance.

1. Determination: To determine initial eligibility, an initial disregard of $60.00 shall be deducted from the total monthly gross earnings or the net earned income from self-employment. When the resultant amount is less than the applicable allowance standard, according to Schedule II, financial eligibility exists.

i. When initial eligibility has been established, the income shall be computed in accordance with (c)4 above to determine the amount of assistance to which the eligible unit is entitled.

2. Continuing eligibility: A continuing case remains financially eligible so long as the income as computed on Form GA–19 is less than the applicable allowance standard.

3. Eligibility for excessive medical costs: When computation of initial eligibility or of the grant results in a surplus (income exceeds assistance standard), eligibility for excessive medical costs may nevertheless exist, subject to provisions of subsection (g) of this section. Any such surplus, as determined on Form GA–19, shall be subtracted from applicant's total medical costs and payment provided for the remaining unpaid medical bills.

(e) Rules concerning unearned income are:

1. Definition: Unearned income includes net income from roomers, roomer-boarders (except as in (c)2ii above,) table-boarders, rental of apartments or housekeeping units, returns form capital investments such as dividends and interest, benefits and pensions, annuities, contributions from relatives or others, compensation payment and so forth.

i. All unearned income which is actually being received during the period for which assistance is being provided shall be counted in determining eligibility and in computing the grant. When available unearned income can be increased by action of an applicant/recipient, e.g., terminate a voluntary tax deduction, the applicant/recipient must, as a condition of eligibility, take such action.

ii. Income in the form of benefits, grants or earnings received from any Federal bureau or agency must be applied in computing the amount of the eligible unit's grant.

2. Income from roomers, roomer-boarders and table-boarders: The presence of roomers, roomer-boarders, or boarders in the eligible unit's home constitutes a business arrangement. Moneys received from such arrangements shall be considered gross unearned income to the eligible unit. (Note that income from provision of extensive personal services is earned income. See (c)2ii above.)

i. The monthly cost figures to be used in determination of net income are as follows:

(1) Roomer	$ 40.00;
(2) Table-boarder	$ 80.00;
(3) Roomer-boarder	$120.00.

ii. To determine the net income, subtract the appropriate monthly cost figure from the monthly amount paid to the eligible unit. The difference is net unearned income.

iii. If the roomer, table-boarder or roomer-boarder pays an amount less than the applicable monthly cost figure, no countable income shall be recognized. However, the eligible unit shall be advised that it is in fact subsidizing such person and urged to request a more equitable payment.

3. Income from rental or apartment or housekeeping unit: When payment is received for rental of an apartment or housekeeping unit in the eligible unit's home, the countable net income shall be determined by deducting the cost of operation and maintenance from the gross income received.

i. Monthly cost figure: The monthly cost figure per room for operation and maintenance are as follows:

(1) With no utilities—$23.00;

(2) Including one major utility such as heat or electricity—$29.00;

(3) Including two or more (or all) utilities—$34.00.

ii. To determine the total cost, multiply the monthly cost figure by the number of rooms in each apartment or housekeeping unit, excluding any room used solely as a bathroom.

iii. Deduct the total cost from the amount of rental income received by the eligible unit. The difference is the net unearned income.

4. Income-in-kind: Income or benefits received in the form of goods, services or via third party payments, rather than cash, are to be treated in accordance with the provisions below. Cash contributions, however, made to or for a client, are to be treated as countable unearned income, except those income items specifically identified in (e)5 below.

i. Shelter/utilities: When shelter and/or utilities are provided without charge or to a third party by an individual who is under an obligation to make the contribution, it shall be recognized as income-in-kind. Deduct 25 percent of the applicable allowance standard for shelter only and 30 percent when utilities are included. When shelter and/or utilities are provided without charge or to a third party by an agency or organization or by an individual who is not under an obligation to make contribution, the value of such shelter and/or utilities shall not be considered in the determination of eligibility or in the calculation of grants of assistance.

ii. Hospital services: When grants are being continued under the provisions for shelter continuity (see (f)5 below), an adjustment in grant computations shall be used to accommodate for the absence of the individual from his or her home if inpatient hospital services continued for more than 30 days. The amount for employable persons is $17.00 monthly; for unemployable persons, $25.00 monthly.

iii. Other items: No deductions will be made for other income items, except for wages as described in (c) above and contributions by an LRR in accordance with N.J.A.C. 10:85–9.5.

5. Income exclusions: The following shall not be counted when determining financial eligibility:

i. Excess value of food stamps: For any household participating in the Federal Food Stamp Program, the value of the coupon allotment.

ii. Supplemental aid by other agencies or organizations, whether public or private, provided that:

(1) There is no duplication between such aid and the public assistance grant; and

(2) Such aid is for a special purpose not within the function of the public assistance agency (for example, vocational rehabilitation).

iii. Subsidization of adoption: Any income received through the subsidized adoption program of the Division of Youth and Family Services pursuant to N.J.S.A. 30:4C–45 thru 49 (P.L. 1973 c.81).

iv. Foster care payments: The regular monthly payment and clothing allowance paid by DYFS for care of children shall be considered as equal to the cost of providing the care. Extra payments for special services shall, however, be considered as earned income from self-employment.

v. Occasional gifts and contributions of nominal amount or value, such as those received on birthdays, Christmas or other holidays.

vi. HUD payments: Any HUD (Housing and Urban Development) vendor payments made on behalf of recipients.

vii. Payments for supportive services or reimbursement of out-of-pocket expenses made to individual volunteers, grandparents, senior health aides, senior companions, volunteers under Title I (VISTA) or Public Law 93–113, persons serving in the Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE) and any programs under Titles II and III of the Domestic Volunteer Service Act of 1973 (Public Law 93–113) shall be disregarded.

viii. Personal loans: Personal loans are exempt when such loans are evidenced by a document, signed by the client and the lender, which states the amount of the loan and terms of repayment. (See also (e)5ix below for student loans.)

ix. Student income: Loans, grants, scholarships and income from work-study programs which may be received by full time undergraduate students are to be disregarded in computing eligibility or the amount of General Assistance to be granted. Stipends provided for living expenses, however, are not to be disregarded. (See also N.J.A.C. 10:85–3.2(f)3 on eligibility of college students.)

x. Relocation payments: Payments made under the authority of the New Jersey Relocation Assistance Act (Chapter 362, Laws of 1971, N.J.S.A. 20:4–1 et seq.).

xi. Energy Assistance payments and credits made under the Home Energy Assistance (HEA) Program, the Lifeline Assistance Program (LAP) and the Tenants Lifeline Assistance Program (TLAP).

xii. Unemployment Insurance Benefits for which a check(s) was/were issued, endorsed by the payee, and returned to the issuing agency in repayment of an overpayment. Verification shall be by examination of Employment Service Form B–65, Receipt for Refund of Benefits, a copy of which shall be retained in the case record.

xiii. Agent Orange payments: Money received because of a settlement agreement or judgment in a lawsuit brought against a manufacturer or distributor of "Agent Orange" for damages resulting from exposure to "Agent Orange".

(f) Assistance allowance standards are as follows:

1. An allowance standard is the total amount of need recognized for a particular eligible unit for a specified period of time, other than payment for medical needs, homemaker service, travel costs or such emergency grants as may be deemed necessary under N.J.A.C. 10:85–4.6.

2. Allowance schedules: Schedules I and II at N.J.A.C. 10:85–4.1 have been established under the authority in N.J.S.A. Title 44 and give the standards, in monthly amounts, to be used as the basis for granting assistance.

i. The eligible unit represents the person(s) applying for and eligible to receive General Assistance (see N.J.A.C. 10:85–3.1(b)1).

ii. Assistance allowance standards as given in Schedule I apply only to persons who, because of physical, mental, or emotional disabilities, are unable to accept employment.

iii. In all situations when the eligible unit includes at least one individual who is employable, Schedule II shall be used.

iv. If assistance is required for a period of less than one month, the allowance standard as given in Schedules I or II shall be prorated as necessary.

v. To prorate, divide the monthly allowance by 30 (regardless of the actual number of days in that particular month) to determine the per diem amount. Multiply the per diem amount by the number of days for which the grant is to be made.

vi. The payment granted for any period shall be determined from the applicable monthly allowance standard less any countable income (see N.J.A.C. 10:85–4.2).

3. Recognized for State aid: State aid will be provided in accordance with the appropriate allowance standard when payments, as related to the periods of time described in N.J.A.C. 10:85–4.2, adhere to the standards and regulations in this manual.

i. A MWD providing additional amounts of assistance in any given month (other than for homemaker service, travel costs, emergency assistance or medical care) will receive no State aid for the amount in excess of the applicable standard.

4. Room and board living arrangements: When an individual is purchasing a room and board living arrangement, the following shall apply:

i. Residential health care facility: When an individual who is in need of extensive personal services on a regular and continuous basis is purchasing a room and board living arrangement in a residential health care facility: (licensed by the N.J. Department of Health for purposes other than the care or treatment of drug or alcohol abuse), the monthly assistance payment including a personal allowance, shall not exceed the rate approved by the New Jersey Department of the Treasury, less any countable income. When a rate increase is approved, a public notice to that effect will be published in the New Jersey Register. Information about the current rate may also be obtained by contacting the Division of Family Development. However, the cost of purchasing such living arrangement shall not exceed the minimum amount which the establishment customarily charges to or for other guests not dependent on public assistance, for the same accommodations and/or services.

ii. Other boarding homes: When an individual is purchasing room and board in a group facility or a boarding home (including a private home) other than a Residential Health Care Facility as in (f)4i above, or a center for treatment of drug or alcohol abuse as in (f)4iv below, the total monthly allowance shall be the amount for a single individual as given in Schedule I or Schedule II, as appropriate, less any countable income.

(1) The spouse of a boarding home operator when living in the same home is also considered a boarding home operator. Neither the spouse nor a child under age 18 of a boarding home operator may be considered a boarder there.

iii. Long-term care facilities: See N.J.A.C. 10:85–5.3(e) regarding care in skilled nursing home and intermediate care facilities.

iv. Drug and alcohol treatment centers: When an individual is receiving room and board in a residential center for the treatment of drug or alcohol abuse, whether or not the center is licensed by the New Jersey Department of Health, the total allowance shall not exceed the amount to which the individual would be entitled as an eligible unit of one as given in Schedule I or Schedule II, as appropriate. Of that amount, $25.00 shall be considered as an allowance for personal incidentals and the remainder as the room and board payment to the center. (Note: Licensure of the center by the New Jersey Department of Health as a medical institution will not affect the payment rate.)

v. Maternity homes: When an eligible individual has been found by the Division of Family Development, General Assistance Program (GAP) Unit (DFD/GAP Unit) to be in need of the services provided by a maternity home approved by the Division of Youth and Family Services (DYFS) and the individual is receiving such services, the monthly allowance shall be the rate established by DYFS. The MWD may obtain current rate information by communicating with the DFD/GAP Unit. However, the MWD shall not accept responsibility for payment at that rate prior to receipt of a report of affirmative findings from the DFD/GAP Unit. Until the report is received, the allowance shall be that for a single individual as given in Schedule I or II, as appropriate, less any countable income. For the DFD/GAP Unit approved cases, the DYFS rate shall apply with retroactive adjustment, if necessary, from the date of application or the date of admission to the maternity home, whichever is later.

(1) The submittal to the DFD/GAP Unit may be in any appropriate form or format. It shall consist of the objective recommendation of the MWD with supporting documentation. The DFD/GAP Unit will consider the individual's age, mental and physical health, family circumstances, and other conditions peculiar to the situation. Form PA–5 (Examining Physician's Report) and/or Form PA–6 (Medical–Social Information Report) may be used in presenting the documentation.

5. Shelter continuity: When a person who had been living alone and is otherwise eligible for General Assistance is hospitalized for more than 30 days, grants of assistance may be continued for up to 60 additional days for the purpose of retaining shelter to which the person can return.

(g) Medical care: Persons found eligible for General Assistance maintenance payments in accordance with the procedures and standards established in this subchapter (N.J.A.C. 10:85–3) are likewise eligible for medical care (see N.J.A.C. 10:85–5 regarding provision of medical care). In addition, certain other individuals and families are eligible for medical assistance from the MWD or for referral to the county welfare agency.

1. Medically needy: Individuals and families who are ineligible for General Assistance, AFDC, the Refugee Resettlement Program or SSI, because their income exceeds the standards established for the applicable program may apply to the MWD 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. The MWD shall refer to the county welfare agency those persons who appear to be potentially eligible for the Medically Needy Program administered by that agency. Except as stated in (g)1i below, any person found eligible under the provisions of that program is not eligible for benefits under this subsection.

i. 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 as in (g)1 above. 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 MWD on a monthly basis for assistance in meeting such costs.

ii. "Excessive" defined: When an individual's or family's income over and above the appropriate income level as explained in (g)1iii below has been used to pay medical bills, any additional medical costs are considered excessive.

iii. Income levels: For the purpose of determining excessive medical costs, the total available monthly income (see (g)1iv below) of individuals, couples, or families with children is measured against the appropriate allowance standard. (See N.J.A.C. 10:85–3.1(b) regarding eligible unit concept.) For elderly, blind, or disabled persons, the Medically Needy Program standard applies. For families with children, the AFDC (C and F) standard applies. (See N.J.A.C. 10:82–1.2 for current AFDC standard.) For all others, the General Assistance standard (Schedule I or II as appropriate) applies. Information about the standards may be obtained by contacting the Division of Family Development.

iv. Computing total income: Form GA–19 will be used to determine income and the amount of excessive medical costs. Monthly earned income is adjusted by deducting $60.00 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.

v. Payment determination: When the appropriate standard ((g)1iii 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/herself. When the client has proof of paid medical bills in the amount of the "surplus", the MWD shall provide payment for any unpaid medical costs in excess of the "surplus", in accordance with the regulations and rates set forth in N.J.A.C. 10:85–5.

vi. Application required: N.J.A.C. 10:85–3.2(c), (e) and (f) shall constitute the application process relevant to the medically needy. See also N.J.A.C. 10:85–3.5(a) regarding redeterminations.

2. Medicaid Special: Certain low income persons under age 21 and certain low income pregnant women, regardless of age, may be eligible for Medicaid even though they may or may not be living with parents, may or may not be eligible for General Assistance, and may not be eligible for cash assistance from a county welfare agency.

i. The MWD will, via Form PA–14, refer all GA recipients under age 21 and all pregnant recipients to the county welfare agency for Medicaid Special. Referral of those who have income marginally above GA eligibility standards is also indicated. The CWA will advise as to the eligibility determination made.

ii. Persons found eligible for Medicaid Special are not thereby disqualified for grants of General Assistance but the MWD will make no medical payments for such persons.

As amended, R.1977 d.291, effective September 1, 1977.
See: 9 N.J.R. 277(a), 9 N.J.R. 434(c).
As amended, R.1977 d.444, effective December 1, 1977.
See: 9 N.J.R. 432(a), 10 N.J.R. 15(a).
As amended, R.1977 d.488, effective December 29, 1977.
See: 10 N.J.R. 64(c).
As amended, R.1977 d.445, effective January 1, 1978.
See: 9 N.J.R. 433(a), 10 N.J.R. 15(b).
As amended, R.1977 d.446, effective January 1, 1978.
See: 9 N.J.R. 471(b), 10 N.J.R. 15(c).
As amended, R.1979 d.197, effective July 1, 1979.
See: 11 N.J.R. 184(a), 11 N.J.R. 283(c).
As amended, R.1979 d.366, effective September 13, 1979.
See: 11 N.J.R. 378(b), 11 N.J.R. 520(a).
As amended, R.1979 d.365, effective October 1, 1979.
See: 11 N.J.R. 378(a), 11 N.J.R. 519(f).
As amended, R.1979 d.446, effective November 13, 1979.
See: 11 N.J.R. 515(a), 11 N.J.R. 627(a).
As amended, R.1979 d.448, effective November 13, 1979.
See: 11 N.J.R. 516(b), 11 N.J.R. 627(c).
As amended, R.1979 d.447, effective January 1, 1980.
See: 11 N.J.R. 516(a), 11 N.J.R. 627(b).
As amended, R.1980 d.11, effective February 1, 1980.
See: 11 N.J.R. 506(b), 12 N.J.R. 86(a).
(g)2i: "Referral for Services" was "Interagency referral".
As amended, R.1980 d.29, effective February 1, 1980.
See: 11 N.J.R. 556(b), 12 N.J.R. 86(d).
(g)1iii: Amended cross-references.
As amended, R.1980 d.84, effective May 1, 1980.
See: 12 N.J.R. 30(a), 12 N.J.R. 127(d).
(c): Added paragraph 8.
As amended, R.1980 d.310, effective August 1, 1980.
See: 12 N.J.R. 85(b), 12 N.J.R. 483(a).
(f)4iv: Reference to Schedules I and II added.
As amended, R.1980 d.311, effective August 1, 1980.
See: 12 N.J.R. 123(a), 12 N.J.R. 483(b).
(f)4ii substantially amended.
As amended, R.1980 d.388, effective November 1, 1980.
See: 12 N.J.R. 469(d), 12 N.J.R. 599(f).
(b)4 added.
As amended, R.1980 d.466, effective December 1, 1980.
See: 12 N.J.R. 534(c), 12 N.J.R. 704(a).
(g)2i, ii, and "note" deleted and replaced with new material.
As amended, R.1980 d.486, effective December 1, 1980.
See: 12 N.J.R. 534(b), 12 N.J.R. 724(a).
(a)1 amended by redefining "immediate need".
As amended, R.1980 d.547, effective February 1, 1981.
See: 12 N.J.R. 622(c), 13 N.J.R. 100(a).
(f)4i and ii amended from "Licensed Board Home for Sheltered Care" to "Residential Health Care Facility"; (f)4i "$40" was "up to $30"; "$369" was "$339".
As amended, R.1981 d.46, effective February 5, 1981.
See: 13 N.J.R. 16(b), 13 N.J.R. 147(a).
(c)8: old text requiring 12–month prorating deleted; new text requiring prorating over the "stated term of the contract only" substituted therefor.
As amended, R.1981 d.263, effective July 9, 1981.
See: 13 N.J.R. 225(a), 13 N.J.R. 433(a).
(e)5i: deleted after "allotment"; "in excess of the amount paid by the household for such allotment."
As amended, R.1982 d.53, effective March 1, 1982.
See: 13 N.J.R. 879(a), 14 N.J.R. 235(d).
(f)4i: Deleted "of $40 per month"; "$408.50" was "$360.00".
As amended, R.1982 d.98, effective April 5, 1982 (operative May 1, 1982).
See: 13 N.J.R. 930(a), 14 N.J.R. 345(a).
(e)4ii added and existing ii renumbered as iii.
(f)5 added.
As amended, R.1982 d.185, effective June 21, 1982.
See: 14 N.J.R. 270(a), 14 N.J.R. 659(b).
(e)4: added "Contributions ... in-kind income"; (e)4ii: Deleted "these percentages ... different amount".
As amended, R.1982 d.375, effective November 1, 1982.
See: 14 N.J.R. 893(b), 14 N.J.R. 1216(a).
Defined who may be considered a boarder.
As amended, R.1983 d.105, effective April 4, 1983.
See: 14 N.J.R. 894(a), 14 N.J.R. 550(a).
Maximum monthly assistance payment, for person in RHCF, increased from $408.50 to $430.20.
As amended, R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209, effective May 23, 1983, operative June 1, 1983.
At (e)5vii, references to other volunteers added to that of VISTA. At (e)5xi, energy assistance payments added. At (f)4v, maternity homes added. At (g)3, references to inpatient hospitalization added.
As amended, R.1984 d.111, effective April 2, 1984.
See: 16 N.J.R. 119(a), 16 N.J.R. 729(a).
Amount of $430.20 replaced by "the rate approved by the New Jersey Dept. of the Treasury. ...".
As amended, R.1984 d.403, effective September 17, 1984 (operative October 1, 1984).
See: 16 N.J.R. 683(a), 16 N.J.R. 2441(a).
Text in (f)4v, deleted and replaced with new text.
As amended, R.1984 d.507, effective November 5, 1984 (operative December 1, 1984).
See: 16 N.J.R. 2056(a), 16 N.J.R. 3032(a), 16 N.J.R. 3063(c).
Effective October 1, 1984, rate for General Assistance has been increased from $461.97 to $464.05.
Amended by R.1985 d.81, effective March 4, 1985.
See: 16 N.J.R. 3165(a), 17 N.J.R. 595(a).
Subsection (g) substantially amended.
Public Notice: General Assistance Rate has been increased from $464.05 to $475.05 monthly.
See: 17 N.J.R. 485(c).
Amended by R.1986 d.47, effective March 3, 1986.

See: 17 N.J.R. 2519(a), 18 N.J.R. 483(a).
(g) substantially amended.
Amended by R.1986 d.57, effective March 3, 1986 (operative April 1, 1986).
See: 17 N.J.R. 2849(a), 18 N.J.R. 482(a).
(e)xii added.
Public Notice: General Assistance Rate has been increased from $475.05 to $486.05 monthly.
See: 18 N.J.R. 712(b).
Amended by R.1986 d.299, effective July 21, 1986 (operative August 1, 1986).
See: 18 N.J.R. 928(b), 18 N.J.R. 1464(a).
(f)2vii added.
Amended by R.1986 d.319, effective August 4, 1986.
See: 18 N.J.R. 1056(b), 18 N.J.R. 1595(b).
(c)9 added.
Correction: (f)4ii and (g)2i and ii omitted from text.
See: 19 N.J.R. 307(b).
Public Notice: In accordance with N.J.A.C. 10:85–3.3(f)4i, the Department of Human Services announces that the rate to be paid for General Assistance recipients in Residential Health Care Facilities has been increased from $486.05 to $490.05 monthly. This change is effective January 1, 1987 and is the same in both the amount and effective date as the change in the rate for the same service paid to recipients under the Federal program of Supplemental Security Income.
See: 19 N.J.R. 570(c).
Amended by R.1987 d.177, effective April 20, 1987.
See: 19 N.J.R. 32(b), 19 N.J.R. 645(b).
(e)5xiii added.
Amended by R.1988 d.425, effective September 6, 1988.
See: 20 N.J.R. 879(a), 20 N.J.R. 2292(c).
Added travel costs to (f)1 and 3.
Amended by R.1989 d.7, effective January 3, 1989.
See: 20 N.J.R. 2238(a), 21 N.J.R. 20(a).
Deleted old (e)4 and substituted new; deleted text from (f)5 "See N.J.A.C. 10:85–3.3(e)4ii . . .".
Amended by R.1989 d.138, effective March 20, 1989.
See: 20 N.J.R. 2688(b), 21 N.J.R. 765(a).
Payment for the cost of drugs to otherwise eligible persons added to N.J.A.C. 10:85–3.3(g)1.
Amended by Public Notice, effective July 3, 1989.
See: 21 N.J.R. 1914(b).
Rate paid for General Assistance recipients in Residential Health Care Facilities increased from $504.05 to $518.05 monthly.
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.
Public Notice: In accordance with N.J.A.C. 10:85–3.3(f)4i, General Assistance Rate in Residential Health Care Facilities raised from $536.05 to $557.05 monthly.
See: 23 N.J.R. 911(d).
Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
Text regarding chargeback deleted.
Amended by Public Notice: In accordance with N.J.A.C. 10:85–3.3(f)4i, General Assistance Rate in Residential Health Care Facilities increased from $557.05 monthly to $572.05 monthly, effective January 1, 1992, as consistent with the rate for the same services paid to recipients under the Federal Supplemental Security Income program.
Amended by R.1992 d.260, effective June 15, 1992.
See: 24 N.J.R. 926(a), 24 N.J.R. 2263(a).
Deleted text at (f)2ii, (f)4ii, and (f)4ii(2) regarding household size and determination of children age 18 or over living in the home of a parent/operator of a boarding home, who is over age 60.
See: 24 N.J.R. 1645(b).
Amended by R.1992 d.503, effective December 21, 1992.
See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).
Payment for inpatient services deleted at (g)3 and 4; text on illegal aliens deleted at (b)1i; hospital payment reference deleted.
Administrative Correction.
See: 26 N.J.R. 1658(a).
Amended by R.1994 d.591, effective December 5, 1994.
See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).
Public Notice: General Assistance rate for Residential Health Care Facilities raised from $596.05 to $608.05 monthly.
See: 27 N.J.R. 1483(a).

Case Notes

Immediate need. Faison v. Green, 171 N.J.Super. 341, 345, 409 A.2d 282 (App. Div. 1979).

Income received from Federal bureau or agency to be applied in computing amount of grant. Gilbert v. State, 167 N.J.Super. 217, 400 A.2d 803 (App. Div. 1979).

10:85–3.4 Resources

(a) Definition: For purposes of this manual, resources are defined as real or personal property which is within the control of one or more of the individuals applying for General Assistance or to which he or she (they) may have a valid claim; and certain other benefits and contributions of support which may become available.

1. Resources must be reported in full to the agency and a determination made as to status as either exempt or potential.

i. Medicare benefits must be utilized first before determining the amount of unpaid medical bills. (See N.J.A.C. 10:85–5.3(h)).

ii. No-fault auto insurance shall be utilized in the payment of medical expenses relative to auto accidents, hit and run accidents, and so forth.

2. No person shall be eligible for assistance within two years after having disposed of a resource for less than adequate consideration or after having abandoned a resource of value when such disposal or abandonment was made for the purpose of qualifying for assistance or of avoiding repayment of assistance. Any assistance granted by reason of nondisclosure during such two year period represents an overpayment and is to be processed accordingly.

i. There shall be an initial presumption, rebuttable, that the abandonment of any resource of value, exempt, or otherwise, or the disposal of any resource, exempt or otherwise, for less than adequate consideration, was made for the purpose of qualifying for assistance or of avoiding repayment of assistance.

ii. Any disposal or abandonment for reasons other than to qualify or to avoid repayment shall be reviewed by the MWD to determine whether or not recovery can be effected. If so, the matter is subject to the provisions of (d) below, potential resources. If recovery cannot be effected, the matter shall be disregarded in the determination of eligibility and computation of assistance grants.

3. Eligibility for benefits under any other public program represents a source of support. Applicants for and recipients of General Assistance must, as a condition of eligibility, do all things which are reasonable and necessary to establish and maintain eligibility in any other public program whenever the benefits of such program might serve or do serve to reduce the amount of any General Assistance program payment. Any person who fails or refuses, after 30 days written notice, to cooperate in establishing or maintaining eligibility in such other program is not eligible for General Assistance.

(b) Identification: The person(s) applying for assistance shall identify all his or her resources, shall assist in their evaluation, and, where indicated, shall participate in planning and carrying out their liquidation. The failure of any individual to identify a resource and to participate in its evaluation and/or liquidation shall render that individual ineligible for assistance.

1. Those aliens who are required to have a sponsor in accordance with INS requirements and whose sponsor has certified that he or she will provide support to prevent the alien from becoming a public charge, shall supply the name and address of his or her sponsor to the MWD. If unable to do so, the individual must cooperate in the agency's efforts to obtain the information from the Immigration and Naturalization Service (INS). The alien shall also cooperate in the agency's efforts to obtain support from the sponsor.

i. Communication between the MWDs and the INS for purposes other than obtaining support for an alien admitted for permanent residence is permitted only to the extent authorized at N.J.A.C. 10:85–1.5(b) and 3.1(a)2.

ii. The income and resources of an alien's sponsor shall be deemed to be unearned income and resources of an alien applicant or recipient for three years following the alien's entry into the United States. For purposes of this section, a sponsor is an individual (not an organization) who executed an affidavit of support or similar agreement on behalf of an alien as a condition of the alien's entry into the United States. No income or resources shall be deemed from a sponsor who is receiving public assistance.

iii. The amount of income of a sponsor which shall be deemed to be the unearned income of an alien shall be determined as follows:

(1) The sponsor's monthly earned income (and that of his/her spouse if living with the sponsor) shall be reduced by 20 percent (not to exceed $175.00) plus the full amount of any costs incurred in producing income from self-employment.

(2) The amount determined in (b)1iv(1) above shall be added to the unearned income of the sponsor (and that of his/her spouse if living with the sponsor).

(3) The amount determined in (b)1iv(2) above shall be reduced by the following:

(A) The appropriate amount in Schedule I or II as applicable for the sponsor, spouse, and other persons residing in his/her household who are claimed by the sponsor as dependents for Federal personal income tax liability and who are not recipients of public assistance;

(B) Any amounts actually paid by the sponsor to people not living in the household who are claimed by the sponsor as dependents for Federal personal income tax liability; and

(C) Actual payments of alimony or child support with respect to individuals not in the household.

(4) The remaining amount shall be deemed to the alien and shall be counted as unearned income in the determination of eligibility and grant amount.

iv. The amount of resources (and of the sponsor's spouse if living with the sponsor) shall be determined in accordance with the provisions of this manual. The value of the sponsor's resources shall be reduced by $1,500 and remaining amount shall be deemed available to the alien and counted in the determination of eligibility and payment level.

v. In any case where a person is the sponsor of two or more aliens who are living in the same home, the income and resources of the sponsor (and the sponsor's spouse if living with the sponsor), to the extent the income and resources would be deemed to any one of the aliens under the provisions of this section shall be equally divided among the aliens.

vi. Income and resources which are deemed to an alien shall not be considered in determining the need of other unsponsored members of the alien's family except to the extent the income and resources are actually available.

vii. Any sponsor of an alien, and the alien, shall be jointly and severally, liable for any overpayment made to the alien during the three years after the alien's entry into the United States that was caused by the sponsor's failure to provide correct information under the provisions of this section, except where the sponsor was without fault or where good cause existed.

(1) Any overpayments described in (b)1viii above which are not repaid or recovered shall be withheld from any future General Assistance payments to which the alien or sponsor is entitled.

(c) Exempt resources: Exempt resources are not subject to any requirement for liquidation and are not considered in determining the assistance grant. Any resource which is not

or is no longer exempt shall be considered as either available income or a potential resource, according to its nature. The exempt resources are:

1. Real property owned by the eligible unit and used as a home by the eligible unit, together with so much of the land on which the house stands as is reasonably necessary for the maintenance of the house.

2. Personal property which is used or likely to be used. Included are:

i. House furnishings and clothing in regular use. Furnishings and clothing in storage may be deemed to be exempt in the presence of a reasonable plan for their use.

ii. Personal effects if regularly used or of small intrinsic value. Items of exceptional value not regularly used and not essential to the physical health and safety of the eligible unit are not exempt.

