

General Relief (GR) Program Guide (PG) Letter #73

January 29, 2013

Subject

GR PROGRAM CHANGES

Effective

- March 1, 2014 for the Medical In-Kind expansion
 - February 1, 2014 for all other changes
-

Reference

- County policy
 - Board of Supervisors Minute Orders 11/6/13 (3) and 12/3/13 (14)
-

Purpose

To provide information and instructions for changes to the GR Program.

Background

The GR Program is intended to provide cash assistance to indigent county residents who have no other means of support.

Highlighted Changes

GR applications must be processed within 30 days of the date of application. The date of application is the date the applicant submitted an application for GR (SAWS 1). Also, following CalFresh rules to the extent possible, Expedited Intakes will be scheduled within 3 business days of the date of application.

The Beginning Date of Aid will be the date of application or the date all eligibility factors are met, whichever is later. For example, if an applicant has not resided in San Diego County for 15 days, the beginning date of aid will be the date that the residency requirement is met.

Identification requirements have been revised. An ID with a photo or physical description is required, but it may be expired. Fingerprint and photo imaging will continue to be required.

The CMS discontinuance policy has been established to:

- Discontinue benefits for individuals who are not eligible for or who wish to discontinue their CMS benefits
 - Provide correct CMS eligibility information on the Provider Online Verification (POV) website.
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Continued on next page

General Relief (GR) Program Guide (PG) Letter #73, Continued

Highlighted Changes (continued)

CMS benefits may be discontinued before the end of the certification period with timely notice.

Liquid property limit is raised to \$50.

Motor vehicle valuation has been revised. GR workers will evaluate following current CalWORKs methodology. The first \$4,650 of the Fair Market Value (FMV) will be exempt. Any remaining FMV will be counted toward the overall property limit.

The lien completion instructions have been moved to an Eligibility Desk Guide (EDG).

The GR grant amounts have been revised to comply with adjustments to the CalWORKs grant. In the future, the GR grant will adjust any time the CalWORKs grant adjusts. The GR In-Kind values will also be adjusted accordingly.

Notices of Action (NOAs) must be provided to the applicant/recipient for all denials (including at pre-application), withdrawals, approvals, discontinuance, and budget changes.

Timely notice requirements for discontinuance and grant changes have been revised to 10 days to match other programs' requirements.

Recipients who are Employable with Limitations (EL), Incapacitated Program (IP), or Interim Assistance Program (IAP) will submit a CW 7 each quarter.

The Work Project will now be assigned based on the net grant divided by the federal or state Minimum Wage, whichever is greater. Since a Work Day remains 8 hours, any amount over an amount that is divisible by 8 hours will be owed by the recipient when the case closes.

The Work Test component of the Work Project will now be 16 or 24 hours or the total Work Project, whichever is lower.

The student section has been clarified for the monthly grant for full-time high school students.

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General Relief (GR) Program Guide (PG) Letter #73, Continued

Highlighted Changes (continued)

The \$40 Medical In-Kind will be counted for all GR recipients who receive a public medical benefit (CMS or Medi-Cal). The only exception will be those who have full coverage insurance from another source.

There have also been several clarifications added and other errors fixed in the GRPG.

Required Action

GR workers shall:

- follow the revised Intake procedures when processing a GR application
 - locate the CMS worker in AuthMed and notify that worker of the GR discontinuance. The GR worker shall include the effective date of the discontinuance and reason and allow for timely notice.
 - allow up to \$50 in liquid resources
 - exempt up to \$4,650 of the FMV of a motor vehicle
 - not refer individuals who do not have a potential claim on EDD Real Time to apply for Unemployment Insurance Benefits (UIB)
 - use the revised Maximum Grant and In-Kind values when determining eligibility to GR and the GR payment
 - determine the beginning date of aid as the date of application or the date that all eligibility factors have been met, whichever is later
 - issue NOAs as required
 - follow quarterly reporting requirements for EL, IP, and IAP recipients
 - assign Work Project based on the net grant divided by state or federal minimum wage, whichever is greater
 - provide credit for Work Project based on the hours worked times state or federal minimum wage, whichever is greater when the work was performed
 - refer any remaining balance from the above computation to the Office of Revenue and Recovery (ORR) for collection
 - count the \$40 Medical In-Kind for all recipients who receive public medical benefits
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Automation Impact

The \$50 liquid resource limit, the \$4,650 vehicle exclusion limit, maximum grant adjustment, in-kind income amounts, and \$40 Medical In-Kind values will be updated January 27. The COLA run on February 2 will implement these changes.

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General Relief (GR) Program Guide (PG) Letter #73, Continued

Automation Impact
(continued)

The following entries must be made in CalWIN for applicants who apply before the 15 days of County residence has been met or have a period of ineligibility for transferring resources.

Window	Tab	Field	Entry
Collect Case Individual Detail	Programs Requested	Effective Date	Date of entry into the County plus 15 days or date of first day after period of ineligibility has been served
Collect Case Individual Detail	Programs Requested	Request Date	Date of entry into the County plus 15 days or date of first day after period of ineligibility has been served
Collect Case Individual Detail	Programs Requested	Report Date	Date of entry into the County plus 15 days or date of first day after period of ineligibility has been served
Run EDBC	N/A	Cash Run Date	Date of entry into the County plus 15 days or date of first day after period of ineligibility has been served

To complete a period of ineligibility for an ongoing case will require the worker to complete a manual budget to determine the amount of grant for the month in after which a transfer has occurred. The worker must then complete an override of the grant amount for that month.

Automation has requested the installation of revised GR Notices of Action (NOAs) to address the GR Program changes effective February 1, 2014. The revised GR NOAs will become available from the Client Correspondence sub-system with current functionality.

The Verification Checklist (VCL) and 10-day NOA requirement will be implemented at a later date. In the meantime, workers must:

- use a manual VCL to ensure that the applicant is allowed 10 days to provide verifications; and
- allow 10-days' notice to comply with timely notice requirements

Continued on next page

General Relief (GR) Program Guide (PG) Letter #73, Continued

CMS IT System (AuthMed) Impact

AuthMed has been enhanced to:

- Process discontinuances
- Update the Providers On-line Verification (POV) website

Forms Impact

The forms in the table below have been revised. If not otherwise noted, the forms are available in Xerox to be ordered. The forms removed from Xerox are available in CalWIN and must be printed from CalWIN.

Form #	Title	Change
11-8 HHSA	GR Transportation to Resource Plan	Removed Assistant Manager signature
11-19 HHSA	Lien Information	Removed from Xerox
11-21 HHSA	Granting Notice	Removed from Xerox – Replaced by CalWIN 1 – San Diego
11-22 HHSA	GR Grant of Lien	<ul style="list-style-type: none"> • Updated form for recording • To be removed from Xerox when CalWIN version is updated
11-28 HHSA	Notice of Required Medical Verification	Removed from Xerox
11-38 HHSA Coversheet	General Relief Program Explanation	Updated form for program changes
11-40 HHSA	GR Employability Evaluation (GREE) Referral	Removed from Xerox
11-46 HHSA	Job Training/Job Application Verification	Update Job Training assignment formula and repayment credit
11-46M HHSA	Notice of MAPC Work Project Assignment	Update Job Training assignment formula and repayment credit
11-49 HHSA	General Relief Employable Program Responsibilities	<ul style="list-style-type: none"> • Updated Job Training requirements • Removed from Xerox
11-49A HHSA	General Relief Job Training Requirements	<ul style="list-style-type: none"> • Removed reference to checks • Removed from Xerox

Continued on next page

General Relief (GR) Program Guide (PG) Letter #73, Continued

Forms Impact (continued)

Form #	Title	Change
11-49M HHSA	General Relief Job Training Requirements – MAPC	<ul style="list-style-type: none"> • Removed reference to checks • Updated Job Search requirement • Removed from Xerox
11-65 HHSA	Applicant's Statement of Employability	Removed from Xerox
11-74 HHSA	General Relief Verification Instructions	Updated to match revised requirements
11-79 HHSA	General Relief Identification Requirements	Updated to match revised requirements
11-89 GIN	Substance Abuse Services Information Notice	<ul style="list-style-type: none"> • Removed references to GRADS • Removed from Xerox
11-89 HHSA	Substance Abuse Services Appointment Letter	<ul style="list-style-type: none"> • Removed references to GRADS • To be removed from Xerox when CalWIN version is updated
11-90 HHSA	Substance Abuse Services Orientation Sign In Log	Removed references to GRADS
11-91 HHSA	Substance Abuse Services Communication Form	Removed references to GRADS
11-94 HHSA	Documentation of Reasonable Suspicion	Removed references to GRADS
11-111 HHSA	Expedited Intake Evaluation	Obsolete
11-114 HHSA	Substance Abuse Services Waitlist Attendance Log	Removed references to GRADS

ACCESS Impact

No impact.

Scanning Impact

Forms and documents that are returned with completed information and signatures from the applicant/recipient will be scanned into the case record in CERMS.

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**Other
Program
Impact**

CMS impact as stated in this letter.

**Quality
Control (QC)
Impact**

Effective with the March 2014 review month, QC will cite with the appropriate error any case that does not follow the requirements of this Letter.

**GRPG
Changes**

The table below shows the changes to the GRPG (minor corrections are not listed).

Section	Changes
90-050.1	Added reference to the Confidentiality EDG.
90-050.2	Removed VOLAGs from the list of entities to receive case information without client consent.
90-050 Appendix A	Removed VOLAGs from the list of entities to receive case information without client consent.
90-100.1	Updated reception duties for the revised Intake process.
90-100.2	Updated Pre-Application duties for the revised Intake process.
90-100.3	Updated Intake duties for the revised Intake process.
90-100.4	Updated redetermination form.
90-100.5	Updated Orientation information for the revised program.
90-100.6	<ul style="list-style-type: none"> • Added MFG children aided in GR are quarterly reporting. • Added references to CalWORKs Program Guide for immunization requirements and removed the immunization requirements.
90-100 Appendix D	Updated script with to comply with the program changes.
90-100 Appendix G	Deleted appendix due to reference to CalWORKs Program Guide in 90-100.6 .
90-120	Updated all GRADS references to Substance Abuse Services.

Continued on next page

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**GRPG
Changes
(continued)**

Section	Changes
90-120.3	Updated Pre-Application duties for Substance Abuse Services for the revised Intake process.
90-120.4	Updated Intake duties for Substance Abuse Services for the revised Intake process.
90-120.5	Updated Granted information for Substance Abuse Services.
90-150.1	Updated identification requirements.
90-150 Appendix C	Updated identification requirements.
90-170.3	Updated fingerprinting requirements for the revised Intake procedures.
90-250.4	Updated imaging information for 11-65 HHSA.
90-250.7	<ul style="list-style-type: none"> • Updated information for CMS discontinuances • Lien completion instructions moved to EDG.
90-250.8	Section obsoleted due to elimination of LIHP.
90-250 Appendix H	Removed appendix.
90-300.1	Updated Waiver requirements.
90-300.4	Updated liquid resource limit.
90-300.6	Updated vehicle valuation process.
90-300.9	Updated waiver requirements for personal property.
90-300.10	Updated waiver requirements for real property.
90-300.11	Updated treatment of Dwelling Type Vehicles.
90-300.13	Updated Period of Ineligibility example.
90-300.14	Lien completion instructions moved to EDG.
90-300 Appendix A	Updated property limits.
90-300 Appendix F	Updated GR Grant of Lien example.
90-400.1	Revised reference to Monthly Reporting to include Quarterly Reporting.
90-400.5	Revised Medical In-Kind Exemption to only be for those who have other full coverage medical insurance.
90-400.6	Added clarification for individuals who do not have a potential claim on EDD Real Time.

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General Relief (GR) Program Guide (PG) Letter #73, Continued

**GRPG
Changes
(continued)**

Section	Changes
90-500.2	Added clarification for residents of a Case Management Facility may be eligible if not all needs are met by the facility.
90-500.3	Updated example to revised grant amount.
90-500.4	Updated examples to revised grant amount.
90-500 Appendix A	<ul style="list-style-type: none"> • Updated grant amounts and In-Kind values. • Clarified note regarding the amounts in the Appendix.
90-500 Appendix E	Updated Prorate Charts to show updated grant amounts.
90-600.1	Updated Beginning Date of aid.
90-600.2	Updated Beginning Date of aid.
90-600.4	<ul style="list-style-type: none"> • Updated reference to GRADS to Substance Abuse Services. • Added reference to procedures for bus passes for AB recipients.
90-600.5	Updated NOA requirements.
90-600.6	Added clarification of an overpayment due to Aid Paid Pending and the recipient loses the appeal.
90-600.8	Revised referral procedures to allow Work Project credit to be applied toward overpaid amounts.
90-600.9	Revised to monthly/quarterly reporting as EL, IP, and IAP are quarterly reporting.
90-600.10	Updated reference to GRADS to Substance Abuse Services.
90-600 Appendix B	Deleted obsolete appendix.
90-700.1	<ul style="list-style-type: none"> • Updated Work Project assignments. • Updated reporting requirements for EL.
90-700.2	Updated reporting requirements for EL.
90-700.3	Updated Conditionally Employable criteria.
90-700.7	Updated Work Test to be 16 or 24 hours or the total Work Project, whichever is lower.
90-700.8	Updated Work Project assignment.
90-700.9	Updated Work Project and Work Test assignments.
90-700.14	Updated Beginning Date of Aid.

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**GRPG
Changes
(continued)**

Section	Changes
<u>90-700.16</u>	Updated explanation of grant for full-time high school students.
<u>90-700.21</u>	Updated Monthly Reporting to only apply to AB recipients.
<u>90-720.1</u>	Updated aid payment amount.
<u>90-750.2</u>	Revised to allow quarterly reporting.
<u>90-750.4</u>	Revised to show quarterly reporting.
<u>90-750.5</u>	Revised to show quarterly reporting.
<u>90-800.1</u>	Added quarterly reporting requirement.

**Approval for
Release**

 , 1-29-14

DH

90-050.1. CONFIDENTIALITY

A. General Policy

Confidentiality rules that affect all HHSA self-sufficiency programs are located in the Eligibility Desk Guide, [Confidentiality in Self-Sufficiency Programs](#).

This chapter provides staff with policies and procedures regarding the release of information to qualified agencies and people. Staff is advised to review this section prior to releasing confidential information to other agencies or individuals. Both the release and possession of confidential information in violation of these regulations can be prosecuted as a misdemeanor.

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90-050.2. RELEASE OF INFORMATION

C. Authorized Disclosure List

In addition to HHSA staff of this county and other counties or states, the following agencies and/or persons are authorized to receive or exchange confidential information. This list is not intended to be complete and/or result in the automatic disclosure of information to persons or agencies on the list. The list will provide a quick reference of persons and agencies most frequently making authorized inquiries.

- A. Auditor and Controller (County, State and Federal)
- B. County Counsel (except for investigations of Worker's Compensation claims or other questionable situations)*
- C. Health and Human Services Agency
- D. Department of Social Services (State and Federal)
- E. Department of Health Services (State and Federal)
- F. District Attorney – PAFD, Family Support Division (FSD), Welfare Employee Fraud Prosecutions, Child Support Prosecutions only
- G. Employment Development Department
- H. California Community Colleges for names and addresses of relative caregivers of foster care children
- I. Social Security Administration
- J. Juvenile Probation Department for billings on HHSA Foster Care cases
- K. Grand Jury
- L. Revenue and Recovery
- M. Contracted Supplemental Security Income (SSI) Advocates
- N. Housing Authorities

*If in doubt as to the propriety of releasing any program specific information, contact EO.

90-050 APPENDIX A. DISCLOSURE OF CONFIDENTIAL INFORMATION/RECORDS

Authorization for Release NOT Required	Client Authorization Required
Auditor and Controller	Attorneys with subpoenas (refer to ACCESS)
California Community Colleges for names and addresses of relative caregivers of foster care children	Banks
City Housing Commission*	Board of Supervisors and Other Political Entities
County Counsel (except for investigations of Worker's Compensation claims)	Church organizations
County Housing Authority*	Landlords
Department of Health Services, State and Federal	Law enforcement agencies: FBI, CIS, state/local agencies, other official agencies**
Department of Social Services staff in other counties and states	Legal Aid (except for contracted SSI Advocacy)
DA – PAFD, FSD, welfare/employee fraud prosecutions, child support prosecutions and child abduction investigations/prosecutions	Legislature
EDD	Media (refer to FRC Manager)
Grand Jury	Private Attorneys
HHSA staff (See Public Administrator, below)	Private Organizations
Juvenile Probation – Foster Care cases	Relatives not in the case
Medi-Cal providers – medical coverage: County ID#, other health coverage, restricted status, DOB, active months	Welfare Rights Organization
Public Administrator – Indigent Burial Program (excluding CalFresh information)	VOLAGS and Central Intake Unit
Revenue and Recovery	
Social Security Administration	
SSI Advocacy (contracted)	

*Advance notice to client required, via form 16-54 HHSA, issued with Pre-application/ Renewal packets.

**Exceptions and conditions included in [GRPG 90-050.4](#).

90-100.01. RECEPTION

B. Clerical/ Reception Desk

The Reception Desk must follow the actions in the table below when an individual requests an application for GR.

Step	Action																		
1	<p>Give the applicant the GR Pre-application packet including forms:</p> <table border="1"> <thead> <tr> <th>Form #</th> <th>Title</th> </tr> </thead> <tbody> <tr> <td>11-38 HHSA</td> <td>Coversheet</td> </tr> <tr> <td>11-68 HHSA</td> <td>Directory of Employment Resources</td> </tr> <tr> <td>11-79 HHSA</td> <td>Identification Requirements</td> </tr> <tr> <td>16-94 HHSA</td> <td>Welcome Form</td> </tr> <tr> <td>GEN 1365</td> <td>Notice of Language Needs</td> </tr> <tr> <td>CSF 47</td> <td>Shared Housing Statement</td> </tr> <tr> <td>16-54 HHSA</td> <td>Sharing Information with Housing Authorities</td> </tr> <tr> <td>SAWS 1</td> <td>Application for Cash Aid, Food Stamps and/or Medi-Cal/State CMSP</td> </tr> </tbody> </table>	Form #	Title	11-38 HHSA	Coversheet	11-68 HHSA	Directory of Employment Resources	11-79 HHSA	Identification Requirements	16-94 HHSA	Welcome Form	GEN 1365	Notice of Language Needs	CSF 47	Shared Housing Statement	16-54 HHSA	Sharing Information with Housing Authorities	SAWS 1	Application for Cash Aid, Food Stamps and/or Medi-Cal/State CMSP
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CSF 47	Shared Housing Statement																		
16-54 HHSA	Sharing Information with Housing Authorities																		
SAWS 1	Application for Cash Aid, Food Stamps and/or Medi-Cal/State CMSP																		
2	Inform the applicant that they may be categorically eligible for CalFresh benefits and provide the CF 285.																		
3	Instruct the applicant in the completion of the forms and to return the completed forms to the reception area as soon as they are finished.																		
4	Accept the completed forms from the applicant and instruct the applicant to wait until he/she is called by a pre-application worker.																		
5	Give the completed forms to the clearance clerk for immediate clearance. Clearance must include CalWIN, all MEDS screens (including QS screen), and IDX for CMS coverage.																		
6	Once the clearance is complete, give the forms to the pre-application worker. Be sure that form 16-94 HHSA, Welcome Form, is attached. Note any denial/discontinuance codes and attach available screen prints.																		
7	Identify all applicants with other language needs by notation of Form 16-94 HHSA and follow the appropriate FRC procedure for these referrals.																		
8	Direct applicants who provide a Modified Aid Payment Cycle (MAPC) notice immediately to Intake Scheduling without referring them to pre-application.																		
9	Direct the applicants to the appropriate pre-application,																		

	intake or reception area as required and provide other assistance as directed by FRC procedures.
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**C.
Intake
Scheduling**

Clerical must take the actions in the table below when scheduling an applicant for the Intake interview.

Step	Action
1	Schedule all potentially eligible GR applicants an Intake appointment at the first available date/time. If the applicant is also applying for CalFresh, schedule one appointment for both programs, if possible, unless CalFresh Expedited Services has a different appointment than the GR Expedited Intake. The application processing time limits are the same as CalFresh . Exception: GR applications will not count weekends and holidays the same as CalFresh. Count business days only for GR.
2	Schedule all Expedited Intake, Future Intake, and MAPC Intake appointments as required.
3	Complete the applicant's Form 11-74 HHSA, Verification Checklist, indicating the date and time of the applicant's appointment.
4	Provide the applicant with a Form 11-38A HHSA, Supplement to Statement of Facts, and all other forms for as may be indicated on Form 11-74 HHSA.
5	Provide the applicant an 11-73 HHSA GR/CF Orientation Form indicating the orientation date and time.
6	If instructed by the worker, refer the applicant to a Substance Abuse Services program per the Access and Crisis Line or the BHS directory and provide the appropriately completed 11-89 HHSA Substance Abuse Services Appointment Letter.
7	Advise the applicant to return on time for the scheduled Intake appointment, noting the 15 minute rule if late.
8	Reschedule all applicants who are more than 15 minutes late for the scheduled Intake appointment.

