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the previous month provided that such supplemental payment is otherwise matchable.

D. Outstanding warrants

In any case in which a warrant for assistance is found to be outstanding according to records in the county treasurer's office for any period in excess of sixty days, the county department shall reinvestigate the circumstances of the recipient in whose name the warrant was drawn to determine whether he continues to be eligible for assistance.

Each county department should establish the necessary procedure to insure a check upon outstanding warrants. In most counties the county treasurer will have his records arranged so that a report can be made to the county department without additional bookkeeping.

E. Unclaimed Warrants

The county department shall make a reasonable effort to deliver any unclaimed warrant for assistance to the recipient for whom it is drawn. A warrant unclaimed and undeliverable after sixty days from the date of issue shall be returned to the county auditor for deposit to the county welfare fund and the assistance shall be discontinued effective as of the first day of the month for which the unclaimed warrant was issued.

When more than one warrant issued to a recipient is undeliverable, all should be returned for deposit in the county welfare fund. The effective date of discontinuance would be the first of the month for which the first of the warrants was issued.

Warrants not cashed are considered cancelled warrants and are not to be considered recoveries or repayments of assistance.

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RESPONSIBILITY OF THE COUNTY DEPARTMENT FOR SERVICE

I. General Statement

The provision of financial assistance to those who are in need is but one of the many services to people for which the department of public welfare is responsible.

The responsibility for service begins when the person first comes to the department to state his problem and ask for help in meeting it. The first discussion of the applicant's situation in relation to the department may be used so constructively by him and by the visitor that it is in the nature of a service and establishes a basis for his further participation, and acceptance of the help available to him through the department. Interpretation of the function of the department may enable the person to take additional positive steps in relation to his problems. These initial services touch all public assistance applicants or recipients. The adequacy with which they are performed, the procedures by which they are implemented, and the use made of them in individual situations may vary, but these services are basic to the determination of each applicant's eligibility for assistance which should be made with all possible dispatch. The services establish the tone for the person's continuing relationship with the department.

The visitor should be acquainted with and know the adults and children in the cases receiving assistance. In certain cases it may be enough to determine that financial need exists and to make provision for it through the money payment. In other situations the visitor will be confronted with problems other than the obvious one of lack of income. Families needing help are frequently faced with other difficulties -- social, economic, and health -- not all of which can be met by regular cash assistance, important as that is. Preventive and corrective medical care, health and food needs, education and vocational training, emotional development and behavior problems, recreation and play, family budgeting and planning -- these are only a few of the aspects on which the visitor should be prepared to give practical advice and counsel. The visitor will not be equipped to meet all the needs which are present in the families with whom he deals, nor should he attempt to do so. He should, however, be quick to recognize conditions which should have help and know through what agencies it may be obtained and how to obtain it. Referral of persons to proper sources of help, when such help is outside the county department function, is a major service that the visitor can give.

The range of services that should be available to public assistance applicants or recipients and their families is varied and is limited only by the person's apparent need and desire for such services, by department practice within policy and procedure, and by the visitor's competence and imagination in using the functions and resources of the department to offer to persons the kind of help that they can accept and use to meet their need in their own ways.

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II. Some Areas in Which the Need for Service Commonly Appears

Services inherent in considering need and determining eligibility include:

A. Assisting in the Improvement of Living Conditions

The visitor may be of service in assisting the applicant or recipient to improve his living conditions. This may be accomplished by the encouragement to move to a different neighborhood; by the encouragement of cleanliness or sanitation by the provision of an amount for necessary repairs, furniture or housekeeping services; by helping an applicant or recipient of Old Age Assistance or Blind Assistance find suitable living quarters in the home of relatives or friends, in boarding homes, nursing homes or private institutions.

B. Family Budgeting and Planning

Simple, well-balanced meals provided from day to day go a long way toward insuring the continuance of good health in a family. For most people the cost is the largest factor in the feeding problem. However, nutrition and expense are not synonymous; in fact, some of the most nutritious foods are the cheapest. The housewife needs to know something of the nutritive value of foods.

The economical purchase of foods requires intelligent planning. Many women lack the knowledge and skill necessary to plan and prepare adequate palatable meals at low cost and will need instruction, if the health of their family is to be maintained. They may need help also in planning the total family budget, particularly those items which are not regular monthly items of expense such as fuel, taxes, or some articles of clothing. The county department may wish to consider the use of the services of nutritionists or home economists in their communities to provide opportunities for the recipient to learn how to manage on a limited income.

C. Securing Preventive and Corrective Medical Care

Necessary preventive and corrective medical care is a requirement of the applicant or recipient of public assistance which is as essential as food, clothing, shelter, and other necessities. The visitor has considerable responsibility in the provision of medical assistance for the recipient.

The health of members of the recipient's family may affect the well-being of the recipient. The visitor should consider the health of all members of the family group. Other local and state sources may be used to obtain preventive and corrective medical care for those persons ineligible for care under the county medical assistance plan.

Medical care is provided under medical supervision which means that the visitor should work closely with the doctor and other persons or agencies providing the care. The visitor should share with the doctor any facts which may assist in the diagnosis and the treatment to be outlined.

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The visitor should have an understanding of illness and its meaning to the sick person and to his family, the common symptoms of various diseases, the value of preventive health measures, the usual disciplines of treatment, the social implication involved in treatment, and the value of the patient-doctor relationship.

The social treatment of many illnesses consists of finding and using services which are essential for the use of the patient; for example, an increase in the assistance award to provide for special diet needs, for household equipment, for services of a housekeeper, or for other special requirements. Recipients and members of their family may need help in planning for hospital or nursing care, transportation, convalescent care; they may need help in the use of appliances; there may be need to put additional emphasis on rest periods or in the avoidance of certain types of activity such as climbing stairs.

Often the recipient is unable to make the best use of medical services because of less obvious factors such as fear of treatment, fear of learning a diagnosis, fear of bodily change or other handicapping attitudes. It is usually such fears and anxieties that contribute to a patient's inability to use medical help or his apparent lack of cooperation in trying to get well. If the visitor is aware of these attitudes and can try to understand them and be sympathetic with them, he may be able to find ways to lessen fear and thus to help the patient recover. The friendly help of the visitor during a difficult experience with illness or in getting used to changes in life brought about by illness or disability will sufficiently strengthen a patient so that he can progress towards health and a better adjustment.

When a patient seems irritable, unreasonable, overly dependent or childish, it is important to remember that this may be a result of the way many persons react to illness, as to other crises of life, by adopting behavior similar to that of a child. If the visitor can understand this behavior and be tolerant and patient, it will be easier for the recipient or patient to return gradually to more adult forms of behavior. To a person who has been ill a long time, has been critically ill or has suffered a disability, the road back to health and relatively independent living may seem long and difficult so that he may actually seem to cling to illness and be reluctant to try to help himself. If the visitor gives help with economic, family and other problems and at the same time is aware of opportunities to help the patient assume increasing responsibilities, the patient will usually acquire more interest in health and an increasing capacity to help himself.

D. Providing Service in Connection with Recreation for Children and Adults

The preparation of children for wise use of leisure time is a vital part of their training and development. It is necessary to encourage and help in the development of varied interests and inner resources, so that the child can carry on for himself and by himself. Keeping children busily occupied in constructive play activities is a means of eliminating many disciplinary

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problems, The visitor should be acquainted with and interested in the development of local recreational facilities in the community. Among the organizations which sponsor recreational facilities in many communities are: Boy and Girl Scouts, 4-H Clubs, Camp Fire Girls, Y.M.C.A. and Y.W.C.A., Catholic Youth Organization, American Legion, Service Clubs and fraternal organizations.

Educational and recreational opportunities are often needed and wanted by the adult applicants or recipients of public assistance. When adults are isolated by physical infirmities, lack of transportation or other reasons, or when they are discouraged, they may have to be urged into social activity. The visitor may not have the time to give the person the attention which he needs. Therefore, community resources of clubs, churches, fraternal groups, schools and volunteers should be used.

E. Securing the Services of a Legal Guardian or a Responsible Person When Needed

If a public assistance recipient is found to be incapable of taking care of himself or his money, the county department may be of assistance in securing the appointment of a legal guardian or a responsible person. If a child is found to be in need of suitable care or guardianship, the county department should be of service in assuring this protection to the children.

Persons who are voluntary inmates of an approved county home may be eligible for Old Age Assistance or Blind Assistance but may be unable to initiate and complete an application. The visitor may be of assistance in helping to have a legal guardian appointed to facilitate the application for public assistance.

The visitor may also be of help in securing necessary legal advice for the applicant or recipient through the Legal Aid Society, Bar Association, or interested attorneys.

F. Initiation of Action to Have Person Released from Furlough and Have Sanity Restored

There may be cases in which elderly persons have been released from state mental hospitals on furlough and are in need of Old Age Assistance. The county department may be of service in such instances, as well as in those cases in which an incapacitated parent has been released, by helping in the initiating of action to have the person released from furlough and to have civil rights restored if this seems indicated. The visitor may also be of service in helping to arrange for the commitment to state institutions of recipients in need of this type of care.

G. Encouraging Recipients to Accept Work Which They Can Perform

A person who is receiving assistance should be encouraged to seek employment within his capacities in order that he may have the opportunity to become

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wholly or partially self-supporting. The United States Employment Service will cooperate with the county department in the securing of employment for public assistance recipients.

H. Education, Training and Guidance for Children

The visitor should be of service in helping parents with problems in regard to their children which the parents want to discuss, and also in helping the parents to recognize these difficulties. The visitor should be acquainted with the resources of the Child Welfare Service program and the Mental Hygiene Clinic for help in understanding the child's behavior and emotional needs and in providing treatment directed at causes of problems in these areas.

A few additional years of education and training to meet the responsibilities of adult life usually mean not only increased opportunities for self-support but a more satisfactory and fuller life. Where maintenance of the family, either in whole or in part, depends upon the older children in the family, the encouragement of children to remain in school, and vocational guidance, is an important part of the work of the visitor with the family. Sometimes the learning of a trade may mean the difference between dependency and self-maintenance of the child when he becomes older.

Learning abilities of children vary greatly, and there are those children who, because of their mental or physical handicap, cannot profit by the classroom activities of the normal group. Proper guidance, and special classes for this group are necessary in order to develop each child's special ability, to train him for good citizenship, and to guide him toward some occupation by means of which he can be at least partially self-supporting. In order that the visitor may be of assistance to a family in providing for the care of handicapped children, he should be acquainted with the facilities of the Mental Hygiene Clinic of the state department, and special classes provided in some communities, and the state institutions for education and training of handicapped children.

The visitors of the county department should acquaint themselves with job opportunities and conditions of employment in the county and should co-operate with other agencies, including the United States Employment Service and superintendents of schools, in making job opportunities available to young people, and in helping them to select a job suitable for them, and a job with some promise for the future. The visitors should be able to give consultation service to parents, foster parents, and children in regard to plans for employment of children.

I. Vocational Training and Rehabilitation of Handicapped Persons.

Every effort should be made to assist handicapped persons receiving assistance or service to obtain social, physical, vocational rehabilitation and job placement.

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In addition to the service of the county department, the rehabilitation of the handicapped person will require in many instances the participation and cooperation of other agencies and persons. The success of a rehabilitation plan depends upon the availability of several resources: case work service, maintenance, medical care, vocational training, and job placement.

Case Work Service

The handicapped person may be somewhat dependent upon the case work services of the county department to get the rehabilitation procedures initiated. The visitor must find the handicapped person, analyze his opportunities for rehabilitation, and stimulate the social and emotional interest in rehabilitation which will result in vocational rehabilitation.

Maintenance

The county departments of public welfare or other agencies may need to assume the responsibility of providing basic maintenance for the handicapped person and his family during the entire period of his rehabilitation. In some situations assistance for the handicapped person and his family will have to continue throughout the period of medical care, training and occupational placement. Effort should be made to meet the maintenance needs of handicapped persons in such a way as to contribute successfully to their total rehabilitation.

Medical Care

Many of the handicapped persons have received medical care while others are in immediate need of medical examination and treatment. The county department should work with other agencies in the community so as to make every effort to obtain the medical treatment that is necessary to re-establish the handicapped person's physical ability to the highest point of efficiency possible. It may be necessary for the department to consider the need of prosthetic equipment for recipients who have lost limbs or who have other limiting handicaps. The proper medical treatment is the first step in rehabilitation.

Vocational Training

In many instances, vocational training may be given during the period of medical treatment while in others it will be necessary to await the completion of the medical care plan to determine the potential work opportunities. It is suggested that county departments consult the vocational rehabilitation agent of the State Department of Education for advice and assistance in obtaining proper vocational guidance and training. At the present time there are many vocational training opportunities in the schools and in industries which lead to employment in various occupations.

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Job Placement

Closely related to the vocational training of the handicapped person is the potential employment opportunity. The process of vocational rehabilitation of the handicapped person is a joint agency responsibility. The maintenance facilities, medical care, training, and job placement agencies should be utilized by the visitor in planning and developing the rehabilitation plan.

The United States Employment Service and the vocational rehabilitation division of the State Department of Education are available for advice and consultation in relation to job opportunities. The county department should consult these agencies and cooperate with them in developing training plans for handicapped persons.

J. Services for Persons with a Visual Handicap

Blindness is a major handicap calling for an emotional and social adjustment not easy to attain. It is important, therefore, that people working with the blind should watch their own attitudes and reactions to be sure that they are helping and not hindering this adjustment. Blindness may not always be to the blind the certain tragedy that it may appear to the sighted person. If the blind can learn to get about independently, perform necessary tasks for themselves, do things for others and have opportunity for congenial work, pleasant recreation and social experiences, their adjustment is in large part assured.

The blind have much to bear besides their economic handicap. Dependence upon others, strains upon vitality, frequently being considered as "objects of charity", lack of activity, and gaps of one kind or another between them and persons with sight, all serve to intensify their handicap. They are forced also to suffer unnecessarily from popular misconceptions about them, based largely upon lack of understanding of the part which the sense of sight plays in a persons's life, upon failure to realize the place of the remaining senses and mental faculties when sight is gone, and upon the emotionalism which characterizes the approach of many people to the problems of the blind. One of the most prevalent of these misconceptions is that all blind persons are compensated for their blindness by better hearing, sensitivity of touch, musical ability or remarkable memory. The blind do not have such natural compensations for their blindness. When they acquire special skills, it is the result of concentration, perseverance, study and practice.

Also, because persons have a common physical handicap, it does not follow that they have other characteristics in common. Blind people are not alike. Their variations have little to do with blindness. The blind are persons without sight who differ precisely as those who see, in capabilities, in tastes, in character, in personality. Efforts should be directed toward bringing blind persons into associations with sighted persons to share normal activities in normal situations. Forced to compete in a seeing world, blind people need all the experience they can get in association with seeing people.

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The blind person needs the stimulation of healthy informal recreation which increases his opportunities for being with people in such activities as amateur dramatics, group singing, playing in an orchestra, attending lectures, shows, meetings, concerts, going on shopping tours.

The person with a permanent physical handicap carries a constant emotional burden. The visitor should approach the handicapped person as he would any other person and try to understand what kind of person has the disability. Instead of trying to think of how "blind" persons react, the visitor should ask how this particular person with his particular life experience responds to the severe limitations which blindness places upon him. It is necessary for the visitor to understand the person with the handicap as well as to understand the handicap.

Every member of the family will need to understand how his own attitude toward the blind person will affect the blind person's adjustment. The visitor should always be concerned with the family as a unit even while working out plans with the blind person.

The county department should find out what organizations may be available locally to provide recreational or vocational opportunities for blind persons. Leadership should be assumed in helping the community gain an understanding and interest in the problems of blind persons.

Every opportunity should be made available to persons with a visual handicap for medical and surgical attention to restore eyesight or conserve the eyesight which is present. In many cases, this care may be provided through the Eye Treatment program.

Blindness is only one of the severe physical handicaps from which public assistance applicants or recipients may suffer. Deafness, crippling conditions, tuberculosis, diabetes are some of the others. Each case needs careful study and individualized treatment, making use of all available appropriate resources.

III. Social Service for Servicemen and Their Dependents

The Army and Navy, which administer the system of financial allotments and allowances for their own men, carry the major responsibility for meeting the needs of dependents of soldiers and sailors.

