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Thompson
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others, I know
do you?*



State of New Jersey

DEPARTMENT OF INSTITUTIONS AND AGENCIES

TRENTON 7

September 2, 1955.

Mr. Robert J. Burkhardt
Executive Secretary to the Governor
State House, Trenton

Dear Mr. Burkhardt:

I am enclosing herewith the following Rules and Regulations and Supplement to Regulations of the Bureau of Assistance:

1. Supplement to Regulation 2.301 (Hospitalization).
2. Supplement No. 1 to Ruling No. 7 (Inter-office Procedures for Fair Hearings).
3. Ruling No. 18, Relationship of Old Age and Disability Assistance Programs to the State Division of Employment Security.
4. Supplement No. 2 to Ruling No. 27, Clearance with OASI to Determine Eligibility for "Disability Freeze" of Clients of County Welfare Boards.

Very truly yours

John W. Tramburg
John W. Tramburg,
Commissioner

JWT:5

Enc.

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

BUREAU OF ASSISTANCE

Municipal Aid
REGULATION # 2.301B

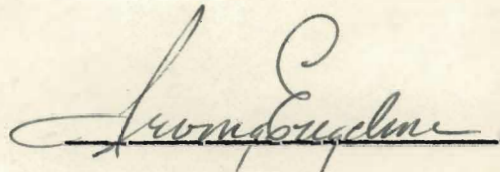
ISSUED: 9/15/55
(Date)

REV.: _____
(Date)

TITLE: Standards

SUBJECT: Hospitalization (Supplement to 2.301)

STATUTORY REFERENCE: R.S. 44:8-111

 , Chief

Bureau of Assistance

Date: August 30, 1955

Approved:

By: _____

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

TITLE: STANDARDS
SUBJECT: HOSPITALIZATION

Amendment This regulation is an amendment to, and shall become a part of Regulation 2.301 (Rev. 1/1/48).

In the second paragraph the second sentence shall be amended to read: "In-patient cases receiving care for a period exceeding 30 days must be referred to the Bureau for special approval."

Form H2 To simplify the process of requesting and securing such special approval, and in order to obtain more adequate information as the basis for making a decision, the Bureau has developed the attached Form H2.

An initial supply of this form is being forwarded to you under separate cover. For the present the Bureau will supply additional copies to you upon request. After the form has been tested and revised, if experience so indicates, arrangements will be made for printing of the form by the Bureau of State Use.

Use of Form H2 Approval by the Bureau of Assistance for extension of hospitalization beyond 30 days is requested on Form H2 and submitted in duplicate.

Whenever the hospital wishes authorization for extension of hospitalization beyond 30 days, the hospital shall initiate a request for such authorization not later than the 30th day from the date of initial referral to the agency for hospitalization. The hospital shall complete Section I of Form H2 in duplicate, and it shall be validated by the signature of a licensed physician, employed by or on the staff of the hospital who is familiar with the patient's condition. Both copies shall then be transmitted forthwith to the municipal welfare department.

The director of welfare shall review the report of the hospital on Form H2, and determine for what period of time, if any, he is willing to extend authorization. He will then complete the social information about the client in the box at top of form, and Section II, and submit both copies to the Bureau within 5 days from receipt of the request from the hospital.

The Bureau will record its decision in Section III of Form H2, return one copy to the municipal director, and retain the second for its files.

Use of Form H2 will in most instances make it unnecessary for the hospital, the municipal director and the Bureau to prepare letters in connection with special approval for extended hospitalization.

Hospitalization (Continued)Instructions
to Hospitals

It will be the responsibility of the municipal welfare department to arrange for making these procedures known, and interpreting them to the respective hospitals to which allowances for hospitalization are made.

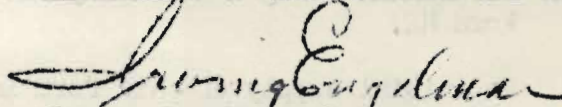
It is suggested that the municipal departments make a stock supply of Form H2 available to those hospitals from which it regularly receives referrals, and to other hospitals for individual cases promptly upon request.

Effective
Date

This amendment shall be effective immediately.

All other provisions of 2.301 (as amended by 2.301A, dated 1/1/53) shall remain in effect without change.

DEPARTMENT OF INSTITUTIONS AND AGENCIES



Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved: 8/25/55

Elmer V. Andrews

Director of Welfare

Official Regulation 2.301B

(Supplement to 2.301 revised 1/1/48)

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

9/15/55

Form H2

AUTHORIZATION FOR CONTINUED CARE IN GENERAL HOSPITAL BEYOND 30 DAYS

Name of Hospital _____

(To be completed by Municipal Welfare Department)

Case Name _____ Registration No. _____

Home Address _____
(Street) (Municipality) (County)

Birthdate (or age) _____ Sex: M F Veteran: Yes No
(Circle correct letter) (Circle correct word)

Allowance for hospitalization first granted as of _____.

Describe living arrangements at time of admission to hospital: _____

I. REQUEST AND CERTIFICATION BY HOSPITAL

Authorization by the Municipal Welfare Department is requested for continued hospitalization of this patient on and after _____ for a period of approximately _____

Patient _____ Hospital No. _____

Current Admission Date to Hospital. _____

1. Diagnoses: (Complete)

2. Operation: (Include date, name of operation and part of body involved.)

3. Prognosis:

4. Degree of incapacity: Bedridden _____ Ambulatory _____. If ambulatory indicate: entirely independent _____; only with wheelchair _____, brace _____, crutches _____, cane _____, prosthesis _____, other (specify) _____.
Can patient dress self? Yes _____ No _____. Care for toilet needs? Yes _____ No _____.

5. Characteristics of major disability: Static (stable) _____;
Progressive _____; Improving _____.

6. Is patient now receiving any medication or treatment? (If so, give details) _____

7. Is surgery or other therapy contemplated? (If so give details) _____

8. Is continued medical care in hospital necessary? _____

9. Is continued nursing care in hospital necessary? _____

10. When is probable date of discharge? _____

(Over)

11. Will any special arrangements for continued medical or nursing care be necessary at time of discharge? Is so, describe in detail: _____.

12. Can this patient be adequately cared for now in: Nursing home _____, Boarding Home _____, Own home _____, Other facility (describe) _____.

COMMENTS: _____.

M. D.

(Official position)

Date: _____ Name of Institution _____

II. RECOMMENDATION AND REQUEST BY MUNICIPAL WELFARE DEPARTMENT

This department recommends and requests approval by the Bureau of Assistance for allowance of State aid with respect to continued hospitalization of this patient on and after _____ for a period of _____.

Date: _____

(Municipal Welfare Director)

III. DISPOSITION BY BUREAU OF ASSISTANCE

Allowance of State aid with respect to continued hospitalization is

☐ Approved for _____.

☐ Disapproved.

☐ Additional information is required as follows:

Recommendations and comments: _____

Date _____

(Medical Administrative Consultant)

To: _____, Director

Chief, Bureau of Assistance

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

BUREAU OF ASSISTANCE

REGULATION # _____

RULING NO. 7

ISSUED: _____
(Date)REV.: _____
(Date)

Supplement No. 1, issued 3/10/54

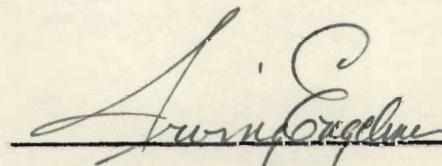
TITLE: Inter-Office Procedures for Fair Hearings

SUBJECT: _____

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

NOTE: Ruling No. 7, revised 6/18/48, Complaints, Appeals, and Fair Hearings, serves only the purpose of transmitting to the county welfare boards the "Statement of Policy and Procedure on Appeals and Fair Hearings" issued 6/4/48 by the State Board of Control. As the latter material was filed by the Division of Welfare, the Bureau did not file its transmitting Ruling No. 7.

