

DEPARTMENT OF BENEFIT PAYMENTS

May 15, 1974



OBSOLETE
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 Issued 3-17-77

ALL-COUNTY LETTER NO. 74-107

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: STATE SUPPLEMENTAL PROGRAM - HOME VALUED GREATER THAN \$25,000

REFERENCE:

This is to provide you with instructions necessary to carry out the provisions of AB 134 and EAS Manual Division 46 as they relate to new adult aid applicants with a home valued greater than \$25,000.

GENERAL PROVISIONS

Under the provisions of AB 134, applicants who are denied eligibility for SSI/SSP benefits by the Social Security Administration (SSA) solely because they own a home with a market value greater than \$25,000, will be covered under a state/county administered program. This program will provide for benefit levels equal to those levels established for SSI/SSP recipients. All adult aid recipients, who for the month of December 1973, were cash grant recipients and who own a home valued greater than \$25,000, will remain eligible for federally administered benefits under the "grandfather" provisions of P.L. 92-603.

Based on the cost allocation plan, counties will be reimbursed for 100% of all administrative costs related to this provision. The program costs will also be fully reimbursed by the state. Claiming instructions and forms will follow.

Costs of disability determinations by the State Medical Review Team (SMRT) will be billed to counties on a cost basis quarterly. These costs will be identified on the administrative claim as medical exams, State Adult Program, and will be claimed as a direct charge on DFA 325.2, Group III Direct Costs, B. Eligibility and Nonservice, 2. Operating costs.

REFERRAL

New applicants for assistance will be referred from the county to SSA, or will go to SSA directly. SSA will determine the value of the home and refer all applicants with homes having a market value greater than \$25,000 to the counties using form SSA 1620.

DETERMINATION OF ELIGIBILITY

The applicant shall provide a statement of eligibility by completing the appropriate statement of facts, Form SSP-5(C) couple, or SSP-5(I) individual (Attachments 1a and b). The county is responsible for determining that the applicant meets the requirements of all necessary eligibility factors. This determination shall be based upon an evaluation of all available evidence. Eligibility factors are: age, property, residence, and financial status (Attachment 2).

The latest property tax statement will be used to substantiate the market valuation of the home.

PROCESSING A DISABILITY OR BLIND APPLICATION

The county welfare department is responsible for securing all medical information needed to determine disability. This includes arranging medical examinations when necessary. The county welfare department is not responsible for evaluating the medical information received. However, the eligibility worker is responsible for reviewing all reports for completeness.

When all the necessary material is assembled, it is to be forwarded to:

State Medical Review Team (SMRT)
Disability Evaluation Program
Department of Health
107 South Broadway, Room 6040
Los Angeles, California 90012

Medi-Cal Letter #8-74 outlines in further detail county and state responsibility in the disability determination, including the use of authorized forms.

PAYMENT

1. Financial eligibility will be established utilizing the attached budget worksheet (SSP-1) to compute the grant based upon SSI/SSP criteria as outlined in EAS Manual Section 46-325. (Attachment 3 provides examples of completed budget worksheets.)
2. The beginning date of aid is the first day of the month in which the application is filed, assuming all eligibility factors are met in that month.

3. Aid payments under these provisions to adult aid recipients shall be delivered monthly in advance as follows:
 - a) The warrants shall be placed in the mail in time to be received by the recipient not later than the first day of the month.
 - b) When the first day of the following month is not a postal delivery day, the warrants shall be placed in the mail in order to be delivered on the last day of the preceding month that is a postal delivery day.
4. The county shall establish a case folder containing a payment record and related documents. Numbering of these case records shall be in accordance with EAS Manual Section 23-253 with aid category codes 15 (aged), 25 (blind), and 65 (disabled).

NOTICES OF ACTION

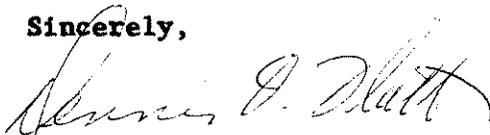
The basic 239 Notice of Action form is to be used for notification of eligibility, change in grant amount, or discontinuance of assistance.

REDETERMINATION

The county paying aid is responsible for continuing to determine eligibility to insure payment only to eligible recipients in the correct amount. A determination of all circumstances of the recipient subject to change shall be made at least once annually whether or not certain aspects of the recipient's situation have been determined earlier. The due date shall be set according to any plan which provides for completion of such a determination not later than 12 months from completion of the initial determination or of the previous determination.

It is recognized that this letter may not speak to all of the questions pertaining to determination of eligibility which will arise under this new program. Additional instructions will be sent to counties upon identification of major program elements requiring further clarification. Questions concerning this letter should be directed to the Adult Program Management Branch, at (916) 445-0813.

Sincerely,



DENNIS O. FLATT
Deputy Director
Welfare Program Operations

Attachments

cc: CWDA

**IMPORTANT INSTRUCTIONS TO APPLICANTS AND RECIPIENTS
FOR COMPLETING FORM SSP-5(C) OR SSP-5(I)**

Form SSP-5(C) or SSP-5(I) is your application and statement of facts needed to determine your eligibility for assistance (cash aid medical assistance and services). An additional copy of these forms is available to you upon request. If you follow these instructions, you will help your county welfare department determine your eligibility promptly.

