

*Shanahan*

March 16, 1960

Honorable Edward J. Patten  
Secretary of State  
State House  
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing are sections of the Manual of Administration issued by the Bureau of Assistance, Division of Welfare of this Department.

We direct your special attention to the enclosed copy of Transmittal Letter #11, which gives a detailed listing of new and revised material; instructions for pen and ink corrections, and cancellations of certain Rulings.

Very truly yours

*John W. Tramburg*  
John W. Tramburg, Commissioner


JWT:h

CC: H. Curtis Meanor, Acting Secretary to the Governor ✓  
Elmer V. Andrews, Director, Division of Welfare  
Mrs. Elizabeth Feehan, Secretary, State Board of Control

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

BUREAU OF ASSISTANCE

REGULATION # ~~MANUAL OF ADMINISTRATION~~ISSUED: 3/68  
(Date)REV.: \_\_\_\_\_  
(Date)TITLE: ~~None - Related to policy and procedure for OAA, DA, ADC~~SUBJECT: ~~Various (Identified in Transmittal Letter #11)~~STATUTORY REFERENCE: ~~R.S. 44:7-6, 42, and 44:10-3~~

  
\_\_\_\_\_, Chief  
Bureau of Assistance

Approved:

By: 



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

TRANSMITTAL LETTER #11  
MANUAL OF ADMINISTRATION

March 25, 1960

TO: COUNTY WELFARE BOARDS

Attached is one copy each of the following additional and revised material for the Manual of Administration, staff copies of which are being forwarded under separate cover:

Title

Revised Table of Contents for 2700 Appendix to replace Table dated 1/60, Transmittal Letter #9

Revised page 2700-2720.3 to replace page 2700-2720.3 dated 1/60, Transmittal Letter #9.

2700 Appendix I, Application - Instructions for Form PA-1.

Instructions for Pen and Ink Corrections to Manual

In the heading of 2700 Appendix I, Face Sheet - Instructions for Completing Form PA-2A, issued with Transmittal Letter #9, Page Date 1/60, please add the letter "A" after the "I" so that the designation is "2700 Appendix I-A."

Instructions for Superseded Regulations

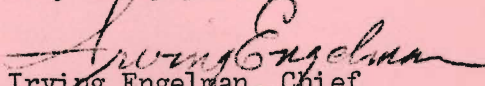
Ruling Series:

Ruling No. 1, Case Record Forms, dated May 1, 1950 - strike out section 1 through 6, retaining section 7, 'Maintenance and Custody of Case Record Forms, until such time as the policy and procedure here provided can be incorporated in Chapter 2700 of the Manual.

Supplement No. 1 to Ruling No. 1, Instructions for Application Form ODA-1, revised 11/58 - remove and destroy.

The Application Form PA-1 is now being printed by the Bureau of State Use and will shortly be available. All future orders will be filled with the PA-1.

Very truly yours

  
Irving Engelman, Chief  
Bureau of Assistance

IF/MCRd

Approved  
Elmer V. Andrews, Director  
Division of Welfare

Manual of Administration  
Bureau of Assistance

TABLE OF CONTENTS FOR 2700 APPENDIX

<u>References</u>	<u>Subject</u>	<u>Appendix Number</u>
2720.1	Instructions for Form PA-1, Application	I
2720.2	Instructions for Form PA-2A, Face Sheet	I-A
2720.3	Instructions for Form PA-2B, Verification of Eligibility Factors	II
2720.5	Instructions for Form ODA-2D, Part III, Social Data Summary	III

(i)

Part II The Individual and Public Assistance  
2700 Case Records and Files

2700. CASE RECORDS AND FILES (Temporary)

2710. PURPOSE OF RECORDS (Not yet developed)

Explanation: Until this Chapter can be developed in detail, a temporary listing of required forms for OAA, DA and ADC is being provided. Where instructions for newly issued forms are not contained in other chapters of this Manual or in current Rulings or Bulletins, they are provided in 2700 Appendix.