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90-100.02. PRE-APPLICATION

B. Purpose

The pre-application interview is the first step in the Intake process and is designed to accomplish three major objectives:

- Identify obviously ineligible applicants for GR and refer them to other programs or resources, as appropriate.
- Determine potentially eligible applicants for referral to Intake.
- Inform applicants of all needed documentation necessary to verify eligibility at Intake.

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C. Interview Requirements

The pre-application worker must follow the actions in the table below for the pre-application interview.

Step	Action
1	Log the case in.
2	Explain to the applicant the role of both pre-application and Intake.
3	Complete Application Registration in CalWIN and instruct the applicant to sign the SAWS 1.
4	Review the Welcome Form (16-94 HHSA) for obvious ineligibility or linkage to CalWORKs or other programs. Discuss the information with the applicant to clarify any item that is incomplete or unclear. Make sure all questions are answered.
5	Review for Sponsored Alien Status and provide a Sponsor's Statement of Facts (CW 22) and an Alien Sponsor Information Form (07-22 HHSA). Explain the requirement of the sponsor and sponsored alien to sign lien forms in person for repayment of aid.
6	Review and record, as appropriate, the applicant's documentation of identification and residence (see GRPG 90-150 and 90-200) on Form 16-94 HHSA.
7	Review the 11-65 HHSA to determine the likely program classification.
8	If employable and the applicant has had employment within the past 30 days, determine if there was Good Cause for leaving employment (See 90-700.5). If there is not Good Cause, schedule the Intake for after the 30 th day from the date of occurrence so that any penalty due to the Job Quit has been served.
9	If the applicant reports/appears to have received aid in another county within the past nine months, document the

	<p>County Use Section of the 16-94 HHSa to alert the Intake worker to potential ineligibility due to time-limits, sanctions, or mandatory MAPC eligibility.</p> <p>NOTE: San Diego County will honor sanctions (up to our maximum), time-limited benefits, and mandatory MAPC eligibility imposed/received by/from another County.</p>						
10	If employable, explain alternative job training via Form 11-49A HHSa.						
11	If not applying as employable, explain the requirements necessary to determine light duty or work project exemption from the Employable program and have the applicant complete and sign the Applicant's Statement of Employability (11-65 HHSa). The 11-65 HHSa is to be imaged in the case file.						
12	Follow GREE scheduling procedures as outlined in GRPG 90-100.1.D for applicants who want the County to pay for the employability evaluation.						
13	<p>A Verification of Physical/Mental Incapacity – General Assistance (CSF 24) is to be provided to applicants who choose to go to a private provider. The patient's statement of medical condition and authorization for release sections are to be completed by the applicant during the pre-application interview.</p> <p>NOTE: Do not use black ink to complete this form. Use of colored ink will assist workers to identify forms which have been inappropriately photocopied.</p>						
14	<p>Determine if the applicant is potentially eligible for GR or is obviously ineligible for GR according to all other eligibility requirements.</p> <table border="1" data-bbox="537 1373 1401 1598"> <thead> <tr> <th>If the applicant is ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>obviously ineligible,</td> <td>deny application and provide a NOA.</td> </tr> <tr> <td>potentially eligible or any eligibility factor is questionable,</td> <td>refer the applicant to Intake for an interview.</td> </tr> </tbody> </table>	If the applicant is ...	Then ...	obviously ineligible,	deny application and provide a NOA.	potentially eligible or any eligibility factor is questionable,	refer the applicant to Intake for an interview.
If the applicant is ...	Then ...						
obviously ineligible,	deny application and provide a NOA.						
potentially eligible or any eligibility factor is questionable,	refer the applicant to Intake for an interview.						
15	If the applicant is potentially eligible for GR, then determine if the applicant has an urgent situation which would qualify for an Expedited Intake appointment (see E and F , below).						

**D.
Potentially
Eligible
Applicants**

The pre-application worker must follow the actions in the table below when an individual is potentially eligible for GR.

Step	Action																		
1	<p>Provide the GR Intake Packet, including forms:</p> <table border="1" data-bbox="537 415 1398 800"> <thead> <tr> <th data-bbox="537 415 776 451">Form #</th> <th data-bbox="776 415 1398 451">Title</th> </tr> </thead> <tbody> <tr> <td data-bbox="537 451 776 487">11-38A HHSA</td> <td data-bbox="776 451 1398 487">Supplement to Statement of Facts</td> </tr> <tr> <td data-bbox="537 487 776 522">16-64 HHSA</td> <td data-bbox="776 487 1398 522">Would You Like to Register to Vote?</td> </tr> <tr> <td data-bbox="537 522 776 558">16-66 HHSA</td> <td data-bbox="776 522 1398 558">Direct Deposit Sign-up Form</td> </tr> <tr> <td data-bbox="537 558 776 594">CSF 47</td> <td data-bbox="776 558 1398 594">Shared Housing Statement</td> </tr> <tr> <td data-bbox="537 594 776 680">11-44H HHSA</td> <td data-bbox="776 594 1398 680">Affidavit of Homeless Living Situation (Appendix A)</td> </tr> <tr> <td data-bbox="537 680 776 716"></td> <td data-bbox="776 680 1398 716">CMS Brochure</td> </tr> <tr> <td data-bbox="537 716 776 751">GEN 1365</td> <td data-bbox="776 716 1398 751">Notice of Language Services</td> </tr> <tr> <td data-bbox="537 751 776 787">11-74 HHSA</td> <td data-bbox="776 751 1398 787">Verification Check List</td> </tr> </tbody> </table>	Form #	Title	11-38A HHSA	Supplement to Statement of Facts	16-64 HHSA	Would You Like to Register to Vote?	16-66 HHSA	Direct Deposit Sign-up Form	CSF 47	Shared Housing Statement	11-44H HHSA	Affidavit of Homeless Living Situation (Appendix A)		CMS Brochure	GEN 1365	Notice of Language Services	11-74 HHSA	Verification Check List
Form #	Title																		
11-38A HHSA	Supplement to Statement of Facts																		
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GEN 1365	Notice of Language Services																		
11-74 HHSA	Verification Check List																		
2	<p>Explain briefly the program requirements and answer questions regarding the GR program and the requirements as explained on the 11-38 HHSA Coversheet. Determine if the applicant is receiving CalFresh. If not, advise the applicant that he/she may be categorically eligible to CalFresh benefits and provide the CalFresh application forms, if needed.</p>																		
3	<p>Review the Shelter Cost Statement (CSF 47) or Affidavit of Homeless Living Situation (11-44H HHSA). The 11-44H HHSA is to be used for applicants who claim “homeless” status. The information to be completed by the applicant includes:</p> <ul style="list-style-type: none"> • Where the applicant has been sleeping; • Where the applicant has been eating; and • How long the applicant has been homeless. 																		
4	<p>Determine which verifications the applicant must provide at the intake interview.</p>																		
5	<p>Inform the applicant in writing by completing the 11-74 HHSA, Verification Checklist.</p>																		
6	<p>Stress to the applicant the requirements to:</p> <ul style="list-style-type: none"> • provide all available verifications • complete all forms prior to their intake • be on time for their intake appointment. 																		
7	<p>Complete Form 11-94 HHSA, Documentation of Reasonable Suspicion, and indicate if reasonable suspicion exists to refer the applicant to Substance Abuse Services. For applicants who meet the reasonable suspicion criteria:</p>																		

	Step	Action
	7A	Provide Form 11-89 GIN HHSA, Substance Abuse Services Informational Notice, and refer to an Orientation.
	7B	Explain that the Substance Abuse Services referral form 11-89 HHSA must be brought to the Intake appointment or as soon as Orientation is completed signed by the Regional Recovery Center (RRC) and that failure to cooperate could result in the denial/discontinuance of benefits.
8		Direct the potentially eligible applicant to the receptionist/scheduling clerk to set up the Intake appointment.
9		If the applicant is not eligible until a later date, mark the 11-74 HHSA to indicate that fact. EXAMPLE: Eligible 12/04/07 (Client applied 11/28/07). The applicant shall then be scheduled for a Future Intake Appointment.
10		Log the case out.

GRPG Letter 73 (1/14)

**E.
Expedited
Intake**

Expedited Intakes are to be scheduled as soon as possible and no later than the third calendar day following the date the application was filed.

GRPG Letter 73 (1/14)

**F.
Expedited
Intake
Eligibility**

The following individuals, if otherwise eligible, are eligible for an Expedited Intake if any of the below conditions apply:

- Individuals with less than \$150 in actual monthly gross income (money received; not in-kind) and liquid resources below the \$50
- Individuals whose combined actual monthly gross income and liquid resources are less than the individual's actual monthly rent and utilities.
- Individuals with an eviction notice or notice to pay rent or quit
- Individuals with a utility shut off notice or utilities have been shut off
- Individuals determined eligible for CalFresh Expedited Services

GRPG Letter 73 (1/14)

**G.
Expedited
Intake
Referrals**

GR is provided as temporary emergency assistance to those in need who are eligible. Some needs or situations are more urgent and require expedited response whenever possible.

Pre-application staff is responsible for identifying those applicants who may qualify for Expedited Intake appointments. The pre-application worker must review the immediate need questions on the SAWS 1, to determine if an Expedited Intake appointment is appropriate. Any individual who meets one of the requirements above must be evaluated for an Expedited Intake appointment. If a situation appears questionable the worker may consult his/her supervisor for a decision.

The specific reasons for the decision not to schedule an applicant for an Expedited Intake appointment must be documented on the SAWS 1. The SAWS 1 must be imaged in the case file.

GRPG Letter 73 (1/14)

**K.
Denial Due to
Previous Non-
Cooperation**

Workers must follow the actions in the table below when there is an indication of previous non-cooperation by an applicant.

Step	Action												
1	The Welcome Form (16-94 HHSA) will indicate those applicants who were previously aided on GR and who are currently under a sanction in San Diego County. Non-MAPC applicants shall remain ineligible until the penalty period expires unless the applicant has verification of inability to work or the non-cooperation was overturned at a GR Hearing.												
2	If the clearance shows no reason indicating a sanction or non-cooperation but the case is active, the case must be located to determine the actual status of the case.												
3	If the MAPC applicant is under a sanction and ineligible to early reapplication under MAPC as determined by the reason and Case Comments the Pre-application worker shall: <table border="1" data-bbox="537 1528 1401 1869"> <thead> <tr> <th>Step</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>3A</td> <td>Advise the applicant of all reasons for the denial.</td> </tr> <tr> <td>3B</td> <td>Advise the applicant of the length of the penalty period remaining.</td> </tr> <tr> <td>3C</td> <td>Advise the applicant of the right to a GR Hearing if the applicant has not already received a hearing on this issue.</td> </tr> <tr> <td>3D</td> <td>Complete and mail a NOA.</td> </tr> <tr> <td>3E</td> <td>Refer the applicant to the appropriate FRC for</td> </tr> </tbody> </table>	Step	Action	3A	Advise the applicant of all reasons for the denial.	3B	Advise the applicant of the length of the penalty period remaining.	3C	Advise the applicant of the right to a GR Hearing if the applicant has not already received a hearing on this issue.	3D	Complete and mail a NOA.	3E	Refer the applicant to the appropriate FRC for
Step	Action												
3A	Advise the applicant of all reasons for the denial.												
3B	Advise the applicant of the length of the penalty period remaining.												
3C	Advise the applicant of the right to a GR Hearing if the applicant has not already received a hearing on this issue.												
3D	Complete and mail a NOA.												
3E	Refer the applicant to the appropriate FRC for												

	Medi-Cal and/or CalFresh using Form 07-107 HHS (Referral Form), if requested.
4	Image a copy of the NOA in the case file.

GRPG Letter 73 (1/14)

**M.
Other Denials
and
Withdrawals**

Workers must follow the actions in the table below for other denials and withdrawals.

Step	Action										
1	Denials are to clearly distinguish between ineligibility and withdrawals. A withdrawal of an application is a reason for denial and is proper only when the applicant is otherwise eligible and decides not to proceed with the application and not because the worker gave him/her a reason to withdraw because of ineligibility.										
2	If the applicant is ineligible or withdraws the Pre-application the worker shall: <table border="1" data-bbox="537 968 1401 1234"> <thead> <tr> <th>Step</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>2A</td> <td>Advise the applicant of all reasons for the denial.</td> </tr> <tr> <td>2B</td> <td>Advise the applicant of the right to a GR Hearing.</td> </tr> <tr> <td>2C</td> <td>Provide a written NOA by mail.</td> </tr> <tr> <td>2D</td> <td>Refer the applicant to the appropriate FRC for Medi-Cal and/or CalFresh using form 07-107 HHS (Referral Form), if requested.</td> </tr> </tbody> </table>	Step	Action	2A	Advise the applicant of all reasons for the denial.	2B	Advise the applicant of the right to a GR Hearing.	2C	Provide a written NOA by mail.	2D	Refer the applicant to the appropriate FRC for Medi-Cal and/or CalFresh using form 07-107 HHS (Referral Form), if requested.
Step	Action										
2A	Advise the applicant of all reasons for the denial.										
2B	Advise the applicant of the right to a GR Hearing.										
2C	Provide a written NOA by mail.										
2D	Refer the applicant to the appropriate FRC for Medi-Cal and/or CalFresh using form 07-107 HHS (Referral Form), if requested.										
3	Image a copy of the NOA in the case file.										

GRPG Letter 73 (1/14)

**N.
NOAs for Pre-
Application
Denials**

So that CalWIN can generate the proper denial NOA, Data Collection must be completed with all of the available information including the information showing ineligibility.

GRPG Letter 73 (1/14)

90-100.03. INTAKE

B. Purpose

The Intake interview is the second step in the Intake process and is designed to accomplish the following objectives:

- determine that the applicant meets all eligibility requirements
- complete all necessary forms and documentation required to establish eligibility and complete the Intake process
- explain the rights, responsibilities, and requirements to the applicant including the right to a GR Hearing
- notify the applicant of any additional requirements that must be met before aid is continued beyond a specified period

All applications must be processed (approved/denied) within 30 days of the date of application. Applicants approved for an Expedited Intake must have an Intake interview within 3 business days of application (along with the CalFresh Expedited Services processing to the extent possible).

GRPG Letter 73 (1/14)

C. General Interview Requirements

Intake workers must follow the actions in the table below for all GR Intake interviews.

Step	Action
1	Log in the case on the Intake Appointment Log.
2	Complete the Statement of Facts and review the General Relief/CalFresh Orientation Form (11-73 HHSA) and Welcome Form (16-94 HHSA) for consistency and to be sure all questions are answered.
3	Clarify all unclear or inconsistent information with the applicant.
4	If the applicant has a pending SSI application or appeal on MEDS, refer the applicant to SSI Advocacy and Medi-Cal.
5	Explain that if the applicant applies for and receives Supplemental Security Income/State Supplemental Payments (SSI/SSP) the first check will be sent to the Office of Revenue & Recovery (ORR) and any GR paid during this SSI/SSP eligible period will be deducted and the remainder will be sent to the applicant. Complete an Interim Assistance Reimbursement Authorization, SSP 14 and have the applicant sign and date it.
6	If there is a currently active case for another program in another FRC, review the case for consistency with the new application and statement of facts.

7	All homeless applicants will complete a form 11-44H HHSA, Affidavit of Homeless Living Situation, at Intake. Homeless recipients will be required to complete a form 11-44H HHSA at their next face-to-face interview. All recipients who become homeless while receiving GR will be required to complete form 11-44H HHSA during the month in which they report their homeless status.
8	Document all verifications provided and determine if additional items are needed to establish ongoing eligibility.
9	Explain to the applicant his/her rights and responsibilities, including an explanation of the Medi-Cal, CIHS, and CalFresh programs and regulations, if applicable. Advise the applicant that he/she may be categorically eligible to CalFresh benefits and provide the CalFresh application forms, if needed.
10	Have the applicant and sponsor, if applicable, read and sign form 11-19 HHSA (Lien Information), and form 11-22 HHSA (Grant of Lien) if the clearance does not indicate an active lien.
11	Evaluate if the client meets the criteria for Substance Abuse Services “reasonable suspicion.” If yes, complete form 11-94 HHSA, Documentation of Reasonable Suspicion (file in case and fax a copy to the RRC), and provide the client form 11-89 HHSA GIN, Substance Abuse Services Informational Notice. Refer the applicant to an Orientation. The case will be approved, if otherwise eligible.

GRPG Letter 73 (1/14)

**E.
Requirements
for Non Able-
Bodied**

Intake workers must follow the actions in the table below for Non Able-Bodied applicants.

Step	Action	
1	All applicants claiming to be unable to work or to have work restrictions are required to complete and sign the Applicant’s Statement of Employability, 11-65 HHSA.	
2	If the applicant is ...	Then ...
	under a sanction or quit a job without Good Cause within the past 30 days,	no aid is to be issued until verification of inability to work is received.
	not under a sanction,	explain the requirements and provide verification forms as needed for verifying inability to work.

3	Follow the procedures in GRPG 90-250.2 for applicants who choose to have the County pay for the employability evaluation.
4	Give a Verification of Physical/Mental Incapacity – General Assistance (CSF 24) to applicants who choose to go to a private provider. The patient’s statement of medical condition and authorization for release sections are to be completed by the applicant during the pre-application interview. NOTE: Do not use black ink to complete this form. Use of colored ink will assist workers to identify forms which have been inappropriately photocopied.
5	Presume the applicant to be employable until verification of unemployability status is received unless the applicant meets the requirements for Administrative Unemployability.

GRPG Letter 73 (1/14)

**F.
Expedited
Intake
Processing**

Workers must follow the actions in the table below when processing an Expedited Intake.

Step	Action
1	Review the SAWS 1.
2	Conduct the Intake interview.
3	Verify the applicant’s identity, and collect necessary verification.
4	Process the application as soon as all verifications are received.

GRPG Letter 73 (1/14)

**G.
Expedited
Intake
Certification
Periods**

The appropriate certification period based on AB, EL, or IP/IAP eligibility will be used when approving the application after the Expedited Intake.

GRPG Letter 73 (1/14)

**H.
Failure to
Appear**

If the applicant fails to appear for the Intake interview, the application must be denied. A NOA must be mailed to the applicant.

If the applicant contacts the FRC ...	Then the worker must ...
--	---------------------------------

within the 30-day application processing timeframe,	reschedule the Intake interview.
after the 30-day application processing timeframe,	inform the applicant that the denial will stand and he/she must reapply.

GRPG Letter 73 (1/14)

**I.
Pending
Verifications
for Normal
Processing**

If the applicant does not provide all required verifications requested by the pre-application worker by the end of the intake day, or new information was discovered during the Intake interview which requires verification, the worker will leave the GR case in pending status. A request for the pending verifications will be provided to allow the applicant 10 days to provide the verification.

If the verifications have not been provided by the 10-day deadline, the application will be denied. However, if the applicant informs the worker that additional time is needed, an extension will be allowed to they date the applicant expects to be able to provide the verification.

GRPG Letter 73 (1/14)

**J.
Pending for
Outstanding
Warrants**

Any case with an individual with an outstanding misdemeanor warrant will be pended to allow the applicant additional time to clear the warrant and provide proof. This does not apply to fugitive felons, convicted drug felons, or probation/parole violators.

GRPG Letter 73 (1/14)

**P.
Denials**

Intake workers must follow the actions in the table below when denying a GR application.

Step	Action
1	Denials must clearly distinguish ineligibility from withdrawals.
2	If the applicant is ineligible or withdraws, the worker must: <ul style="list-style-type: none"> • Advise the applicant of all reasons for the denial • Advise the applicant of the right to a GR Hearing • Complete and mail a NOA
3	Log the case out on the Intake Appointment Log.
4	Complete entries on the Intake Worker Log.
5	Complete the Case Comments, imaging, etc.

GRPG Letter 73 (1/14)

90-100.04. REDETERMINATION

B. Purpose

The Redetermination interview is designed to accomplish the following objectives for GR cases:

- To determine that the recipient continues to meet all eligibility requirements.
- To complete all necessary forms and documentation required to establish ongoing eligibility. A GR Redetermination Packet should include forms:
 - 11-38 HHSA Coversheet
 - 11-38R HHSA, Redetermination – Statement of Facts Supporting General Relief Eligibility
 - 11-44H HHSA, Affidavit of Homeless Living Situation or CSF 47, Shelter Cost Statement
- To complete a new Authorization for Reimbursement of Interim Assistance (SSP 14).
- To explain all the rights, responsibilities, and requirements to the recipient including the right to a GR Hearing.
- To discontinue all ineligible recipients and refer them to other programs or resources as appropriate.

GRPG Letter 73 (1/14)

C. Redetermination Process

Granted workers must follow the actions in the table below when completing the GR Redetermination.

Step	Action
1	Thoroughly review the GR case (and any companion cases) before sending the redetermination notice to the recipient to determine what type of verifications the recipient is required to provide at the redetermination interview. These items shall be clearly identified for the recipient on Form 11-39 HHSA, Notice of GR Renewal Appointment (Appendix C).
2	Complete the Statement of Facts during the redetermination interview.
3	If the recipient has an SSI application or appeal pending in MEDS, refer the recipient to SSI Advocacy and Medi-Cal.
4	Obtain recipient's and worker's signatures and date on a new Authorization for Reimbursement of Interim Assistance (SSP 14).
5	Homeless recipients who fail to complete the 11-44H HHSA will be discontinued with timely notice.