3. Automobile, when at least one of the following conditions exists:

i. The automobile would, if sold, produce less than $500.00 net revenue to the eligible unit; or

ii. No other transportation is available; or

iii. Illness or infirmity of a member of the eligible unit prevents use of other transportation; or

iv. An automobile is necessary to obtain or retain employment or is essential as an incentive to self-help.

4. Life insurance policies, including:

i. Prepaid irrevocably assigned funeral/burial arrangements;

(1) Prepaid irrevocable funeral/burial insurance policies;

(2) Prepaid irrevocable funeral/burial annuity policies;

(3) Prepaid irrevocable funeral/burial trust funds.

5. Livestock, machinery, tools, equipment, and stock-in-trade which serve to produce some net income in cash or in-kind or serve as an incentive for self-help. Livestock or property owned or used by a child in connection with a group or school activity (such as 4–H) is also exempt.

6. No net revenue: Any asset, real or personal, the liquidation of which would produce no net revenue to the eligible unit.

7. Savings: Funds up to three times the amount of the monthly assistance allowance standard for the eligible unit which have been set aside during a continuous period of receipt of assistance. Funds which exist at the time of initial application or reopening of a case are not exempt under this section. Any funds above three times the amount of the monthly assistance allowance (not necessarily the monthly grant) are to be considered as an available resource.

8. Relocation payments: Payments made under the authority of the New Jersey Relocation Assistance Act (Chapter 362, Laws of 1971, N.J.S.A. 20:4–1 et seq.).

9. Energy assistance payments: Payments and funds remaining from payments received under the Home Energy Assistance Program (HEA), the Lifeline Assistance Program (LAP), and the Tenants Lifeline Assistance Program (TLAP).

10. Agent Orange payments: Money received because of a settlement agreement or judgment in a lawsuit brought against a manufacturer or distributor of "Agent Orange" for damages resulting from exposure to "Agent Orange."

(d) Potential resources are resources which are neither exempt nor currently available for expendable use.

1. Liquidation or conversion of potential resources shall be undertaken and completed as promptly as the nature of the resource and the circumstances permit. Such liquidation or conversion to an expendable form creates countable income as defined in N.J.A.C. 10:85–3.3(b), and the agency shall take prompt and appropriate action to redetermine eligibility or adjust the payment as indicated.

i. If a member of an eligible unit willfully fails or refuses, within a period of 30 days after being requested in writing, to consent to or to take any action necessary in connection with a plan for liquidation, such individual shall be ineligible for assistance.

2. Responsibilities regarding potential resources:

i. The municipal welfare department shall:

(1) Inform the applicant at the time of application or as promptly thereafter as possible that all potential resources must be liquidated;

(2) Develop with the eligible unit a plan for the liquidation of resources and for the use of the proceeds; and

(3) Assist in carrying out the plan.

ii. Members of the eligible unit shall:

(1) Develop with the agency a plan for the liquidation of resources and for the use of the proceeds; and

(2) Consent to and cooperate in carrying out the plan.

3. Liquidation of real property:

i. The eligible unit shall be required to offer real property, other than that which is exempt, for sale at an asking price named by the unit but not lower than the price set by an independent appraisal paid for by the MWD.

ii. The eligible unit shall be required to sell such property within a period of six months at the highest offer, provided such offer is not less than the independent appraisal.

iii. Whenever the eligible unit presents evidence that such property cannot be sold, or that all efforts have failed to provide a buyer who is willing to purchase the property at the appraisal price, the property must be reevaluated.

iv. If the eligible unit has used reasonable diligence in seeking a purchaser and is unable to sell the property at the price established by the reevaluation, such property may be evaluated as having no present substantive value, pending any change which might give value to the property.

v. If encumbrances against the property, plus the cost of sale, equal or exceed the price at which it can be sold, the property need not be considered as a potential resource.

4. Liquidation of personal property: Liquidation of personal property which is not exempt shall be handled in such a way as to assure the highest net revenue. The MWD and the eligible unit may use such methods as are appropriate and mutually agreeable in determining an acceptable sale price. These include but are not necessarily limited to: professional appraisal, competitive bids, and public auction.

i. Automobiles subject to liquidation shall be sold at above the higher of two or more bids from reputable buyers.

ii. Securities, stocks and bonds can usually be liquidated through reputable local brokers at market prices. The holding of such securities in the hope of a higher price is speculation and is not an appropriate activity for either the agency or its clients.

iii. Mortgages, notes receivable and other less liquid securities shall be sold as quickly and advantageously as possible.

5. Trust Funds: When a trust fund exists for a member of the eligible unit, the MWD shall determine whether or not funds are currently accessible. If accessible, the funds represent an available resource and must be considered in determining eligibility.

i. When funds in trust are not currently accessible and the trust exists at the time of application, the client must, as a condition of eligibility, make a bona fide presentation of a petition to the appropriate court for release of the funds for current and future support. The agency with the aid of counsel will assist the client if necessary.

ii. When funds in trust are not currently accessible and the trust came into being during the term of the assistance case, the agency will with the aid of counsel present a petition to the appropriate court for release of funds for current and future support. The client must, as a condition of continuing eligibility, provide whatever cooperation may be necessary in the presentation of the petition.

(e) Suits and claims: Where a member of the eligible unit is, at time of application, or subsequently becomes the owner of an interest in a suit or claim arising out of an accident, inheritance or legacy, insurance on the lives of relatives or others, statutory benefits or pensions, unfulfilled contracts or obligations, and so forth, such interests constitute personal property and are potential resources which must be recognized.

1. Where assistance is extended during the period that the receipt or liquidation of such interest is pending, the MWD shall make every effort to obtain the signature(s) of the applicant(s)/recipient(s) on an agreement whereby the eligible unit will, when liquidation occurs, repay the agency the amount of assistance granted since the incident or claim occurred, or the amount received as the result of the claim, whichever is less. The MWD will explain to the applicant(s)/recipient(s) that the agreement is entirely voluntary and the signing or not signing will have no influence on eligibility or on the amount of assistance to be granted, if any.

(f) The following are not subject to repayment to the MWD: Retroactive Social Security (RSDI) payments, Veteran's benefits, workers' compensation, temporary disability benefits, and SSI payments not repayable to the DFD/MWD in accordance with a valid Form GA–30. However, when such monies are received, they shall be recognized as countable income and the client's eligibility shall immediately be redetermined.

1. No repayment shall be sought from money received because of a settlement agreement or judgment in a lawsuit brought against a manufacturer or distributor of "Agent Orange" for damages resulting from exposure to "Agent Orange."

(g) Recovery: In an instance in which it is ascertained that a recipient or former recipient, living or dead, has real or personal property above that necessary for his or her maintenance and the maintenance of a spouse and minor children, the director of welfare may bring suit in the New Jersey Superior Court for recovery of all assistance paid. Includable in the property to be claimed in the suit is the amount of any insurance upon the life of any former recipient, if the terms of the policy permit, when the proceeds of the insurance are not needed for the expenses of the last illness and funeral expenses of the former recipient or for support of a widow(er) or minor children.

As amended, R.1977 d.444, effective December 1, 1977.
See: 9 N.J.R. 432(a), 10 N.J.R. 15(a).
As amended, R.1979 d.326, effective September 1, 1979.
See: 11 N.J.R. 345(a), 11 N.J.R. 449(a).
As amended, R.1979 d.446, effective November 13, 1979.

See: 11 N.J.R. 515(a), 11 N.J.R. 627(a).
As amended, R.1980 d.388, effective November 1, 1980.
See: 12 N.J.R. 469(d), 12 N.J.R. 599(f).
(d)5 added.
As amended, R.1980 d.452, effective November 1, 1980.
See: 12 N.J.R. 535(a), 12 N.J.R. 664(d).
(c)7: "Specified purpose" reference deleted.
As amended, R.1982 d.134, effective May 3, 1982.
See: 14 N.J.R. 122(b), 14 N.J.R. 428(a).
(b) substantially amended.
As amended, R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209, effective May 23, 1983, operative June 1, 1983.
Reference, at (c)9; to energy assistance payments added, internal citations corrected.
Amended by R.1985 d.298, effective June 17, 1985.
See: 17 N.J.R. 548(a), 17 N.J.R. 1566(b).
(e) substantially amended.
Amended by R.1985 d.693, effective January 21, 1986 (operative February 1, 1986).
See: 17 N.J.R. 2339(a), 18 N.J.R. 193(a).
(a)2i and (g) added.
Amended by R.1986 d.4, effective February 3, 1986.
See: 17 N.J.R. 2520(a), 18 N.J.R. 274(a).
(a)3 added.
Amended by R.1986 d.76, effective March 17, 1986.
See: 18 N.J.R. 21(a), 18 N.J.R. 563(a).
Added he or she and his or her throughout.
Amended by R.1986 d.98, effective April 7, 1986 (operative May 1, 1986).
See: 17 N.J.R. 2952(a), 18 N.J.R. 690(a).
Eligible for assistance raised from one to two years.
Correction: (a)2ii and (d)5ii omitted from text.
See: 19 N.J.R. 307(b).
Amended by R.1987 d.177, effective April 20, 1987.
See: 19 N.J.R. 32(b), 19 N.J.R. 645(b).
(c)10 added and (f)1 added.
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.
Amended by R.1992 d.503, effective December 21, 1992.
See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).
Obsolete text on aliens deleted at (b)1i.
Amended by R.1994 d.591, effective December 5, 1994.
See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

Law Review and Journal Commentaries

Protecting the Home in Government Benefits Planning. Gary Mazart, 164 N.J.Law. 34 (Mag.) (Oct. 1994).

10:85–3.5 Continuing eligibility

(a) Monthly Review: The eligibility of each case shall be reviewed at least once each calendar month. The Form GA–19, Authorization and Case Review Card, shall be utilized during the review. This review provides an opportunity for the municipal welfare department to evaluate any change in the client's circumstances or income and make appropriate adjustments on Form GA–19 in the amount of assistance to be granted. (See N.J.A.C. 10:85–7.2(a) regarding timely notice of adverse action.)

1. For all persons not exempt from the work requirement, the most recent date of registration with the New Jersey Division of Employment Services shall be recorded (see N.J.A.C. 10:85–3.2(g)2).

2. When so designated by the MWD, the review shall occur at more frequent intervals.

(b) Redetermination of eligibility: In order to continue granting assistance, the MWD shall make a complete redetermination for each case at least once every six months except that for long term care clients, redetermination shall be completed annually.

1. Redetermination for General Assistance, Form GA–1R: At the time of the redetermination a Form GA–1R (Redetermination for General Assistance) shall be completed and signed by the applicant. This form shall contain an affidavit attesting to the truth of all information provided herein.

i. The MWD worker shall assist the client in completing the application, providing explanation as necessary. If the client cannot read, the contents of the form shall be read to him/her. Upon request, the client shall be given a copy of the executed application and affidavit.

ii. At the time of redetermination the applicant will be required to sign two copies of Form GA–51 (Important Reminder of your Obligation to Report Changes). The MWD worker shall explain the contents of the form, if necessary, and provide the applicant with a copy.

2. Authorization and Case Review Card, Form GA–19: At the time of the redetermination, a new Form GA–19 shall be prepared by the MWD worker.

3. Verification and decision: All facts and circumstances related to the recipients application for continuation of assistance must be verified in accordance with N.J.A.C. 10:85–3.2(e), in order that the MWD may reach a decision regarding continued grants.

4. Reevaluation of legally responsible relatives: A reevaluation of LRRs shall be made during each six month period, in accordance with N.J.A.C. 10:85–9.6.

5. MWD staff shall make telephone contact with DFD's Integrity Control Section to obtain available wage match, UIB, or TDI information.

(c) Personal interview rules are as follows.

1. Requirement: Personal interviews shall be required for the monthly reviews and the semiannual redetermination. Such interviews shall be held with the client at the municipal welfare office or in client's home. Appointments will be scheduled in advance for a time acceptable to both client and agency and confirmed by the MWD in writing.

2. Failure to hold interview: Should the individual fail to appear for the interview at the time specified without good cause for such nonattendance, no future assistance shall be granted until the required interview is held. If the MWD is responsible for failure to hold the interview, the client's continued receipt of assistance shall not be jeopardized.

(d) Any change in need or circumstances shall be acted upon promptly in order to ensure that the eligible unit receives the full amount of assistance to which the MWD has determined he/she is entitled and that the public funds are not granted illegally.

1. Municipal welfare department's responsibility: The MWD shall be alert to indications of change in the eligible unit's need for financial assistance or in the circumstances which may affect the recipient's continuing eligibility or amount of payment. Any adjustments in the grant shall be made promptly and in accordance with the requirements for timely notice (see N.J.A.C. 10:85–7.2(a)).

2. Recipient's responsibility: The client has a responsibility to inform the municipal welfare department as promptly as possible whenever any change in income or circumstances occurs. Such notification may be by telephone, mail or in person. In acknowledgement of this responsibility, each applicant/recipient shall, as a condition of eligibility at the time of application, at each redetermination, and at such other times as the MWD may require, execute Form GA–51 in duplicate. The applicant/recipient keeps one copy; the MWD retains the other (with original signature(s)) in the case folder.

As amended, R.1979 d.197, effective July 1, 1979.
See: 11 N.J.R. 184(a), 11 N.J.R. 283(c).
As amended, R.1980 d.11, effective February 1, 1980.
See: 11 N.J.R. 506(b), 12 N.J.R. 86(a).
(b)2: Amended form title.
As amended, R.1980 d.122, effective March 19, 1980.
See: 12 N.J.R. 85(a), 12 N.J.R. 195(b).
(a)2: Deleted references to registration renewal.
As amended, R.1980 d.311, effective August 1, 1980.
See: 12 N.J.R. 123(a), 12 N.J.R. 483(b).
(b): Exception language added.
As amended, R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209, effective May 23, 1983 (operative June 1, 1983).
Amended by R.1988 d.117, effective March 21, 1988.
See: 19 N.J.R. 2111(a), 20 N.J.R. 663(c).
Subsections (a) and (b) were substantially amended.
Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
Requirement to contact Integrity Control added at (b)5.
Amended by R.1992 d.503, effective December 21, 1992.
See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).
Long term care client redetermination conducted annually.

10:85–3.6 Recoupment of overpayments

(a) Overpayments/underpayments: In all situations of overpayments or underpayments, the facts and circumstances in each case shall be evaluated, and where indicated, action taken as appropriate in accordance with the following manual regulations.

1. Overpayments:

i. The MWD may, at its discretion, recoup overpayments of assistance upon a determination that the overpayment occurred after the client signed Form GA–51 and resulted from the willful withholding of information which would, if revealed, have resulted in a smaller grant or in denial or termination of eligibility.

(1) Recoupment shall be made from future assistance grants by reducing the payments in amounts of up to 10 percent of the monthly assistance allowance until the amount of the overpayment is thereby repaid. When earned income disregards are applicable, the MWD may deduct up to an additional 10 percent of the monthly assistance allowance but not more than the amount of the disregard ($60.00 plus ⅓).

(2) MWDs shall obtain, through a court of law, civil judgment(s) against former GA recipient(s) to recoup GA overpayment amounts of $500.00 or more.

(A) MWDs who cannot locate the delinquent recipient(s) to have such judgment(s) enforced shall submit Form PA–39 to DFD's Bureau of Integrity Control for assistance in such instances. Judgments submitted on Form PA–39 must be docketed in Superior Court.

ii. Deductions for overpayments which resulted from agency error or for any reason other than willful withholding of information are not authorized.

iii. Eligibility for medical payments shall not be influenced by grant reductions made on account of previous overpayments.

2. Underpayments:

i. When underpayment was due to failure of a member of the eligible unit to provide appropriate information, the next regular payment following discovery of the underpayment shall reflect the corrected grant for that payment period and the amount necessary to correct the payment for the period immediately preceding.

ii. When underpayment was due exclusively to administrative error by the agency, corrective payment shall be made retroactively to that month, within the 12 months immediately preceding the discovery of the underpayment, in which the administrative error first occurred. Corrective payment resulting from a fair hearing decision shall be retroactive to the date the incorrect action was taken.

(1) Such retroactive adjustment shall be made as an additional payment as promptly as possible but in no event later than the time of the next regular payment.

(2) For purposes of determining continuing eligibility or the amount of assistance, retroactive corrective payments shall not be considered as income or resource to the eligible unit either in the month paid or in the following month(s).

R.1979 d.197, effective July 1, 1979.
See: 11 N.J.R. 184(a), 11 N.J.R. 283(c).
As amended, R.1980 d.391, effective November 1, 1980.
See: 12 N.J.R. 470(a), 12 N.J.R. 600(b).
Substantially amended.
Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
Recoupment process outlined.

Law Review and Journal Commentaries

Protecting the Home in Government Benefits Planning. Gary Mazart, 164 N.J.Law. 34 (Mag.) (Oct. 1994).

SUBCHAPTER 4. GENERAL ASSISTANCE PAYMENTS

10:85–4.1 State and local responsibilities

(a) In order to achieve equity among individuals and with other public assistance programs within the State, the State Division of Family Development has been given responsibility for establishing, in accordance with State law and regulations, the conditions under which and procedures by which all payments of general assistance are to be made.

1. The standards set forth herein (Schedules I and II below) have been established by the DFD as the amounts to which eligible individuals are entitled, less countable income and other available resources.

(b) The municipal welfare director is responsible for determining the eligibility of persons applying for General Assistance and for providing assistance, based on the established standards, necessary to prevent needy eligible persons from suffering from cold, hunger, lack of shelter or sickness. He or she has specific authority to issue payments to or on behalf of such persons and to expedite investigation of the circumstances of each case.

1. When the conditions of immediate need exist, the director shall issue a grant sufficient to sustain the applicant(s) until a conclusive determination of eligibility can be made.

2. See N.J.A.C. 10:85–3.2(e) regarding verification of eligibility and sources of evidence.

Schedule I (All Eligible Unit Members Unemployable)	Number in Eligible Unit	Schedule II (One or more Eligible Unit Members employable)
$ 210	1	$140
289	2	193
366	3	244
420	4	280
480	5	320
540	6	360
597	7	398
655	8	437
705	9	470
753	10	502
811	11	541
868	12	579
930	13	620
979	14	653
1029	15	686
Add $48.00 Each Person	More Than 15	Add $32.00 Each Person

(c) If the total monthly payment by the MWD exceeds the amount of assistance for which an individual is determined to be eligible in any calendar month in accordance with the regulations, the amount in excess of such determination will not be matchable through State aid. It shall be incumbent upon the municipality to bear the cost of such excess amount.

(d) New Jersey has established the following standards needed to maintain a safe and decent life. The Standard of Need specified below only serves as a benchmark set by the Commissioner, Department of Human Services, against which appropriations for funding the payment levels in the GA program may be determined.

Standard of Need

Number of persons	Monthly Standard
1	$582
2	$739

As amended, R.1977 d.488, effective December 29, 1977.
See: 10 N.J.R. 64(c).
10:85–3.2(b) changed to 10:85–3.2(e).
As amended, R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
As amended, R.1984 d.241, effective June 18, 1984 (operative July 1, 1984—contingent on enactment of this State's Appropriations Act for Fiscal Year 1985 authorizing the proposed increase in public assistance allowance standards).
See: 16 N.J.R. 833(a), 16 N.J.R. 1610(a).
New Schedule II.
Amended by R.1985 d.342, effective July 1, 1985 (operative July 1, 1985).
See: 17 N.J.R. 882(a), 17 N.J.R. 1658(a).
Schedules I and II substantially amended.
Public Notice: Comments to Amendments cited at 17 N.J.R. 1658(a).
See: 17 N.J.R. 2272(a).
Public Notice: Petition for rulemaking.
See: 18 N.J.R. 1205(d).
Amended by R.1987 d.251, effective June 15, 1987.
See: 19 N.J.R. 502(a), 19 N.J.R. 1095(a).
Amended schedules I and II.
Public Hearing: To include testimony on issues governing the adequacy of the increase in the amended regulations in light of the current cost of living in New Jersey and the relationship of that increase to an adequate standard of need for AFDC and GA recipients.
See: 19 N.J.R. 1658(b).
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.
See New Jersey Register for amendment filed as R.1992 d.2, effective January 6, 1992, but operative July 1, 1992.
See: 24 N.J.R. 103(a).
Amended by R.1992 d.2, effective January 6, 1992 (operative July 1, 1992).

See: 23 N.J.R. 286(a), 24 N.J.R. 103(a).
Added new subsection (d).
Amended by R.1992 d.260, effective June 15, 1992.
See: 24 N.J.R. 926(a), 24 N.J.R. 2263(a).
Replaced Schedule I and Schedule II under subsection (b).

Case Notes

Standard of need based upon actual cost of living within state. Matter of Petitions For Rulemaking N.J.A.C. 10:82-1.2 and 10:85-4.1, 223 N.J.Super. 453, 538 A.2d 1302 (A.D.1988), certification granted 111 N.J. 638, 546 A.2d 550, affirmed 117 N.J. 311, 566 A.2d 1154.

Department has wide discretion in formulating standard of need. Matter of Rulemaking, N.J.A.C. 10:82-1.2 and 10:85-4.1, 117 N.J. 311, 566 A.2d 1154 (1989).

Department must establish what level of benefits would maintain recipients in the measure of dignity that the enabling legislation requires. Matter of Rulemaking, N.J.A.C. 10:82-1.2 and 10:85-4.1, 117 N.J. 311, 566 A.2d 1154 (1989).

Congress requires states to set forth difference between what people need and what they get and to establish a "standard of need" for AFDC eligibility. Matter of Rulemaking, N.J.A.C. 10:82-1.2 and 10:85-4.1, 117 N.J. 311, 566 A.2d 1154 (1989).

Statutorily mandated hospital cost payments are limited to counties of the first class; limitation does not amount to denial of equal protection. Sharp v. Dept. of Human Services, 178 N.J.Super. 70 (App.Div.1982).

Maximum monthly reimbursement level set at State benefit level established by regulation; effect of voucher system on benefits. R.S. v. Gloucester Cty. Welfare Dept., 1 N.J.A.R. 448 (1980).

Effect of voucher system on level of benefits. In re R.S., OAL Dkt. HPW 2369 (Dec. 6, 1979), rejected, DPW (Feb. 29, 1980), App. Div. Dkt. No. A–2315–79T1.

10:85–4.2 Periods for which assistance is granted

(a) General assistance is granted to meet needs of individuals in a variety of situations. The director of welfare shall determine which of the following is appropriate:

1. Monthly period: When authorized, payment shall be issued once each calendar month and will be determined from the applicable monthly allowance standard less any countable income.

2. Weekly or biweekly period: When authorized, payment shall be issued on a weekly or biweekly basis, and will be determined by prorating the applicable monthly allowance standard. The total payments to the client in any calendar month shall not exceed the full monthly allowance less any countable income for that monthly period.

i. MWDs may use the weekly or biweekly period for the granting of assistance to persons who demonstrate patterns of noncompliance with the work requirement or in situations where the MWD is experiencing difficulty in reconciling questionable areas of eligibility.

3. Periods of less than one week: When authorized, payment shall be issued for one or more days to meet temporary situations. A per diem (daily) amount is determined by dividing the applicable monthly allowance standard by 30 (see N.J.A.C. 10:85–3.3(f)2vi). Any income actually available on that day or days shall be deducted from the per diem amount. Such grants qualify for State aid up to the amount to which a client would be entitled under (a)1 above.

4. Grants for specific needs: When an individual specifically requests assistance in an amount less than that to which he or she is entitled (for example, for shelter. food only, and so forth), such amount may be granted, subject to the notice requirement in N.J.A.C. 10:85–7.2(b)2. However, the total amount granted during one calendar month to the client for such specific needs shall not exceed the amount for which he or she is eligible, unless (a)5 below applies.

5. Emergency assistance: Emergency assistance benefits may be provided to eligible GA individuals under the conditions stated in N.J.A.C. 10:85–4.6. Emergency assistance made in accordance with such regulations qualifies for State aid.

6. Initial period of assistance: In all cases for which a starting date is not specified elsewhere in this manual, the starting date for the initial period of assistance shall be the date of the application or the date on which eligibility began, whichever is later.

As amended, R.1977 d.488, effective December 29, 1977.
See: 10 N.J.R. 64(c).
As amended, R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209 effective May 23, 1983, operative June 1, 1983.
(a)6, initial period of assistance, added and internal citations corrected.
Amended by R.1992 d.503, effective December 21, 1992.
See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).
Eligibility limited to six months per State Fiscal year.
Amended by R.1993 d.382, effective August 2, 1993.
See: 25 N.J.R. 1714(a), 25 N.J.R. 3466(a).

Case Notes

Statutorily mandated hospital cost payments are limited to counties of the first class; limitation does not amount to denial of equal protection. Sharp v. Dept. of Human Services, 178 N.J.Super. 70 (App.Div.1982).

Regulation provides for granting of assistance requested if request is for less than amount of entitlement; petition for increased grant to maximum entitlement denied as original request was granted (Division's Final Decision). R.S. v. Gloucester Cty. Welfare Dept., 1 N.J.A.R. 448 (1980).

10:85–4.3 Methods of payment

(a) Acceptable forms of payment to or on behalf of an eligible unit include:

1. A direct grant of cash or check drawn to the client; or

2. An order for a specific item or items or for a specific service (Form GA–11). A check is subsequently drawn to a vendor for a specified commodity or service. Neither the order nor any information provided about the order may limit the client's choice of vendor in any way except that the client may not, by his or her choice of

vendor, incur a charge against the municipality higher than the limits provided in this manual.

i. The MWD shall inform the vendor that all bills must be submitted to the MWD within six months after the date of the service, unless special circumstances are brought to the MWD's attention which warrant an alternate billing timeframe arrangement.

(b) Assistance orders shall be serially numbered when printed. Assistance orders submitted for payment shall bear the signatures of the director of welfare, the recipient and vendor except that orders for residential services such as room and board or residential health care need not bear the signature of the recipient. Rubber stamp or typescript signatures are not valid unless countersigned by a duly authorized staff member.

(c) The MWD shall provide a sufficient portion of the grant amount in the form of cash or check directly to the client for incidentals such as laundry and personal needs.

1. MWDs that utilize a voucher method of payment for grants shall be required to establish a Petty Cash Fund Account in accordance with N.J.A.C. 10:85–6.6, to provide a portion of the grant amount to the client in the form of cash or check.

As amended, R.1979 d.141, effective May 1, 1979.
See: 10 N.J.R. 488(a), 11 N.J.R. 249(c).
As amended, R.1979 d.365, effective October 1, 1979.
See: 11 N.J.R. 378(a), 11 N.J.R. 519(f).
As amended, R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209, effective May 23, 1983, operative June 1, 1983.
Reference to residential service not requiring signatures, added.
Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
Vendor to bill within six months; cash or check for personal incidentals to go to client.

Case Notes

Voucher system may not be used to thwart clear statutory and regulatory policy. R.S. v. Gloucester Cty. Welfare Dept., 1 N.J.A.R. 448 (1980).

10:85–4.4 Designation of a temporary payee

(a) In situations where a recipient of General Assistance demonstrates an inability to manage his/her money and is therefore, unable to provide for his/her own physical health and safety, the director may deem it necessary to designate a temporary payee to receive such assistance on behalf of the client. Such designation shall be reviewed every 30 days.

1. Responsibility of temporary payee: The temporary payee shall use any assistance granted to the client solely for the benefit of such client and shall be responsible to the director for his/her actions in this respect.

2. Selection of payee: A temporary payee may be any person age 18 or over who, in the judgment of the director, is capable of satisfactorily dispensing the assistance granted to the client. Preference shall be given to relatives of the recipient wherever practical.

i. Client's cooperation in selection: The cooperation of the client shall be sought, but is not required, in selection of the temporary payee. The client shall, however, be advised of his or her right to request a local hearing regarding the designation of a temporary payee (see N.J.A.C. 10:85–7.3(a)).

Amended by R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209, effective May 23, 1983, operative June 1, 1983.
Internal citation corrected.

10:85–4.5 Changes in need while assistance is being received

(a) When a change in the circumstances of the recipient results in an adjustment upward or downward in the amount of assistance payment, such adjustment shall be made promptly following verification of the change and in accordance with requirements for timely notice (see N.J.A.C. 10:85–7.2).

1. Reduced or terminated payments: When a payment to a recipient is to be reduced or terminated for whatever reason, a timely notice of such action must be mailed (post-marked) or handed to the recipient at least ten days before the reduction or termination is made, N.J.A.C. 10:85–7.2(b) applies.

10:85–4.6 Emergency assistance

(a) Emergency assistance (EA), as delineated in the following rules, provides for the prevention of homelessness, the granting of emergency shelter assistance and temporary rental assistance. EA shall be authorized to or for an individual(s) otherwise eligible to receive General Assistance under the rules in this manual when circumstances set forth in (a)1–3 below exist.

1. Fire or natural disaster: When there has been substantial loss of shelter, food, clothing and/or household furnishings by fire, flood or other similar disaster, and the eligible individual(s) is in a state of homelessness and the director determines that the provision of one or more of these basic needs is essential for the health and safety of the individual.

2. Domestic violence: The state of homelessness may result from imminent or demonstrated violence which imperiled the health and safety of the individual or eligible unit.

3. Where there is documentation, subject to MWD verification, of a pending eviction, such as a letter from the landlord or other person who is providing shelter or dwelling space to the client, a tenancy complaint filed by the landlord, an order from a court for eviction or foreclosure, an actual eviction or foreclosure has occurred, or when prior shelter is no longer available, and the eligible individual(s) demonstrates a lack of realistic capacity to plan for substitute housing as defined in (a)3iii below, emergency assistance shall be authorized in accordance with (a)3i and ii below.

i. Payment may be authorized for three calendar months of retroactive, utility, rental or mortgage payments if it will prevent actual eviction or foreclosure.

ii. In situations of homelessness due to actual eviction or foreclosure or when prior shelter is no longer available, payment shall be authorized for emergency shelter in accordance with (e)1 below.

iii. Lack of realistic capacity: Lack of realistic capacity to plan for substitute housing exists in the following circumstances:

(1) When the eligible person(s) can demonstrate that there was insufficient time to secure substitute housing between receipt of notice of imminent loss of shelter and actual eviction, foreclosure or loss of prior permanent shelter; or,

(2) When the eligible person(s) can demonstrate or signs a document, prepared by the MWD, certifying that available funds were exhausted in payment of necessary household and living expenses, such as food, clothing, shelter, or unreimbursed medical expenses, and that payment of such expenses resulted in homelessness.

(3) When the eligible person(s) demonstrates functional incapacity (see (e)1 below) that would prevent him or her to plan for a secure substitute housing.

(b) High impact municipalities, defined as those municipalities with a population in excess of 75,000 people or whose percentage of the population receiving GA is greater than the State average, shall have responsibility to establish affiliation agreements with local human service agencies for shelter and other services, including those agencies affiliated with the Comprehensive Emergency Assistance System (CEAS). High impact municipalities shall utilize the available EA resources and services offered through such affiliations to meet specific needs of EA clients. These municipalities shall also have responsibility for publicizing the CEAS toll free, 24–hour, hotline telephone number.

(c) The goal of the GA/EA shelter program is to provide for the initial and continuing emergency shelter needs of otherwise eligible GA recipients. EA is designed to provide shelter and to coordinate support services, with client participation, at all levels of government and with other appropriate sectors of the human services delivery community. It is acknowledged that there is a shared responsibility among governmental/non-governmental entities at the municipal, county, and State levels. The MWD and client shall have a shared obligation to resolve the emergency situation and to secure a shelter arrangement which he or she will be able to ultimately maintain without EA. Upon contact with the EA eligible individual, the MWD shall have responsibility to:

1. Immediately authorize appropriate EA benefits to alleviate the emergency situation;

2. Review the circumstances which contribute to the client's homeless situation and limit his or her ability to secure and/or maintain permanent housing (for example, substance abuse, mental illness, insufficient funds);

3. Explain to the client, as well as provide a written copy of, EA rights and responsibilities:

i. EA rights and responsibilities shall be in a form transmitted to the MWDs by the DEA;

4. Discuss with the EA client the emergency shelter arrangement which the MWD determines, in accordance with (c)2 above, will meet his or her immediate emergency shelter needs;

5. Explain that a written service plan shall be mutually developed, within five working days of the EA authorization date, to provide an individualized plan of action aimed at working toward securing permanent shelter and also, where directly related to securing such shelter, at resolving the circumstances that contributed to his or her emergency situation. Refusal, without good cause, to cooperate with conditions set forth in the service plan that are directly related to the recipient's search for permanent housing or with the initial development of the service plan shall render the client ineligible for continuing EA benefits, until such time as cooperation has been resumed; and

6. Arrange a face-to-face meeting with the client to prepare the service plan at a time and place convenient to both the client and the MWD.

i. The service plan shall be signed by both the client and the MWD.

ii. The MWD shall retain the original plan and provide a copy to the client.

iii. The service plan shall include, but is not limited to:

(1) Selection of shelter arrangement which takes into consideration the client's individual circumstances, such as, but not limited to, mental and/or physical problems;

(2) Client responsibility to seek alternative permanent shelter or an optional permanent housing arrangement and to document such efforts in writing. The MWD shall have an obligation to assist the client in the search for permanent housing and document such assistance in the case record.

(A) Such permanent housing searches are to begin no later than the 11th day after the date the service plan is signed.

(B) The MWD shall determine a reasonable number of contacts to be made per week by the client, taking into consideration his or her medical and/or social circumstances and availability of potential housing. For example, it shall be considered reasonable for a person who is not suffering from physical or mental incapacity to conduct up to 10 contacts per week, if potential housing resources are available. Where good cause for nonparticipation in housing searches exists, the service plan shall reflect the applicable reason(s).

(C) Contacts may be made by telephone, personal visit or a combination of both.

(D) Written documentation shall consist of the date of the contact, the telephone number (if applicable), the address (location) of the housing site, and the name of the person contacted (landlord or agent);

(3) Provision of services as set forth at (*l*) below, emphasizing the reasonable transportation needs of the client associated with the areas identified at (c)6iii(3)(A) through (E) below. Reasonable is defined as the least expensive mode of transportation that can be provided to accomplish the activity or need identified.

(A) Transportation to shelters or to alternate temporary housing;

(B) Search for alternate temporary or permanent shelter;

(C) Negotiation of Food Stamp Program authorizations to participate at issuance sites which are inaccessible to the client;

(D) Visits to the appropriate MWD office for case processing purposes and/or to secure assistance payments or visits to any other appropriate service agency for assistance, such as the social security office; and

(E) Attendance at counseling sessions;

(4) Referral to and/or application for other available benefit entitlements or services (for example, drug and alcohol rehabilitation program, Department of Community Affairs, Social Security Administration, Home Energy Assistance Program, Food Stamp Program, Community Mental Health Services, Section 8 Housing Certificates); and

(5) If appropriate, involvement in a training or rehabilitation program, such as the Job Training Partnership Act (JTPA) or vocational rehabilitation, likely to result in employment or the securing of a job leading to the maintenance of affordable permanent housing. It is noted that such involvement shall be coordinated with existing General Assistance Employability Program (GAEP) requirements.

iv. The MWD shall monitor the EA client's compliance with the service plan as well as document MWD support activities at least once a month.

v. The MWD shall reevaluate and/or revise the service plan as warranted by changes in the EA client's shelter needs and/or other pertinent circumstances.

(d) An EA client shall be entitled to receive a written notice, inclusive of appeal rights, concerning a decision made by the municipal welfare director to deny or terminate EA benefits.

1. Denial notices shall be provided to the client immediately upon an EA denial determination.

2. Termination notices shall be provided at least 10 days in advance of the EA termination effective date.

3. Written notice shall be provided by the MWD at a face-to-face meeting with the EA client. At such time the MWD shall explain to the client the action to be taken, the reason(s) for such action, and his or her right to request a fair hearing.

4. Upon receipt of a notice of EA denial or termination, the client has a right to request a fair hearing provided that such request is made on or before the effective date of the EA termination or within 10 days of the personal delivery receipt date of a denial notice. Such appeals shall be resolved through the State level fair hearing process in accordance with N.J.A.C. 10:85–7.4 through 7.6.

i. When a fair hearing is requested because of receipt of an EA termination notice and such request is made on or before the effective date of the EA termination, EA shall continue unaltered until the fair hearing is held and a final decision is rendered by the Director of DEA.

(e) Rules concerning emergency shelter assistance are as follows:

1. Emergency shelter: The authorized payment shall be the actual cost of adequate emergency shelter arrangements, at the most reasonable rate available, for a specified temporary period not to exceed five calendar months which shall include any portion of the initial month of EA. The shelter arrangement shall also be reasonably related to the client's mental and physical needs (for example, if a client is suffering from a mental or physical incapacity, and the shelter arrangement would be detrimental to his or her condition, for instance in a situation where a client has recently been discharged from a hospital, requiring bed rest, he or she should be placed in a shelter arrangement that is available for 24 hours, enabling bed rest). Such emergency shelter, wherever possible, shall be in the municipality in which the eligible individual currently resides. If, however, shelter as delineated above is not available within the municipality of customary residence, the recipient, as a condition of eligibility, shall be obliged to accept shelter as delineated above which is situated outside the municipality of customary residence.

i. The temporary time period identified at (e)1 above shall not apply to EA recipients who have been medically diagnosed, as documented by a physician's certification, as having Acquired Immune Deficiency Syndrome (AIDS), or Human Immunodeficiency Virus (HIV) Positive with symptoms, or are terminally ill, and are unable to perform activities of daily living.

ii. In order to enable individuals medically diagnosed, as documented by a physician's certification, as having Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) Positive with symptoms, and those who are terminally ill, to maintain or secure residence in a permanent housing arrangement, funds shall be authorized, based on the most reasonable housing rates available, to supplement their regular grants of assistance, until such time as they qualify for SSI and/or similar statutory benefits pursuant to filing of application as stipulated at N.J.A.C. 10:85–8.3. Individuals who lose entitlement to presumptively issued SSI and/or similar statutory benefits and otherwise qualify for GA shall be provided EA, in accordance with this subparagraph and (e)1i above, pending confirmation of their permanent entitlement to such benefits.

iii. The regular grant of assistance (including calculated earned income and exempt income) is not to be counted in the determination of eligibility for or the amount of emergency assistance payments authorized for temporary emergency shelter.

(1) When plans for more permanent living arrangements are made, any funds actually available to the clients are to be counted in the determination of emergency assistance payments for shelter, utility deposits, furniture storage, moving expenses, purchase of furniture and appliances.

iv. Every effort shall be made to locate suitable housing in the community of prior permanent residence. If, however, the municipal welfare agency locates suitable permanent housing, not necessarily in the municipality of prior residence, the client must accept the arrangement. Refusal to relocate without good cause renders the person ineligible for further emergency assistance for temporary shelter. Good cause may include, but is not limited to, the need to travel more than one hour each way to and from a place of employment by public or private transportation.

v. Payment may be authorized for furniture storage, moving expenses, advance rent and security deposits for rent and/or utilities when the municipal welfare director determines it is necessary to establish the client in a new permanent living arrangement.

2. Temporary rental assistance may be authorized by the MWD upon initial authorization of EA or at any other time during the receipt of EA. Temporary rental assistance benefits, as authorized in accordance with (e)2i and ii below, shall be expedited by the MWD to preclude the loss of an existing or potential housing arrangement.

i. The individual is facing pending eviction from permanent housing, which had previously been affordable, for reasons such as, but not limited to, loss of employment, temporary unemployment or underemployment, or it is anticipated that such permanent housing will be affordable within a three-month period.

ii. The individual is able to locate a housing arrangement or can be accommodated in a housing arrangement in lieu of a temporary shelter arrangement.

(1) The determination of the MWD to authorize temporary rental assistance shall be based on conclusions reached as a result of the development of the action plan as set forth at (c) above, which indicates the individual's cooperation to comply with the case management efforts of the MWD and that there is reasonable assurance that:

(A) The individual's anticipated income from other sources, including employment, will support the ongoing housing expenses without continued temporary rental assistance; or

(B) The individual shall continue to conduct permanent housing searches to find a more affordable housing arrangement.

iii. Issuance of temporary rental assistance is governed by the following:

(1) Temporary rental assistance shall be provided for those housing arrangements which can be considered of a "permanent nature" by the client and/or the community.

(2) The amount of the authorized temporary rental assistance shall take into account all shelter costs including basic utilities.

(3) MWDs shall authorize temporary rental assistance of up to $200.00 per month to supplement an EA recipient's regular GA grant. MWDs shall ensure, however, that the recipient retains the greater of 25 percent of his or her monthly grant or a minimum of $35.00. Amounts in excess of the 25 percent or the $35.00 minimum may be authorized when it is determined that the client has special needs. The portion of the client's regular grant retained by the MWD as well as any other available income shall represent his or her contribution towards the monthly shelter costs. The recipient shall, as a condition of eligibility for temporary rental assistance, cooperate in making application for other benefits for which he or she has potential entitlement, such as Section 8 Housing Certificates and/or the Home Energy Assistance Program, with the assistance of the MWD.

(4) Requests for temporary rental assistance in amounts in excess of $200.00 must be approved by DEA prior to issuance.

(5) The MWD shall authorize temporary rental assistance on a case by case basis up to a period of one year. Such authorization shall be based on a review of the individual's circumstances and in keeping with the mutually developed service plan.

3. Monthly EA shelter extensions beyond the five-month maximum EA period shall be authorized by the MWD to individual(s) because of any of the following:

i. Due to illness or incapacity of the client or of another person which requires the client's presence in the home on a substantially continuous basis, the individual(s) is unable to perform activities of daily living including participating in permanent shelter searches and/or complying with any of the other provisions of the service plan;

ii. Alternate permanent housing is anticipated to be available or a change in circumstance, for example, other sources of income, is expected within two months subsequent to the extension month which will obviate the need for such shelter extensions; or

iii. The EA recipient has satisfactorily fulfilled his or her permanent housing search responsibilities or was determined unable to make such permanent housing searches and continues to require additional EA shelter assistance.

4. Upon authorization of EA extensions beyond the five-month maximum period, the MWD shall conduct a face-to-face interview with the EA client to reinstate the provisions of the service plan or to adjust the service plan for a more appropriate plan of action. If, for reasons of "good cause," the MWD determines that the EA client will be unable to fulfill any or all of the provisions of the service plan, such reasons shall be duly noted on the service plan and shall be substantiated by appropriate documentation in the case file.

5. Municipalities may be authorized to operate approved EA programs in order to serve specific population target groups such as those suffering from substance abuse, mental illness, and/or other debilitating conditions. Such special initiatives will be implemented through the submission and approval of plans designed to address locally suited alternatives to homelessness. Plans must:

i. Include the goal of reducing the use of motels/hotels for emergency placements as well as facilitate a more humane response to EA recipients in need of support services beyond simply shelter requirements;

ii. Describe the target group, the number of individuals to be served by the program components, type of services to be provided, cost estimates, cost effectiveness and procedures for monitoring/evaluation of the local initiatives;

iii. Include a coordinated involvement of non-profit organizations as well as signify local collaborative efforts undertaken through the Human Services Advisory Council (HSAC) and Comprehensive Emergency Assistance System (CEAS); and

iv. Have prior written approval from DEA before funding can be authorized.

(f) Emergency food: As authorized in (a) above, when food is not available from any other source, an amount of $4.50 per day per person shall be allowed for a specified number of days only, and in no event beyond such time as other funds become available (for example, next regular assistance payment, support payment, receipt of earnings, receipt of food stamps and so forth).

1. When it is necessary to provide temporary living arrangements in a hotel, motel, or other facility in which cooking facilities are not available or are determined by the MWD to be inadequate, payment for restaurant meals shall not exceed $7.50 per person per day and shall be allowed until such time as other funds become available (for example, next regular assistance payment, support payment, receipt of earnings, receipt of food stamps, and so forth).

(g) Emergency clothing: When authorized under (a) above to the individual(s) to purchase minimum essential clothing for physical health and safety, payment may be granted not to exceed the amounts stated below:

Age	Amount
Adult	$86.00
Child: 13 and over	86.00
Child: 5 through 12	48.00
Child: Birth through 4	29.00

1. Funds from the regular assistance grant or funds considered in developing the amount of that grant are not to be considered in computing the amount of payment for replacement of clothing lost or destroyed in the incident giving rise to the emergency.

(h) Emergency house furnishings: When authorized under (a) above, emergency assistance for house furnishings which the MWD deems urgent and essential to the physical health and safety of the eligible unit shall not exceed the maximum allowances in the following table.

	Persons					
Number of Persons in Eligible Unit:	1	2	3	4	5	6 or more
Kitchen Furnishings:						
Range	$130	$130	$130	$130	$130	$160
Refrigerator	200	200	220	220	220	260
Washing Machine			200	200	200	200
Dinette Set	45	45	65	65	85	85*
Kitchen Equipment	50	60	60	72	72	80
Living Room Furnishings:						
Couch and Chair(s)	125	175	175	225	225	225
Table	20	20	20	20	20	20
Lamp(s)	20	20	20	35	35	35
Floor Covering	25	25	25	25	25	25

Number of Persons in Eligible Unit: 1	2	3	4	5	6 or more
* Over 6—$12 each additional person					
Bedroom and Furnishings:					
Box Spring, Mattress, and Frame, per set	$110 Twin			$130 Double	
Bunk Beds, per set of 2 (complete)	$135				
Crib with Mattress	$ 50				
Chest(s) of Drawers	$ 50 Per Person				
Bed and Bath Linens and Miscellaneous Furnishings	$ 36 Per Person			(Not to exceed $200 per family)	
Window Coverings	$2.50 Per Window				

1. Funds from the regular assistance grant or funds considered in the development of that grant are not to be considered in computing the amount of payment for replacement of house furnishings lost or destroyed in the incident giving rise to the emergency.

(i) Persons who appear to be eligible for AFDC shall be referred immediately to the county welfare agency. However, emergency assistance may be provided under the conditions stated in N.J.A.C. 10:85–3.2(b)4ii and in accordance with this section.

(j) In an emergency situation such as sudden removal of the mother or responsible caretaker from the home, the MWD may be called upon to provide a temporary care arrangement for the child(ren) until it is possible to refer the situation to the county welfare agency or the appropriate office of the Division of Youth and Family Services (see N.J.A.C. 10:85–3.2(b)4).

1. Maximum rates: Unless care is available without charge, payment shall be authorized as follows:

i. When the child is placed in a temporary home or shelter, the rate shall not exceed $5.50 per day per child.

ii. When arrangement is made for temporary care in the child's own home, payment to the individual providing such care shall be at the most reasonable rate available but shall in no event exceed the rate for homemaker service in that community, regardless of the number of children involved.

(k) Emergency assistance payments shall be made by order or check drawn to a vendor or as direct payment to the recipient, in accordance with N.J.A.C. 10:85–4.3.

(*l*) Services: The following services shall be performed by agency personnel and must, where appropriate, be provided to all cases granted emergency assistance benefits:

1. Information;

2. Referral;

3. Counseling;

4. Assistance in securing shelter, including transportation; and

5. Referral for legal services.

(m) Municipal welfare directors and case workers shall periodically receive training from the DEA targeted to the EA program.

Amended by R.1978 d.171, effective June 1, 1978.
See: 10 N.J.R. 150(a), 10 N.J.R. 285(b).
Amended by R.1979 d.323, effective August 16, 1979.
See: 11 N.J.R. 73(a), 11 N.J.R. 448(c).
Amended by R.1980 d.167, effective May 1, 1980.
See: 12 N.J.R. 124(a), 12 N.J.R. 279(a).
Added (b)1ii.
Amended by R.1980 d.538, effective January 1, 1981.
See: 12 N.J.R. 585(a), 13 N.J.R. 18(d).
(a) "circumstances set ... procedures and standards" added.
Amended by R.1982 d.135, effective May 3, 1982.
See: 14 N.J.R. 124(a), 14 N.J.R. 428(b).
(b)1ii: Deleted "for victims of domestic violence"; deleted "arrangements in shelters" and added "shelter"; (b)3i added; (b)4i added.
Amended by R.1983 d.58, effective March 7, 1983.
See: 14 N.J.R. 1342(a), 15 N.J.R. 340(b).
Reference to used items deleted.
Amended by R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209, eff. May 23, 1983, operative June 1, 1983.
Internal cites to N.J.A.C., form corrected.
Amended by R.1984 d.506, effective November 5, 1984 (operative December 1, 1984).
See: 16 N.J.R. 2219(b), 16 N.J.R. 3031(c).
Correction: N.J.A.C. 10:85–4.6(a)3 and 4.6(b)5 should have been deleted from code.
See: 17 N.J.R. 1802(a).
Emergency Amendment effective March 27, 1986 as R.1986 d.131 (expires May 28, 1986).
See: 18 N.J.R. 850(a).
Amended by R.1986 d.389, effective September 22, 1986 (operative October 1, 1986).
See: 18 N.J.R. 1343(a), 18 N.J.R. 1962(a).
Deleted "90 days" and substituted "two calendar months".
Correction: (b)1 was adopted on an emergency basis to expire May 28, 1986. Because the rule expired, the text reverted back to original text.
See: 19 N.J.R. 663(a).
Amended by R.1988 d.26, effective January 4, 1988.
See: 19 N.J.R. 1715(a), 20 N.J.R. 96(a).
Substantially amended.
Emergency Adoption, R.1988 d.291, effective June 2, 1988 (expires June 30, 1988).
See: 20 N.J.R. 1484(a).
Added (b)vi and renumbered (b)vi to vii. The changes in this section for the emergency adoption are deleted upon expiration date of June 30, 1988.
Emergency Amendment, R.1988 d.359, effective July 7, 1988 (expires July 31, 1988).
See: 20 N.J.R. 1957(a).
Added new (b)vi and renumbered (b)vi to vii.
Emergency Amendment, R.1989 d.598, effective November 13, 1989 (expires January 12, 1990).
See: 21 N.J.R. 3790(a).
Exclusion for AIDS, HIV and terminally ill EA recipients added at N.J.A.C. 10:85–4.6(b)1i and ii.
Recodified i.-ix. as iii.-xi. with no change in text.
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.
Adopted concurrent proposal, R.1990 d.117, effective January 12, 1990.
See: 21 N.J.R. 3790(a), 22 N.J.R. 355(a)
Provisions of emergency amendment R.1989 d.598 readopted with changes, effective February 5, 1990. In (b)1ii: added sentence regarding presumptive entitlement.
Administrative Correction to (b)1: deleted iii and iv; recodified existing v through ix to iii through vii; deleted x and recodified xi to viii.
See: 22 N.J.R. 2171(a).

Amended by R.1991 d.174, effective April 15, 1991 (operative May 1, 1991).
See: 22 N.J.R. 2078(a), 23 N.J.R. 1177(a).
Section was "Emergency grants". Revised EA program to include entitlement to past five-month benefits for those eligible recipients whose initial five-month EA period has expired, and to establish shared MWD and client responsibility toward development of a non-EA shelter arrangement.

Law Review and Journal Commentaries

Welfare. Judith Nallin, 134 N.J.L.J. No. 4, 56 (1993); 135 N.J.L.J. No. 16, 52 (1993).

Case Notes

Termination of temporary rental assistance after one year violated purpose of the program. L.T. v. New Jersey Dept. of Human Services, Div. of Family Development, 134 N.J. 304, 633 A.2d 964 (1993).

Reasonable extensions of temporary rental assistance from available funds should not be denied. L.T. v. New Jersey Dept. of Human Services, Div. of Family Development, 134 N.J. 304, 633 A.2d 964 (1993).

New Jersey General Assistance Law exists so that persons may not suffer unnecessarily from cold, hunger, sickness, or be deprived of shelter. Williams v. Department of Human Services, 116 N.J. 102, 561 A.2d 244 (1989), judgment deferred 121 N.J. 589, 583 A.2d 297, final judgment entered 121 N.J. 667, 583 A.2d 351.

Twelve-month limit on receipt of temporary rental assistance General Assistance law. L.T. v. New Jersey Dept. of Human Services, Div. of Family Development, 134 N.J. 304, 633 A.2d 964.

Department should not deny reasonable extensions of temporary rental assistance unless claimants have failed to cooperate in pursuit of effective plans. L.T. v. New Jersey Dept. of Human Services, Div. of Family Development, 134 N.J. 304, 633 A.2d 964.

Termination of emergency assistance shelter benefits upon expiration of five-month period is valid if new programs make reasonably certain that individuals would find shelter elsewhere when emergency assistance runs out. Williams v. Department of Human Services, 116 N.J. 102, 561 A.2d 244 (1989), judgment deferred 121 N.J. 589, 583 A.2d 297, final judgment entered 121 N.J. 667, 583 A.2d 351.

10:85–4.7 Homemaker service

(a) When illness, death or some other disruption in the normal living pattern of an eligible individual makes the provision of homemaker service essential, the director shall authorize payment for such service, provided it is not otherwise available without cost.

1. Method of payment: Payment for such service shall be made by direct contractual agreement between the welfare department and the agency or individual furnishing the service.

2. Maximum rate: Payment shall not exceed the most reasonable rate for which such service can be obtained in the community.

Case Notes

See for historical purposes Schultz v. Kott, 131 N.J.Super. 216, 329 A.2d 340 (App. Div. 1974).

10:85–4.8 Funeral and burial expenses

(a) The municipal welfare department shall make payments from General Assistance funds for the expenses of the funeral and burial of the persons identified in (a)1 below in accordance with the limitations set forth in (a)2 below.

1. An eligible person is:

i. A person who was an active recipient of General Assistance at the time of death; or

ii. A person whose eligibility had been established within 15 days prior to death, but for whom no payment of General Assistance had been issued; or

iii. A person who died while a patient in a general hospital and who had been receiving General Assistance at the time of admission to the hospital; or

iv. A person who had received General Assistance at any time within six months prior death.

2. Authorization of payments:

i. Allowances: The allowance for funeral services, exclusive of cemetery costs, is the actual amount charged or $1,970.00 whichever is less. When ground burial is made of uncremated remains, the cemetery allowance also applies. The cemetery allowance is the sum of all cemetery charges or $460.00, whichever is less. The maximum total of allowances for a decedent is the sum of the funeral allowance and the cemetery allowance as applicable.

ii. Payment: The payment to be made is the maximum total of allowances as reduced by all of the assets of the decedent, including cash on hand, funds in the hands of others, the value of real and personal property, and public and private death benefits; and as further reduced by the sum of all contributions from next of kin and other interested parties.

(b) Cases ineligible for purposes of State aid: It is recognized that municipal directors, who are also exercising the functions previously charged to the overseer of the poor, encounter situations where burials must be provided at public expenses for persons who do not come within the classifications specified in (a)1 above. Such burials are governed by statutes unrelated to the General Assistance Program. Payments for them are not eligible for State aid. The statutes include:

1. N.J.S.A. 44:1–157, which states: "When a person shall die in a municipality without leaving money or other means sufficient to defray his funeral expenses, the overseer of the poor of the municipality ..... shall employ some person to provide for and superintend the burial of the deceased person, and the necessary and reasonable expenses as fixed by the governing body chargeable therewith shall be paid by it upon the order of the overseer ....."

2. N.J.S.A. 40A:9–49.1, which states: "Notwithstanding any provision of law, rule or regulation to the contrary, when an indigent person dies without a surviving spouse, parent or emancipated child and in a municipality other than his resident municipality, the resident county of the indigent decedent is responsible for the necessary and reasonable expenses for the burial. For the purposes of this act, "indigent decedent" means a person who dies without leaving an ascertainable estate sufficient to pay part or all of the person's burial expenses and whose burial expenses are not payable by the State pursuant to P.L. 1959, c.86 (N.J.S.A. 44:10–1 et seq.), P.L. 1947, c.156 (N.J.S.A. 44:8–107 et seq.) or P.L. 1973, c.256 (N.J.S.A. 44:7–85 et seq.), or by the county pursuant to N.J.S.A. 40A:9–49."

As amended, R.1980 d.436, effective October 7, 1980.
See: 12 N.J.R. 191(b), 12 N.J.R. 663(c).
(a)1i was $500 and (a)1iii was $350.
As amended, R.1982 d.287, effective September 7, 1982.
See: 14 N.J.R. 463(a), 14 N.J.R. 980(c).
(a)1i Ceiling of total cost increased to $900.00, $800.00 deleted.
Amended by R.1986 d.427, effective October 20, 1986.
See: 18 N.J.R. 1170(a), 18 N.J.R. 2125(a).
Substantially amended.
Amended by R.1988 d.39, effective January 19, 1988.
See: 19 N.J.R. 1619(b), 20 N.J.R. 194(a).
(b)1 deleted and new (b)1–2 inserted.
Petition for Rulemaking.
See: 26 N.J.R. 4104(b).

10:85–4.9 (Reserved)

R.1987 d.132, effective March 16, 1987.
See: 18 N.J.R. 2301(a), 19 N.J.R. 451(b).
Repealed by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).

SUBCHAPTER 5. MEDICAL CARE

10:85–5.1 Medical service payment

(a) The director of welfare shall authorize payment for medical care and professional practitioner services if such care and services are deemed necessary and appropriate and, for services rendered after July 1, 1988, if the bill for each such service reaches the municipal welfare office within one year after the date of the service. For services rendered after July 1, 1991, the bill for each such service must reach the municipal welfare office within six months after the date of the service. The MWD may seek the advice of the Division of Family Development (DFD) GAP Unit in determining whether particular elements or programs of care or service are necessary and appropriate.

1. In no instance will the rate exceed that payable under the Medicaid Program. Only services covered by the Medicaid Program shall be authorized under this program for payment.

i. Payment of medical bills which is or may be paid from any benefits provided through the Medical Assistance Program (Medicaid) of the State of New Jersey or any other state shall not be authorized.

2. Medical bills, which have been paid by the client or on his or her behalf, are not subject to reimbursement by the MWD.

3. In the event that payment is obtained from a third party by or for any client for whom the MWD has made medical payments, the welfare agency shall seek recovery of such payment from the beneficiary.

4. The director of welfare may authorize payment of other medical insurance premiums.

5. Persons eligible for Medicare benefits must have health services billed to the appropriate carrier (Pennsylvania Blue Cross/Blue Shield) by the provider before submitting bills to the MWD for consideration. The amount of the Medicare deductible may be paid by the MWD.

6. Payment for medical bills which are or may be paid through no-fault insurance benefits shall not be authorized.

(b) Physicians, dentists and other health care providers: The director of welfare shall authorize payment for services provided by licensed physicians (M.D. or D.O.), dentists and other health care providers including podiatrists, optometrists, pharmacists, opticians, prosthetists and orthotists who have not been deleted for cause from the current list of approved Medicaid providers, unless such services are specifically prohibited under (b)2 below. The DFD/GAP Unit will advise all MWDs of deletions from the approved list and of any reinstatements.

1. Amount of payment: The amount of the payment which the MWD shall authorize for any medical product or service shall be the lowest amount for which the service or product or a comparable service or product can be reasonably supplied to the recipient but in no event shall total payment for each service or product be more than the rate indicated as a maximum by the DFD/GAP Unit.

i. Municipalities to which N.J.A.C. 10:85–5.8 applies will be charged for prescriptions at the Medicaid rate for the product. (See N.J.A.C. 10:85–5.8(e) and 6.8(d).)

2. Payments not authorized: Payment to physicians, dentists or other health care providers shall not be authorized for the following services:

i. Inpatient hospital care: Payment shall not be authorized for professional services (for example, physicians, dentists, podiatrists) rendered to persons receiving inpatient hospital care.

ii. Outpatient or clinic care: Payment shall not be authorized for professional services rendered in the outpatient department of a hospital.

iii. Institutional care: Payment shall not be authorized for professional services rendered to residents of public medical institutions.

iv. Municipal/county physician care: Payment shall not be authorized for services rendered by practitioners who are employed by a municipality or county for the purpose of treating recipients of general assistance or other low-income inhabitants of the community.

v. Private duty nursing: Payment shall not be authorized for private duty nursing, whether in the home, hospital or elsewhere.

vi. Pedicure service: Payment shall not be authorized for normal pedicure service.

3. Obtaining a physician and so forth: When an appropriate clinic is not available without charge, the patient shall be provided the opportunity to select a physician, dentist or podiatrist of his/her choice. In the event that a person has no such practitioner or his/her personal practitioner is not available, the director of welfare may assist in obtaining a physician, dentist or podiatrist. The MWD may consult the DMAHS District Office to learn the names of practitioners participating in the Medicaid Program. (The practitioner shall be advised that payment cannot exceed the current Medicaid rate.)

4. Consultation by a specialist: Payment shall be authorized for services provided by a medical specialist whose advice and recommendations are requested by another physician or by the municipal welfare department with respect to the non-hospital evaluation and/or treatment of a patient. (See (b)1 above regarding maximum fee.)

i. Prior authorization: Payment for consultation services shall be approved only when performed by a qualified specialist who has received prior authorization from the municipal director of welfare to perform such services.

(c) Independent clinics: The director of welfare shall authorize payment for physician services and other professional provider services, X-ray (diagnostic therapeutic, and so forth) and laboratory services, at the Medicaid rate or at a lesser rate if such has been negotiated between the clinic and the MWD.

(d) Mental health services: For all mental health services, the payment shall be deemed to cover all services of the provider. It does not cover prescription costs. If the MWD has negotiated a rate with the mental health agency or provider which is no higher than the rate which would otherwise be payable and which takes into account any funding by the municipality or county, that rate shall be used for all participants receiving services from that provider. In all other instances, payment to other providers shall be at the Medicaid rate.

1. Partial Care Program (see N.J.A.C. 10:37–5.46 through 5.51): Partial Care is a program serving people who need more than hourly outpatient services and less than inpatient hospitalization. Some clients are served to avoid inpatient hospitalization; for others the program serves as a transition from institutional to community living. Clients usually receive services five days per week. This level of service is reduced as the client becomes more independent. Minimum attendance is one-half day per week. Services offered usually include case management, medication supervision, group therapy, activities of daily living (ADL), socialization, skill development, and prevocational activities. Program participants are divided into two Target Groups:

i. Target Group I (see N.J.A.C. 10:37–5.2) consists of:

(1) Individuals currently in a State/County/Local psychiatric hospital who could live in the community with appropriate services.

(2) Individuals in the community with a history of psychiatric hospitalization, who are in serious risk of rehospitalization.

(2) Individuals in the community who are mentally, emotionally, and functionally impaired and in serious risk of psychiatric hospitalization.

ii. Target Group II (see N.J.A.C. 10:37–5.2) consists of individuals in the community who are mentally, emotionally, and functionally impaired and are not in serious risk of psychiatric hospitalization.

iii. Referral procedures: Proper referral is the responsibility of the mental health agency which seeks payment. It is in two parts:

(1) The agency will, within five working days of the acceptance of an individual for partial care, so notify the MWD in writing. Form PA–14, Referral for Services, or any substantially similar document may be used for this purpose.

(2) The agency will, within 30 calendar days of the acceptance of an individual for Partial Care, submit Medicaid Form FD–07 to the MWD. The Target Group classification shall appear on the form. The MWD will record receipt of the form and send it promptly to the DFD/GAP Unit for approval.

iv. Service periods are as follows:

(1) The MWD will not authorize payment for any services rendered more than five days prior to notice (see (d)1iii(a) above) nor more than 30 days prior to submittal of Form FD–07 (see (d)1iii(2) above).

(2) For Target Group I clients the expected term of service is two years from the date of acceptance into this program. For Target Group II clients the expected term of service is one year from the date of acceptance into the program. The MWD will authorize no payments beyond these periods without the specific written authorization of the DFD/GAP Unit.

2. Payment for other mental health services is as follows:

i. Mental health clinics: Payment shall be authorized as described in (d) above for an initial period of 30 days or until receipt by the MWD of a completed Medicaid Form FD–07, whichever occurs first. The MWD will record receipt of the form and forward it promptly to the DFD/GAP Unit. The DFD/GAP Unit will return the form indicating any further services which are approved. For services beyond the initial period, payment shall be authorized only for services approved by the DFD/GAP Unit.

ii. Private practitioners: If no local clinic offers services which are necessary, the MWD shall authorize payment to a private psychologist or psychiatrist in accordance with the provisions and limitations specified in (d)2i above.

(1) Payments are not to be authorized for services provided by psychiatric social workers, unlicensed psychologists, or psychiatric assistants in private practice.

(e) Visiting nurse or home health agency services: The municipal director of welfare shall authorize payment for services rendered by a Visiting Nurses Association or Home Health Agency provided that the client is not entitled to such services without cost.

1. Maximum fee: Payment shall not exceed the applicable Medicaid rate.

(f) Care of individuals in long term care facilities: The director of welfare shall authorize payments for patient care and allow for a personal needs allowance (PNA) in a nursing facility when a physician certifies that a client has a defect, disease, or impairment (other than psychosis) which necessitates such care, the client is not eligible for Medicaid, and there is no person available who will provide such care without cost to the client. In the event that a person who is determined ineligible for Medicaid Only benefits by the county welfare agency applies promptly, and is found eligible for GA, payment of eligible medical expenses shall be made retroactive to the date of application for Medicaid Only.

1. Physician certification (completion of GA–18): 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 the DFD/GAP Unit for necessity of nursing facility care determination and subsequently, filed in the case record and the other copy shall be retained by the nursing facility or institution.

2. Maximum fees: Payment to the facility shall not exceed the rates for such facility as established by Medicaid or, for non-Medicaid facilities, by the DFD/GAP Unit. The MWD shall contact the DFD/GAP Unit to obtain the per diem rate for room, board and nursing care. A personal needs allowance of $35.00 per month shall be allowed to the patient.

i. In determining the amount the MWD will be authorized to pay the facility for room, board and nursing care, the Medicaid rate times the number of days of care less the payment by or on behalf of the client shall be used. Each month the MWD will obtain a current bill for all services rendered during the previous month.

(1) The MWD 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 Medicaid per diem rate. Such services shall be paid directly to the provider. An order for lab, X-ray, pharmacy services, and so forth must be based on a written prescription from the attending physician. (See N.J.A.C. 10:85–8.4(g)1i regarding the Pharmaceutical Assistance to the Aged and Disabled program).

(g) The director of welfare shall authorize payment for physical, occupational, or speech therapy under the conditions and in the amounts indicated in (g)1 through 2 below.

1. Conditions:

i. The therapy must have been recommended in writing by a physician.

ii. The therapy must be a part of a planned physical restoration program.

iii. The therapy must be performed by an appropriately qualified therapist under the direction and supervision of a physician.

iv. The therapy has been approved in advance by the DFD/GAP Unit. Request for the DFD/GAP Unit approval shall be submitted via Form GA–18A with any other documentation which is appropriate and available or is requested by the DFD/GAP Unit. Approvals by DFD/GAP Unit will be made for a maximum of three months. Requests for approval for an additional three-month period shall be made prior to the commencement of the additional period. Such a request shall

include a new Form GA–18A if appropriate or a written statement by the supervising physician describing all changes since the previous submittal.

2. Amount of payment: The MWD will authorize no payment for therapy which is available or could have been provided to the client without cost. The amount of payment shall be at the rate established for the service by the Medicaid program. The DFD/GAP Unit will ascertain the rate and indicate it in the notice of approval. Welfare directors in need of rate information before submitting an approval request may communicate with the DFD/GAP Unit.

(h) Miscellaneous services: The director of welfare shall authorize payment for drugs, blood, blood plasma, infusions, hearing aids, prosthetics, oxygen, dental services or dentures, eyeglasses and other visual prosthesis, braces and appliances, if recommended in writing by an appropriately licensed practitioner and if not otherwise available without cost to the patient.

1. Maximum fee: The DFD/GAP Unit will determine an appropriate fee for the services provided as stated in (b)1 above.

2. Pharmaceutical Assistance to the Aged and Disabled (PAAD) Program: See N.J.A.C. 10:85–8.4(f)1i regarding referral to the PAAD program.

3. Prosthetics and orthotics (for example, artificial limb, eye or brace): Clients who have a job disability which may be reduced or diminished if provided with an appliance (that is, prosthesis or brace) should be referred to the Division of Vocational Rehabilitation Services (DVRS) (see N.J.A.C. 10:85–8.4(g)). If accepted for service by that agency, the cost of the appliance is the responsibility of DVRS. Only if the client is rejected as not feasible for the services furnished by DVRS should the municipal welfare agency consider authorizing payment for such an appliance, and then only after consulting with the DFD/GAP Unit.

(i) Persons eligible for Medicare Part B (medical insurance) benefits must have health care services billed to the appropriate carrier (for New Jersey Medicare, the carrier is Medicare/Pennsylvania Blue Shield, Harrisburg, Pennsylvania) by the practitioner or other provider before submitting bills to the MWD for consideration. Recipients eligible for Medicare Part B benefits shall submit the statement, "Explanation of Benefits", from the Medicare carrier before the MWD determines if additional payment may be allowed.

(j) Residential treatment for drug or alcohol abuse: When the director of welfare authorizes the GA grant, payments for room and board shall be made by the client, and a PNA in amounts as specified in N.J.A.C. 10:85–3.3(f)4iv shall be retained by the client. The payment for room and board by the GA client shall be considered as inclusive of all goods and services.

1. When laboratory tests necessary for admission to drug treatment programs are performed by independent laboratories, payment procedures are as follows:

i. For costs incident to admission to methadone maintenance outpatient drug treatment facilities, laboratories will submit their charges on the appropriate Medicaid form and send that form to the MWD for submittal to the DFD/GAP Unit for costing.

ii. For costs incident to admissions to residential drug treatment facilities, laboratories will submit charges on the appropriate Medicaid form to the MWD for submittal to the DFD/GAP Unit for costing and processing in customary manner.

As amended, R.1977 d.168, effective May 12, 1977.
See: 9 N.J.R. 174(c), 9 N.J.R. 278(a).
As amended, R.1978 d.77, effective April 1, 1978.
See: 10 N.J.R. 13(b), 10 N.J.R. 153(d).
As amended, R.1979 d.141, effective May 1, 1979.
See: 10 N.J.R. 488(a), 11 N.J.R. 249(c).
As amended, R.1979 d.495, effective December 14, 1979.
See: 11 N.J.R. 516(c), 12 N.J.R. 43(a).
(b), (b)5, (c)1, (c)2, (c)3, (c)3i through iii, (d), (e), (g), (g)1, and (h): "shall" was "may."
As amended, R.1979 d. 496, effective December 14, 1979.
See: 11 N.J.R. 507(b), 12 N.J.R. 43(b).
(b)1: Added "a center ... alcohol abuse." (b)2: Substantially amended. Added (c)4 and (j).
As amended, R.1980 d.11, effective February 1, 1980.
See: 11 N.J.R. 506(b), 12 N.J.R. 86(c).
(f)1: Added "facility" (g)4i: Added comma after "therapy."
As amended, R.1980 d.252, effective July 1, 1980.
See: 12 N.J.R. 275(c), 12 N.J.R. 419(a).
(b)2i added.
As amended, R.1980 d.311, effective August 1, 1980.
See: 12 N.J.R. 123(a), 12 N.J.R. 483(b).
(f)1i added.
As amended, R.1980 d.531, effective January 1, 1981.
See: 2 N.J.R. 586(a), 13 N.J.R. 18(c).
(f)1 amended to require submission of Form GA–18 to DPW/BMA; (f)1i amended to require annual recertification by Form GA–18 and to delete previous requirement.
As amended, R.1980 d.547, effective February 1, 1981.
See: 12 N.J.R. 662(c), 13 N.J.R. 100(a).
(b)1 "Residential Health Care Facility" was "licensed boarding home for sheltered care."
As amended, R.1981 d.263, effective July 9, 1981.
See: 13 N.J.R. 225(a), 13 N.J.R. 433(a).
(b)2: added "shall total ... or product be."
As amended, R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209 effective May 23, 1983, operative June 1, 1983.
Subsection (f) added, regarding authorizing payments for physical, occupational and speech therapies; (h) recorded as (g).
Amended by R.1984 d.593, effective January 7, 1985.
See: 16 N.J.R. 2488(a), 17 N.J.R. 90(a).
(c): Substantially amended.
Amended by R.1985 d.565, effective November 4, 1985.
See: 17 N.J.R. 1836(a), 17 N.J.R. 2665(a).
Amended by R.1986 d.70, effective March 17, 1986.
See: 17 N.J.R. 2953(a), 18 N.J.R. 564(a).
Payments for periods up to 14 days amended to 10 days.
Amended by R.1987 d.176, effective April 20, 1987.
See: 19 N.J.R. 33(a), 19 N.J.R. 646(a).
(a)1 added.
Amended by R.1987 d.322, effective August 3, 1987.
See: 19 N.J.R. 619(b), 19 N.J.R. 1454(b).

Personal incidental allowance increased from $25.00 to $35.00 per month.
Amended by R.1988 d.169, effective April 18, 1988.
See: 20 N.J.R. 162(a), 20 N.J.R. 902(b).
Added text to (a) "and, for services . . .".
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 21(a).
Allowed costs for drug or alcohol programs added to (i).
Amended by R.1991 d.521, effective October 21, 1992 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
Medical care providers to bill within six months; labs to use Medicaid forms.
Amended by R.1992 d.503, effective December 21, 1992.
See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).
Text on general provisions deleted; text on other medical payments recodified from 5.3, with amendments deleting references to inpatient and outpatient services and physician recertification.
Prior annotations on general provisions
As amended, R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209, effective May 23, 1983, operative June 1, 1983.
Explanation of payments expanded.
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.
Amended by R.1994 d.591, effective December 5, 1994.
See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

10:85–5.2 Procedure for payment of medical bills

(a) This section does not apply to prescription bills except for medical supplies and equipment in those municipalities which pay prescription charges through Medicaid.

(b) Rules concerning determination of Medicaid rate are as follows:

1. MWD responsibility: The MWD shall submit bills received from providers of health services, or requests for authorized fee levels, to the DDF/GAP Unit. Such bills and/or requests should be submitted on official Medicaid vendor voucher forms which all providers servicing Medicaid recipients utilize. The forms shall contain the following: signature of the vendor and client, date, and description of the commodity delivered or service rendered with full Medicaid product and procedure codes. Exception: The signature of the client/designee is not required on bills for residential services such as Long Term Care Facilities (see (b)4 below for requirement of client/designee signature).

i. Bills/requests shall include age of the patient, diagnosis, and whether or not he or she is receiving disability insurance benefits. The signature of the MWD director, preceded by the words "approved by" is required on the bottom or on the reverse side of the Medicaid vendor form. This signature may be affixed either before or after submission to the DFD/GAP Unit for rate approval but prior to payment.

ii. Medicaid vendor forms not completed in accordance with the above instructions must be accompanied by a Form GA–11, General Assistance Order, properly completed.

iii. In instances of repeated submission of a Medicaid vendor form showing the same client, same vendor, same commodity or service and same price, the MWD may, for audit purposes, attach a photocopy of the previous rate-approved form to each resubmittal in lieu of submission to the DFF/GAP Unit as required above.

2. State responsibility: It is the responsibility of the DFD/GAP Unit to authorize appropriate rates in accordance with those established by the State Medicaid Program insofar as feasible. The DFD/GAP Unit will return disapproved, any voucher submitted from a provider who has been deleted for cause from the current list of approved Medicaid providers. Such disapproval will prevent States, matching on the payment, but will not eliminate any responsibility for payment which the MWD may have incurred by prior authorization.

i. The DFD/GAP Unit will enter the appropriate fee for each service listed, mark the bill or voucher as approved for amount of payment and return it to the MWD. The MWD shall retain this form in file for audit purposes.

3. Notification of provider: The MWD shall promptly notify the provider of the authorized fee and shall make payment accordingly.

4. Client/designee signature requirements: The following procedures may be used when the patient's signature is unobtainable.

i. Illiterate patient: The patient may sign by mark (X), and the signature must be witnessed by another person and also the provider of the service must sign his/her name and address on the same line.

ii. Client designee: If the patient is physically or mentally incapable of signing, a minor child, deceased, or for other reasons the patient's signature is not obtainable, through reasonable effort, the form may be signed on the patient's behalf by:

(1) A parent; or

(2) A legal guardian; or

(3) A relative; or

(4) A friend; or

(5) An individual provider; or

(6) A representative of the institution/agency providing care and/or support; or

(7) A representative of a governmental agency providing assistance.

iii. A brief explanation of the reason the patient was not personally able to sign voucher form must be written directly on the form or recorded on an attachment should additional space be required. The explanation must include a statement as to how the designee and the patient are related.

As amended, R.1977 d.168, effective May 12, 1977.
See: 9 N.J.R. 174(c), 9 N.J.R. 278(a).
As amended, R.1979 d.141, effective May 1, 1979.
See: 10 N.J.R. 488(a), 11 N.J.R. 249(c).
As amended, R.1980 d.252, effective July 1, 1980.
See: 12 N.J.R. 275(c), 12 N.J.R. 419(a).
"Note" added before (a).
As amended, R.1981 d.417, effective November 2, 1981.
See: 13 N.J.R. 499(c), 13 N.J.R. 768(b).
(a)1: Last sentence added; (a)4 added.
As amended, R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209, effective May 23, 1983, operative June 1, 1983.
Exception added at (a)1, and (b) and (c) deleted and replaced by text regarding retroactive medical eligibility.
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.
Amended by R.1992 d.503, effective December 21, 1992.
See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).
Text on inpatient hospital care deleted; text on procedures for a payment of medical bills recodified from 5.4, with amendment deleting subsection (c).
Prior annotations on inpatient hospital care (including case note):
As amended, R.1977 d.134, effective June 1, 1977.
See: 9 N.J.R. 123(c), 9 N.J.R. 238(b).
As amended, R.1978 d.217, effective June 30, 1978.
See: 10 N.J.R. 345(b).
As amended, R.1979 d.197, effective July 1, 1979.
See: 11 N.J.R. 184(a), 11 N.J.R. 283(c).
As amended, R.1980 d.92, effective April 1, 1980.
See: 12 N.J.R. 29(c), 12 N.J.R. 193(d).
(a): Added Bergen County.
(c): "are included ..... per diem" was "quality for State aid".
As amended, R.1980 d.311, effective August 1, 1980.
See: 12 N.J.R. 123(a), 12 N.J.R. 483(b).
(a) Amended to require eligible hospitalized persons in first class counties to receive payment authorization from the director of welfare of their municipality of residence.
As amended, R.1980 d.466, effective December 1, 1980.
See: 12 N.J.R. 534(c), 12 N.J.R. 704(a).
(d)7iii added.
As amended, R.1980 d.515, effective January 1, 1981.
See: 12 N.J.R. 585(b), 13 N.J.R. 18(b).
(g) Add "which shall ... (c) above," delete "per diem" rate.
(g)2 delete existing text and replace with current text.
As amended, R.1981 d.394, effective November 2, 1981.
See: 13 N.J.R. 433(b), 13 N.J.R. 768(a).
(a): "Hudson" and "Essex" deleted from list of counties of the first class.
As amended, R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209, effective May 23, 1983, operative June 1, 1983.
Lead-ins and descriptive language added at many subsections.
Correction: Deleted Hudson from the counties of the first class.
See: 17 N.J.R. 1339(b).
Amended by R.1986 d.7, effective February 3, 1986.
See: 17 N.J.R. 252(a), 18 N.J.R. 274(b).
Old text in (a) deleted and new text substituted.
Amended by R.1986 d.47, effective March 3, 1986.
See: 17 N.J.R. 2519(a), 18 N.J.R. 483(a).
Old (f) deleted; (g) recodified to (f).
Amended by R.1988 d.251, effective June 6, 1988.
See: 20 N.J.R. 521(a), 20 N.J.R. 1222(a).
Added text to (f)1. "Starting July 8, 1988, State Aid ...".
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.

Case Notes

Statutorily mandated hospital costs payments are limited to counties of the first class; limitation does not amount to denial of equal protection. Sharp v. Dept. of Human Services, 178 N.J.Super. 70 (App.Div.1982).

Former regulation mandated payment for in-patient hospitalization only for residents of municipalities in first class counties. R.S. v. Gloucester Cty. Welfare Dept., 1 N.J.A.R. 448 (1980).

Director of welfare has discretion in authorization of payments. In re R.S., OAL Dkt. HPW 2369–7 (Dec. 6, 1979), rejected, DPW (Feb. 29, 1980), ap., App. Div., Dkt. No. A–2315–79T1.

10:85–5.3 Travel costs for health care

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

1. Method of payment: To the extent possible, such services shall be purchased directly from the vendor.

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

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

As amended, R.1979 d.495, effective December 14, 1979.
See: 11 N.J.R. 516(c), 12 N.J.R. 43(a).
(a): "shall" was "may".
Recodified by R.1992 d.503, effective December 21, 1992.
See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).
Text on other medical payments recodified to 5.1; text on travel costs for health care recodified from 5.5.

10:85–5.4 Medical care for recipients with chronic renal failure

(a) Most patients with chronic renal failure requiring dialysis or transplantation are eligible for Medicare coverage the first day of the third month following the first dialysis treatment, or immediately upon hospitalization for transplantation. Medicare provides payment for the hospitalization. Medicare Part B shall be purchased to provide payment for 80 percent of the cost of outpatient care, including dialysis treatment. Drugs not prescribed as part of the dialysis treatment are not eligible for payment by Medicare.

1. Responsibility of other agencies: It is the responsibility of the administrator or coordinator of the dialysis unit to initiate the application for Medicare and to contact all other possible resources. These include: the Social Security Administration for DIB and/or SSI benefits; the county welfare agency for "Medicaid Only" and transportation, and the Division of Medical Assistance and Health Services for Pharmaceutical Assistance to the Aged and Disabled (PAAD).

i. PAAD applications can be obtained from county offices on aging, local Medicaid offices, county welfare agencies and local pharmacies.

2. MWD responsibility: When utilization of benefits from other sources leaves a medical cost deficit, the municipal welfare director will determine eligibility for other medical costs, if needed, in accordance with N.J.A.C. 10:85–5.1 with due regard for the medically needy provisions of N.J.A.C. 10:85–3.3(g)1. Maximum fees will be determined by the DFD/GAP Unit in accordance with N.J.A.C. 10:85–5.1(b)1.

i. Written verification: As part of the application process for assistance for individuals with chronic renal failure, the municipal welfare director must obtain, from the administrator of the dialysis unit, written verification that the patient's eligibility for any or all of the above resources has been explored.

R.1979 d.141, effective May 1, 1979.
See: 10 N.J.R. 488(a), 11 N.J.R. 249(c).
As amended, R.1982 d.377, effective November 1, 1982.
See: 14 N.J.R. 420(b), 14 N.J.R. 1217(a).
Deleted obsolete reference to State Department of Health for Renal Disease Program.
As amended, R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209 effective May 23, 1983, operative June 1, 1983.
Reference to PAA changed to PAAD, including disabled category.
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.
Amended by R.1992 d.503, effective December 21, 1992.
See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).
Text on procedure for payment of medical bills recodified to 5.2; text on medical care for recipients with chronic renal failure recodified from 5.6 with obsolete references deleted.

10:85–5.5 SSI application pending

(a) In situations where residential medical care is required by an eligible person whose SSI application is pending, the MWD will assure the provider of payment in accordance with all regulations in this chapter. Such payment will, however, be withheld during the period in which the SSI application is pending. The MWD shall authorize payment of all other medical expenses as for other GA recipients.

(b) Payment following SSI determination: If the application is approved, the withheld payments will be made through the Medical Assistance (Medicaid) program on a retroactive basis. If the application is denied, the MWD shall promptly make payment for the withheld costs incurred during the pending period, such payments being eligible for reimbursement to the same extent as other medical payments. For purposes of this section as SSI application shall not be considered as denied until there has been a decision acceptable to the MWD that no appeal or no further appeal is to be taken.

R.1979 d.365, effective October 1, 1979.
See: 11 N.J.R. 378(a), 11 N.J.R. 519(f).
As amended, R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209 effective May 23, 1983, operative June 1, 1983.
Language added concerning payment following SSI determination.
Amended by R.1992 d.503, effective December 21, 1992.
See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).
Text on travel costs for health care recodified to 5.3; text on SSI application pending recodified from 5.7.

10:85–5.6 Pharmaceutical payments through DMAHS

(a) Prescription bills, except for medical supplies and equipment, incurred on behalf of recipients in all municipalities shall be processed through the New Jersey Division of Medical Assistance and Health Services (DMAHS).

(b) A General Assistance recipient who requires a pharmaceutical product will take his or her prescription to a Medicaid participating pharmacy. The pharmacist will procure authorization from the MWD (see (d) below), complete Form MC–6, and supply the product. Payment will be as provided in (e) below.

(c) All GA pharmaceutical claims shall be processed via Form MC–6 or any other system utilized by the participating pharmacies. Supplies of the MC–6 claim form are provided to the pharmacies by the Unisys Corporation.

(d) It should be noted that in all instances the "Person No." block on the claim form shall be completed with a code of "01." Each MWD shall provide, in writing, its unique four-digit identification number to each participating pharmacy. In addition, each MWD shall be required to provide the pharmacy with verification that a particular individual is an active GA recipient and has an agency assigned case number. The pharmacy shall require the MWD to provide a six-digit case number in order to process the claim. If a client's case number has less than six digits, the MWD shall add zeros in front of the case number to exact the required six-digit case number. The MWD shall provide the above information to the pharmacies through either one or a combination of the following:

1. The pharmacy will contact a MWD representative by telephone prior to dispensing the prescription. Agencies using this method only must maintain procedures whereby pharmacies can obtain authorizations outside of agency business hours.

2. The recipient presents a current validation card or letter issued by the MWD to the pharmacist who completes the transaction without additional contact with the agency. Agencies using this method must supply a card or letter to each recipient at each opening or reopening of a case and at least monthly thereafter with dates to ensure validity throughout all periods of assistance eligibility. The size and layout of the validation card or the letter are optional with the agency. Each card or letter must contain as a minimum:

i. Name, address, phone number and four-digit municipality code of the agency;

ii. First and last name(s) of client(s) for whom card or letter applies;

iii. The required six-digit case number (see (d) above);

iv. Expiration date;

v. Notice to client as follows: This validation form indicates eligibility for General Assistance benefits and is to be presented to the pharmacist when having a prescription filled;

vi. Notice to pharmacist as follows: Please complete Form MC–6 according to Medicaid policies and procedures and forward to the Unisys Corporation for payment.

(e) The MWD will make no payment directly to a pharmacy for any prescription charge other than those for medical supplies or equipment. Payment at the Medicaid rate will be made by the Unisys Corporation and reported and charged as described in N.J.A.C. 10:85–6.8(d).

R.1980 d.252, effective July 1, 1980.
See: 12 N.J.R. 275(c), 12 N.J.R. 419(a).
As amended, R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209 effective May 23, 1983, operative June 1, 1983.
Further instructions concerning a prescription form and reference to code list deleted.
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.
Amended by R.1992 d.503, effective December 21, 1992.
See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).
Text on medical care for recipients with chronic renal failure recodified to 5.4; text on pharmaceutical payments through DMAHS recodified from 5.8 with amendments on processing of forms.

10:85–5.7 (Reserved)

Repealed by R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).

SUBCHAPTER 6. FISCAL PROCEDURES

10:85–6.1 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 General Assistance.

(b) Further, N.J.S.A. 44:8–112 provides that the Commissioner may require keeping of records and submission of reports, and investigate the administration of public assistance within each municipality.

1. Qualifications for State aid: In accordance with the foregoing authority, this chapter sets forth the fiscal regulations, procedures and policies which must be uniformly observed in the administration of General Assistance by municipalities in order to qualify for State aid.

(c) The Commissioner reserves the right to approve municipal welfare agency budgets.

1. Such budget approvals shall be contingent on the MWD's submission and DFD's approval of Form GA–15.

Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
Commissioner's approval required for MWD budgets.

10:85–6.2 State financial participation

Effective July 1, 1991, in accordance with P.L. 1990 c.66, the amount of State aid for General Assistance which an approved municipality may receive shall equal 100 percent of the amount of municipal funds approved for public assistance on or after that date. For commitments approved before that date or with date of service prior to July 1, 1991, the amount of State aid for General Assistance which an approved municipality may receive shall equal 75 percent of the amount of municipal funds expended and approved for public assistance. The amount of such State aid shall be exclusive of any costs incurred in the administration of the program.

As amended, R.1978 d.171 effective June 1, 1978.
See: 10 N.J.R. 150(a), 10 N.J.R. 285(b).
As amended, R.1978 d.217, effective June 30, 1978.
See: 10 N.J.R. 345(b).
Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
State funds 100 percent of administrative costs.

10:85–6.3 Public Assistance Trust Fund Accounts

(a) The law provides that every payment made to a municipality as State aid for General Assistance, including all moneys received as a refund or in restitution of any year's assistance expenditures, shall be made payable to the treasurer (but not by name) of the municipality and deposited by him or her in the Public Assistance Trust Fund Account. Effective July 1, 1991, approved municipalities will have both a Public Assistance Trust Fund I and a Public Assistance Trust Fund II account.

1. Fiscal-year continuation of Trust Fund Accounts: A municipality which has received State aid in the year last preceding shall not close out its Public Assistance Trust Fund Accounts at the end of that fiscal year. Municipalities which have filed with the Division of Family Development reports of commitments (Form GA–6) made by them for assistance during the year last preceding, in anticipation of receiving State aid in succeeding years, shall maintain existing Public Assistance Trust Fund Accounts in order to qualify for State aid. Such accounts and any balance used for public assistance only, exclusive of administrative costs, shall be carried over to the next fiscal year.

2. Non-transferability of funds: Under no circumstances shall payments made to a municipality as State aid for General Assistance in the current or prior years be deposited or transferred to the municipal current account or used for any purpose other than public assistance grants exclusive of administrative costs. Transfers from Public Assistance Trust Fund I to Public Assistance Trust Fund II are not barred by this subsection. Transfer of surpluses arising from municipal appropriations in prior years is not barred by this regulation.

3. With exception of those municipalities that have a Public Assistance Trust Fund II zero balance account, State aid advances at 100 percent shall be deposited to the Public Assistance Trust Fund II Account. State aid advances at 75 percent shall be deposited to the Public Assistance Trust Fund I Account.

4. Deposit of refunds and receipts: Except as noted in (a)3 above, all payments received by a municipal welfare department or any other municipal department from or on behalf of current or former recipients shall be deposited in the "Public Assistance Trust Fund Account" designated on Form GA–12 and duly accounted for on a monthly basis.

i. Refunds and other receipts shall be separated and deposited as follows:

(1) Deposits to the Public Assistance Trust Fund I Account are as follows:

(A) Deposits into this account will include any municipal appropriation for non-GA eligible assistance, certain miscellaneous donations, refunds of non-GA assistance, refunds of 75 percent reimbursed assistance and 75 percent reimbursed SSI interim assistance.

(B) After calculation of the State funded portion (75 percent) of refunds, a check for that amount shall be drawn from the Public Assistance Trust Fund I Account and deposited into the Public Assistance Trust Fund II Account. Amounts remaining after this transfer of funds will be solely municipal funds.

(2) Deposits to the Public Assistance Trust Fund II Accounts are as follows:

(A) Deposits into this account will include State aid advances for expenditures eligible for 100 percent State aid, refunds of all 100 percent reimbursed assistance (to include fraud recoveries, insurance recoveries, vendor repayments, and so forth) and Supplemental Security Income (SSI) Interim Assistance checks (except as noted at N.J.A.C. 10:85–6.3(a)4i(1) above).

ii. Preparation of statement of refunds and receipts: Each municipal welfare department is required to prepare Form GA–12, General Assistance Program—Statement of Refunds. Refunds are separated according to items eligible and ineligible for State participation and completed in accordance with instructions provided on the reverse side of Form GA–12. Form GA–12 shall be distributed as follows:

(1) The original is to be submitted to the municipality's registered municipal accountant at the time of annual audit.

(2) A copy forwarded to the Bureau of Business Services/Division of Family Development (BBS/DFD) as follows:

(A) With the exception of (B) below, a copy is due every December (June for municipalities with such fiscal year end) and is to be submitted with Form GA–6, observing the December (June, if applicable) deadline for receipt of Form GA–6 by the BBS/DFD.

(B) If any time prior to the December (June, if applicable) submittal the MWD's amount of State aid recovered reaches $500.00, Form GA–12 is to be completed at such time. A copy of the completed Form GA–12 is to be forwarded to the BBS/DFD and the original retained by the municipal welfare department. Such submittal does not replace the December (June) deadline for the submittal of the final Form GA–12 for the entire year.

(3) A copy is to be retained by the municipal welfare department.

(4) A copy is to be sent to the chief financial officer of the municipality.

iii. Adjustment of State reimbursement: In accordance with instructions on the reverse side of Form GA–12, a check in the amount of State aid recovered is to be drawn on Public Assistance Trust Fund I for deposit into Public Assistance Trust Fund II.

(b) Disbursement may be made from the Public Assistance Trust Fund Accounts only for payment of public assistance costs, exclusive of administrative costs. Disbursements will be made on the authority of the municipal treasurer or other authorized official.

1. Types of disbursements authorized from Public Assistance Trust Fund I Account: Disbursements from the Public Assistance Trust Fund I Account are limited to:

i. Payment to GA clients or to vendors providing authorized services to GA clients of public assistance costs eligible for zero percent or 75 percent State aid;

ii. Replacement checks;

iii. Payment of Supplemental Security Income (SSI) proceeds to SSI recipients, the Social Security Administration or other municipal welfare departments from which the SSI recipient received Interim Assistance and completed a Form GA–30;

iv. The Transfer of GA State aid recovered into the municipality's Public Assistance Trust Fund II Account; and

v. Payment to replenish the petty cash account.

2. Disbursements from the Public Assistance Trust Fund II Account are limited to:

i. Payment to GA clients or to vendors providing authorized services to GA clients of public assistance costs eligible for 100 percent State aid;

ii. Payment to establish or replenish the Public Assistance Petty Cash Fund Account;

iii. Payment of Supplemental Security Income (SSI) proceeds to SSI recipients, the Social Security Administration, or other municipal welfare departments from which the SSI recipient received Interim Assistance and completed a Form GA–30.

3. Promptness of payment: Those municipalities which issue checks in direct payment of assistance to eligible persons shall arrange their fiscal procedures so as to result in the delivery of all initial and regular checks on the first day of each period of eligibility and the delivery of replacement checks which are issued in accordance with N.J.A.C. 10:85–2.4(c) within the time period required in that subsection. (See N.J.A.C. 10:85–4.2 for periods of eligibility).

As amended, R.1978 d.171, effective June 1, 1978.
See: 10 N.J.R. 150(a), 10 N.J.R. 285(b).
As amended, R.1979 d.141, effective May 1, 1979.
See: 10 N.J.R. 488(a), 11 N.J.R. 249(c).
As amended, R.1979 d.281, effective October 1, 1979.
See: 11 N.J.R. 247(c), 11 N.J.R. 383(d).
As amended, R.1980 d.92, effective April 1, 1980.
See: 12 N.J.R. 29(c), 12 N.J.R. 193(d).
(b)2: Added last (parenthetical) sentence.
Amended by R.1988 d.172, effective April 18, 1988.
See: 19 N.J.R. 2377(a), 20 N.J.R. 903(a).
Substantially amended (a).
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.
Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
Trust fund accounting requirements revised.
Amended by R.1994 d.591, effective December 5, 1994.
See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

10:85–6.4 Fiscal and statistical reporting requirements

(a) General completion and submittal requirements: Forms described below shall be completed and either submitted to the Division of Family Development, as indicated, or retained by each municipality approved to receive State aid in the General Assistance program. Use of the forms described herein is required.

1. Application Register (Form GA–7): Each application shall be entered on the Application Register (Form GA–7) and shall be maintained by the MWD on an updated basis. The Application Register is subject to review by representatives of the Division of Family Development.

2. Report of Assistance Commitments (Form GA–6): Form GA–6, accompanied by Form GA–6A, will be submitted on a monthly basis to the DFD/BBS within 10 days after the end of the assistance month.

i. Separate Forms GA–6 shall be submitted in order to separately identify assistance provided that is eligible for 100 percent State aid from the assistance provided that is eligible for 0 to 75 percent State aid.

ii. Cases must be listed in sequential order according to case number and employability status. Case numbers for all employable cases must be identified with an "E" prefix and all unemployable cases must be identified with a "U" prefix. Cases that are classified as employable must be listed first, followed by the unemployable cases. At the end of each page, totals must be indicated for the number of cases opened, the number of cases closed, the number of single persons aided, family case persons aided, and the commitments reported for each category (Maintenance, Hospitalization, Nursing Home, and so forth). On the bottom section of any GA–6 page that lists both "E" prefixed and "U" prefixed cases and on the final page, totals must be segregated for employables and unemployables, and be followed by a combined page total (grand totals on final page).

iii. The list will include all cases for which assistance was granted during the calendar month of the report and for which the reporting municipality is financially responsible. It will include cases serviced for the municipalities for which payments were made to medical facilities. Payment for medical goods and/or services must be reported on the Form GA–6 for the month in which the payments are actually made, date of authorization or commitment notwithstanding. Column 1–C (Social Security Number) must be completed in the months of January, April, July and October.

3. Statistical summary (Form GA–6A):

i. Form GA–6A is a summary of data contained on Forms GA–6 and GA–7. Separate Forms GA–6A must be submitted in order to identify assistance provided that is eligible for 100 percent State aid from assistance provided that is eligible for 0 or 75 percent State aid. Items on all forms (that is, GA–6, GA–6A and GA–7) must correspond for use in computing other statistical data. Section VI of the Form GA–6A that reports costs eligible for 100 percent State aid must include information on the monthly total numbers and costs of salaried employees related solely to the administration of the source of funds;

ii. All information supplied refers to the assistant month or, when applicable, to data derived from the month immediately preceding;

iii. The "Certification of Director of Welfare" section of Form GA–6A shall be signed by the director of welfare before submittal to the State Division.

4. All MWDs are required to submit, electronically or manually, data concerning actions taken on General Assistance cases. Those MWDs, which do not have computer capabilities to report data electronically, shall, at the end of every business day, complete a GA–48, General Assistance–Data Input for each case when any of the following actions are taken:

i. Opening of a case;

ii. Closing of a case;

iii. Denying a case;

iv. Imposing a sanction;

v. Changing a homeless code;

vi. Reopening a case;

vii. Changing a case type (employability status); or

viii. Issuing a payment on a case.

As amended, R.1978 d.171, effective June 1, 1978.
See: 10 N.J.R. 150(a), 10 N.J.R. 285(b).
As amended, R.1980 d.11, effective February 1, 1980.
See: 11 N.J.R. 506(b), 12 N.J.R. 86(a).
(a)3iii: Changed form title.
As amended, R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209, effective May 23, 1983, operative June 1, 1983.
Further instructions for filing Form GA–6A.
Amended by R.1985 d.584, effective November 18, 1985.
See: 17 N.J.R. 1837(a), 17 N.J.R. 2775(a).
Substantially amended.
Amended by R.1986 d.316, effective August 4, 1986 (operative September 1, 1986).
See: 18 N.J.R. 1056(c), 18 N.J.R. 1595(c).
(a)4 deleted.
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.
Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
Fiscal and statistical procedures for GA reporting added.
Amended by R.1994 d.591, effective December 5, 1994.
See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

10:85–6.5 Reimbursement of assistance for cases pending SSI entitlement

(a) A contractual agreement between the Social Security Administration (SSA) and the State of New Jersey provides for reimbursement to the State Division of Family Development for assistance granted to individuals while awaiting an initial Supplemental Security Income (SSI) eligibility determination or during the period of time in which a client is awaiting a reinstatement of terminated or suspended SSI eligibility. In such instances, the SSA/District Office (DO) may refer such persons to the MWD for General Assistance.

(b) When the SSA/DO refers an individual to the MWD, such referral will be made on the form entitled Social Security Referral for Services, two copies of which will be given to the client to take to the MWD.

1. If the application for General Assistance results in denial, the MWD will file both copies of the referral form in the case record and take no further action. If the application for General Assistance is approved, one copy of the referral form will be retained by the MWD in the case record, and the other returned to the SSA/DO with a letter stating that the individual concerned is receiving General Assistance.

(c) When an individual is about to apply, or has already applied for SSI, or is awaiting a reinstatement of terminated or suspended SSI eligibility, the MWD will require that he or she sign Form GA–30, "Authorization for Reimbursement of Initial Supplemental Security Income (SSI) Payment, or Initial SSI Posteligibility Payment (GA–30)—General Assistance", and Form GA–30A, "Agreement to Repay Assistance from Initial SSI Payment", before granting assistance. These forms pertain to the client's obligation to repay the municipal welfare agency for assistance granted during the interim pending the client's SSI initial or posteligibility entitlement. The GA–30 is prepared in triplicate and forwarded to the Social Security Administration as described in (c)1 below. This form authorizes the SSA to forward a client's initial or initial posteligibility SSI benefit award payment directly to the treasurer of a municipality so that repayment of assistance may be accomplished. A copy of Form GA–30A is prepared at the time of application and is retained in the case record. This form contains a repayment agreement which is to be enforced in cases in which, for whatever reason, the initial, or initial posteligibility SSI payment is sent directly to the client.

1. Properly completed and signed GA–30 forms shall be submitted by registered mail to SSA within 24 hours of the date the client signs the authorization form and routed in accordance with the following provisions.

i. Form GA–30 shall be prepared in triplicate, with the front side of each copy signed by the client and the reverse side signed by the director of welfare;

ii. The original form shall be submitted to SSA/DO;

iii. The first copy shall be retained in the MWD files; and

iv. The second copy shall be given to the SSI client.

2. When both spouses are applying for SSI, separate sets of the GA–30 and the GA–30A shall be completed for each individual.

3. In any case in which the retroactive SSI check is sent directly to the client, the MWD will compute the

reimbursement due in accordance with (d) below and will seek repayment from the client on the basis of the GA–30A agreement. The GA–30A is to be prepared in duplicate. The client is to receive a copy. The original is to be retained in the agency's file.

(d) Since the initial check received by the municipal treasurer will cover the initial retroactive or initial posteligibility SSI award for one eligible person only, deductions when both spouses are involved shall be computed as follows:

1. When both spouses filed and both are found eligible for SSI, the amount of Interim Assistance previously granted to each individual is deducted from his or her separate SSI award;

2. When both spouses filed and only one is determined eligible, the amount of the eligible person's portion of the Interim Assistance payment will be deducted from the SSI award;

3. When only one spouse is found eligible and the other spouse is designated as an "essential person", the amount of Interim Assistance received by both persons will be deducted from the amount of the SSI award.

(e) Rules concerning remittal of balance of SSI award to clients are:

1. Form SSA-(L)8125, Social Security Administration Supplemental Security Income Notice of Interim Assistance Reimbursement, provides the necessary information (SSI eligibility date, payment summary, client's address) to permit distribution of any proceeds due the client from the initial SSI award check, which shall be done as follows:

i. If a month is not listed on the "Payment Summary" segment of the SSA-(L)8125 form, the MWD shall not recoup payment of interim assistance provided for that month.

ii. Form SSA-(L)8125 shall be appropriately completed, signed, dated and mailed to the New York SSA office no later than 30 calendar days after the Municipal Treasurer's receipt of the SSI award check.

iii. If form SSA-(L)8125 is not received prior to Municipal Treasurer's receipt of the SSI award check, the local SSA/DO shall be contacted by the MWD, within a period of not more than three working days, to obtain the necessary information to permit distribution of the proceeds due the client from the SSI award check.

(1) Problems encountered in obtaining the necessary information from SSA/DO shall be referred to the DFD/BBS.

(2) Disbursements of SSI funds to which a client is entitled, however, shall not be delayed due to nonreceipt of Form SSA-(L)8125.

2. Form GA–31, Repayment of Interim Assistance Authorization (GA–31) General Assistance, delineates distribution of retroactive and initial SSI or initial SSI posteligibility payments and shall be completed and transmitted in accordance with the following provisions:

i. Within 10 working days of the municipal treasurer's receipt of the SSI award check from SSA, the MWD shall deduct any and all Interim Assistance payments provided in addition to Interim Assistance granted by any other MWD who has remitted to the agency by certified mail a copy of a signed GA–30 form for that client.

(1) Interim Assistance shall only be deducted in accordance with the calendar date on which the client became eligibile for SSI, as indicated on Form SSA-(L)8125. Proration may be necessary if General Assistance was provided for any days during the month prior to the effective date of SSI eligibility.

ii. Form GA–31 delineating the computation of the client's net benefit and a check equal to the net SSI benefit due the client, if any, shall be forwarded to the client pursuant to the time frame in (e)2i above.

iii. The client has a right to appeal the computation results in accordance with the provisions of N.J.A.C. 10:85–7.3 and 7.4.

3. A copy of the completed Form GA–31 together with a copy of Form SSA-(L)8125, as received from SSA, shall be forwarded to the DFD/BBS immediately following the issuance of Form GA–31 and the net benefit check to the client.

4. In accordance with instructions on Form GA–31 Supplement (Form GA–31 reverse side), a copy of the SSI check shall be attached to Form GA–31 and the GA–31 Supplement completed.

5. The deposit of State share of Interim Assistance recovered shall be as follows:

i. If the retroactive eligibility period of the award began on or after July 1, 1991, the initial check received by the municipal treasurer shall be deposited into the Public Assistance Trust Fund II Account.

ii. If the retroactive eligibility period of the award includes periods of Interim Assistance prior to July 1, 1991, the deposit shall be made and the recovery allocated in accordance with N.J.A.C. 10:85–6.3(a)4i.

(f) The Certificate of Authority identifies municipal personnel who are authorized to sign documents in conjunction with reporting the receipt and distribution of Interim Assistance Reimbursement received from SSA. The Certificate shall be completed and processed as follows:

1. Names, signatures and titles of the current Director of Welfare and his or her designee(s) (if appropriate) are to be identified on the Certificate;

2. Although the Certificate is to be addressed to the SSA, it is to be mailed to the DFD; and

3. Each newly appointed director (temporary or permanent) shall complete and submit a Certificate of Authority.

As amended, R.1980 d.11, effective February 1, 1980.
See: 11 N.J.R. 506(b), 12 N.J.R. 86(a).
(c): Change form title. (c)1i: Clarified where to sign.
Amended by R.1980 d.551, effective February 1, 1981.
See: 12 N.J.R. 586(b), 13 N.J.R. 100(d).
(e)1: GA deduction period was "from the date on which the GA–30 was signed and witnessed."
Amended by R.1983 d.57, effective March 7, 1983.
See: 14 N.J.R. 1342(b), 15 N.J.R. 340(c).
(c)3 added, requiring the seeking of repayment from client directly receiving retroactive SSI check.
Amended by R.1983 d.328, effective July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209 effective May 23, 1983, operative June 1, 1983.
Further explanation as to applicability of Form GA–30 and 30A. Repeal and New Rule by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
Fiscal procedures for recovery specified.
Amended by R.1994 d.591, effective December 5, 1994.
See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

10:85–6.6 Establishment of Petty Cash Fund Account

(a) The LAB shall request the municipal governing body to establish a General Assistance Petty Cash Fund for use by the municipal department of welfare, unless the MWD is able to make direct payments to clients from the Public Assistance Trust Fund Account(s).

1. Utilization of Petty Cash Fund Account: Moneys in the Petty Cash Fund Account shall be withdrawn by check for direct disbursement to SSI recipients (see N.J.A.C. 10:85–6.5(e)), and/or for direct payment of General Assistance.

2. Application procedure: To establish a petty cash fund, Form GA–32, Application to Establish a Petty Cash Fund for Direct Payment of General Public Assistance, must be completed in triplicate, signed and dated by the clerk of the municipality and submitted to the Director of Local Government Services, 363 W. State Street, CN 800, Trenton, New Jersey 08625.

i. Conditions for approval: Conditions under which the Director of Local Government Services may grant approval are as follows:

(1) All claims being paid by check will be signed by municipal welfare director, who is the designated custodian of the fund;

(2) No deposits may be made to this account other than funds transferred from the Public Assistance Trust Fund Accounts;

(3) A schedule (two schedules if disbursements were eligible for State aid at 100 percent and 75 percent) listing all disbursements for a given period or, in the alternative, a schedule(s) together with actual vouchers must be submitted to the governing body for approval, after which a check(s) will be drawn to reimburse the fund(s);

(4) The fund shall be closed out to a zero balance on December 31 of each year (June 30 if fiscal year end) and reestablished after January 1 (July 1 if fiscal year) of the following year. (Also see Form GA–32 for additional requirements.)

3. Welfare director designated as custodian: The municipal welfare director shall be the designated custodian of the general assistance petty cash fund. He/she shall be responsible for depositing into the petty cash fund checks drawn on the public assistance trust fund account, payable to "(Name), Director of Welfare", in order to replenish balance to the authorized amount (see Form GA–32).

4. Existing petty cash funds: In those municipalities where a general assistance petty cash fund account is already in existence, additional funds may be deposited in order to meet an anticipated increase in expenditures from this account. In order to increase the amount in the account, a new application (Form GA–32) must be completed and submitted to the Director, Division of Local Government Services.

5. Identification of checks: General Assistance petty cash fund checks and public assistance trust fund checks shall be of three distinct colors for the purpose of readily distinguishing between the three accounts.

As amended, R.1981 d.263, effective July 9, 1981.
See: 13 N.J.R. 225(a), 13 N.J.R. 433(a).
(a)1: delete "and/or" for the purpose of "Food Stamps" before "and as for direct payment. . . ."
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Address changed.
Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
Petty Cash fund account procedures specified.

10:85–6.7 Retention and destruction of case records

(a) The MWD director shall have the responsibility of determining which case records may be destroyed. In selecting these cases, he/she shall follow the procedures set forth in this section and shall not destroy or otherwise dispose of any case record before the expiration of the retention requirement as specified in (c) below.

1. The MWD shall institute a system, compatible with its internal administrative procedures, which will assure the identification of closed application and cases, date of closing and status of reimbursement, if applicable.

2. The file of closed cases will be reviewed annually until the record retention period has expired.

i. Cases which have been closed for a period exceeding that indicated in (c) below will be removed and

destroyed after authorization has been received from the Division of Archives and Records Management (see (b) below).

(b) Rules concerning request and authorization for records disposal are:

1. Requests for destruction of case records will be submitted on Form CR–AA–0005, Request and Authorization for Records Disposal (formerly Form ED–6) to the Division of Archives and Records Management.

i. Supplies of the Request and Authorization for Records Disposal form may be obtained from the DFD/BMS. All copies of the completed form shall be forwarded to the Division of Archives and Records Management for approval;

ii. A follow-up copy will be returned to the municipal welfare office by the Division of Archives and Records Management with recommendation for suitable action.

2. The MWD shall not destroy any records until written approval has been received. After records are destroyed, the MWD will maintain a list of the names and case numbers of the cases destroyed. This list shall be made available for inspection by representatives of the Division of Archives and Records Management upon request.

(c) Cases shall be selected for destruction in accordance with the following schedule:

Record	Retention period
Inactive case records	6 years
Denied cases	10 years
Copies of relief orders or vouchers	6 years
General correspondence not relating to policy or active cases	3 years
Form GA–6, Report of Assistance Commitments	6 years
Form 100, Original Invoice for Expenses	6 years
Form GA–12, Statement of Refunds	6 years
Form GA–30, Authorization for Reimbursement of Initial Supplemental Security Income or Initial SSI Post Eligibility	6 years
Form GA–31, Repayment of Interim Assistance Authorization	6 years
Form GA–48, General Assistance Data Input	3 years

The current year shall not be counted when determining the retention period.

As amended, R.1979 d.326, effective September 1, 1979.
See: 11 N.J.R. 345(a), 11 N.J.R. 449(a).
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.
Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
Forms GA–12, 30 and 31 added to retention schedule.
Amended by R.1994 d.591, effective December 5, 1994.
See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

10:85–6.8 Pharmaceutical payments

(a) The provisions of this section apply to all municipalities concerning pharmacy charges paid by the Unisys Corporation as described in N.J.A.C. 10:85–5.6.

(b) Each month the Unisys Corporation will provide to the Division of Family Development (DFD), Bureau of Business Services (BBS), through DMAHS, a computer printout of pharmacy bills paid for General Assistance recipients. The BBS will forward this printout to the respective municipal welfare departments. The monthly printout will show:

Municipal Code	Amount dispensed
Provider (Medicaid I.D. No.)	Number of days supply
Sequential claim No.	Prescription (Rx) No.
Recipient No.	Individual Medicaid
National Drug Co.	Practitioner (IMP) No.
Name of Drug	Date of Service
Metric quantity	Amount paid

1. Upon receipt of the computer printout each month the MWD shall be responsible to check the printout to determine if all claims charged to the municipality are for eligible GA recipients. All identified errors shall be highlighted and the MWD shall provide a copy of the highlighted printout to the BBS. Payments may be recorded in individual case records if desired.

2. Computer printouts shall be retained for the same periods applicable to Form GA–6.

(c) The computer printout shall serve as a supplementary Form GA–6. It will therefore be unnecessary to transfer the printout listings to a regular Form GA–6. However, because the Bureau of Business Services will have retained a copy for charging purposes, it will be necessary to notify that bureau of any adjustments made in the reconciliation process (see (b)1 above).

(d) Periodically, the administrative costs of processing the MC–6 forms up to that time will either be billed to or deducted from payments of State aid to the respective municipalities.

1. A check shall be drawn from the municipal account used for administrative expenses and made payable to the Treasurer, State of New Jersey for the total amount billed the municipality for the processing of each prescription claim. The check shall be forwarded to the Division of Family Development, Bureau of Business Services, CN 716, Trenton, New Jersey 08625.

R.1980 d.252, effective July 1, 1980.
See: 12 N.J.R. 275(c), 12 N.J.R. 419(a).
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.
Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).

See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
MC–24 processing cost billing and payment delineated.
Amended by R.1992 d.503, effective December 21, 1992.
See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).
Names updated at (b); process for errors revised at (b)1.
Amended by R.1994 d.591, effective December 5, 1994.
See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

10:85–6.9 Computerized match reports

(a) MWDs shall complete investigation of the following computerized match reports and submit their findings, along with an indication as to the appropriate action undertaken, to the DFD's Bureau of Integrity Control within 60 days of receipt:

1. GA–Wage Match Report: A match of the GA files with the Department of Labor's wage files. The GA–Wage Match Reports are sent to all MWDs on a quarterly basis;

2. GA–SSI Match Report: A match of the GA files with the (SDX) State Data Exchange which lists all Supplemental Security Income (SSI) recipients.

i. The GA–SSI Match Report is sent to computerized MWDs on a monthly basis and to non-computerized MWDs on a quarterly basis;

3. GA–GA Match Report: A match of all municipalities matched against each other.

i. The GA–GA Match Report is sent to computerized MWDs on a monthly basis and to non-computerized MWDs on a yearly basis;

4. GA–FAMIS Match Report: A match of all GA cases matched against the FAMIS (county welfare) files.

i. The GA–FAMIS Match Report is sent to computerized MWDs on a monthly basis and to non-computerized MWDs on a yearly basis;

5. GA–UIB Match Report: A match of the GA cases with the Department of Labor's Unemployment Insurance Benefits files. The GA–UIB Match Reports are sent only to the computerized municipalities on a monthly basis.

New Rule, R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).

SUBCHAPTER 7. NOTICES AND HEARINGS

Subchapter Historical Note

Pursuant to Executive Order No. 66(1978), Subchapter 7 was readopted as R.1984 d.578, effective November 30, 1984. See: 16 N.J.R. 2221(a), 16 N.J.R. 3447(a). See, also, Chapter Historical Note.

10:85–7.1 General provisions

(a) Rights of applicant or recipient: An individual who applies for or receives General Assistance is entitled to a written notice of denial, reduction or termination of such assistance. Moreover, an applicant or recipient has a right, upon his or her request, to a local hearing and a State fair hearing, if appropriate, in accordance with the procedures established in this subchapter.

(b) Opportunity to apply: Any person who is in need and believes he or she is eligible for General Assistance shall be given the opportunity to make application in the municipality in which he or she is living at that time. Such opportunity shall be available during normal business hours and, on an emergency basis, at other times.

(c) Immediate assistance: When an applicant is in immediate need according to the provisions of N.J.A.C. 10:85–3.3(a), assistance shall be granted on the day of application (see N.J.A.C. 10:85–4.2(a)3 and 4). When, however, immediate need does not exist or there are, in the judgment of the municipal welfare director, persuasive and compelling reasons to conduct an investigation of the applicant's eligibility before any assistance is granted, a final decision on the application shall be made as soon as eligibility can be verified, but in no event later than 30 days from the date of application.

1. Effective date of grant: When immediate assistance is not granted and eligibility is subsequently established, assistance shall be granted retroactive to the date of application, or to the date eligibility first existed if such date is more recent.

(d) Approval of application: If immediate assistance is not granted but eligibility is subsequently verified, a notice shall be sent to the applicant informing him or her of the action taken (see also N.J.A.C. 10:85–7.2(b)2).

(e) Denial of assistance: When an application for assistance is denied, the applicant shall be so informed in writing by a notice mailed as soon as possible, but in no event later than 30 days from the date of application. Such notice shall include a statement of the applicant's right to appeal the decision.

1. Right to appeal: Upon receipt of the notice of such denial, the applicant is entitled to a local fair hearing, provided such request is made orally or in writing (postmarked) within 10 days from the mailing date of the notice. Following receipt of a written decision on the local hearing, he or she may further request a State fair hearing if dissatisfied with the local hearing decision (see N.J.A.C. 10:85–7.4(a)).

2. Delay in scheduling: When a total hearing has not been convened within the 15 days specified in N.J.A.C. 10:85–7.3(b)4, the applicant may request and be granted a State fair hearing. In such event, the request for a local hearing is considered cancelled but local efforts at reconciliation may and should continue to the maximum extent possible.

As amended, R.1979 d.496, effective December 14, 1979.
See: 11 N.J.R. 507(b), 12 N.J.R. 43(b).
Added (e)2.
As amended, R.1984 d.578, effective December 17, 1984.
See: 16 N.J.R. 2221(a), 16 N.J.R. 3447(a).
Amended by R.1994 d.591, effective December 5, 1994.
See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

10:85–7.2 Notices to applicants or recipients

(a) A timely notice is the notice which must be sent by the municipal welfare department in advance of any action which adversely affects the eligibility of a person who is receiving assistance.

1. Termination or reduction of assistance: The municipal welfare department shall send a notice to every recipient for whom assistance is to be terminated or reduced no later than 10 days before the date such action will be taken. In the event the 10–day period extends beyond the last date for which assistance has already been granted, the MWD will continue assistance at an unreduced per diem rate for the balance of the full 10–day period.

(b) Exceptions to timely notice are:

1. Requirement waived: A timely notice shall not be required when:

i. Assistance is terminated due to an individual's receipt of SSI benefits;

ii. There is verified evidence that the individual is no longer living in the municipality;

iii. The client is confined to jail for a period of excess of seven days;

iv. The agency has information confirming the client's death;

v. The client disappears, leaving no known forwarding address.

2. Time-limited assistance: When it is mutually understood between the applicant and the MWD that assistance is requested for and will be granted to cover only a limited period of time, or is limited to a specific purpose or an emergency grant (see N.J.A.C. 10:85–4.2(a)4 and 5) or when other circumstances warrant the MWD to grant assistance to cover a limited period of time, the MWD will send a time-limited notice promptly when such assistance is granted. No further notice will be required.

i. All time-limited notices shall include information regarding the client's right to appeal (see (c)2 below).

(c) Content of notices: Notices of denial, reduction or termination and time-limited notices shall state in clear, simple language the nature of the action, the effective date and the reason such action is being taken.

1. Basis for action: In addition, all notices of adverse action (denials, reductions and terminations) shall contain the citation upon which such action is based.

2. Right to appeal: The notice shall include an explanation of the client's right to request, orally or in writing (postmarked) within 10 days, a local hearing and his or her further right to a State fair hearing if a local fair hearing is not convened within 15 days of the date of the hearing request.

3. Statement in Spanish: Each notice shall include a statement in Spanish cautioning the individual that the information contained therein relates to his or her eligibility for assistance and, if he or she does not understand it, he or she should contact the MWD.

As amended, R.1979 d.496, effective December 14, 1979.
See: 11 N.J.R. 507(b), 12 N.J.R. 43(b).
(c)2: Previous language gave right to State hearing "if dissatisfied with the local hearing decision."
As amended, R.1981 d.53, effective March 1, 1981.
See: 12 N.J.R. 535(b), 13 N.J.R. 147(d).
(a)1: added "In the event of the 10–day ... full 10–day period."
As amended, R.1984 d.578, effective December 17, 1984.
See: 16 N.J.R. 2221(a), 16 N.J.R. 3447(a).
Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
Provisions added to (b)2.
Amended by R.1992 d.503, effective December 21, 1992.
See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).
Requirements for employable 6A recipients added at (b)2i.
Amended by R.1993 d.382, effective August 2, 1993.
See: 25 N.J.R. 1714(a), 25 N.J.R. 3466(a).
Amended by R.1994 d.591, effective December 5, 1994.
See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

Case Notes

Due process held to not require bilingual notices; cited as example of agency requirements for Spanish translation of notices. Alfonso v. Bd. of Review, Dept. of Labor and Industry, 89 N.J. 41, 444 A2d 1075 (1982) appeal dismissed, certiorari denied 103 S.Ct. 30, 459 U.D. 806, 74 L.Ed.2d 45.