2720. CASE RECORD FORMS

.1 Form PA-1, Application, dated 2/60

Form PA-1 shall be used in all programs. Existing supplies of the of the former ODA-1 may be used in OAA and DA until depleted. However, Form PA-1 shall be used in ADC applications as soon as available from the Bureau of State Use.

See 2700 Appendix I for instructions for PA-1.

.2 Form PA-2A, Face Sheet, dated 1/60

The PA-2A shall be used in all programs, except that existing supplies of the former ODA-2A may be used in OAA and DA until depleted.

See 2700 Appendix IA for instructions for PA-2A.

.3 Form PA-2B, Verification of Eligibility Factors (Other Than Need)

Form PA-2B shall be used for new applications, reapplications and reopened applications in all programs.

See 2700 Appendix II for instructions for PA-2B.



Part II

The Individual and Public Assistance

2700

Case Records and Files

2720. CASE RECORD FORMS (CONTD.)

.4 Form ODA-2B, Financial Resources Sheet

This form will continue in use in OAA and DA. It shall be used to inventory any financial assets in an ADC case, disregarding the questions about assignment of insurance. Where it is necessary to identify policies or other assets for more than one member of the family, the parent's insurance or other assets shall be entered on the face of the form and data for other family members shall be entered on the reverse with identification by name.

.5 Form ODA-2D, Part III, Social Data Summary

This form will continue in use for OAA and DA, and as instructed in 2281.3 of the Manual, will be used in ADC only in respect to determination of "incapacity" of a natural or adoptive parent.

Since this form was designed to record data about an individual client, it is not practical for recording data for a family in ADC. Therefore, in ADC the corresponding data, as appropriate, shall be recorded in narrative on Form ODA-3A, giving data pertinent to each member of the family.

See 2700 Appendix III for instructions for ODA-2D, Part III.  
(Note: Staff members who have copies of County Series No. 3 may remove Attachment 3 therefrom and destroy.)

.6 Form ODA-3A, Summary Report

This form will be used for narrative recording in all programs.

2730. BUDGET FORMS

.1 Form PA-3A, Budgetary Statement

.2 Form PA-3B, Evaluation of Capacity of Legally Responsible Relatives to Support

Both of these forms are required in all programs. Instructions are provided in Chapter 700 of the Categorical Assistance Budget Manual.

2740. MEDICAL FORMS

.1 Form ODA-2D, Parts I, II, Examining Physician's Report

Continues in use in DA (See 2235.1 of Manual) and will also be used in ADC in respect to determination of "incapacity" of a natural or adoptive parent. [See 2281.3.]



2720.1

## I. STATEMENT OF POLICY

### New Form

Form PA-1 replaces current Form ODA-1. Existing supplies of the ODA-1 may be used for OAA and DA until depleted. However, the PA-1 shall be used in ADC applications as soon as available from the Bureau of State Use.

### Program Interpretation

A person shall not execute an application (Form PA-1) until an official agency representative has interpreted to him the eligibility requirements and services of the program for which he wishes to apply.

### Fair Hearing

An applicant shall be provided a verbal interpretation of the fair hearing procedure during the initial interview, and his attention shall be specifically directed to the written explanation which appears on the reverse side of Form PA-1.

A duplicate copy of Form PA-1, as executed by the applicant, shall be furnished him, except on applications for continued assistance.

### Administrative Control

The form shall always be executed in the presence of an official representative of the agency, whether in or outside the agency office. Form PA-1 shall not be mailed to anyone in response to an inquiry or request for assistance by letter or telephone, nor shall it be furnished to an applicant, or other person, to take from the office for execution outside the presence of an agency representative. If, during an initial interview, the individual remains undecided about proceeding with an application, he shall be requested to return to the office, or to notify the agency within a reasonable time limit regarding his decision. (See 2110 et. seq., Intake Policy and Procedures.)

### Execution of Form PA-1

There shall be careful discussion with the applicant about the importance of supplying complete and accurate information to facilitate consideration and determination of his eligibility. His attention shall be specifically directed to the statements concerning authorization to investigate, confidentiality of information, and penalties for misrepresentation, which appear on the form immediately preceding his signature.

Once Form PA-1 has been executed by the applicant, no changes or additions shall be made except for items which relate to registration by the agency.

(i)



II. SPECIFIC INSTRUCTIONS FOR COMPLETING FORM

Heading

Enter appropriate county.

Case Name

OAA and DA - Enter the name of applicant. Do not enter the name of an authorized agent.

ADC - Enter name of applicant parent or parent person. When both parents or parent persons are in the home, enter the name of the father or father person here.

Address

Enter as specific a house and street address as possible, and the municipality where applicant is living. If applicant is living in a public or private institution, specify by name.

Enter postoffice (mailing) address if it differs from "street" or "municipality" address.

Registration No.

Enter county identification letter, program identification letter and registration number assigned to case. If a registration number has been previously assigned to the case by the same CWB, the former number shall be used.

Related Registration Nos.

Enter those numbers which identify the case of any persons in the family unit who are registered separately under the same or another categorical assistance program.

Date Registered

Enter date application is registered by the agency. The date entered shall correspond to the official registration date as entered on ODA-7 even though Form PA-1 may be executed on a different date.

No date is to be entered for "Date Registered" when "Status" is checked "CA."  
(See 2116, Registration Procedures, etc.)

Status

Check status of case according to instructions in Bulletin No. 14, Section A, and Ruling #4, for definitions of NA, RA, RO, TR.

CA - to be checked when recipient is applying for continuation of assistance.

(ii)



APPLICATION - INSTRUCTIONS FOR FORM PA-1

2700 APPENDIX I

Type of Assistance

Check type of assistance for which initial application is being made, or for which continued assistance is requested by a recipient, as appropriate.

Persons for Whom Assistance is Requested

The names entered here shall be only those of adults and children for whom assistance is requested under the same program.

Do not enter the name of any person already receiving categorical assistance.

OAA - DA - Enter the name of the applicant on the appropriate line. In situations where applicant has a needy spouse who is not separately eligible to apply for OAA or DA, enter the spouse's name on the appropriate line.

ADC - If there is only one natural or adoptive parent or parent person requesting assistance for himself or herself, enter name on appropriate line.

If both parents or parent persons are in the home and one is incapacitated, and both are requesting ADC for themselves as well as for minor children, enter each name on the appropriate line.

If assistance is being requested for one parent or parent person in the home and for an incapacitated spouse who is receiving care in an eligible medical institution, enter both names on the appropriate lines.

If the parent(s) or parent person(s) is not requesting ADC for himself (themselves), do not enter his name here.

Enter the names of the children under age 18 for whom assistance is requested, listing oldest child first. If a child for whom assistance is being requested is "temporarily absent" from the home (see 2284), list such child.

Signature of Applicant

In OAA or DA, if the applicant cannot write, he must make his mark, witnessed by an agency staff member:

his  
John x Jones.  
mark

In ADC, the procedure will be the same if there is only one parent or parent person in the home. When both are present, both shall sign the application regardless of whether or not either or both are applying for ADC for themselves, and regardless of whether either or both are already receiving another form of categorical assistance.

(iii)

Signature of Authorized Agent

If authorized agent is applying for an OAA or DA applicant, he must sign his name and list his address and relationship to the applicant.

This section will be used only if there is a reasonable doubt of the client's mental competency and an authorized person is making the application on the person's behalf, or when a legal guardian is acting for a person. (See 2101.3, 2101.4 and 2114.)

Affidavit

Following "Personally appeared before me \_\_\_\_\_," insert name of applicant, or applicants (in ADC), or name of authorized agent, whichever one signed Form PA-1.

In all instances the affidavit will be witnessed by a representative of the agency.

Signature of Applicant

John X. Jones

(iv)