Supplement No. 1, however, provides specific instructions only to county welfare boards in respect to Fair Hearings in Old Age and Disability Assistance.


_____, Chief
Bureau of Assistance

Date: August 30, 1955

Approved:

By: _____



State of New Jersey

DEPARTMENT OF INSTITUTIONS AND AGENCIES

TRENTON 8

BUREAU OF ASSISTANCE
148 WEST STATE STREET

March 10, 1954

TO. COUNTY WELFARE DIRECTORS

As the result of experience the current procedures for initiating a Fair Hearing, for collating the necessary data and conducting the Hearing have evolved.

In order that the several offices concerned may have a clear understanding of the responsibilities of each office, the Bureau is issuing the attached Supplement No. 1 to Ruling No. 7, Inter-office Procedures for Fair Hearings. Additional copies for distribution to staff are being forwarded under separate cover.

This ruling incorporates procedures which have been in use for some time, but if there are questions please consult your field representative or communicate with the Bureau.

Very truly yours

DEPARTMENT OF INSTITUTIONS AND AGENCIES

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

MPD/MCRd

Approved: 3/10/54
Elmer V. Andrews
Director of Welfare

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

March 10, 1954

SUPPLEMENT NO. 1 TO RULING NO. 7

INTER-OFFICE PROCEDURES FOR FAIR HEARINGS

Old Age Assistance and Disability Assistance

Statement of Principles

The State Board of Control of the Department of Institutions and Agencies has established the principle that a Fair Hearing shall be held within thirty days of an appeal from any person eligible for such hearing, and that such person shall be notified not less than seven days in advance of the date set for the hearing. These principles are set forth in Ruling No. 7, Complaints, Appeals, and Fair Hearings.

On the basis of experience a practical definition of a Fair Hearing appellant has been developed as follows: An appellant is a person whose complaint is related to the current receipt of assistance, or to failure on the part of the county welfare board to act promptly on a pending application (30 days in OAA and 60 days in DA), or to denial of an application, or to the discontinuance of assistance payments within the past three months, and whose communication indicates that he wishes an opportunity to present his case to the ultimate State authority.

If the complaint relates to denial of an application or to the discontinuance of assistance payments more than three months prior to the date of the appeal, the person shall be considered ineligible for a Fair Hearing at this point and shall be advised that the county welfare board will reconsider his eligibility through the re-application process. The county welfare board shall be notified of the complaint and be directed to register a re-application and proceed with prompt redetermination of eligibility.

In order to comply with the time limits for scheduling a Fair Hearing, it is incumbent upon the personnel of the county and Department offices involved to give each appeal immediate attention.

Procedures

To expedite collation and analysis of necessary material and to complete arrangements for a Fair Hearing, the following procedures are established:

Referral from State Director of Welfare to Bureau

Upon receipt of an appeal for a Fair Hearing, the State Director of Welfare immediately advises the Bureau of Assistance, furnishing a copy of the appeal letter and giving the date and time set for the hearing.

Identification of Case Status

Within the Bureau the appropriate Field Representative is responsible for collating data and completing arrangements for the Fair Hearing as follows:

1. He clears the client's name in Bureau files to determine the status of the case, consulting the county welfare board if necessary and advises

3/10/54

the office of the State Director of Welfare as to whether the client appears to be eligible for a Fair Hearing.

2. If it is decided the client is not entitled to a Fair Hearing at this point, the State Director of Welfare will notify the client and the county welfare board regarding redetermination of eligibility through the re-application process.

3. If the client appears to be entitled to a Fair Hearing, the ensuing procedures will be as follows:

I. Fair Hearing Appeals in Old Age and Disability Assistance NOT Related to Factors of Permanency and Totality of Disability

A. The Field Representative

1. Advises the office of the county welfare board of the Fair Hearing date;

2. Requests a summary in duplicate of the facts in the case, together with commentary on what the county welfare board considers the issue(s) in the complaint;

These steps are completed within one week of receipt of the appeal.

3. Upon receipt of the case summary from the county welfare board, the Field Representative reviews the facts and prepares an analysis relating the facts to State law, policy and procedure.

If he finds that there is a possibility of adjustment of the client's complaint, he will discuss this possibility with the county director. If as a result, a satisfactory adjustment is reached between the county welfare board and the client and the client wishes to withdraw his request for a Fair Hearing, he does so in writing to the State Director of Welfare, either directly or through the county welfare board.

4. The State Director of Welfare is kept currently informed of any developments affecting the Fair Hearing and receives copies of the county case summary and the Field Representative's analysis, etc.

5. When a Fair Hearing is held the Field Representative acts as the official representative of the Bureau of Assistance.

B. The State Director of Welfare

1. Notifies the client in writing of the Fair Hearing date set, transmitting copies to the Bureau and to the county director of welfare.

2. In the event of receipt of a withdrawal of the request, he also notifies the client, the Bureau and the county director of welfare.

II. Fair Hearing Appeals in Disability Assistance Related to Factors of Permanency and Totality of Disability

A. If after the Field Representative has cleared the case in the Bureau files, it is determined that the issue is related to denial on the basis that the client was not permanently and totally disabled he

1. Notifies the Medical Service Section and the county director of welfare by telephone that the Fair Hearing is pending;
2. Requests the county director to forward the medical and social records on which the determination of disapproval was based;
3. Requests the county director to determine and advise him whether the Fair Hearing can be held at the office of the Department in Trenton, and if so, to make necessary arrangements therefor, or if not, whether it can be held at the county welfare board office, or must be held in the client's home;
4. Sets a tentative date for the Fair Hearing.
5. Upon receipt of the medical and social records, transmits them to the Medical Service Section for review and determination of whether the data is adequate or must be supplemented, and whether the tentative date is satisfactory or a postponement is to be requested.
6. Advises the State Director of Welfare of the situation.

These steps are completed within one week of receipt of the appeal.

7. If the data necessary for the hearing cannot be secured within the thirty day limit, the Field Representative requests the county welfare board to secure, if possible, a voluntary written request from the client for postponement, after explaining the reason to him. The county director notifies the Field Representative by telephone as soon as a decision is made by the client regarding postponement. If the request for postponement has been secured, it is forwarded to the Field Representative.

If the client refuses to request postponement, the Fair Hearing will be held on the originally scheduled date regardless of the possible inadequacy of the data.

8. The Field Representative notifies the State Director of Welfare of the situation, and if there is to be a postponement the State Director notifies the client of the new date, sending copies to the Bureau and the county director of welfare.

B. The Medical Service Section

1. Prepares an analysis relating the facts and issues to State law, policy and procedure for the State Director of Welfare.
2. If, after analysis, the Medical Service Section finds there is no need for a Fair Hearing because the disapproval by the Bureau was based on

3/10/54

improper application of, or a questionable interpretation of, applicable law, policy or procedure, the Section will

a) Prepare a new Record of Action (Form DA-2a), approving the client as permanently and totally disabled;

b) Return the case reports to the county welfare board, directing that a re-application be registered.