6	Recipients who provide fraudulent or inconsistent information will be referred to PAFD.
7	Document all verifications provided and determine if additional items are needed to establish ongoing eligibility.
8	Convert the case and advise the recipient of the appropriate program requirements if there has been a change in the employability status of the recipient.
9	Evaluate if the recipient meets the criteria for Substance Abuse Services reasonable suspicion. If yes, complete form 11-94 HHSA, Documentation of Reasonable Suspicion, and provide form 11-89 GIN, Substance Abuse Services Informational Notice. Refer the recipient to an orientation.
10	Do not change the GR recertification date to match any other program's timeline if the worker receives an alert to align the GR recertification date with another case recertification.
11	Discontinue the case with timely and adequate notice if the recipient is now ineligible.

90-100.05. ORIENTATION/RIGHTS AND RESPONSIBILITIES

B. Applicant/ Recipient Rights

The applicant/recipient has the right to:

- Be treated with courtesy and consideration.
- Be served without regard to race, color, religion, age, sex, national origin, political belief, handicap, or marital status; and to file a complaint should the applicant/recipient feel he/she has been discriminated against.
- Have eligibility determined promptly after providing all required information and documents.
- Be notified in writing of all reasons for the denial of the application for GR.
- Be notified in writing 10 days prior to any decrease or discontinuance in aid and all reasons therefore.
- Request a conference with the supervisor to discuss or clarify disputes involving discrimination, complaints, or eligibility requirements of any proposed denial, discontinuance, or decrease in the grant amount.
- Ask to review manuals containing the rules and regulations of the GR program.
- Request bus tokens to comply with program requirements prior to aid being granted.
- Talk to a Substance Abuse Services program provider if he/she disagrees with the Substance Abuse Services screening results.
- Request a GR Hearing to obtain a full and impartial review of any proposed denial, discontinuance, or decrease of aid.
- Have the information in his/her case record kept confidential by the HHSA.
- Have personal privacy. However, certain personal information is required to determine eligibility for aid.

GRPG Letter 73 (1/14)

90-100.06. AGE REQUIREMENTS

B. Minors

Minors (under age 18) are not eligible to receive GR unless the minor:

- Is married
- Was married and is now divorced or separated (but not annulled)
- Was emancipated by court order
- Is under the supervision of a Social Worker and the Social Worker recommends approval to receive GR
- Is approved to receive aid for Transportation to Resource
- Is a CalWORKs recipient who is affected by the Maximum Family Grant (MFG) rules and is in a zero-grant CalWORKs case

Minors shall be required to provide verification of marriage, divorce, or emancipation, if applicable, in order to establish eligibility for GR. These types of verification shall be clearly documented in the case record. Minors living in the home of a parent or stepparent shall be denied GR, and CalWORKs shall be deemed an available resource, unless they are an MFG child in a zero-grant CalWORKs case. Minors ineligible to CalWORKs due to ineligibility under the Maximum Family Grant requirement are ineligible to GR unless the CalWORKs case is receiving a zero-grant. E through I, below, provides the requirements for MFG children in a zero-grant CalWORKs case.

GRPG Letter #73 (1/14)

F. MFG Children

Children who are affected by the CalWORKs MFG rules are eligible for GR only if all of the following requirements are met:

- All age-appropriate immunizations have been received (see [CalWORKs Program Guide 42-100.J](#));
- Is attending school full-time (see G through H, below); and
- The parent(s) have signed a lien against all current and future property as the responsible relative of the child.

Verification of immunization and school attendance must be verified at application and redetermination.

GRPG Letter #73 (1/14)

I. Quarterly Reporting

Parent(s) of MFG children who are receiving GR must complete a quarterly report. The worker must also review CalWIN to ensure that the CalWORKs case still has a zero grant.

GRPG Letter #73 (1/14)

90-100 APPENDIX D. GR ORIENTATION SCRIPT

Hello, my name is _____. I will be explaining the General Relief, or GR, rights and responsibilities, GR program requirements and CalFresh Employment and Training (E&T) requirements.

Your Rights as a GR Applicant/ Recipient

You have the right:

1. To be treated with courtesy and consideration.
2. To receive services without regard to race, color, national origin, religion, political affiliation, marital status, sex, age, disability, ethnic group identification, sexual orientation, or domestic partnership.
3. To file a complaint for acts of discrimination.
4. To have your eligibility determined promptly after you provide all required information and documentation.
5. To be told in writing of all the reasons if your case is denied.
6. To be notified in writing prior to any decrease or discontinuance in aid and informed of all reasons for the action.
7. To request a meeting with the Supervisor to talk about any disputes involving discrimination, complaints, rules, or proposed denials, decreases, or discontinuances.
8. To ask for review manuals containing the rules and regulations for the GR program.
9. To request bus tokens to comply with program requirements prior to aid being granted.
10. To talk to a Substance Abuse Services program provider if you disagree with the Substance Abuse Services screening results.
11. To have your records kept confidential by the Health and Human Services Agency unless you are getting cash aid and there is an outstanding misdemeanor or felony warrant.
12. To have your records kept confidential by the Health and Human Services Agency. However, certain information is required to determine your eligibility for County aid, and for County, State, and Federal reporting requirements.
13. To request a GR Hearing to obtain a full and impartial review of any decrease, discontinuance, sanction or denial of GR cash aid.

Your Re-

As a condition of GR eligibility you are responsible for:

**responsibilities
as a GR
Applicant/
Recipient**

1. Giving us the documents and information we need to figure your eligibility and amount of cash aid.
2. Cooperating with all GR rules.
3. Telling your worker within 5 calendar days, by telephone, letter, or in person, whenever any of the following changes occur:
 - a. A change of address, rent amount, or in the number of people you live with;
 - b. A change in your ability to work;
 - c. You start work, even if part-time or temporary;
 - d. You receive money/property from any source;
 - e. You receive free housing and/or utilities;
 - f. You have a change in alien or marital status; or
 - g. You or anyone on the case become(s) pregnant.
4. Attending a Substance Abuse Services Orientation and enrolling in the program. The first step after enrolling is to attend an Assessment. If the Assessment indicates you have a drug or alcohol problem, you will be required to cooperate with random drug testing, self-help meetings, and group sessions. You may be placed on a waitlist for treatment services. You must cooperate with all waitlist activities.

If you do not cooperate with any of these rules, your case may be closed or your cash aid may be lowered.

Form 11-38 HHSA Coversheet describes your rights and responsibilities as a GR recipient. We have just reviewed these rights with you. Please sign and date the 11-38 HHSA Coversheet now.

**GR Program
Requirements**

1. You must have an acceptable identification, which can be expired. It must either have a picture, such as a driver's license or a DMV ID card, or a physical description.
2. You must live in San Diego County and have resided here for a minimum of 15 days. You must show proof of residency, such as a rent or utility receipt, or provide a statement that you intend to live here.
3. You must sign an agreement to repay ALL cash assistance issued to you, or for you, such as a payment to a landlord or other authorized facility.

If you are a sponsored alien and your legal sponsor completed an affidavit of support, he/she is required to sign an agreement, in person, for the repayment of all cash aid you receive during your sponsorship period.

4. You must sign a lien against any real property you now own or may own in the future.

If you are a sponsored alien and your legal sponsor completed an affidavit of support, he/ she is required to sign a lien, in person, against his/her income and/or property for the repayment of all cash aid you receive during your sponsorship period.

5. You must provide verification of:
 - a. Income from current or past months (such as pay stubs, unemployment, Social Security, VA disability, free housing, etc.);
 - b. Motor vehicle registration for a car, motorcycle, camper, trailer, boat, truck, etc.
 - c. Any bank or credit union accounts, including the address and account numbers and balances;
 - d. Insurance policies (such as burial insurance, life insurance, other burial arrangements such as plots, crypts, etc.);
 - e. Current assessed value of real property;
 - f. Alien registration card and sponsorship information (if sponsored), if you are not a U.S. citizen; and
 - g. Social Security number.
6. You must be fingerprinted and photographed. The fingerprint images and photographs will be matched with other GR applicants/recipients on the county's computer system.
7. You are considered Able-Bodied if you are able to perform a work project known as Job Training (JT). You must cooperate fully with all Able-Bodied rules. Rules include:

Attending orientation, completion of a work test and work project or another approved job training activity each month for the number of hours determined by your worker using your net grant divided by minimum wage, turning in 20 written job applications, completion of a monthly eligibility report (form CW 7), and accepting any job offer that pays at least minimum wage.

The GR Employable Able-Bodied program provides assistance to eligible applicants who are temporarily out of work. The goal of this program is to help you get a job. To help you reach this goal, job search activities and work project or training programs are required during each month of aid. If you have a problem with your JT worksite the first month, report it to your worker. After completion of the first month's work assignment, you will have an interview with an Employment and Training Social Worker. The social worker will discuss available employment and

training services, review your work background, and give you your second month's work project assignment.

Note: If you are injured on your work project, tell your worksite supervisor immediately.

You may be referred to the GR Grant Diversion (GRGD) program by the Work Experience Social Worker. In this program, the GR grant payment is used as a wage subsidy to private sector employers who hire you. Grant Diversion, acting as an incentive payment to employers, will provide work experience to GR employable persons resulting in unsubsidized employment. In effect, during GRGD, the welfare check is converted into a paycheck. You may participate in GRGD only once in a lifetime.

If otherwise eligible for GR, you will be eligible as Able-Bodied for a maximum of 3 months in a 12 month period. The 3 month period of eligibility and/or the 12 month period of eligibility may be affected if you do not cooperate with any GR rules.

Under certain circumstances (if a participant obtains verified employment or paid training) GR payments may be continued through the first payday, or in GRGD cases up to an additional three months.

If you do JT, the hours actually worked will be used to pay back your GR. You will pay back your GR at minimum wage for your JT. EXCUSED ABSENCES DO NOT PAY BACK GR. JT ALTERNATIVES DO NOT PAY BACK GR.

If you fail to cooperate, your case may be closed or denied for one to three months.

8. The written job applications that employable GR clients must complete each month if they wish to continue receiving GR are called job searches. Able-Bodied participants must complete at least 20 job searches a month (may be more depending on the amount of JT project hours they complete). The rules for job searches are:
 - You must turn in a separate written job application, in person, to different employers who have job openings available.
 - Your applications must be written (not verbal) and include your name and address or phone number. If you do not have an address or phone number, please use the address of the shelter where you receive services, and let us know that this is a mailing address.
 - You must report these job contacts on the General Relief Job Application Record (form 11-7 HHSA) and return it each month with your income report (CW 7) by the 5th of each month while your case is open. Make sure all the reported information is on the form, because your worker must call and check that you have applied for

these jobs. If an employer will not give out their phone number nor has no phone, do not report that employer on the form. You must complete another application with a different employer instead. Keep a copy of the form for your records.

- You must not turn in applications to the same employer two months in a row, unless they are for different jobs.
- The following kinds of job applications will not count:
 - Applications made before you applied for GR;
 - Applications turned in to referral agencies, such as EDD or MAAC, and not directly to the employer ;
 - Applications for paid or unpaid training.

Not following these rules may cause you to be sanctioned. If you turn in your Job Application Record Form late, your case may close for one month. If you do not complete the required number or the right kind of applications (written applications to different employers), your case may close and you may be sanctioned for three months.

If something unexpected happens that is not your fault and keeps you from doing all of your work project or job searches, tell your worker right away. Get proof of what happened in writing and tell your worker how it kept you from doing your work project or job search. This is called "Good Cause." Your worker may be able to continue your cash aid instead of closing or sanctioning your case. Here are some examples of Good Cause:

- You have a medical emergency, doctor appointment, sudden illness or hospital stay. Give your worker a copy of the appointment notice, hospital papers or statement from the doctor.
- You were arrested, in jail, had a court appointment or a required interview with your lawyer, probation or parole officer. Provide the ticket, jail release papers, subpoena or statement from the person with whom you met.
- You had a job interview (not counseling) scheduled before we gave you your project. Let your worker know right away and give the employer's name, telephone number, date and time of the interview. After the job interview, give your worker proof that you went.
- You start a job or paid training. Tell your worker. The worker will give you a form for the employer to complete.
- Through no fault of your own, you do not get your benefits before you start your work project and the site is too far to walk. Tell your worker if you have not received your benefits by the day before your work project starts.
- Your written proof must always cover the days that you missed your

work project or job search

9. You are considered Employable with Limitations if you are not able to perform a JT work project. Medical verification of your limitations is required. If you cannot obtain a medical verification from your own doctor, you will be scheduled for an appointment to see a county contracted doctor for an employability evaluation. If you have any medical records, bring them to your medical appointment. You must cooperate fully with all Employable with Limitations rules. Rules include completion of a quarterly eligibility report (CW 7).

If otherwise eligible for GR, you will be eligible as Employable with Limitations for as long as you are medically verified as unable to work.

10. You are considered Incapacitated if you are receiving disability-based income (such as disability insurance, State Disability Insurance, Worker's Compensation, Social Security disability, VA disability based on 100% disability). You must cooperate fully with all Incapacitated rules. Rules include:

Completion of a quarterly eligibility report form (CW 7).

If you fail to cooperate, your case may be closed or denied.

11. You are considered Interim Assistance if you are unemployable for 12 cumulative months or longer with the same medical/mental condition(s) and can provide medical verification. A legal immigrant may be eligible under Interim Assistance Program (IAP) if he/she has a disability that has lasted or is expected to last 12 months or longer and:

- Has applied for or is receiving ABD Medi-Cal based on a disability determined by the State Disability Determination Service Division (DDSD), or is under reconsideration or appeal for SSI or Medi-Cal DDSD denial; or
- Is age 65 or older and has applied for or is receiving ABD Medi-Cal or is under reconsideration or appeal for and SSI or Medi-Cal DDSD denial.

You must cooperate fully with all Interim Assistance rules. Rules include:

- Applying for or reapplying for SSI if potential eligibility exists;
- Filing an appeal if your SSI is denied and potential eligibility exists (for example, U.S. citizen who is permanently disabled);
- Applying for or reapplying for Medi-Cal DDSD;
- Filing an appeal if your Medi-Cal DDSD is denied and your medical condition has worsened or is not being corrected through the prescribed course of treatment;
- Providing acceptable medical verification; and
- Completion of a quarterly eligibility report form (CW 7).

If you fail to cooperate, your case may be closed or denied.

If you want to apply for SSI benefits, or even if you have already applied and want some help, we have an SSI Advocate in this FRC who can help you. The SSI Advocate is from the Legal Aid Society of San Diego. If you want to see the Advocate, ask for an SSI Advocacy flier or ask your worker to refer you to the Advocate.

12. Giving HHSA fraudulent documents or not giving the Agency information to get GR benefits or to get more benefits than you should, could make you lose your GR for 30 days, 90 days, or six months. If you are convicted of welfare fraud, you could lose your GR benefits for 6 months, 12 months or permanently.
 13. Destructive or violent acts or threats in the FRCs, or at agencies with which we contract for work projects or Substance Abuse Services will not be tolerated and could result in sanctions of 90 days for the first incident, 180 days for the second incident and permanent ineligibility for the third.
-

**CalFresh
Employment
and Training
(E&T)
Requirements**

1. If you are an able-bodied GR recipient and receiving CalFresh or a CalFresh volunteer, you are also referred to participate in the CalFresh Employment and Training Program, also known as E&T. The goal of this program is to introduce you to the work environment to help strengthen work habits, develop new skills and make employment contacts that could lead to permanent employment. E&T consists of Job Searches and Workfare.
 2. Participants must complete at least 20 Job Searches a month. Requirements for Job Searches are the same as for GR. If you meet the requirements for GR, you will automatically meet the requirements for E&T.
 3. Participants must also complete Workfare. The number of hours of work assigned each month is determined by dividing the household's CalFresh allotment by the federal or state minimum wage, whichever is higher. Fractions of hours or obligation will be rounded down.
 4. If you fail to complete the E&T requirements and do not have Good Cause, you will not be sanctioned from the CalFresh Program; however you will be dropped from E&T.
-

**General
Information**

1. HOMELESS – If you are homeless, you will be told by your Intake worker when and where to pick up your notices and other mail from the Agency.
2. APPOINTMENT SYSTEM – If you need to see your worker, you must make an appointment in advance by calling your worker. You may not be seen without an appointment. If you arrive at a scheduled appointment more than fifteen minutes late you will not be seen. If you are late or miss your scheduled appointment, you can ask to be re-

scheduled.

This concludes the Orientation. Please sign and date the Orientation form. You must come to your next scheduled appointment at least fifteen minutes early and have all your paperwork completed, and bring the verifications we have asked for or your case will be denied.

GRPG Letter #73 (1/14)

90-100 APPENDIX G. IMMUNIZATION SCHEDULE

This appendix was made obsolete by GRPG Letter 7Y.

90-120.1. GENERAL

A. Policy

Workers shall evaluate all GR applicants and recipients for “reasonable suspicion” of substance abuse (see [C](#), below).

If the worker determines that there is reasonable suspicion of a substance abuse problem, he/she will refer the individual to the appropriate Alcohol and Drug Services (ADS) contracted Regional Recovery Center (RRC). While most referrals will be made at pre-application, referrals may be made any time there is a reasonable suspicion of substance abuse. A finding of chemical dependency, alone, shall have no bearing on the employability status of the applicant/recipient.

GRPG Letter #73 (1/14)

B. Substance Abuse Services

Providing alcohol and drug services to GR applicants/recipients offers a direct service and intensive monitoring that promotes individual responsibility leading to self-sufficiency. Each referral will be tracked for compliance and the RRC will notify the referring FRC if the individual fails to comply with program requirements. Non-compliance with required appointments/activities will result in sanction or discontinuance of GR benefits.

The table below shows the components of substance abuse services:

Component	Description						
Evaluation of “Reasonable Suspicion”	<p>Workers evaluate all GR applicants/recipients for “reasonable suspicion” of substance abuse as follows:</p> <table border="1" data-bbox="646 1402 1395 1667"> <thead> <tr> <th data-bbox="646 1402 841 1438">For...</th> <th data-bbox="841 1402 1395 1438">The evaluation is completed...</th> </tr> </thead> <tbody> <tr> <td data-bbox="646 1438 841 1591">applicants,</td> <td data-bbox="841 1438 1395 1591">prior to or at the intake appointment, or at any time thereafter if a subsequent contact determines there is reasonable suspicion.</td> </tr> <tr> <td data-bbox="646 1591 841 1667">recipients,</td> <td data-bbox="841 1591 1395 1667">at any time it appears there may be a substance abuse problem.</td> </tr> </tbody> </table>	For...	The evaluation is completed...	applicants,	prior to or at the intake appointment, or at any time thereafter if a subsequent contact determines there is reasonable suspicion.	recipients,	at any time it appears there may be a substance abuse problem.
For...	The evaluation is completed...						
applicants,	prior to or at the intake appointment, or at any time thereafter if a subsequent contact determines there is reasonable suspicion.						
recipients,	at any time it appears there may be a substance abuse problem.						
Orientation	RRCs provide information to referred individuals on the treatment options and the expectations of the RRC. The RRC will provide the individual an opportunity to enroll in the program. Referred individuals must agree to enroll in the program as a						

	condition of GR eligibility and for an assessment to be completed and a treatment plan developed.
Waitlist	Since GR recipients are not treated differently from any other referral to the RRC, there may be a waitlist for services. Individuals referred for substance abuse services must comply with waitlist activities so that they are not dropped from the program. Failure to cooperate with waitlist activities will result in ineligibility for GR. Form 11-114 HHSA is used to track the attendance at waitlist activities.
Outpatient Drug Free Treatment	Provides 2-3 group sessions per week based upon the assessment and individual treatment plan. This is one option for alcohol and drug treatment.
Day Care Habilitative Treatment	Requires a 3-4 sessions per week based upon the assessment and individual treatment plan. This is the other option for alcohol and drug treatment.
Drug Testing	RRCs administer drug tests according to the RRC's usual operations. Participants testing positive shall be required to attend more frequent or intensive services such as self-help meetings, residential or detoxification services.
Ongoing Use By Participants	Participants who continue to use alcohol/drugs during treatment will be evaluated for referral to detox or residential treatment. Workers must evaluate for ongoing GR eligibility depending on the type of facility to which the individual was referred (see GRPG 90-500.2.K-M.)
Referral to Ancillary Services	RRCs refer participants to ancillary services, such as shelter or housing, emergency food or clothing, medical care, mental health services, or family counseling. Participation in such services if voluntary.
Discharge Plan	RRCs prepare a discharge plan for each participant for recovery support and reinforcement of continued efforts toward self-sufficiency after completion of the program.

GRPG Letter #73 (1/14)

C. Evaluation of "Reasonable Suspicion"

Workers will evaluate all GR applicants/recipients for substance abuse using form 11-94 HHSA, Documentation of Reasonable Suspicion ([Appendix A](#)). The information recorded on this form is not to be shared with the applicant/recipient. If an individual is to be referred to substance abuse services, the completed 11-94 will be faxed to the RRC along with the Screening/Assessment Sign-In Log.