1. Form SSP-5(C) is to be completed by couples (both of whom are applying) who apply for assistance at the same time. Form SSP-5(I) is to be completed by a single individual, or a couple, one of which is not applying (ineligible spouse).
2. It is not necessary for you to pay anyone to help you fill out this form. You can have your husband (wife), child, or friend help you. If you need additional information on how to complete this form, contact your county welfare department representative.
3. Each numbered/lettered box must be completed as fully as possible. This is very important because you cannot be granted aid until all applicable questions have been answered completely. Any omission or unanswered questions may seriously delay the determination of your eligibility.
4. Use receipts and records to help you answer questions and be prepared to produce them to support your answers. Use estimates only if you do not have or cannot secure records or receipts.
5. If you do not know how to answer a question, circle the question number and ask your worker for assistance.
6. You may be prosecuted under penalty of perjury for any deliberate misrepresentation or concealment of facts on this statement.
7. If you need additional space use an attached sheet, note the item number and provide the information requested.

STATEMENT OF RESPONSIBILITIES OF APPLICANTS AND RECIPIENTS

If you are granted assistance, you are required to notify the county welfare department when there is any change in your living arrangements or financial circumstances. You should immediately report the following changes:

If your income, as reported to the welfare department increases, decreases or stops;

If you have expenses which are paid for by someone other than yourself;

If you receive money or property from any source (income tax refunds, retirement contribution refunds, insurance, inheritances, gifts, awards, benefits, etc.);

If you receive, transfer or sell any item of real or personal property; i.e., if someone gives you or your spouse such things as a car, house, insurance, T.V., refrigerator, etc.;

If you, or your spouse obtains employment/training or is no longer employed or in training;

If you marry, remarry, divorce, or become widowed;

If you move or plan to visit outside the county or state for longer than 30 days;

If you change your address.

YOU MUST REPORT CHANGES TO THE COUNTY WELFARE DEPARTMENT IN WRITING.

You will be notified, in writing, of the welfare department's decision on your application. If your application is denied, the reasons will be given. If you are dissatisfied with the action, or lack of action by the county welfare department, or feel you have been discriminated against in any way, you have the right to request a fair hearing and a decision by the Director of the State Department of Benefit Payments. Your request must be received by the State Department of Benefit Payments within 90 days of the postmarked date of the notice of action with which you are dissatisfied. You are entitled to be represented by a person of your own choosing, including legal counsel. A request for a hearing should be submitted in writing to **OFFICE OF THE CHIEF REFEREE, STATE DEPARTMENT OF BENEFIT PAYMENTS, 744 P STREET, SACRAMENTO, CALIFORNIA 95814, (TELEPHONE: (916) 322-2400).**

(Detach and retain this notice as a reminder of your responsibilities.)

**REQUIRED FORM - NO
SUBSTITUTE PERMITTED**

**APPLICATION AND STATEMENT OF FACTS FOR ASSISTANCE
SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTAL PROGRAM (COUPLES)**

PLEASE PRINT ALL REQUIRED INFORMATION

This application is to be completed by a couple applying at the same time. Payment cannot start under the Supplemental Security Income/State Supplemental Program prior to the first day of the month following the date of application.

We hereby apply for Supplemental Security Income/State Supplemental Program benefits under the programs administered by the State of California and, where applicable, for medical assistance under title XIX of the Social Security Act.

Print your name (<i>First, Middle Initial, Last</i>)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Social Security Number ____ ____ ____
Print spouse's name (<i>First, Middle Initial, Last</i>)		Date of Birth	Social Security Number ____ ____ ____

In case of emergency, please contact:

1. Are you living in the same household with your spouse? If "Yes" skip (a) and (b) and go on to Item 2; if "No" complete (a) and (b). YES NO

(a) Enter spouse's address	Your spouse should enter answers in the column below.
(b) Date you began living in separate households	

	YOUR ANSWERS	SPOUSE'S ANSWERS
2. Are you blind or disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" complete (a) and (b); otherwise go on to Item 3.	(a) Nature of disability	(a) Nature of disability
	(b) Date you became disabled	(b) Date you became disabled
3. Where were you born?	Show state or foreign country	Show state or foreign country

4. We presently live in California and intend to continue living here YES NO

	YOUR ANSWERS			SPOUSE'S ANSWERS		
	Month	Day	Year	Month	Day	Year
We have lived in California continuously since (date).						
We have lived in this county continuously since (date).						
We have lived in the United States continuously since (date).						

5. Are you a United States citizen Yes No Yes No

6. If not a citizen, complete the following for each alien:

12. Complete the items below explaining the amounts of payments you or your spouse have received this month or expect to receive next month. (Do not include any payments shown in Items 10 and 11.) There is an (A) column and a (B) column. The (A) column should show only the information about your income or resources. The (B) column should include the same information for your spouse.

A. EARNED INCOME

	THIS MONTH		NEXT MONTH	
	(A)	(B)	(A)	(B)
Wages.	\$	\$	\$	\$
Other (Specify)	\$	\$	\$	\$

A Name and address of employer(s)

B Name and address of employer(s)

NOTE: If applying on basis of blindness, complete Items 1 through 10 below. All others go to B. on the next page.

1. Working member's name	(A)	(B)	
2. Is this member on a leave of absence from a job? If Yes, indicate date returning to work.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. This member has worked the following hours per week during the last month:	1 Week of	Hours	Hours
	2 Week of	Hours	Hours
	3 Week of	Hours	Hours
	4 Week of	Hours	Hours
	5 Week of	Hours	Hours
4. Date employment began/ended			
5. When paid	How often (every other week, twice a month, etc.)		
	Day of Week		
6. Required Payroll Deductions			
a. Income Tax – Federal	\$	\$	
b. Income Tax – State	\$	\$	
c. Social Security	\$	\$	
d. Disability Insurance Contributions.	\$	\$	
e. Compulsory Retirement Contributions.	\$	\$	
7. Required Union Dues	\$	\$	
8. Actual costs of licenses, tools and materials necessitated by employment .	\$	\$	
9. Additional expenses for food, clothing and personal incidentals necessitated solely by employment	\$	\$	

(A)	(B)	TYPE	FREQUENCY	AMOUNT	IDENTIFICATION NUMBER	SOURCE
		Social Security (Include Medicare Premiums)	Monthly			Federal
		Black Lung Benefits	Monthly			Federal
		Railroad Retirement Benefits	Monthly			Federal
		Federal Civil Service Annuity	Monthly			Federal
		State or Local Government Pensions				
		Unemployment Compensation Benefits				
		Workmen's Compensation Benefits				

C. UNEARNED INCOME: Give the following information on all income other than wages or self-employment which you receive or expect to receive. Place a (✓) in the appropriate block identifying the type of income received. If both are receiving the same type of income, do not combine totals, simply report under "Other" the type of income received by the person shown in Column (B).

a.	Type of business	
b.	Last year's gross income	\$
c.	Last year's net income or loss	\$
d.	This year's expected gross income	\$
e.	This year's expected net income or loss	\$

f. If the business is not operated throughout the year, in "REMARKS," Page 11 explain why not, and list the period(s) that the business is not in operation.

g. In the "REMARKS" section or on a separate statement, itemize the total assets of the business (e.g., land, buildings, equipment, etc.) and indicate their current market value. Attach copy of financial statement.

B. SELF-EMPLOYMENT: If you were self-employed this year or last year give the following information:

a.	Miles per day (round trip)	Miles
b.	Actual cost to you per day	\$

	Check (✓)		Days
	Check (✓)	Days	
Use your own car			
Drive car alone			
Car Pool			
Public (bus, train)			
Other (specify)			

Check all items that apply and indicate the number of days for each item checked.

10. Transportation to and from work

(A) (B)

C. UNEARNED INCOME (Continued)

(A)	(B)	TYPE	FREQUENCY	AMOUNT	IDENTIFICATION NUMBER	SOURCE
		Private Pension				
		Insurance Annuity or Proceeds				
		Cash Support or Expenses Paid by Another				
		Rents, Dividends, Interest, Royalties				
		Veterans Administration Pension or Compensation				<input type="checkbox"/> Pension <input type="checkbox"/> Compensation
		Public Assistance Based on Need (AFDC)				
		Military Allowance				
		Rental Rooms, Vehicles, etc.				
		Payment from Boarder				
		Contributions from Children				
		Income for Care of Foster Child(ren)				
		Other (specify)				

D. OTHER INCOME, MONEY OR BENEFITS

NAME	SOURCE OF MONEY	RECEIVED HOW OFTEN (Quarterly, annually, etc.)	(A) AMOUNT	(B) AMOUNT
			\$	\$
			\$	\$
			\$	\$
			\$	\$

E. VETERAN'S BENEFITS: We have a possible claim for veteran's benefits as a veteran or veteran's dependent. If "Yes" complete the following: Yes No

Check Relationship: 1 VETERAN 2 VETERAN'S WIDOW 3 VETERAN'S PARENT 4 VETERAN'S CHILD

(A)	NAME OF VETERAN (Last, First, Middle Initial)	BRANCH OF SERVICE	SERIAL NUMBER	IF DECEASED, DATE OF DEATH	DATE ENTERED SERVICE (Month/Day/Year)	DATE DISCHARGED (Month/Day/Year)
			CLAIM NUMBER			
(B)						

15. What is the basis for your estimate of the current market value shown in 14 above?

OWNER	DESCRIPTION OF PROPERTY Include type and size of structures, amount of acreage or lot size, location of property.	USE Describe how the property is used. If not in use, give date of last use and next planned use.	ESTIMATED MARKET VALUE	TAX ASSESSED VALUE

14. If you own or are buying any real estate give the following information:

- (a) A home (including houseboat, mobile home, etc.) you and your spouse own or are buying.
- (b) A rented - house, mobile home, apartment, room, boarding house.
- (c) In another person's household.
- (d) Other (explain)

13. Check the items below which most nearly describe where you and your spouse live. If you and your spouse do not live in the same place, describe in "REMARKS," Page 11 where your spouse lives.

6. Other (all or part) Specify:	5. Household Expenses (nonmedical) paid by a person not a member of the household (all or part)	4. Free Utilities (all or part)	3. Free Room and Board (all or part)	2. Free Food (all or part)	1. Free Rent or Free Housing (all or part)

9. NONCASH INCOME: We receive the following noncash income MONTHLY: (Complete each item)

TYPE OF POLICY (Check)	POLICY NUMBER	NAME OF INSURANCE COMPANY	PERSONS COVERED (Name)	MONTHLY PREMIUM	PAID BY (Name)
<input type="checkbox"/> INDIVIDUAL POLICY <input type="checkbox"/> GROUP POLICY Name of Group:				\$	
<input type="checkbox"/> INDIVIDUAL POLICY <input type="checkbox"/> GROUP POLICY Name of Group:				\$	

7. INSURANCE: We have private medical/health insurance or have health insurance benefits through a present or past employer, union, or employee group. If "Yes" Yes No complete the following:

16. If any of the above property is mortgaged or has a lien against it, give the following information:

a) Name and address of mortgage or lien holder	(b) Amount of mortgage or lien outstanding
--	--

17. If you are not the sole owner(s) of the property shown in Item 14 above, give the names and addresses of the other owners, their percentage of ownership and identify the property.

NAMES	ADDRESSES	PERCENT	PROPERTY

18. Are you free to sell your interest in the property? Yes No

If "No," please explain.

19. OTHER PROPERTY

A. If you own one or more motor vehicles give the following information:

OWNER		DESCRIPTION OF VEHICLE		HOW IS THE VEHICLE USED	CURRENT VALUE	HOW MUCH DO YOU OWE ON VEHICLE?
(A)	(B)	MAKE	YEAR			

B. Give the following information on the life insurance policies you own:

OWNER		NAME OF INSURED	POLICY NUMBER	COMPANY	FACE VALUE	LOANS AGAINST CASH VALUE	NET CASH VALUE
(A)	(B)						

C. We have disposed of (either sold or given away) real estate or personal property (e.g., house, land, guns, car, boat, T.V., etc., such as listed in Items 14-19) within the last two years. Yes No

If "Yes," complete the following:

NAME OF SELLER OR PERSON WHO GAVE PROPERTY AWAY	DATE OF TRANSFER	TYPE OF PROPERTY	VALUE	NET AMOUNT RECEIVED
			\$	\$
			\$	\$
			\$	\$

OWNER	ITEM	DESCRIPTION	CURRENT VALUE
	Camper not used as home		
	Trailer not used as home		
	Boats not used as home		
	Jewelry (except wedding and engagement rings)		
	Musical instruments		
	Recreational equipment (golf clubs, guns, etc.)		
	Antiques (list in Remarks, Page 11, if insufficient space)		
	Other hobby collections		
	Equipment and material (include inventories used for work, rehabilitation or self care)		
	Livestock or fowl, other than that retained for family use		

b) Other property and valuables which cannot be readily converted to cash, such as, jewelry, hobby collections, antiques or personal equipment.

OWNER	ITEM	DESCRIPTION (Where appropriate give name and address of bank, company or other organization)	CURRENT VALUE
	Cash on hand or in the home		
	Bank accounts (savings or checking)		
	Savings and Loan accounts		
	Building and Loan accounts		
	U. S. Savings Bonds		
	Stocks		
	Bonds		
	Credit Unions		
	Trust Funds		
	Checks or cash in safe deposit boxes		
	Notes, mortgages, trust deeds, sales contracts		
	Other items readily converted (specify)		

a) Cash and items which can be readily converted to cash.

A. Give the following information on all other property or valuables you own other than ordinary household goods and personal effects. Indicate the owner by placing a (V) in Column (A) or (B) . If jointly owned, check both (A) and (B) .

20. RESOURCES

B. PERSONAL PROPERTY

a) We have made future burial or funeral arrangements. If "Yes," complete the following: Yes No

ARRANGEMENTS MADE FOR (Name)	TYPE OF ARRANGEMENT	CASH VALUE TO OWNER DURING LIFETIME
		\$
		\$
		\$

b) We own life or burial insurance policies (do not list fire, car or health insurance). If "Yes," complete the following: Yes No

NAME OF INSURED	NAME OF INSURANCE COMPANY	POLICY NUMBER	DATE ISSUED	FACE VALUE	NET CASH SURRENDER VALUE
				\$	\$
				\$	\$
				\$	\$

c) We own or have use of the following household items: (Complete each item)
(1) DO NOT include items that are rented or built-in as part of the house.

ITEM	IF NONE CHECK (✓)	IF USE ONLY CHECK (✓)	PURCHASE DATE	PURCHASE PRICE	AMOUNT OWED
1. Cooking Stove				\$	\$
2. Refrigerator				\$	\$
3. Freezer				\$	\$
4. Freezer-Refrigerator				\$	\$
5. Clothes Washer				\$	\$
6. Clothes Dryer				\$	\$
7. Dishwasher				\$	\$
8. Air Conditioner				\$	\$
9. Televisions				\$	\$
10. Phonograph				\$	\$
11. Tape Recorder				\$	\$
12. Stereo System				\$	\$
13. Combination System				\$	\$

21. REMARKS:

(b) We own or have use of other household furnishings (beds, chests, cabinets, couches, tables, chairs, desks, paintings, drapes, lamps, rugs, mirrors, etc.) which have a combined value of (check appropriate box):
 1 \$1,500 or less
 2 Over \$1,500

ITEM	IF NONE CHECK <input checked="" type="checkbox"/>	IF USE ONLY CHECK <input checked="" type="checkbox"/>	PURCHASE DATE	PURCHASE PRICE	AMOUNT OWED
14. Power tools (power saw, drills, etc.)				\$	\$
15. Other (specify)				\$	\$
				\$	\$
				\$	\$
				\$	\$

I understand that the information given in this Application for Assistance is subject to verification, and I authorize the release to the County Welfare Department of any information needed to verify statements made in this document.

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining eligibility to payment under the SSI/SSP Program commits a crime punishable under Federal or State law or both. I affirm that all information I have given, in this document or in support of it, is true.

SIGNATURES

A Applicant's Signature (First Name, Middle Initial, Last Name) (Write in ink.) SIGN HERE 	Date (Month, day, year)
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B Spouse's Signature (First Name, Middle Initial, Last Name) SIGN HERE 	Telephone Number(s) at which you may be contacted during the day.
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Mailing Address (Number and Street, Apt. No., P.O. Box, or Rural Route)

City and State	Zip Code
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NOTE: If residence address is different from mailing address show it in "Remarks."

Your application does not ordinarily have to be witnessed. If, however, you have signed by mark (X), two witnesses to the signing who know you must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address (Number and Street, City, State and Zip Code)	Address (Number and Street, City, State and Zip Code)

NOTE: If you are filing this application on behalf of another person, please print below, your full name, followed by your title or relationship to the applicant (for example, "John J. Jones, Son"), and your Social Security Number.

Name (First, Middle Initial, Last)	Relationship	Social Security Number
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Evaluation of Evidence
in Verifying Eligibility Factors

I. Age

Evidence necessary to support a determination of agedness shall be at least one of the following, clearly establishing that the applicant has reached his 65th birthday:

- A. Birth certificate
- B. Certificate of baptism
- C. Marriage license or certificate
- D. Family Bible or genealogical records
- E. Affidavits of a reputable person

Or any of the following dated at least five years prior to date of application:

- F. Voter's registration
- G. United States census records
- H. School records
- I. OASDI records
- J. Homestead papers
- K. Immigration and naturalization records
- L. Poll tax records
- M. Court records
- N. Insurance policies
- O. Employment records and licenses
- P. Newspaper records and local histories
- Q. Indian agency records
- R. Other governmental or local records

II. Property

The market value of real property shall be based on the assessed value on the most current tax statements from the county assessor, recorder or tax collectors. The market value shall be determined by multiplying by four (4) the assessed value. Evidence of an allowable encumbrance shall be the written document which supports it. Evidence of unwritten encumbrances shall be the sworn statements of all parties, under penalty of perjury, to the following:

- A. Initial and maturity date;
- B. Extent of encumbrances; and
- C. Value received.

The evidence of the value of the applicant's personal property shall include the following:

- A. Bank books
- B. Postal savings certificates
- C. U. S. bonds
- D. Insurance policies
- E. Purchase contracts
- F. Payment books

Acceptable evidence of the amount of encumbrance on personal property shall be any of the following:

- A. Notes
- B. Payment receipts
- C. Loan payment books
- D. Tax bills
- E. Sale contracts
- F. Current appraisals
- G. Tax receipts
- H. Any documented form on which amounts can be verified by contacting the agency.

Verifying the Value of the Vehicle

The value of a motor vehicle is assumed to be less than \$1,200 if the vehicle is less than 7 model years old and is not one of the following:

- 1. Foreign cars,
- 2. Vehicles 25 years old or more,
- 3. "Customized" or specifically modified vehicles (unless it is one specifically equipped for a disabled individual),
- 4. Buick Riviera, Cadillac, and Chevrolet Corvette; and
- 5. Motor vehicles other than automobiles.

Count model years as beginning September 1.

The fair market of a motor vehicle is the retail market value. To determine the retail market value of a motor vehicle (automobile or truck), use the Red Book supplied by National Market Reports, Inc.

To determine the value of new (current year) automobiles or other motor vehicles not listed in the Red Book, telephone the Department of Motor Vehicles or other local source for an estimate of the retail value.

III. Residence

A person establishes residence in the state by physical presence for purposes not temporary in nature. The written statement of the applicant is acceptable to establish his intention and action on establishing residence unless the statement is inconsistent with other statements on the SSP-5, or with the conduct of the person, or with other information known to the county.

IV. Financial Eligibility

Evidence of the applicant's income shall include the following:

- A. Earned Income - Written statement of earnings from the most recent employer(s). In order to identify such employers, the county shall contact the local State Office of Employment and the Social Security Administration, and inspect the applicant's copy of his most recent federal income tax return.
- B. All Other Income - Evidence shall be the applicant's sworn statement, under penalty of perjury, in the absence of conflicting information.

This new form, SSP 1, is used to determine the SSP payment for those recipients who are eligible for the state/county SSP program.

The major departure from previous procedures is the way all income and disregards for an eligible couple are totaled. The county must do this to arrive at an accurate amount and then divide that amount in half to issue individual grants, if necessary.

The following eight examples are provided to facilitate understanding of the form. They are worked through on the accompanying work sheets.