3. In such instance the State Director of Welfare will, as soon as he is advised of the Bureau's action, notify the client of the reversal of decision on his eligibility on the permanent and total disability factor and advise him that the county welfare board is registering a re-application for him. Copies of such notice will be sent to the Bureau and to the county director of welfare.

4. When a Fair Hearing is held the Medical Administrative and Medical Social Work Consultant, as well as the Field Representative, act as official representatives of the Bureau of Assistance.

Fair Hearing Decision

1. Following approval by the Commissioner of Institutions and Agencies, the State Director of Welfare notifies the client of the decision and sends copies to the county welfare board, the Bureau and to the Regional Representative of the Federal Security Agency.

2. It is the responsibility of the Bureau to determine that the Fair Hearing Decision is carried out whenever action is required of the county welfare board by the decision, and to report to the State Director of Welfare.

Within thirty days of the date the client was advised of the decision, the Field Representative shall inquire of the county director about the status of the case, and advise the Bureau and the State Director of Welfare whether the required action has been accomplished.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

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

Approved: 3/2/54
Elmer V. Andrews
Director of Welfare

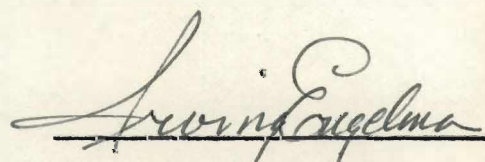
Ruling Series.
Supplement No. 1 to Ruling No. 7. Insert in Handbook under Section
"Rulings and Bulletins."

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

BUREAU OF ASSISTANCE

REGULATION # _____
RULING NO. 18ISSUED: July 19, 1954
(Date)REV.: _____
(Date)TITLE: Relationship of Old Age and Disability Assistance Programs
to the State Division of Employment Security

SUBJECT: _____

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

Bureau of Assistance

Date: August 30, 1955

Approved:

By: _____



State of New Jersey

DEPARTMENT OF INSTITUTIONS AND AGENCIES

TRENTON 8

BUREAU OF ASSISTANCE
148 WEST STATE STREET

July 19, 1954

TO: COUNTY WELFARE DIRECTORS

Re: Ruling No. 18

Enclosed is Ruling No. 18, Relationship of Old Age and Disability Assistance Programs to the State Division of Employment Security (Unemployment Insurance, Temporary Disability Benefits, Employment Service).

Attached to the Ruling are sample copies of the six forms used by the Division of Employment Security which are referred to in the Ruling.

In addition, an initial supply of Form NJES570, Agency Introduction Card (see Section II. B.3. for instructions) is being forwarded for your use. Further supply of this form may be secured from the Local Employment Office.

You are requested to see that staff reviews this new Ruling, and to consult your field representative if there are questions about the policy or procedures.

This Ruling is effective immediately.
Insert in Handbook under Section "Rulings and Bulletins".

Very truly yours,

DEPARTMENT INSTITUTIONS AND AGENCIES

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

MPD:MRC

Approved: 7/19/54
Elmer V. Andrews,
Director of Welfare

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

July 19, 1954

RULING NO. 18

RELATIONSHIP OF OLD AGE AND DISABILITY ASSISTANCE PROGRAMS
TO THE STATE DIVISION OF EMPLOYMENT SECURITY
(Unemployment Insurance, Temporary Disability Benefits, Employment Service)

INTRODUCTION

Functions of the Division of Employment Security

The Division of Employment Security within the State Department of Labor and Industry is responsible for the administration of the Unemployment Insurance and Temporary Disability Benefits programs, and for the operation of the State Employment Service.

The Division maintains 36 local offices and provides itinerant services at necessary points, which vary from time to time with economic conditions, on specified days or during specified seasons of the year. Assistance agencies can obtain copies of a published list of the local and itinerant offices from the Division of Employment Security, 28 West State Street, Trenton 8, New Jersey.

Purpose of Regulation

This regulation provides general information about the benefits and services administered by the Division of Employment Security; sets forth a statement of policy in respect to eligibility for assistance of persons eligible for or receiving such benefits and services; and describes the procedural relationships between the Division and the county welfare boards which are to be observed.

I. UNEMPLOYMENT INSURANCE AND TEMPORARY DISABILITY BENEFITS

Eligibility
for
Benefits

A. Eligibility for Benefits; Applications

Welfare directors and their staffs are expected to familiarize themselves with the general rules of eligibility for receipt of Unemployment Insurance and Temporary Disability Benefits, payment provisions and duration of weekly payments for persons who have been engaged in "covered" employment.

Where to
Apply-U.I.

Claims for Unemployment Insurance Benefits are filed at the appropriate local office of the State Employment Service.

T.D.B.

Temporary Disability Benefits are provided under two plans. Some employers operate a Private Plan covered by private insurance companies. Other employers participate in the public or State Plan for Temporary Disability Benefits.

Private or
State Plan

Ruling No. 18, Relationship OA and DA to Div. Emp. Security, 7/19/54.

Where to
Apply-T.D.B.

Claims under a Private Plan are normally filed with the person's employer.

Claims for Temporary Disability Benefits under State Plan are filed with the Disability Insurance Service, Division of Employment Security, 20 West Front Street, Trenton 10, New Jersey. The local Employment Offices do not administer nor have any records relating to the Temporary Disability Benefits program.

Claim
Forms

Forms for filing claims under the State Temporary Disability Benefits program may be obtained from employers, physicians, Unions, and the local Employment Offices.

Eligi-
bility
for
Assist-
ance

B. Eligibility for Assistance in Relation to Benefits

1. Refusal to Apply for Benefits

A person who appears to be eligible for either Unemployment Insurance or Temporary Disability Benefits and who refuses or neglects to apply for such benefits is ineligible to receive assistance.

Assistance
Pending Re-
ceipt of
Benefits;
Continued
Assistance

2. Assistance Pending Receipt of Benefits; Continued Assistance

In the determination of eligibility for assistance, or continued assistance, Unemployment Insurance and Temporary Disability Benefits shall be considered as a resource in accordance with the provisions of chapter 500 of the Budget Manual.

C. Verification of Status of Claim

Verifica-
tion of U.I.

1. Unemployment Insurance

a. Information Available from Client

Informa-
tion Avail-
able from
Client

A claimant for Unemployment Insurance benefits receives an "Applicant Identification Card" (Form NJES 506) indicating that he has filed a claim for benefits and the date of the claim.

As soon as possible thereafter, if he has the required minimum earnings and weeks of employment during the base period he will receive Form BC-3A, "Notice to Claimant of Benefit Determination", which indicates the number of weeks and amount of benefits to which he may be entitled if he meets all eligibility requirements. If he does not have minimum base period requirements, he will receive Form BC-5, "Notice to Claimant of Invalid Claim for Unemployment Benefits".

Ruling No. 18, Relationship OA and DA to Div. Emp. Security, 7/19/54.

When the claimant is paid his first week of benefits he receives Form BC-7, a booklet containing continued claims for Unemployment Benefits, one of which is removed from the booklet for each subsequent week of eligibility established by the claimant.

If the claimant to whom Form BC-3A has been issued is found ineligible or disqualified, he is given Form BC-26B, "Notice to Claimant of Nonmonetary Determination", showing the duration of the ineligibility or disqualification.