The responsibility for meeting emergency or supplementary need of servicemen and their dependents rests largely with private agencies, such as the Red Cross Home Service. The county department provides referral service to these agencies. In addition to other services, the Red Cross Home Service may assume responsibility for providing financial assistance during the period when applications for government benefits are pending, when needed by (a) dependents of servicemen or women, (b) ex-servicemen or women with service connected disabilities and their dependents, (c) dependents of deceased servicemen or women.

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In most cases, persons receiving public assistance at the time of application for such government benefits will continue to receive public assistance pending disposition of the application for the benefit, if eligibility for public assistance continues. Careful planning between the county welfare department and the local chapter of the Red Cross and/or local Veterans' Administration office or local Veterans' Service Officer is necessary to avoid interruption of assistance in order to assure adequate service to those cases carried on a cooperative basis.

The county departments, particularly in rural areas and in other areas where the Red Cross is without paid staff, will continue to be asked for service to these agencies in determining facts and making recommendations with respect to the needs of dependents of servicemen and ex-servicemen.

Upon their return from military service, many veterans face problems of personal, social and economic adjustment that are difficult for them to meet alone. Some veterans require specialized service, some information, some financial assistance. The county department should work with other agencies in an attempt to meet the needs of veterans, quickly and effectively, and to help them in every possible way to make a successful transition to productive and socially satisfying civilian life.

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PERIODIC DETERMINATION OF CONTINUING ELIGIBILITY

I. General Statement

After the study to determine initial eligibility for assistance has been completed and assistance has been awarded, the county department's responsibility for the case continues in a triple capacity. For every case receiving assistance, the county department should be assured that:

1) the assistance award meets the requirements of the recipient within the limitations of the program;

2) all services available through the county department are being used to the best interests of the recipient; and

3) the recipient continues to be eligible for assistance in the amount of the award.

II. Reinvestigation required once every twelve months

A reinvestigation of every case receiving Old Age Assistance, Blind Assistance, or Assistance to Dependent Children is required at least once every twelve months in order to determine that the responsibilities of the county department for each case are being met.

Review or reinvestigation should be made more frequently than once every twelve months when services are needed, when knowledge is obtained which raises the question of eligibility or a needed adjustment in the amount of assistance, or when other factors in a case indicate the need for more frequent interviews. The decision as to the frequency of visits should be based on all facts in the case situation. Recipients desiring and needing special services should be visited as frequently as is necessary.

The county department's responsibility for making this periodic determination of eligibility should be explained to the recipient. The recipient's responsibility for notifying the county department of any change in his circumstances which would affect his eligibility status or his need for service also should be discussed fully with him.

In order that the visitor's attention may be called to all assistance cases in sufficient time for the completion of the periodic reinvestigation by the required time, the county department should establish a procedure for identifying the cases requiring review at any certain time and should assure itself periodically that such procedure is working effectively. This may be done by the use of DPW Form 74, Desk Card; a file of cards completed for each recipient upon which the required dates of reinvestigation can be entered; posting the dates of reinvestigation in cases receiving Old Age Assistance on DPW Form 20, Individual Record - Old Age Assistance; or any efficient follow-up method which may be best adapted to the needs of the county department.

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It is the responsibility of the county director, or the person to whom he delegates the responsibility of keeping the controls, to notify the visitors who are responsible for the cases, and to be sure that the controls used are effective.

Recipients residing in fraternal homes - OLD AGE ASSISTANCE, BLIND ASSISTANCE

Although an annual reinvestigation is required for all recipients, a personal interview with a recipient of Old Age Assistance or Blind Assistance who resides in a fraternal home is required only in those cases in which a thorough study of the case indicates that there may be some changes in his situation which can be determined only through a personal interview.

The case records of the recipients residing in the Knights of Pythias Home in Lafayette, the Odd Fellows Home in Greensburg, or the Masonic Home in Franklin, shall be reviewed periodically by the county department. If it appears that there are no factors in the case subject to change, the fact that a thorough study of the case record has been made shall be recorded in the case narrative. Further study is not necessary.

If the circumstances in the case indicate the need for further study, the review of eligibility shall be made in the same manner as for any other recipient, except that requests for interviews with recipients living in the three fraternal homes are referred to the state department rather than to the county department of the county in which the home is located. The referrals should state specifically what information is wanted from the recipient.

Recipients residing in approved county homes

The annual reinvestigation for recipients of Old Age Assistance or Blind Assistance who are voluntary patients or residents of an approved county home shall be made as for persons who are not inmates of an institution.

Re-examination of Eyesight - BLIND ASSISTANCE

Re-examination of eyesight is required of a recipient of Blind Assistance whenever it is deemed advisable by the county department or the state department. The state department usually requires such a re-examination at least once every three years. Such re-examination is required to establish continuing eligibility for Blind Assistance and to attempt to preserve and restore the vision of a recipient through Eye Treatment rather than to allow pernament loss of vision through neglect or oversight.

The county department may request a re-examination for a recipient whose eligibility with regard to the degree of blindness is questioned, or for a recipient who might become eligible for Eye Treatment, by the issuance of DPW Form 44A, "Notice to Report to Eye Physician." (See Section II of this Manual.)

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Regularly attending school - ASSISTANCE TO DEPENDENT CHILDREN

Under the provisions of Section 1 (1) of the Welfare Act of 1936, as amended, a child under the age of 16 years, or under the age of 18 years if regularly attending school is eligible for Assistance to Dependent Children.

When a child who has been receiving Assistance to Dependent Children becomes sixteen years of age, the county department should determine that the child continues to be regularly attending school.

III. Content of periodic reinvestigation

The content of the periodic reinvestigation will depend upon the circumstances of the individual recipient. In any reinvestigation or review, the recipient should be given the opportunity to discuss his requirements, his present situation and the changes that have taken place since the last reinvestigation. The county department should always obtain sufficient information to assure the continued eligibility of the recipient for assistance.

The reinvestigation should consist of something more than a routine review of eligibility and need. The reinvestigation offers opportunities for the visitor to become better acquainted with the recipient and his circumstances so that any required services may be made available to him.

The periodic reinvestigation shall include:

1) an interview with the recipient (a home visit should be made when indicated);

2) a complete recorded redetermination of any points of eligibility subject to change;

3) a reconsideration of the requirements of the recipient on the basis of the current county standards for requirements and the policies affecting their use; and

4) official action by the county board which in Blind Assistance is subject to ratification by the state board. The procedure for the presentation of the case to the county board is described in Chapter V, Decision on Case. See Section II of this Manual for information regarding the preparation and issuance of the certificates which are used to notify the recipient of the action taken on his case.

IV. Redetermination of points of eligibility subject to change

At the time of periodic reinvestigation, the need of recipients of Old Age Assistance, Blind Assistance and Assistance to Dependent Children shall be

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reconsidered in relation to the present circumstances, based on the standards for requirements most recently adopted by the county department. The income and resources of the recipient shall be redetermined and considered in the recommendation for continuance or withdrawal of the award. Continuing residence in the state shall be determined for recipients of Old Age Assistance, Blind Assistance and Assistance to Dependent Children. Verification of the fact that recipients of Old Age Assistance and Blind Assistance are not inmates of a public institution, except the voluntary inmates of an approved county home shall be made.

Re-examination of eyesight should be required of those recipients of Blind Assistance whose degree of impairment of vision is subject to change.

In cases of Assistance to Dependent Children other points to be determined are attendance in school for the ADC Child over 16 years of age, continued absence of the parent from the home, degree of incapacity in those cases in which incapacity is not total and/or permanent and the fact that the ADC Child is in the home of the relative specified.

V. Certification of reinvestigation of Old Age Assistance cases

Section 37 of the Welfare Act of 1936, as amended, provides that the county department shall certify to the county auditor those cases receiving Old Age Assistance which have been reinvestigated once every twelve months as required, and those that have not. The procedures for reporting this information to the county auditor are given in the Manual of Accounting Procedure.

In any case in which reinvestigation has not been made within the appropriate twelve month period, the county shall not receive reimbursement from the state for payments made to any recipient beyond the twelve month period, until such reinvestigation has been made.

If the cases receiving Old Age Assistance have not been reinvestigated within the required period of time, reimbursement will be available for payments made to the recipient beyond the due date of the reinvestigation only if the recipient is found upon reinvestigation to have continued to be eligible for assistance. Any case that has not been reinvestigated within the last twelve months should be given every preference in the county department in order to comply with the legal requirements.

The county department shall not discontinue assistance for the sole reason that the county department failed to complete the reinvestigation within the required period of time.

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COMPLAINTS AND APPEALS

I. Complaints

A. General Statement

Complaints from applicants or recipients of public assistance or persons interested in their behalf arise from many causes. The number and type of complaints may indicate the problems that the county department is facing as well as the type of service that is provided by the county department. They may be an indication of the need for more adequate interpretation of the function of the department at the time an application is made for assistance.

The fact that complaints are made should not in itself be disturbing. However, the way in which the complaints are met does indicate the standards of the department. Every complainant has the right to expect a sincere attempt on the part of the department to meet his problems or to explain why his needs cannot be met. The state department relies upon the county department as the responsible administrative authority for an adequate consideration of all phases of the complainant's situation. If the complainant and the county department are unable to come to a satisfactory agreement, the complainant should be assisted in requesting a fair hearing.

When a complaint is received, attention should be given not only to the question as to whether the treatment of the applicant or recipient was in accord with the policy of the department but also to a review of the policy itself to determine its fairness and adequacy. In many instances complaints have helped to clarify policies and at times to change them.

Complaints which consist of specific requests for review of the decision of the county department by the state department are recognized as appeals.

B. Complaints received by the county department

Ordinarily the dissatisfied applicant or recipient will complain first to the county department either in person or by letter. Provision should be made by the county department for the careful consideration of every complaint. The county department should review the situation and should take action suitable to the circumstances. This action may consist of an explanation and interpretation of the program either by letter or by interview, remedial action, or the institution of the appeal procedure.

C. Complaints received by the state department

If a person continues to be dissatisfied he may write or visit the state department. When complainants come in person to the office of the state department, reports of the interviews are sent to the appropriate county department. Some of the complaints may be cleared satisfactorily by means of the one interview.

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Written complaints received by the state department are acknowledged and the complainant is advised that his case is being referred to the county department and that he should expect to hear further from them. The original complaint letter and a copy of the letter of acknowledgment are forwarded to the county department. Only in special cases will the state department request a report of the situation from the county department. The state department reserves the right to handle special situations on a case by case basis.

Matters of inquiry or complaint received by the state department which are occasioned by a misunderstanding of the law as to the qualifications of eligibility and like reasons, and which can be explained satisfactorily by direct correspondence, will be taken care of by the state department with the original letter of inquiry and a copy of the acknowledgment being sent to the county department.

II. Appeals

A. General Statement

An appeal is a specific request for the review by the state department of the circumstances of an applicant or recipient who believes that proper consideration has not been given to his case by the county department.

Opportunity for such an appeal is provided in the Welfare Act of 1936, as amended, for any applicant for, or recipient of, Old Age Assistance(1), Blind Assistance(2), or Assistance to Dependent Children(3). The objectives of the appeal procedure are to safeguard the interests of the individual applicant or recipient by affording him a practical means by which he is protected against arbitrary action or negligence on the part of the department; to protect the county department from unwarranted pressures; and to assist in the development of policies and procedures by bringing to the attention of the county and state department information indicating the need for clarification or revision of county and state policies and procedures.

The entire appeal procedure requires the cooperation of the county and state departments. Before the state department reviews an appeal situation, the request for fair hearing is submitted to the appropriate county department in order to give the county department that made the original decision the opportunity to review the facts and to reconsider its previous decision. The state board is required by section 4(b) of the Welfare Act of 1936, as amended, to personally review cases upon the request of any applicant, recipient or any aggrieved person.

(1) Section 42, The Welfare Act of 1936 as amended.
(2) Section 63, The Welfare Act of 1936 as amended.
(3) Section 77, The Welfare Act of 1936 as amended.

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COMPLAINTS AND APPEALS

B. Appeal Procedure

An appeal is initiated by the applicant or recipient filing a request for the state department to review his case. The request may be a letter and no formal wording is required. Such appeal shall be in writing over the signature or mark of the applicant or recipient and shall be filed with the county or state department. All necessary aid shall be given to any person who wishes to file an appeal.

Any written request for appeal filed with the county department should be forwarded immediately to the state department.

Upon receipt of a request for appeal in the state department, either from the applicant or recipient or from the county department, an immediate acknowledgment is sent to the appellant and he is informed that his situation is being reviewed. A copy of the acknowledgment is sent to the county department and is notice to the county department that an appeal has been requested.

Upon such notice being given by the state department, the county department shall review the appellant's situation promptly and determine whether or not they desire to make a reinvestigation. If the county department does not wish to reinvestigate the case, it should so advise the state department immediately. The state department shall then schedule a fair hearing without further preliminary investigation.

If the county department does wish to reinvestigate the case, it should notify the state department promptly to that effect. The reinvestigation should be completed as soon as possible. If the county department has not submitted a report of the reinvestigation, including any board action, within six weeks of the notice of an appeal, the state department may schedule a fair hearing.

If a reinvestigation is made and results in an adjustment, upon receipt of the information the state department shall notify the appellant in writing of the action, and inform the appellant of his right to have a fair hearing scheduled if he so desires. A copy of this notification shall be sent to the county department. If the appellant desires this hearing, the request should be made promptly to the state department. After a reasonable period of time, should the appellant fail to request a fair hearing, the appeal shall be closed.

If as a result of the reinvestigation, the county department determines the facts and conclusions therefrom to be the same as in the last preceding investigation, the state department shall immediately schedule a fair hearing so that the appellant has an opportunity to present the facts as he sees them.

When a fair hearing is scheduled, the state department shall inform the appellant and the county department of the date and place of the hearing sufficiently far in advance of the hearing date so that arrangements can be made to attend the hearing.

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COMPLAINTS AND APPEALS

Appeals based on ineligibility because of degree of vision.

Upon receipt by the state department of a request for an appeal based on ineligibility because of the degree of vision, the matter is referred for the consideration of a special investigator appointed by the state board who supervises the progress of the appeal. After due investigation and consideration, the state department shall notify the appellant and the county department in writing of any action taken and any preliminary finding of fact upon review of the case, and of the right of the appellant to a fair hearing in person before the state board. If the appellant desires this fair hearing the request should be made promptly to the state department.

C. Conduct of the hearing

The fair hearing is held at a place convenient to the appellant usually in the office of the county department of the county in which he resides.

The hearing is conducted by the administrator, the director of the division of public assistance, or by any qualified officer or employee of the state department duly designated by the administrator or the director of the division of public assistance to hold and make decisions upon such hearings. The hearing is attended by the appellant and any persons whom he would like to have present and by representatives of the county and state departments who have been concerned with the case. In general, the hearing is as informal as possible and provides an opportunity for all persons who have pertinent information to be heard promptly. The appellant is advised at the close of the hearing that he will be informed by letter of the findings and decision upon his appeal.

A complete stenographic report of the proceedings at the hearing is made and filed in the case folder of the appellant kept in the state department. The report is not necessarily transcribed unless further proceedings are had in which the evidence is in issue or unless the transcription is required in order to make a proper finding and decision upon the hearing.

If, as the result of evidence presented at the hearing, further investigation is needed, the hearing shall be continued until such further investigation has been completed.

Reports of all hearings held on appeals regarding Blind Assistance are submitted to the state board for final decision. At this time the state board may appoint an investigator to obtain and submit further information to them with regard to the case.

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COMPLAINTS AND APPEALS

Continuation of fair hearing

When the appellant fails to appear or to be otherwise represented within a reasonable time after the scheduled time of the hearing, the person conducting the hearing shall write to him asking that he advise the state department of the reason why he failed to appear at the hearing and of his desire to have the hearing at a later date. If the appellant requests that the hearing be held at a later date, the state department will reschedule the hearing.

Decision on fair hearing

Following the conclusion of a fair hearing, the person who conducted the hearing shall, within a reasonable time, report his findings of fact and decision on the hearing, which shall be in writing. This report and decision shall be reviewed by the administrator or the director of the division of public assistance. Such appeal decisions will be based on the law, rules and regulations of the state department and policies officially adopted by the county board. The decision sets forth the findings of fact with respect to the conditions under which the appeal was filed, the decision and the reason for the decision. A copy of the final decision signed by the administrator or the director of the division of public assistance shall be sent to the appellant and to the county department. The appellant shall also be notified that the state board will personally review his case upon his request.

The decision of the state department shall be binding upon the county department and shall be put into effect immediately by the county department. Such decision does not preclude the county department from modifying the award thereafter, under the provisions of the Welfare Act of 1936, as amended, to meet changed conditions.

D. The voluntary withdrawal of an appeal

The appellant may withdraw his appeal at any time by submitting his written request for such withdrawal to the state department. If an appeal is withdrawn, confirmation of such withdrawal will be sent to the appellant and the county department.

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RECIPIENTS WHO MOVE TO ANOTHER COUNTY IN INDIANA

I. General Statement

Any recipient has the right to move from one county to another since the determination of where and how a person lives depends upon his choice.

The material in this chapter applies to recipients of Old Age Assistance (with the exception of a recipient of Old Age Assistance who moves from one county to another to enter a private institution), Blind Assistance or Assistance to Dependent Children.* Information with regard to the procedure to be followed when an applicant has moved from one county to another is given in Chapter II of this Manual under Applications.

In order that recipients may continue to receive assistance upon moving from one county to another, the Welfare Act of 1936, as amended, provides that the recipient of Old Age Assistance or Assistance to Dependent Children is entitled to receive assistance from the county from which he has moved (or from which he has received assistance) until he has resided one continuous year in the county to which he has moved provided that he continues to be otherwise eligible. Thereafter he is entitled to receive assistance from the county to which he has moved if he is otherwise eligible. These provisions of the Welfare Act were established for the purpose of determining which county is responsible for participating in the financial assistance of the recipient. In such cases the agreement of the two county departments concerned is required for the purpose of assuring the continuity of the award to an otherwise eligible recipient of Old Age Assistance or Assistance to Dependent Children and of providing an orderly transfer of records at the end of the year's continuous residence in the new county.

In Blind Assistance the case records may be transferred as soon as it is determined by the two counties concerned that the recipient plans to reside in the county to which he has moved.

In those cases in which a recipient goes to a new county for residence it is not necessary that he remain physically present in the new county for the next year in order to establish his residence in that county. In such cases when a recipient is temporarily absent from the county (either in a third county or outside the state) it is necessary that he have the intention of

*This procedure applies to cases of Assistance to Dependent Children in which the dependent child moves with the parent or person in loco parentis to another county in the state. If a dependent child who is receiving assistance moves or is taken from the home of the relative to whom the assistance is being paid, to the home of a different relative in another county for permanent residence, the correct procedure is for the county which is paying assistance for the child to discontinue the assistance on the basis that the child is no longer in the home of the eligible relative who made the application, and for the relative in whose home the child will live to file application in the county of his residence if assistance is necessary for the child.

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RECIPIENTS WHO MOVE TO ANOTHER COUNTY IN INDIANA

returning to the new county for residence after these temporary absences and that there is some evidence supporting his statement of intention. Such evidence includes the leaving of household goods or personal effects in the county, retention of voting privileges, payment of taxes.

In some cases, the recipient may be away from the county which is providing his financial assistance on a series of temporary absences involving visits in two or more counties. So long as such a recipient does not establish a residence in any other county for a period of one year, the first county will continue to be responsible for the periodic determination of need, the sending of DPW Forms 626, 627 and 628, Recipient's Statement of Continuing Eligibility, to Old Age Assistance recipients, and for providing assistance to otherwise eligible recipients.

In this chapter "County A" refers to the county from which the recipient moved or from which he has been receiving assistance. "County B" refers to the county to which the recipient moved.

Temporary absence from the state should be considered under the provisions outlined in Chapter X of this Manual, Absence from the State.

II. Procedure: OLD AGE ASSISTANCE
ASSISTANCE TO DEPENDENT CHILDREN

A. Notification of recipient's moving

The county department first learning of the move of a recipient from one county to another for the purpose of establishing his residence in the second county should notify the other county concerned in writing in order that the recipient may continue to receive the services of a county department, and in order that the county department may be assured that there is continuing need of the services and the assistance.

This letter will usually originate in County A but there may be instances where the recipient first notifies County B.

This letter should usually include the following information:

1) the name and case number of the recipient;
2) the address to which he has moved with the necessary directions for reaching it (this is particularly important in rural localities);
3) the date on which the recipient moved to this location if the date is available; and
4) the statement of the county department as to its knowledge of the permanence of the living arrangements.

If this letter originates in County A, sufficient information should be given about the case situation so that County B will be able to extend adequate service to the case. County A should always request County B to provide service to the recipient.

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RECIPIENTS WHO MOVE TO ANOTHER COUNTY IN INDIANA

This letter should be addressed and the original forwarded to the other county concerned. One copy of the letter shall be sent to the state department. One copy of the letter should be retained in the county department.

B. Responsibility of County B

County B is responsible for providing all service necessary to the case while the recipient remains in that county. This includes the annual reinvestigation, but does not include the sending of the necessary DPW Forms 626, 627 or 628, Recipient's Statement of Continuing Eligibility, to recipients of Old Age Assistance, as this is the responsibility of County A.

The determination of need and award of assistance to the recipient shall be made on the basis of the county standards for requirements and resources of County B.

Medical assistance shall be met in accordance with the medical assistance program of County B. For further information see Chapter XV - Medical Assistance Program.

In order to provide service to such cases, County B will need to maintain the same administrative controls for handling the cases as for other cases in the county. For example, the index card, desk card, case folder.

County B is responsible for reporting to County A in writing:

1) its study of the recipient's requirements in the new location together with any other pertinent information which is obtained in any periodic review or reinvestigation;
2) its confirmation of the date on which the recipient moved to County B;
3) its findings as to the recipient's situation in County B; and
4) its acceptance of the responsibility for providing service to the recipient.

This letter should be prepared in triplicate. The original is addressed and sent to County A; one copy shall be forwarded to the state department; one copy should be retained in the files of County B.

C. Responsibility of County A

County A is responsible for sending the necessary DPW Forms 626, 627 and 628, Recipient's Statement of Continuing Eligibility, to recipients of Old Age Assistance, when the date on which the statement is due occurs within the time the recipient is living in another county preceding the effective date of the transfer of his case record to County B. County A should inform County B of any information received from the recipient on these forms which would be helpful or necessary to County B in the provision of service to the recipient.

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RECIPIENTS WHO MOVE TO ANOTHER COUNTY IN INDIANA

County A is responsible for complying with the recommendations of County B with regard to the determination of need on the basis of the county standards for requirements and resources in County B unless there is factual information available which makes a difference in the recommendations.

County A is also responsible for providing the medical assistance necessary in accordance with the instructions in Chapter XV - Medical Assistance Program, unless there is factual information available which makes a change in the recommendations.

Any information which would be helpful or necessary to County B in the provision of service to the recipient should be forwarded by County A to County B as it is received.

If the action of County A does not follow the recommendation of County B, County A shall notify County B of the deviation from the recommendation of County B and the reasons for the deviation.

D. Determination of Date upon which recipient moved

In all cases in which it is determined that the recipient has established his home in County B, the two county departments concerned, (Counties A and B) agree upon the date on which the recipient moved to County B.

A copy of all correspondence with regard to the determination of these dates shall be forwarded to the state department.

In cases where the date of removal is not definitely known, the county departments concerned should negotiate and determine the date according to their best judgment. In those situations in which the county departments are unable to come to an agreement as to the date of removal or the plan for the recipient, the state department is available for counsel. In exceptional instances the state department may make the decision as to the date on which the recipient moved from one county to another and the date the records should be transferred. Such a decision would be based on the information provided by the county departments.

E. Completion of investigation by County B

To insure the continuation of assistance to an otherwise eligible recipient, County B should take an application for Old Age Assistance or for Assistance to Dependent Children and complete the investigation and determination of eligibility well before the end of the twelfth month from the established date of removal.

County B should notify County A in writing as soon as the application has been taken so that County A will be informed that the case record can be transferred. One copy of the letter shall be sent to the state department; one copy should be retained by County B.

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RECIPIENTS WHO MOVE TO ANOTHER COUNTY IN INDIANA

County B may accept the determination of eligibility as made by County A to satisfy the eligibility requirements. If County B decides that additional information is necessary for a redetermination of eligibility, the information should be secured.

F. Records to be transferred

Upon receipt of notification from County B that an application has been accepted (which would usually be within the twelfth month from the established date of removal), County A should notify County B that the case records are being sent to County B listing the records transferred and the date upon which they are sent.

DPW Form 623, Notification of Transfer of Case Records, is provided for this notification. See Section II of this Manual for a copy of the form.

The records which are to be transferred from County A to County B are:

Old Age Assistance

1) the original of the narrative record;
2) the original of all correspondence with the exception of the letters between Counties A and B determining the date of removal and the date of the transfer of records;
3) the originals of any and all forms which have been used in the investigation of the case or in the denial, granting or discontinuance of assistance (including the original of DPW Form 82) with the exception of the following forms which do not have to be transferred:

DPW Form 1, Application for Old Age Assistance
DPW Form 3, Index Card (a notation of the date on which the records were transferred to County B should be made on the Index Card retained by County A)
DPW Form 20, Individual Record - Old Age Assistance
DPW Form 82, Certification of Record of Assistance Given Aged Persons (one copy of this form does not have to be transferred)

Assistance to Dependent Children

1) the original of the narrative record;
2) the original of all correspondence related to the case with the exception of the letters between Counties A and B determining the date of removal and the date of the transfer of the records;
3) the originals of any and all forms which have been used in the investigation of the case or in the denial, granting or discontinuance of assistance with the exception of the following forms which do not have to be transferred:

DPW Form 3, Index Card (a notation of the date on which the records were transferred to County B should be made on the Index Card retained by County A)

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RECIPIENTS WHO MOVE TO ANOTHER COUNTY IN INDIANA

DPW Form 21, Individual Record - Assistance to Dependent Children
DPW Form 60, Application for Assistance to Dependent Children

G. Discontinuance of Assistance by County A

Assistance should never be discontinued by County A for the reason of residence in another county until there is definite assurance that the award will be granted in the new county effective as of the date of discontinuance in County A. County A may discontinue assistance effective the first day of the thirteenth month from the established date of removal from the county, if County B awards assistance effective as of the same date.

H. If recipient leaves County B before the end of the twelfth month

If the recipient leaves County B before the end of the twelfth month from the established date of removal, to establish his residence in another county, County B should notify County A that the case records are not to be transferred to County B. One copy of this letter shall be sent to the state department.

The recipient if otherwise eligible remains the responsibility of County A until he has completed one year's residence in some other county.

III. Procedure: BLIND ASSISTANCE

A. Notification of recipient's moving

The county department first learning of the removal of a recipient of Blind Assistance from one county to another for the purpose of establishing his residence in the second county, should notify the other county concerned in writing. This letter will usually originate in County A but there may be instances where the recipient first notifies County B.

This letter should be addressed and the original forwarded to the other county department concerned; one copy of the letter shall be sent to the state department; one copy of the letter should be retained in the files of the county department.

The information to be included in the letter would be similar to that described in paragraph II-A above.

B. Determination of date upon which recipient moved

If it is determined by the two counties concerned that the recipient plans to stay in County B, County A shall transfer the case record to County B. This should be done on the earliest possible date in order that County B will have the benefit of the available recorded material.

A copy of any correspondence between the counties relating to the date of transfer of records shall be forwarded to the state department.

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RECIPIENTS WHO MOVE TO ANOTHER COUNTY IN INDIANA

Written authorization from the state department is not necessary for the transfer of the case records.

C. Records to be transferred

Prior to the date of the transfer of the records, County A should notify County B that the case records are being sent to County B listing the records transferred and the date on which they are to be sent. DPW Form 623, Notification of Transfer of Case Records, is provided for this notification. See Section II of this Manual for a copy of the form.

The records to be transferred from County A to County B are:

1) the original of the narrative record; and
2) the originals of all letters, forms and any other material pertaining to the case except DPW Form 3, Index Card. A notation of the date on which the records were forwarded to County B should be made on the Index Card retained by County A.

If County A wishes to retain any record of the case, it will be necessary that copies of the record material and forms be made and that the copies and not the originals be retained.

D. Notification to State Department

County B shall notify the state department in writing of the acceptance of the case and the date of the transfer, and the number under which the case will be known in County B.

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ABSENCE FROM THE STATE

I. General Statement

Recipients of public assistance may find it necessary or desirable to be absent from the state for temporary periods for a variety of reasons. Illness sometimes makes it necessary for a recipient to go to another state to receive personal care. Relatives or friends may be able to offer a home to the recipient for a short time.

Assistance may be continued to otherwise eligible recipients of Old Age Assistance, Blind Assistance or Assistance to Dependent Children (grantee relative and/or dependent children) who are temporarily absent from the state because of a health condition, a visit, rehabilitative training, temporary employment or other justifiable reason, for such period during which there is manifestation of their intention to return to the state. The approval for the continuation of such assistance is to be granted on a case by case basis and is to be based on satisfactory evidence of intent to return, taking into consideration the recipient's statement of his intention and other substantiating evidence of his intent to maintain this state as his place of residence.

If a recipient leaves or has left the state and it is determined that his absence is not temporary the assistance shall be discontinued.

The determination of eligibility on the point of residence for recipients whose assistance has been discontinued because of absence from the state and who have returned to Indiana and reapplied for assistance, should be made in the same manner as for any other applicant.

II. Procedures to be followed when a recipient leaves the state

It is the responsibility of the county department to determine whether the absence of a recipient from the state is on a temporary or permanent basis. If the county department finds that the absence is temporary and the recipient is otherwise eligible, assistance shall be continued.

The county department is responsible for having information in the case record to substantiate the basis on which the recipient is receiving assistance while in another state.

The county department is also responsible for sending DPW Forms 626, 627 and 628, Recipient's Statement of Continuing Eligibility, to the recipient of Old Age Assistance who is temporarily absent from the state.

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ABSENCE FROM THE STATE

Information to be obtained regarding absence

In order to determine whether a recipient's absence from the state is on a temporary or permanent basis, the county department shall find out:

1) the reason for the recipient's absence from the state;
2) his intention with regard to returning to Indiana;
3) the arrangements under which he will be or is staying in the other state; and
4) the extent of his need under the changed living arrangements.

In considering whether it is the intent of the recipient to return to Indiana, the former living arrangements should be taken into account as well as the situation in the other state. The fact that the recipient is maintaining a home in the county in which he has been living, the fact that he has left furniture or other possessions there, or that he has definite ties in the county to which he might be expected to return, would in most cases tend to establish his intention to return. There should be some visible or clear manifestation as to the recipient's intent to return to the state. The recipient's statement as to his intent to return will constitute the primary source of information necessary to reach a decision as to temporary absence. If there is any question as to the accuracy of the recipient's statement, there should be confirmation by other evidence, such as his statements to other persons in the local community, his expression of intent in the community to which he has gone, and the leaving of household or personal effects within this state.

In many instances the recipient will discuss with the county department his plans to leave the state. If the county department can obtain sufficient information from the recipient to complete its study of the circumstances under which he will be living while outside the state, a request for a study by an out-of-state agency is not necessary.

If it is not possible to obtain sufficient information from the recipient regarding his absence from the state, the county department should forward a letter to the interstate correspondence section of the state department requesting that a study be made by an out-of-state agency of the changed circumstances of the recipient. Chapter XVII of this Manual outlines the procedure for inter-agency letters.

Use of DPW Form 98, Notice concerning Absence from the State

In order that the recipient may be fully informed of the factors affecting his continuing eligibility for assistance while he is in another state, the county department shall complete two copies of DPW Form 98, Notice concerning Absence from the State. A copy of this form is in Section II of this Manual. The original of the form is given or mailed directly to the recipient as soon as possible after the county department learns that he plans to be absent from the state; the duplicate copy is retained in the county case folder.

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III. Review of eligibility required during Absence from the State

During the period of a recipient's absence from the state, the county department shall review his case at least once every six months.

The review shall include:

1) a redetermination of any points of eligibility subject to change;
2) a written statement from the recipient as to his reason for remaining outside the state, his intention with regard to returning to Indiana, and the kind and amount of his living requirements (see DPW Form 98A);
3) when indicated and where services of another agency can be secured, an interview with the recipient and other persons, such as the doctor, who can supply necessary information; and
4) a reconsideration of the recipient's requirements while he is living in the other state. This should take into consideration the recipient's statement as to his living requirements. In unusual situations where there is question as to the accuracy of the recipient's statement, additional information should be obtained.

Use of DPW Form 98A, Statement of Reasons for Absence from the State

DPW Form 98A, Statement of Reasons for Absence from the State, is used in obtaining the written statement of the recipient as to his reason for remaining outside the state, his intention with regard to returning to Indiana, and the kind and amount of his living requirements. A copy of this form is in Section II of this Manual.

At least once every six months during the recipient's absence from the state, the county department is to give or mail the original of this form to the recipient to be returned by him to the county department; the duplicate of the form is to be retained in the county case folder.

The county department is also responsible for sending DPW Forms 626, 627 and 628, Recipient's Statement of Continuing Eligibility, to the recipient of Old Age Assistance who is temporarily absent from the state.

If there is any question about the recipient's situation in the other state which cannot be cleared adequately through correspondence with the recipient, the county department may direct an inquiry to the interstate correspondence section of the state department. Chapter XVII of this Manual outlines the procedure for inter-agency letters.

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BURIAL PROVISIONS

I. General Statement

The expenses of the burial of deceased recipients of Old Age or Blind Assistance may be paid by the county department and later considered for reimbursement by the state department if there are no other available resources to meet the expense. There is no provision by which the county department can assume the payment of the burial expenses of the eligible relative or dependent child in a case receiving Assistance to Dependent Children.

The necessary forms and other assistance in making claims for reimbursement for burial expenses of wage earners insured under Old-Age and Survivors' Insurance are available at the field offices of the Bureau of Old-Age and Survivors' Insurance. (For a list of these offices, see Reference Material—Public Assistance.)

The costs of cremation of a deceased recipient of Old Age or Blind Assistance may be considered for payment by the county department under the same provisions as the "burial" of a deceased recipient.

II. Payment of Funeral Expenses where Resources of Recipient Have Been Set Aside for that Purpose

County departments should no longer be a party to burial agreements. Burial agreements previously made with the county department may be dissolved if either party to the agreement so desires. In any case where the county department comes into possession of any funds for purposes of burial by previously executed assignment, joint account or otherwise, it is advisable to clear the payment of burial through the County Welfare Trust Clearance Fund. For the method of using the County Welfare Trust Clearance Fund, see Manual of Accounting Procedure.

III. Payment Under Provisions of the Welfare Act

The legal provisions for the payment of burial expenses of deceased recipients of Old Age Assistance are in Section 40 of the Welfare Act of 1936, as amended in 1947. Provisions for the payment of burial expenses of deceased recipients of Blind Assistance are in Section 61, as amended by the 1947 legislature. The legal provisions for burial are identical for Old Age Assistance and Blind Assistance.

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BURIAL PROVISIONS - OLD AGE AND BLIND ASSISTANCE

A. Burial Allowances

When other resources are lacking or are inadequate to meet the funeral director's expenses for the burial of a deceased aged or blind recipient, the county department may pay not more than $100.00 for all the funeral director's expenses (exclusive of the cemetery expenses) for the burial of a deceased aged or blind recipient. If resources are lacking or are inadequate to meet the payment for a burial plot of a deceased aged or blind recipient or if the burial plot is not available from some other source, the county department may pay not more than $25.00 for such plot and/or for necessary cemetery expenses.

An amount not to exceed a combined total of $50.00 from all sources may be contributed toward the funeral and/or cemetery expenses by friends, relatives, or from the resources of the deceased without affecting the amount of payment from public funds. If resources in excess of this $50.00 are available and are allocated toward the funeral director's expenses, the county department shall pay not more than the difference between such excess and $100.00 for such expenses. If resources in excess of this $50.00 are available and are allocated for burial plot and/or cemetery expenses, the county department shall pay not more than the difference between such excess and $25.00 for such expenses.

When part of the payment is made from public funds, the total amount of the payment from all sources for funeral director's expenses, burial plot, and/or cemetery expenses shall not exceed a combined total of $175, regardless of the actual cost.

Because of the fact that the exempted contribution of $50.00 may be allocated in part to both the funeral expenses and cemetery expenses, or in total to either, it is necessary that the county department consider all contributions together with the claim or claims for both funeral and cemetery expenses. If contributions are made in excess of $50.00, it will be necessary for the county department to determine together with the persons arranging the services and the persons furnishing the services, the way in which the payments from public funds are to be allocated. To illustrate, if a funeral director's expenses were $150.00 and there was a combined contribution toward them of $50.00, the county department might be able to meet the balance of $100.00, depending on what the arrangements were for meeting cemetery expenses. If, for the same recipient, the cemetery expenses were $50.00 and a contribution had been made toward them of $25.00, the county department would be able to participate in this payment toward cemetery expenses only by reducing its payment toward funeral expenses by a like amount. In other words, if a combined total of $75.00 were contributed toward total burial expenses, the combined payments from public funds could not exceed $100.00

The rules which apply in every case and which must be considered together have been summarized in general terms as follows:

1. Total payment from all sources for all burial expenses shall not exceed $175.00.
2. Payment from public funds toward funeral director's expenses shall not exceed $100.00.

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3. Payment from public funds toward burial plot and/or cemetery expenses shall not exceed $25.00.
4. As contributions exceed $50.00, payment from public funds shall be reduced by the amount of the contribution in excess of $50.00. Such reduction shall be made either in total in the payment for funeral director's expenses or in the payment for burial plot and/or cemetery expenses, or partially in both, depending on the way in which the excess contribution has been allocated.

B. Presentation of Burial Claims to County Department

The funeral director and the cemetery authority are to file with the county department applications for payment of their expenses incurred on account of the death of a recipient of old age or blind assistance. DPW Form 33 (Revised April, 1949), Application for Fundsto Defray Burial Costs, shall be used for such application for both old age and blind assistance cases. If the claims for both funeral and cemetery expenses are made by one person, only one set of DPW Form 33 (Revised April, 1949), should be completed. If the funeral claim and cemetery claim are made by two different individuals, each shall complete DPW Form 33 (Revised) as it pertains to his claim. Instructions for preparation of this form are in Section II of this Manual.

The actual claims for payment are to be filed on Revised County (Blank) Form No. 17 the same as any other claim against the county.

The claims for the expenses of the funeral director and/or cemetery authority may be approved for payment by the county department whenever determination has been made that there are no other resources available which are sufficient to pay the expenses. If the funeral director or cemetery authority elects to file a claim against the estate of the deceased recipient and later discovers that the estate is not sufficient to pay for the expenses, he may submit his claim to the county department for any unpaid balance not to exceed the statutory amounts. Credit must be given to any amount received from the estate.

C. Consideration of Burial Claims by County Department

The county department investigates the situation and may record its findings on DPW Form 34, "Report on Assets and Liabilities for Burial Allowance". Included on the form are the recommendations for payment by the visitor who has made the investigation and by the county director, and the decision of the county board. Instructions for the preparation of the form are in Section II of this Manual.

When claims are presented for the payment of the funeral director's expenses and/or cemetery expenses of a deceased recipient of old age or blind assistance, the total value of the recipient's property, both real and personal, shall be considered by the county department.

The county department shall not dispose of or sell any of the decedent's property since this exceeds its legal authority.

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BURIAL PROVISIONS - OLD AGE AND BLIND ASSISTANCE

In unusual circumstances it may often be advisable for the county department to communicate with its attorney before taking action of any kind.

In cases where the real property is occupied by a surviving spouse and/or dependent children, the county department may determine that it is advisable to pay the burial claims rather than to deprive the spouse and/or dependent children of the real property since such deprivation might result in increased costs for assistance.

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APPOINTMENT OF LEGAL GUARDIAN

I. General Statement

For appointment of a legal guardian for recipients of Old Age Assistance, Blind Assistance or Assistance to Dependent Children, follow the general provisions of the Indiana Statutues for Appointment of Guardians.

Section 39a of The Welfare Act of 1936, as amended, provides for the appointment of a legal guardian for any recipient of Old Age Assistance who is found to be incapable of managing his estate or business affairs, and authorizes the court to waive the execution of a bond or to fix the amount of bond in an amount less than $200.

The findings of the court as to the necessity for a legal guardian and the appointment of a legal guardian are binding on the county department. The appointment of a legal guardian does not in itself make assistance payments ineligible for federal reimbursement.

For persons who are voluntary residents or patients in an approved county home, the conditions under which a legal guardian is required and the requirements for appointment of a legal guardian are the same as for those outside the home.

The selection of the person to serve as guardian is of utmost importance, since guardianship carries with it an obligation to protect, guide and handle the affairs of a person who is unable to act for himself. The guardian should have sound business judgment, be kind, reasonable, and just. The appointment of a guardian should be made with the interests of the applicant or recipient a matter of primary concern. A county director or county welfare department employee shall not act as legal guardian. It has been deemed advisable that the person so appointed should be a friend or relative and should be someone whose interests in the case are primarily limited to the interests of the recipient. The appointment of the county director or an employee of the county department has been deemed to be adverse to such a concept, and would be in conflict with the principle that money payments to recipients shall not be restricted.

The same principle applies to the appointment of a county home superintendent or county home employee as legal guardian for persons who are residents of a county home. His interests are the public interests and to that extent he can not exercise such personal relationship with a patient or resident as is contemplated under the law.

The warrant for assistance issued to a recipient having a legal guardian shall be made payable to the recipient but shall be mailed to the legal guardian. The guardian shall endorse this warrant in the name of the recipient over his own name as legal guardian. If a recipient dies, the authority of a legal guardian to endorse warrants is to be considered as terminated immediately upon the death of the recipient. Unless the ward of a legal guardian is living at the time of endorsement, he is not eligible to receive benefits of the warrant.

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APPOINTMENT OF LEGAL GUARDIAN

In case a fee for the guardian is fixed by the court, such fee may be included within the amount of assistance paid to the recipient as well as any necessary expenses allowed by the court within the statutory maximum for assistance. Payment to the guardian would be made by the recipient from the assistance received by him.

The county department should have evidence on file in the recipient's case folder of the appointment of a legal guardian.

II. Outline of Procedure

It is preferable that the petition for the appointment of a legal guardian be signed by a relative of the recipient, or by some person directly and personally interested in and associated with him. However, it is possible for the petition to be signed by a member of the county department staff who is familiar with the recipient's circumstances, or by the recipient himself if he recognizes his need for a guardian and is willing for this procedure to be followed. The person who is to sign the petition may be interested in securing an attorney. If not, the county department may enlist the aid of the attorney who usually provides legal service to the department. It is also possible in some cases that the court would appoint an attorney to represent the recipient if he is without funds.

In those cases where the recipient is of sufficient mental competence, he may appear voluntarily in court, waive service of summons, and consent to the appointment of a guardian. Under such circumstances no summons need be served. The record of the court will show the appearance and consent to appointment. If the recipient is not competent to appear voluntarily in court and waive service of summons, a summons should be issued and served by the Sheriff, at least ten days prior to the date set for the hearing. The competency of a person to waive service is to be determined by the court.

In all cases where the recipient is not represented by counsel, and no appearance of an attorney has been entered on the docket at the expiration of the time fixed for the return of the summons, it is the duty of the clerk of the court to deny the facts set forth in the petition as to the disability, and the county prosecuting attorney is to appear for the recipient.

On the date set for the hearing of the petition, sufficient evidence should be produced as to the recipient's incompetency, to convince the court of the need of a guardian.

If the court finds that a guardian should be appointed, an order should be prepared in triplicate. One copy should be made for the court record, one copy for the guardian, and one copy for the files of the county department. If the court signs the department's copy, it need not be certified. If it is not signed by the judge, it should be certified by the clerk of the court as a true and exact copy. The statements of the order will vary according to the facts of the particular case.

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III. Suggested forms

Suggested forms are given below for use in securing the appointment of a guardian for a recipient of Old Age Assistance. If these forms are used, they should be double spaced.

Petition to appoint a guardian

STATE OF INDIANA)
COUNTY OF)

IN THE _____ COURT
NO. _____

IN RE PETITION TO APPOINT)
A GUARDIAN FOR _____)

PETITION TO APPOINT GUARDIAN
FOR OLD AGE ASSISTANCE RECIPIENT

The undersigned represents to the court as follows:

1. _____ is a resident of _____ County, Indiana.
2. Said _____ is a recipient of Old Age Assistance from the county department of public welfare of _____ County.
3. He is incapable of managing his estate or business affairs and of making proper expenditure of an award of Old Age Assistance due to _____.

WHEREFORE This petitioner prays that a guardian be appointed to manage the business affairs, estate and expenditures of Old Age Assistance of said _____ as provided by Section 7, Chapter 179, Acts of 1941.

_____

Subscribed and sworn to before me this ___ day of _____ 19__.

_____

My commission expires _____.

Answer to petition to appoint a guardian

STATE OF INDIANA)
COUNTY OF)

IN THE _____ COURT
NO. _____

IN RE PETITION TO APPOINT)
A GUARDIAN FOR _____)

ANSWER TO PETITION

The undersigned, Clerk of the _____ Court, by way of answer to the petition for appointment of a guardian filed herein alleges as follows:

1. Allegations No. 1 and 2 of said petition are admitted as true.
2. Allegation No. 3 is denied.

_____
CLERK, _____ COURT

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APPOINTMENT OF LEGAL GUARDIAN

Order of the court appointing guardian

STATE OF INDIANA)
COUNTY OF)

IN THE _____ COURT
NO. _____

_____(Insert name of petitioner)

ORDER APPOINTING GUARDIAN

vs.

_____(Insert name of recipient)

Comes now the petitioner and shows to the court by the summons issued herein and the return of the Sheriff therein that the defendant has been personally served with proper notice of the filing and pendency of this cause at least ten days prior to this date and to the time fixed for the hearing thereof, which summons and return are in words and figures as follows:

(Here Insert)

And said defendant failing to appear in person or by counsel the clerk of this court files an answer denying the incompetency of the defendant, which answer is in the words and figures as follows:

(Here Insert)

Comes now _____ the prosecuting attorney for this judicial circuit and enters his appearance herein.

This cause being at issue, it is submitted to the court for trial, a jury being waived, and the court having heard the evidence and being sufficiently advised in the premises finds for the petitioner that the allegations of the petition are true.

It is, therefore, considered and adjudged by the court that _____ is an inhabitant of _____ County, Indiana, and a recipient of Old Age Assistance from the county department of public welfare of _____ County and that he is incapable of managing his estate or business affairs and making proper expenditure of an award of Old Age Assistance because of _____ and that a guardian should be appointed for him to manage his estate and make proper expenditure of said award for his benefit.

The court now appoints _____ to serve as such guardian without bond (or upon giving bond in the sum of $_____ with sureties to be approved by this court) and on execution of his oath to faithfully perform his services as guardian.

It is further ordered by the court that no costs or fees are to be taxed or charged in this proceeding for the appointment of the guardian or for subsequent reports as provided by Section 7, Chapter 179, Acts 1941.

_____ _____
Date Judge Court

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APPOINTMENT OF RESPONSIBLE PERSON

Sections 39 and 60 of The Welfare Act of 1936, as amended, provide that if an applicant or recipient of Old Age or Blind Assistance is found by the county department to be incapable of taking care of himself or his money, the county department may designate a responsible person to whom the monthly assistance will be mailed for the benefit of the recipient. Federal reimbursement can not be obtained in the cases in which the responsible person procedure is used, as the Federal Social Security Act requires that the payments of assistance be made directly to the recipient of assistance or to his legally appointed guardian. The responsible person is not a legally appointed guardian. However, payments made to a responsible person for the benefit of Old Age Assistance will be reimbursable from state funds to the extent of the state's share as provided by law.

For persons who are voluntary residents or patients in an approved county home, the conditions under which a responsible person is required and the requirements for appointment of a responsible person are the same as for those outside the home.

It is not mandatory that the county department use the responsible person procedure, but in any case in which it is believed that a responsible person should be appointed for the best interest of the recipient or to safeguard the expenditure of assistance funds, an appointment of a responsible person may be made. The procedure should never be used as a method of punishment to the recipient

When required, the appointment of a responsible person should be made with the interests of the applicant or recipient a matter of primary concern. A county director or county welfare department employee shall not act in this capacity. It has been deemed advisable that the person so appointed should be a friend or relative and should be someone whose interests in the case are primarily limited to the interests of the recipient.

The same rule applies to the appointment of a county home superintendent or county home employee as responsible person for persons who are residents of a county home. His interests are the public interests and to that extent he can not exercise such personal relationship with a patient or resident as is contemplated under the law.

The appointment of a responsible person may be for a temporary period or for a long period depending on the situation. Careful planning with the recipient and the responsible person should precede any such appointment.

The appointment of a responsible person for an applicant or recipient of Old Age or Blind Assistance is made on DPW Form 622, "Appointment of Responsible Person". The authorization of the applicant or recipient for the appointment of a responsible person, the consent of the responsible person to act in this capacity, and the approval of the appointment by the county

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APPOINTMENT OF RESPONSIBLE PERSON

director, are shown on the form. The approval of the appointment for a recipient of Blind Assistance by the administrator of the state department is also shown on the form. (See Section II of this Manual for the form and instructions.)

Whenever a responsible person has been appointed for a recipient of Old Age Assistance the warrant shall be made payable to the recipient and not to the responsible person. However, the warrant shall be mailed to the responsible person.

In Blind Assistance cases in which a responsible person has been appointed, the check will be made payable to the recipient but will always be mailed to the responsible person.

Since the appointment of the responsible person does not authorize that person to execute the signature of the recipient, the recipient himself shall furnish the endorsement of the warrant or check by signature or by mark.

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TEMPORARY CARE IN A PUBLIC INSTITUTION

A recipient of Old Age Assistance or Blind Assistance may enter a public institution for the purpose of receiving temporary medical and surgical assistance and necessary hospital care, and continue to receive assistance for his continuing maintenance and personal needs not provided by such public institution, if he continues to be otherwise eligible.

No provision can be made for the cost of any care extended to the recipient by a county infirmary.

Immediately upon the entrance of the recipient into the institution, the county department shall obtain a written report from the medical officer of the institution or the attending physician giving diagnosis, prognosis, and recommendations for further treatment. This report should be filed in the case folder in the county department.

If the report indicates that the recipient will need care in the institution for less than one calendar month from the date of admission, it may be unnecessary to recommend a change in his award.

If the report indicates that the recipient will need care in the institution for more than one calendar month, the county department shall make an immediate redetermination of need of the recipient during his temporary care in the institution.

Definite data shall be obtained periodically from the medical officer of the institution or the attending physician to substantiate the further temporary character of the institutionalization. This data should be recorded in the recipient's case record in the county department.

If the recipient's requirements are being met entirely by the public institution during his temporary care in the institution, the award should be reduced to zero.

If the recipient has requirements which are not being met by the institution such as maintenance of his home, insurance premiums and other requirements, the county department should continue to consider the need for these in the award of the recipient.

The recipient's increased medical care may be provided in accordance with the medical assistance program of the county department if a program has been developed. If the county department has no medical assistance program, the increased medical care may be provided for by an increase in the award of the recipient up to the legal maximum.

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MEDICAL ASSISTANCE PLAN

I. General Statement

Each county department shall establish a plan for furnishing necessary medical care to the recipients of Old Age Assistance, Blind Assistance and Assistance to Dependent Children, adjusted to the medical facilities and needs in the county. To be effective the plan must be an integral part of an adequate program of assistance which provides for other essentials such as food, shelter, and clothing.

The general administrative plan to be used by county departments for extending medical assistance is commonly known as free choice on a fee basis. Under this plan the recipient chooses his doctor or dentist and, whenever feasible, other services. Payment for services furnished is made on the basis of an established fee schedule or cost standard developed by the individual county department and claims are filed on forms prescribed by the state department.

II. Requirements for the development and administration of a medical assistance plan.

Because of the differing conditions in the various counties of the state, it is recognized that there is no one plan of operation and control that will be equally offective in all counties. Such differences as the number of recipients, types of existing medical facilities, attitudes of professional groups and the public, and the financial resources of the county indicate the need for the development of individual county plans that give recognition to these differences.

Certain basic requirements have been established for the administration of medical assistance so that state supervision and local administration may provide adequate services, and safeguard and insure the proper expenditure of public funds. The following requirements are to be used in the development and operation of a medical assistance plan by a county department. The state department will be guided by these requirements in approving the plans of the county departments.

A. The medical assistance plan of the county department shall be in writing and shall be submitted to the state department for review and approval. Any major change in the plan subsequent to approval shall be inaugurated only after resubmission to and approval by the state department.

The medical assistance plan of the county department shall include any professional and administrative control required to safeguard and insure the proper and economic expenditures of public funds.

B. Cost standards (fee schedules) shall be adopted by the county department for each service included in the medical assistance plan and will be considered as a part of the plan. The fees paid on a medical assistance plan shall be reasonable and shall be in accordance with an adopted fee schedule which shall not exceed the usual and ordinary fees actually paid in the county for services commensurate with the usual and ordinary standards of service in such county.

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MEDICAL ASSISTANCE PLAN

In order for the expenditures for medical assistance to be eligible for any reimbursement, the schedule of fees and any subsequent change shall be subject to approval by the state department and shall be used in determining the cost of the medical requirements of the recipient.

C. The medical assistance plan of a county department shall include a statement of the method or methods of payment to be used in meeting the medical requirements of recipients, the kind of service, and the type of cases in which the designated method will be used. Medical requirements may be met by an increase in the monthly award to the recipient, and/or by direct payment to the person or agency furnishing medical service, and shall include only medical care actually furnished.

D. The system of records and forms prescribed by the state department shall be maintained and used by the county department in the operation of the plan of medical assistance. Copies of the prescribed forms and instructions for their use are in Section II of this Manual.

If supplemental forms are used by the county department, such forms with instructions for their use are to be included in the written plan which the county department submits to the state department for review and approval.

E. The following standards which are basic to the effective administration of a medical assistance plan shall be considered by county departments in the development and administration of a medical assistance plan and by the state department in the approval of any plan:

1. Medical care should be recognized as essential to recipients of public assistance and should be considered along with food, shelter, clothing and other requirements, in the development of standards of assistance.

2. Medical assistance should cover all aspects of medical care, including medical and dental service, nursing and hospital care, pharmaceutical supplies, special appliances, and other goods and services of a medical nature which are necessary to meet the health requirements of the person.

3. Medical assistance should include services for chronic and acute illnesses as well as services of prevention and rehabilitation.

4. Medical care should be available to all recipients of Blind Assistance, Old Age Assistance, and Assistance to Dependent Children.

5. The recipient should have free choice of physician and dentist and, wherever feasible, of other services.

6. All existing medical facilities, federal, state, and local tax supported and voluntary institutions shall be given as full recognition as is compatible with the best interests of the recipients and with due regard for program economy and efficiency.

7. The appointment and use of an advisory committee and/or technical committee representative of the health and community interests are essential

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to and strongly recommended in the development and operation of a medical assistance plan. The function of the advisory and/or technical committee should include the review and recommendations in professional areas.

8. Each professional person or agency shall decide whether he or it wishes to participate in the medical assistance plan in accordance with the policies and procedures established by the county department.

9. Decisions of a professional nature such as the kind and extent of medical care should be the responsibility of the professional participant.

10. Decisions of an administrative nature such as fiscal budgeting and control of public assistance funds shall be the responsibility of the county department, subject to the provisions of The Welfare Act of 1936, as amended.

11. Where a review of decisions and actions on an individual case is indicated, such review should be made a cooperative effort on the part of the county department, the professional person or group, and the advisory and/or technical committee.

12. Written statements of the methods of providing medical assistance, all medical policies and procedures, cost schedules, and other pertinent information should be made available to all participating persons and agencies furnishing service, to the staff of the county department, and to all cooperating agencies or institutions involved in the local medical assistance plan.

13. Recipients of public assistance should be informed by the county department of the medical services available and the procedures for obtaining the services as provided in the medical assistance plan.

F. The county department of public welfare shall audit all claims and reports of service furnished in accordance with the provisions of the medical assistance plan of the county department.

III. Establishment and use of county advisory committee

Generally the advice of representatives of various health and community interests is essential in the development of a plan of medical assistance. It may be obtained by the establishment and use of an advisory committee. Doctors, dentists, nurses, public health officials, pharmacists, and hospital authorities may serve on this committee. To utilize existing facilities, the county department may want to advise with other medical, welfare, and relief agencies, such as the county or city public health officers, county, city or school nurse, township trustees, family and child care agencies, councils of social agencies.

The functions of an advisory committee should be carefully defined so as to preserve its purely advisory nature. Functions of the advisory committee

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include: application of the state standards to the county medical assistance plan; evaluation of medical facilities in the county; recommendation of policies, standards and procedures necessary to the development and operation of a medical assistance plan; assistance in further coordination of health and welfare activities in the county; interpretation of the welfare plan, particularly to the groups which they represent; development of interest and coordination of suggestions of any technical subcommittee; recommendation of procedures for a review of decisions by professional groups.

Appointments to the advisory committee are usually made by the county welfare board upon the recommendation of the county director but may be made in collaboration with the professional groups to be represented. In the selection of members, professional prestige, training, and experience should be considered. The committee should be non-partisan and should be interested in the total public welfare program.

The size of an advisory committee will depend upon the function of the committee, the size of the county, the health and welfare facilities in the county, and the methods already in operation for the use and coordination of health services.

Tenure of office will depend upon the function of the committee. If a committee is to continue on a permanent basis, tenure of office should provide for continuity. One method of accomplishing this is to appoint individual members for staggered terms.

Organization Generally the county director will be requested to serve as secretary of the advisory committee. The chairman may be selected by the committee.

In view of the mutual interests in the problems being considered, the members of the county welfare board and the advisory committee may want to hold joint meetings occasionally.

Technical Committees In some counties, a technical committee may be used in addition to the general advisory committee. Such committees may consist of several members of each professional group participating in the plan. These committees can give technical advice to the county department and are of great value in the following areas: reviewing reports of services; making recommendations on fees, type and frequency of care; investigating and making recommendations for handling unusual cases; interpreting to their own professional groups. The services of an active technical committee can be helpful in insuring the economical expenditure of public funds.

IV. Limitations of county medical assistance plans

In establishing and administering a medical assistance plan the following points must be considered:

1. Direct payment for medical services can not be made to county or state board members or to any person named in Section 31 of the Welfare Act of 1936, as amended. If such persons are to participate in the medical assistance plan, they must look to the recipient for payment for services furnished.

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2. Recipients of public assistance shall not be included in the medical assistance plan while they are residents of any public institution wherein the medical needs are being met unless they are voluntary patients or residents of an approved county home and have medical needs which cannot be met in the county home.

3. Recipients shall not be included in the medical assistance plan while they are residents of the Odd Fellows Home in Greensburg, the Pythian Home in Lafayette, or the Masonic Home in Franklin.

4. The county department shall not make payment under a medical assistance plan or include an amount for medical care or items incidental to such care in the budget of a person whose medical need is being met by the hospitals at the Indiana University Medical Center or by a public hospital under the commitment procedure.

5. Persons who are eligible to receive eye treatment or services to crippled children should not receive such treatment through the medical assistance plan. Such persons, if otherwise eligible, can be included in the medical assistance plan for types of care other than those specified above.

V. Recipients living in one county and receiving assistance from another

A recipient requiring medical assistance who has been living in one county for less than twelve months but who is receiving assistance from another county shall receive medical assistance in accordance with the plan of medical assistance in effect in the county in which he is living. When a recipient has lived in a county for a period of twelve months, this county department of residence then becomes responsible for subsequent medical assistance.

For the sake of clearness, "County A" refers to the county from which the recipient is receiving his assistance, and "County B" refers to the county in which he is living.

In general, "County B" shall act as agent for "County A" in obtaining medical assistance for the recipient, and in designating the method of meeting medical need, and the amount of medical assistance to be granted. The amount shall be in accordance with the medical assistance plan of "County B".

County B is responsible for completing and forwarding DPW Form 173, Verification of Eligibility for Medical Aid, to participants and executing DPW Forms 174, 174A, 175, and 175A, Reports of Services Furnished, by:

Checking the forms for completion;
Entering on the form the method of payment to be used, the total amount of the requirements, and the code number of the participant;

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MEDICAL ASSISTANCE PLAN

Forwarding the necessary copies of the form to County A with a covering letter explaining the action recommended.

County A is responsible for forwarding DPW Forms 174, 174A, 175 and 175A after signature by the county director to the state department and for making the necessary changes in awards or for carrying out the procedures in connection with approving direct payment.

VI. Determination of Medical Requirements

Medical requirements are determined by the provisions of the approved medical assistance plan of the county department of public welfare. For each service provided within the plan, a fee schedule or a cost standard is established by the county board of public welfare and approved by the state department. The amount in the cost standard is the maximum amount to be paid for the service furnished. The participant in the plan may charge less than the amount of the cost standard.

At any time when it is necessary to exceed the cost standard, the claim for services would be handled as a deviation from the approved fee schedule. Deviations may occur also when a service is furnished for which no fee schedule or cost standard has been established. Before a claim for service can be paid as a deviation, the county board shall give specific approval on the deviation. A copy of the board motion and the date of the action shall be made on the DPW Forms 174, 174A, 175, and 175A.

VII. Methods of meeting medical requirements

There are three methods by which the county department can meet medical requirements. The county department may use one of these methods or any combination of the methods since one method may be best for one type of case or one kind of service, while another method may be more suitable for another type of case or service. Some misunderstanding and confusion may be avoided by the use of the same method for all categories and all types of services.

1. Installment Plan. Under this method the county department can increase the monthly award up to the maximum to meet medical requirements and can continue this increased grant on a monthly basis until total medical need is met. This method shall not be used for recipients of Blind Assistance.

2. Increase in award of recipient up to or in excess of the maximum award. Under this method the county department can increase the monthly award of the recipient in excess of the maximum award to meet medical requirements.

3. Direct Payment. Under this method the county department may pay directly to the person or agency furnishing the medical care.

These methods require that medical requirements of recipients be considered by the county department on the basis of services furnished as reported by persons or agencies furnishing services on DPW Forms 174, 174A, 175, and 175A.

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Under methods 1 and 2 the award is increased by the issuance of a supplemental award to the recipient. The county department can issue a separate warrant in the amount of the supplemental award or can issue one warrant which provides for the total requirements of the recipient.

The county department can make provision for direct payment subsequent to the death of the recipient for medical services furnished to the person during the time he was a recipient.

When a recipient whose assistance is in a zero amount again becomes in need and is otherwise eligible, the county department may grant assistance in accordance with procedures in Chapter V, Decision on Case - Method of Payment.

VIII. Recording Medical Requirements

DPW Form 5M, Recommendation Form — Medical Aid Items, is provided for the record of county department action with regard to medical assistance in individual cases. (DPW Form 5A should not be used if the only change in an award is for medical assistance.) If DPW Forms 174, 174A, 175, and 175A, are filed in the case record, DPW Form 5M does not need to be used. If DPW Forms 174, 174A, 175, 175A are not filed in the case record, DPW Form 5M shall be used unless some other satisfactory plan has been approved by the state department. See Section II of this Manual for DPW Form 5M and instructions.

The medical aspects of a case should be recorded in the narrative of the case record.

IX. Preparation and submission of medical assistance plan

A. General Statement

Each medical assistance plan developed by a county department shall be in writing and shall be submitted to the state department for review and approval. Such plan shall include the policies, procedures, cost schedules and other material for meeting the medical requirements of public assistance recipients together with any professional and administrative control required to safeguard and insure the proper and economic expenditures of public funds.

A similar plan should be developed for the three public assistance categories. In the instances in which the plan varies, the points of difference should be clearly designated in the written plan.

B. Suggested outline for county medical assistance plan

A suggested outline for a written medical assistance plan is given below. The items in the outline which are not applicable to the policies adopted by the county department may be omitted. Suggestions as to the material to be included under each item are incorporated in the outline.

A sample plan which may be helpful to county departments in writing a program is given in Reference Material - Public Assistance.

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MEDICAL ASSISTANCE PLAN

1. Statement of responsibility for medical and administrative decisions

A statement of the general responsibility of the county department and that of professional participants in the plan should be included.

2. Advisory committee

a. General advisory committee: Specify the size, tenure of office, names and professions or occupations of members, and functions of the committee.

b. Technical committee: (See suggestions for General Advisory Committee)

3. Scope of the medical assistance plan

a. Recipients to be included: Specify the recipients to be included - Old Age Assistance, Blind Assistance, Assistance to Dependent Children.

b. Medical services included: List the services considered as medical requirements which will be met - doctors' services, dentists' services, hospital care, nursing services, pharmaceutical supplies, special appliances, ambulance service, and nursing home care.

4. Persons and agencies who may participate and a description of other services

Any general policy or standard adopted by the county department which applies to all participants and/or services may be entered here.

Statements for each of the following services should include any standards adopted by the county department as to quality and quantity of care for which payment will be made either to the recipient or by direct payment.

a. Doctors: Who may participate: all practitioners licensed by the state, only doctors of medicine, specialists, osteopaths, chiropractors, others, only members of the local, state, or national professional organizations, out of county or out of state doctors? Are there any requirements for participation in terms of training, experience, professional affiliations?

Will only emergency service be given or will care be given to acute and chronic cases? Will preventive or rehabilitative services be provided? Will home calls, office calls, and hospital calls be included? Are there any limitations on the number of calls or amount of mileage? Will consultative and laboratory diagnostic services be included? Will allowance be made for drugs, glasses, or other appliances furnished by the doctors? What other requirements will be allowed only upon the recommendation of the doctor? What doctors' services will be allowed only after clearance with the county department or technical committee?

b. Dentists: Who may participate: all dentists licensed by the state, only members of the state and national organizations, out of county or out of state dentists?

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Does dental service include extractions, fillings, x-ray, bridgework, dentures, etc.? What dental services will be allowed only after joint planning with the county department or upon recommendation of the technical committee?

c. Hospitals: Which hospitals may participate: hospitals accredited by state or national accrediting associations, hospitals out of the county or state?

Will hospitals be used for: emergency care, surgery, obstetrical care, acute illnesses, chronic illnesses, contagion, first aid, ambulance service, or out-patient clinic service? Will hospitalization be allowed only upon the recommendation of the doctor and after joint planning of the recipient, doctor, and county department? If so, does this apply to emergencies?

d. Nurses: Who may participate: graduate nurses registered in the state, practical nurses, only members of the local, state, or national nursing associations, out of state or out of county nurses? Are there any requirements for participation in terms of training, experience, or professional affiliation?

Are there any limitations on the care: day care, night care, in the home of the recipient, or private nursing service in the hospital? Is this service to be provided only upon the recommendation of a doctor? If so, is it to be considered on the basis of plans made with the attending doctor, recipient, and county department?

e. Pharmacists: Who may participate: all registered pharmacists, out of county or out of state, only members of the local, state, or national organizations?

Is the service to include: drugs by prescription, drugs included in the United States Pharmacopoeia, National Formulary, "over the counter" drugs, pharaceutical supplies other than drugs, new appliances, replacement of old appliances? Will appliances be included only on the written recommendation of the attending doctor and on the basis of plans made with the attending doctor, recipient, and the county department?

f. Ambulance: Who may participate: out of county or out of state ambulance operators?

Is the service to include ambulance service to or from a hospital or nursing home? Is this service to be included only upon the recommendation of the attending doctor? Is the service to be included only after joint planning by the doctor, recipient, and the county department? If so, does this apply in emergencies?

g. Nursing Homes: What nursing homes may participate: out of county or out of state nursing homes?

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Is the service to include: care for ambulatory patients and/or bed patients? Is this service to be included only on the recommendation of an attending doctor? Will it be included on the basis of joint planning with doctor, recipient, and county department?

h. Other:

5. Method of meeting medical requirements

What is the method for meeting medical requirements for each type of service and for each category of recipient? When more than one method of payment is used to meet the medical requirements for a type of service, what are the circumstances under which each method is to be used? When the method for meeting medical requirements of recipients visiting outside the state is different than for other recipients, what method is to be used?

6. Procedures

a. Selection or designation of service by recipient: How may recipients select or designate the person or agency who will furnish each type of service? Will the choice of hospital, nurse, ambulance, or nursing home be made by the attending doctor and the recipient with the help of the county department?

b. Request for service: How is the request for each service to be made? By whom and to whom? How will the request be handled when referred to the county department?

c. Procedure for admission to hospital or nursing home: How can admission to a hospital or nursing home be made: What part will the county department take? May the admission be arranged by the attending doctor or dentist?

d. Verification of eligibility: What use is to be made of DPW Form 172, Request for Verification of Eligibility for Medical Aid? To whom and when will the forms be distributed? When will they be used? Will telephone requests or other types of request be acceptable? Who will be responsible for clearance of requests? Where will the form be filed?

What use is to be made of DPW Form 173, Verification of Eligibility for Medical Aid? Under what circumstances will these be used by the county department? Who will prepare them? Within what time limit are they to be submitted? What use will be made of the space for comments? Where are they to be filed?

Will the form be used to notify participants when they have indicated on DPW Form 174 that treatment is to be continued and the recipient will become ineligible?

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e. Report of services furnished: For what services are DPW Forms 174, 174A, 175, and 175A to be used? What instructions for participants are included for completing and submitting the forms to the county department? Who is responsible for checking the form for completeness and correctness, and for returning incomplete or incorrect forms to the participant? What procedure will be used by the county department if the form is submitted for an ineligible person? Who is responsible for completing the various points on the form to be filled in by the county department? What use will be made of the form by the county department? Where is the form to be filed?

f. Recommendation for allowance: What steps will be taken and by whom in recommending medical assistance? How are awards to be increased or direct payments made? If installment payments are included in the program, what system will be established in the county department to keep track of assistance payments? What will be the plan for prorating costs each month among different services under an installment plan?

g. Forms supplemental to those provided by the state department: What use will be made of all forms, including form letters, devised by the county department to supplement state forms? What are they for, who fills them out, to whom are they sent, by whom used, etc.? Copies of all such forms are to be attached to the plan which is submitted to the state department.

h. Fees: What are the cost standards and/or fee schedules established for each service furnished?

7. Summary statement of specific services for each participant

A summary statement for each service or a copy of the medical assistance plan should be made available to participants.

If most of the plan material would be of interest to all participants and its length and arrangement is such that the provisions applying to specific services can be found readily, the preparation of summary statements may be considered unnecessary.

When summary statements are used, the following pertinent information should be included:

Statement of responsibility for medical and administrative decisions;
Scope of medical assistance plan specifying the recipients and services to be included;
Persons and agencies who may participate including the standards for them and a description of their services;
Responsibility of the participant for other services, as for example, the responsibility of the doctor in recommending drugs or hospital care;
Methods of meeting medical requirements;
How recipient selects the person or agency to furnish service;
How requests for service may be made;

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Procedures for admission to a hospital or nursing home;
How verification of eligibility for medical assistance may be made;
How DPW Forms 174, 174A, 175, and 175A are used by the participant;
How and when payments are made by the county department; and
Fees and rates for specific services included in the summary.

8. Information for recipients pertaining to medical assistance plan

The county department is responsible for informing each recipient of the medical services available and the procedures for obtaining the services as provided in the medical assistance plan. This information may be furnished to recipients either by written statements or verbal explanation.

C. Procedure for submission and approval

Three copies of the medical assistance plan are to be forwarded to the state department for review and approval.

If summary statements for participants and informational statements for recipients are to be used, these also are to be submitted to the state department for review and approval. These statements should be released to participants and recipients only after approval by the state department.

The county department should always specify the date on which it desires to put the plan into effect and the date that the county board approved the plan.

Any changes in the plan subsequent to approval shall be inaugurated only after resubmission to and approval by the state department.

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THE PUBLIC ASSISTANCE CASE RECORD

I. Purpose of the Case Record

A case record is maintained for each family or individual who applies for public assistance. It includes a chronological narrative, correspondence and necessary forms pertaining to the particular case. This case record is the confidential history of the individual or family as it relates to the need for public assistance. It should be possible to obtain from the case record at any time a complete and current picture of the family situation and of the action of the department in meeting the problems of the family.

When properly selected and organized the material in the case record serves the following general purposes: 1) the record will substantiate the action of the department by containing satisfactory proof of initial and continuing eligibility; 2) the record will assist the department in understanding a client in relation to his situation and supplying the information needed for treatment; 3) the record will tend to assure continuity of treatment and prevent needless repetition of the client's story when visitors change; 4) the record will provide material which may be examined to evaluate department policies, practices and standards of performance, as well as to secure information regarding the nature of social problems and to help in planning the methods by which these problems can be dealt with constructively.

II. Confidential Nature of the Case Record

The personal part of the case record is not a public document although it is kept by a public agency. When an individual comes to the county department, all the facts pertaining to his situation that are necessary in order to approach his problem intelligently, are discussed. Information may be brought out that is confidential which, if disclosed, would not be to the benefit of either the client or the public. Data in the case record should be used and discussed only by the appropriate persons in the department and only with those persons in the community who are entitled to the information under the Welfare Act of 1936 as amended. Summaries based on record material may be given to accredited agencies or individuals who have a legitimate interest in the department's relation to the family, but such disclosure of information should be connected with purposes directly related to the administration of public assistance.

The confidential nature of records of the department of public welfare has been established by law which prohibits the use or disclosure of information concerning clients for any purpose not directly connected with the administration of assistance. Information needed for the administration of assistance cannot be obtained unless the client has assurance that the information furnished by him will be kept confidential. The law was designed to accomplish three purposes: 1) to protect clients from exploitation through political or commercial schemes or other means; 2) to create and protect the confidential relationship between clients and the employees of the department; and 3) to protect the confidential relationship between the department and the collateral sources of information such as professional people, employers, friends and relatives.

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THE PUBLIC ASSISTANCE CASE RECORD

III. The Case Narrative

A. Method of Recording

The narrative material in a case record may be written in either chronological or topical form or may be a combination of the two methods. In chronological recording each interview is recorded as it occurs by date. This has the advantage of showing the step by step development in a case. In topical recording several interviews may be combined under topical headings which describe the content of the paragraph. The combination of these two methods is the form of recording most frequently used by county departments in public assistance case narratives.

The first interview will usually be a chronological entry. If the information obtained is very complete, the organization of the material will be facilitated by arranging it under topical headings. Since the initial study usually requires several interviews with the applicant as well as with other persons and agencies, this material may not be recorded until it is complete and then arranged according to marginal headings with the date of the interview indicated in the narrative itself. Interviews made subsequent to those in the initial study may be recorded chronologically. Periodic redeterminations of eligibility may be recorded in topical form, but in the majority of cases the information is not sufficiently comprehensive to make this necessary or desirable.

In recording, the identity of individuals should be clearly described in order to avoid confusion. If abbreviations are used they should be consistent throughout all narrative records. If the source of information is stated at the beginning of an entry the necessity for repeating the name of the informant is eliminated unless several persons have participated in the interview. Pertinent information should be recorded accurately with enough detail to give the interpretation intended by the informant.

The first sentence of the report of an interview should give the name and address of the person being interviewed and the purpose of the interview. If the client is the person interviewed, the address need not be given.

When a letter is written or received, the date it is sent or received may be entered in the margin of the narrative. The name of the person being written to, or writing, and the purpose of the letter should be shown in the entry in the narrative.

Good recording requires accuracy, brevity and the avoidance of vague phrases. Planning and preparation for regular dictation periods tend to develop good recording habits.

B. Content of Narrative

1. General Statement

In the course of his work with the client the visitor will obtain a variety of

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information. This information should be carefully analyzed by the visitor and only that information recorded which serves one or more of the definite purposes of the case record.

The material recorded in the narrative should be carefully and thoughtfully selected. A visitor may tend to record everything because he is afraid that through selection he may omit really important material; or a visitor may tend to record only routine statements of the decision as to initial and continued eligibility for assistance. The recording of the client's eligibility for assistance is important but it is equally important to know something about the client's attitude and his progress toward a better social adjustment. If the visitor is carrying out his responsibility for advising, guiding, stimulating and counselling there will be ample evidence of this in the case narrative.

The evidence of eligibility for assistance appears throughout the case record. The Statement of Verifications (DPW Forms 5, 75) is provided for the recording of many facts of eligibility. Requirements for the recording of the data on that form should be carefully observed. Information recorded on any of the forms in the case record should not be duplicated in the case narrative. Only that information with regard to eligibility which cannot be recorded on the Statement of Verifications or which it is necessary to amplify should be recorded in the narrative.

2. Outline

The following outline of the material in case narratives is submitted only as a guide to the visitor in recording the information gathered from or concerning the client and his situation. It is not intended as a guide in interviewing. Similar information is not secured in all cases as the particular case situation will determine the kind and amount of information which is necessary to work out an adequate plan with the client. However, since recording is inseparable from case work the points in the outline will suggest information which may be helpful to the visitor in understanding an adult or child and the case situation.

Only one outline is given since this may be used with certain adaptations for either an adult or child. The social histories of a husband, wife and children and, in some cases, of other members of the household are necessarily interwoven. Details do not have to be repeated for each person if proper identification is made.

a. First Interview — Date of interview, person making application, source of referral, services requested, present situation, information obtained in visitor's preliminary attempt to establish eligibility (information given on the application form should not be repeated but should be amplified if necessary). Any information suggested for the initial study which the visitor may obtain during the first interview. Decision reached by the applicant and the visitor in regard to the next action to be taken. If the applicant has been known to the department previously the recording of the present interview will necessarily supplement the information which is already

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a matter of record. When this is the situation the circumstances which make the application acceptable at this time should be recorded.

b. Clearance with other agencies — Name of agency, dates of contact and type of service rendered. If the agency is still actively interested in the case, what are its present plans for the client?

c. Neighborhood and Home — Description of the neighborhood, accessibility to schools, church and recreational facilities. Type and appearance of house, condition of repair, condition of yard, garden, play space; number and use of rooms, kind of lighting, plumbing, heating and ventilation, type and condition of furnishings; any significant facts in regard to the physical aspects of the home and any less tangible features which may affect the welfare of the client.

d. Social History

Background — Face sheet information should not be repeated but may be amplified. Family and cultural background. For a child, brief story of life, including places where child has lived, the persons with whom he has made his home, circumstances in these homes, and how adequately the home has met the emotional and economic needs of the child.

Education — For an adult, number of years spent in school, schools attended, grade and age at leaving school, reason for leaving, any apprenticeships or vocational training.

For a child, present grade or completed grade, age when child started to school, schools attended, ability, behavior, special interests, interest in further education and training, failures if any, reasons for failures. If child has left school, age, grade attained and reasons for leaving. If psychological or psychiatric examination has been given, date, place and type of examination, examiner and results.

Health (Mental and physical) — For an adult, medical history, present state of health. (date, place and results of any recent examination), attitude of client and family toward health condition. Any serious illnesses, operations, illnesses or incapacities. Name of family physician.

For a child, brief history of physical development of child. Previous illnesses, age at time and where treated, any operations with date and place performed. Present physical condition. Recommendations for correction of disabilities or any health problems that require special care or treatment.

Employment — Essential facts with regard to employment, such as regular trades, length of time employed in various jobs, type of job which proved most satisfactory, earnings, periods of unemployment with reasons. Information about present employment such as name of employer, type of work, regularity of employment, earnings, suitability of tasks to physical condition of client, attitude toward work.

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Marital and Family Relationships — Dates and places of marriage, attitude toward spouse and children, feeling for them, ability to provide for them. If there were earlier marriages or later marriages, describe them. Information with regard to cause and duration of periods of separation or desertion. Attitudes toward other members of family group.

Religion — Religious interests, church membership or affiliation and attendance, participation in church activities.

Recreation — Particular interests, membership in lodges, clubs and community organizations. Facilities in the community available for recreation. Extent to which the children are included in the recreational activities.

Interests — Special skills, hobbies, outside interests, status in community. If history is for a person in loco parentis, facts which point to genuine interest in welfare of the child.

Information with regard to behavior, personality and interests of the child as reported by others and as observed by the visitor. Attitude of the family toward the child's behavior.

e. Others in the Household — Pertinent information concerning other members of the household. The particular situation in the case will determine the type of information needed for any person who is a member of the household but not a member of the immediate family group. It may be important to know the reason for his position in the household, his employment, health, economic situation and degree of interest in the client if these in any way concern the client.

f. Eligibility for Assistance — (Including Determination of Need). It is not necessary to repeat here information which has been recorded elsewhere in the case record (Face Sheet, Budget and Recommendation Form, Statement of Verifications). However, there may be instances when it is necessary to supplement and amplify the material recorded on those forms. For example, explanation of requirements and deviations from the Standards of Requirements which cannot be made on the Budget and Recommendation Form may be made here.

Information should be recorded in this section by paragraph with a heading referring to the particular item of eligibility to which it pertains.

g. Recommendation and Plan — Any necessary explanation of visitor's recommendation to accept or deny the application. Date and type of board action and any necessary explanation of the final action taken on the case. Visitor's analysis of the situation together with his recommendations with regard to future contacts and plans such as health programs, better housing arrangements, plans for recreation, employment, rehabilitation.

h. Subsequent Contacts — Necessary chronological or topical entries recording board action, references to correspondence (including

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form letters), telephone calls and other contacts. Chronological or topical entries made explaining the purpose and the result of interviews held when there has been activity with regard to the case which actually does not constitute a periodic redetermination of eligibility. Medical assistance or eye treatment furnished to the recipient. Services other than assistance which have been given to the recipient or his family. Development of plans.

i. Redetermination of Eligibility — Chronological or topical entries recording reinvestigations or periodic redetermination of the recipient's eligibility. Sufficient facts should be recorded to indicate whether the recipient is still eligible. Any changes in the situation which would change the amount of assistance as well as changed needs on a service basis should be stated clearly. Only factors which show change need be recorded. These should be carefully described.

j. Closing Entry — Progress under care, date and reason for closing.

IV. Arrangement of Case Record Material

A. Case Folder

A case folder is prepared for each case record. On the tab of the folder is entered (preferably in typing) the type, code and serial number of the application (when a written application has been completed) and the applicant's surname, first and middle names.

B. Arrangement of Material in Folder

There are various methods of arranging the case record material. While the order of arrangement may differ, it is suggested that all the forms, correspondence and documentary proofs be placed in one section. This material, should be arranged chronologically either in ascending order (that is, the latest on top) or descending order (with the latest on the bottom). The current face sheet (DPW Form 4 or 307) is usually attached to the narrative record and the Statement of Verifications (DPW Form 5 or 75).

If a Request for Assistance-Record Sheet, DPW Form 110, has been completed this should be included in the case record.

The pages of the narrative record should be numbered and arranged in chronological order. The surname and case number of the client should be typed on the front of each page for identification. Both sides of the page should be used, and typing should be single-spaced with double spaces allowed between paragraphs.

There are various devices and clips used to retain the material in the case folder. The method adopted by the county department should provide for the easy insertion of additional pages or forms and the protection of the material already attached.

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C. Filing of Case Records

It is recommended that all records made confidential by Section 93 of the Welfare Act of 1936, as amended, be kept in locked, fire resistant files from which material can be taken only by those employees of the county department designated by the county director. Members of the county board of public welfare shall have access to all records for official purposes.

The county department may adopt the method of filing the case records and Request for Assistance-Record Sheets, DPW Form 110, that is best suited to its situation. Some of the possible methods of filing include: 1) alphabetically by category by type of action; 2) alphabetically by category; 3) alphabetically; 4) numerically by category by type of action; 5) numerically by category; and 6) numerically.

Until the report of disposition is made Request for Assistance-Record Sheets, DPW Form 110, should be filed in a folder according to the type of assistance requested, Old Age Assistance, Blind Assistance, Assistance to Dependent Children in chronological order.

Whenever it is necessary to obtain information from the case record the entire case folder should be removed from the file for the period of time it is needed and then returned promptly. In order to insure return and be certain of the location of records, the county department should work out some means whereby records can be easily located. One method is to insert in place of the folder which has been removed a substitute card bearing the name of the employee who has assumed responsibility for the record and the date when the record was removed.

Case records should not be taken from the office except for official use by the employees of the county or state departments or for use by a proper authority upon court order. Receipts should be taken in such cases and proper follow-up made to insure return of the case records to the file.

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CORRESPONDENCE

Correspondence is a substitute for personal visits and interviews and may be necessary in cases when a visit cannot be made or is not advisable. In general the correspondence of the county department with regard to clients is made up of the following types of letters: 1) letters to other agencies or persons interested in or responsible for the client; 2) letters of interpretation and explanation to clients who write to the county or state departments regarding their individual situation; 3) letters to interested persons who write to the department for information about the program.

I. Letters to Other Agencies

A. Letters of Inquiry

Letters of inquiry should be written to another agency only after careful consideration has been given to their necessity and to the question of whether some other device would be as satisfactory.

A contemplated request for a visit should be explained to the client before the letter of inquiry is written. The fact that future relationships may be jeopardized by visits to certain relatives, friends, or acquaintances should never be overlooked. Consideration of the client's judgment in this respect may gain for the department a confidence and working relationship more valuable than any information that might be secured through the visit.

The letter of inquiry should contain the following identifying information: the case number, the name and age of the client, race, name and age of each member of the immediate family, and exact address. (The name of the client and the case number should usually be placed in the upper right corner of the first page.) If the request involves contact with an employer, hospital, or court, it may be possible to include the means of identification used for administrative purposes by that agency, such as the clinic number, ward, court number.

The purpose for which the letter is written, the nature of the information desired, the reason it is being requested and the manner in which it is to be used should be stated at the beginning of the letter. Sufficient pertinent information about the case should be given as will enable the other agency to make the requested investigation.

The exact address of the relatives or persons to be interviewed should be stated. If the address is rural, directions for reaching it should be included whenever possible. If exact information regarding the address is not obtainable, clues such as names of persons with whom the individual has lived or for whom he has worked are frequently of assistance to the other agency.

The letter should attempt to reflect the interest of the writer in securing the information since the other agency has not in most instances seen the client and must depend upon the written communication for its "feel of the case". Therefore, the letter of inquiry should be vivid enough to arouse interest and full cooperation on the part of the other agency.

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The letter should conclude by asking specific questions as to the kind of information or assistance desired. An inquiry which is too general in its scope, such as a request for social history, often results in unnecessary and repetitious efforts on the part of the other agency.

B. Letters of Reply

Answers to letters of inquiry should be dispatched promptly. If there is some unavoidable delay such as inability to see a person to be interviewed, a brief explanation may be sent to the inquiring agency with an indication of when a more definite report may be expected.

The letter of reply should use the spelling given in the original inquiry to facilitate identification, but should note any corrections that should be made. It should include the date of the letter of inquiry, the names of persons interviewed or the sources of information used and should give the information obtained from each. It is equally important that the reply indicate the persons or sources of information that could not be located.

Insofar as possible, an attempt should be made to answer specifically each of the questions raised in the letter of inquiry. When it is impossible to do so, the reasons for failure to cover all of the points should be given. The reply should include a statement of any plans as developed by the visitor in conference with those interviewed as well as any additional information secured from sources not specifically noted in the inquiry.

An effort should be made to keep the reply as objective as possible. Opinions and impressions obtained during the interview should be labeled as such and should not be confused with facts.

C. Procedures for Inter-Agency Letters

1. Inter-State Correspondence

In order to facilitate inter-state correspondence a plan for reciprocal service between the states is in effect. The state department of public welfare acts as the forwarding center in Indiana for county departments wishing information from other parts of the country, and for out-of-state organizations requesting service or information from the county departments in Indiana.

Every effort is made to assist both the county departments in Indiana and public agencies outside of Indiana to secure the information and the service desired. The out-of-state inquiries to be handled by county departments are not confined to inquiries on public assistance cases alone but may include requests for investigations in any area of service. Through a policy adopted by Indiana and most of the other states, inquiries asking only for financial assistance are to be sent directly to the relative or person involved and not through the forwarding center.

Through the services of the forwarding center information may be obtained from communities in other states where there is no welfare agency.

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CORRESPONDENCE

a. Inquiries received by the State Department from other States

When letters are received in the state department from other states requesting investigations in Indiana, the letters are acknowledged by the supervisor of inter-state correspondence and are then sent with a letter of referral to the particular county department involved. Every effort should be made by the county department to complete its investigation and reply within a period of two weeks. Usually the replies from the county departments to such inquiries should be made in quadruplicate with one copy being retained by the county department and three copies sent to the state department in care of the supervisor of inter-state correspondence. However, some of the states request a varying number of copies of such letters. See General Administrative DPW Bulletins for the number of copies required by the various states.

b. Inquiries received by the State Department from County Departments in Indiana for Forwarding to Other States

Letters in which county departments in Indiana ask for investigations by social agencies in other states should usually be made in quadruplicate, one copy to be filed in the county department's case record, and three copies to be sent to the state department in care of the supervisor of the inter-state correspondence. The forwarding center will then send two copies to the out-of-state agency. Some of the states request a varying number of copies of such letters. See General Administrative DPW Bulletins for the number of copies required by the various states. The reply from the out-of-state agency will be routed through the state department and sent with a letter of transmittal to the county department.

Letters which request financial assistance only are to be sent directly to the relative or person involved and not through the forwarding center.

c. Inquiries sent Directly to County Departments by Other States

In some instances other states may send letters requesting investigations in Indiana directly to a county department rather than to the state department. In cases of this sort, the county department should make every effort to complete its investigation and reply within a period of two weeks. Instead of replying directly to the inquiring agency, the county department should send its reply to the state department so that it may be sent by the forwarding center to the inquiring out-of-state agency. The letter of reply should be made by the county department in quadruplicate, one copy to be retained by the county department, and three copies to be sent to the state department in care of the supervisor of inter-state correspondence, together with a copy of the original letter of inquiry from the out-of-state agency. Two copies of the county department's reply will be sent by the forwarding center to the inquiring out-of-state agency.

d. Requests for Verifications from Public Records in Other States

If the only information desired from another state is a verification from a

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public record, such as birth, death, marriage, divorce, the county department should write directly to the office of the public official in the other state in whose possession the public records will be found, rather than asking a social agency in the other state to make this verification.

In certain states there is a policy or a law to the effect that a fee must be charged by the department of health or bureau of vital statistics before releasing information from their records. When it is necessary for a county department to make such an inquiry from another state, the fee, if reasonable, may be paid on regular county claim blanks and charged to Appropriation 213, Other Operating Expense. When it has been determined after the initial inquiry that a fee is charged, and that this fee is reasonable, the county department should forward the claim together with the request for the information so that the claim may be filed by the payee. The claim shall be sworn to, filed, and handled in the same manner as other county welfare claims. See Accounting Manual.

2. Inter-County Correspondence

When a county department is in need of information from another county in the state a letter stating the request should be written directly to the county department of the county in which the inquiry is to be made. Such inquiries may include requests for interview with relatives, requests for information about recipients who have moved from the county, the securing of information about property, the verification of some phase of eligibility through documentary evidence. All county departments should give prompt attention to requests for such investigations and return the information to the county department making the inquiry. If a county department is unable to locate the person or source of information to be interviewed, it should immediately notify the county department from which the request came.

II. Correspondence with Clients

Letters may be written to clients asking for information or in answer to their letters of inquiry or complaint. Letters will also be written to relatives of clients.

Some general suggestions follow about points to be considered in such letters. All letters should contain sufficient information to make clear their purpose, what information is desired in the reply and how the information is to be used. The wording in the letter should be clear, direct and comprehensive enough to cover the subject adequately. Care should be taken to avoid any misunderstanding or misinterpretation, because letters to clients are often shown to many persons and may be used as a means of interpreting the work of the department.

The letter should begin with a brief statement of the reason for writing rather than to start with a review of the situation as it is known to the department. The correspondent should be kept in mind when framing the letter, that is: 1) he should be given sufficient information as to what is wanted and why, so that he can make a satisfactory reply; 2) the request should be stated in terms

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

that will be adapted to his understanding and will be within his interest; 3) in return for the courtesies that are expected from him he should be informed of the interest of the department in the case.

III. Informational Letters

Many persons write agencies for information of various types. Contacts through this type of letter are with individuals or groups other than those for whom the agency was created to give direct service. This type of correspondence should be given careful consideration and prompt reply.

When such letters are received in the state department, a direct acknowledgment is made. In order that the county department may be informed, the original of the letter of inquiry and a copy of acknowledgment are sent to the county department concerned.

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MANUAL
OF
PUBLIC ASSISTANCE

SECTION II
FORMS AND INSTRUCTIONS

STATE OF INDIANA
DEPARTMENT OF PUBLIC WELFARE

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

MANUAL OF PUBLIC ASSISTANCE

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Prescribed by
State Department of Public Welfare
and approved by State Board of Accounts

DPW Form 1
(Revised 1947)

DEPARTMENT OF PUBLIC WELFARE
APPLICATION FOR OLD AGE ASSISTANCE

(Applicant must prepare two (2) applications, each sworn to and identical, and file both copies with County Department of Public Welfare. Each application must be filled out in ink or typewritten. The signature of the applicant may be taken in indelible pencil.)

DO NOT WRITE IN THIS SPACE

Application No. A _____
(Code) (Serial)

Date Received _____ 19____

Received by _____

Date Application sent to State Department _____ 19____

TO THE COUNTY DEPARTMENT OF PUBLIC WELFARE,

OF _____ COUNTY

Print Full Name of Applicant

Miss
Mrs.

A. I, Mr. _____
First Middle Last Name

Born on _____ At _____
(Month, Day, Year) City, Town or County State or Foreign Country

Now residing at _____
(Street Address or Other Designation) (City or Town) (Township)

State of Indiana, hereby apply for old age assistance under and subject to all the provisions and requirements of the Welfare Act of 1936, as amended.

My (husband) (wife) (is) (was) _____
First Name Middle Name Maiden or Last Name

Born on _____ At _____
(Month, Day, Year) City, Town or County State or Foreign Country

I (have) (have not) made a previous application for old age assistance in _____ County.

B. The following is a statement of the amount of property, both personal and real, in which I have an interest and of all income which I have at the time of filing this application:

1. The total value of my interest in any real property (land and improvements) is $_____, title to which is held, (1) as sole owner_____, (2) with living spouse_____, (3) with (specify other ownership) _____

2. The total value of all personal property (cash on hand or on deposit, stocks, bonds, notes, jewelry, farm machinery, household effects, etc.) owned by me or jointly with others is $_____.

3. All money income which I am now receiving from any source whatsoever is as follows:

(Source)	(Amount. Indicate whether for week, month, or year)
_____	$_____ Per_____
_____	$_____ Per_____
_____	$_____ Per_____

C. I (am) (am not) a citizen of the United States.

D. I (have) (have not) resided in the State of Indiana for a period of at least five years during the nine years, the last year continuously, immediately preceding the date of this application.

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E. 1. I agree to notify and understand that I must notify the County Department of Public Welfare immediately if I become possessed of any property or income other than that stated above.

2. In support of my belief that I meet the requirements of the State Law on assistance to aged persons, I will, when requested, supply such information as I can to persons authorized by law to request such information, and I request my relative, my physician, my banker, my lawyer, and any other persons having information concerning me personally or concerning my circumstances to furnish any and all such information to such persons.

F. 1. For any assistance granted me I hereby agree that the State of Indiana and any County in the State from which I may receive Old Age Assistance shall be reimbursed for all assistance paid to me or on my behalf, from whatever source such assistance may have been derived, and that such reimbursement shall be made from any property now owned or subsequently acquired by me as provided by the Welfare Act of 1936, as amended.

2. I understand and acknowledge that any assistance granted me becomes a lien against any property I now own or subsequently acquire, that a notice of said lien will be filed in the office of the County Recorder, and that such assistance becomes a preferred claim against my estate.

G. I am fully informed of the contents of this application and know that the making of false statements, misrepresentations or the commission of fraudulent acts, on my part or on the part of others to support my application, constitutes a violation of the law, for which penalties are prescribed.

STATE OF INDIANA
_____ COUNTY } ss:

I do solemnly swear (or affirm) that all statements made in the foregoing application are true and correct to the best of my knowledge and belief. (If applicant affirms, the "swear" should be crossed out.)

Applicant must sign in presence of officer or person taking the oath and when signature is by mark (X), or is not in full as indicated on the face of the application, it must be witnessed by two persons who affix signatures and addresses.

_____
Applicant's Signature in Full

Witnesses: _____ _____
Name Address of Witness

_____ _____
Name Address of Witness

Subscribed and sworn to before me and execution acknowledged this _____ day of _____ 19____

(SEAL)

_____
Signature of Officer or Person Administering Oath

My commission expires _____ 19____

_____
Title

My authorization expires _____ 19____
and is in full force and effect.