Appropriate individuals to be referred to substance abuse services are those who:

- Exhibit objective symptoms and are determined to meet the “reasonable suspicion” criteria;
- Have previously been determined chemically dependent (CD);
- Have been discontinued or sanctioned for failure to cooperate with substance abuse services; or
- Have been denied or discontinued from SSI due to drug and/or alcoholism.

GRPG Letter #73 (1/14)

**D.
Notification of
Clients**

GR applicants/recipients will be informed of substance abuse services requirements as follows:

- 11-38 HHSA Coversheet
- 11-89 GIN, Substance Abuse Services Informational Notice ([Appendix B](#))
- 11-89 HHSA, Substance Abuse Services Appointment Letter ([Appendix C](#))

Any one or a combination of these methods of notification shall be deemed acceptable for QC/Appeals purposes.

GRPG Letter #73 (1/14)

90-120.2. DEFERRALS AND EXEMPTIONS

A. General

This section provides information regarding deferrals and exemptions to the substance abuse services program.

GRPG Letter #73 (1/14)

B. Deferrals

Deferrals are temporary postponements of requirements. Only RRCs may defer individuals from substance abuse services participation. This is based on an assessment that the participant is not chemically dependent or that they are unable to meet minimum cognitive requirements for participation in the program.

GRPG Letter #73 (1/14)

C. Exemptions

Applicants/recipients in exempt status are not referred to substance abuse services. Workers shall exempt from participation individuals who are unable to attend the Orientation or Assessment process due to medical conditions. Individuals who require a home call due to a medical condition meet this requirement. Supervisor approval for the exemption is required. Referral, if reasonable suspicion continues, will be completed at the end of the exemption.

Documentation in the case file of the approved exemption must include the following:

- Supervisor's signature;
- Reason for the exemption (for example, medical condition); and
- Length of time of the exemption (not to exceed six months).

GRPG Letter #73 (1/14)

90-120.3. PRE-APPLICATION

A. General

This section provides information on substance abuse services requirements during the pre-application process.

GRPG Letter #73 (1/14)

C. Scheduling for Substance Abuse Services

The RRCs shall provide GR FRCs with schedules for Orientation. When the worker determines that an applicant needs a referral to substance abuse services based on the “reasonable suspicion” criteria, the Scheduling Clerk will take the actions in the table below.

Step	Action
1	Issue the applicant a Substance Abuse Services Appointment Letter, form 11-89 HHSA for the orientation appointment.
2	Fax applicant/recipient information for each referral to the appropriate RRC on a Substance Abuse Services Screening/Assessment Sign-In Log, form 11-90 HHSA (Appendix D). If there are no substance abuse services referrals scheduled for any particular day by the GR Scheduling Clerk, the clerk will note this information at the top of the log before faxing as confirmation for the RRCs. Note: If the applicant is already in treatment through another outpatient substance abuse treatment program or at an RRC that is different from the one they would be assigned based on their zip code, they will be referred to continue in that program, and must not be referred to the RRC for their zip code.
3	Provide the applicant with a supply of forms 11-114 HHSA, Waitlist Attendance Log, in case the applicant is placed on a waitlist.

GRPG Letter #73 (1/14)

D. Pre- application Worker

When an individual is referred to substance abuse services Orientation, the Scheduling Clerk will schedule the individual directly into orientation prior to the GR Intake appointment, if possible.

When an individual is referred to orientation, the pre-application worker will take the actions in the table below.

Step	Action
1	Note "Substance Abuse Services Orientation needed" on the 16-94 HHS, Welcome Form.
2	Inform the FRC GR Scheduling Clerk.
3	Maintain the case in pending status until verification (see E , below) of substance abuse services cooperation can reasonably be provided, if otherwise eligible.

GRPG Letter #73 (1/14)

**E.
Substance
Abuse
Services
Cooperation**

Cooperation with substance abuse services for pre-application includes agreeing to cooperate with the substance abuse services program.

GRPG Letter #73 (1/14)

**F.
Verification of
Substance
Abuse
Services
Cooperation**

Verification of cooperation consists of:

- Form 11-89 HHS, Substance Abuse Services Appointment Letter, with the RRCs stamp or signature
- Report from RRC on form 11-90 HHS, Substance Abuse Services Orientation Sign-In Log, that client was "Coop"
- Form 11-114 HHS, Waitlist Attendance Log, showing that a client on the waitlist is complying with waitlist activities.

GRPG Letter #73 (1/14)

90-120.4. INTAKE

**A.
General**

This section provides information regarding the Substance Abuse Services requirements during the Intake process.

GRPG Letter #73 (1/14)

**B.
Policy**

The applicant must agree to cooperate with substance abuse services cooperation prior to approval. Attendance at Orientation is not required before approval. RRCs will stamp or sign the lower portion of the appointment letter as proof of cooperation. A copy of form 11-90 HHSA, Substance Abuse Services Orientation Sign-In Log, may be used as back up for verification.

GRPG Letter #73 (1/14)

**C.
Client Attends
Orientation**

The applicant must attend the scheduled substance abuse services orientation before the GR Intake appointment, if possible. The applicant must also enroll in the program so that the assessment can be completed. The RRCs will not complete an assessment until the applicant has attended an orientation and enrolled in the program. Failure of the applicant to attend the orientation or to enroll in the program is considered non-cooperation and results in ineligibility for GR benefits. The applicant may also be placed on a waitlist. The applicant must comply with waitlist activities so that he/she is not removed from the waitlist.

GRPG Letter #73 (1/14)

**E.
Client
Cooperates –
Chemically
Dependent**

If the RRC completes the Assessment before the Intake and indicates that the applicant was determined to be CD and cooperative, the Intake worker will complete the eligibility process; verbally inform the applicant briefly of continuing treatment obligations, and grant aid if the applicant is otherwise eligible.

GRPG Letter #73 (1/14)

**F.
Non-
Cooperation**

The worker will take the following actions for instances of non-cooperation with treatment requirements.

If the ...	Then the worker will ...
Applicant fails to provide	Evaluate for Good Cause or willful

proof of cooperation with substance abuse services and form 11-90 HHSA does not indicate the applicant attended the orientation or assessment or 11-114 HHSA is not completed showing cooperation with waitlist activities,	non-compliance.
Intake worker determines non-compliance was willful,	Deny aid. The applicant may reapply and cooperate with treatment requirements without penalty. No sanction shall be applied.

GRPG Letter #73 (1/14)

G. Assessment

The RRCs conduct an assessment after the Orientation when the applicant enrolls in treatment.

If the ...	Then the individual is ...
Treatment counselor determines that the applicant is NCD or does not have the cognitive ability to participate in the Program,	Deferred from further participation.
Assessment/orientation indicates CD and cognitive ability,	Accepted into the RRC for treatment.

Individuals who were previously determined NCD by an RRC and later appear for an HHSA interview intoxicated shall be referred to an RRC for further evaluation and assessment. This is a mandatory referral. "Presumptive CD" shall be entered on form 11-90 HHSA.

GRPG Letter #73 (1/14)

90-120.5. GRANTED

A. General

This section provides information regarding the substance abuse services requirements for Granted workers.

GRPG Letter #73 (1/14)

B. Policy

Granted workers shall refer all CD recipients to an RRC for Orientation. Compliance with substance abuse services requirements is a condition of continuing eligibility. Additionally, the worker may refer the individual to an RRC at any time reasonable suspicion is determined.

Individuals who were previously determined NCD and later appear for an HHS interview intoxicated shall be referred to an RRC for further evaluation and assessment. This is a mandatory referral. "Presumptive CD" shall be entered on form 11-90 HHS.

GRPG Letter #73 (1/14)

C. Scheduling

The GR Scheduling Clerk shall refer recipients who were CD at application to an RRC at redetermination. The purpose of this referral is a status update and an assessment of whether or not the individual should repeat the RRC Orientation, with a focus on potential substance abuse or related behaviors which may have interfered with the recipient's self-sufficiency.

The actions in the table below must be taken to document this referral.

Step	Action
1	Note the redetermination on the Substance Abuse Services Orientation Sign-In Log (form 11-90 HHS).
2	Mail the Substance Abuse Services Appointment Letter (form 11-89 HHS) to the recipient.
3	Recertify NCD recipients for a six-month period, if otherwise eligible.

GRPG Letter #73 (1/14)

D. Cooperation

If proof of treatment cooperation indicates that the client cooperated with the Orientation, Assessment, and waitlist activities (if placed on the waitlist) and was determined to be CD, the Granted worker will:

Step	Action
1	Complete the eligibility process.
2	Inform the recipient briefly of continuing treatment obligations.

GRPG Letter #73 (1/14)

**E.
Non-
Cooperation**

The Granted worker will take the following actions for instances of non-cooperation with treatment requirements.

If the ...	Then the Granted worker will ...
proof of treatment cooperation indicates that the recipient did not cooperate with the Orientation, Assessment, or waitlist activities requirement or the initial treatment requirement,	evaluate for Good Cause or willful non-compliance.
Granted worker determines non-compliance was willful,	enter a Case Comment and discontinue aid with timely notice. The recipient may reapply and cooperate with treatment requirements without penalty. No sanction shall be applied.

GRPG Letter #73 (1/14)

**F.
Treatment/
Recovery**

Upon the recipient's third instance of negligence, or when willful failure is otherwise suspected, the RRCs will communicate treatment compliance issues to the FRC within two work days via form 11-91 HSA, Substance Abuse Services Non-Compliance Form ([Appendix E](#)). Workers will evaluate for willful non-compliance and negligence, determine good cause and apply a sanction if appropriate.

GRPG Letter #73 (1/14)

**G.
Assessment/
Orientation**

After the Orientation and if the individual enrolls in the program, the RRC conducts an assessment with the recipient.

If the ...	Then the individual is ...
Treatment counselor determines that the recipient is NCD or does not have the cognitive ability to participate in the treatment program,	deferred from further participation.

assessment/orientation indicates CD and cognitive ability,	accepted into treatment.
--	--------------------------

RRCs will fax Form 11-90 HHS listing the individuals who failed to attend the Orientation no later than the morning of the work day following the scheduled Orientation.

Workers will discontinue GR with timely and adequate notice for each individual who failed to attend the Orientation. The recipient is to be informed that he/she must show good cause for failure to attend the Orientation prior to the date of discontinuance. No sanction shall be applied. When the recipient responds, the worker shall evaluate for willfulness or good cause, as indicated in GRPG [90-120.6](#). The good cause determination will be documented in Case Comments, along with the date of non-compliance and the corresponding good cause criteria. If the recipient fails to respond by the end of the month of closure, the non-cooperation or failure to provide documentation of good cause shall be presumed to be willful. Once the non-cooperation has been determined to be willful, a sanction shall be applied as stated below.

GRPG Letter #73 (1/14)

**I.
Graduation
and On-going
Recovery**

Upon successful completion of the [Treatment Program](#), the individual moves toward ongoing recovery and is expected to continue to pursue or maintain sobriety independently.

GRPG Letter #73 (1/14)

90-120.6. SANCTIONS/COMPLIANCE/GOOD CAUSE

A. General

This section provides information on the treatment of individuals who are reported as being non-compliant with the substance abuse services requirements.

GRPG Letter #73 (1/14)

B. Sanction Policy

Cooperation with treatment requirements shall be a condition of eligibility. Willful failure to comply shall result in discontinuance of aid, or 90 and 180-day sanction periods. If willful failure is not established and documented, no sanction shall be applied. See the table below for actions regardless of whether the failure was willful or non-willful.

If the individual is an ...	Then the case shall ...
applicant,	be granted at GR Intake if all other eligibility factors have been met.
recipient,	be discontinued with timely notice and apply the appropriate sanction, if appropriate.

GRPG Letter #73 (1/14)

C. Orientation Compliance

Aid will be discontinued for willful failure to comply with Orientation requirements, including failure to enroll in the program after the Orientation. Timely and adequate notice is required. No sanction shall be applied for Orientation non-compliance.

GRPG Letter #73 (1/14)

D. Waitlist Activities Compliance

Aid will be discontinued for willful failure to comply with Treatment Waitlist activities requirements. Timely and adequate notice is required. No sanction shall be applied for treatment waitlist activities non-compliance.

GRPG Letter #73 (1/14)

E. Treatment Assessment Compliance

Aid will be discontinued for willful failure to comply with Treatment Assessment requirements. Timely and adequate notice is required. No sanction shall be applied for Treatment Assessment non-compliance.

GRPG Letter #73 (1/14)

**F.
Treatment/
Recovery**

Aid shall be discontinued and a sanction applied for willful failure to comply with treatment/recovery requirements. After intake, and after the recipient reports to the Treatment Program site for the recovery services program, treatment program staff determines ongoing requirements. Timely and adequate notice is required. Sanction periods for non-compliance with treatment/recovery requirements shall be 90 days for the first instance of non-compliance, and 180 days for subsequent instances of non-compliance.

GRPG Letter #73 (1/14)

**H.
Examples**

The table below shows some examples of non-compliance situations and the determination.

Situation	Determination
Client is given appointment for screening and bus pass for travel, then fails to attend screening and provides no excuse.	Willful
Client fails to report for drug testing and provides no excuse.	Willful
Client fails to report to treatment group session for recovery, after two previous acts of negligent failure to comply with requirements.	Willful
Client is given directions regarding when and where to report for screening, then fails to report to the RRC after the self-help meeting, claiming to have misunderstood directions.	Negligent
Client arrives 30 minutes late for orientation/treatment/recovery.	Negligent

GRPG Letter #73 (1/14)

**I.
Good Cause**

If it is determined that the recipient had good cause for non-compliance, the recipient shall continue with Treatment Program requirements, and no sanction shall be applied.

Good cause shall be defined as verified circumstances beyond the recipient's control that prevented him/her from complying with treatment requirements. Circumstances beyond the recipient's control may include:

- A medical emergency, hospitalization, doctor's appointment, personal/household illness, or crisis on the day of the absence;
- Incarceration, arrest, jail or required court appointments;

- Prearranged job interview;
- Employment or paid training; or
- Other verified circumstances beyond the recipient's control.

GRPG Letter #73 (1/14)

**K.
Work Project
Assignments**

If possible, Work Project assignments and treatment requirements should be scheduled so as not to conflict or overlap. Mandatory attendance at a treatment group or educational session that conflicts with the Work Project is a valid excuse for missing a day of the Work Project assignment. Attendance at self-help meetings, however, which are available in several locations and times on a daily basis, shall not be a valid excuse for non-cooperation with Work Project requirements.

GRPG Letter #73 (1/14)

90-120.7. SYSTEM ABUSE

A. General

This section provides information regarding instances in which a system abuse sanction may be imposed for non-cooperation with the substance abuse services requirements.

GRPG Letter #73 (1/14)

B. System Abuse Sanctions

Applicants and recipients who forge any of the treatment program forms or adulterate or substitute urine specimens are subject to System Abuse Sanctions. Workers can determine if the forms have been forged by verifying the entries on the forms against the logs received by the RRC. The RRCs will notify the FRC when recipients adulterate or substitute urine specimens. The notification may be oral, followed by form 11-91 HHSA, Substance Abuse Services Non-Compliance Form.

Sanction actions must be completed timely to ensure that recipients do not receive payments to which they are not entitled. For more information on system abuse, refer to GRPG [90-170.5](#).

GRPG Letter #73 (1/14)

90-120.8. COMMUNICATION

A. General

This section provides information on the communication between the FRCs and RRCs regarding the substance abuse treatment.

GRPG Letter #73 (1/14)

B. Substance Abuse Services Liaisons

To facilitate communication between RRCs, each FRC shall appoint a liaison and back up. Names, phone numbers, and mail stops of liaisons shall be given to the GR Program Specialist, and updated as needed. That information will be given to all providers and Behavioral Health Services (BHS) staff.

GRPG Letter #73 (1/14)

C. Communication

To ensure efficient delivery of service, the following information shall be communicated to RRCs with updates as soon as possible:

When	What	Means of Communication
Pre-application	Applicant's name & SSN	Form 11-90 HHSA
Intake	Disposition of application	Form 11-90 HHSA
	<ul style="list-style-type: none"> • Orientation appointment date/time • Work Project schedule • Benefit distribution date • GR Work Project Orientation date • SSI Advocacy appointments/ hearings, if known • Other appointments known to HHSA 	Form 11-90 HHSA
Granted	Discontinuance of aid for any reason	Information gram or phone call to RRC
	Good cause found	Information gram or phone call to RRC
	Orientation appointment date/time, if applicable	Form 11-90 HHSA
	<ul style="list-style-type: none"> • Work Project schedule • Warrant distribution date • GR Work Project Orientation date 	Form 11-90 HHSA

	<ul style="list-style-type: none">• SSI Advocacy appointments/ hearings, if known• Other appointments known to HHS	
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GRPG Letter #73 (1/14)

90-120 APPENDIX A. FORM 11-94 HHSA

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY DOCUMENTATION OF REASONABLE SUSPICION

1. **CASE NO. AND FBU:** _____
NAME: _____ **SSN:** _____

2. **THE CLIENT EXHIBITED THE FOLLOWING OBJECTIVE SYMPTOMS:**

APPEARANCE		BEHAVIOR	
<input type="checkbox"/> burned fingertips or lips	<input type="checkbox"/> drug symbols/paraphernalia	<input type="checkbox"/> belligerent	<input type="checkbox"/> blank stare, stupor
<input type="checkbox"/> extremely thin	<input type="checkbox"/> needle marks or tracks	<input type="checkbox"/> distracted or poor concentration	<input type="checkbox"/> delusions or hallucinations
<input type="checkbox"/> profuse sweating, chills	<input type="checkbox"/> ulcers/sores in and around nose	<input type="checkbox"/> hyperactivity/agitated/ anxious/rapid breathing	<input type="checkbox"/> lethargic
<input type="checkbox"/> nodding off	<input type="checkbox"/> non-responsive	<input type="checkbox"/> paranoia	<input type="checkbox"/> scratching
<input type="checkbox"/> tremors/shaking, e.g. hands	<input type="checkbox"/> unstable balance, uncoordinated	<input type="checkbox"/> unusual behavior _____	

BREATH	EYES	SPEECH	FACE
<input type="checkbox"/> alcoholic	<input type="checkbox"/> bloodshot	<input type="checkbox"/> abusive	<input type="checkbox"/> acne/sores
	<input type="checkbox"/> erratic eye movement	<input type="checkbox"/> mumbles/rambles	<input type="checkbox"/> broken blood vessels-nose
	<input type="checkbox"/> pupils, enlarged	<input type="checkbox"/> rapid	<input type="checkbox"/> runny nose/sniffing
	<input type="checkbox"/> pupils, pinpointed	<input type="checkbox"/> slurred	<input type="checkbox"/> strong thirst/dry mouth
	<input type="checkbox"/> sunglasses indoors	<input type="checkbox"/> excessive talking	
	<input type="checkbox"/> watery		

3. **DOES THE CLIENT ADMIT TO:**

An alcohol/drug problem? NO YES
Prior arrests/drug treatment? NO YES

4. **DOES MEDS OR SSA INDICATE THAT THE CLIENT HAS BEEN DISCONTINUED OR DENIED SSI DUE TO DA & A?**

NO YES

5. **OTHER BASES, IF ANY, FOR REFERRAL (i.e., PRIOR SUBSTANCE ABUSE SERVICES ORIENTATION/PHASE III REFERRAL OR CODED CD ON SS):**

6. **ARE THERE ANY OTHER FACTS AVAILABLE THAT COULD ATTRIBUTE TO SOMETHING OTHER THAN SUBSTANCE ABUSE?**
 NO YES
IF YES, EXPLAIN _____

7. **BASED ON ITEMS 2 THROUGH 6 ABOVE, DOES REASONABLE SUSPICION EXIST TO REFER THE CLIENT TO SUBSTANCE ABUSE SERVICES?**

NO YES

COMPLETED BY (initials) _____ **Wk No.:** _____ **DATE:** _____

90-120 APPENDIX B. FORM 11-89 GIN

County of San Diego

Health and Human Services Agency

SUBSTANCE ABUSE SERVICES INFORMATIONAL NOTICE

The following information provides you with rules and regulations regarding substance abuse services. Please read this form.

RULES

1. You will not be seen if you are late for your appointment.
2. If you are under the influence of DRUGS and/or ALCOHOL, you will not be seen or rescheduled for another appointment.
3. Anyone who acts in a violent, threatening, or abusive manner towards treatment program staff, other clients or property at the treatment program will not be served or rescheduled for another appointment.
4. You are not allowed to have children or pets with you in the screening room. Children will not be allowed to be left unattended in lobby areas. Couples that do not have child care should ask for different appointments.
5. If you are scheduled for an Orientation, you will not be asked to give a blood or urine sample. You must enroll in the program so that an assessment can be completed and a treatment plan, if needed, can be developed for you.
6. If you are scheduled for an assessment, you may be asked to give a blood or urine sample. In addition, you may be scheduled for treatment.