<u>Example 1</u>	OAS Recipient	-	not married
Living Arrangement	Independent		
Unearned Income	\$78.50		
Gross Earned Income	0		

<u>Example 2</u>	ATD Recipient	-	not married
Living Arrangement	Independent		
Unearned Income	\$16		
Gross Earned Income	\$110		

<u>Example 3</u>	ATD Recipient	-	Ineligible Spouse
Living Arrangement	Independent		-
Unearned Income	5		8
Gross Earned Income	0		145

<u>Example 4</u>	OAS Recipient	-	Ineligible Spouse
Living Arrangement	Independent		-
Unearned Income	\$87.50		0
Gross Earned Income	0		\$400

There are two other persons in household who meet definition of child.

<u>Example 5</u>	AB Recipient	-	OAS Recipient
Living Arrangement	Independent		-
Unearned Income	\$111.70		\$42.50
Gross Earned Income	0		0

<u>Example 6</u>	AB Recipient	-	not married
Living Arrangement	Independent		
Unearned Income	\$47		
Gross Earned Income	\$415		

Recipient has \$60 of work expenses a month

<u>Example 7</u>	ATD Recipient	-	OAS Recipient
Living Arrangement	Independent		-
Unearned Income	\$65		\$92.40
Gross Earned Income	\$300		0

ATD recipient has approved plan for self-support. Unearned income of \$50 and earned income of \$125 is being disregarded.

<u>Example 8</u>	OAS Recipient	-	OAS Recipient
Living Arrangement	Independent		-
Unearned Income	\$212.60		\$248.40
Gross Earned Income	0		0

COMPUTATION OF SSP PAYMENT FOR ADULT AID RECIPIENTS

	SOCIAL SECURITY NUMBER		<input type="checkbox"/> OAS <input type="checkbox"/> AB		<input type="checkbox"/> ATD	
CASE NAME	CASE NUMBER	DISTRICT	WORKER NO.			
ADDRESS	MEMBER OF ELIGIBLE COUPLE <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER IN HOUSEHOLD			

	MONTH/YEAR EXAMPLE 1	MONTH/YEAR EXAMPLE 2	MONTH/YEAR EXAMPLE 3	MONTH/YEAR EXAMPLE 4
I. COUNTABLE UNEARNED INCOME COMPUTATION				
A. Net unearned income (including OASDI) of (1) recipient OR (2) recipient and eligible spouse	\$ 78.50	\$ 16	\$ 5	\$ 87.50
B. Income deemed to recipient (from reverse)	-	-	23	140.00
C. Total unearned income (A+B)	78.50	16	28	227.50
D. Unearned income disregard	\$20	\$20	\$20	\$20
E. Unearned income disregard for approved plan of self-support (AB, ATD only).	-	-	-	-
F. Total unearned income disregard (D+E)	(20)	(20)	(20)	(20)
G. COUNTABLE UNEARNED INCOME (C minus F)	\$ 58.50	\$ 0	\$ 8	\$ 207.50
II. COUNTABLE EARNED INCOME COMPUTATION				
H. Gross earned income of (1) recipient or (2) recipient and eligible spouse.	\$ 0	\$ 110	\$ 0	\$ 0
I. Remainder (if any) of \$20 unearned income disregard not used to offset unearned income (D minus C)	\$ -	\$ 4	\$ -	\$ -
J. Flat earned income disregard	\$65	\$65	\$65	\$65
K. Initial earned income disregards (I+J)	(-)	(69)	(-)	(-)
L. Initial countable earned income (H minus K)	(-)	(41)	(-)	(-)
M. COUNTABLE EARNED INCOME (L÷2)	0	20.50	0	0
N. Additional earned income disregards (ATD, AB only)				
1. Student educational expenses (ATD, AB)	-	-	-	-
2. Income disregarded for an approved plan of self-support (ATD, AB)	-	-	-	-
3. Work expenses (AB only)	-	-	-	-
O. Total additional earned income disregards (N1+N2+N3)	(-)	(-)	(-)	(-)
P. TOTAL COUNTABLE EARNED INCOME (M minus O)	\$ 0	\$ 20.50	\$ 0	\$ 0
III. SSP PAYMENT COMPUTATION				
Q. Basic SSP payment for eligible persons (Use chart on back).	\$ 235	\$ 235	\$ 235	\$ 235
R. Total countable income (G+P)	(58.50)	(20.50)	(8)	(207.50)
S. Special allowance for meals, OAS/ATD only (\$25 individual/\$50 couple)	-	-	-	-
T. SSP PAYMENT(Q minus R +S) If amounts used in computation were for eligible couples, T must be divided by 2 If separate checks are issued	\$ 176.50	\$ 214.50	\$ 227	\$ 27.50

INITIALS				
DATE				

IV. INELIGIBLE SPOUSE/PARENT(S) INCOME COMPUTATION <i>NOTE: If ineligible spouse/parent(s) are receiving AFDC do not complete this computation, only enter zero in Item B on reverse.</i>	MONTH/YEAR		MONTH/YEAR		MONTH/YEAR		MONTH/YEAR	
	EXAMPLE 3		EXAMPLE 4					
1. Ineligible spouse/parent(s) gross earned income.		145		400				
2. Work expenses deduction.		\$65		\$65		\$65		\$65
3. Countable earned income (1 minus 2).		80		335				
4. Ineligible spouse/parent(s) net unearned income.		8		0				
5. Total countable income (3+4).		88		335				
6. Income exemption. Enter either:								
a. \$65 for ineligible spouse, OR \$130 for one parent, OR \$195 for two parents		65		65				
b. plus \$65 for each additional person who meets definition of child in the household (46-205) (If this person has income, deduct that amount from the \$65 exemption up to the point of reducing it to zero).		0		130				
c. Total of 6a and 6b		65		195				
7. Income deemed to recipient (5 minus 6c). Enter here and in Item B on reverse.		23		140				

V. BASIC SSP PAYMENT FOR ELIGIBLE PERSONS

CATEGORY OF ELIGIBLE INDIVIDUAL(S)	INDEPENDENT LIVING ARRANGEMENT	RESIDING IN THE HOUSEHOLD OF ANOTHER AND RECEIVING ROOM & BOARD IN KIND
Aged.	\$235	\$191.67
Disabled	235	191.67
Disabled minor residing in home of relative . . .	N/A	213.00
Blind.	265	221.67
Aged and Aged Spouse	440	375.00
Disabled and Disabled Spouse.	440	375.00
Blind and Blind Spouse.	XXXX 530	XXXX 465.00
Aged and Disabled Spouse	440	375.00
Aged and Blind Spouse	500	435.00
Blind and Disabled Spouse	500	435.00

COMPUTATION OF SSP PAYMENT FOR ADULT AID RECIPIENTS

		SOCIAL SECURITY NUMBER		<input type="checkbox"/> OAS <input type="checkbox"/> AB		<input type="checkbox"/> ATD <input type="checkbox"/> AB	
CASE NAME		CASE NUMBER		DISTRICT		WORKER NO.	
ADDRESS		MEMBER OF ELIGIBLE COUPLE <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER IN HOUSEHOLD			

	MONTH/YEAR EXAMPLE 5	MONTH/YEAR EXAMPLE 6	MONTH/YEAR EXAMPLE 7	MONTH/YEAR EXAMPLE 8
I. COUNTABLE UNEARNED INCOME COMPUTATION				
A. Net unearned income (including OASDI) of (1) recipient OR (2) recipient and eligible spouse	\$154.20	\$ 47	\$157.40	\$ 461
B. Income deemed to recipient (from reverse)	-	-	-	-
C. Total unearned income (A+B)	154.20	47	157.40	461
D. Unearned income disregard	\$20	\$20	\$20	\$20
E. Unearned income disregard for approved plan of self-support (AB, ATD only)	-	-	50	-
F. Total unearned income disregard (D+E)	(\$ 20)	(\$ 20)	(\$ 70)	(\$ 20)
G. COUNTABLE UNEARNED INCOME (C minus F)	\$134.20	\$ 27	\$ 87.40	\$ 441
II. COUNTABLE EARNED INCOME COMPUTATION				
H. Gross earned income of (1) recipient or (2) recipient and eligible spouse	\$ -	\$ 415	\$ 300	\$ 0
I. Remainder (if any) of \$20 unearned income disregard not used to offset unearned income (D minus C)	-	-	-	-
J. Flat earned income disregard	\$65	\$65	\$65	\$65
K. Initial earned income disregards (I+J)	(-)	(\$65)	(65)	(-)
L. Initial countable earned income (H minus K)	(-)	(350)	(235)	(-)
M. COUNTABLE EARNED INCOME (L÷2)	0	\$175	117.50	0
N. Additional earned income disregards (ATD, AB only)				
1. Student educational expenses (ATD, AB)	-	-	-	-
2. Income disregarded for an approved plan of self-support (ATD, AB)	-	-	125	-
3. Work expenses (AB only)	-	\$60	-	-
O. Total additional earned income disregards (N1+N2+N3)	(-)	(60)	(125)	(-)
P. TOTAL COUNTABLE EARNED INCOME (M minus O)	\$ 0	\$115	\$ 0	\$ 0
III. SSP PAYMENT COMPUTATION				
Q. Basic SSP payment for eligible persons (Use chart on back)	\$ 500	\$ 265	\$ 440	\$ 440
R. Total countable income (G+P)	(134.20)	(142)	(87.40)	(441)
S. Special allowance for meals, OAS/ATD only (\$25 individual/\$50 couple)	-	-	-	-
T. SSP PAYMENT (Q minus R +S) If amounts used in computation were for eligible couples, T must be divided by 2 if separate checks are issued	\$365.80 182.90	\$ 123	\$352.60 176.30	\$ Ineligible

INITIALS				
DATE				

IV. INELIGIBLE SPOUSE/PARENT(S) INCOME COMPUTATION	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
<i>NOTE: If ineligible spouse/parent(s) are receiving AFDC do not complete this computation, only enter zero in Item B on reverse.</i>				
1. Ineligible spouse/parent(s) gross earned income.				
2. Work expenses deduction.	\$65	\$65	\$65	\$65
3. Countable earned income (1 minus 2).				
4. Ineligible spouse/parent(s) net unearned income.				
5. Total countable income (3+4).				
6. Income exemption. Enter either:				
a. \$65 for ineligible spouse, OR				
\$130 for one parent, OR				
\$195 for two parents				
b. plus \$65 for each additional person who meets definition of child in the household (46-205) (If this person has income, deduct that amount from the \$65 exemption up to the point of reducing it to zero).				
c. Total of 6a and 6b				
7. Income deemed to recipient (5 minus 6c). Enter here and in Item B on reverse.				

V. BASIC SSP PAYMENT FOR ELIGIBLE PERSONS

CATEGORY OF ELIGIBLE INDIVIDUAL(S)	INDEPENDENT LIVING ARRANGEMENT	RESIDING IN THE HOUSEHOLD OF ANOTHER AND RECEIVING ROOM & BOARD IN KIND
Aged.	\$235	\$191.67
Disabled	235	191.67
Disabled minor residing in home of relative . . .	N/A	213.00
Blind.	265	221.67
Aged and Aged Spouse	440	375.00
Disabled and Disabled Spouse.	440	375.00
Blind and Blind Spouse.	500 530	465.00 465.00
Aged and Disabled Spouse	440	375.00
Aged and Blind Spouse	500	435.00
Blind and Disabled Spouse	500	435.00

COMPUTATION OF SSP PAYMENT FOR ADULT AID RECIPIENTS

		SOCIAL SECURITY NUMBER		<input type="checkbox"/> OAS <input type="checkbox"/> AB		<input type="checkbox"/> ATD	
CASE NAME		CASE NUMBER		DISTRICT		WORKER NO.	
ADDRESS		MEMBER OF ELIGIBLE COUPLE <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER IN HOUSEHOLD			

	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
I. COUNTABLE UNEARNED INCOME COMPUTATION				
A. Net unearned income (including OASDI) of (1) recipient OR (2) recipient and eligible spouse	\$	\$	\$	\$
B. Income deemed to recipient (from reverse)				
C. Total unearned income (A+B)				
D. Unearned income disregard	\$20	\$20	\$20	\$20
E. Unearned income disregard for approved plan of self-support (AB, ATD only).				
F. Total unearned income disregard (D+E)	()	()	()	()
G. COUNTABLE UNEARNED INCOME (C minus F)	\$	\$	\$	\$
II. COUNTABLE EARNED INCOME COMPUTATION				
H. Gross earned income of (1) recipient or (2) recipient and eligible spouse.	\$	\$	\$	\$
I. Remainder (if any) of \$20 unearned income disregard not used to offset unearned income (D minus C)	\$	\$	\$	\$
J. Flat earned income disregard	\$65	\$65	\$65	\$65
K. Initial earned income disregards (I+J)	()	()	()	()
L. Initial countable earned income (H minus K).	()	()	()	()
M. COUNTABLE EARNED INCOME (L÷2)				
N. Additional earned income disregards (ATD, AB only)				
1. Student educational expenses (ATD, AB)				
2. Income disregarded for an approved plan of self-support (ATD, AB)				
3. Work expenses (AB only)				
O. Total additional earned income disregards (N1+N2+N3)	()	()	()	()
P. TOTAL COUNTABLE EARNED INCOME (M minus O)	\$	\$	\$	\$
III. SSP PAYMENT COMPUTATION				
Q. Basic SSP payment for eligible persons (Use chart on back).	\$	\$	\$	\$
R. Total countable income (G+P).	()	()	()	()
S. Special allowance for meals, OAS/ATD only (\$25 individual/\$50 couple)				
T. SSP PAYMENT (Q minus R +S) <i>If amounts used in computation were for eligible couples, T must be divided by 2 if separate checks are issued.</i>	\$	\$	\$	\$
INITIALS				
DATE				

IV. INELIGIBLE SPOUSE/PARENT(S) INCOME COMPUTATION

NOTE: If ineligible spouse/parent(s) are receiving AFDC do not complete this computation, only enter zero in Item B on reverse.

	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
1. Ineligible spouse/parent(s) gross earned income.				
2. Work expenses deduction.	\$65	\$65	\$65	\$65
3. Countable earned income (1 minus 2).				
4. Ineligible spouse/parent(s) net unearned income.				
5. Total countable income (3+4).				
6. Income exemption. Enter either:				
a. \$65 for ineligible spouse, OR \$130 for one parent, OR \$195 for two parents				
b. plus \$65 for each additional person who meets definition of child in the household (46-205) (If this person has income, deduct that amount from the \$65 exemption up to the point of reducing it to zero).				
c. Total of 6a and 6b				
7. Income deemed to recipient (5 minus 6c). Enter here and in Item B on reverse.				

V. BASIC SSP PAYMENT FOR ELIGIBLE PERSONS

CATEGORY OF ELIGIBLE INDIVIDUAL(S)	INDEPENDENT LIVING ARRANGEMENT	RESIDING IN THE HOUSEHOLD OF ANOTHER AND RECEIVING ROOM & BOARD IN KIND
Aged.	\$235	\$191.67
Disabled.	235	191.67
Disabled minor residing in home of relative. . .	N/A	213.00
Blind.	265	221.67
Aged and Aged Spouse	440	375.00
Disabled and Disabled Spouse.	440	375.00
Blind and Blind Spouse.	530 530	465.00 465.00
Aged and Disabled Spouse	440	375.00
Aged and Blind Spouse	500	435.00
Blind and Disabled Spouse	500	435.00