10:85–7.3 Local hearing

(a) Basis for hearings: An applicant or recipient may request a local hearing regarding any action on the part of the municipal welfare department concerning a denial, reduction or termination of assistance; designation of a temporary payee; the amount of assistance granted or timeliness of action on an application. A person or household may also request a local hearing when not afforded the right to apply for assistance or not provided with a formal response to an application for assistance.

(b) Request for local hearing: A request for a local hearing may be either oral or written. However, if the request is oral, it shall be the responsibility of the MWD staff to assist the individual in preparing the request in writing.

1. Time limitations on request for hearing: A local hearing shall be held when the request for such hearing is made orally or in writing (postmarked) within 10 days of the mailing date of the notice of adverse action. Requests based on denial of the right to apply are timely if made within 10 days of the contact with the MWD. Requests based on lack of a formal response to an application are timely if made within 10 days subsequent to the end of the 30 day processing period.

2. Continuation of assistance: When a local hearing is requested within 10 days of the mailing date of a notice of adverse action, assistance shall be continued unreduced until the hearing is held and the decision rendered by the hearing officer.

i. When a request for a State fair hearing has been made in accordance with N.J.A.C. 10:85–7.1(e)2, on account of delay in local scheduling, assistance shall be continued unreduced until the scheduled State hearing unless the recipient agrees in writing to reduction or termination.

3. Selection of hearing officer: The hearing officer shall be the municipal director of welfare unless he/she has participated in the action or inaction which gave rise to the request for a hearing.

i. Alternative selection: If the director has been so involved, the director will select a hearing officer who has not been involved. The selection will be made from among the following in order of priority:

(1) A professional staff member of the agency; or

(2) A member of the LAB other than an elected official as designated by the LAB; or

(3) With the advice and consent of the LAB of the municipality of the hearing;

(A) A director of welfare of another municipality; or

(B) A professional staff member of supervisory rank of the MWD of another municipality.

4. Scheduling of local hearing: The hearing shall be held with reasonable promptness, but in no event later than 15 days after the request is received, at a date and time convenient to the applicant or recipient (appellant) and the municipal welfare department. The MWD will, upon request, provide the appellant with transportation to the hearing and return.

i. Abandonment of hearing: A request for a hearing will be considered abandoned if neither the appellant nor his or her representative appears at the time and place established for the hearing, unless notice is received not later than the scheduled date of hearing that the appellant will be unable to attend for unavoidable cause, in which case the hearing shall be adjourned and rescheduled.

5. Accessibility of records: The appellant or his or her representative will be provided adequate opportunity, at a reasonable time before the date of the hearing as well as during the hearing, to examine the contents of his or her file and all documents and records to be used at the hearing.

6. Conduct of local hearing:

i. Participants: Participants in the local hearing will include, at a minimum, the appellant or his or her representative, the MWD staff member who made the decision, and hearing officer who will hear both sides of the issue and decide whether or not the action was correct.

(1) Generally, only those persons will be admitted to the hearing whose testimony and presence are necessary to a full and fair determination. The appellant may exercise a right to be assisted in his or her presentation by a relative, friend or other spokesman, or to be legally represented by a lawyer of his or her choosing. Observers may attend at the discretion of the hearing officer and with the appellant's consent;

ii. Informal atmosphere: Hearings shall in all respects be informal and conducted in an atmosphere conducive to the full development of facts. An effort will be made to conduct the hearing in such manner that all parties feel free and able to present all relevant aspects of the situation. All parties will be given opportunity to offer evidence and to question witnesses;

iii. Opportunity for statement: At the beginning of the hearing, the appellant will be given the opportunity to make a statement of the situation as he or she sees it. The hearing officer will state the point(s) at issue, subject to amendment or correction by the appellant or any of the other parties concerned. At the end of the hearing, the hearing officer will summarize the issue(s);

iv. Report and decision: Within 10 working days following the hearing, the hearing officer will prepare a brief written report. This report shall include a summary of facts presented at the hearing and the findings (decision) of the hearing officer; it will also state the regulation(s) upon which the decision is based. The final sentence on the report shall advise the appellant of the availability of a State fair hearing.

(1) This report and decision will be filed with the Local Assistance Board, a copy mailed to the appellant, and a copy forwarded to the State Division of Economic Assistance's Bureau of Administrative Review and Appeal (BARA).

7. Implementation of decision: When a decision has been rendered by the hearing officer, it shall be implemented immediately by the municipal welfare department.

As amended, R.1979 d.496, effective December 14, 1979.

See: 11 N.J.R. 507(b), 12 N.J.R. 43(b).
(a): Added last sentence.
(b)1: Added second sentence.
(b)2: Added i and ii.
(b)3: Added i.
(b)4: Added second sentence.
As amended, R.1980 d.153, effective May 1, 1980.
See: 12 N.J.R. 121(b), 12 N.J.R. 278(c).
Deleted (b)2ii.
As amended, R.1982 d.61, effective March 15, 1982.
See: 13 N.J.R. 301(a), 14 N.J.R. 281(b).
(b)3i(2): Added "other than an elected official".
As amended, R.1984 d.578, effective December 17, 1984.
See: 16 N.J.R. 2221(a), 16 N.J.R. 3447(a).
Section substantially amended.
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.

Case Notes

Appeal from local hearing decision. See Faison v. Green, 171 N.J. Super. 341, 343, n.1, 409 A.2d 282 (App.Div.1979).

10:85–7.4 State fair hearing

(a) Request for State fair hearing: Any client who wishes to appeal the decision resulting from a local hearing is entitled to request a State fair hearing within 10 days of the mailing date of the local hearing decision. Such request shall be written and may be made to the municipal welfare department or directly to the Division of Economic Assistance. State fair hearing requests pertaining to inaction or delay (see N.J.A.C. 10:85–7.1(e)2) by the MWD shall be processed as emergency fair hearings in accordance with N.J.A.C. 10:85–7.6, providing the request is made within 15 days of the date of inaction by the MWD.

1. Request to municipal welfare department: When the MWD receives a request for a State fair hearing from a client who is dissatisfied with the decision of a local hearing, the MWD shall inform the BARA by telephone on the same day the request is received.

2. Request to State Division of Economic Assistance: When a request for a State fair hearing is received by the Division of Economic Assistance, it shall be immediately registered as of that date. The municipal welfare department shall be informed by telephone within one working day of the receipt of the request.

(b) All hearing requests which involve a contested case shall be transmitted to the Office of Administrative Law (OAL) for a hearing before an Administrative Law Judge (ALJ). Requests for hearings which do not involve a disputed matter and do not constitute a contested case, as defined by N.J.A.C. 1:1–2.1, may be subject to an administrative review by the Division of Economic Assistance (DEA) in accordance with N.J.A.C. 10:6–2.

(c) Responsibilities of the Office of Administrative Law: The OAL shall schedule the contested case hearing and send any necessary notices to the parties. The hearing shall be conducted by an ALJ who shall issue an initial decision.

1. Adjournments: Any adjournment of a scheduled OAL hearing requested by an applicant or recipient and granted by the OAL may not operate to extend the deadlines for a final decision and implementation of the final decision.

2. Disposition by withdrawal or failure to appear. If an applicant/recipient or his or her representative fails to appear for a scheduled hearing without proper notice, and fails to submit an explanation for the non-appearance within 10 days of the scheduled hearing date, an initial decision shall be issued. The MWD may amend or reverse its decision at any time before or during the OAL hearing, or the hearing may be withdrawn at any time before or during the hearing upon satisfactory clarification or explanation of the matter at issue.

(d) Accessibility of records: The MWD shall provide the applicant or recipient and/or his or her authorized representative opportunity to review the case file documents and/or records to be used in the OAL hearing. Such materials shall be made available, upon request at a reasonable time before the scheduled hearing date as well as during the hearing.

(e) Representation at OAL hearings: An applicant or recipient may appear at a proceeding without legal representation, be represented by an attorney or be assisted in presenting his or her case by a relative, friend, or other spokesperson.

(f) Decision by Director, Division of Economic Assistance: A final administrative hearing decision shall be rendered by the Director of the DEA. The applicant or recipient, his or her representative and the MWD shall be notified by mail of any decision or order.

1. Unless otherwise indicated, the decision by the Director of DEA shall be effective on the date of issuance.

2. When corrective action is required by the MWD, such action shall be implemented within five calendar days of the date the final decision is received in the MWD.

3. Final administrative action, including necessary action by the MWD to implement a final decision, shall be completed within 90 days of the request for the State hearing.

As amended, R.1984 d.578, effective December 17, 1984.
See: 16 N.J.R. 2221(a), 16 N.J.R. 3447(a).
Section substantially amended.
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Provision for explanation of failure to appear added to (c).

10:85–7.5 Processing State hearing requests

(a) Responsibilities of municipal welfare department are:

1. Upon receipt of hearing request it is the responsibility of the municipal welfare department to:

i. Notify the BARA of receipt of a request for a State fair hearing on the same day the request is received;

ii. Provide the BARA with the case number, name and address, the date the request was received, the nature of the contested action, date of the action, and reason for the action;

iii. Stamp every request with the date received and forward it within one working day to BARA; and

iv. Review the request for possible corrective action prior to the State fair hearing;

2. Prior to a State level hearing: It is the responsibility of the MWD to:

i. Identify and arrange for participation of MWD staff who are essential to the hearing;

ii. Assemble all records relevant to the hearing;

iii. Arrange for an interpreter when the appellant is non-English speaking;

iv. Contact the appellant not less than two days prior to the hearing date to confirm attendance;

3. Following a State level decision:

i. When corrective action is required by a final decision, the MWD shall complete such action within five calendar days of the date the final decision is received.

ii. The MWD shall promptly report such implementation action to the BARA.

As amended, R.1984 d.578, effective December 17, 1984.
See: 16 N.J.R. 2221(a), 16 N.J.R. 3447(a).
Section substantially amended.

10:85–7.6 Emergency fair hearings

(a) Definition and criteria: An emergency fair hearing is one conducted by the MWD within accelerated time frames. It is in all other respects conducted in accordance with the provisions applicable to other fair hearings. It will be convened when and only when either or both of the following exists:

1. The hearing request results from the lack or insufficiency of a grant under the provisions of N.J.A.C. 10:85–4.6 and the appellant claims to be without funds or resources.

2. The DEA/BARA determines that there exists a threat to physical health and safety sufficiently compelling and imminent to require accelerated procedures or the request pertains to failure by the MWD to act on a timely request for a local hearing or inaction by the MWD on an application for assistance.

(b) Scheduling: The local hearing shall be scheduled by the MWD within two working days of the date of the initial request, oral or written. Notice of time, date, and place will be transmitted by telephone or in person. Upon a delay by the MWD beyond the two-day period or a delay in decision (subsection (c) of this section), the appellant may request a State emergency hearing (see (e) below).

(c) Decision: The decision of the hearing officer may be announced at the close of the hearing or later but must be made known to the MWD and the appellant before 12 noon of the next working day. The hearing officer will file a written report and decision with the DEA/BARA within two working days of the hearing, sending copies to the MWD and to the appellant.

(d) State emergency hearing: An appellant who wishes to appeal the decision in an emergency local fair hearing may do so within two working days of the date on which the appellant receives initial notice of the decision of the local hearing. An emergency State fair hearing may be requested when the MWD fails to process a final decision on an application within 30 days of the date of the application or when immediate assistance is denied and the applicant can demonstrate to the DEA/BARA the existence of a threat to physical health and safety.

(e) When it is determined that a request for a hearing should be scheduled as an emergency fair hearing:

1. BARA shall notify the OAL by telephone of the hearing request on the same business day as the request is received. The Clerk of the OAL shall prepare the OAL transmittal form based upon the telephone call.

2. The case shall be scheduled by the OAL for a hearing within three business days after the phone call is received.

3. Notice of the time, date and place of the hearing shall be transmitted by telephone to the BARA within one business day after the OAL is notified of the hearing request. BARA shall notify the MWD, the petitioning applicant/recipient or the petitioner's representative of the schedule hearing by telephone.

4. The ALJ shall file an Initial Decision by mailgram with the Director of the DFD and the parties no later than the business day following the date of the hearing.

5. The petitioning applicant/recipient, his or her representative or the MWD may, by telephone, make exception or objection to the Initial (mailgram) Decision, to the DFD no later than the first business day following the issuance of the Initial Decision.

6. The Director of the DFD shall issue a final decision no later than three business days following the date the Initial Decision is received which shall accept, reject or modify the Initial Decision. On the day the final decision is issued, the DFD shall notify the MWD, the OAL and

the petitioner or the petitioner's representative by telephone of the final decision and any relief ordered shall be provided by the MWD on the day notice of the final decision is received.

R.1979 d.496, effective December 14, 1979.
See: 11 N.J.R. 507(b), 12 N.J.R. 43(b).
As amended, R.1984 d.578, effective December 17, 1984.
See: 16 N.J.R. 2221(a), 16 N.J.R. 3447(a).
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.

SUBCHAPTER 8. REFERRAL TO OTHER AGENCY PROGRAMS

Subchapter Historical Note

Pursuant to Executive Order No. 66(1978), Subchapter 8 was readopted as R.1985 d.80, effective January 30, 1985. See: 16 N.J.R. 3166(a), 17 N.J.R. 596(a). See, also, Chapter Historical Note.

10:85–8.1 General provisions

Since General Assistance is a program of last resort, the municipal director of welfare shall refer all persons who are potentially eligible for other programs to the appropriate agency. Payment of general assistance may be authorized for maintenance and services pending the receipt of benefits from other agencies and programs. (See also N.J.A.C. 10:85–3.2(b)1.)

10:85–8.2 Referral to county welfare agency

(a) Referral shall be made to the county welfare agency when the General Assistance applicant appears to be eligible for any of the programs identified in (c) below.

(b) Referral shall be made via Form PA–14 (Referral for Services). This form shall be given to the client; one copy shall be sent to the county welfare agency; and the remaining copy shall be kept on file in the MWD.

1. Disposition of referral action: The county welfare agency shall complete the "tear sheet" portion of Form PA–14 and return it to the MDW.

i. Denial of CWA application: when a CWA application is denied due to lack of need (excess income or resources), voluntary withdrawal of the CWA application, failure to provide information to the CWA, or refusal to comply with CWA program requirements, the client shall be ineligible for General Assistance for the same reason.

(1) Eligibility of household members not included in the CWA grant: In situations where one or more household members is not included in the eligible unit to which the CWA grants assistance, such person(s) shall be eligible, if need exists, for General Assistance payment and services.

ii. Approval of CWA application: If a recipient of General Assistance becomes eligible for a CWA program identified in this section, other than food stamps, and a CWA application is approved, the client shall immediately become ineligible for further General Assistance payments.

(c) County welfare agency programs: Programs administered by the county welfare agency include the following:

1. Aid to Families with Dependent Children (AFDC): The Aid to Families with Dependent Children Program provides cash benefits to eligible families with children under three segments:

i. "C" segment—with Federal financial participation, to eligible children and parent(s) or parent person where there is death, absence, or incapacity of one or both natural or adoptive parents;

ii. "F" segment—with Federal financial participation, to eligible children and both parents when the father meets the Federal criteria as unemployed;

iii. "N" segment—through State funding only, to children and both parents when the father is underemployed.

(1) Eligibility requirements: Eligibility requirements for the AFDC program are described in detail in the Public Assistance Manual (N.J.A.C. 10:81) and the Assistance Standards Handbook (N.J.A.C. 10:82). These manuals are available from the Division of Family Development.

2. Medicaid Only: this Federal/State program offers payment for medical care to persons who qualify for participation in the AFDC or SSI program, but who do not receive cash maintenance payments available under the program for which they qualify. Also eligible are certain persons under age 21 and certain pregnant women, regardless of age, who have income below the AFDC standard but are not eligible for cash AFDC payments.

i. Eligibility requirements: Eligibility requirements for the Medicaid Only program are described in detail in the applicable program manual available from the Division of Medical Assistance and Health Services.

3. Food Stamps: This Federal program provides eligible households with food stamps which are redeemed at face value for food.

i. Eligibility requirements: Eligibility requirements for this purpose are described in detail in the Food Stamp Manual, available from the Division of Family Development.

(1) Receipt of food stamps does not disqualify a person for General Assistance.

4. Refugee Resettlement Program: This Federal program offers cash benefits and medical care to eligible families who have recently come to the United States from countries such as but not limited to, Vietnam.

i. Eligibility requirements: Eligibility requirements are available from the county welfare agency.

5. Home Energy Assistance: This Federal/State program offers payment to assist eligible households to meet the cost of home energy used to heat or cool residential dwellings.

i. Eligibility requirements: Eligibility requirements for the Home Energy Assistance program are available from the county welfare agency.

As amended, R.1980 d.11, effective February 1, 1980.
See: 11 N.J.R. 506(b), 12 N.J.R. 86(a).
(b): Changed form title.
As amended, R.1980 d.466, effective December 1, 1980.
See: 12 N.J.R. 534(c), 12 N.J.R. 704(a).
(c)2 amended to make certain persons under 21 and certain pregnant women eligible; "purchase of service benefits" deleted and "payment" added after "offers".
As amended, R.1981 d.263, effective July 9, 1981.
See: 13 N.J.R. 225(a), 14 N.J.R. 433(a).
(c)3 Substitute "households" for "families".
As amended, R.1982 d.356, effective October 18, 1982.
See: 14 N.J.R. 815(b), 14 N.J.R. 1162(b).
Federal changes reflect reference to Haitian Entrant and Indochinese Resettlement Programs.
Amended by R.1985 d.80, effective March 4, 1985.
See: 16 N.J.R. 3166(a), 17 N.J.R. 596(a).
Deleted (c)4; renumber (c)5.–6. as (c)4.–5; added (c)6.
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Stylistic changes.

10:85–8.3 Referral to SSA district office

(a) Referral shall be made to the appropriate Social Security Administration district office when the General Assistance applicant appears eligible for the programs identified in (c) below. The Social Security Administration may be contacted directly, 24 hours a day, by calling toll free, 1–800–772–1213.

(b) Referral shall be made via Form PA–14 (Referral for Services). This form shall be given to the client, one copy shall be sent to the SSA district office, and the remaining copy shall be kept on file in the municipal department of welfare. Referral for SSI benefits shall be made in accordance with (c)3ii below.

(c) Programs administered by the Social Security Administration include the following:

1. Retirement, Survivors, Disability and Health Insurance (RSDHI): This Federal program protects workers and their families from loss or stoppage or earnings resulting from retirement at age 62 (or older), death or disability.

i. Eligibility requirements: In order to receive benefits, an employed or self-employed individual must first have accumulated credits for a certain amount of work under Social Security up to a maximum of four credits per year. The amount of earnings required for these credits increases each year as general wage levels rise.

ii. Lump-sum death benefits: This program provides for a lump-sum payment upon the death of a covered employee. Application for benefits must ordinarily be filed no later than the second anniversary of the person's death.

(1) Eligibility requirements: In order to be eligible for benefits, an employee must have been working in covered employment for at least 1½ years within the three years prior to his/her death.

2. The Medicare program is a Federal health insurance program available to all individuals over age 65 and those under 65 who either have received Social Security disability benefits for two consecutive years or who are insured under the Social Security system and need dialysis or a kidney transplant due to chronic kidney disease. The dependents of an insured individual are also entitled to Medicare if they require dialysis or kidney transplant. The program has two parts:

i. Hospital insurance:

(1) The following are eligible for hospital insurance coverage:

(A) Individuals 65 or over who are entitled to Social Security or Railroad Retirement benefits;

(B) Individuals under 65 who are disabled and receiving Social Security disability benefits for two years, railroad disability annuities or retirement benefits due to a disability;

(C) An individual or his or her dependent who needs dialysis or kidney transplant, beginning either the first day of the month following two full months of dialysis or immediately upon admission to the hospital for transplant surgery.

(2) Benefits: Medicare helps to pay the cost of room and meals in a semiprivate accommodation, regular nursing service and service in intensive care, drugs, supplies, appliances, and equipment for:

(A) 90 days of inpatient care in each benefit period;

(B) 190 days of lifetime reserve psychiatric hospital care;

(C) Lifetime reserve of 60 inpatient hospital days;

(D) One-hundred days of care in each benefit period in a participating skilled nursing facility if the individual's medical condition is determined by the physician as warranting extended care, and provided the individual has been hospitalized at least three consecutive days and is admitted to a skilled nursing facility for further treatment of a condition for which he/she was hospitalized within 14 days of discharge from the hospital;

(E) One hundred home health visits from a participating home health agency for each benefit period, but only if a physician determines that the continuing care needed includes part time skilled nursing care or physical or speech therapy, and individual is confined to his or her home after having been hospitalized for three consecutive days, or the health care is for further treatment of a condition for which individual was hospitalized.

ii. Medical insurance:

(1) Eligible groups: All individuals, including those disabled who are entitled to hospital insurance, are automatically eligible for medical insurance at a small annual premium cost.

(2) Services covered: Physician services, medical supplies and drugs used as part of treatment, outpatient hospital services in an emergency room or outpatient clinic, outpatient physical therapy and speech, pathology services, X-rays or radiation treatments, surgical dressings, splints, casts, braces, artificial limbs and eyes, certain psychiatric and ambulance services.

(3) Amount of coverage: Medical insurance pays 80 percent of the reasonable charges exceeding the first $60.00 in each calendar year, with the exception of laboratory and radiology services which are covered at 100 percent of charge, and home health services which are covered at 100 percent after the first $60.00 deductible. Additionally, medical insurance pays for physical therapy after an expenditure of $80.00 each year, and for physician psychiatric services after $250.00 each year.

3. Supplemental Security Income (SSI): This Federal program provides cash benefits to eligible individuals who are over 65 years of age, blind or disabled.

i. Eligibility requirements: In addition to the age or disability requirement, an individual must be a citizen of the United States, a lawfully admitted alien or a person from a foreign country who is allowed to remain by the Immigration and Naturalization Service and satisfy certain income and resource standards. (See N.J.A.C. 10:85–3.1(d)1 regarding eligibility for General Assistance to meet immediate need.)

ii. Referral procedures: An individual who appears to be eligible for SSI shall be referred to the appropriate Social Security Administration district office (SSA/DO). Referrals for blind and disabled individuals shall be made via Form GA–41 (Supplemental Referral Form) which shall be completed in duplicate, with the original sent to the SSA/DO and copy retained in the case record. All aged individuals shall be referred via Form PA–14. If a client who appears to be ineligible for SSI requests a referral, this shall also be made via Form PA–14 or GA–41 as deemed appropriate by the MWD.

iii. Appeal procedures: Whenever SSI benefits are denied to an individual referred by the MWD for reasons related to degree of disability or blindness, or for any other reason, and in view of the MWD the denial seems inappropriate to the circumstances, the MWD shall refer the individual, with his/her knowledge, via Form PA–14 to the appropriate Legal Services office for assistance in the appeal process. The MWD will supply to Legal Services, with the client's consent, whatever required information is available.

As amended, R.1980 d.11, effective February 1, 1980.
See: 11 N.J.R. 506(b), 12 N.J.R. 86(a).
(b): Changed form title.
As amended, R.1981 d.160, effective June 4, 1981.
See: 13 N.J.R. 145(a), 13 N.J.R. 363(b).
(b): "For RSDI benefits" added; "Referral for SSI ... below" added.
(c)3ii and iii added.
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Description of programs amended at (c)1.
Amended by R.1994 d.591, effective December 5, 1994.
See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

10:85–8.4 Referral to State agencies

(a) Referral shall be made to the appropriate State agency when the General Assistance applicant appears to be eligible for any of the programs identified in this section.

(b) In cases where the applicant may be entitled to cash benefits or services, referral shall be made via Form PA–14 (Referral for Services). This form shall be given to the client, one copy shall be sent to the appropriate State agency, and the remaining copy shall be kept on file in the municipal department of welfare.

(c) The New Jersey Department of Health administers the programs and services described in (c)2 below.

1. General eligibility requirements: Eligibility requirements vary from program to program; however, many of the programs have no financial eligibility criteria and are given without charge to anyone needing service. In general, persons who are not eligible for medical assistance through the AFDC or Medicaid Only (see county welfare agency programs) or through SSI (see SSA programs) programs are eligible for services funded though the Department of Health.

2. Description of programs: The Department of Health administers the following programs:

i. Home Health Agencies: Throughout the State of New Jersey there are 65 licensed Home Health Agencies which provide an array of home health services; for example, intermittent skilled nursing care, physical, speech, or occupational therapy and home health aid services. A list of these agencies may be obtained by writing to the Department of Health, Division of Licensing, CN 367, Trenton, NJ 08625.

ii. Hemophilia program: This program pays 100 percent of the cost of blood products used by a hemophiliac who is registered in the program. Inquiries should be addressed to the Administrator, Hemophilia Program, CN 364, Trenton, New Jersey 08625.

iii. Maternal and child health: This program provides maternity services and consultation and a referral network to child health conferences. The program provides follow-up on newborn screening currently PKU, hypothyroidism and risk of hearing impairment. The Women, Infant and Children (WIC) supplementary foods program is also administered under this general program heading as well as Family Planning Services. Complete information on the various services available under this Maternal and Child Health Program may be found in the Directory of Preventive Health Services which gives the location of publicly funded Family Planning, Prenatal and Child Health Supervision Services, including those which are WIC sites throughout the State. Copies of the directory may be obtained by writing to the Maternal and Child Health Program, New Jersey State Department of Health, 363 W. State Street, CN 364, Trenton, New Jersey 08625.

iv. Special Child Health Service (SCHS): This program is designed to promote early identification, diagnosis, evaluation and treatment of any child under the age of 21 with disabling or potentially disabling conditions.

(1) This program replaces the former "Crippled Children's Program" and "Juvenile Terminal Illness Assistance Program" with expanded services for children and families who are at risk for developing a disabling condition. Services are provided by health care agencies/facilities throughout the State, which have contracted with the State Department of Health. Financial assistance is available through these agencies/facilities on a limited basis when third party resources are exhausted or unavailable to the child or family. Services that are supported include:

(A) Specialized and subspecialized evaluation, diagnostic and treatment services for infants and children who have multiple disabling conditions, chronic diseases/disorders and/or are at risk for delayed development.

(B) Genetic testing and counseling services.

(C) Direct financial assistance for the purpose of certain appliances such as braces, prosthetic devices and hearing aids.

(D) Case management services for those disabled children, under 16 years of age, who receive Supplemental Security Income (SSI) benefits, and those children who receive or require services from multiple agencies.

(2) Additional information may be obtained by telephone (609–292–5676) or by requesting a copy of "Specialized Pediatric Services Program Network Agencies" or "What You Need To Know About Case Management Services", from Special Child Health Services, CN 363, Trenton, New Jersey 08625. The individual program details may be obtained from the same address. Referrals may be made directly to the appropriate health care agency/facilities that the State Department of Health lists as an approved contracted provider in their resource directory.

(d) Division of Unemployment and Disability Insurance: This State agency, which is a division of the New Jersey Department of Labor and Industry, administers the following programs:

1. New Jersey temporary disability insurance program: This program pays cash benefits to a person who cannot work because of sickness or injury not caused by his or her job.

i. Eligibility requirements: A person must have at least 20 base weeks of employment in the 52 weeks immediately preceding the week in which he or she became disabled, in order to have a valid claim. (A base week is one in which a person earned at least $92.00 working for a New Jersey covered employer.) In addition, a physician, dentist, osteopath, chiropractor, or chiropodist must certify that the claimant is too disabled to continuously do the regular work which he or she was doing immediately before becoming disabled.

ii. How to apply for benefits: Workers covered by a private plan who became disabled should advise their employers as soon as possible and ask for the necessary form to claim benefits. To claim benefits under the State plan (workers who are not covered under a private plan are automatically covered under the State plan), a person must obtain Form DS–1 (Claim for State disability benefits) from his or her employer, union, or nearest office of the State Employment Service. This may be done by telephone or letter. Mail the completed claim immediately to the Disability Insurance Service, CN 387, Trenton, New Jersey 08625. (A person may lose some or all of his or her benefits if a claim is filed more than 30 days after the start of the disability.)

iii. Period of eligibility determination: A determination with regard to a claim for State plan benefits may take approximately two or three weeks. The average time lapse from the receipt of the claim form to issuance of a determination is 12 days.

2. State unemployment insurance: This program pays cash benefits to covered workers who have lost their jobs through circumstances beyond their control, or who are working less than full-time because of a lack of full-time work.

i. Eligibility requirements: A person must have wages of at least $92.00 in each of 20 weeks, or have earned $5,500 or more during the base year in employment covered by the unemployment compensation law of New Jersey. (A base year is the first 52 of the 53 weeks preceding the date of the filing of the claim.) In addition, the claimant must register for work with the Division of Employment and Training, be able and available for work at all times, make an active search for work, and report to the unemployment office as directed.

ii. How to apply for benefits: Covered workers who become unemployed should obtain form BC–10 (Instructions for claiming unemployment benefits) from their last employer(s). The completed form must then be submitted, in person, to the nearest unemployment insurance claims office, as quickly as possible. (No credit can be allowed for weeks of unemployment occurring before the claim is filed). The claimant should have his/her Social Security account card available when filing a claim.

iii. Period of eligibility determination: A determination with regard to a claim for State unemployment insurance benefits may take approximately two or three weeks; time lapse periods may vary from office to office. Actual cash benefits are issued within four to five weeks of receipt of the claim.

(e) Division of Youth and Family Services (DYFS): This State agency, which is a division of the New Jersey Department of Human Services, administers foster care, homemaker services, adoption, counseling, residential placement, parole supervision, and child abuse services.

1. Eligibility requirements: These services are available to New Jersey residents. Fees for services (if any) are based on the applicant's ability to pay.

2. How to apply for services: Information and application for adoption services may be made at one of the Division's four regional offices. The DYFS regional offices are listed below:

Northern Regional Office
100 Hamilton Plaza,
7th Floor,
Room 710
Paterson, N.J. 07501
(201) 977–4000

Central Regional Office
CN 717 Capital Center
50 E. State Street,
5th Floor
Trenton, N.J. 08625
(609) 777–2000

Metropolitan Regional Office
153 Halsey Street,
2nd Floor
Newark, N.J. 07101
(201) 648–4100

Southern Regional Office
392 North White Horse Pike
P.O. Box 594
Hammonton, N.J. 08037
(609) 567–0010

Information and application for all other services may be made at the DYFS district office serving the area in which the MWD is located. The DYFS district offices are listed below.

DIVISION OF YOUTH AND FAMILY SERVICES

DISTRICT OFFICES

Northern Region

Bergen District Office
60 State Street, 3rd Floor
Hackensack, NJ 07601
(201) 996–8900

Central Passaic District Office
2 Market Street, 3rd Floor
Paterson, NJ 07501
(201) 977–4525

Bayonne District Office
690 Broadway, 4th Floor
Bayonne, NJ 07002
(201) 823–5000

Jersey City District Office
433 Summit Avenue, 4th Floor
Jersey City, NJ 07306
(201) 217–7000

North Passaic District Office
223 Wanaque Avenue, 2nd Floor
Pompton Lakes, NJ 07442
(201) 831–7405

Morris District Office
855 Route 10 East
Randolph, NJ 07860
(201) 927–0931

North Hudson District Office
8901 Bergenline Avenue,
2nd Floor
North Bergen, NJ 07047
(201) 854–7100

Sussex District Office
1 Cochran Plaza,
3rd Floor
Newton, NJ 07860
(201) 383–8400

Warren District Office
5 West Washington Avenue, 3rd Floor
P.O. BOX 148
Washington, NJ 07882
(908) 689–7000

Metropolitan Region

East Orange District Office
240 South Harrison Street
East Orange, NJ 07018
(201) 414–4200

Newark South District Office
153 Halsey Street, 4th Floor
Newark, NJ 07101
(201) 648–2400

Newark Central District Office
153 Halsey Street, 3rd Floor
Newark, NJ 07101
(201) 648–4200

Plainfield District Office
700 Park Avenue, 2nd Floor
Plainfield, NJ 07060
(908) 412–7900

Newark West District Office
153 Halsey Street, 4th Floor
Newark, NJ 07101
(201) 648–2960

Elizabeth District Office
208 Commerce Place, 2nd Floor
Elizabeth, NJ 07201
(908) 820–3000

Newark North/East District Office
153 Halsey Street, 3rd Floor
Newark, NJ 07101
(201) 648–6150

Maplewood District Office
2040 Millburn Avenue, 3rd Floor
Maplewood, NJ 07040
(201) 761–7127

Edison District Office
100 Metroplex Drive
4th Floor, Suite 400
Edison, NJ 08817
(908) 819–7003

Perth Amboy District Office
275 Hobart Street, 2nd Floor
Perth Amboy, NJ 08861
(201) 389–2700
(908) 324–1700

East Brunswick District Office
4 Cornwall Court
East Brunswick, NJ 08819
(908) 390–2100

Central Region

Hunterdon District Office
84 Park Avenue, 2nd Floor
Flemington, NJ 08822
(908) 782–8784

Northern Monmouth District Office
225 Highway # 35
Middleton, NJ 07701
(908) 747–7655

Mercer District Office
CN 717
676 North Oaks Avenue
Trenton, NJ 08625
(609) 530–8770

Western Monmouth District Office
1001 Route 9 North
Suite 100
Howell, NJ 07731
(908) 577–9210

Coastal Monmouth District Office
601 Bangs Avenue
2nd, 3rd & 4th Floors
Asbury Park, NJ 07712
(908) 988–2161

Ocean District Office
1510 Hooper Avenue
2nd Floor, Suite 210
Toms River, NJ 08753
(908) 255–07000

Somerset District Office
75 Veteran's Memorial Drive East
Suite 202
Somerville, NJ 08876
(908) 704–3050

Southern Region

Atlantic District Office
10–14 South New York Avenue
Atlantic City, NJ 08401
(609) 441–3232

Camden Central District Office
101 Haddon Avenue, 3rd Floor
Camden, NJ 08101
(609) 757–2700

Burlington District Office
50 Rancocas Road
Mt. Holly, NJ 08060
(609) 267–7550

Cape May District Office
Village Shoppes at Rio Grande
Routes 9 and 47
Rio Grande, NJ 08242
(609) 886–1105

Camden North District Office
101 Haddon Avenue, 3rd Floor
P.O. Box 738
Camden, NJ 08101
(609) 757–2700

Cumberland District Office
40 East Broad Street, 4th Floor
Bridgeton, NJ 08302
(609) 453–3833

Camden South District Office
2 Echelon Plaza
2nd Floor, Suite 210
Laurel Road
Voorhees, NJ 08043
(609) 757–2903, 2911, 2921, 2924

Gloucester District Office
251 North Delsea Drive
Suite 100
Deptford, NJ 08096
(609) 848–6604

Salem District Office
5 Woodstown Road, 2nd Floor
Salem, NJ 08079
(609) 935–6350

(f) Division of Medical Assistance and Health Services: The Division of Medical Assistance and Health Services, which is a division of the New Jersey Department of Human Services, administers the following programs:

1. Pharmaceutical Assistance to the Aged and Disabled (PAAD) program: Under the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program, eligible persons pay their pharmacists a fixed copayment at the time of purchase of prescription drugs, insulin, insulin syringes and needles, and certain diabetic testing materials. Pharmacists are then reimbursed by the PAAD program for the reasonable cost of the prescription drug or pharmacy item which exceeds the copayment amount.

i. Eligibility requirements: This program restricts eligibility to residents of New Jersey who are 65 years of age or older and to Social Security Disability benefits recipients (eligibility limited to the person actually disabled) whose annual income is less than specified limits. Current information and leaflets explaining details are available from the Medicaid District Office.

ii. Application procedures: Application forms with instructions are available at county offices on aging, county welfare agencies, and the local Division of Medical Assistance and Health Services (DMAHS) offices called Medicaid District Offices (MDO). Applications are also available at many pharmacies.

2. Medicaid program: This program provides purchase of medical care and services rendered to eligible persons.

i. Eligibility requirements: To be eligible for Medicaid, an individual must qualify for SSI or for the AFDC, RRP, or Medicaid Only program. Children under the care of the Division of Youth and Family Services are also eligible for Medicaid benefits.

ii. How to apply: Application and inquiry for the AFDC, RRP, or Medicaid Only programs should be directed to the county welfare agency. Information regarding SSI program may be obtained from the SSA district office. General information about the Medicaid program is available from the Medicaid District Offices.

(g) The Division of Vocational Rehabilitation Services, which is a division of the New Jersey Department of Labor and Industry, is responsible for the administration of services described at (g)2 below.

1. General eligibility requirements: To be eligible for vocational rehabilitation services, a person must be at or near working age, have a physical or mental disability that is or will be a substantial impairment to employment, and have a capacity for benefiting from services offered under the rehabilitation program to the extent that he or she can become employable in a competitive or sheltered situation. Financial help offered by the division is based upon establishment of economic need.

2. Services available: the services of the division include:

i. Rehabilitation evaluation: A medical examination required in every case to determine the extent of disability; to discover possible hidden or secondary disabilities; to help determine work potential; and to aid in the determination of eligibility for services.

ii. Vocational guidance and counseling: Individual counsel and guidance through every step of the rehabilitation process is given by the vocational rehabilitation counselor to help the disabled person select and attain the most adequate job objective possible.

iii. Medical services: To restore or improve the disabled person's ability to do a job, medical services may be provided. Such services include medical, surgical, psychiatric and hospital care, if they are needed, to reduce or remove the disability.

iv. Appliances: When they will increase work capacity, special devices, such as artificial limbs, hearing aids, braces, optical aids, wheel chairs and other prosthetic appliances are prescribed by qualified professional persons.

v. Occupational equipment and tools: If an individual is unable to purchase necessary tools, occupational equipment and licenses required by his/her employment, they can be provided.

vi. Training: Training to provide necessary skills for suitable employment. Vocational training to prepare the individual for gainful employment may be secured in colleges, universities, trade schools, on-the-job and in sheltered workshops. Training supplies, books and tools are furnished if needed.

vii. Room, board and transportation: If necessary, costs for room, board, transportation and other necessary expenses may be provided, within certain limitations, while the disabled person is preparing for work or is being helped to find a job.

viii. Job placement and follow-up: Placement in an appropriate job for which the individual has been thoroughly prepared is the ultimate goal of rehabilitation. The counselor continues to follow up the disabled person until the individual is suitably placed and as self-sufficient as possible, and doing work that is satisfactory to his employer.

3. How to apply for services: The New Jersey Division of Vocational Rehabilitation Services maintains a network of offices throughout the State. The addresses of these offices, with area of coverage, may be obtained directly from the division's main office, which is located in the Labor and Industry Building, Room 1005, John Fitch Plaza, Trenton, New Jersey 08625. A disabled person, or a relative or friend acting on his or her behalf, may make inquiry at any of the district offices.

4. Agreement of cooperation: See Appendix B for the agreement of cooperation with the Division of Vocational Rehabilitation Services.

(h) New Jersey Commission for the Blind and Visually Impaired: The New Jersey Commission for the Blind and Visually Impaired, which is a component of the New Jersey Department of Human Services, administers the programs and services described at (h)2 below.

1. General eligibility requirements: Eligibility criteria for each service varies somewhat; however, in general the commission endeavors to serve anyone with a visual impairment so severe as to interfere with day to day activities (this includes blind individuals as well as those who have been classified as having impaired vision). Services provided by the commission are free of charge; however, if a client needs a service which must be purchased by the commission, a financial survey (needs test) is required.

2. Description of programs: Services are available through the following programs:

i. Education department: This program serves children from preschool age through college in public, private and parochial schools. Services range from instruction in Braille and communication skills through diverse counseling aimed to prepare a student for either an academic or vocational future. As part of his/her educational experience, the child is psychologically tested.

ii. Home industries: This program serves homebound blind individuals, providing instruction in diverse craft activities, not only as a leisure outlet but as an income-producing activity. Net income from the sale of articles goes directly to the blind worker.

iii. Contract workshops: This program makes employment available to blind workers until they can be placed in private industry. Work is obtained through contact with local industry.

iv. Home services: This program provides counseling for newly-blind persons. The home teacher introduces new techniques for the performance of everyday activities and gives lessons in Braille and typewriting.

v. Vocational Rehabilitation Department: This program attempts to place capable blind persons in remunerative work. It also attempts to help the newly-blind person adjust to his or her disability.

vi. Eye Health Division: This program offers direct assistance or referral service to cooperating agencies in arranging for: eye examinations and treatment; hospitalization for eye care; artificial eyes and post-operative glasses; services of the Traveling Health Unit; preschool vision training; glaucoma control; consultation; eye health education; financial assistance; and casework services.

3. How to apply: Write or call the nearest district office of the New Jersey Commission for the Blind and Visually Impaired. The main office is located at 1100 Raymond Boulevard, Newark, New Jersey 07102.

(i) The Division on Aging, which is a division of the New Jersey Department of Community Affairs, is charged with the responsibility of administering funds under the Federal Older Americans Act of 1965 (as amended). It functions as the single State agency responsible for coordinating programs and services related to the aging population of New Jersey.

1. General eligibility requirement: To be eligible for programs or services funded by the Division on Aging, a person must be 60 years of age or older.

2. Description of programs: The Nutrition Program for the Elderly, which provides hot nutritious meals (once a day, five days a week) for senior citizens and their spouses in a congregate setting, is the only program directly administered by the Division on Aging. Other programs or services are sponsored by organizations or groups which receive approval, through the county Offices on Aging, for funding by the Division.

3. How to apply: Inquiry should be made to the local Office on Aging (there is one in each county). These offices, which contract directly with providers of services, function as information and referral centers for elderly residents within their jurisdiction.

(j) Division of Mental Health and Hospitals: This State agency, which is a division of the New Jersey Department of Human Services, operates four psychiatric hospitals, a child residential treatment center, and an adult diagnostic and treatment center.

1. Services available:

i. Hospital services: These services are divided into sections as follows:

(1) Children's sections which provide for the care and treatment of specified types of psychiatric disabilities in children under the age of 17;

(2) Geriatric sections which provide therapeutic care for older residents;

(3) Medical-surgical sections which provide services for the residents comparable to those provided by an accredited community general hospital and which includes an infirmary section;

(4) Psychiatric sections which are the core of the residential program.

ii. Mental hospitals: These are inpatient medical facilities, public or private, so designated by the State Board of Institutional Trustees. Such hospitals may be institutions exclusively for the care of the mentally ill, or they may be general hospitals providing facilities for the diagnosis, care and treatment on an inpatient basis of individuals with mental illness.

2. Admission for treatment: Admission may be voluntary or involuntary:

i. Voluntary admissions: Any person present in the State, 18 years of age or over, who feels him/herself to be mentally ill and who desires treatment for the betterment of his/her mental condition may be admitted to any public or private mental hospital by completing a voluntary application at the hospital on a form supplied by the hospital.

ii. Involuntary admissions: Application for commitment of a person who is deemed a threat to him/herself and/or others may be made of the following:

(1) A relative (by blood or marriage);

(2) Someone having charge of the person;

(3) The sheriff; the county prosecutor;

(4) The municipal or county director of welfare; any chief of police or police captain of any municipality in the State where such patient may be;

(5) The chief executive officer of any correctional institution or any public or private charitable institution;

(6) The Commissioner of Human Services.

iii. Certificates from two physicians must accompany the patient.

3. How to make inquiry: Inquiry regarding type and/or cost of services (if any) may be obtained by directly contacting the appropriate institution. The locations and telephone numbers of the Division's facilities are as follows:

i. Trenton Psychiatric Hospital, P.O. Box 7500, West Trenton, New Jersey 08628, telephone 633–1500, area code 609;

ii. Greystone Park Psychiatric Hospital, Greystone Park, New Jersey 07950, telephone 538–1800, area code 201;

iii. Marlboro State Hospital, Station A, Marlboro, New Jersey 07746, telephone 946–8100, area code 201;

iv. Ancora Psychiatric Hospital, Spring Garden Road, Hammonton, New Jersey 08037, telephone 561–1700, area code 609;

v. Arthur Brisbane Child Treatment Center, P.O. Box 625, Farmingdale, New Jersey 07727, telephone 938–5061, area code 201;

vi. Adult Diagnostic and Treatment Center, 8 Production Way, Avenel, New Jersey 07001, telephone 547–2250, area code 201.

(k) Division of Developmental Disabilities: The Division of Developmental Disabilities, which is a component of the New Jersey Department of Human Services, administers the programs and services from regional offices throughout the State.

1. Services available: Specific functional services provided by Field Services of the Division of Developmental Disabilities include:

i. Social work supervision of a retarded person in the community to help such client make a better adjustment;

ii. Family care, a program of community residence for adults in need of sheltered boarding care;

iii. Day training for persons 21 years and younger and adult training programs for persons over age 21 who need a daytime program in training and adjustment;

iv. Adult activities for retarded adults who are not eligible for a sheltered workshop or the job market;

v. Guardianship, a protective service for adults and eligible orphaned or abandoned children who have

been evaluated as "mentally deficient" and do not have a legal guardian;

vi. Residential care through purchase of care in a private facility, admission to a State school or guest placement; and

vii. Foster Grandparent Program, to provide personal care, education and training, and companionship to mentally retarded persons 21 and under (a similar program is available for mentally retarded persons who are 22 and over).

2. How to apply: Anyone may request information from the Regional Office which services his/her county. When a decision is made to apply, an Application for Determination of Eligibility may be filed:

i. For persons under age 18: By parent or guardian, by the Division of Youth and Family Services under its care and custody program, or by the juvenile court.

ii. For persons age 18 or over: By an individual on his/her own behalf, by the guardian of a person who has been judged through the courts to be mentally incompetent, or by any court where the issue of mental deficiency is raised and where it is in the interest of the individual to determine his/her eligibility.

3. Upon receipt of an application, a social worker from Field Services will arrange an appointment with the applicant and/or the client's family to review the request for services and to determine that the request is for an apparently mentally retarded person whose needs or problems require State-sponsored services. The worker will then involve the applicant in a more detailed evaluation.

Amended by R.1980 d.11, effective February 1, 1980.
See: 11 N.J.R. 560(b), 12 N.J.R. 86(a).
(c): changed form title.
Amended by R.1982 d.377, effective November 1, 1982.
See: 14 N.J.R. 420(b), 14 N.J.R. 1217(a).
Delineated services provided by Special Child Health Services program.
Amended by R.1983 d.284, effective July 18, 1983.
See: 15 N.J.R. 783(b), 15 N.J.R. 1181(b).
Category of disabled added to program.
Amended by R.1985 d.80, effective March 4, 1985.
See: 16 N.J.R. 3166(a), 17 N.J.R. 596(a).
Substantially amended.
Amended by R.1988 d.252, effective June 6, 1988.
See: 20 N.J.R. 522(a), 20 N.J.R. 1221(b).
Revised language in (g)1 and 1i in accordance with the New Jersey Medicaid Law authorizing the inclusion of diabetic testing materials.
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Description of programs added at (c)2; addresses of district offices updated. Provisions of section on Division of Mental Health and Hospitals revised and added to N.J.A.C. 10:85–8.4. Provisions of section on Division of Mental Health and Hospitals N.J.A.C. 10:85–8.5 revised and added to N.J.A.C. 10:85–8.4.
Administrative Correction.
See: 26 N.J.R. 1657(b).
Amended by R.1994 d.591, effective December 5, 1994.
See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

10:85–8.5 Referral to Department of Veterans Affairs

(a) Referral shall be made to the Department of Veterans Affairs when the General Assistance applicant appears to be eligible for veterans benefits.

(b) Referral shall be made via Form PA–14 (Referral for Services). This form shall be given to the client, one copy shall be sent to the local service office, and the remaining copy shall be kept on file in the municipal department of welfare.

(c) Description of program: The Department of Veterans Affairs operates the Federal program of benefit payments and health and welfare services to veterans and certain of their dependents or survivors. The details of all benefits and services are clearly outlined in a fact sheet entitled "Federal Benefits for Veterans and Dependents", which is issued by the Department of Veterans Affairs.

1. Eligibility requirements: To be eligible for these benefits and services, a veteran of either war or peacetime service, must have been released with other than a dishonorable discharge.

i. How to apply for benefits: The New Jersey Bureau of Veterans Services, Department of Human Services, maintains service offices to which persons seeking information or wishing to file for Veterans benefits or services may be referred.

As amended, R.1980 d.11, effective February 1, 1980.
See: 11 N.J.R. 506(b), 12 N.J.R. 86(a).
(b): Changed form title.
Amended by R.1985 d.80, effective March 18, 1985.
See: 16 N.J.R. 3166(a), 17 N.J.R. 596(a).
(c) added: "Description of program".
Recodified by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Recodified from N.J.A.C. 10:85–8.6.

10:85–8.6 Referral to other agencies

The municipal director of welfare shall maintain a resource file and/or obtain directories of other human services programs or organizations which are located in or near the municipality. When a client appears eligible for any such program, he/she shall be referred to the appropriate agency.

Recodified by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Recodified from N.J.A.C. 10:85–8.7.

SUBCHAPTER 9. LEGALLY RESPONSIBLE RELATIVES

Subchapter Historical Note

Pursuant to Executive Order No. 66(1978), Subchapter 9 was readopted as R.1984 d.56, effective February 17, 1984. See: 15 N.J.R. 2019(b), 16 N.J.R. 427(a). See, also, Chapter Historical Note.

Law Review and Journal Commentaries

Protecting the Home in Government Benefits Planning. Gary Mazart, 164 N.J.Law. 34 (Mag.) (Oct. 1994).

10:85–9.1 General provisions

(a) The law requires periodic evaluation of legally responsible relatives (LRRs) for the purpose of obtaining support for persons who apply for and receive public assistance. This subchapter provided regulations for evaluating the LRRs capacity to contribute support and the method for determining the appropriate amount of such contribution.

(b) Relatives who are legally responsible: Certain relatives are specifically identified by law as legally responsible for persons applying for or receiving General Assistance:

1. An individual under age 55 is responsible for his/her parents, spouse and children under age 18.

2. A person aged 55 or older is responsible only for spouse and children under age 18.

(c) Relatives who are not legally responsible are:

1. Grandparents are not responsible for their grandchildren, nor are grandchildren responsible for their grandparents.

2. Relatives, whatever the relationship and wherever they may live, may be a possible resource. The director of welfare should, whenever possible, determine the willingness of such relatives to contribute to the support of the client(s), irrespective of the issue of "legal responsibility".

(d) The MWD will seek voluntary support from the sponsor of an alien in compliance with the sponsorship document. In instances where the sponsor fails to provide full support, MWD shall request and comply with instructions from United States Immigration and Naturalization Service (INS).

As amended, R.1977 d.444, effective December 1, 1977.
See: 9 N.J.R. 432(a), 10 N.J.R. 15(a).
As amended, R. 1982 d.284, effective September 7, 1982.
See: 14 N.J.R. 543(a), 14 N.J.R. 980(d).
(b) Lead-in added, "Relatives who are legally responsible:"
1. "of any age" deleted, "under age 18" added.

10:85–9.2 Available support

(a) Rules concerning support as countable income are:

1. The agency shall determine what contributions, and whether in cash or in-kind, the relative is currently contributing or is willing to contribute toward the support of the eligible unit.

2. Only the amount of support, whether in cash or in-kind, actually being received by the eligible unit from an LRR outside the home shall be considered as countable income.

3. When the LRR lives in the same home as the eligible unit, it shall be assumed that the LRR's contribution is in fact available, either in cash or in-kind, unless the client presents persuasive information to the contrary.

4. When an LRR fails to make available to the eligible unit the amount of the contribution for support as determined by the following methods, such support shall be considered as a potential resource.

(b) Priorities for support are:

1. It shall be recognized that a person's obligation to support those relatives for whom he/she is legally responsible takes precedence over any voluntary preference on his/her part to support relatives or other persons for whom he/she is not legally responsible, except as provided in section 4 of this subchapter.

i. Responsibility of a person for the support of his/her own minor children takes priority over any obligations to contribute to support of any other dependent relatives.

2. When a relative is legally responsible for all members of an eligible unit, this LRR's financial capacity to support shall be considered as a resource to the eligible unit as a whole.

3. Where it is determined that an LRR does not have a capacity to contribute to support, then the amount, if any, he/she may voluntarily offer to contribute shall be accepted as satisfactory.

(c) Rules concerning allocation of support are:

1. When a relative is legally responsible for one or more, but not all member(s) of the eligible unit, the LRR's obligation to support is limited to the per capita needs of the person(s) for whom he/she is legally responsible.

2. When a relative is legally responsible for two or more persons who are not members of the same eligible unit, his/her capacity to support may be allocated according to the relative's wishes, provided that the amount allocated to any one individual does not exceed that individual's share of the adjusted allowance.

(d) The eligible unit ceases to be eligible for assistance when the amount of the LRR's evaluated capacity to support equals or exceeds their adjusted allowance and this support is actually available to the eligible unit.

(e) Rules concerning the refusal by LRR are:

1. Failure to contribute: When an LRR fails or refuses to make available to the eligible unit all or any portion of his/her contribution, and this has been verified, such amount shall not be entered as income on form GA–19.

i. In the event of such refusal or failure, the MWD shall initiate appropriate court action.

2. Refusal to furnish information: Whenever an LRR fails or refuses to furnish or produce information concerning his/her ability to support members of the eligible unit, it shall be deemed a failure or refusal to provide support as required by law:

i. In every such case, the agency shall take appropriate action no later than 30 days from date of application, in accordance with available procedure, to secure judicial determination of the LRR's ability to support the eligible unit member.

10:85–9.3 Evaluating LRR's capacity to support

(a) The LRR's capacity to support shall be based on his/her total gross monthly income, including all income of whatever kind and from whatever source except as stated in subsections (c) and (d) of this section.

(b) Rules concerning countable income are:

1. Income defined: Gross income means income before deductions, or the net profit from a business, farm or profession before income and other personal taxes are deducted. "Net profit" is the total revenue less the cost of producing the revenue. Business deductions which are allowable for income tax purposes may be recognized as expenses of producing this revenue.

2. Income averaged: The average income for the most recent period of four months may be accepted as satisfactory evidence of the average for the last year, but the income record for the entire 12–month period may be considered if the individual so requests and makes the necessary information available.

3. Income in the form of maintenance: When an LRR is receiving food or lodging or both as part of his/her income, the total gross income shall be determined as follows:

i. The gross cash payment plus the monetary value of the maintenance received as used by the employer for tax purposes (the employer's monetary evaluation for payment of Social Security and/or withholding taxes).

4. Roomer-boarder in LRR's home: If an LRR has either related or unrelated roomers-boarders living in the home, the method as outlined in N.J.A.C. 10:85–3.3(c)ii and (e)ii shall be used to determine the net income to the LRR from such roomer-boarders.

5. LRR is roomer-boarder in home of an eligible unit: When an LRR is a roomer, table-boarder or roomer-boarder in the home of an eligible unit and there is income to the eligible unit from this arrangement, this income shall be entered on Form GA–10 as income to the eligible unit, in accordance with N.J.A.C. 10:85–3.3(e)2. Such arrangement does not diminish or otherwise affect the LRR's evaluated capacity, if any, to contribute to support.

6. Emancipated child in LRR's home: When an LRR has an emancipated child living in the home, such child shall be considered as a roomer or roomer-boarder, and N.J.A.C. 10:85–3.3(e)2 shall be used to determine the net income to the LRR.

(c) Whenever an LRR or his/her dependents are the recipients of benefits, current or accrued, which are granted for and restricted to a specific purpose in accordance with the requirements of the law or contract under which they are provided, such as education, relocation, rehabilitation, medical care, and so forth, such benefits shall not be included in the income of the LRR for the purpose of computing his/her evaluated capacity to support.

(d) The following types of extraordinary expenses shall be considered in the manner specified, as affecting the LRR's capacity to contribute to the support of the eligible unit.

1. LRR's contribution to persons other than the eligible unit: When an LRR is supporting or making contributions to support (including judicial orders for support) of a parent, child, separated or divorced spouse who is not living in the home of the LRR, the actual amount of such contribution shall be subtracted from the LRR's gross monthly income. These persons shall not be included in the determination of the LRR's family size.

2. Excessive medical expenses: Where the LRR's average monthly cost for medical, dental, and so forth, services exceeds the applicable amount shown in the following schedule of medical expenses, the amount of the excess shall be subtracted from the LRR's gross monthly income:

SCHEDULE III

LRR's Family Size	Monthly Medical Expenses
1	$ 45.00
2	60.00
3	75.00
4	90.00
5	100.00
6 or more	110.00

3. When an LRR, whether before or following the determination of his/her capacity to support, is required to incur debts due to catastrophic events over which the LRR had no control (for example: fire, flood, and so forth), other than medical, the verified monthly amount of payment necessary to liquidate these debts shall be subtracted from his/her gross monthly income.

i. Whenever an LRR has been determined not to have a capacity to support for a specified period in order to liquidate indebtedness due to catastrophic events, the agency shall reevaluate the LRR's capacity to support at the date set for full payment of the debt.

4. Educational expenses: If the LRR is providing educational expenses for one or more of his/her dependents for whom free educational facilities are not available, such expenses shall be deducted from the LRR's gross monthly income as follows:

i. When the individual is being maintained in the LRR's home, subtract the verified cost of tuition, fees, books and transportation, prorated on a 12–month basis.

ii. When the individual is being maintained away from home, subtract the above items plus any cost of maintenance in excess of $1,075 per annum, prorated on a 12–month basis.

As amended, R.1979 d.109, effective March 15, 1979.
See: 10 N.J.R. 538(b), 11 N.J.R. 196(d).

10:85–9.4 Determining amount of support

(a) Monthly income standards provide the basis for evaluation of an LRR's capacity to contribute to the support of the eligible unit:

1. Schedule IV applies to all legally responsible relatives.

2. Capacity to contribute: The LRR's capacity to contribute is determined in accordance with Schedule V.

(b) Rules concerning the determination of LRR capacity to support are:

1. Family size: Family size of the LRR shall include the following persons, except that any members of the family who are applying for or receiving public assistance through AFDC, or general assistance shall not be counted:

i. The LRR and any of his/her minor children who are living with the LRR;

ii. The LRR's spouse who is living with him/her;

iii. Any relative of the LRR or of his/her spouse who is and has been customarily living in LRR's home and for whom the LRR or spouse is providing at least one-half the support.

2. Two incomes: When the LRR is married and both the LRR and his/her spouse have income, consider the LRR's income only, including in the family size only the LRR and his/her minor children.

i. When both persons are LRRs, consider their total income and include all persons identified in paragraph 1 of this subsection in the family size.

3. Method for determining capacity:

i. The amount of the obligatory contribution is calculated as follows:

(1) Determine the LRR's gross monthly income, including both earned and unearned income;

(2) Deduct the verified amount of extraordinary expenses as identified in section 2 of this subchapter;

(3) Compare this adjusted income with the applicable Monthly Income Standard on Schedule IV;

(4) When the LRR's adjusted income is less than the applicable standard on the schedule, no capacity to support exists;

(5) When the LRR's adjusted income exceeds the applicable standard, the amount derived from Schedule V shall be the contribution for support of the eligible unit.

ii. Limitation of obligatory contributions:

(1) The LRR's obligatory contribution shall not exceed the per capita share of the eligible unit's adjusted allowance for the person(s) for whom the LRR is liable.

Schedule IV

Monthly Income Standards

Family Size	All LRRs
1	$1189
2	1657
3	2135
4	2607
5	3000
6	3319
7	3632
8	3951
Each Additional Person	+$319

Schedule V

Table for establishing LRR's contribution for support.

Determine the difference between the LRR's adjusted income and the applicable monthly income standard on schedule IV. In the table below find the amount of this difference. The corresponding amount appropriate for the number of persons in the eligible unit for whom the LRR is responsible is the contribution to be made by the LRR.

Excess Income	Persons for whom the LRR is responsible 1	2	3	4	5+
$ 1– 215	$ 65	$ 65	$ 65	$ 65	$ 65
216– 325	65	65	65	65	85
326– 435	65	65	85	110	110
436– 540	65	110	110	130	150
541– 650	85	130	150	175	195
651– 760	110	150	175	195	240
761– 865	130	175	215	240	280
866– 975	150	215	260	280	325
976–1085	175	260	305	325	370
1086–1190	195	280	325	370	435
1191–1300	215	325	370	435	475
1301–1410	240	345	410	475	540
1411–1515	260	390	455	520	584
1516–1625	280	435	520	585	650
1626–1735	325	475	565	639	715
1736–1840	345	520	605	695	780
1841–1950	390	565	670	760	845
1951+	20% of adjusted income	29% of adjusted income	34% of adjusted income	39% of adjusted income	43% of adjusted income

As amended, R.1984 d.241, eff. June 18, 1984 (operative date: July 1, 1984—contingent on enactment of this State's Appropriations Act for Fiscal Year 1985 authorizing the proposed increase in public assistance allowance standards).
See: 16 N.J.R. 833(a), 16 N.J.R. 1610(a).
Amended by R.1985 d.342, effective July 1, 1985 (operative July 1, 1985).
See: 17 N.J.R. 882(a), 17 N.J.R. 1658(a).
Monthly income standards increased.
Correction: (b)3ii(2) was deleted in R.1984 d.241.
See: 19 N.J.R. 663(a).
Amended by R.1987 d.251, effective June 15, 1987.
See: 19 N.J.R. 502(a), 19 N.J.R. 1095(a).
Amended Schedule IV.
Public Hearing: To include testimony on issues governing the adequacy of the increase in the amended regulations in light of the current cost of living in New Jersey and the relationship of that increase to an adequate standard of need for AFDC and GA recipients.
See: 19 N.J.R. 1658(b).
Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
Monthly Income Standards collapsed to one.

10:85–9.5 Acceptance forms of support

(a) The LRR may fulfill his/her obligation to support the person or persons for whom he/she is responsible by contributing one or more of the following:

1. Cash; and/or

2. Shelter and household needs; and/or

3. Any other item determined to be mutually satisfactory to the client and municipal welfare board, for which equitable monetary value can be clearly established.

(b) When a contribution other than cash is substantial, regular, and reliable, the monetary value shall be deducted from the monthly amount of the LRR's capacity to support. Such contribution must be acceptable to the eligible unit, except when ordered by the courts.

(c) When the LRR who has a capacity to support is providing shelter and household needs, whether in his/her own home or elsewhere, and payment for such arrangement is neither made directly to the client nor stipulated by court order to be made in an identifiable cash amount to a third party, the monthly monetary value to be credited to the LRR's contribution shall be determined according to schedule VI. However, the value thus established shall not exceed the LRR's evaluated capacity.

1. Note that deductions of in-kind contributions from grants shall, nonetheless, be in accordance with N.J.A.C. 10:85–3.3(e)4.

SCHEDULE VI

Shelter and Household Needs

Number in Eligible Unit for Whom LRR Is Responsible	Monthly Monetary Value
1	$100.00
2	110.00
3	120.00
4	130.00
5	140.00
6	150.00
7 or more	160.00

As amended, R.1977 d.445, eff. January 1, 1978.
See: 9 N.J.R. 433(a), 10 N.J.R. 15(b).
As amended, R.1979, d.109, eff. March 15, 1979.
See: 10 N.J.R. 538(b), 11 N.J.R. 196(d).

10:85–9.6 Reevaluation of LRRs

(a) Each legally responsible relative's capacity to support shall be reevaluated every six months and adjustments made as indicated.

(b) Each LRR shall be contacted unless it can be verified that the relative:

1. Is receiving public or private financial assistance; or

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

3. Is him/herself dependent upon a relative (other than the client) for support; or

4. Is receiving care in an institution for a mental or physical condition, or is in a penal institution and has no capacity to support; or

5. Cannot reasonably be anticipated to have experienced a change in income since the last evaluation which would affect his/her capacity to support.

(c) When a decision is made that it is not necessary to reevaluate capacity to support for one of the reasons in subsection (b) of this section, the justification for such decision shall be recorded in the case record with notation of any plan for making contact in the future.

(d) The MWD shall avoid making routine requests of other agencies to contact relatives for reevaluation of capacity to support. When, after careful evaluation of the need for such service, it is considered essential to request an interview, the letter of request shall clearly identify both the nature and the purpose of the desired service.

Correction: "of capacity to support. When after careful evaluation" was omitted from text in (d).
See: 18 N.J.R. 1414(a).

SUBCHAPTER 10. GENERAL ASSISTANCE EMPLOYABILITY PROGRAM

Subchapter Historical Note

The original text of this subchapter, entitled Legal Settlements, was repealed by R.1978 d.171, effective June 1, 1978. See: 10 N.J.R. 150(a), 10 N.J.R. 285(b). The current subchapter was filed on April 11, 1980 as R.1980 d.153 to become effective on May 1, 1980. See: 12 N.J.R. 121(b), 12 N.J.R. 278(c).

10:85–10.1 Work assignments: "Workfare"

(a) All employable recipients of General Assistance shall participate in work assignments, sometimes referred to as "workfare", in accordance with the provisions of this subchapter, unless participating in the work training requirements of the Family Development Program in accordance with N.J.A.C. 10:86. See N.J.A.C. 10:85–3.2(g) regarding registration.

1. "Workfare" definition: "Workfare" means the system by which certain persons perform work or engage in various training or work preparation activities in exchange for their grants of assistance.

(b) Through the Employment Service/General Assistance Employability Program (ES/GAEP), the New Jersey Employment Service develops and supervises work activities and worksites to which employable General Assistance recipients are assigned by that agency. In addition, municipal welfare directors will establish worksites to which they will assign recipients, subject to final approval of ES/GAEP staff within 14 days of the initial assignment. Until such approval is received, such assignments shall be considered "interim worksite assignments". Placement of participants in "interim worksite assignments" is subject to the conditions of this section and section 2 of this subchapter.

Amended by R.1986 d.56, effective March 3, 1986 (operative April 1, 1986).
See: 17 N.J.R. 2849(a), 18 N.J.R. 483(b).
(a) substantially amended.
Amended by R.1992 d.368, effective September 21, 1992 (operative October 1, 1992).
See: 24 N.J.R. 2160(b), 24 N.J.R. 3356(a).
Text at (a) amended to conform to the provisions of the Family Development Program.

Law Review and Journal Commentaries

Unemployment Benefits. Judith Nallin, 137 N.J.L.J. No. 8, 58 (1994).

Case Notes

Community organization could not rely on charitable immunity statute to provide defense to action brought by injured general assistance recipient. Manley v. YMCA of Plainfield, 275 N.J.Super. 656, 646 A.2d 1163 (L.1994).

Participation in workfare program could not be considered "employment" for purposes of unemployment compensation benefits. Costello v. Board of Review, Dept of Labor, 273 N.J.Super. 536, 642 A.2d 1034 (A.D.1994).

10:85–10.2 Municipal worksite agreements

(a) To insure State Workers' Compensation coverage for all worksite participants in interim assignments developed by MWDs, a Municipal Worksite Agreement (MWSA) must be signed by both the MWD and the worksite agent who is a paid employee of the agency for whom the worksite activity is being performed with authority for that agency for conducting onsite supervision of participants and maintaining time and attendance reports.

(b) The MWD will supply to the appropriate ES/GAEP office a MWSA for each worksite established. Employment Service staff will notify the MWD of receipt of the MWSA by use of Form NJES–1A. No recipient of GA shall report to a worksite until the ES/GAEP staff has received the signed MWSA.

1. If more than one GA recipient is assigned to the same worksite, only one MWSA will be supplied to the ES/GAEP office.

2. For each GA recipient subsequently assigned to a previously agreed upon interim worksite, Form NJES–1A must be supplied to the ES/GAEP office before the recipient reports to the interim worksite. The NJES–1A must indicate that this recipient is reporting to a previously established worksite.

(c) Attendance and worksite activity for interim worksite assignments developed by municipal welfare directors will be monitored during the interim period of not more than 14 days by the welfare director or other appropriate municipal staff so designated by the Director of Welfare.

(d) The participant shall, at the time of initial assignment, be provided with an Individual Worksite Agreement (two copies) which will be prepared by the municipal welfare director for each worksite participant (see Appendix C). This notice will inform the participant of his/her worksite schedule, the wage rate used to determine this schedule (days of the week, hours of work), to whom to report on the worksite, and the address of the worksite. This notice will also advise the participant that assistance will be terminated upon failure or refusal to perform satisfactorily in the work project. One copy will be retained by the participant; the other will be kept in the participant's case folder.

(e) Interim worksite assignments developed by the municipal welfare director will be evaluated by the ES/GAEP staff within 14 days after the ES has received the MWSA. Evaluation will be based on the following criteria:

1. The individual assigned is capable of performing the duties involved at the worksite.

2. Working conditions are such that they do not represent a substantial risk to the individual's health and safety.

3. The participant has a reasonable means of transportation to the worksite assignment. "Reasonable" shall in this case mean at no extra cost to the participant.

(f) If any of the above criteria is not met, ES staff will inform the welfare director through use of Form NJES–1A that the participant is being reassigned immediately. Reassignment may include orientation, job search, active registrant pool, or another worksite assignment if such is available. The MWD will promptly notify the participant, advising that the current assignment is no longer in effect and that the assignment by the ES is effective immediately but that the performance requirement is still in effect. The MWD will confirm the assignment change and remind the participant of the performance requirement in writing.

1. Failure by the MWD to comply with the NJES reassignment notice will lead to the municipality's assumption of responsibility for liability coverage on that worksite.

Administrative change to (b)2.
See: 23 N.J.R. 1412(a).

Cross References

Workfare, failure to comply with Employment Service recommendations, assumption of coverage by municipality, see N.J.A.C. 12:35–1.4.

10:85–10.3 Location of worksite activity

(a) Worksite assignments may be established by the municipal welfare director to perform work for the municipality or for a non-profit agency or institution under contract to the municipality.

(b) Worksite assignments may be established by the Employment Service in the performance of work for county or State Agencies as well as municipal agencies, non-profit agencies and institutions. Assignment by the Employment Service to a General Educational Development (high school equivalency) course or any other training or occupational preparedness program will be considered a worksite assignment.

(c) Efforts by either the Employment Service or municipal welfare director will be made to develop worksites in the municipality where the employable GA recipient receives his/her public assistance grant.

(d) If the worksites are not available in the municipality where an employable GA recipient receives his/her public assistance grant, the municipal welfare director shall immediately notify the appropriate ES staff, and worksite development will become the responsibility of the Employment Service.

As amended, R.1982 d.104, eff. April 5, 1982 (operative May 1, 1982).
See: 13 N.J.R. 929(a), 14 N.J.R. 344(d).
(b): Added "Assignment ..... worksite assignment".

10:85–10.4 Scheduling worksite assignments

(a) Persons assigned to a worksite by either ES/GAEP or the MWD shall work only the number of hours equal to their grant divided by an hourly rate commensurate with beginning regular employees similarly employed. For this purpose, the MWD will supply to the ES/GAEP staff, on request, the amount and period of grant for persons working on GAEP supervised worksites.

(b) In such cases where there are no beginning regular employees similarly employed, the ES/GAEP or MWD will contact the local labor market analyst in the Department of Labor and Industry and determine the prevailing wage rate for that particular worksite assignment. This hourly wage rate shall be recorded as a part of the Municipal Worksite Agreement.

10:85–10.5 Types of work allowable under worksite activities

(a) The type of work to be performed by an employable GA recipient will be based upon an assessment of the individual's employment capabilities and the service needs of the municipality. Whenever possible, worksites will permit an individual to utilize and/or enhance his/her employment capabilities in order to maximize that individual's chances of obtaining unsubsidized employment.

(b) Worksite assignments will not result in either the replacement or displacement of regular employees.

10:85–10.6 Compliance

(a) Failure to perform: Any recipient who fails or refuses without good cause to perform satisfactorily in any worksite assignment made in accordance with the provisions of this chapter shall be ineligible for assistance for 90 days. Attendance at and participation in a drug or alcohol abuse program assigned or designated by the MWD or the Employment Service are essentials of satisfactory performance. Attendance at and participation in the sessions and activities involved in a training or occupational preparedness program assigned by the Employment Service are essentials of satisfactory performance. The MWD shall discontinue all assistance subject to the provision of 10 day notice of adverse action, upon a determination of the absence of good cause. (See N.J.A.C. 10:85–7.2 regarding timely notice and N.J.A.C. 10:85–7.3 regarding fair hearings and continued assistance.)

1. In the event that a person subject to penalty as above is a member of an eligible unit of more than one, the termination of assistance shall apply only to that person's per capita share of the grant. A notice explaining the change in the amount of the grant shall be sent to the other member(s) of the eligible unit with the assistance grant.

As amended, R.1982 d.104, eff. April 5, 1982 (operative May 1, 1982).
See: 13 N.J.R. 929(a), 14 N.J.R. 344(d).

(a): Added "failure to perform:" and "for 90 days ..... training or occupational preparedness assigned by the Employment Service as essentials of satisfactory performance." Added "all" after "discontinue" and deleted "except for medical payments."

Case Notes

Regulation terminating general assistance recipients from welfare for a 90–day period if they are discharged from work because of their negligence is invalid as it does not further legislative policy. Newark Div. of Public Welfare v. Ragin, 197 N.J.Super. 225, 484 A.2d 716 (App.Div.1984).

In re J.B., OAL Dkt. HPW 3569–79 (Nov. 8, 1979), adopted, DPW (Dec. 17, 1979).

10:85–10.7 Good cause

(a) On worksites under the supervision of the ES/GAEP, the ES will advise the MWD, via NJES–1A its determination as to whether good cause existed for a failure or refusal to perform. If the ES advises the MWD in writing that good cause did not exist, the MWD will accept the determination without further review.

(b) On worksites under the supervision of the MWD, the MWD shall determine good cause in accordance with N.J.A.C. 10:85–3.2(g)6.

As amended, R.1983 d.328, eff. July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209, eff. May 23, 1983, operative June 1, 1983.
Internal cite to N.J.A.C. corrected.

10:85–10.8 GAEP reporting requirements

The MWD will submit a written notice to the appropriate CWA when a General Assistance/Food Stamp Program recipient fails or refuses to comply with GAEP or any other General Assistance work registration requirement. Information provided shall include the recipient's name, address, Social Security number and the specific work registration requirement violated.

R.1983 d.328, eff. July 25, 1983.
See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
Originally adopted as an Emergency Readoption as R.1983 d.209, eff. May 23, 1983, operative June 1, 1983.
Amended by R.1985 d.618, effective December 2, 1985.
See: 17 N.J.R. 1838(a), 17 N.J.R. 2900(a).
Deleted old text and substituted new.

SUBCHAPTER 11. GLOSSARY

10:85–11.1 Acronyms

The acronyms used in this manual are as follows:

"ACE" means Active Corps of Executives.

"AFDC" means Aid to Families with Dependent Children.

"AIDS" means Acquired Immune Deficiency Syndrome.

"ALJ" means Administrative Law Judge.

"ATP" means authorization to purchase (food stamps); (Form FSP–906).

"CEAS" means Comprehensive Emergency Assistance System.

"CWA" means county welfare agency.

"DDD" means Division of Developmental Disabilities.

"DDRS" means Disability Determination Review Section.

"DES" means Division of Employment Security.

"DFD" means Division of Family Development.

"DFD/BARA" means Bureau of Administrative Review and Appeals, Division of Family Development.

"DFDA/BBS" means Bureau of Business Services, Division of Family Development.

"DFD/BIC" means Bureau of Integrity Control, Division of Family Development.

"DFD/BMS" means Bureau of Management Services, Division of Family Development.

"DFD/BQC" means Bureau of Quality Control, Division of Family Development.

"DFD/GAP Unit" means General Assistance Program Unit, Division of Family Development.

"DHS" means Department of Human Services.

"DIB" means disability insurance benefits.

"DMAHS" means Division of Medical Assistance and Health Services.

"DMHH" means Division of Mental Health and Hospitals.

"DVA" means Department of Veterans Affairs.

"DVRS" means Division of Vocational and Rehabilitation Services.

"DYFS" means Division of Youth and Family Services.

"EA" means Emergency Assistance.

"EPSDT" means early periodic screening diagnosis and treatment.

"ES/GAEP" means Employment Service/General Assistance Employability Program.

"FDP" means Family Development Program.

"FNS" means Food and Nutrition Service, United States Department of Agriculture.

"FSP" means Food Stamp Program.

"GA" means General Assistance.

"GAP Unit" means General Assistance Program Unit.

"HEA" means Home Energy Assistance program.

"HIV" means Human Immunodeficiency Virus.

"HSAC" means Human Services Advisory Council.

"GA" means General Assistance.

"IM" means income maintenance (county welfare agency programs).

"INS" means Immigration and Naturalization Service, United States Department of Justice.

"IRS" means Internal Revenue Service, United States Department of the Treasury.

"JPTA" means Job Training Partnership Act.

"LAB" means Local Assistance Board.

"LAP" means Lifeline Assistance Program.

"LRR" means legally responsible relative.

"MA" means medical assistance (Medicaid).

"MDO" means Medicaid District Office.

"MDTA" means Manpower Development and Training Act.

"MWD" means municipal welfare department.

"MWSA" means Municipal Worksite Agreement.

"NJAC" means New Jersey Administrative Code.

"NJES" means New Jersey Employment Service.

"NJSA" means New Jersey Statutes Annotated.

"NPA" means nonpublic assistance.

"OAL" means Office of Administrative Law.

"PA" means public assistance.

"PAAD" means Pharmaceutical Assistance to the Aged and Disabled.

"PNA" means personal needs allowance.

"RMA" means registered municipal accountant.

"RRP" means Refugee Resettlement Program.

"RSDHI" means Retirement, Survivors, Disability and Health Insurance (social security).

"RSVP" means retired senior volunteer program.

"SCHS" means Special Child Health Services.

"SCORE" means Service Corps of Retired Executives.

"SDX" means State Data Exchange.

"SMI" means supplemental medical insurance (Medicare part B).

"SSA" means Social Security Administration.

"SSA/DO" means Social Security Administration district office.

"SSI" means supplemental security income.

"TDB" means temporary disability benefits.

"TDI" means Temporary Disability Insurance.

"TRA" means temporary rental assistance.

"UIB" means unemployment insurance benefits.

"USDA" means United States Department of Agriculture.

"VA" means Veterans Administration.

"VISTA" means Volunteers in Service to America.

"WIC" means special supplemental food program for women, infants, and children.

Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
Acronyms added.
Amended by R.1994 d.591, effective December 5, 1994.
See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

10:85–11.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Adverse action" means any action taken by the MWD which denies, reduces, or terminates benefits received through general assistance.

"Aid to Families with Dependent Children (AFDC)" means assistance program administered by county welfare agencies for financial eligible children and parent(s), or parent person(s) where there is death, absence, or incapacity of one or both natural parents or adopting parents; or when both parents are in the home and the father is unemployed or underemployed.

"Appeal" means the process by which an individual exercises his or her right to have an agency action reviewed; a local or State fair hearing.

"Appellant" means an applicant or recipient who has requested a local or State hearing to contest an action by the MWD.

"Applicant" means an individual who has applied for program benefits, or upon whose behalf application has been made, and whose application is awaiting official action by the agency.

"Application process" means all activity performed by the municipal welfare department prior to the official disposition of an application.

"Authorized representative" means an individual (or agency) whom a client designates orally or in writing to act on his or her behalf.

"Boarder, roomer, roomer-boarder" means a person, other than a member of an eligible unit, whose acceptance in the household is a business arrangement based upon payment in cash for board, room, or room and board.

"Case head" means person who makes application for assistance and in whose name the case is registered.

"Case record" means the official file of forms, chronological narrative, correspondence, and other documents pertinent to the application and eligibility of a client; constitutes a complete record which supports the decisions and actions of the MWD regarding a particular case.

"Certification (food stamps)" means official determination of eligibility for food stamps.

"Client" is an all-inclusive term indicating either an applicant or recipient of assistance benefits.

"Collateral contact" means contact with a source other than the applicant or recipient for the purpose of obtaining or verifying information.

"Contract" means a binding agreement between two or more parties.

"Countable income" means, in computation of eligibility and amount of assistance grant, income not exempt and readily available for use by client.

"Deficit" means the difference between client's adjusted income and the applicable allowance standard.

"Denied application" means official determination of ineligibility for public assistance.

"Determination" means decision regarding a situation, application or appeal.

"DFD (Division of Family Development)" means the office, within the State Department of Institutions and Agencies, which is responsible for the supervision of the General Assistance Program.

"Documentary evidence" means written evidence and/or documents attesting to specific facts.

"Earned income" means gross earnings received from employment or self-employment.

"Eligible unit" means the number of persons applying for assistance as a unit (see N.J.A.C. 10:85–3.1(b)1).

"Emergency Assistance" means assistance provided to otherwise eligible GA clients, in addition to the regular GA grant, for the prevention of homelessness, the granting of emergency shelter or temporary rental assistance when such needs are a result of specific emergency circumstances as outlined at N.J.A.C. 10:85–4.6.

"Exempt resource" means a resource which is not to be considered in computing extent of need and is not subject to required liquidation.

"F segment, AFDC" means assistance program administered by county welfare agencies for financially eligible families with children, in which both natural and/or adoptive parents are in the house and are not incapacitated, and the father is unemployed according to Federal criteria.

"Fair hearing" means the formal procedure through which a recipient or applicant may protest the municipal welfare department's action or inaction.

"Financially eligible" means lacking sufficient income and/or resources to maintain the public assistance standard of living.

"General Assistance" means financial and/or medical assistance provided by municipal welfare departments to needy persons currently ineligible for participation in any other public assistance program in New Jersey or for supplemental security income.

"Gross income" means income before deductions, or the net profit from a business, farm or profession before income and other personal taxes are deducted.

"Immediate need" means that the available resources of a GA applicant are insufficient to meet his or her current living expenses.

"Incapacity" means a physical or mental defect, illness or impairment, which is expected to last at least 30 days and which substantially reduces or eliminates ability to work.

"Income exclusions" means income that is not counted when determining financial eligibility.

"Income in-kind" means income received in the form of goods or services rather than cash.

"May/shall": may indicates optional adherence to the point(s) at issue; shall indicates mandatory adherence to such point(s).

"Medicaid" means Federal/State program administered by Division of Medical Assistance and Health Services which provides payment of claims for and evaluation of health services; eligibility is generally limited to persons who are receiving or who are eligible to receive AFDC.

"Minor" means a person who is less than 18 years of age.

"Monthly amount" means the amount of money required to provide for one month (computed on the basis of 30 days or 4⅓ weeks).

"Monthly grant" means total amount of money payment to be made each month to an eligible unit.

"Monthly review (of eligibility)" means required monthly evaluation of any changes in client's circumstances or income; may entail grant adjustment.

"N Segment, AFDC" means State assistance program administered by county welfare agencies for financially eligible families with children, in which both natural and/or adoptive parents are in the home and are not incapacitated, but whose earnings are insufficient for the children's support.

"Needy person" means a person who lacks sufficient income and/or resources to maintain the general assistance standard of living.

"Net profit" means total income earned, less the cost of producing the income. Business deductions which are allowable for income tax purposes may be recognized as expenses of producing this income.

"Ownership of real or personal property", as referred to in this manual, includes any and all right, title or interest legal or equitable to such property.

"Payment in-kind" means payment in goods or services.

"Pending application" is a general term for application, reapplication, reopened application, or transfer application prior to official disposition.

"Per capita" means an amount equal to one individual's share of the total.

"Per diem" means by the day; one day calculated on the basis of 30 days to the month.

"Personal interview" means a face-to-face discussion between individuals.

"Personal property" means all possessions, exclusive of real property and fixed improvements thereon.

"Policy" means guidelines, limited by and consistent with law, which control MWD and Division of Family Development staff in carrying out public assistance programs.

"Potential resource" means a resource which, through liquidation, will provide cash for the use of the eligible unit or for reimbursement to the agency.

"Public assistance" means financial assistance available to eligible persons as provided by law.

"Public assistance allowance" means the money amount recognized in this chapter for the need of an eligible unit.

"Real property" means land and fixed improvements thereon.

"Recipient" means an individual who is receiving public assistance.

"Redetermination (of eligibility)" means investigation of all facts and circumstances relating to the recipient's application for continuation of assistance; decision as to whether recipient continues to be eligible.

"Referral" means request from an agency, institution, or individual on behalf of another individual who is interested in applying for financial assistance; or a request from the municipal welfare department to another agency.

"Rejected application" means an application which has been denied.

"Retirement, Survivors, Disability and Health Insurance (RSDHI)" means a Federal program administered by the Social Security Administration (SSA) which provides protection to workers and their families against loss or stoppage of earnings resulting from death, disability, or retirement at age 62 or older; social security benefits.

"Retroactive benefits" means benefits which cover a period of time prior to the actual date of receipt.

"Salary" means a fixed compensation paid regularly for services.

"Social security payment" means RSDHI benefit.

"Spouse" means husband or wife of a specified individual, or person so recognized by the community.

"Student" means a person who is attending school including high school, vocational or technical school, college or university.

"Supplemental security income (SSI)" means Federal supplemental income program for the aged, blind or disabled.

"Support" means payment or other provision made for the maintenance of a dependent.

"Surplus" means the amount by which an otherwise eligible applicant's income exceeds the applicable allowance standard.

"Temporary payee" means person designated by the MWD to receive an assistance payment on behalf of an eligible person.

"Temporary rental assistance" means a form of emergency assistance in which payments are made to provide or continue housing of a permanent nature instead of in an emergency shelter or other temporary shelter arrangements.

"Total income" means sum of all income of the eligible unit, including adjusted earnings and unearned income.

"Trust fund" means money, securities or other property held in trust.

"Vendor" means individual, organization or business which provides an item or service in return for payment.

"Vendor payment" means check drawn to the order of a person or facility providing goods or services to or for members of an eligible unit, representing payment for such goods or services.

"Voucher" means an order for a specific item or service, drawn to a vendor and signed by the director of welfare.

"Wages" means payment for labor or service performed either according to contract or on an hourly, daily, or piecework basis.

Amended by R.1985 d.7, effective February 3, 1986.
See: 17 N.J.R. 2521(a), 18 N.J.R. 274(b).
Deleted definition "approved hospital".
Amended by R.1990 d.33, effective January 16, 1990.
See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
"Eligible unit" and "exempt resource" added.
Amended by R.1994 d.591, effective December 5, 1994.
See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

SUBCHAPTER 12. EFFICIENCY AND EFFECTIVENESS OF PROGRAM OPERATIONS

Subchapter Historical Note

Subchapter 12, Efficiency and Effectiveness of Program Operations, was added by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991). See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).

10:85–12.1 Authority of the Commissioner

(a) Under P.L. 1990, c.66, the Commissioner of the Department of Human Services is obligated to ensure that the benefits provided under the 100 percent State-funded GA program, administered by municipalities throughout the State, are issued to eligible persons in an accessible, efficient and cost-effective manner.

(b) The Commissioner has the authority to establish rules, regulations, and directives, including incentives and sanctions, to ensure that local agencies provide GA benefits to eligible recipients in an efficient, effective manner consistent with State law.

(c) The Commissioner shall have the authority to review and approve municipal welfare agency budgets.

(d) The Commissioner shall have the power to assume direct administration of and operate any municipal welfare operation when it is determined that the MWD substantially fails to administer the GA program in an efficient, effective manner in accordance with State law.

10:85–12.2 Action of the State to assume direct administration

(a) When it is determined that action of the State to assume direct administration of MWD GA operations is necessary due to ongoing MWD failure to substantially follow State law and rules in its administration of the GA program or an arising emergent situation that warrants such immediate State action, the Department shall:

1. Make any administrative and programmatic changes deemed necessary to provide services in an efficient, effective manner and ensure compliance with State law and regulation;

i. The municipality shall be billed for the reasonable expenses incurred by the State in ensuring compliance;

2. Hire any consultant or undertake any studies of the agency operations deemed necessary;

3. Direct expenditures of the municipal welfare agency in a reasonable and prudent manner to effectuate the purpose of the GA program, including reallocating funds within the municipal welfare agency budget and deter-

mine additional amounts of revenue needed to implement the program within the agency's budget;

4. Operate the municipal welfare agency; and/or

5. Do all acts necessary or appropriate to ensure that the needs of eligible GA recipients are met pursuant to State law.

APPENDIX A

Historical Note

This Appendix A "Forms Designated for Use in the General Assistance Program" was filed and became effective as part of the Chapter 85 prior to September 1, 1969. Amendments were filed and became effective February 1, 1980 as R.1980 d.11. See: 11 N.J.R. 506(b), 12 N.J.R. 86(a). Sample forms were filed as part of this appendix but were not reproduced in the chapter. This appendix was repealed with the expiration date February 1, 1985 pursuant to Executive Order 66(1978). See: 17 N.J.R. 616(a).

APPENDIX B

Editor's Note: Agreement of Cooperation was filed for this appendix but is not reproduced here. For copies write to Division of Public Welfare, Department of Human Services, Trenton, N.J. 08625.

APPENDIX C

GENERAL ASSISTANCE EMPLOYABILITY PROGRAM

Municipal Worksite Agreement

The State of New Jersey Department of Labor and Industry, and the Department of Human Services, agree to establish the following worksite:

Municipality _____
Occupational Classification _____
(DOT CODE OR JOB TITLE)

Hourly Wage Rate _____
Public Works Project Agent _____
(Agency for whom public works project is performed)

Number of General Assistance Employable Recipients to be Assigned _____

This worksite is established in accordance with P.L. 1979, Chapter 267.

Signed,

DATE_____ _____
Labor and Industry
Special Programs Manager

_____
Municipal Welfare Director

_____
Public Works Project Agent

INDIVIDUAL WORKSITE AGREEMENT

Date _____

Case No. _____

Name _____

Social Security Number _____

Municipality _____

DOT Code or Job Title

Job Description

_____ Divided By _____ Requires _____ Hours Per Month
Participant's grant on a Worksite — Hourly Wage

You are to report to (name) _____

(address) _____

on (date) _____ at (time) _____

I have been informed of the purpose and regulations of the General Assistance Employability Program (G.A.E.P.), my schedule hours on the Worksite, and the hourly wage. I understand that I am working off my welfare grant, and that failure to report to the worksite, substandard work performance, or poor attitude may result in termination of my grants.

_____
Participant's Signature

_____
GAEP Representative

APPENDIX D

Exhibit 1

GA-26
(New 7/92)

ALIEN VERIFICATION REQUEST FORM

MUNICIPALITY #_____ PHONE #_____ FAX #_____
(If applicable)

Client Name	Date of Application	Requested By (GA Staff)

New Rule, R.1992 d.503, effective December 21, 1992. See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).
Appendix D, Exhibits 2 and 3, Repealed by R.1994 d.591, effective December 5, 1994.

See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).