RESPONSIBILITIES

1. You must be on time for your appointment. Allow yourself adequate time to reach your destination.
2. Be aware that this process can last between one to two hours. Allow yourself enough time to complete the process.
3. You are required to complete the orientation, assessment and treatment process, if referred, to qualify for General Relief cash aid.
4. Bring your reading glasses, if you need them.
5. Bring your appointment letter (11-89 HHSA).
6. If you are unable to make your appointment or miss your appointment because of a medical emergency, employment, arrest/incarceration or other circumstances beyond your control, the Health and Human Services Agency may reschedule your treatment appointment. You cannot be rescheduled by staff at the treatment program.

RIGHTS

Refer to the coversheet of the Statement of Facts Supporting General Relief, form 11-38 HHSA, included in your HHSA forms packet.

AVISO DE INFORMACIÓN DE SERVICIOS PARA ALCOHOL Y DROGAS

La siguiente información le proporciona las reglas y responsabilidades del programa de Ayuda General de Servicios para Alcohol y Drogas. Por favor lea esta forma.

REGLAS

1. Usted no será atendido si llega tarde a su cita.
2. Si usted esta bajo la influencia de DROGAS y/o ALCOHOL usted no será atendido ni se le asignará para otra cita.
3. Cualquier persona que actúe de una manera violenta, amenazante o abusiva en contra de empleados de Servicios para Alcohol y Drogas, de otros clientes de Servicios para Alcohol y Drogas, o de propiedad en el sitio de Servicios para Alcohol y Drogas, no será atendido ni asignado otra cita.
4. No está permitido traer niños o animales con usted al examen. No se permite dejar niños sin supervisión en la sala de espera. Parejas que no tienen niñera deben de pedir otra cita.
5. Si se le ha citado para una Orientación, no se le pedirán pruebas de sangre u orina. Debe inscribirse en el programa para que se pueda completar una evaluación y, si es necesario, se pueda desarrollar un plan de tratamiento para usted.
6. Si se le ha citado para un examen, tal vez se le pida que de una prueba de sangre u orina. Además, tal vez se le dé cita para tratamiento.

RESPONSABILIDADES

1. Debe de llegar a tiempo para su cita. Permítase suficiente tiempo para llegar a su destino.
2. Tome en cuenta que el proceso puede durar de una a dos horas. Permítase suficiente tiempo para completar el proceso.
3. Es requisito que usted complete el proceso de análisis, orientación, y/o tratamiento si es necesario, para calificar para beneficios monetarios de Ayuda General.
4. Traiga sus lentes de leer, si los necesita.
5. Traiga su aviso de cita (11-89 HHSA).
6. Si no puede asistir a su cita o falta a su cita por razones de emergencia médica, trabajo, arresto/encarcelamiento u otra circunstancia fuera de su control, la Agencia de Servicios Humanos y de Salud puede darle otra cita para Servicios para Alcohol y Drogas. Los empleados de Servicios para Alcohol y Drogas no pueden darle otra cita para examen u orientación.

DERECHOS

Referiérase a la portada de la forma 11-38 HHSA, Statement of Facts Supporting General Relief, incluida en su paquete de formas de HHSA.

90-120 APPENDIX C. FORM 11-89 HHS

HEALTH AND HUMAN SERVICES AGENCY SUBSTANCE ABUSE SERVICES APPOINTMENT LETTER

CLIENT'S NAME _____
ADDRESS _____

WORKER _____
WORKER NUMBER _____
PHONE NUMBER _____

Case No. _____ Check if client is homeless or has no permanent residence.

You have been scheduled to go to the Regional Recovery Center checked below for an Orientation, substance abuse assessment, recovery services, and random drug tests.

1. Name: _____ Date: _____ Day: _____ Time: _____

2. Name: _____ Date: _____ Day: _____ Time: _____

BE SURE TO ALLOW SUFFICIENT TIME FOR TRAVEL AND CHECK-IN. BRING THIS NOTICE WITH YOU.

If you are unable to appear at the above-scheduled date and time, you must contact your worker immediately. IF YOU OR ANYONE IN YOUR GENERAL RELIEF CASE FAILS TO KEEP A SUBSTANCE ABUSE SERVICES APPOINTMENT, YOUR GENERAL RELIEF BENEFITS MAY BE DENIED OR DISCONTINUED. Call me if you have any questions.

PROGRAM ADDRESS	DESCRIPTION
<input type="checkbox"/> Mental Health Systems (MHS) – Central 6244 El Cajon Boulevard, Suite 15-18 San Diego, CA 92115 (619) 287-8225	One-story gray building in Campus Medical-Dental Center, located between College Avenue and 63 rd Street. BUS ROUTE 1
<input type="checkbox"/> Mental Health Systems (MHS) – North Central 3340 Kemper Street, Suite 105 San Diego, CA 92110 (619) 523-8121	Two-story white building, located between Midway Drive and Sports Arena Boulevard. BUS ROUTES 8, 9, 35
<input type="checkbox"/> Mental Health Systems (MHS) – North Inland 200 East Washington Avenue Escondido, CA 92025 (760) 741-7708	Two-story, white building, located between Waverly Place and N. Juniper Street. BUS ROUTE 352
<input type="checkbox"/> McAlister Institute (MITE) – East County 1365 N. Johnson Avenue #111 El Cajon, CA 92020 (619) 440-4801 x 121	One-story, brown industrial building in Gregory's Industrial Complex between Vernon and Bradley. BUS ROUTES 846, 847, 848, 858, 864, 871 (shuttle), AND TROLLEY
<input type="checkbox"/> McAlister Institute (MITE) – North Coastal 2821 Oceanside Boulevard Oceanside, CA 92054 (760) 721-2743	One-story, bluish-gray building, located between El Camino Real and Fousat. BUS ROUTES 316, 318
<input type="checkbox"/> McAlister Institute (MITE) – South Bay 1180 Third Avenue #3 Chula Vista, CA 91911 (619) 422-3918	One-story, off-white building; located between 3 rd and Oxford Street BUS ROUTE 929 AND TROLLEY

RRC USE ONLY

Person No. _____ NCD CD Cooperative? Yes No N/A

Person No. _____ NCD CD Cooperative? Yes No N/A

Signature / Stamp _____ Date _____

**CONDADO DE SAN DIEGO – AGENCIA DE SALUD Y SERVICIOS HUMANOS
 CARTA DE ASIGNACIÓN A SERVICIOS DEL PROGRAMA SERVICIOS PARA ALCOHOL Y DROGAS**

NOMBRE _____
 DOMICILIO _____

TRABAJADOR(A) _____
 NÚMERO DE TRABAJADOR(A) _____
 TELÉFONO _____

NÚMERO DEL CASO _____

Indique si el cliente es una persona sin hogar o no tiene residencia permanente.

Se le ha asignado asistir a uno de los Centros Regionales de Recuperación marcados en la siguiente sección para una Orientación, una entrevista/evaluación de abuso de sustancias químicas, servicios para su recuperación, y pruebas hechas al azar para detectar dichas sustancias.

1. Nombre: _____ Fecha: _____ Día: _____ Hora: _____

2. Nombre: _____ Fecha: _____ Día: _____ Hora: _____

ASEGÚRESE DE DARSE SUFICIENTE TIEMPO PARA LLEGAR PUNTUALMENTE A ESTA ENTREVISTA. TRAIGA CONSIGO ESTE DOCUMENTO. Si usted no puede presentarse en el lugar y la hora indicados, usted deberá llamar a su trabajador inmediatamente. SI USTED O ALGUIEN EN SU CASO DE AYUDA GENERAL NO ASISTE A UNA DE ESTAS ENTREVISTAS, SUS BENEFICIOS DE AYUDA GENERAL PODRAN SER NEGADOS O DESCONTINUADOS. Llame por teléfono a su trabajador si tiene alguna pregunta.

DIRECCION	DESCRIPCION
<input type="checkbox"/> Mental Health Systems (MHS) – Central 6244 El Cajon Boulevard, Suite 15 San Diego, CA 92115 (619) 287-8225	Edificio gris de un piso localizado dentro del edificio llamado "Campus Medical-Dental Center" entre College Avenue y la calle 63. Ruta de autobús 1
<input type="checkbox"/> Mental Health Systems (MHS) – North Central 3340 Kemper Street, Suite 105 San Diego, CA 92110 (619) 523-8121	Edificio blanco de dos pisos localizado entre Midway Drive y Sports Arena Boulevard.- Rutas de autobús 8, 9, 35
<input type="checkbox"/> Mental Health Systems (MHS) – North Inland 200 East Washington Avenue Escondido, CA 92025 (760) 741-7708	Edificio blanco de dos pisos localizado entre la Waverley Place y la N. Juniper Street. Ruta de autobús 352
<input type="checkbox"/> McAlister Institute (MITE) – East County 1365 N. Johnson Avenue #111 El Cajon, CA 92020 (619) 440-4801 x 121	Edificio industrial café, de un piso, en el complejo industrial Gregory's entre Vernon y Bradley. Rutas de Autobús 846, 847, 848, 858, 864, 871 (Shuttle) y el Trolley.
<input type="checkbox"/> McAlister Institute (MITE) – North County 2821 Oceanside Boulevard Oceanside, CA 92054 (760) 721-2743	Edificio de color azul/gris, de un piso, entre las calles El Camino Real y Foussat. Rutas de Autobús 316, 318
<input type="checkbox"/> McAlister Institute (MITE) – South Bay 1180 Third Avenue #3 Chula Vista, CA 91911 (619) 422-3918	Edificio de color crema, de un piso, entre las calles 3ra. y Oxford. Ruta de Autobús 929 y el Trolley

RRC USE ONLY

Person No. _____ NCD CD Cooperative? Yes No N/A

Person No. _____ NCD CD Cooperative? Yes No N/A

Signature / Stamp _____ Date _____

90-120 APPENDIX D. FORM 11-90 HHSA

SUBSTANCE ABUSE SERVICES ORIENTATION SIGN-IN LOG

ENGLISH

SPANISH

OTHER

CHECK HERE IF NO REFERRALS SCHEDULED FOR THIS DATE

FAMILY RESOURCE CENTER: _____

APPOINTMENT DATE: _____

TIME: _____

SIGNATURE	SOCIAL SECURITY NUMBER	COUNTY/RRC USE ONLY						
		CLIENT NAME	CASE NUMBER	INTAKE APPT.	STATUS *	COOP?	COMMENTS	CD/NCD
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

*Indicate which program category and if homeless.

Program Category: TL=Time Limited / IAP=Interim Assistance Program / EL=Employable with Limitations. Include an H, if client is homeless or has no permanent residence.

90-120 APPENDIX E. FORM 11-91 HHS

SUBSTANCE ABUSE SERVICES NON-COMPLIANCE FORM

FAMILY RESOURCE CENTER OFFICE _____ DATE _____

CLIENT'S NAME _____ SSN # _____

CASE NUMBER _____

DATE OF NON-COMPLIANCE _____	WILLFUL FAILURE	TREATMENT COUNSELOR _____
<u>BEHAVIOR:</u>		
<u>EXPLANATION OFFERED:</u>		
<u>COUNTY ACTION:</u>		

DATE OF NON-COMPLIANCE _____	1ST NEGLIGENT FAILURE	TREATMENT COUNSELOR _____
<u>BEHAVIOR:</u>		
<u>EXPLANATION OFFERED:</u>		
<u>COUNTY ACTION:</u>		

DATE OF NON-COMPLIANCE _____	2ND NEGLIGENT FAILURE	TREATMENT COUNSELOR _____
<u>BEHAVIOR:</u>		
<u>EXPLANATION OFFERED:</u>		
<u>COUNTY ACTION:</u>		

DATE OF NON-COMPLIANCE _____	3RD NEGLIGENT FAILURE	TREATMENT COUNSELOR _____
<u>BEHAVIOR:</u>		
<u>EXPLANATION OFFERED:</u>		
<u>COUNTY ACTION:</u>		

Regional Recovery Center – Please check appropriate RRC below:

<input type="checkbox"/> Mental Health Systems (MHS) – Central 3340 Kemper Street, Suite 105 San Diego, CA 92110	<input type="checkbox"/> Mental Health Systems (MHS) – North Inland 200 East Washington Avenue Escondido, CA 92025	<input type="checkbox"/> MITE – North Coastal 2821 Oceanside Boulevard Oceanside, CA 92054
<input type="checkbox"/> Mental Health Systems (MHS) – Central East 6244 El Cajon Boulevard, Suite 15 San Diego, CA 92115	<input type="checkbox"/> MITE – East County 1365 N. Johnson Avenue #111 El Cajon, CA 92020	<input type="checkbox"/> MITE – South Bay 1180 Third Avenue #3 Chula Vista, CA 91911

90-120 APPENDIX F. ZIP CODE LISTING FOR REGIONAL RECOVERY CENTERS

Zip Code Listing

MHS – Central RRC	MHS – North Central RRC	MHS – North Inland RRC	MITE – East County RRC	MITE – North Coastal RRC	MITE – South County RRC
92101	91990	92003	91901	92007	91902
92102	92037	92004	91905	92008	91909
92103	92106	92025	91906	92009	91910
92104	92107	92026	91916	92013	91911
92105	92108	92027	91917	92014	91912
92112	92109	92028	91931	92024	91913
92113	92110	92029	91934	92038	91914
92114	92111	92036	91935	92051	91915
92115	92117	92046	91941	92052	91921
92116	92119	92059	91942	92054	91932
92132	92120	92060	91944	92055	91933
92134	92121	92061	91945	92056	91950
92136	92122	92064	91945	92057	91951
92139	92123	92065	91948	92058	91990
92152	92124	92066	91962	92067	92010
92158	92126	92069	91963	92068	92011
92162	92130	92070	91977	92075	92050
92163	92131	92079	91978	92077	92073
92164	92133	92082	91980	92078	92118
92165	92138	92086	92019	92081	92135
92170	92140	92127	92020	92083	92143
92175	92142	92128	92021	92084	92153
92176	92145	92129	92040	92091	92154
92181	92147	92190	92071	92092	92155
92186	92166	92198	92090	92093	92158
92187	92168	92259		92096	92173
92191	92171	92390		92138	92179
92194	92172	92592		92161	
92195	92177			92169	
92199	92193			92199	
	92196			92672	

Locations

Region	Provider	Location	Orientation
Central	Mental Health Systems (MHS)	6244 El Cajon Boulevard, Suite 15 San Diego, CA 92115 (619) 287-8225	Wednesday, 1:00 PM
East	McAlister Institute (MITE)	1365 N. Johnson Avenue, #111 El Cajon, CA 92020 (619) 440-4801 x 121	Wednesday, 2:00 PM
North	MHS	3340 Kemper Street, Suite 105	Thursday, 5:00 PM

Central		San Diego, CA 92110 (619) 523-8121	
North Coastal	MITE	2821 Oceanside Boulevard Oceanside, CA 92054 (760) 721-2743	Monday, 1:00 PM Friday, 10:00 AM
North Inland	MHS	200 East Washington Avenue Escondido, CA 92025 (760) 741-7708	Monday and Wednesday, 5:30 PM Friday, 4:00 PM
South	MITE	1180 Third Avenue, #3 Chula Vista, CA 91911 (619) 422-3918	Monday, 1:45 PM Friday, 9:15 AM

90-150.1. IDENTIFICATION

C. Acceptable Identity Documents

Acceptable identity documents shall be considered acceptable proof of identification along with completion of fingerprinting and photographing, unless there are obvious discrepancies that cannot be clarified by the applicant/recipient. Generally, these forms of identification must include a photograph or a physical description of the applicant/recipient. Applicants/recipients must provide one form of identification. Acceptable documents are:

- California Driver's License
- California DMV Identification Card
- Other State's Driver's License (with photo or physical description)
- U.S. Military identification card with photograph or physical description
- U.S. Passport
- CIS documents with photographs, whether current or expired (for example, I-551). Note: Expired documents are sufficient for identification, but may not be acceptable for verification of alien status
- Department of Corrections Inmate ID Card
- Birth certificate (for MFG children aided in the GR Program)

GRPG Letter #73 (1/14)

D. Other Evidence of Identification

When the applicant/recipient does not have acceptable proof as previously described, other evidence may be acceptable for 60 days upon approval by the Supervisor. Actual ID must be documented for the case file within 60 days. Other evidence may include:

- Contact with the applicant's/recipient's immediate family members (Telephone verification shall be limited to San Diego County). Information must be documented on Form 11-14 HHSA, Third Party Verification ([Appendix A](#)).
- Contact or documents from law enforcement officials, including probation and parole officers.
- Information contained in a prior cash or employment case record, which would either tend to identify the applicant/recipient or indicate that the applicant is thoroughly familiar with the details of the prior case. (Examples: Applicant can identify prior address, aliases, birth place, SSN, parents, all of which are consistent with his/her current statements.
- A preponderance of other identifying documents and information.

GRPG Letter #73 (1/14)

**E.
Unacceptable
Documents**

The following documents, submitted as proof of identification, are not acceptable. Generally, these documents lack reliability because they provide no means of identifying the holder of such items (i.e., they lack a physical description or photograph.).

- Baptismal Certificate
- Check Cashing Card
- Credit Card
- Membership Card
- MTS Travel Transit ID
- Social Security card
- Student ID card (without a photo)
- Voting Stub

90-150 APPENDIX C. IDENTIFICATION DESK AID

ACCEPTABLE IDENTITY DOCUMENTS The following items are acceptable forms of ID, in the absence of obvious discrepancies in the document. They must include a photo or a physical description. See [GRPG 90-150.1.C](#). One form of ID is required from this list along with completion of fingerprinting and photographing.

ACCEPTABLE	UNACCEPTABLE
California Driver's License	DMV Receipt
California DMV ID card	DMV receipt; other state's DMV ID
Other state's driver's license (with photo or description)	Other state's DMV ID; driver's license without photo or description
U.S. Military Card with photo or description (Examples: active duty, reserves, retired, dependent with adult photo, Standdown, VA)	DD214, non-military government IDs (Examples: HSA IDs, Civil Service IDs, civilian employee IDs)
U.S. passport	Foreign passports
CIS documentation with photo (may be expired)	CIS documents without photo
Birth Certificate (for MFG children aided in the GR program)	
Department of Corrections Inmate ID Card	

OTHER IDENTITY DOCUMENTS When a GR applicant does not have acceptable ID, other types of verification may be found acceptable for 60 days from the date that the acceptable ID was requested. Verifications must be approved and signed off by a supervisor. Please follow the guidelines in the table below. See [GRPG 90-150.D](#).

Note: Actual ID must be documented in the case file within 60 days. If a case has previously been closed for failure to provide acceptable identification, other ID documents are not acceptable.

ID TYPE	DOCUMENTATION NEEDED
Contact with the applicant's immediate family members	<p>Immediate Family = mother, father, brother, sister, husband, wife, child</p> <p>(No grandparents, cousins, guardians, friends, ex-workers/current workers, etc.)</p> <p>Ask relatives personal questions to identify them. They should know the applicant's age, physical description, parents' or children's names, birth place, etc. Get the relative's ID, if possible. Do not allow the applicant to coach the relative.</p>

	<p>If the relative is in the office, take a sworn statement. If verification is done by phone, complete Third Party Verification, Form 11-14 HHSA.</p> <p>Supervisor must sign off on verification. A Case Comment is not acceptable.</p>
Contact/ documents from law enforcement officer, probation or parole officer	<p>Information gathered by phone should include applicant's vital statistics and physical description.</p> <p>Traffic/trolley citations can be accepted with other verifications.</p> <p>Applicant's parole ID letter is acceptable with photo or phone verification.</p> <p>The supervisor must sign verification or form 11-14 HHSA. A Case Comment is not acceptable.</p>
Information from other HHSA case records	<p>Verifications obtained from other case records must agree with applicant's current statements to be acceptable.</p> <p>Case can be any aid category, but must be a San Diego County case only.</p> <p>If information is verified by clearance process, complete form 07-104 HHSA, Summary of Information from Evidence Viewed.</p> <p>Applicant must be able to identify case information (case address, SSN, DOB, AKAs, other people on case).</p> <p>The supervisor must sign form 11-14 HHSA or form 07-104 HHSA. A Case Comment is not acceptable.</p>
Preponderance of evidence viewed	<p>The supervisor will make this judgment. Evidence may include: Several pieces of mail addressed to the client over a period of time; Credit card account statements; or Other financial records</p>

**DO NOT
ACCEPT**

Do not accept the following documents as proof of identification in any combination. See [GRPG 90-105.1.E](#).

- Baptismal Certificate
- Check Cashing Card
- Credit Card
- Membership Card
- MTS Transit ID
- Social Security card
- Student ID card
- Voting Stub

90-170.3. SFIS PROCEDURES

E. Search Functions

Each time fingerprint/photo images are entered into SFIS, the SFIS clerk will initiate one of two types of searches as shown in the table below.

Type	Description
Closed	A closed search matches fingerprints being entered to fingerprints already entered into SFIS for the same Client Index Number (CIN).
Open	An open search matches fingerprints being entered to all fingerprints in SFIS regardless of CIN.

The type of search is not an option for the clerk. It is determined by SFIS based on the CIN entered for the applicant. If the applicant is known to welfare, has a CIN, and has already been processed through SFIS, SFIS will perform a closed search. If the applicant does not have a CIN, a CIN must be obtained before conducting a search. CINs from Medi-Cal Minor Consent cases are never to be used. The SFIS clerk obtains a CIN for the applicant by entering all of the applicant's demographic information into SFIS. SFIS will assign a CIN to the applicant and then a search may be requested.

Note: A CIN cannot be obtained without a case number. Therefore, if a GR applicant does not have a CIN already established on another aid type, the applicant will need to be processed after Application Registration has been completed when a case number has been assigned.

GRPG Letter #73 (1/14)

90-250.4. PRE-APPLICATION

C. Procedures

When the pre-application worker identifies an applicant as potentially eligible for GR and the applicant indicates that he/she is unable to perform a work project, the pre-application worker shall follow the action in the table below.

Step	Action	
1	Require the applicant to complete and sign the Applicant's Statement of Employability form (11-65 HHSA). The 11-65 HHSA is to be imaged in the case file.	
2	Give the applicant the option of having the County schedule and pay for a GREE appointment for them or going to a private provider. Applicants who choose to go to a private provider will be responsible to pay for any costs incurred.	
	If the applicant chooses to ...	Then the applicant shall be ...
	have the County pay for the employability evaluation,	given a GREE appointment.
	go to a private provider,	given a CSF 24 and advised that the completed CSF 24 must be returned at the time of the intake interview. The Verification Checklist must indicate that an employability evaluation is a required item to return for the intake interview.
go to a CMS/LIHP provider,	informed that their CMS/LIHP provider must be a GREE provider for the County to pay for the 2 (continued)evaluation. CMS/LIHP will not pay for it unless the provider is also a GREE provider.	

90-250.7. COUNTY MEDICAL SERVICES (CMS)

I. Completing the Lien

The worker must clear CERMS and AuthMed to see if a completed lien is on file.

If the recordable lien is ...	Then ...
on file,	do not complete a new Lien.
not on file,	complete a new Lien.

See the [EDG](#) for instructions on completing the lien.

GRPG Letter #73 (1/14)

Q. CMS Dis-continuances

When the GR case closes before the end of the certification period (for example, the client fails to return the CW 7), the CMS case must also be discontinued to coincide with the discontinuance date for GR. The worker shall follow the instructions in the table below.

Step	Action
1	Clear AuthMed to identify the CMS worker.
2	Notify the CMS worker of the following information allowing for timely notice: <ul style="list-style-type: none">• Effective date of the discontinuance• Reason for discontinuance

GRPG Letter #73 (1/14)

90-250.8 Low-Income Health Program (LIHP)

This section was made obsolete by GRPG Letter 7Y.

90-250 APPENDIX H. COUNTY MEDICAL SERVICES (CMS) GRANT OF LIEN AND COMPLETION INSTRUCTIONS

This appendix was made obsolete by GRPG Letter 7Y.

90-300.01. POLICY

G. Waiver

Aid may be extended to an applicant who owns excess real or personal property in cases of extreme hardship. Such situations require the approval of the Program Manager. (Also see [GRPG 90-600.2.D](#) on waivers.)

Extreme hardship situations are defined as:

- Aid through first payday situations when the applicant cannot return with additional verifications because of work or training schedules.
- The person has an eviction notice.
- The person has a utility shut-off notice.
- The person has immediate and/or physical conditions or behaviors which indicate serious emotional or physical health problems which may hamper their ability to cooperation with HHSA (such as visible shaking, open sores, difficulty moving, unusual speech patterns, etc.).
- The person has no non-financial resources available to meet the immediate needs of this individual such as food, shelter, physical/mental referrals, etc.
- The person may lose their only source of housing. The options available are obtaining an equity loan or selling the primary residence to meet property limits. If having attempted to sell or rent his/her primary residence the applicant/recipient has not met immediate success, a waiver should be considered.

GRPG Letter #73 (1/14)

90-300.04. PERSONAL PROPERTY

C. Property Counted Liquid Resources

Property considered liquid resources are:

- cash
- checking/savings accounts (see [GRPG 90-300.7](#))
- securities, including stocks and bonds (see [GRPG 90-300.8](#))
- negotiable instruments (see [GRPG 90-300.8](#))
- life insurance with CSV (see [GRPG 90-300.7](#))
- other evidence of indebtedness such as notes, mortgages, and trust deeds held by the applicant/recipient, his/her spouse, or minor children (see [GRPG 90-300.8](#)).

The allowable limit for liquid resources is \$50 in any one or in a combination of any of these resources.

[GRPG Letter #73 \(1/14\)](#)

90-300.06. MOTOR VEHICLES

B. Limit An applicant/recipient or family household may own one motor vehicle. (See [GRPG 90-300.11](#) for treatment when the vehicle is used as a home.) The excess fair market value (FMV) is included in the total property limit. The FMV exemption amount is \$4,650.

GRPG Letter #73 (1/14)

D. Motor Vehicles with Specialized Adaptive Equipment for the Disabled When determining the FMV of a motor vehicle that is specially equipped for a person with a disability or is required for the GR applicant/recipient to transport his/her disabled child(ren), the adaptive equipment is not considered to increase the value of the vehicle.

GRPG Letter #73 (1/14)

E. Value The FMV will be determined by one of the methods in F-H, below.

GRPG Letter #73 (1/14)

F. California Registration The table below shows how to determine the FMV of motor vehicles with a California registration.

Step	Action
1	Obtain the most current year's vehicle registration.
2	Identify the class code and year first sold on the registration.
3	Locate the class code and year in Step 2, above, on the DMV license fee chart in Appendix C . If the class code is unlisted and/or the year first sold box is blank, determine the value by the most recent Blue Book (see out-of-state registration, G , below). Do not use an asterisk year entry.
4	Divide the Vehicle license Fee chart value by .0065.

GRPG Letter #73 (1/14)

G. Out-of-State or No Registration The table below shows how to determine the FMV of motor vehicles with an out-of-state or no registration.

Step	Action
1	Obtain the out-of-state registration, receipt of California registration pending, or other forms of information, which identify the vehicle

2	Locate the make, model, and year of the vehicle in the most current Blue Book.
3	Determine the value of the vehicle by using the wholesale listing and deducting or adding value for accessories or wear as indicated by the Blue Book.

GRPG Letter #73 (1/14)

**H.
Other**

To determine the **FMV** of a vehicle when it is not listed in the Blue Book, or when the applicant/recipient disagrees with the Blue Book or DMV Fee chart value, the applicant/recipient may submit three appraisals (sales estimates) from auto dealers, insurance adjusters, or personal property appraisers. The average of these three appraisals will be used to establish **FMV**.

GRPG Letter #73 (1/14)

**I.
Excluded
Amounts**

Motor vehicles which are considered unavailable per [90-300.1.B](#) are excluded. The amount of **FMV exemption amount** is \$4,650. Any value over the \$4,650 exemption amount counts toward the property limit as shown in the tables below:

Example	Description	Value	Amount
1	Property within Limits	Car Value	\$5,650
		Excluded Value	\$4,650
		Countable Value	\$1,000
		Other Personal Property	0
		Total Property	\$1,000
2	Excess Property	Car Value	\$5,650
		Excluded Value	\$4,650
		Countable Value	\$1,000
		Other Personal Property	100
		Total Property	\$1,100

GRPG Letter #73 (1/14)

90-300.09. EXCLUDED PERSONAL PROPERTY

D. Waiver of Personal Property Value

In cases of extreme hardship, the applicant, who owns two or more motor vehicles or whose one vehicle's excess FMV causes the applicant to exceed the property limit, may be referred for approval of a waiver of the property limit. No GR benefits may be authorized until the approval of the waiver request has been received from the Program Manager.

GRPG Letter #73 (1/14)

90-300.10. REAL PROPERTY

C. Ownership

An applicant/recipient who owns outright or has equity in any real property, including real property used as the primary residence, is ineligible for GR.

If the equity value is less than or equal to zero, then the applicant/recipient is eligible for GR.

GRPG Letter #73 (1/14)

D. Waiver

The Program Manager may approve a waiver of this property limitation if:

- the applicant is otherwise eligible
- a lien has been executed identifying the property
- extreme hardship would result if GR were not granted.

No GR benefits are to be authorized until the approval of the waiver is received.

GRPG Letter #73 (1/14)

90-300.11. DWELLING TYPE VEHICLES

B. Limit If an applicant/recipient owns a dwelling type vehicle, the vehicle will be treated as personal property.

GRPG Letter #73 (1/14)

D. House Trailers

1. Lien Information

House Trailers are considered personal property, and are not listed under the “Property Description” on the lien.

2. Documentation

Enter in Case Comments the date and method of verification, the determined value, and reference to pertinent information located in the case file.

3. Valuation with California Registration

Workers must follow the actions in the table below to determine the value of trailers with California registration.

Step	Action						
1	Obtain the most recent vehicle or CCHMP registration.						
2	Locate the class code and year first sold on the registration.						
3	Locate the class code and year on the DMV license fee chart or CCHMP chart (Appendix E). In some instances, the CCHMP vehicle registrations will list a date first sold and a year which appears with an asterisk. The asterisk indicates that the trailer has been revalued. An asterisk year is not to be used with the DMV license fee chart but may be used with the CCHMP chart.						
4	<table border="1"> <thead> <tr> <th>If the chart is the ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>DMV Fee chart,</td> <td>Divide the chart value by .0065.</td> </tr> <tr> <td>CCHMP chart,</td> <td>Multiply the chart value by 50.</td> </tr> </tbody> </table>	If the chart is the ...	Then ...	DMV Fee chart,	Divide the chart value by .0065.	CCHMP chart,	Multiply the chart value by 50.
If the chart is the ...	Then ...						
DMV Fee chart,	Divide the chart value by .0065.						
CCHMP chart,	Multiply the chart value by 50.						

4. Valuation with Out-of-State or No Registration

If the trailer is not currently registered in California, an appraisal or sale estimate from a suitable dealer or property appraiser is required. The appraisal will be accepted as the value.

GRPG Letter #73 (1/14)

**E.
Motor Homes**

Motor homes are considered personal property.

1. Lien Information

Motor homes are considered personal property and are not listed under the “Property Description” on the lien.

2. Valuation

Use the same method used for motor vehicles in [GRPG 90-300.6.F and G](#) for California registration or out-of-state/no registration.

GRPG Letter #73 (1/14)

**F.
Campers/
Camper
Shells**

Campers or camper shells are considered personal property.

1. Lien Information

Campers or camper shells considered personal property and are not listed under the “Property Description” on the lien.

2. Valuation

To obtain a value, an appraisal will be obtained from a reputable dealer, insurance adjuster, or property appraiser. This appraisal will be accepted. Encumbrances are not allowed.

GRPG Letter #73 (1/14)

**G.
Boats/
Houseboats**

Boats or houseboats are considered personal property.

The lien information and valuation process are the same as for Campers/Camper Shells in [E](#), above.

GRPG Letter #73 (1/14)

90-300.13. PERIOD OF INELIGIBILITY

C. Period of Ineligibility Begin/End Dates

The period of ineligibility is determined as shown in the table below.

Case Status	Period Begin Date	Period End Date
Intake	Date of transfer	Date when the Daily Need Rate equals amount of property transferred
Granted	First of the month following transfer	

GRPG Letter #73 (1/14)

I. Computation of Daily Need Rate

The basic need rate for a single person alone is multiplied by the conversion factor for one day. In Example 1 in G, above, a basic need rate of \$303 multiplied by .03333 (30 day month) is \$10.10 which is rounded by dropping cents to \$10. The \$10 daily need rate divided into the amount received of \$40 is four days. Any excess difference due to a partial day between the amount received and the daily need rate multiplied by the number of days is disregarded. For example, the daily need rate of \$10 times 4 days is \$40 with the \$0 difference between the \$40 received and the \$40 disregarded.

A similar calculation is made for married couples. If this was a married couple case with the same amount received, the number of days would be three.

GRPG Letter #73 (1/14)

90-300.14. LIEN REQUIREMENTS

C. Signing the Lien

A Grant of Lien, form 11-22 HHSA ([Appendix F](#)), must be signed by each applicant adult, including all aliases, in front of a Deputy County Clerk or GR will be denied. A married couple need sign only one lien form but both spouses must sign. The applicant parent(s) of an MFG child who is eligible to GR ([90-100.6](#)), must sign a lien form. There are no exceptions to the lien requirement. The individual must legibly print his/her name near the signature so that the lien can be recorded. See the [EDG](#) for instructions on completing the lien.

A sponsored alien will be required to provide information on his/her sponsor. In addition, the legal sponsor must sign a separate 11-22 HHSA and 11-19 HHSA ([Appendix G](#)) in person. This information is needed to establish a lien on the sponsor's income and/or property for repayment of aid received by the sponsored alien during the sponsorship period. Failure of either the alien or sponsor to cooperate will result in denial or discontinuance of aid for the sponsored alien.

[GRPG Letter #73 \(1/14\)](#)

F. Completion of the Lien

See the [EDG](#) for instructions on completing the lien.

[GRPG Letter #73 \(1/14\)](#)

90-300 APPENDIX A. PROPERTY LIMITS GUIDE

The table below provides a guide for the property limits for the various types of property.

Type of Property	Limit	Comments/Examples
Cash-on-Hand	\$50	Possession of excess liquid resources (except current GR grant) means not eligible.
Checking/Savings Accounts	Minimum balance required if on direct deposit	
Other Liquid Resources	\$0	
Personal Effects (includes recreational equipment, jewelry and musical instruments).	\$250 net value of possessions	Possession of any personal effects over limit means not eligible.
Automobile	\$4,650 Fair Market Value exception limit.	Fair Market Value in excess of \$4,650 is counted toward the overall property limit. Two vehicles, regardless of value, means not eligible.
Overall property limit	\$1000	\$900 car \$900 car \$100 personal \$200 personal \$1000=eligible \$1100-ineligible
Real property used as primary residence	Waiver request required in cases of extreme hardship	No GR paid pending decision on waivers.
Utilization of real property	Waiver request required in cases of extreme hardship	No GR paid pending decision on waivers.
Dwelling type vehicle	Allowed only if used as primary residence	Treat as real property if used as primary residence.
Waivers	No GR paid pending decision on waivers. Waivers considered for cases of extreme hardship only.	Extreme hardship defined.

90-300 APPENDIX F. FORM 11-22 HHS A

<p>PLEASE COMPLETE THIS INFORMATION.</p> <p>RECORDING REQUESTED BY:</p> <p>County of San Diego Office of Revenue Recovery 5530 Overland Ave., Suite 310 San Diego, CA 92123</p> <p>AND WHEN RECORDED MAIL TO:</p> <p>O-60</p>	<p style="text-align: center; font-size: small;">THIS SPACE FOR RECORDER'S USE ONLY</p>
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GENERAL RELIEF (GR) GRANT OF LIEN COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

CASE NAME _____ CASE NO. _____
 AKA _____
 SPOUSES NAME _____ AKA _____

MARITAL STATUS: Never Married Divorced Widowed Married, But Separated Married, Not Separated

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)]:

- 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 _____	Signed _____
Print Name _____	Print Name _____
AKA _____	AKA _____
Print AKA _____	Print AKA _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Signed _____	Signed _____

90-400.01. POLICY

D. Documenta- tion and Verification

All income must be verified and documented in the case record. Acceptable verification of income varies significantly with the type of income. Acceptable verification may include a written/printed standardized record, issued by a government agency or a company, which specifically identifies the recipient and the source and amount of income, or a statement of income by the applicant, confirmed preferably in writing, or by phone or other means, by the appropriate employer or agency. It is the applicant's responsibility to provide the most accurate and current verification available. (See Earned Income, [GRPG 90-400.4](#) and the various types of Unearned Income, [GRPG 90-400.5](#) through [12](#) for specific requirements.)

Generally the worker will image any income verification in the case file as documentation. The worker will document the verification in CalWIN with the appropriate income item. If no documentation is available, the worker will specify on the application how verification was completed. The Monthly/Quarterly Eligibility Report (CW 7) may be used as verification along with appropriate receipts.

GRPG Letter #73 (1/14)

90-400.05. UNEARNED INCOME

L. Exemptions to the Medical Assistance In- Kind Deduction

The \$40 Medical Assistance In-Kind Deduction Exemption is only allowed when the applicant/recipient has full medical coverage and chooses not to receive public health benefits (for example, has coverage through VA, or has coverage through Covered California with a premium or the Advance Payments of Premium Tax Credit [APTC]).

GRPG Letter #73 (1/14)

90-400.06. UNEMPLOYMENT INSURANCE BENEFITS (UIB)

B. Policy

All employable GR applicants who have been employed within the last 18 months preceding the initial application for GR shall be required to apply for UIB unless EDD Real-Time shows that there is no potential claim (IV06). This means there are not enough earnings during the period for the individual to be eligible to UIB.

When determining the GR grant amount, the gross amount of UIB will be counted towards the GR budget. This includes situations in which an overpayment is being deducted from the UIB check.

GRPG Letter #73 (1/14)

D. Procedure

Workers must take the actions in the table below to determine if an applicant/recipient must apply for UIB.

Step	Action
Pre-application	Evaluate applications to determine if the applicant is employable and if the applicant has been employed within the preceding 18 months. Review EDD Real-Time to determine if there is a potential claim. If it is determined that the applicant is employable and has worked within the past 18 months and there is a potential claim, the pre-application worker shall inform the applicant that he/she must call the EDD at (619) 265-0036 in order to file an UIB claim and bring proof of the claim to the intake appointment.
Intake	Evaluate applications to determine if the applicant is employable and if the applicant has been employed within the preceding 18 months and there is a potential claim. If the applicant meets the criteria, the worker shall request proof that the applicant has filed a UIB claim. Failure to provide verification will result in the denial of aid.
Granted	Review the Monthly/Quarterly Eligibility Report (CW 7) to determine if the recipient has terminated employment. If the recipient terminates employment and is eligible to continue receiving GR, the worker shall inform the recipient that he/she must apply for UIB if there is a potential claim. Failure to provide verification will result in the discontinuance of aid.

GRPG Letter #73 (1/14)

90-500.2. BUDGET UNITS

**M.
Case
Management
Facility (CMF)**

These shelters are distinguished by the fact that they provide residents with a program of some duration which usually meets all their basic needs and has specific social work case management services. Case management services may include various types of counseling, job preparation, health/mental care treatment, family reunification, etc. Individuals residing in a CMF are ineligible to receive GR benefits if all the individual's needs are met by the facility at no cost to the applicant. In-kind income is counted for all full need items that are met by the facility.

Individuals who are receiving services from a CMF, but are not residing in the facility are potentially eligible for GR; however, all in-kind income received from the CMF for a full item of need must be counted against the GR grant.

GRPG Letter #73 (1/14)

90-500.3. BUDGET COMPUTATIONS

D. Initial Grant with Income Received

If the applicant's total net income already received in the month of application is less than the Basic Need Rate, the income is to be prorated at the appropriate daily rate (determined by the number of days in the month) to determine the initial grant amount.

Example: Single applicant has received \$75.50 income and is found eligible on April 16.

Step	Action
1	\$303* - \$40 (medical in-kind) = \$263 (Basic Need Rate)
2	\$263 - \$75.50 = \$187.50 (Basic Need Rate less income)
3	\$187.50 x .5 = \$93.75 (drop cents) = \$93 (prorated amount)

*Example is based on grant values as of February 1, 2014.

GRPG Letter #73 (1/14)

H. Ongoing Grant

The net income that can be reasonably anticipated in the future month (prospective budgeting) based on the recipient's Monthly/Quarterly Eligibility Report for (CW 7) shall be subtracted from the Maximum Basic Need Rate and the balance shall be the amount of aid authorized for the entire month.

If ...	Then the ...
unemployability is to expire (recipient becomes employed),	grant amount shall be determined by prorating the Basic Need Rate through the date unemployability expires, and subtracting any anticipated income from the prorated amount.
the balance is zero or a negative amount,	recipient would not be eligible for aid in that month and therefore would be discontinued at the end of the prior month.

GRPG Letter #73 (1/14)

90-500.4. SPECIAL BUDGETING SITUATIONS

C. Aid through First Payday Example

Single applicant whose first payday will be July 25 and is found eligible on July 5.

Step	Action
1	$\$303^* - \40 (medical in-kind) = $\$263$ (Basic Need Rate)
2	$\$263/31$ days in July = $\$8.48$ per day (prorated)
3	$\$8.48 \times 20$ (July 5-July 25) = $\$169$ (prorated grant to first pay day)
Additional aid may be granted, if the first payday is for a partial pay period. If in the situation above, the recipient receives \$150 on July 25 for a partial pay period and the first full pay day will be on August 8, determine the recipient's prorated needs to the first full payday.	
4	$\$8.48 \times 7$ (July 25-July 31) = $\$59.36$ (prorated needs for 7 days)
5	$\$263/31$ (days in August) = $\$8.48$ per day (prorated)
6	$\$8.48 \times 8$ (August 1-August 8) = $\$67.84$ (prorated needs for 8 days)
7	$\$59.36 + \$67.84 = \$127$ (Total prorated needs to first full payday, July 25-August 8)
In this situation, the recipient's prorated needs ($\$127$) to the first full payday are less than the income received ($\$169$) from the partial pay period. No additional aid may be granted.	
If the ...	Then subtract the ...
prorated needs are more than the income received (example recipient received only \$100 on July 25),	income from the prorated needs to the first full payday and allow the difference, if any ($\$127 - \$100 = \$27$ will be issued in July).
client's net monthly income for August is anticipated to be less than Maximum Basic Need Rate,	net monthly income and the balance shall be the amount of aid authorized for the entire month.

*Example based on grant amount effective February 1, 2014.

GRPG Letter #73 (1/14)

F. Sponsored Alien Example 1

There are four people in the household. Sponsor's family consists of three people. The sponsor is fully employed and earns \$736.10 per month.

Grant determination:

Item	Description	Amount
A	Sponsor Earned Income	736.10
B	Less 20% of A (not to exceed \$175)	147.22
C	Equals Total	588.88
D	Plus Sponsor Unearned Income	0
E	Equals Sub-total	588.88
F	Less MBSAC for Sponsor and Dependents (not including aliens)	1,424
G	Equals Sub-total	0
H	Less amounts paid by the sponsor for tax dependents living outside the household	0
I	Less sponsor's child/spousal support paid	0
J	Equals Sub-total	0
K	Number of Sponsored Aliens on GR	1
L	Divide J by K	0

Amount arrived at in L shall be deemed the unearned income of each of the sponsored aliens.

Step	Action										
1	Determine the housing and utility portion of the sponsored alien's GR grant amount. <table border="1" data-bbox="537 1062 1386 1260"> <thead> <tr> <th>Item</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>No. of persons in household</td> <td>4</td> </tr> <tr> <td>Housing</td> <td>125</td> </tr> <tr> <td>Utilities</td> <td>23</td> </tr> <tr> <td>Total</td> <td>148</td> </tr> </tbody> </table>	Item	Amount	No. of persons in household	4	Housing	125	Utilities	23	Total	148
Item	Amount										
No. of persons in household	4										
Housing	125										
Utilities	23										
Total	148										
2	Compare the amount on line L of the computation above with the housing/utility portion of the sponsored alien's GR grant. The greater amount is counted as the sponsored alien's deemed income. The deemed income amount in this example is \$148.										

GRPG Letter #73 (1/14)

**G.
Sponsored
Alien Example
2**

Case situation:

- Sponsored Alien GR Household – 2 people.
- Sponsored Alien Housing and Utility - \$150 per month.
- Sponsor's Family – 5 people.
- MBSAC - \$1,626.
- Sponsor is receiving CalWORKs.
- Sponsor is receiving Child Support - \$300 per month.

- No spousal support.

Grant determination:

Item	Description	Amount
A	Sponsor Earned Income	0
B	Less 20% of A (not to exceed \$175)	0
C	Equals Total	0
D	Plus Sponsor Unearned Income	300
E	Equals Sub-total	300
F	Less MBSAC for Sponsor and Dependents (not including aliens)	1,626
G	Equals Sub-total	0
H	Less amounts paid by the sponsor for tax dependents living outside the household	0
I	Less sponsor's child/spousal support paid	0
J	Equals Sub-total	0
K	Number of Sponsored Aliens on GR	1
L	Divide J by K	0
M	The housing & utility portion of the sponsored aliens grant	150
N	The greater of L, M, or Income Counted as Available to each Sponsored Alien is deducted from the GR grant amount	

No income shall be deemed when the sponsor is receiving CalWORKs.

GRPG Letter #73 (1/14)

**H.
Sponsored
Alien Example
3**

Case situation:

- Sponsored Alien GR Household – 1 person
- Sponsor's Family – 4 people
- MBSAC for 4 = \$1,424
- Sponsor fully employed
- No other Unearned Income
- No Child/Spousal Support

Grant determination:

Item	Description	Amount
A	Sponsor Earned Income	1,200
B	Less 20% of A (not to exceed \$175)	175
C	Equals Total	1,025
D	Plus Sponsor Unearned Income	0

E	Equals Sub-total	1,025
F	Less MBSAC for Sponsor and Dependents (not including aliens)	1,424
G	Equals Sub-total	0
H	Less amounts paid by the sponsor for tax dependents living outside the household	0
I	Less sponsor's child/spousal support paid	0
J	Equals Sub-total	0
K	Number of Sponsored Aliens on GR	1
L	Divide J by K	0
M	The housing & utility portion of the sponsored aliens grant	197
N	The greater of L, M, or Income Counted as Available to each Sponsored Alien is deducted from the GR grant amount	

Since the sponsor has not sponsored any other person(s) not in the GR household, deduct \$197 from the GR grant.

GRPG Letter #73 (1/14)

**I.
Sponsored
Alien Example
4**

Case situation:

- Sponsored Alien GR Household – 3 persons
- Sponsored Alien Housing and Utility - \$142
- Sponsor's Family – 2 persons
- MBSAC = \$968
- Sponsor is fully employed – earns \$2,500 per month
- Child Support Paid - \$300 per month
- No Spousal Support
- No other Unearned Income

Grant determination:

Item	Description	Amount
A	Sponsor Earned Income	2,500
B	Less 20% of A (not to exceed \$175)	175
C	Equals Total	2,325
D	Plus Sponsor Unearned Income	0
E	Equals Sub-total	2,325
F	Less MBSAC for Sponsor and Dependents (not including aliens)	968
G	Equals Sub-total	1,357
H	Less amounts paid by the sponsor for tax dependents living outside the household	0
I	Less sponsor's child/spousal support paid	300

J	Equals Sub-total	957
K	Number of Sponsored Aliens on GR	1
L	Divide J by K	957
M	The housing & utility portion of the sponsored aliens grant	142
N	The greater of L, M, or Income Counted as Available to each Sponsored Alien is deducted from the GR grant amount	

Applicant is not eligible to GR. Excess Sponsored Alien Deemed Income.

GRPG Letter #73 (1/14)

90-500 APPENDIX A. TABLE OF MAXIMUM BASIC NEEDS RATE AND IN-KIND VALUES

GR Grant

No. of People Receiving GR	Grant*
1	\$303
2**	\$413

Single in Shared Household

No. of People in Household	Grant*
2**	\$257
3	\$242
4 or more	\$227

Notes

*This dollar amount represents the maximum grant level that is used in budgeting. (Note: The \$40 medical in-kind amount has not been deducted.) The grant for persons who pay for room and board will be the actual rate paid by recipient up to a grant level of \$303.

**Grant level for a married couple is \$413 in any living arrangement. (Note: The \$40 medical in-kind amount has not been deducted.)

In-Kind for Singles

Household Size	Total Grant	Housing	Utilities	Food	Medical Assistance	Other
1	\$303	\$167	\$30	\$15	\$40	\$51
2	\$257	\$141	\$26	\$13	\$40	\$37
3	\$242	\$133	\$24	\$12	\$40	\$33
4	\$227	\$125	\$23	\$11	\$40	\$28

In-Kind for Couples

Household Size	Total Grant	Housing	Utilities	Food	Medical Assistance	Other
1	\$303	\$167	\$30	\$15	\$40	\$51

2	\$413	\$227	\$41	\$21	\$40	\$84
---	-------	-------	------	------	------	------

90-500 APPENDIX E. PRORATE CHARTS (Maximum Aid Minus \$40 Medical In-Kind Deduction)

28-Day Chart February Only

Days Eligible	Total Number of People in Household				
	1	2	3	4 or more	Couple
1	9	7	7	6	13
2	18	15	14	13	26
3	28	23	21	20	39
4	37	31	28	26	53
5	46	38	36	33	66
6	56	46	43	40	79
7	65	54	50	46	93
8	75	61	57	53	106
9	84	69	64	60	119
10	93	77	72	66	133
11	103	85	79	73	146
12	112	92	86	80	159
13	122	100	93	86	173
14	131	108	101	93	186
15	140	116	108	100	199
16	150	124	115	106	213
17	159	131	122	113	226
18	169	139	129	120	239
19	178	147	137	126	253
20	187	155	144	133	266
21	197	162	151	140	279
22	206	170	158	146	293
23	216	178	165	153	306
24	225	185	173	160	319
25	234	193	180	166	333
26	244	201	187	173	346
27	253	209	194	180	359
28	263	217	202	187	373

29-Day Chart February (Leap Year)

Days Eligible	Total Number of People in Household				
	1	2	3	4 or more	Couple
1	9	7	6	6	12

2	18	14	13	12	25
3	27	22	20	19	38
4	36	29	27	25	51
5	45	37	34	32	64
6	54	44	41	38	77
7	63	52	48	45	90
8	72	59	55	51	102
9	81	67	62	58	115
10	90	74	69	64	128
11	99	82	76	70	141
12	108	89	83	77	154
13	117	97	90	83	167
14	126	104	97	90	180
15	136	112	104	96	192
16	145	119	111	104	205
17	154	127	118	109	218
18	163	134	125	116	231
19	172	142	132	122	244
20	181	149	139	128	257
21	190	157	146	135	270
22	199	164	153	141	282
23	208	172	160	148	295
24	218	179	167	154	308
25	226	187	174	161	321
26	235	194	181	167	334
27	244	202	188	174	347
28	253	209	195	180	360
29	263	217	202	187	373

30-Day Chart

Days Eligible	Total Number of People in Household				
	1	2	3	4 or more	Couple
1	8	7	6	6	12
2	17	14	13	12	24
3	26	21	20	18	37
4	35	28	26	24	49
5	43	36	33	31	62
6	52	43	40	37	74
7	61	50	47	43	87
8	70	57	53	49	99
9	78	65	60	56	111

10	87	72	67	62	124
11	96	79	74	68	136
12	105	86	80	74	149
13	113	94	87	81	161
14	122	101	94	87	174
15	131	108	101	93	186
16	140	115	107	99	198
17	149	122	114	105	211
18	157	130	121	112	223
19	166	137	127	118	236
20	175	144	134	124	248
21	184	151	141	130	261
22	192	159	148	137	273
23	201	166	154	143	285
24	210	173	161	149	298
25	219	180	168	155	310
26	227	188	175	162	323
27	236	195	181	168	335
28	245	202	188	174	348
29	254	209	195	180	363
30	263	217	202	187	373

31-Day Chart

Days Eligible	Total Number of People in Household				
	1	2	3	4 or more	Couple
1	8	7	6	6	12
2	16	14	13	12	24
3	25	20	19	18	36
4	33	27	26	24	48
5	42	34	32	30	60
6	50	42	39	36	72
7	59	49	45	42	84
8	67	55	52	48	96
9	76	62	58	54	108
10	84	69	65	60	120
11	93	77	71	66	132
12	101	84	78	72	144
13	110	90	84	78	156
14	118	97	91	84	168
15	127	104	97	90	180
16	135	112	104	96	192

17	144	119	110	102	204
18	152	126	117	108	216
19	161	132	123	114	228
20	169	139	130	120	240
21	178	147	136	126	252
22	186	154	143	132	264
23	195	161	149	138	276
24	203	167	156	144	288
25	212	174	162	150	300
26	220	182	169	156	312
27	229	189	175	162	324
28	237	196	182	168	336
29	246	202	188	174	348
30	254	209	195	180	360
31	263	217	202	187	373

90-600.1. AID PAYMENT POLICY

B. Policy

No aid shall be issued prior to certification of eligibility for GR. Certification of eligibility shall be established as of the date the applicant submitted the application for GR or the date all eligibility factors are met, whichever is later.

GRPG Letter #73 (1/14)

C. Standard Aid Payment Cycle

The beginning date of aid is the date the application is submitted to the FRC or the date all eligibility factors are met, whichever is later. The table below shows some examples.

Ex.	Situation
1	Applicant applies for GR on August 10. Residence, ID, and all eligibility factors met on that date. The applicant completes Statement of Facts on August 15. GR is granted effective August 10.
2	Applicant applies for GR on August 10. The applicant completes Statement of Facts on August 15. Applicant does not bring in property verifications to establish eligibility until August 18; however, verification shows eligibility factors were met as of August 10. GR is granted effective August 10.
3	Applicant arrives in San Diego County on August 10. The applicant applies for GR on August 15. The applicant completes the Statement of Facts on August 20. All other eligibility factors are met as of that date. Beginning date of aid is August 25 (day applicant has met the 15-day San Diego County residence requirement).

GRPG Letter #73 (1/14)

D. MAPC

The beginning date of aid for MAPC cases is the date the application for GR is submitted to the FRC or the date all eligibility factors are met, whichever is later. Aid is certified following completion of the MAPC Work Test requirement when all other eligibility factors are met.

Example: Previously sanctioned applicant reapplies for GR under MAPC on August 15. All eligibility factors are met on that date. Applicant must complete the MAPC Work Test. MAPC Work Test is completed on August 18. GR is granted effective August 15.

GRPG Letter #73 (1/14)

**F.
Programs in
which the
Certification
Periods Do
Not Apply**

The certification periods in [E](#), above, do not apply for Aid Through First Payday.

GRPG Letter #73 (1/14)

**H.
Prorated
Months**

The initial month of aid may be prorated from the date of application or the date all eligibility factors are met if other than the first of the month. See [90-500, Appendix E](#) for the proration charts for partial months.

GRPG Letter #73 (1/14)

90-600.2. TYPES OF AID PAYMENTS

H. Waiver Examples

The table below shows some examples of waiver situations.

Example	Situation
1	It is discovered at GR recertification on September 17 that recipient has equity in real property. The recipient is given a NOA to discontinue the case effective September 30. A determination is made by the FRC to request an administrative waiver based on extreme hardship. The request is submitted to the Program Manager, is approved on October 2 and is returned to the FRC on October 5. The beginning date of aid is October 1.
2	On September 24, applicant is denied GR during the intake interview due to excess property (application date was September 20). Applicant files an appeal and is scheduled for a GR Hearing on October 8. The FRC is upheld at the hearing but, the FRC submits a request for waiver on October 9. Waiver is approved and returned to the FRC on October 13. Applicant met all other eligibility criteria, except for property, on the intake date. Beginning date of aid is September 20.

GRPG Letter #73 (1/14)

90-600.4. OTHER TYPES OF PAYMENTS

D. Criteria for Issuance of Bus Passes

Bus passes may be provided to applicants prior to granting of assistance when needed for the applicant to meet eligibility requirements, such as Substance Abuse Services appointments, filing for UIB, completing medicals, etc. or when the applicant has applied in the wrong FRC and needs to be sent to the appropriate FRC to complete the application. Bus passes will not be issued after aid has been granted for most individuals as the aid payment includes transportation needs in the Other Needs portion.

Bus passes may be offered to AB individuals. These passes are intended for them to be able to comply with Work Project and Job Search requirements. The bus passes may be available as funding allows.

GRPG Letter #73 (1/14)

E. Procedures for Issuance of Bus Passes

When the criteria for issuance are met for cases prior to granting, the worker will complete form 08-32 HHSA, Authorization for Bus Passes. The original is to be given to the clerk designated by the FRC as the Bus Passes Clerk. The copy is to be imaged in the case folder.

The clerk shall ensure that form 08-32 HHSA is signed by the applicant when the passes are delivered to him/her and will retain the form until it is forwarded to Fiscal Services.

See the Bus Pass Issuance Policy for instructions on providing bus passes for AB recipients.

GRPG Letter #73 (1/14)

90-600.05. NOTICE OF ACTION (NOA) REQUIREMENT

B. Policy

An adequate NOA is required for all GR denials (including at pre-application), withdrawals, approvals, discontinuances, sanctions and budget changes. A timely NOA is required for all discontinuances, sanctions and decreases in grant.

GRPG Letter #73 (1/14)

G. Timely Notice Requirement

In other situations, any adverse action shall require that a timely NOA be sent to the recipient at least 10 calendar days prior to the effective date of the proposed action to reduce, discontinue, or terminate aid. This means that the NOA must be placed in the mail 10 days prior to the effective date of the adverse action.

Timely notice of adverse action consisting of 10 calendar days must also be provided to recipients without residential addresses. If there was a failure to complete program requirements, a NOA should be produced to be given to the recipient when they come in to the FRC. The cause determination should also be done at this time so that the recipient will know if more benefits will be issued.

Note: The above timely notice requirements have been modified pursuant to a settlement in the Reyes v. the Board of Supervisors lawsuit.

Example	Situation
1	Employable applicant determined eligible in September for a prorated period (September 5 – September 30). After granting, the recipient notifies the worker that he/she will begin a job on September 20, with first pay expected October 1. The income will make the recipient ineligible. The worker must send a NOA to discontinue and mail by September 20. The recipient then has been provided timely notice of adverse action.
2	Aid is issued for September. Recipient does not attend work project and worker is notified on September 27. The worker cannot give the recipient a notice of adverse action. Therefore, aid for the next month must be issued. The worker shall issue NOA to discontinue at the end of the following month and will impose an employable sanction, which will extend the 12-Month Period (TMP). The NOA must provide the effect of that sanction.

**H.
Timely Notice
Not Required**

In the following situations an adequate NOA is required, but need not be sent 10 days prior to the effective date of the proposed action. It shall be sent immediately, but no later than the effective date of the action. In addition, the above situations may allow the worker to place a hold on the benefits to prevent them being issued. These situations may include:

- The recipient was granted aid with a Granting/Discontinuance NOA as in [E](#), above.
- The worker has verification confirming the death of the recipient.
- The worker has received a written or verbal request from the recipient to terminate aid.
- The worker has verification that the recipient has been incarcerated.
- The recipient receives another form of assistance, income, or resources to meet his needs.
- The recipient's whereabouts are unknown, or county mail directed to the recipient has been returned by the Post Office, indicating no forwarding address. (The recipient's aid payment must be made available to him/her if his/her whereabouts become known during the payment period covered by the benefits and the recipient is otherwise eligible.)
- The recipient is no longer a resident of San Diego County.

Whenever the recipient requests that his/her case be closed, the worker shall inquire as to the reason for the request. This information may determine if a fraud referral is appropriate, and is necessary to complete form 11-4 HHSA.

90-600.06. OVERPAYMENTS

D. When Over- payments Occur

Overpayments may occur because of one or more of the following through:

- administrative error by the worker in failing to accurately determine eligibility or grant amount at intake
- administrative error by the worker in failing to close an ongoing case when eligibility no longer exists
- administrative error when the recipient receives APP and then loses their appeal
- recipient's failure to disclose reasonable anticipated income or resources at intake
- recipient's failure to meet his reporting responsibility upon receipt of income or resources and the case continues
- recipient's willful intent to defraud (for example, applies for and receives aid under different names or different cases).

GRPG Letter #73 (1/14)

E. Recovery Period

The time limit on the period over which an overpayment may be recouped by grant adjustment is three years from the date of discovery of the overpayment. When the recipient remains eligible for GR, an overpayment recoupment may be spread over several months, even if there has been a substantial break in aid, but not exceeding three years.

Example: An employable married couple applies for and receives GR of \$413 per month during January and February. On February 13, it is discovered that the couple was ineligible for GR during February because of the receipt of UIB which started the latter part of January. The couple reapplies for GR in October. They have repaid \$100 of the overpayment to ORR. The \$313 balance may then be recouped by grant reduction through February 14 three years after discovery.

GRPG Letter #73 (1/14)

90-600.08. CASE CLOSING AND REPAYMENT

**F.
Closing
Procedures
Involving
Willful
Overpayment
of More than
\$600**

Upon the closing of all GR cases involving a willful overpayment of more than \$600, the worker will take the actions in the table below.

Step	Action
1	Complete the 11-4 HHSA and 11-117 HHSA and send it to ORR to open a GR repayment account. The 11-4 HHSA shall clearly distinguish between willful and non-willful overpayments and grant adjustments.
2	Refer the case to PAFD through FRATS.
3	If fraud is determined, OSU will complete and send an amended form 11-4 HHSA.
4	Send an 11-116 HHSA and 11-117 HHSA to the client to inform them of the amount of aid owed.

GRPG Letter #73 (1/14)

90-600.09. MONTHLY/QUARTERLY REPORTING

A. General

This section provides information regarding the monthly/quarterly reporting requirements of the GR Program.

GRPG Letter #73 (1/14)

B. Policy

The required monthly/quarterly eligibility report form is the CW 7. The CW 7 is automatically produced and mailed by CalWIN for GR cases and a face-to-face interview is not required. Budgeting is prospective for GR. AB recipients must report monthly, while EL, IP, and IAP recipients must report quarterly.

All GR applicants who are found eligible for GR at Intake shall be informed of the requirement to turn in a CW 7 for review of any changes. The applicant returns the CW 7 by mail, although it can be accepted if delivered in the FRC.

The CW 7 shall be due on the 5th day of the month following the reporting month. The due date will be later when the 5th day of the month falls on a weekend or a holiday.

Although the due date for the CW 7 is the 5th day of the month, workers must accept and process the form through the end of the month due.

GRPG Letter #73 (1/14)

C. Intake Procedures

The intake worker shall follow the actions in the table below.

Step	Action
1	Give the applicant/recipient a CW 7 for the next month/quarter.
2	Inform the applicant/recipient of the due date for the CW 7.
3	Inform AB applicants/recipients to mail their job searches with the CW 7.

GRPG Letter #73 (1/14)

90-600.10. ACTS OF VIOLENCE/THEFT/VANDALISM

D.
Location of
Acts

This policy encompasses any act of violence against another person or theft/vandalism of any property within a FRC, surrounding an FRC parking lot, at a GR Hearing, or at an agency to which the GR applicant/recipient is assigned by the County to complete a Work Project or to complete an activity with a contracted County agency, such as a GREE or Substance Abuse Services appointment.

GRPG Letter #73 (1/14)

90-600 APPENDIX B. INSTRUCTIONS FOR COMPLETION OF FORM 11-11 (RENTAL AGREEMENT)

This appendix was made obsolete by GRPG Letter 7Y.

90-700.01. INTRODUCTION TO THE EMPLOYABLE PROGRAM

E. Certification Periods

AB applicants who are determined eligible, shall be certified for a maximum of three full months. EL applicants shall be certified for a maximum of six months. The certification period shall continue, without reapplication, so long as the recipient continues to cooperate each month and remains eligible. A Monthly Eligibility Report (CW 7), which will be reviewed by the Granted worker, is required for AB recipients. EL recipients will report quarterly. Employable cases shall be converted to EL status (without reapplication) for the balance of the certification period when verification of the period of EL is provided.

GRPG Letter #73 (1/14)

I. Definitions

The table below shows the definitions of terms used throughout this chapter.

Term	Definition
Month	<p>In determining time limited eligibility, a month is defined as any of the twelve divisions of a calendar year in which the recipient receives or is eligible to receive benefits for the entire month. A month in which the recipient would have been eligible to receive benefits but did not receive the benefits due to application of a sanction is considered a month for the purposes of time limits.</p> <p>If the beginning date of aid is other than the first of the month it would not be considered a month for this purpose. For example, a person:</p> <ul style="list-style-type: none"> • applies for GR and is determined eligible for AB on January 12. To determine time limits, the first month of aid will be February, since January is a partial month and February is the first full month of assistance. • is determined eligible on February 1. To determine time limits, the first month of aid is February, since it is the first full month of assistance.
Time Limits	<p>Time limits are made up of two components: the three month Period of Eligibility; and the Twelve Month Period.</p> <p>Both of these components apply only to employable GR assistance. Time limits do not apply to IP or IAP applicants/recipients.</p> <p>Note: The Needs Exceeds Basic Need Rate review and follow-up does not apply to AB/EL unless the case converts to IP or IAP.</p>

Period of Eligibility (POE)	The POE under time limits is receipt of GR employable assistance for no more than three months in any twelve month period. Job Skills Sessions or Job Training must be made available to the applicant/recipient before the POE can begin. The POE does not have to be a consecutive month period. As defined above, the POE will always begin on the first calendar day of a month.
Twelve Month Period (TMP)	A TMP is defined as twelve consecutive calendar months. Once established, the TMP does not change for reasons such as case closing or transfer between the AB/EL and IP/IAP. However, the TMP may be affected due to sanctions. The beginning of the TMP is the month in which the time limits clock starts. For example: <ul style="list-style-type: none"> • AB/EL aid is granted on January 15, 2007 and an offer of Job Skills or Job Training was made at the same time. The TMP will be February 2007 through January 2008. • AB/EL aid is granted on April 1, 2007 and an offer of Job Skills or Job Training was made at the same time. The TMP will be April 2007 through March 2008. • IAP is granted on January 1, 2007. SSI is denied on May 5, 2007 and the person is determined eligible to EL on May 18, 2007 and is offered Job Skills at the same time. The TMP will be June 2007 through May 2008.
Job Skills Session (JSS)	JSS provides lessons on how to obtain employment and will be provided by Adult and Employment Services staff. For example, sessions may include interviewing techniques, appropriate dress and hygiene, resume writing, employment contacts, how to get job leads, and where to look for jobs.
Job Training (JT)	JT is participation in a work activity. Work Project (WP) is considered JT. Approved JT alternatives, such as Regional Occupational Programs (ROP), Department of Rehabilitation, and adult continuing educations may be substituted for JT.
JT Period (JTP)	The JTP is the number of hours determined by dividing the net grant by the state or federal minimum wage , whichever is higher, during a calendar month on an approved JT activity. Excused absences do not count towards the meeting the JTP and must be replaced with additional work hours or JS.
Work Days	A work day is defined as eight hours of JT activity. Each completed work day (or a combination of JT work hours and additional job searches) is multiplied by the federal or state minimum wage , whichever is higher during the period worked, to determine the amount of the grant that has been repaid.

90-700.02. EMPLOYABLE PROGRAM RESPONSIBILITIES

C. Intake Worker

The Intake worker is responsible for documenting all eligibility requirements, completing forms as necessary, and issuing the initial aid payment. In addition, the Intake worker shall have the responsibilities in the table below as they relate to the Employable Program.

Step	Action
1	Determine which program and subcomponent the individual must participate with and inform the applicant of the program's requirements.
2	Provide a JSS schedule for all Employable applicants.
3	Image a copy of JSS schedule as documentation of the offer to attend these sessions was provided.
4	Inform AB individuals of the need to comply with the following requirements: <ul style="list-style-type: none"> • Participation in monthly JT; • 20 monthly Job Searches; and • Submission of monthly status reports (CW 7).
5	Refer the individual to the CalFresh E&T SW for JT assignment.
6	Inform EL individuals of the need to comply with the submission of quarterly status reports (CW 7).
7	Complete all forms necessary on MAPC cases to assign the applicant to JT and JS, or determine exemption status, and refer the applicant for the Assessment interview.
8	Complete the Notice of Orientation on non-MAPC cases.
9	Evaluate for good cause, negligence/inadvertence, and willfulness for absence from JT.
10	Authorize subsequent aid payments on non-MAPC cases after cooperation with the Work Test has been determined, and transfer the case to the GR Granted section.
11	Authorize initial aid payments for MAPC cases after cooperation with Work Test has been determined.
12	Close the case and prepare the case for transfer to Record Library after non-cooperation with JT and/or Work Test has been determined.
13	Restore aid for recipients previously discontinued at Intake when the discontinuance is overturned by the GR Hearing Officer.

**E.
Granted Bank
Clerk**

The GR Granted Bank Clerk is responsible for the actions in the table below as they relate to the Employable Program.

Step	Action
1	Assist in review of monthly/quarterly eligibility reports.
2	Refer recipients to the Granted worker when monthly/quarterly eligibility report indicates a change or continued eligibility appears questionable.
3	Assist the Granted worker with filing, completion of Form 11-4 HHS, and other designated maintenance activities associated with a granted caseload.

GRPG Letter #73 (1/14)

90-700.03. PRESUMPTION OF EMPLOYABILITY

C. Definitions

The table below shows some definitions of terms used in this section and their treatment in the Employable Program.

Term	Definition/Treatment
AB	<p>Individuals who are physically and mentally able to accept employment. Unless acceptable medical verification of a medical or mental disability is provided to confirm otherwise, the following persons will be considered AB:</p> <ul style="list-style-type: none"> • persons with alcohol or drug dependence; • persons with limited English speaking capability; • persons with limited English literacy; or • persons with limited job skills or training. <p>These persons may be eligible to receive extended aid if they have extenuating circumstances, have a verified course of action to address and/or correct the situation within a limited time, and are approved for a hardship waiver from time limits by the GR Program Manager.</p>
EL	<p>An individual with a physical or mental impairment that substantially limits one or more major life activities.</p>
Conditionally Employable	<p>Individuals who claim to be employable for light work only or who have verified medical limitations because of a temporary or permanent medical condition which precludes some type of work activity. These applicants/recipients are also identified as “employable with restrictions.” This will also include individuals who are unable to be assigned to the Work Project because there is not a site available.</p>
Children	<p>Individuals under 18 years of age. They shall not be evaluated for employability, but shall be included in their parent’s employability sanction period because of the responsibility of parent for child.</p>

GRPG Letter #73 (1/14)

D. Conditionally Employable – Work Project

Conditionally Employable applicants/recipients may have the work project requirement reduced, substituted, or waived entirely by written approval of the FRC Manager under the following circumstances:

- No suitable work project site can accommodate the applicant’s/

- Requirement** recipient's medical restrictions without aggravating the applicant's/ recipient's medical condition
- Written exemptions or modifications must be filed in the Work Project folder and documented in the Case Comments
 - FRC staff shall report the need for sites to accommodate specific medical restrictions to the CalFresh E&T SW via Form 11-55 HHSA
 - If feedback from the CalFresh E&T SW indicates that a Work Project site cannot be developed to accommodate the applicant's/recipient's medical restrictions, the FRC Manager may modify or substitute the Work Project requirement for the remainder of the certification period, and additional 11-55 HHSA forms will not be required.
 - There is not a Work Project site available for the applicant/recipient.

GRPG Letter #73 (1/14)

90-700.07. WORK TEST REQUIREMENTS

C. Components

The standard Work Test will take place on the three consecutive work days following the issuance of aid. In the first month of the certification period for the Employable program, this Work Test shall consist of a group orientation on the first day, and the first 16 hours or the maximum WP, whichever is lower, of the WP assignment on the following two days. The Work Test hours are included in the WP assignment; not added to the WP assignment.

GRPG Letter #73 (1/14)

E. Requirement for MAPC

Applicants reapplying under MAPC must cooperate with the MAPC Work Test prior to issuance of initial aid. Good cause standards shall be applied.

The MAPC Work Test shall consist of the first 24 hours, up to the assigned WP, whichever is lower, of the WP assignment. The Work Test hours are included in the WP assignment; not added to the WP assignment. If the applicant is otherwise eligible, aid will be granted when the Work Test has been completed.

GRPG Letter #73 (1/14)

I. Granted

Non-exempt recipients on the Standard Aid Payment Cycle or on MAPC in second and subsequent months shall be required to cooperate with the Work Test in order to remain eligible, subject to good cause standards. The Work Test shall consist of the first 24 hours, or the entire WP assignment, whichever is less, of the WP assignment. The Work Test hours are included in the WP assignment; not added to the WP assignment.

GRPG Letter #73 (1/14)

90-700.08. JOB TRAINING (JT) REQUIREMENTS

B. Policy

All non-exempt GR recipients shall be required to complete a JT assignment. The purpose of JT is threefold.

1. *To Work for Benefits*

One primary purpose of JT is for the recipient to return something of value to the community in the form of public service employment for the financial assistance received from the community.

2. *To Develop Work Habits*

By requiring the recipient to maintain regular work hours performing work activities, the recipient develops work habits and responsibility expected from regular employment. This experience may help lead to employment with public or private sector employers.

3. *To Determine Cooperation*

Attendance at JT will be included in a test of cooperation (for example, every employable non-exempt recipient will comply with Work Test requirements as a test of cooperation), and Work Test requirements shall include the first 16 or 24 hours of the total JT assignment. Recipients must also complete the remaining JT hours.

Initial aid and continued assistance are only for those who are willing to meet program requirements for the aid received. Failure to cooperate with the Work Test and/or JT must be evaluated for good cause.

For those GR recipients who receive CalFresh and have a CalFresh E&T obligation, the JT and CalFresh E&T obligations will be concurrent. These work obligations will not be added to each other. The worker will notify the CalFresh E&T SW of failures to attend and excused absences from JT for recipients receiving CalFresh.

GRPG Letter #73 (1/14)

C. JT Requirements

JT shall consist of participation in monthly work activities for the number of hours determined by dividing the net grant by the state or federal minimum wage, whichever is higher. For example, a single recipient living alone with no other income will receive \$303-\$40 medical in-kind = $\$263 / 8 = 32.875$ hours. The recipient will be assigned to 32 hours and the remaining time will still show as an amount owed to the County when the case closes.

Recipients will be expected to report to the site on time (not more than 15 minutes late without good cause) and to perform work activities under the direction of a JT Site Supervisor.

The recipient is expected to comply with site regulations as explained by the JT Site Supervisor, and to cooperate with the JT Site Supervisor and others at the site in order to fully complete the assignment.

GRPG Letter #73 (1/14)

**E.
Computation
of Work
Project Hours**

All employable recipients shall have their JT assignment set at the number of hours determined by dividing the net grant by the state or federal minimum wage, whichever is higher, per month.

GRPG Letter #73 (1/14)

**F.
Credit for
Work Project
Participation**

Only completion of Work Project hours will be credited towards the repayment of the GR loan. Using the example above, the recipient worked 32 hours each month. 32 hours x \$8 = \$256 repaid. Thus, the recipient still owes \$7 for each month for the aid received.

Note: Always drop cents.

GRPG Letter #73 (1/14)

**G.
Repayment
Credit for
Married
Couples**

The table below shows how to determine the repayment credit for married couples.

Situation	Repayment Credit
Both spouses employable	Each spouse must complete a WP assignment of ½ of the total grant divided by state or federal minimum wage, whichever was higher in the month worked, for repayment credit.
One spouse employable and one Incapacitated	The employable spouse must complete a WP assignment of ½ of the total grant divided by the state or federal minimum wage, whichever is higher for the month worked, for repayment credit for his/her own portion of the grant only. GR paid to the Incapacitated spouse must be paid back to the County through collection by ORR.

GRPG Letter #73 (1/14)

90-700.09. JT SCHEDULING

**C.
Standard Aid
Payment
Cycle – Intake**

The table below shows the JT schedule for the standard aid payment cycle for the intake month. The example assumes that the applicant will be assigned to more than 24 hours of JT. The Work Test hours are included in the WP assignment; not added to the WP assignment.

Day	Action
1	Eligibility determined, JT assigned, aid issued.
2	JT (Work Test Day 1)
3	JT (Work Test Day 2)
4 to maximum	Remainder of JT Assignment.

GRPG Letter #73 (1/14)

**D.
Standard Aid
Payment
Cycle –
Granted**

The table below shows the JT schedule for the standard aid payment cycle for the following months. The example assumes that the applicant will be assigned to more than 24 hours of JT. The Work Test hours are included in the WP assignment; not added to the WP assignment.

Day	Action
1-3	JT (Work Test)
4 to maximum	Remainder of JT Assignment.

GRPG Letter #73 (1/14)

**E.
Modified Aid
Payment
Cycle – Intake**

The MAPC Work Test shall be scheduled for the three consecutive days immediately following the MAPC intake interview, when eligibility is established. Aid shall commence with the completion of the Work Test. The table below shows the JT schedule for MAPC for the intake month. The example assumes that the applicant will be assigned to more than 24 hours of JT. The Work Test hours are included in the WP assignment; not added to the WP assignment.

Day	Action
1	Aid issued.
2 to maximum	Remainder of JT Assignment.
next three days	MAPC Work Test – First 24 hours of JT Assignment for next month.

GRPG Letter #73 (1/14)

**F.
MAPC –
Granted**

The table below shows the JT schedule for MAPC for the following months. The example assumes that the applicant will be assigned to more than 24 hours of JT. The Work Test hours are included in the WP assignment; not added to the WP assignment.

Day	Action
1 to maximum	Remainder of JT Assignment.
Next three days	MAPC Work Test – First 24 hours of JT Assignment for next month.

GRPG Letter #73 (1/14)

**G.
Partial Month
JT Hours**

For partial months of assistance, the required JT hours will be the partial month's grant divided by minimum wage. The recipient will be assigned to JT for however many shifts can be assigned up to that number of hours. For most, there will be a remainder of hours that will not be able to be assigned. The recipient will still owe towards the GR grant for those hours which could not be assigned.

GRPG Letter #73 (1/14)

90-700.14. JT/JS SUBSTITUTIONS

H. MAPC Procedures

In addition to the non-MAPC procedures, above, the worker is to advise the MAPC applicant of the requirement to complete the MAPC Work Test prior to receipt of aid. The table below shows the actions that the worker/CalFresh E&T SW must take.

Item	Explanation
Work Test	<p>The MAPC Work Test for these applicants shall consist of the first four JSs. All four JSs are to be verified prior to the receipt of initial aid.</p> <p>The return appointments for these MAPC applicants are not to be scheduled any later than the return appointments for MAPC applicants required to complete the 24-hour Work Test. However, FRCs may use discretion in scheduling the return appointments. If the applicant states they can complete the required JSs prior to the fourth day, the return appointment may be scheduled earlier. Reasons for scheduling earlier appointments shall be narrated.</p> <p>The CalFresh E&T SW shall follow the verification procedures in determining if the remote MAPC applicant completed the MAPC Work Test requirements.</p>
Beginning Date of Aid	<p>The first day of MAPC aid shall be the date of application or when all eligibility factors are met, whichever is later, and shall commence with the issuance of the first aid payment, to be issued upon verification of all four JSs.</p>
Additional Job Searches	<p>The applicant shall be scheduled to return with the additional JSs on the 5th day of the upcoming month. The CalFresh E&T SW shall verify two of the additional JSs.</p>
Pending Applications	<p>All MAPC applications shall be pended in CalWIN. Form 11-61 HHSa shall be used to notify the applicant that the case is pending completion of the Work Test.</p>

90-700.16. STUDENTS

B. Policy

All AB or AB with restrictions full-time college/university students shall be ineligible to receive GR. The restriction shall not be applied to EL, IP, or IAP students. All eligible students (whether part-time or full-time, AB, EL, IP, or IAP) shall be required to apply for any available student income.

Full-time high school students will receive their prorated grant for the first month upon being found eligible. The full monthly grant (maximum grant less any income, including the Medical In-Kind) will be issued by EBT once each month thereafter as long as the student cooperates and remains eligible. Continued eligibility is verified each month. School verification is due each month with the CW 7. If continued eligibility exists, the aid payment for the future month will be generated.

GRPG Letter #73 (1/14)

90-700.19. EMPLOYABLE PROGRAM SANCTIONS

D.
Timely Notice

When the CalFresh E&T SW notifies the worker of a program violation subject to sanctions, a NOA will be issued prior to discontinuance and imposition of the sanction.

This NOA will serve two purposes. First, it will inform the recipient to contact the worker within five days to explain the failure to complete the program requirements. Secondly, it will be a notice that the case will close in 10 days.

[GRPG Letter #73 \(1/14\)](#)

90-700.21. AB MONTHLY STATUS REPORTING AND REASSIGNMENT

A. General This section provides information regarding the AB Monthly Status Reporting requirements and the reassignment of the GR recipient to the month's WP.

GRPG Letter #73 (1/14)

B. Policy AB applicants/recipients who are found eligible for GR at Intake shall be provided a Monthly Eligibility Report (CW 7) to submit so that the worker may review any changes prior to the authorization of their next month's aid payment. See [GRPG 90-600.9](#) for the Monthly Reporting requirements.

The recipient must attend a CalFresh E&T SW assessment interview. During the assessment interview, the CalFresh E&T SW will assign the recipient to a WP and/or a WP and JC for the upcoming month.

GRPG Letter #73 (1/14)

C. Assessment Interview The Assessment Interview will be required only in the initial Intake month and will not be required in the second and third month of the certification period. Procedures for the assessment interview are shown in the table below.

Step	Who	Action
1	Intake worker	Schedule each GR applicant for an Assessment interview via Form 22-11 HHSA.
2	Granted Bank Clerk	Complete a list for all AB GR recipients scheduled for the Assessment interview.
3		Update list for cooperation/non-cooperation with the WP.
4		Update list for cooperation/non-cooperation with the JS.
5		Assure accuracy of list prior to the scheduled Assessment interview.
6		Provide an orientation/explanation of program requirements.
7	CalFresh E&T SW	Conduct an employability assessment.
8		Coordinate WP and CalFresh E&T assignments for those recipients who also receive NAFS.
9		Assign the recipient to a WP.

90-720.1. GENERAL RELIEF GRANT DIVERSION

F. Payment

Private employers shall be paid the amount of the participant's grant up to \$303 for each four-week period toward the salary of the GR recipient hired. In GRGD, the grant will be frozen at the participant's payment level. The grant will not be issued to the recipient but shall be diverted to a special fund from which it will be paid to the employers involved.

GRPG Letter #73 (1/14)

90-750.2. VERIFICATION

D. Time-Limited Income

For any known time limits on the payment, such as for SDI, Worker's Compensation, and some SSA benefits, workers will set a Case Alert. Follow-up must take place the month before the anticipated ending of the benefit payments. Any continuing benefits must be re-verified before aid can continue. The quarterly report will serve as documentation of receipt of payments after the initial verification of benefits.

GRPG Letter #73 (1/14)

90-750.4. INTAKE

B. Policy

A person providing verification of disability-based income at the intake appointment or during the Intake process and who is otherwise GR eligible will be granted GR in the IP.

GRPG Letter #73 (1/14)

F. Quarterly Reporting

The IP person is required to complete quarterly reporting.

GRPG Letter #73 (1/14)

90-750.5. GRANTED

I. Quarterly Reporting

The IP recipient is required to complete quarterly reporting.

GRPG Letter #73 (1/14)

90-800.1. INTERIM ASSISTANCE PROGRAM (IAP) POLICY AND CATEGORIES

M. Quarterly Reporting

The IAP recipient is required to complete quarterly reporting.

GRPG Letter #73 (1/14)