If the person does not possess Form BC-5 or Form BC-26B and if he has not exhausted his benefits for the current benefit year, it should be assumed that he is receiving, or is entitled to receive Unemployment Insurance benefits; or that the potential payment of benefits has been delayed because the claim is pending further investigation.

It should be possible for the agency to secure from the client all the necessary information about his eligibility for and receipt of unemployment insurance benefits.

Inquiry
to Local
Office
N.J.State
Employment
Service

b. Inquiry to Local Office, N.J.State Employment Service

In those instances when a client cannot provide the information and fails in his efforts to secure it himself, or when there is reason to believe that the client is furnishing inaccurate or incomplete information, the agency may address an inquiry in writing to the appropriate local office of the New Jersey State Employment Service. Requests must be limited to specific information relating to the client's eligibility for benefits or the status of his claim. Routine requests for such information shall not be made. No requests shall be addressed directly to the State office of the Division of Employment Security regarding Unemployment Insurance benefits.

Verifica-
tion Tem-
porary Dis-
ability
Benefits

2. Temporary Disability Benefits

Unlike claimants for Unemployment Insurance benefits, persons who have filed for Temporary Disability are not provided with proof of application for benefits.

Inquire First
of Client

a. Inquire First of Client

It is the responsibility of the client to notify the agency of the status of his claim for benefits. The agency shall inquire from him whether he is covered under

Ruling No. 18, Relationship OA and DA to Div. Emp. Security, 7/19/54.

Private Plan or State Plan. If the client has not notified the agency of action on his claim and it is time to issue a second assistance payment, the agency shall make further inquiry of him before releasing the payment.

b. Direct Inquiry on Private Plan and State Plan

Inquiry to
Employer -
Private Plan

If the client has not received payment, or notice of ineligibility for benefits, a direct inquiry in writing shall be sent to the employer if the claim has been filed under Private Plan, or, if under State Plan, to the Superintendent, Disability Insurance Service, Division of Employment Security, 20 West Front Street, Trenton 10, N. J., concerning the status of the claim. In such instances assistance shall be continued until receipt of a reply and further action taken upon receipt of a reply appropriate to the nature of the reply. Inquiries shall not be made on a routine basis, and no inquiries concerning Temporary Disability Benefits are to be sent to the local offices of the Employment Service.

Inquiry to
State Office-
State Plan

II. STATE EMPLOYMENT SERVICE

A. Types of Service Available

Employ-
ment In-
formation
and Regis-
tration
Service

1. Employment Information and Registration Service

The local offices of the State Employment Service have information about many local job opportunities. In addition, the local offices know of many job openings throughout the State and even in other nearby States. While not all employers register job openings with the New Jersey State Employment Service, the available jobs cover a wide variety of occupations including professional, skilled, semi-skilled and unskilled labor, clerical, sales and service occupations.

Place-
ment
Service

2. Placement Service

An important two-fold function of the New Jersey State Employment Service is to help unemployed persons who register for work to find a job suitable to their training and experience, and at the same time to help employers to fill job openings by referring persons who appear to meet the qualifications of specific jobs. Information secured from registrants in an employment interview is kept on file. As job openings are received for which an individual appears qualified, he is notified where to apply for the job.

Counsel-
ing and
Testing
Service

3. Employment Counselling and Testing Service

An additional service offered by the New Jersey State Employment Service is that of counselling with persons and

Ruling No. 18, Relationship OA and DA to Div. Emp. Security, 7/19/54

testing for occupational skills of persons with disabilities or other problems which affect employability. Many persons are helped through this special service to secure full time or limited employment which they can do in spite of handicapping conditions.

Assistance

B. Assistance Policy on Registration for Employment

Policy on Registration

1. General Policy

An important principle of public assistance is to encourage and assist all needy persons to become as self-sufficient as possible within the limits of their physical and mental capacities. The agency shall become familiar with and make full use of the services offered by the New Jersey State Employment Service in helping assistance clients who are able to work to find suitable employment.

Old Age Assistance

2. Policy in Old Age Assistance

Persons applying for or already receiving Old Age Assistance who are able-bodied or who express an interest in securing employment, should be encouraged to register with the appropriate local office of the New Jersey State Employment Service. While job opportunities for this age group may be limited, the Employment Service will make a special effort to place older persons by counselling with them and by encouraging employers to give them an opportunity to demonstrate their value on a job. However, failure to register for employment shall not be a bar to the receipt of Old Age Assistance by otherwise eligible persons.

An Old Age Assistance client who is registered for employment does not automatically become ineligible for assistance by reason of such registration or by reason of securing employment, and may continue to receive assistance in accordance with need, unless and until his earnings (together with any other resources) are sufficient to meet need or he becomes ineligible for some reason unrelated to need.

Disability Assistance

3. Policy in Disability Assistance

When, in the opinion of the Medical Service Section of the Bureau, an applicant for or recipient of Disability Assistance, has sufficient physical and mental capacity to seek employment, the welfare board will be directed to refer such client to the appropriate office of the New Jersey State Employment Service for counselling and placement. The Medical Service Section will instruct the welfare board to complete duplicate copies of Form NJES-570, Agency Introduction Card.

Ruling No. 18, Relationship OA and DA to Div. Emp. Security, 7/19/54.

One card will be given to the client; the other will be mailed to the appropriate Employment Office together with specified data from the medical record. This data will enable the Employment Office to conduct an employment counselling interview with the client, and in most instances to evaluate his capacity for work without further medical examination.

Report
from Em-
ployment
Service

Following the interview, the Employment Office will advise the welfare board whether or not it has accepted a registration for employment from the client. In some instances the Employment Office may also send a copy of its evaluation of the client's capacity for work. Any such evaluation report shall be included with material submitted to the Medical Service Section at any subsequent review of the case by the Bureau.

Failure on the part of a Disability Assistance client, for whom such referral is recommended, to appear for an interview at the New Jersey State Employment Service within 30 days of instruction to appear, shall make him ineligible to continue to receive Disability Assistance. A Disability Assistance client who is registered for employment does not automatically become ineligible for assistance by reason of securing employment, and may continue to receive assistance, in accordance with need, until there has been a specific determination by the Medical Service Section that he is no longer permanently and totally disabled, or unless and until his earnings (together with any other resources) are sufficient to meet need or he becomes ineligible for some reason unrelated to need.

Register
at Local
Office

C. Registration Procedure

1. Register at Local Office

A person registers for employment by going in person to the local office of the New Jersey State Employment Service covering the area in which he lives.

Regis-
tration
Period

2. Registration Period

Registration is good for a period of 60 days but it is advisable for the person to inquire about possible job openings at frequent intervals. If the person has not secured work by the end of the 60 days he must renew his registration.

Ruling No. 18, Relationship OA and DA to Div. Emp. Security, 7/19/54.

Unemploy-
ment In-
surance
Claimants
Automati-
cally Reg-
istered

3. Unemployment Insurance Claimants Automatically Registered

Persons who have filed claim for Unemployment Insurance benefits are automatically registered for employment. Registration for these persons is continued by the New Jersey State Employment Service until the person secures employment or until the end of the benefit payment period. If the person has not secured employment by the end of his benefit payment period it is necessary for him to renew registration for employment in order to continue to receive referrals for job openings.

Verifi-
cation
Available
from
Client

D. Verification of Registration

1. Verification Available from Client

The person who registers for employment is given a card (Form NJES 506) showing the date of his registration. The agency may ask the client to show this card as verification that he has registered for employment.

Inquiry
to Local
Office
N.J.S.E.S.

2. Inquiry to Local Office of New Jersey State Employment Service

In those instances when a client cannot provide proof of registration or information about referral to jobs, or when there is reason to believe that the client is furnishing inaccurate or incomplete information, the agency may address an inquiry in writing to the appropriate local office of the New Jersey State Employment Service. Requests must be limited to specific information regarding registration of the person or referrals for employment. The New Jersey State Employment Service is not in a position to answer questions about the client's possibility of securing employment, nor will that agency furnish data about wages, etc. Routine inquiries for information regarding registration and referral for employment shall not be made.

DEPARTMENT INSTITUTIONS AND AGENCIES

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

Approved: July 19, 1954
Elmer V. Andrews
Director of Welfare

Ruling Series
No. 18 Insert in Handbook under Section "Rulings and Bulletins".

IMPORTANT

1. Report at the Employment Office when and as directed.
2. Bring this card with you each time you report at the Employment Office.
3. Notify the Employment Office promptly of any change in your address or telephone number.
4. You must renew your registration for work each sixty days.

APPLICANT IDENTIFICATION CARD

STATE OF NEW JERSEY
DEPARTMENT OF LABOR AND INDUSTRY
DIVISION OF EMPLOYMENT SECURITY
NEW JERSEY STATE EMPLOYMENT SERVICE
AFFILIATED WITH
UNITED STATES EMPLOYMENT SERVICE

NJES-506 (R-6-53)



☐ Discharge for misconduct connected with your work

☐ Remuneration in lieu of notice

☐ YOU ARE ELIGIBLE WITHOUT DISQUALIFICATION.

BASIS FOR THE DETERMINATION CHECKED ABOVE

State of New Jersey
Department of Labor and Industry
DIVISION OF EMPLOYMENT SECURITY

SOCIAL SECURITY ACCT. NO.

During your employment and wages in the base year, and
employers subject to the law, it has been determined that

benefit rate multiplied by \$ _____
Tentative (over)

On the basis of your employment record with this and other employers, you may become entitled to receive in your benefit year \$ _____

Tentative (over)

Any appeal from the determination covered by this notice must be made at the local employment office within seven (7) days after the date of the delivery of the notice or within ten (10) days after the date of the mailing of the notice.

DATE OF
DELIVERY:
MAILING:

DEPUTY:

NEW JERSEY DIVISION OF EMPLOYMENT SECURITY

FROM _____ UNTIL you earn in
the law) with a New Jersey employing unit at
WHICH YOU LEFT YOUR WORK VOLUNTARILY WITHOUT

FROM _____ TO _____

☐ Failure, without good cause, to accept or apply for suitable work

RIGHT OF APPEAL

Any appeal from the determination covered by this notice must be made within seven (7) days after the date of the delivery of the notice or within ten (10) days after the date of the mailing of the notice.

READ CAREFULLY IMPORTANT NOTICE ON OTHER SIDE.

DATE OF
DELIVERY:
MAILING:

DEPUTY:

IMPORTANT

1. Report at the Employment Office when and as directed.
2. Bring this card with you each time you report at the Employment Office.
3. Notify the Employment Office promptly of any change in your address or telephone number.
4. You must renew your registration for work each sixty days.

APPLICANT IDENTIFICATION CARD

STATE OF NEW JERSEY
DEPARTMENT OF LABOR AND INDUSTRY
DIVISION OF EMPLOYMENT SECURITY
NEW JERSEY STATE EMPLOYMENT SERVICE
AFFILIATED WITH
UNITED STATES EMPLOYMENT SERVICE

Name

Address

SS
No. Age

1.
Occupational
Titles and
Codes
2.
3.

Report to: New Jersey State Employment Service

UNEMPLOYMENT TEMPORARY Must Register on		Dates of Registration and Extension	

New claim for unemployment benefits filed

TO THE CLAIMANT

1. Your first reporting day is:

Date At

2. Read carefully "A Claimant's Responsibility."

Claims Agent
Signature of Applicant

L. O. No.

FIRST DAY OF BENEFIT YEAR

CLAIMANT'S NAME

SOCIAL SECURITY ACCT. NO.

TO THE CLAIMANT: On the basis of the available information covering your employment and wages in the base year, and assuming that such employment was with employers subject to the law, it has been determined that

1. Your weekly benefit rate is . . . \$ _____.
2. On the basis of your employment record with the employer named herein, you may become entitled to receive in your benefit year an amount equal to your weekly

benefit rate multiplied by _____ \$ _____ Tentative (over)

3. On the basis of your employment record with this and other employers, you may become entitled to receive _____ \$ _____ Tentative (over)

Any appeal from the determination covered by this notice must be made at the local employment office within seven (7) days after the date of the delivery of the notice or within ten (10) days after the date of the mailing of the notice.

DATE OF DELIVERY:
MAILING:

DEPUTY:

NEW JERSEY DIVISION OF EMPLOYMENT SECURITY

E
M
P
L
O
Y
E
R

NEW JERSEY REGISTRATION NO.

FORM BC-2A

(6-52)

NOTICE TO CLAIMANT OF BENEFIT DETERMINATION

1

TO THE CLAIMANT:

On the basis of the available information with respect to your employment and wages in the base year (53) calendar weeks immediately preceding the date of your claim, it

SOCIAL SECURITY ACT. NO.

has been determined that your initial claim for unemployment benefits, dated , is INVALID BECAUSE IN THE BASE YEAR THERE WERE FEWER THAN SEVENTEEN (17) CALENDAR WEEKS IN WHICH YOU EARNED FIFTEEN DOLLARS (\$15.00) OR MORE IN EMPLOYMENT COVERED BY THE UNEMPLOYMENT COMPENSATION LAW OF NEW JERSEY. Since your claim is invalid, you are not eligible to receive unemployment benefits at this time.

If you were in the armed forces of the United States within the base year, consideration was given, in arriving at this determination, to any covered employment which you had prior to your induction, as required by the provision of the Law with respect to "Inductees' Benefit Rights".

RIGHT OF APPEAL:

Any appeal from the determination covered by this notice must be made at the local employment office within seven (7) days after the date of the delivery of the notice or within ten (10) days after the date of the mailing of the notice.

C	
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A	
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T	

DATE OF DELIVERY: _____
MAILING: _____ DEPUTY: _____

NEW JERSEY DIVISION OF EMPLOYMENT SECURITY

FORM BC-7 (R-1-53)
STATE OF NEW JERSEY
DEPARTMENT OF LABOR AND INDUSTRY
DIVISION OF EMPLOYMENT SECURITY

UNEMPLOYMENT BENEFIT CERTIFICATES

REPORTING DAY AND TIME:

AT

This booklet of detachable coupons will serve as your identification whenever you report at the local employment office to claim benefit payments.

The number of coupons in this booklet does not mean that you will receive that many payments. A check will be issued for any week claimed *only* if you were unemployed, able to work, available for and actively seeking work and report to the local office as directed.

THIS CLAIM EXPIRES

DO NOT USE FOR INTERSTATE CLAIMS

[illegible]

COUPONS ARE NOT TO BE USED FOR DISABILITY CLAIMS

If you become sick or disabled while unemployed and are under the care of a legally licensed physician, dentist or chiroprapist, you may be eligible for disability benefits.

In order to claim such benefits, mail immediately Form DS-1, Proof and Claim for Disability Benefits. If you do not have this claim form it is available at Employment Service offices, union halls, hospitals, physicians, dentists and chiroprapists.

It is not necessary for you to report at your local Employment Service office to claim disability benefits.

It is important, if you are still unemployed, that you report at your Employment Service office the first day you are able to work after a period of disability.

DO NOT TEAR OUT COUPONS

DO NOT SIGN COUPONS EXCEPT IN THE PRESENCE
OF AN UNEMPLOYMENT INSURANCE AGENT
IN THE LOCAL EMPLOYMENT OFFICE

KEEP A RECORD OF ALL CHECKS RECEIVED.
ENTER COMPENSABLE WEEK ENDING DATE
SHOWN ON EACH CHECK IN COLUMN (1) ON
INSIDE FRONT COVER.

ALWAYS BRING THIS BOOK-
LET WITH YOU WHEN YOU
REPORT AT THE LOCAL EM-
PLOYMENT OFFICE.

DO NOT LOSE OR DEFACE
THIS BOOKLET. KEEP IT
UNTIL THIS CLAIM EXPIRES.
THEREAFTER, YOU MAY FILE
A NEW CLAIM.



Form BC-268 NOTICE TO CLAIMANT OF NONMONETARY DETERMINATION	(1-53)	SOCIAL SECURITY ACCT. NO.
NEW JERSEY DIVISION OF EMPLOYMENT SECURITY	NAME OF CLAIMANT	
	L.O. NO.	FIRST DAY OF BENEFIT YEAR

TO THE CLAIMANT: After careful examination and consideration of all information at hand with respect to your claim for unemployment benefits, it has been determined that:

☐ YOU ARE INELIGIBLE TO RECEIVE UNEMPLOYMENT BENEFITS FROM _____ TO _____
FOR THE REASON CHECKED BELOW:

- | | | |
|--|---|---|
| <input type="checkbox"/> Unavailable for work | <input type="checkbox"/> Unable to work | <input type="checkbox"/> Failure to meet reporting requirements |
| <input type="checkbox"/> Not actively seeking work | <input type="checkbox"/> Not unemployed | <input type="checkbox"/> |

(☐ You will continue to be ineligible as long as there is no change in the facts upon which this determination is based. If the facts change, you should apply to the local employment office nearest your home for re-assertion of your claim.)

☐ YOU ARE DISQUALIFIED FOR UNEMPLOYMENT BENEFITS FROM _____ UNTIL you earn in "employment" (as "employment" is defined in the law) with a New Jersey employing unit at least four times your weekly benefit rate BECAUSE YOU LEFT YOUR WORK VOLUNTARILY WITHOUT GOOD CAUSE.

☐ YOU ARE DISQUALIFIED FOR UNEMPLOYMENT BENEFITS FROM _____ TO _____
FOR THE REASON CHECKED BELOW:

- | | |
|--|--|
| <input type="checkbox"/> Discharge for misconduct connected with your work | <input type="checkbox"/> Failure, without good cause, to accept or apply for suitable work |
| <input type="checkbox"/> Remuneration in lieu of notice | <input type="checkbox"/> |

☐ YOU ARE ELIGIBLE WITHOUT DISQUALIFICATION.

BASIS FOR THE DETERMINATION CHECKED ABOVE

E M P L O Y E R		RIGHT OF APPEAL Any appeal from the determination covered by this notice must be made within seven (7) days after the date of the delivery of the notice or within ten (10) days after the date of the mailing of the notice. READ CAREFULLY IMPORTANT NOTICE ON OTHER SIDE.
	State of New Jersey Department of Labor and Industry DIVISION OF EMPLOYMENT SECURITY	DATE OF DELIVERY: MAILING: DEPUTY:

Form 10-100
 NOTICE TO CLAIMANT OF DETERMINATION

NEW JERSEY DIVISION OF EMPLOYMENT SECURITY

NAME OF CLAIMANT

DATE OF FIRST DAY OF BENEFIT YEAR

TO THE CLAIMANT: After careful examination and consideration of all information at hand with respect to your claim for unemployment benefits, it has been determined that:

☐ YOU ARE INELIGIBLE TO RECEIVE UNEMPLOYMENT BENEFITS FROM _____ TO _____ FOR THE REASON CHECKED BELOW:

☐ Involuntarily laid off
☐ Not actively seeking work
☐ Unable to work
☐ Not unemployed
☐ Failure to meet reporting requirements

☐ You will continue to be ineligible as long as there is no change in the facts upon which this determination is based. If the facts change, you should apply to the local employment office nearest your home for reconsideration of your claim.

IMPORTANT NOTICE

☐ YOU ARE DISQUALIFIED FOR UNEMPLOYMENT BENEFITS IF YOU ARE "EMPLOYED" (as "employment" is defined in the law) with a New Jersey employer while at the same time you are claiming unemployment benefits.

If you disagree with this determination, you may file an appeal at the local employment office of the Division listed on the other side. If it is impossible for you to appear at that office within the prescribed period, you may file an appeal by writing to that office. The records in your case will be referred to the Appeal Tribunal at Trenton, New Jersey, from which, in due course, you will receive further information.

☐ Ineligible for reasons other than those listed above
☐ Determination is final
☐ Failure to follow rules, or neglect to provide necessary work

☐ YOU ARE ELIGIBLE WITHOUT DISQUALIFICATION

BASIS FOR THE DETERMINATION CHECKED ABOVE

RIGHT OF APPEAL

Any appeal from the determination covered by this notice must be made within seven (7) days after the date of the mailing of the notice or within ten (10) days after the date of the mailing of the notice.

Also include important notice on other side.

 DATE OF
 RECEIPT
 MAILING

 State of New Jersey
 Department of Labor and Industries
 DIVISION OF EMPLOYMENT SECURITY

REPORT REQUESTED ☐ RECORD OF AGENCY ACTIONS DATE: _____

PLACEMENT BY (AGENCY): _____

NAME OF EMPLOYER: _____

ADDRESS: _____

OCCUPATION:	DATE OF EMPLOYMENT:	WEEKLY WAGE:
PHYSICAL CAPACITIES DATA:		
VOCATIONAL DATA:		
TEST RESULTS: (ATTACH OR FORWARD DETAIL)		
COMMENTS OR OTHER ACTION:		

OFFICE: _____

DATE: _____

TO: _____

ADDRESS: _____

INTRODUCING: _____

REFERRED _____

FOR: _____

PERSON TO _____

ON _____

SEE: _____

DATE: _____

SIGNATURE OF AGENCY _____

REPRESENTATIVE: _____

AGENCY INTRODUCTION CARD

FORM NJES-570 (3-51)

STATE OF NEW JERSEY
DEPARTMENT OF LABOR AND INDUSTRY
DIVISION OF EMPLOYMENT SECURITY
NEW JERSEY STATE EMPLOYMENT SERVICE
AFFILIATED WITH UNITED STATES EMPLOYMENT SERVICE

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

BUREAU OF ASSISTANCE

REGULATION # _____

RULING NO. 27

ISSUED: _____
(Date)REV.: _____
(Date)

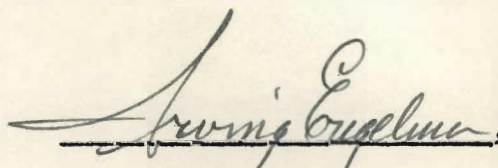
Supplement No. 2 issued 4/12/55

TITLE: Clearance with OASI to Determine Eligibility
for "Disability Freeze" of Clients of County Welfare Boards

SUBJECT: _____

STATUTORY REFERENCE: 44:7-6

Note: Ruling No. 27 revised 9/15/54, and Supplement No. 1, issued 12/9/54 have not been filed since these contained instructions covering a specific period of time. Both will eventually be cancelled when the entire policy regarding Old Age and Survivors Insurance is revised. At that time it will also include material now provided in Bulletin No. 31, issued 12/7/45, which has been submitted for filing.

