

## **IMPORTANT**

In order to meet requirements for the application process, you must go to a Department of Public Social Services office of the County of Los Angeles for a full intake interview. **This application may not be submitted by mail.** To assist you in **preparing for** the process, you may fill out the application ahead of time and bring it with you to the Department of Public Social Services office of the County of Los Angeles.

If you are disabled and unable to go to a Department of Public Social Services office of the County of Los Angeles, you may call 1 (877) 481-1044 and a home visit will be scheduled to assist you with the application process.

**APPLICATION FOR CASH SUPPLEMENT - PART 3**

**WARNING**

**NOTICE TO GENERAL RELIEF PARTICIPANTS**

Effective May 1, 1994, if it is determined that you have filed duplicate General Relief (GR) applications in Los Angeles County or any other city or county with the intent to receive duplicate assistance, you will be penalized as follows:

- First offense - You will be ineligible for a six-month period.**
- Second offense - You will be ineligible for a twelve-month period.**
- Third offense - You will be ineligible permanently.**

Duplicate aid applications can be detected in many ways. One way is the automated fingerprinting process which detects duplicate aid cases. If the fingerprinting computer or any of the other methods shows a match, you may be subject to the penalties mentioned above.

**YOUR RIGHTS**

**YOU HAVE THE RIGHT TO A HEARING BEFORE YOUR AID IS DENIED OR TERMINATED AND SANCTIONS ARE IMPOSED ON YOUR CASE. "WHAT YOU NEED TO KNOW ABOUT GENERAL RELIEF," (ABP 639) FORM EXPLAINS THE FAIR HEARING PROCESS AS IT APPLIES TO YOU. A COPY OF THE ABP 639 MAY BE OBTAINED FROM THE RECEPTIONIST OR YOUR ELIGIBILITY WORKER.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Eligibility Worker's Signature

\_\_\_\_\_  
Date

### APPLICATION FOR GENERAL RELIEF - PART 3

CASE LAST NAME	FIRST NAME	CASE NUMBER	APPLICATION DATE	<input type="checkbox"/> Unable to read and/or write <input type="checkbox"/> Needs Special Assistance
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PLEASE ANSWER ALL OF THE QUESTIONS BELOW FOR YOURSELF AND ALL FAMILY MEMBERS WHO ARE APPLYING WITH YOU. FOR EACH QUESTION, CHECK THE YES OR NO BOX. FOR SOME QUESTIONS, YOU WILL HAVE TO WRITE IN INFORMATION.	COUNTY USE ONLY																				
<b>1. I have an emergency need for cash.....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check the kind of need below: <input type="checkbox"/> Shelter <input type="checkbox"/> No food <input type="checkbox"/> Eviction <input type="checkbox"/> Utility shut off	<input type="checkbox"/> This is an immediate need case.																				
<b>2. Before I applied, I supported myself by (explain):</b>  																					
<b>3. I have identification.....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the kind I have is: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Driver License <input type="checkbox"/> Photo Identification <input type="checkbox"/> Alien Registration form <input type="checkbox"/> Other: _____ List any additional family members who do not have identification: _____	<input type="checkbox"/> Identification copied.  <input type="checkbox"/> Needs PA 230.																				
<b>4. I have a Social Security Card.....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Copy/copies on file. <input type="checkbox"/> MC 194.																				
<b>5. I am under 18 years of age.....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the names, address & telephone number of your parents: _____	<input type="checkbox"/> PA 853 & 1325 Verification of minor applying without adult head of household/responsible relative status/AFDC linkage.																				
<b>6. I moved to Los Angeles County within the last year and want to return to my former residence.....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name of your county or state: _____	<input type="checkbox"/> Complete the PA 898-15 Non-Resident Application.																				
<b>7. I live in Los Angeles County and plan to stay here.....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please give the date you began living in Los Angeles County: _____																					
<b>8. I need a voucher for temporary housing .....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If no: A. Check one of these boxes: <input type="checkbox"/> I have free housing <input type="checkbox"/> I own/am buying my house <input type="checkbox"/> I rent  B. The kind of housing I have is: <input type="checkbox"/> Room <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> House <input type="checkbox"/> Trailer <input type="checkbox"/> Board & Care <input type="checkbox"/> Dormitory Facility <input type="checkbox"/> Room and Board <input type="checkbox"/> Mission Facility <input type="checkbox"/> Car/Van <input type="checkbox"/> Other																					
<b>9. I live alone.....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If no: A. Counting myself, the total number of people living at my place is: _____  B. Information about the people who live with me  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Relationship</th> <th style="text-align: center; border-bottom: 1px solid black;">Purchase or Prepare Food With Me</th> <th style="text-align: center; border-bottom: 1px solid black;">Sleep in Same Room As Me</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">[ ] Yes [ ] No</td> <td style="text-align: center;">[ ] Yes [ ] No</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">[ ] Yes [ ] No</td> <td style="text-align: center;">[ ] Yes [ ] No</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">[ ] Yes [ ] No</td> <td style="text-align: center;">[ ] Yes [ ] No</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">[ ] Yes [ ] No</td> <td style="text-align: center;">[ ] Yes [ ] No</td> </tr> </tbody> </table>	Name	Relationship	Purchase or Prepare Food With Me	Sleep in Same Room As Me	_____	_____	[ ] Yes [ ] No	[ ] Yes [ ] No	_____	_____	[ ] Yes [ ] No	[ ] Yes [ ] No	_____	_____	[ ] Yes [ ] No	[ ] Yes [ ] No	_____	_____	[ ] Yes [ ] No	[ ] Yes [ ] No	Household size is determined to be: _____
Name	Relationship	Purchase or Prepare Food With Me	Sleep in Same Room As Me																		
_____	_____	[ ] Yes [ ] No	[ ] Yes [ ] No																		
_____	_____	[ ] Yes [ ] No	[ ] Yes [ ] No																		
_____	_____	[ ] Yes [ ] No	[ ] Yes [ ] No																		
_____	_____	[ ] Yes [ ] No	[ ] Yes [ ] No																		

## APPLICATION FOR GENERAL RELIEF

<p><b>10. I pay housing to another person or company.....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, the person/company I pay housing to is:                  Name: _____                  Address: _____                  Telephone Number: _____                  If the address is the same as mine, the relationship of this person to me is: _____</p>	
<p><b>11. I am a veteran.....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, please give the following information:                  Branch of Service: _____                  Veteran Number: _____                  Dates of Service: _____</p>	<p><input type="checkbox"/> Veteran, CA 5 on file.  <input type="checkbox"/> No VA income.  <input type="checkbox"/> VA income: _____</p>
<p><b>12. I have been in an accident or had a personal injury within the past year....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, potential exists for income from lawsuit or accident. <input type="checkbox"/> PA 971 and ABCDM 228 initiated.</p>
<p><b>13. I am under 21 years of age and I am interested in a free physical examination through the Child Health and Disability Prevention Program.....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> CHDP referral made.  <input type="checkbox"/> CHDP referral refused.</p>
<p><b>14. I have a house trailer, mobile home, house boat or boat house.....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, state kind: _____ and value: \$ _____</p>	
<p><b>15. I own land, a house, apartments or other buildings.....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, A. Give the assessed value: \$ _____                  B. I am willing to let Los Angeles County take a lien on my property. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>16. I gave away money or sold or gave away property, land or buildings during the past two years.....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, what was given away: _____ and value: \$ _____</p>	
<p><b>17. I am able to work.....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                  If no, the reason I cannot work is: _____</p>	<p><input type="checkbox"/> Employment Specialist referral made.</p>
<p><b>18. I have worked in the last 5 years.....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, please give the following information, beginning with your last job:</p> <p>A. Name of Place: _____ Reason Left: _____                  Address: _____ Phone: _____                  Special Job Skills or Training Utilized: _____                  Date Started: _____ Date Left: _____ Monthly Salary: \$ _____</p> <p>B. Name of Place: _____ Reason Left: _____                  Address: _____ Phone: _____                  Special Job Skills or Training Utilized: _____                  Date Started: _____ Date Left: _____ Monthly Salary: \$ _____</p> <p>C. Name of Place: _____ Reason Left: _____                  Address: _____ Phone: _____                  Special Job Skills or Training Utilized: _____                  Date Started: _____ Date Left: _____ Monthly Salary: \$ _____</p>	
<p><b>I have more jobs to list.....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

## APPLICATION FOR GENERAL RELIEF

19. Have you been convicted, including a plea of guilty or nolo contendere, of a drug-related felony after 12/31/97 and are you an unaided member of a family unit receiving CalWORKs? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Are you fleeing to avoid prosecution or custody/conviction of a felony?.... <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Are you in violation of parole/probation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Do you have a medical condition which requires a special diet (e.g., diabetes)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe condition: _____	<input type="checkbox"/> Needs PA 596

### IMPORTANT INFORMATION

**Section A - Employability Requirements**

I understand the following applies if I am now able to work, or if I become able to work in the future.

Beginning 2/1/99, I must participate in the mandatory General Relief Opportunities for Work (GROW) program, designed to help me find work. Beginning 2/1/99, I am eligible to receive GR for 6 months plus an additional 3 months in any 12 month period as long as I participate in GROW. This means I can get a maximum of 9 months of GR in any 12 month period, as long as I continue to participate in GROW. Only my GR is time limited, not my food stamps. I will receive transportation while I participate in GROW.

I will receive a penalty if I do not follow the rules listed below. A penalty means that my General Relief will be stopped. (See item number 8 below for penalty information.)

1. I understand that I cannot quit or be fired from a job.
2. I must register for work at the Employment Development Department (EDD).
3. I understand I cannot give false information on the PA 85 "Employment Contacts".
4. I must perform the number of job searches as shown on the "Employment Contacts" form and return it by the due date. I understand that DPSS will call the job contacts listed on the form to verify that I asked for employment at the places listed.
5. I must accept employment services offered by DPSS and attend all scheduled interviews, appointments, job preparation classes, and other activities.
6. I must cooperate fully with Community and Senior Services (CSS) and attend all scheduled interviews, appointments, job preparation classes, and other activities.
7. I must accept referrals, attend interviews, and take any offer for a job or training program.
8. If I fail to comply with any **WORK** requirement without good reason, I understand that my family members and I will be ineligible for General Relief. The first time I fail to comply, my General Relief will be denied/terminated and I/we can reapply immediately. The second time I/we will be ineligible for 30 days. The third time I/we will be ineligible for 60 days.

I have read (or have had read to me) all of the rules listed above. I understand that if I do not follow each of these rules without good reason, my aid will be stopped. If my spouse, minor children and 18 year olds attending high school/training programs are aided on my case, their aid will also be stopped. I will not receive this penalty if my circumstances change (such as, I become ill) or if I have a good reason for my action, (such as, appearing in court).

I know I can call my Eligibility Worker if I have a problem and/or questions about these rules.

## APPLICATION FOR GENERAL RELIEF

### Section B - General Agreement

I understand and agree to the following conditions:

1. A lien will be taken on any real property that I own, or that I acquire in the future, such as a house or a lot. Signing the lien will allow the County to subtract any General Relief that was paid to me from the sale of the real property.
2. A State law requires the County to give law enforcement agencies certain information about persons who have died or for whom a felony arrest warrant has been issued. This information is: name, address, birth date, social security number, and physical description.
3. All persons receiving General Relief must give their Social Security Numbers (SSN) and be fingerprinted to be eligible. The SSNs, fingerprints and any other information provided may also be used for computer matches, reviews and audits.
4. I must pay back the County of Los Angeles for the aid paid to me. If I die before the aid is paid back, the County of Los Angeles can file a claim against my estate. For all aid paid to me, I waive the Statute of Limitations.
5. If I receive a lump sum payment, including, but not limited to, a lawsuit settlement, eligibility for other programs (including Supplemental Security Income, Veteran's benefits and disability insurance), lotto winnings, gambling, insurance settlements, and inheritance, I must pay back the County of Los Angeles for the aid paid to me. If I do not pay back the County of Los Angeles, I will be ineligible for General Relief for the number of months the lump sum would meet my Basic Budget Table needs.
6. I must **CALL** or **WRITE** my Eligibility Worker when there is **ANY CHANGE** in my address, housing cost, income, property, or number of persons living in my home **WITHIN 5 CALENDAR DAYS OF THE CHANGE**.
7. If I give information that is not true or I do not report changes to my Eligibility Worker which affect my case or amount of aid I get, I may be criminally prosecuted and have to pay a fine or go to jail.
8. I live in Los Angeles and plan to stay here.
9. I understand that as a condition of receiving General Relief, I must be pre-screened for potential drug/alcohol abuse and if determined to have a problem, I must attend a county-approved treatment program in order to continue to receive General Relief.

### Section C - Applying for Supplemental Security Income

I understand the following applies if DPSS determines I may be eligible for SSI:

1. If requested by DPSS, I will apply for SSI at the local Social Security office or designated office.
2. At the time DPSS determines I may be eligible for SSI, or any time after that, my name, address, Social Security Number, and permanent case record information will be given to an SSI advocate who will provide technical help in getting me approved for SSI. I will cooperate with the SSI advocate.
3. I will tell DPSS (within 5 calendar days) when the Social Security Administration either approves or denies my SSI application.
4. I will appeal any denial (within 60 calendar days of the date on the denial letter) by filing a "Request for Reconsideration" at the Social Security office.
5. I will provide DPSS with proof (when requested) that I have filed a "Request for Reconsideration."
6. I will file a "Request for Hearing" (appeal) if my reconsideration is also denied.
7. I will provide DPSS with proof (if requested) that I filed a "Request for Hearing."
8. If I apply for SSI, and my SSI application is denied and I appeal the denial, the County may give my name, address, telephone number and social security number to a private contractor, who may represent me at my appeal hearing.
9. For legal help with my SSI hearing, I will accept a DPSS-provided contractor (at no cost to me), select my own representative (for which I am responsible for any fees), or represent myself.
10. I will save all letters and notices I receive from Social Security Administration and provide DPSS copies of them when requested.
11. I will answer all letters from DPSS, the Social Security Administration and my representative that ask me to provide information about my SSI application or appeal.
12. I will fully cooperate with DPSS, the Social Security Administration and my representative in all matters related to my SSI application or appeal.

I understand that failure to comply with these requirements could result in my General Relief being denied/discontinued. If I need more information, I will talk to my Eligibility Worker.

**Section D - Authorization for Reimbursement of Interim Assistance Granted Pending SSI/SSP Eligibility Determination**

I understand that the public assistance paid to me, or on my behalf, by Los Angeles County (DPSS) is considered interim assistance if it is paid during the period of time that my Supplemental Security Income (SSI)/State Supplemental Program (SSP) eligibility is being determined. (Assistance financed wholly or partly with Federal Funds shall not be considered interim assistance.)

In consideration of such interim assistance paid to me, or on my behalf, I authorize the Secretary of the United States Department of Health and Human Services, through the Social Security Administration (SSA) to send the first payment of any SSI/SSP benefits, for which I may be determined eligible, to the above Agency.

I authorize the above Agency to retain from that payment an amount equal to the sum of public assistance payments the above Agency and other California Interim Agencies paid to me, or on my behalf, to meet my basic needs both before and after the date of this authorization but limited to the period my SSI/SSP eligibility determination was pending,

Initial Claim beginning with the month for which I am found eligible for an SSI/SSP payment and ending with the month my SSI/SSP Claim payments begin;

or

Post Eligibility beginning with the month for which my SSI/SSP payments are reinstated after a period of suspension of termination and ending with the month my payments resume.

I understand that, after making the above deduction from my SSI/SSP payments, the above Agency shall pay to me the balance, if any, no later than ten (10) working days from the day the above Agency receives my payment from SSA.

I understand that, if I feel that the amount deducted from my SSI/SSP retroactive payments is more than the amount of public assistance paid to me, or on my behalf, by the Agency, or I feel the above Agency failed to pay me the excess within the ten (10) day period, I have a right to request a fair hearing from the State Department of Social Services. This request must be filed within ninety (90) days of the date the above Agency notifies me of the receipt and disbursement of the payment.

I understand that if I file an initial claim for SSI/SSP benefits at a Social Security office within 60 days of the date the above Agency receives this signed form, my eligibility for SSI/SSP benefits can begin as early as the date the above Agency receives this signed form.

I understand that this authorization is effective from the date the above Agency receives this signed form and that it will cease to have effect:

Initial Claim at the end of one (1) year from the date the above Agency receives this signed form, unless I file for SSI/SSP within that time, or one of the events listed below occurs earlier, in which case the authorization will cease to have effect as of the date of such event;

- SSA makes an initial payment or reinstates payment on my claim;
- SSA denies my claim and I do not file a timely appeal of that determination;
- The above Agency and I agree to terminate this authorization.

Post Eligibility at the end of one (1) year from the date the above Agency receives this signed form or at the end of the maximum period within which to review of the determination to suspend or terminate my SSI/SSP payments, whichever period of time is longer, unless I file a timely request for review, or one of the events listed above occurs in which case the authorization will cease to have effect as of the date of such event.

**Section E - Cancellation of General Relief Application**

I understand that even if the person who interviews me tells me that I am not eligible for General Relief, I still have the right to complete an application, and this right may not be taken away from me.

I understand that if I do not agree with any action taken on my request for General Relief, I can get a full explanation of the complaint procedures I may use from the person helping me with this form.

I understand I am not eligible for General Relief but I want to continue with the application.

I understand I am not eligible for General Relief and I want to cancel my request for General Relief.

Applicant's Signature	Date	Screener's Signature	Date
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**Section F - Declaration and Signature**

All adults (age 18 or over) and minors (applying alone) requesting General Relief must read the declaration and sign below:

**Declaration:** I declare under penalty of perjury that all information I have given on my application is true and correct to the best of my knowledge.

Signature of Adult #1	Date	Signature of Adult #2	Date	Signature of Adult #3	Date
-----------------------	------	-----------------------	------	-----------------------	------

If anyone signed with a mark, two witnesses must sign and give the date and their addresses below:

Witness Signature	Date	Witness Signature	Date
-------------------	------	-------------------	------

Address	Address
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**CERTIFICATION OF ELIGIBILITY**

**KEY ELIGIBILITY ITEMS**

**SHOW RESPONSE BELOW**

**IDENTIFICATION:** (ABP 898-1, Question 3)  
Does each client have acceptable identification or PA 230 initiated?

YES  NO

**UNDER 18:** (ABP 898-1, Question 5)  
Is the client over age 18? If no, verification of minor applying alone has been completed.

YES  NO

**RESIDENCE:** (ABP 898-1, Questions 6 and 7)  
Has the client lived in Los Angeles County 15 days and plans to remain here? If the client wants to return to place of residence, the PA 898-15 Non-Resident application must be on file.

YES  NO

**CITIZENSHIP:** (DFA 285-A2, Questions 3 and 14)  
Is the client a United States citizen? If no:  
 acceptable alien verification is on file, or  
 a PA 696 is on file.

YES  NO

**PERSONAL PROPERTY:** (DFA 285-A2, Question 15 and ABP 898-1, Question 14)  
Does the client meet all personal property limits, as shown below:  
 Yes  No  None Declared: Cash  
 Yes  No  None Declared: Checking savings, credit union, other  
 Yes  No  None Declared: Exempt \$500 life if for burial, otherwise include in \$500 limit.  
 Yes  No  None Declared: Each adult may own interest in one motor vehicle with value of \$4500 or less. For couple cases, only one vehicle is allowed.  
 Yes  No  None Declared: House trailer, houseboat or boat home used as residence worth no more than \$11,500.  
 Yes  No  None Declared: Mobile home used as residence worth no more than \$15,000.

YES  NO

**REAL PROPERTY:** ( ABP 898-1, Question 15)  
Does the client meet all real property limits, as shown below:

YES  NO

Yes  No  None Declared: Home with assessed value of \$34,000 or less

**ASSETS GIVEN AWAY:** (ABP 898-1, Question 16)  
Does the client declare that no property was given away in the last two years?

YES  NO

**INCOME:** (DFA 285-A2, Question 16)  
Is the client's total non-exempt income below the General Relief level?

YES  NO

**EMPLOYMENT:** (ABP 898-1, Question 18)  
A potential UIB application has been filed, if appropriate, and the client's employment history does not qualify the client for CalWORKs (if this is a family case).

YES  NO

**HOUSEHOLD COMPOSITION AND HOUSING COST:** (ABP 898-1, Question 9, DFA 285-A2, Question 18)  
Is the household size correctly determined and housing cost below the General Relief level?  
Housing cost is over the General Relief level?:  
 Yes  No If yes, PA 908 is initiated and follow-up control set.

YES  NO

**FLEEING FELONS:** (ABP 898-1, Questions 19-21)  
The client has been convicted, including a plea of guilty or nolo contendere, of a drug-related felony after 12/31/97 and is an unaided member of a family unit receiving CalWORKs, or is fleeing to avoid prosecution or custody/conviction of a felony or is in violation of parole/probation. IF YES, DENY AID.

YES  NO

**ANNUAL AGREEMENT/FOOD STAMP RECONCILIATION:** The Annual Agreement and Food Stamp Recertification dates have been aligned and are the same date.

YES  NO

**CASH AID FOR IMMIGRANTS PROGRAM (CAPI):** Is the applicant an immigrant who is disabled or age 65 or more?  
If yes, screen for potential CAPI eligibility.

YES  NO

**PRESCREENING QUESTIONNAIRE**  
Did client complete pre-screening?  
If "positive" or "in treatment" was client referred for assessment?  
Did client complete assessment?

YES  NO  
 YES  NO  
 YES  NO

**DETERMINATION:**

Eligible for General Relief.  
 Not Eligible for General Relief. Denial Code: \_\_\_\_\_

\_\_\_\_\_  
Eligibility Worker's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Eligibility Supervisor's Signature

\_\_\_\_\_  
Date