

COUNTY MEDICAL SERVICES (CMS) AND GENERAL RELIEF (GR) PROGRAMS GRANT OF LIEN

Table of Contents

Grant of Lien <ul style="list-style-type: none">• Introduction• Purpose• Regulation• Overview• Requirement• Exception to Requirement
Operational Procedures for Grant of Lien <ul style="list-style-type: none">• Required Forms• Completion Guidelines• Completion of the Grant of Lien Form
Grant of Lien Acceptance and Returns <ul style="list-style-type: none">• Acceptance and Forwarding Grant of Lien• Corrective Action Grant of Lien Returns

Grant of Lien

Introduction

Programs affected by these guidelines are limited to:

- County Medical Services (CMS)
- General Relief (GR)

Purpose

This document provides staff with instructions regarding the completion of the Grant of Lien form.

Regulation

- Welfare & Institutions Code (WIC) §17109
 - Article V of the San Diego County Administrative Code, Section 92
 - Article XV-C of the San Diego County Administrative Code, Section 263
 - California Government Code §§ 8207, 27280.5, 27361.6, 27361.7
 - California Civil Code § 1189
 - County Policy
-

Overview

CMS PROGRAM

The Welfare & Institutions Code (WIC) §17109 and Article V of the San Diego County Administrative Code, Section 92, authorizes the County to assert liens for any and all claims paid on behalf of a CMS or CMS Hardship beneficiary.

GR PROGRAM

The Welfare & Institutions Code (WIC) §17109 and Article XV-C of the San Diego County Administrative Code, Section 263, authorizes the County to assert liens for any and all aid paid to a GR recipient.

Requirement

The Grant of Lien form must be signed and witnessed by either a Deputy County Clerk or Notary Public.

CMS PROGRAM

All CMS and CMS Hardship applicants are required to complete and sign the CMS Grant of Lien (CMS-122) form as a condition of eligibility. If the applicant fails to complete the CMS Grant of Lien form, then eligibility for CMS is denied. Refer to [CMSPG 06.06](#).

GR PROGRAM

All GR applicants are required to complete and sign the GR Grant of Lien (11-22 HHSA) form as a condition of eligibility. If the applicant fails to complete the GR Grant of Lien form, then eligibility for GR is denied. Refer to [GRPG 90-300.14](#).

Important Note: Staff must print and use the current version of the Grant of Lien forms available in AuthMed for CMS and shelf-stock for GR (until updated in CalWIN) and destroy **all** prior hard copy versions.

Exception to the Grant of Lien Requirement

CMS PROGRAM

Refer to [CMSPG 06.06](#).

GR PROGRAM

Refer to [GRPG 90-300.14.G](#).

Operational Procedures for Grant of Lien

Required forms

The following forms will be provided at each initial application or recertification when there is a change in the

applicant's/beneficiary's/recipient's marital status:

CMS PROGRAM

- CMS Grant of Lien (CMS-122)
- CMS Lien Information (CMS-123)
- CMS Lien Acknowledgement Statement (CMS-123A)

GR PROGRAM

- GR Lien Information Form (11-19 HHSA)
 - GR Grant of Lien (11-22 HHSA)
 - CMS Grant of Lien (CMS-122), CMS Lien Information (CMS-123), and CMS Lien Acknowledgement Statement (CMS-123A), if CMS eligible.
-

Completion Guidelines

The Grant of Lien **must**:

- be legible
- have all name(s) and AKA(s) for applicant match on both sides of the form
- have all name(s) and AKA(s) for the spouse, if applicable, match on both sides of the form
- have the applicant's name, and spouse, if applicable, printed below the signature line
- have the printed name and signature of the Deputy County Clerk or Notary Public be the same
- have whichever title (County Clerk or Notary Public) which does not apply to the person signing the Acknowledgement on Page 2 crossed out
- have all Notary Public Seal letters and numbers fully legible

The Grant of Lien **must not**:

- have any writing of any kind in the "Recorder's Use Only" section
 - have any writing in the ½ inch margin around all sides of the form
 - have any tears, permanent marks, smudges, or holes that make any of the document text illegible
 - have any white-out/tape corrections covering text or the Certificate of Acknowledgement
 - have the Notary Public Seal ink bleed through the document text
 - be a copy of the original signed document
-

Completion of the Grant of Lien Form

The following guidelines apply for completing the [CMS Grant of Lien \(CMS-122\)](#) and [GR Grant of Lien \(11-22 HHSA\)](#) forms:

Item	Action
1	CASE NAME: Clearly print applicants full name (Last name, first name, middle name).

2	CASE NUMBER: Clearly print the Member ID/Case number.
3	AKA(s) FOR APPLICANT: Clearly print all other name(s) the applicant uses or used in the past. If driver's license or social security card has a different name or spelling; maiden name or previous married name, clearly print them here.
4	SPOUSE INFORMATION: Clearly print the spouse's full name (Last name, first name, middle name), if applicable. (If divorced or legally separated, this section is <u>not</u> applicable but documentation is required)
5	AKA(s) FOR SPOUSE: Clearly print all other name(s) the spouse uses, or used in the past, if applicable.
6	MARITAL STATUS: Check appropriate box and confirm whether AKA information is required or not.
7	LIEN UPON PROPERTY INFORMATION: Check appropriate box(es); Check the "Other Person(s)" box if there is another person on the title of the home who is not the spouse (mother, aunt etc.) and clearly print the name (first, middle and last) and relationship.
8	APPLICANT SIGNATURE: Client's legal signature is acceptable. Compare signature with identification document.
9	APPLICANT NAME: Clearly print applicant's full name (Last name, first name, middle name). Same name as written on Item 1.
10	AKA(s) FOR APPLICANT: Applicant must sign AKA name(s).
11	APPLICANT ADDRESS: Clearly print complete address of where the applicant lives which may be different from the Real Property owned; if homeless, print "homeless."
12	SPOUSE SIGNATURE: Spouse's legal signature, if applicable
13	SPOUSE NAME: Clearly print the spouse's full name (Last name, first name, middle name), if applicable. Same name as written on Item 4.
14	AKA(s) FOR SPOUSE: Spouse signs AKA names(s), if applicable.
15	SPOUSE ADDRESS: Clearly print complete address of where the spouse lives; if homeless print "homeless."
16	PROPERTY DESCRIPTION (Single Family Residence, Duplex, Condominium, etc.): <ul style="list-style-type: none"> • If no property is owned, write "None". • Clearly list any property that the client/spouse owns. • Add property address if different than home address listed on item 10.
17	DATE: Clearly print date Lien signed.
18	DEPUTIZED COUNTY CLERK OR NOTARY PUBLIC NAME: Clearly print Deputized County Clerk or Notary Public name and line through the non-applicable title. (Example: A Deputized

	County Clerk would line through Notary Public.)
19	APPLICANT AND SPOUSE NAME AND AKAs: Clearly print full name and AKAs of the applicant, and spouse, if applicable. Same name(s) as written on Items 1, 3, 4 & 5.
20	DEPUTIZED COUNTY CLERK/NOTARY PUBLIC SIGNATURE: Deputized County Clerk or Notary Public signature (line through/cross out the non-applicable title). Same name as written on Item 18.
21	DEPUTIZED COUNTY CLERK/NOTARY PUBLIC SIGNATURE: Deputized County Clerk or Notary Public signature (line through/cross out the non-applicable title). Same person as in Item 18 & 20.
22	DATE: Date Deputized county worker or Notary Public witnessed the form.
23	NOTARY SEAL: Notary Public Seal must not bleed though the document text, and all letters and #'s must be fully legible.

Note: A Certificate of Acknowledgement is acceptable in lieu of a Notary Public signature on the CMS-122, if the certificate:

- Is signed and dated by a Notary Public; and
- Contains the Grant of Lien form title for the applicable program.

Grant of Lien Acceptance and Returns

Acceptance and Forwarding Grant of Lien

Grant of Liens presented to the San Diego County Recorder's Office for recording must be correctly completed and fully legible to reproduce a readable photographic record.

Corrective Action Grant of Lien Returns

Grant of Liens not meeting the completion requirements will be returned to the worker to take the necessary corrective action to obtain a new Grant of Lien from the beneficiary/recipient.

09/25/13
JP/DH

DO NOT WRITE IN THE 1/2 INCH MARGIN AREA

PROPERTY DESCRIPTION:

ACKNOWLEDGEMENT

STATE OF CALIFORNIA)
) SS
COUNTY OF SAN DIEGO)

On _____, before me, _____, County Clerk/Notary Public, personally appeared
(Date) (CLEARLY PRINT Name)

(CLEARLY PRINT Last Name[s], First, Middle and AKA[s])

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the forgoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: _____
County Clerk/Notary Public

This is to certify that any interest in real property conveyed by the foregoing Grant of Lien to the County of San Diego, a political corporation and/or governmental agency, is hereby accepted by the undersigned officer or agent on behalf of the County Clerk pursuant to authority conferred by resolution of the Board of Supervisors adopted on February 24, 1970, and the grantee consents to recordation thereby of its duly authorized officer.

Signature: _____
County Clerk/Notary Public

Date: _____

DO NOT WRITE IN THE 1/2 INCH MARGIN AREA

DO NOT WRITE IN THE 1/2 INCH MARGIN AREA

DO NOT WRITE IN THE 1/2 INCH MARGIN AREA

PLEASE COMPLETE THIS INFORMATION.

RECORDING REQUESTED BY:

County of San Diego
Office of Revenue Recovery
5530 Overland Ave., Suite 310
San Diego, CA 92123

AND WHEN RECORDED MAIL TO:

O-60

DO WRITE IN THIS AREA

THIS SPACE FOR RECORDER'S USE ONLY

DO NOT WRITE IN THE 1/2 MARGIN AREA

DO NOT WRITE IN THE 1/2 MARGIN AREA

GENERAL RELIEF (GR) GRANT OF LIEN
COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

CASE NAME (1) _____ CASE NO. (2) _____

AKA (3) _____

SPOUSES NAME (4) _____ AKA (5) _____

MARITAL STATUS: Never Married Divorced Widowed Married, But Separated Married, Not Separated (6)

In accordance with provisions of law of the State of California, the undersigned hereby grants to the County of San Diego lien upon any real property in which the undersigned has or holds any right, title or interest, and all other real property in which the undersigned may acquire any right, title or interest in the future, situated in the State of California, or elsewhere, for the amount of all sums of money and the reasonable value of any other property or services heretofore and hereinafter advanced by the County of San Diego under the General Relief Program to: [check applicable box(es)]: (7)

- The undersigned or to the spouse.
- Other person (s), as follows: (Give name and relationship) _____

The lien shall not be enforceable against your home (1) during your lifetime or that of your spouse, or (2) during the minority of your children if they reside in the home, or (3) during the lifetime of any dependent adult child who resides in the home and who is incapable of self-support because of mental or physical disability. If you desire to sell your home against which a lien has been imposed the County shall release its lien against the original home and transfer it to the new home, provided that it finds that its security will not be impaired. If you want to borrow money for the purpose of making improvements to your home, using your home for security, the County shall subordinate its lien to the mortgage or other security interest given for the loan, if the County finds that its security will not be impaired.

Any lien taken by the County for care shall be released immediately when the amount owing the County is paid.

This agreement shall be binding upon the undersigned, his/her successors, heirs and assigns. Furthermore, the benefits of the statute of limitations relating to the collection of such indebtedness or enforcement of this lien are hereby forever waived.

I hereby authorize the grantee to append to this instrument a description of any real property located in the State of California or elsewhere of which I am the assessed owner.

Signed (8) _____

Signed _____

Print Name (9) _____

Print Name _____

AKA (10) _____

AKA _____

Print AKA _____

Print AKA _____

Address (11) _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Signed (12) _____

Signed _____

Print Name (13) _____

Print Name _____

AKA (14) _____

AKA _____

DO NOT WRITE IN THE MARGIN AREA

DO NOT WRITE IN THE MARGIN AREA

Print AKA _____ Print AKA _____

Address (15) _____ Address _____
City State Zip Code City State Zip Code

PROPERTY DESCRIPTION: (16)

ACKNOWLEDGEMENT

STATE OF CALIFORNIA)
COUNTY OF SAN DIEGO)SS

On (17) _____ before me (18) _____ (Deputy County Clerk), personally appeared (19) _____
_____ who proved to me on the basis of satisfactory evidence to be the person (s)

whose name (s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature (s) on the instrument the person (s), or the entity upon behalf of which the person (s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the forgoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: (20) _____

This is to certify that the interest in real property conveyed by the foregoing Grant of Lien to the County of San Diego, a political corporation and/or governmental agency, is hereby accepted by the undersigned officer or agent on behalf of the County Clerk pursuant to authority conferred by resolution of the Board of Supervisors adopted on February 24, 1970, and the grantee consents to recordation thereby of its duly authorized officer.

By: (21) _____
County Clerk

Dated: (22) _____

(23) 