 , Chief

Bureau of Assistance

Date: August 30, 1955

Approved:

By: _____



State of New Jersey
DEPARTMENT OF INSTITUTIONS AND AGENCIES
TRENTON 8

BUREAU OF ASSISTANCE
148 WEST STATE STREET

April 12, 1955

TO: COUNTY WELFARE DIRECTORS

Attached is one copy of Supplement No. 2 to Ruling No. 27, Clearance with OASI to Determine Eligibility for "Disability Freeze" of Clients of County Welfare Boards. Additional copies for distribution to staff are being mailed under separate cover.

With this copy is one pamphlet "Facts for Those Who Are Disabled." Additional copies of the pamphlet may be secured from the district offices of OASI.

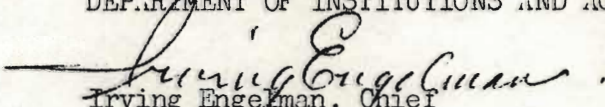
You will note that a sample copy of the Federal Referral Form is attached to the Supplement No. 2 and that you are to obtain supplies of this form from the district office of OASI.

The Bureau will no longer be able to provide the county welfare boards with Form OA-20 and you are requested to prepare these for your own use.

There has not been an opportunity to discuss these instructions with the welfare directors in draft form. Any questions should be directed to your Field Representative or directly to the Bureau by telephone or correspondence.

Yours truly,

DEPARTMENT OF INSTITUTIONS AND AGENCIES


Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved: 4/12/55
Elmer V. Andrews
Director of Welfare

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

SUPPLEMENT NO. 2 TO RULING NO. 27

CLEARANCE WITH OASI TO DETERMINE ELIGIBILITY FOR
"DISABILITY FREEZE" OF CLIENTS OF COUNTY WELFARE BOARDS

Provisions of Law The 1954 amendments to the Social Security Act include provisions referred to as the "disability freeze." These provisions will permit benefit increases for some current OASI beneficiaries who had become disabled before reaching age 65; and they protect the future benefit rights of disabled workers under 65 who have had at least 5 years of work in covered employment, and the benefit rights of their survivors.

Effective Date The new provisions of the law become operative on July 1, 1955, but applications for disability determinations may be made prior to that date. It is advisable for all such applications to be initiated as promptly as possible.

Special Clearance Plan In order to give prompt service to agencies who are in direct touch with identifiable groups of disabled persons, the Bureau of Old Age and Survivors Insurance will give priority clearance to cases referred by such agencies.

The clearance will consist of two steps as follows:

- Procedures
1. All clients referred will have their wage records checked against the central files in Baltimore. For this purpose the welfare board will prepare one copy of the special referral form (see sample attached), supplies of which will be obtained from the nearest district office of OASI, and send to the district office, together with three copies of Form OA-20.
 2. If the wage record clearance shows the client has the required 5 years in covered employment, the OASI district office will be notified, and it in turn will notify the client, inform him of the disability freeze provisions, and assist him in filing an application for a disability determination. The welfare board has no responsibility at this point, nor for the disability determination.
 3. If the client is determined to be eligible for the disability freeze, the OASI district office will notify the client and will inform the welfare board by returning one copy of the OA-20.

Determination of eligibility for any person already receiving OASI benefits will generally result in an increase in his OASI benefits beginning with July 1955.

4. Clients whose wage records do not entitle them to apply for disability determination will not be notified by OASI, but form OA-20 will be returned with this information to the welfare board.

Supplement No. 2 to Ruling No. 27

Procedures
(Contd)

5. Clients who fail to apply for disability freeze eligibility determination following notice from OASI will receive one follow-up notice. If and when the welfare board receives information from OASI of failure of the client to apply, a visit shall be made by the caseworker to ascertain the reason for his failure, to interpret the provisions and possible benefits, and to assist the client, if necessary, in filing his application.

Potentially
Eligible
Groups

Four identifiable groups of categorical assistance clients (whether recipients or applicants) are potentially eligible for the disability freeze.

1. OAA and AB clients who are also OASI beneficiaries and who were disabled at least six months prior to reaching age 65, if they had 5 years in covered employment during the 10 years preceding disablement.
2. DA clients who have had at least 5 years covered employment after 1936.
3. AB clients with a similar work history.
4. Disabled parents in HLA cases who also had such employment.

Clients to
be Referred

In view of the difficulties of determining initially whether or not OAA, AB, and DA clients have the prerequisite wage record, and the fact that all doubts about referral are to be resolved in favor of the client, the welfare board shall refer all clients except those who are definitely known to have no record of covered employment since 1936.

This mass referral will be acceptable to OASI since the first step, wage record clearance, is a simple procedure and will eliminate all doubtful cases automatically.

Other
Referrals

Staffs of county welfare boards should also be alert to the possible eligibility of all members of client's household, regardless of whether or not such persons are currently receiving any form of public assistance. However, the State Board of Child Welfare will refer disabled fathers (not receiving OAA, AB, DA or GA) and other disabled persons in HLA cases. Municipal welfare departments are being instructed to refer disabled persons receiving general assistance unless an application for categorical assistance has been filed. Accordingly, disabled persons who are not being referred by an assistance agency other than the welfare board should be instructed how to apply at the OASI district office, or a referral form may be sent for them by the welfare board. However, in these situations do not send form OA-20, unless the person being referred is currently receiving or believed to be currently eligible to receive monthly OASI benefits.

Directory
of OASI

Attached is a directory of the District Offices of the Old Age and Survivors Insurance set up by county and by the post-offices covered by the various districts' offices.

Initiate
Referrals
Immediately

You are directed to obtain the special referral forms from the nearest district OASI office and to proceed to process referrals as outlined above as rapidly as possible. This early referral will assist OASI in identifying and clearing potentially eligible persons prior to July 1, 1955.

DEPARTMENT OF INSTITUTIONS AND AGENCIES


Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved: 4/12/55
Elmer V. Andrews
Director of Welfare

Supplement No. 2
Ruling Series No. 27

Insert in Handbook under section
"Rulings and Bulletins."

