

90-600 APPENDIX A. SAMPLE FORMAT FOR REQUEST FOR WAIVER

Prepare original and one copy on Inter-departmental Memorandum.

Date:

TO:

General Relief Program Manager
Policy and Program Support Division (O557A)

VIA: If the Regional Assistant Deputy Director requires these to be forwarded through him/her, a VIA line will be added, otherwise, this line will not be used.

FROM: FRC Manager Name
FRC and Mail Stop

Worker Name and Number

CASE: Case Name and Number.
If the waiver is for one person in a case containing more than one adult, the adult's name will be entered here.

Request: Briefly state the exact nature of the request and cite the regulations that require a waiver.

Statement of the Problem: State the basis for making the referral, including circumstances which would indicate that a severe hardship situation exists. Include how the applicant was supported before coming to HHSA, and what changes made aid necessary.

- When a waiver of lien is requested, give details supporting worker's judgment that a waiver is appropriate.
- When excess personal property is involved, include the market/appraised net value, and how determined. Also list any encumbrances of record.
- When a waiver of time-limits is requested, give details on exactly why time-limits should be waived, including any extenuating circumstances.

Date Emergency Aid Began: State date that emergency aid was authorized by the FRC manger.

Status of Aid: Is person/family currently in receipt of aid? If so, state the grant amount. Show other facts pertinent to receipt of aid.

Family Composition: Members, age, sex, relationship.

Residence: Indicate length of residence in the State and County

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90-600 APPENDIX A. SAMPLE FORMAT FOR REQUEST FOR WAIVER, Continued

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Employability: Cover applicant's/recipient's efforts to find employment; place of last employment; whether or not he/she is in receipt of UIB/SDI, etc. If Employable with Limitations, state when medical expires or status of SDI, SSI, SSA disability application, if applicable. State any medial problems which affect the applicant's/recipient's ability to work.

Property: Describe fully, or write "none".

Resources: Indicate how potential local resources, such as family and friends or other program have been explored, and with what results. If there are no resources available, write "none". Include Responsible Relative information when it applies. If an applicant/recipient has applied for SSI/SSP, SDI, etc., give date applied and status, unless identified in Employability section already.

Housing Arrangements: Identify the applicant's/recipient's housing arrangement. If the applicant/recipient is living with another person, indicate whether that person is a resource and if so, bow much is contributed towards the applicant's/recipient's support; and whether person is legally liable for any support.

Previous Requests: If the applicant/recipient has previously requested a waiver, list date and nature of referral and the outcome of the request.

Recommendation: Duration that waiver should cover. It may be unlimited for real property, but must be time-limited for all others. Include any conditions to be applied to waiver, if approved.

APPROVED/DENIED: _____

General Relief Program Manager Signature

Date

ADDITIONAL CONDITIONS:
