

APPLICATION FOR GENERAL RELIEF

WARNING**NOTICE TO GENERAL RELIEF APPLICANTS**

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 12-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 during the fingerprinting system or any other method shows a match, you may be subject to the penalties mentioned above.

YOUR RIGHTS

You have the right to dispute a Denial with a Denial Complaint Liaison. You have the right to a Noncompliance Review and a Hearing before your GR cash aid is terminated and sanctions are imposed on your case. For more information on your rights and responsibilities, ask the Customer Service Worker or your Eligibility Worker for a *General Relief Information Sheet* (ABP 392).

Applicant's Signature

Date

Eligibility Worker's Signature

Date

APPLICATION FOR GENERAL RELIEF

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
1. I have an emergency need for cash..... [] Yes [] No If yes, check the kind of need below: [] Homeless [] No food [] Eviction [] Utility shut off	[] This is an immediate need case.
2. Before I applied, I supported myself by (explain): <hr/>	
3. I have identification..... [] Yes [] No If yes, the kind I have is: [] Birth Certificate [] Passport [] Driver License [] Photo Identification [] Alien Registration form [] Other: _____ List any additional family members who do not have identification: <hr/>	[] Identification copied. [] Needs PA 230.
4. I have a Social Security Card..... [] Yes [] No	[] Copy/copies on file. [] MC 194.
5. I am under 18 years of age.....[] Yes [] No If yes, give the names, address & telephone number of your parents: <hr/>	[] PA 853 & 1325 Verification of minor applying without adult head of household/responsible relative status/CalWORKs linkage.
6. I moved to Los Angeles County within the last year and want to return to my former residence..... [] Yes [] No If yes, give name of your county or state: _____	[] Complete the PA 898-15 Non-Resident Application.
7. I live in Los Angeles County and plan to stay here..... [] Yes [] No Please give the date you began living in Los Angeles County: _____	

8. I am homeless..... [] Yes [] No

If no:

A. Check one of these boxes:

[] I have free housing [] I own/am buying my house [] I rent

B. The kind of housing I have is:

[] Room [] Apartment [] Hotel/Motel [] House [] Trailer [] Board & Car

[] Dormitory Facility [] Room and Board [] Mission Facility [] Car/Van [] Other

9. I live alone..... [] Yes [] No

If no:

A. If you live with your spouse or registered domestic partner, please specify:

NAME

RELATIONSHIP

[Empty text box for Name]

[Empty text box for Relationship]

B. My spouse or domestic partner is he or she is receiving or applying for GR. [] Yes [] No

C. My spouse or domestic partner receives public assistance..... [] Yes [] No

If yes, please explain what type of public assistance:

[Empty text box for public assistance explanation]

10. My/our address is:

Resident Address Apt # City Zip Code

Mailing Address Apt # City Zip Code

E-Mail Address

A. The total rent or house payment is \$ _____

B. The part of the rent/house payment you pay is.....\$ _____

C. The total cost of utilities for your home is..... \$ _____

D. The part of the utilities paid by you is.....\$ _____

E. Does anyone else pay for a part of the utilities or the rent/house payment? [] Yes [] No

If yes, please explain who pays and how much they pay.

[Empty text box for utility/rent payment explanation]

11. I served in the military.....[] Yes [] No

If yes, please give the following information:

Branch of Service:

Veteran Number:

Dates of Service:

Household size is determined to be:_____.

[] Rent receipt or rental agreement

[] Landlord statement

[] Utility bill(s)

[] Other_____

[] Veteran, CA 5 on file.

[] No VA income.

[] VA income:_____.

12. I have been in an accident or had a personal injury within the past year.... <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, potential exists for income from lawsuit or accident. <input type="checkbox"/> PA 971 and ABCDM 228 initiated.
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..... <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CHDP referral made. <input type="checkbox"/> CHDP referral refused.
14. I have a house trailer, mobile home, house boat or boat house..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state kind: _____ and value: \$_____	
15. I own land, a house, apartments or other buildings..... <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	
16. I gave away money, sold, gave away property, land, or buildings during the past two years. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was given away: _____ and value: \$_____	
17. I am able to work..... <input type="checkbox"/> Yes <input type="checkbox"/> No If no, the reason I cannot work is: _____	<input type="checkbox"/> Employment Specialist referral made.
18. I have worked in the last 5 years..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give the following information, beginning with your last job: A. Name of Employer: _____ Reason Left: _____ Address: _____ Phone: _____ Special Job Skills or Training Utilized: _____ Date Started: _____ Date Left: _____ Monthly Salary: \$ _____ B. Name of Employer: _____ Reason Left: _____ Address: _____ Phone: _____ Special Job Skills or Training Utilized: _____ Date Started: _____ Date Left: _____ Monthly Salary: \$ _____ Date Started: _____ Date Left: _____ Monthly Salary: \$ _____ I have more jobs to list..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Are you in violation of parole/probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. 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 if I am now able to work, or if I become able to work in the future:

1. I must participate in the mandatory General Relief Opportunities for Work (GROW) Program, designed to help me find work. I am eligible to receive General Relief (GR) for six months plus an additional three months in each 12 month period if I continue to participate in GROW. I will receive transportation while I participate in GROW.
2. I understand that I cannot quit or be fired from a job.
3. I must register for work at the Employment Development Department (EDD).
4. I understand I cannot give false information on the ABP 85-1 "Job Search."
5. I must perform the number of job searches as shown on the form ABP 85-1 "Job Search" and return it by the due date. I know that DPSS will verify the job contacts listed on the form to make sure that I asked for work at those places.
6. I must accept employment services offered by DPSS-approved projects 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 don't do the GR and GROW work activities, I know that I can be sanctioned and lose my cash aid.
9. I will get a notice explaining the rules and my rights if DPSS decides to terminate my GR cash aid and sanction me.

You might be sanctioned if you do not meet any of the requirements listed above. A sanction means that you lose your GR cash aid and you have to wait to get it back. The waiting period can be 0 days, 30 days or 60 days. If you are sanctioned, we will let you know how long your sanction-waiting period is in another notice. Your GR will not stop if:

1. You have not been on GR cash aid for three months in the past year; or
2. You make a mistake (are negligent); or
3. You have a good reason for not meeting any of the employable requirements listed above.

Section B - Substance Use Disorder (SUD) Requirement

In order to be eligible for GR, you must be pre-screened for potential drug/alcohol abuse, and if determined you have a problem, you must attend a County-approved Mandatory Substance Use Disorder Recovery Program (MSUDRP). Your GR cash aid may be denied if you do not meet the SUD recovery program requirement. If you are already receiving GR cash aid and you do not meet the SUD recovery program requirement, your GR may be stopped and sanctioned at any time.

NOTE: Any willful or negligent non-compliance(s) you get without good cause may cause your GR to stop and you may not be eligible for either 0, 30, or 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 GR cash 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. My GR cash aid will not be lowered if my circumstances change (such as, I become ill) and I have a good cause. I know I can call the Customer Service Center if I have questions about these rules.

Section C - 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 GR 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 GR 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 the GR cash 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, Veterans benefits and disability insurance), lotto winnings, gambling, insurance settlements, or 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 GR 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 FIVE 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 County and plan to stay here.
9. I understand that as a condition of receiving GR, 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 GR.

Section D - Applying for Supplemental Security Income (SSI)

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, SSN, 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 five 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 SSN 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 SSA and provide DPSS copies of them when requested.
11. I will answer all letters from DPSS, the SSA and my representative that ask me to provide information about my SSI application or appeal.
12. I will fully cooperate with DPSS, the SSA and my representative in all matters related to my SSI application or appeal.
13. I understand that failure to comply with these requirements could result in my GR being denied/discontinued. If I need more information, I will call the Customer Service Center.

Section E - Authorization for Reimbursement of Interim Assistance Initial Claim or Posteligibility Case

AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE INITIAL CLAIM OR POSTELIGIBILITY CASE

NAME		SOCIAL SECURITY NUMBER
ADDRESS	CITY/TOWN	ZIP CODE
COUNTY IA AGENCY Los Angeles County		GR CODE 05200

For the purpose of this Authorization Form:

The term "State" means the California county interim assistance (IA) agency (s) that the California Department of Social Services has an interim assistance reimbursement agreement with and that paid you public assistance.

The term "SSI/SSP benefits" means "Supplemental Security Income/State Supplementary Payment" benefits under Title XVI of the Social Security Act.

What actions am I authorizing when I sign this authorization and I check the "Initial Claim Only" block?

Initial Claim Only

You are authorizing the Commissioner of the Social Security Administration (SSA) to reimburse the State for some or all of the money the State gives you while SSA decides if you are eligible to receive SSI/SSP benefits. If you become eligible, SSA pays the State from the retroactive SSI/SSP benefits due you. The reimbursement covers the time from the first month you are eligible to receive SSI/SSP benefits through the first month your monthly SSI/SSP benefit begins.

If the State cannot stop the last payment made to you, SSA can reimburse the State for this additional payment amount.

What actions am I authorizing when I sign this authorization and I check the "Posteligibility Case Only" block?

Posteligibility Case Only

You are authorizing the Commissioner of the Social Security Administration (SSA) to reimburse the State for some or all of the money the State gives you while SSA decides if your SSI/SSP benefits can be reinstated after being terminated or suspended. If your SSI/SSP benefits resume, SSA pays the State from the retroactive SSI/SSP benefits due you. The reimbursement covers the time from the day of the month the reinstatement is effective through the first month your monthly SSI/SSP benefit resumes.

If the State cannot stop the last payment made to you, SSA can reimburse the State for this additional payment amount.

How can the State use this form when blocks for initial claims and posteligibility cases are part of the form?

The State can use this form for one case situation at a time, either an initial claim or a posteligibility case. If both blocks are checked the form is not valid. You and the State must sign and date a new form with only one block checked.

What kind of State payment qualifies for reimbursement by SSA?

SSA can reimburse a State for a payment that is paid only from State or local funds. The State cannot be reimbursed for payments made wholly or partially from Federal funds.

How does SSA determine how much of my SSI/SSP money to pay the State?

SSA decides the amount of payment based on two considerations. First, SSA looks at the amount of money claimed by the State, and second, SSA looks at the amount of your retroactive SSI/SSP money available to pay the State. SSA can reimburse the State for a payment made in a month only when you receive a State payment and an SSI/SSP payment for the same month. SSA will not pay the State more money than you have for the SSI/SSP retroactive period.

How long is this authorization effective for the State and me if I checked the "Initial Claims Only" block?

This authorization is in effect for you and the State for twelve (12) months. The 12 months begin with the date SSA receives the authorization from the State and end 12 months later. However, for a State using an electronic system, the 12 months begin with the date the State notifies SSA through an electronic system that the State has received the authorization and end 12 months later. You and a State representative must sign and date the authorization for the authorization to be valid.

Exceptions apply to this rule. The State must send SSA the authorization within a certain time frame. SSA must receive the form within 30 calendar days of the date you signed the authorization. If the form is late, SSA will not accept the form as a valid authorization. For the State using an electronic system, SSA must receive the authorization information within 30 calendar days of the state matching your SSI record with your state record. If the information is late, SSA will not accept the information sent by the State. SSA will not pay any of your retroactive SSI/SSP benefits to the State. SSA will send you any SSI/SSP money that may be due you, based on SSA's regular payment rules.

Can the authorization stay effective longer than the 12-month period? Can the authorization end before or after the 12-month period ends?

The authorization can stay effective longer than the 12-month period, if you

- apply for SSI/SSP benefits before the State has the authorization form, or
- apply within the 12-month period the authorization is effective, or
- file a valid appeal of SSA’s determination on your initial claim.

The period of the authorization can end before the 12-month period ends, or end after the 12-month period ends when any of these actions take place:

- SSA makes the first SSI/SSP payment on your initial claim; or
- SSA makes a final determination on your claim; or
- the State and you agree to terminate this authorization.

The authorization period will end with the day of the month any of these actions take place.

How long is this authorization effective for the State and me if I check the “Posteligibility Case Only” block?

This authorization is in effect for you and the State for twelve (12) months. The 12 months begin with the date SSA receives the authorization from the State and end 12 months later. However, for a State using an electronic system, the 12 months begin with the date the State notifies SSA through an electronic system that the State has received the authorization and end 12 months later. You and a State representative must sign and date the authorization for the authorization to be valid.

Exceptions apply to this rule. The State must send SSA the authorization within a certain time frame. SSA must receive the form within 30 calendar days of the date you signed the authorization. If the form is late, SSA will not accept the form as a valid authorization. For a State using an electronic system, SSA must receive the authorization information within 30 calendar days of the State matching your SSI record with your State record. If the information is late, SSA will not accept the information sent by the State. SSA will not pay any of your retroactive SSI/SSP benefits to the State. SSA will send you any SSI/SSP money that may be due you, based on SSA’s regular payment rules.

Can the authorization stay effective longer than the 12-month period? Can the authorization end before or after the 12-month period ends?

The authorization can stay in effect longer than the 12-month period if you file a valid appeal. You must file your appeal within the time frame SSA requires.

The period of the authorization can end before the 12-month period ends, or can end after the 12-month period ends when any of these actions take place:

- SSA makes the first SSI/SSP payment on your posteligibility case after a period of suspension or termination; or
- SSA makes a final determination on your appeal; or
- the State and you agree to terminate this authorization.

The authorization period will end with the day of the month any of these actions take place.

Can SSA use this authorization form to protect my filing date for SSI/SSP benefits?

SSA can use this form to protect your filing date if you checked the “Initial Claims Only” block. When you sign this form, you are saying that you have the intention of filing for SSI/SSP benefits if you have not already applied for benefits.

You have sixty (60) days from the date the State receives this form to file for SSI/SSP benefits. Your eligibility to receive SSI/SSP benefits can be as early as the date you sign this authorization if you file within the 60-day time period. If you file for SSI/SSP benefits after the 60-day time period, this form will not protect your filing date. Your filing date will be later than the date you sign this form.

How do I appeal the State’s decision if I do not agree with the decision?

You can disagree with a decision the State made during the reimbursement process. You will receive the State notice telling you how to appeal the decision. You cannot appeal to SSA if you disagree with any State decision.

Within 10 working days after the State receives the reimbursement money from SSA, the State must send you a notice. The notice will tell you three things: (1) the amount of the payments the State paid you; (2) that SSA will send you a letter explaining how SSA will pay the remaining SSI/SSP money (if any) due you, and (3) about your right to a hearing with the State, including how to request the State hearing.

SIGNATURE OF INDIVIDUAL RECEIVING INTERIM ASSISTANCE	DATE
SIGNATURE OF STATE REPRESENTATIVE	DATE

If the applicant signs this application with a mark, the signature must have two witnesses who provide their signatures, addresses, and the dates they signed below.

WITNESSED BY:	WITNESSED BY:
ADDRESS (#, STREET):	ADDRESS (#, STREET):
CITY STATE ZIP	CITY STATE ZIP

Section F - Cancellation of General Relief Application

I understand that even if the person who interviews me tells me that I am not eligible for GR, 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 GR, I can get a full explanation of the complaint procedures I may use from the person helping me with this form.

I understand that I must be given a written notice of denial.

I understand that if I do not agree with any action taken on my application for GR, I have the right to appeal the action and to request an explanation of the decision or a review of my application by the Denial Complaint Liaison.

I understand I am not eligible for GR, but I want to continue with the application.

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

Applicant's Signature	Date	Eligibility Worker's Signature	Date
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Section G - Declaration and Signature

All adults (age 18 or over) and minors (applying alone) requesting GR 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
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If anyone signed with a mark, two witnesses must sign and give the date and their addresses below:

Witness Signature	Date	Witness Signature	Date
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Address	Address
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