DIRECTORY OF DISTRICT OFFICES OF OLD AGE AND SURVIVORS INSURANCE

	SERVICING OFFICE	ADDRESS	MANAGER
<u>ATLANTIC COUNTY</u>			
All	Atlantic City	Old Post Office Bldg. Pacific & Pennsylvania Ave.	Joseph M. Davis
<u>BERGEN COUNTY</u>			
Carlstadt	Passaic	Post Office Building	William P. Donnelly
East Rutherford			
Garfield			
Hasbrouck Heights			
Lodi			
Lyndhurst			
North Arlington			
Rutherford			
Wallington			
Wood-Ridge			
Allendale	Paterson (1)	245 Market Street	Stanley J. Fioresi
East Paterson			
Fair Lawn			
Hohokus			
Midland Park			
Oakland			
Ramsey			
Ridgewood			
Saddle River			
Waldwick			
Wyckoff			
All Others	Hackensack	389 Main Street	Walter B. Schoffman
<u>BURLINGTON COUNTY</u>			
Green Bank	Atlantic City	Old Post Office Building Pacific & Pennsylvania Aves.	Joseph M. Davis
Lower Bank			
New Gretna			
Bordentown	Trenton(9)	Post Office Building 402 East State Street	Ruben R. Blane
Crosswicks			
Fieldsboro			
Beverly	Bristol, Pa	114 Otter Street	Walter P. Foster
Birmingham			
Bridgeboro			
Browns Mills			
Burlington			
Chatsworth			
Columbus			

As of April 1955

SERVICING OFFICE	ADDRESS	MANAGER
<u>BURLINGTON COUNTY</u>		
Cookstown	Bristol, Pa 114 Otter Street	Walter P. Foster
Delanco		
Edgewater Park		
Evansville		
Florence		
Fort Dix		
Hainesport		
Hartford		
Jobstown		
Juliustown		
Lumberton		
Masonville		
Medford		
Mount Holly		
New Lisbon		
Pemberton		
Rancocas		
Riverside		
Roeboling		
Smithville		
Whitesbog		
Wrightstown		
All Others	Camden(1) Room 408, Post Office Building	Nicholas A. Stockman
<u>CAMDEN COUNTY</u>		
All	Camden(1) Room 408 Post Office Building	Nicholas A. Stockman
<u>CAPE MAY COUNTY</u>		
All	Atlantic City Old Post Office Building Pacific & Pennsylvania Aves.	
<u>CUMBERLAND COUNTY</u>		
All	Bridgeton 139 E. Commerce Street	Thomas W. Conville, Jr.
<u>ESSEX COUNTY</u>		
Bloomfield	Bloomfield National Newark & Essex Bank Bldg. 2 Broad Street	Theodore V. Fitzmaurice
Caldwell		
Cedar Grove		
Glen Ridge		
Montclair		
North Caldwell		
Roseland		
Verona		
Essex Falls		
East Orange	East Orange 426 Main Street	Abel Carder
Livingston		
Orange		
West Orange		
Irvington	Irvington 1040 Springfield Ave.	Seymour Finver
Maplewood		
Millburn-Short Hills		
South Orange		

	SERVICING OFFICE	ADDRESS	MANAGER
<u>ESSEX COUNTY</u>			
Newark	Newark(2)	1016 Broad Street	William J. Wilkie
Belleville			
Nutley			
<u>GLOUCESTER COUNTY</u>			
All	Camden(1)	Room 408, Post Office Bldg.	Nicholas A. Stockman
<u>HUDSON COUNTY</u>			
All	Jersey City(6)	840 Bergen Avenue	William J. Arnold
<u>HUNTERDON COUNTY</u>			
Baptistown	Trenton(9)	Post Office Building	Ruben R. Bland
Flemington		402 East State Street	
Frenchtown			
Lambertville			
Ringoes			
Rosemont			
Sand Brook			
Sergeantsville			
Stockton			
Three Bridges			
Treasure Island			
All Others	Easton, Ia.	33 South Third Street	Marie T. Miller
<u>MERCER COUNTY</u>			
All	Trenton(9)	Post Office Building	Ruben R. Bland
		402 East State Street	
<u>MIDDLESEX COUNTY</u>			
Cranbury	New Brunswick	75 Laterson Street	Albert Nevin
East Brunswick			
Edison			
Helmetta			
Highland Park			
Jamesburg			
Metuchen			
Milltown			
Monroe			
New Brunswick			
North Brunswick			
Piscataway			
Plainsboro			
South Brunswick			
South River			
Spotswood			
Dunellen	Elizabeth(4)	Albender Building	Ralph W. Jones
New Market		1143-45 East Jersey St.	
North Plainfield			
South Plainfield			
Middlesex			

As of April 1955

SERVICING OFFICE	ADDRESS	MANAGER
<u>MIDDLESEX COUNTY</u>		
Carteret	Perth Amboy	Perth Amboy National
Madison		Bank Building
Sayreville		313 State Street
South Amboy		
Woodbridge		
Perth Amboy		
<u>MONMOUTH COUNTY</u>		
Belford	Perth Amboy	Perth Amboy National
Cliffwood		Bank Building
Hazlet		313 State Street
Keansburg		
Keyport		
Leonardo		
Matawan		
Middletown		
Morganville		
New Monmouth		
Port Monmouth		
Union Beach		
Wickatunk		
All Others	Asbury Park	Charms Building
		601 Bangs Avenue
<u>MORRIS COUNTY</u>		
All	Morristown	17 South Street
		Peter F. McCoy
<u>OCEAN COUNTY</u>		
Adamston	Asbury Park	Charms Building
Bay Head		601 Bangs Avenue
Breton Woods		
Cassville		
Island Heights		
Lakehurst		
Lakewood		
Laurelton		
Lavallette		
Mantoloking		
Metedeconk		
New Egypt		
Normandy Beach		
Osbornsville		
Poist Pleasant		
Seaside Heights		
Seaside Park		
Shore Acres		
Toms River		
Van Hiseville		
West Point Pleasant		
All Others	Atlantic City	Old Post Office Building
		Joseph M. Davis
		Pacific & Pennsylvania
		Avenues.

	SERVICING OFFICE	ADDRESS	MANAGER
<u>PASSAIC COUNTY</u>			
Clifton Great Notch Passaic	Passaic	Post Office Building	William P. Donnelly
All Others	Paterson (1)	245 Market Street	Stanley J. Fioresi
<u>SALEM COUNTY</u>			
All	Bridgeton	139 East Commerce St.	Thomas W. Conville, Jr.
<u>SOMERSET COUNTY</u>			
Basking Ridge Bedminster Bernardsville Far Hills Gladstone Lyons Peapack	Morristown	17 South Street	Peter F. McCoy
North Plainfield	Elizabeth (4)	Elbender Building 1143-45 East Jersey St.	Ralph W. Jones
All others	New Brunswick	75 Paterson Street	Albert Nevin
<u>SUSSEX COUNTY</u>			
All	Morristown	17 South Street	Peter F. McCoy
<u>UNION COUNTY</u>			
All	Elizabeth (4)	Elbender Building 1143-45 East Jersey St.	Ralph W. Jones
<u>WARREN COUNTY</u>			
All	Easton, Pa.	33 South Third Street	Marie T. Miller

(Sample Federal Form)

TO: Social Security Administration

The following information is furnished in cooperation with the Bureau of Old Age and Survivors Insurance to identify or locate persons who are disabled and who may be entitled to protect their rights under the disability freeze provisions of the Social Security Act Amendments of 1954. It is understood that if the Bureau of Old Age and Survivors Insurance finds that the person named below is eligible to protect his rights he will be notified and given an opportunity to file an application.

Name and address of organization

Name and title of representative of organization furnishing information
.....

Name and address
of Disabled Person (

_____)

Based on our records it appears that the above individual:

1. Has approximately 5 years employment covered under
the Social Security Act ☐
2. Has been disabled at least 6 months (and is still disabled) ... ☐

If individual does not meet these requirements do not complete this form

3. Date of birth of individual _____
4. His Social Security number is _____
(If number is not available but it appears he meets the employment
requirement, furnish the following if available)

Place of birth _____

Father's(
Name (

Mother's
Maiden Name _____

5. Approximate date became disabled _____
6. Medical evidence of individual's disability is of record ☐ Yes ☐ No

If "yes" indicate custodian of record:

