

# 90-300 APPENDIX G. FORM 11-19 HHSA

COUNTY OF SAN DIEGO  
HEALTH AND HUMAN SERVICES AGENCY

## LIEN INFORMATION

GENERAL RELIEF

Case No. \_\_\_\_\_

Worker No. \_\_\_\_\_

[1] I/We hereby promise to pay to the County of San Diego 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 me/us, parent[s] or minor or adult child or children or to (specify) \_\_\_\_\_

[2] Any money or other contribution I/we receive must be reported at once to my/our Human Services Specialist in the Health and Human Services Agency, and under no circumstances am I/are we to use such money to pay old debts, such as back rent, grocery bills, medical bills, insurance premiums, car payments, without approval of the Health and Human Services Agency.

[3] In consideration of the foregoing, I/we agree that this obligation shall be due and enforceable, at the option of the County of San Diego:

- a. Upon termination of any and every form of aid or relief or institutional care which I am/we are now receiving or which I/we may hereafter receive from the County of San Diego of the State of California. I/we understand I/we will be contacted by the County, Revenue and Recovery, upon termination of aid to establish a repayment plan.
- b. Upon my/our death[s].
- c. Upon my/our acquisition of any property or any interest therein in excess of the amount permitted to be retained by recipients of relief.

While I am/we are receiving aid or relief or institutional care from the County of San Diego, or the State of California, this obligation shall not be due or payable.

[4] I/We further understand that in the event I am/we are not [a] citizen[s] that notification of my/our application for aid will be made to the United States Immigration and Naturalization Service in compliance with San Diego County Board of Supervisors policy (adopted 4-18-69) and my/our sponsor may be held liable for his/her support obligations.

[5] I/We realize that I/we may be assigned to a Work Project as a condition of aid and I/we agree to work all assigned hours. I/We also realize that I/we must accept all job referrals offered me/us as a means of attaining self-support.

[6] I/We understand that as the immigration sponsor of an individual who has received aid, under Welfare & Institutions Code Section 17001.6, I am/we are liable for repayment of the monies received when the payment comes due as outlined under item [3].

I/We hereby waive forever all statutes of limitation upon any cause or action arising hereunder.

I/We certify that I/we have read and understand the above requirements concerning my/our receipt of General Relief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Date