Your oath may be taken by either a Notary Public, or Public Official authorized to take oaths, or it may be taken by an employee of the State or County Welfare Department who has been authorized to take oaths without charge.

You may fill in your own application or have a relative or friend do it for you. No person can make any charge or collect a fee for making the application for you or for submitting it to the County Department of Public Welfare or otherwise representing you in submitting application or obtaining assistance. Application must be signed in ink or indelible pencil by person expecting to receive assistance.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

FORM PRESCRIBED BY STATE DEPARTMENT
OF PUBLIC WELFARE

DPW FORM 40
(REVISED 1948)

DEPARTMENT OF PUBLIC WELFARE
STATE OF INDIANA

APPLICATION FOR BLIND ASSISTANCE AND/OR EYE TREATMENT
(PERSON 18 YEARS OF AGE OR OVER)

(APPLICANT MUST PREPARE TWO (2) APPLICATIONS, EACH SWORN TO AND IDENTICAL, AND FILE BOTH COPIES WITH THE COUNTY DEPARTMENT OF PUBLIC WELFARE. EACH APPLICATION MUST BE FILLED OUT IN INK OR TYPEWRITTEN. THE SIGNATURE OF THE APPLICANT MAY BE TAKEN IN INDELIBLE PENCIL.)

TO THE COUNTY DEPARTMENT OF PUBLIC WELFARE

OF _____ COUNTY

DO NOT WRITE IN THIS SPACE

APPLICATION NO. B_____
(CODE) (SERIAL)

DATE RECEIVED _____, 19__

RECEIVED BY _____

DATE APPLICATION SENT TO
STATE DEPARTMENT _____, 19__

PRINT FULL NAME OF APPLICANT

Miss
Mrs.

A. 1, MR. _____ RACE _____
(FIRST) (MIDDLE) (LAST)

BORN ON _____ AT _____
(MO., DAY, YEAR) (CITY, TOWN OR COUNTY) (STATE OR FOREIGN COUNTRY)

NOW RESIDING AT _____
(STREET ADDRESS OR OTHER DESIGNATION) (CITY OR TOWN) (TOWNSHIP)

STATE OF INDIANA, HEREBY APPLY FOR BLIND ASSISTANCE AND/OR EYE TREATMENT UNDER AND SUBJECT TO ALL THE PROVISIONS AND REQUIREMENTS OF THE WELFARE ACT OF 1936, AS AMENDED AND IN SUPPORT OF SAID APPLICATION REPRESENT AND SHOW THE FOLLOWING:

MY (HUSBAND)(WIFE) (IS)(WAS) _____
(FIRST NAME) (MIDDLE NAME) (MAIDEN OR LAST NAME)

I (HAVE)(HAVE NOT) MADE A PREVIOUS APPLICATION FOR BLIND ASSISTANCE AND/OR EYE TREATMENT IN _____ COUNTY.

B. THE FOLLOWING IS A STATEMENT OF THE AMOUNT OF PROPERTY, BOTH PERSONAL AND REAL, IN WHICH I HAVE AN INTEREST AND OF ALL INCOME WHICH I HAVE AT THE TIME OF FILING THIS APPLICATION:

1. THE TOTAL VALUE OF MY INTEREST IN ANY REAL PROPERTY (LAND AND IMPROVEMENTS) IS $_____ TITLE TO WHICH IS HELD, (1) AS SOLE OWNER____,(2) WITH LIVING SPOUSE____,(3) WITH (SPECIFY OTHER OWNERSHIP)_____

2. THE TOTAL VALUE OF ALL PERSONAL PROPERTY (CASH ON HAND OR ON DEPOSIT, STOCKS, BONDS, NOTES, JEWELRY, FARM MACHINERY, HOUSEHOLD EFFECTS, ETC.) OWNED BY ME OR JOINTLY WITH OTHERS IS $_____.

3. ALL MONEY INCOME WHICH I AM NOW RECEIVING FROM ANY SOURCE WHATSOEVER IS AS FOLLOWS:

(SOURCE)	(AMOUNT, INDICATE WHETHER FOR WEEK, MONTH, OR YEAR)
_____	$_____ PER_____
_____	$_____ PER_____
_____	$_____ PER_____

C. I (AM)(AM NOT) A CITIZEN OF THE UNITED STATES.

D. I (HAVE)(HAVE NOT) RESIDED IN THE STATE OF INDIANA FOR A PERIOD OF AT LEAST FIVE YEARS DURING THE NINE YEARS, THE LAST YEAR CONTINUOUSLY, IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION.

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E. 1. IF GRANTED ASSISTANCE, I SHALL NOT, DURING THE PERIOD OF RECEIVING SUCH ASSISTANCE, SOLICIT ALMS.

2. I AGREE TO NOTIFY AND UNDERSTAND THAT I MUST NOTIFY THE STATE DEPARTMENT OF PUBLIC WELFARE IMMEDIATELY IF I BECOME POSSESSED OF ANY PROPERTY OR INCOME OTHER THAN THAT STATED ABOVE.

3. IN SUPPORT OF MY BELIEF THAT I MEET THE REQUIREMENTS OF THE STATE LAW FOR BLIND ASSISTANCE AND/OR EYE TREATMENT I WILL, WHEN REQUESTED, SUPPLY SUCH INFORMATION AS I CAN TO PERSONS AUTHORIZED BY LAW TO REQUEST SUCH INFORMATION, AND I REQUEST MY RELATIVES, MY LAWYER, MY PHYSICIAN, MY BANKER, AND ANY OTHER PERSONS HAVING INFORMATION CONCERNING ME PERSONALLY OR CONCERNING MY CIRCUMSTANCES TO FURNISH ANY AND ALL SUCH INFORMATION TO SUCH PERSONS.

4. I UNDERSTAND THAT NO ASSISTANCE SHALL BE GRANTED UNDER THIS APPLICATION UNTIL I HAVE BEEN EXAMINED BY AN EYE PHYSICIAN IN ACCORDANCE WITH SECTION 57 OF THE WELFARE ACT OF 1936.

5. I UNDERSTAND AND AGREE THAT ANY ASSISTANCE GRANTED TO ME, TOGETHER WITH THREE PER CENT INTEREST THEREON, BECOMES A CLAIM AGAINST MY ESTATE, WHICH SHALL HAVE PRIORITY OVER ALL GENERAL CLAIMS.

F. I AM FULLY INFORMED OF THE CONTENTS OF THIS APPLICATION AND KNOW THAT THE MAKING OF FALSE STATEMENTS, MISREPRESENTATIONS OR THE COMMISSION OF FRAUDULENT ACTS ON MY PART OR ON THE PART OF OTHERS TO SUPPORT MY APPLICATION, CONSTITUTE A VIOLATION OF THE LAW FOR WHICH PENALTIES ARE PRESCRIBED.

STATE OF INDIANA)
) SS:
_____ COUNTY)

I DO SOLEMNLY SWEAR (OR AFFIRM) THAT ALL STATEMENTS MADE IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT AS I VERILY BELIEVE, SO HELP ME GOD. (IF APPLICANT AFFIRMS, THE WORDS "SOLEMNLY" AND "SO HELP ME GOD" SHOULD BE CROSSED OUT.)

APPLICANT MUST SIGN IN PRESENCE OF OFFICER OR PERSON TAKING THE OATH, AND WHEN SIGNATURE IS BY MARK (x), OR IS NOT IN FULL AS INDICATED ON THE FACE OF THE APPLICATION, IT MUST BE WITNESSED BY TWO PERSONS WHO AFFIX SIGNATURES AND ADDRESSES.

_____
APPLICANT'S SIGNATURE IN FULL

WITNESSES: _____ _____
NAME ADDRESS

_____ _____
NAME ADDRESS

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____, 19____

(SEAL)

_____
(SIGNATURE OF OFFICER OR PERSON ADMINISTERING OATH)

_____
(TITLE)

MY COMMISSION EXPIRES _____ 19____

MY AUTHORIZATION EXPIRES _____ 19____ AND IS IN FULL FORCE AND EFFECT.

YOUR OATH MAY BE TAKEN BY EITHER A NOTARY PUBLIC, OR PUBLIC OFFICIAL AUTHORIZED TO TAKE OATHS, OR IT MAY BE TAKEN BY AN EMPLOYEE OF THE STATE OR COUNTY WELFARE DEPARTMENT WHO HAS BEEN AUTHORIZED TO TAKE OATHS WITHOUT CHARGE.

YOU MAY FILL IN YOUR OWN APPLICATION OR HAVE A RELATIVE OR FRIEND DO IT FOR YOU. NO PERSON CAN MAKE ANY CHARGE OR COLLECT A FEE FOR MAKING THE APPLICATION FOR YOU OR FOR SUBMITTING IT TO THE COUNTY DEPARTMENT OF PUBLIC WELFARE. APPLICATION MUST BE SIGNED IN INK OR INDELIBLE PENCIL BY PERSON MAKING APPLICATION FOR ASSISTANCE.

D - 6-28-48

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Prescribed by State
Department of Public Welfare

DPW Form 60
Revised 1-1-49

DEPARTMENT OF PUBLIC WELFARE
STATE OF INDIANA
APPLICATION FOR ASSISTANCE TO DEPENDENT CHILDREN

(Applicant must prepare two (2) applications, (or three (3) applications if Chapter 69, Acts of 1945 applies) each sworn to and identical, and file all copies with County Department of Public Welfare. Each application must be filled out in ink or typewritten.)

DO NOT WRITE IN THIS SPACE

Application No. C _____
Code Serial

Date Received _____

Received by _____

Date Application sent to State Department _____

To the County Department of Public Welfare

of _____ County

1. I, _____
Full Name of Applicant (Parent, Guardian or other Person Standing in Loco Parentis)

Address _____, State of Indiana
Street Address or Other Designation City or Town

herewith apply for assistance for the following Child(ren):

NAME (Last) (First) (Middle)	Birthday	Race	Sex	Present Residence

2. The above children who are sixteen years and over are regularly attending school.

3. The names of the parents of the above named child(ren) are:

_____ _____
Name in full of father Indicate name(s) of above listed child(ren) of these parents

_____
First name and maiden name of mother

_____ _____
Name in full of father Indicate name(s) of above listed child(ren) of these parents

_____
First name and maiden name of mother

D 3-1-49

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4. (A) The above named child(ren) (has, have) resided in the State of Indiana for a period of at least one (1) year immediately preceding the date of this application, or

   (B) (Was, were) born within the State of Indiana within one year immediately preceding the date of application and whose mother(s) (has, have) resided in the State for a period of at least one (1) year immediately preceding the birth of such child(ren) or the date of application.

5. The above named child(ren) (has, have) been deprived of parental support or care by reason of the death, continued absence from the home, or physical or mental incapacity of a parent, and (his, her, their) relatives liable under the law for (his, her, their) support are not able to provide adequate care or support for such child(ren) without public assistance. (Underscore the reason)

6. If any of the above named child(ren) are public wards, list their names and the name of the court or other public agency of which they are wards.

   _____

7. I am the _____
   (Father, stepfather, adoptive father; mother, stepmother, adoptive mother; grandfather, great grandfather, adoptive grandfather; grandmother, great-grandmother, adoptive grandmother; brother, brother-in-law, step-brother, adoptive brother, brother of the half-blood; sister, sister-in-law, stepsister, adoptive sister, sister of the half-blood; uncle, uncle-in-law, adoptive uncle, uncle of the half-blood, great uncle; aunt, aunt-in-law, adoptive aunt, aunt of the half-blood, great aunt; or guardian).

8. The above named child(ren) will reside at _____
   Street Address or R.F.D. City or Town
   in a place of residence maintained by me as my home.

9. In support of my belief that the above named child(ren) meet the requirements of the State Law on assistance to dependent children, I will, when requested, supply such information as I can to persons authorized by law to request such information and I request the relatives, physicians, and any other person having information concerning the above named child(ren) or myself, or concerning our circumstances to furnish any and all such information to such officials and I agree that there shall be no liability to them for giving such information.

10. I am fully informed of the contents of this application and know that the making of false statements, misrepresentations or the commission of fraudulent acts, on my part or on the part of others to support my application, constitutes a violation of the law for which penalties are prescribed.

STATE OF INDIANA }
_____COUNTY } SS

I do solemnly swear (or affirm) that all statements made in the foregoing application are true and correct to the best of my knowledge and belief. (If applicant affirms, the word 'swear' should be crossed out.)

Applicant must sign in presence of officer or person taking the oath, and when signature is by mark (X), or is not in full as indicated on the face of the application, it must be witnessed by two persons who affix signatures and addresses.

_____
Signature in full of applicant (parent, guardian or other person standing in loco parentis.)

Witness _____ _____
Name Address of Witness

_____ _____
Name Address of Witness

_____ _____
Name Address of Witness

Subscribed and sworn to before me this _____ day of _____ 19_____

_____
Signature of officer or person administering oath.

_____
Title

My commission expires _____ 19_____

My authorization expires _____ 19_____ and is in full force and effect.

Your oath may be taken by a Notary Public, or public official authorized to take oaths, or it may be taken by an employee of the State or County Welfare Department, who has been authorized to take oaths without charge.

You may fill in your own application or have a relative or friend do it for you. No person can make any charge or collect a fee for making the application for you or for submitting it to the County Department of Public Welfare or otherwise representing you in submitting application or obtaining assistance. Application must be signed by person making application.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

FORM PRESCRIBED BYSTATE DEPARTMENT OF PUBLIC WELFARE

DPW FORM 41

DEPARTMENT OF PUBLIC WELFARE

STATE OF INDIANA

APPLICATION FOR EYE TREATMENT FOR CHILD UNDER 18 YEARS OF AGE

(APPLICANT MUST PREPARE TWO (2) APPLICATIONS, EACH SWORN TO AND IDENTICAL, AND MUST FILE BOTH COPIES WITH THE COUNTY DEPARTMENT OF PUBLIC WELFARE. EACH APPLICATION MUST BE FILLED OUT IN INK OR TYPEWRITTEN. THE SIGNATURE OF THE APPLICANT SHOULD BE IN INK OR MAY BE TAKEN IN INDELIBLE PENCIL.)

TO THE COUNTY DEPARTMENT OF PUBLIC WELFARE,

OF _____ COUNTY

DO NOT WRITE IN THIS SPACE

APPLICATION NO. B _____
(CODE) (SERIAL)

DATE RECEIVED _____ 19__

RECEIVED BY _____

DATE APPLICATION SENT TO STATE DEPARTMENT _____ 19__

A. I. _____
FULL NAME OF APPLICANT (PARENT, GUARDIAN OR OTHER PERSON STANDING IN LOCO PARENTIS)

HEREWITH APPLY FOR EYE TREATMENT FOR THE FOLLOWING CHILD WHO IS UNDER THE AGE OF 18 YEARS. (PRINT THE FULL NAME.)

_____
LAST NAME FIRST NAME MIDDLE NAME BIRTHDATE RACE SEX

ADDRESS _____ _____ STATE OF INDIANA,
(STREET ADDRESS OR OTHER DESIGNATION) CITY OR TOWN TOWNSHIP

B. THE ABOVE NAMED CHILD (IS, IS NOT) RECEIVING ASSISTANCE AS A DEPENDENT CHILD IN _____ COUNTY.

C. THE ABOVE NAMED CHILD DOES NOT HAVE SUFFICIENT RESOURCES TO PAY FOR EYE TREATMENT AND THE RELATIVES LIABLE UNDER THE LAW FOR SUPPORT OF THE CHILD ARE NOT FINANCIALLY ABLE TO PROVIDE SUCH TREATMENT.

D. THE ABOVE NAMED CHILD (IS, IS NOT) A RESIDENT OF THE STATE OF INDIANA.

E. THE ABOVE NAMED CHILD (IS, IS NOT) A CITIZEN OF THE UNITED STATES.

F. I UNDERSTAND THAT NO EYE TREATMENT SHALL BE FURNISHED UNDER THIS APPLICATION UNTIL THE CHILD HAS BEEN EXAMINED BY AN EYE PHYSICIAN IN ACCORDANCE WITH SECTION 57 OF THE WELFARE ACT OF 1936, AS AMENDED.

G. I HEREBY GIVE MY CONSENT FOR NECESSARY MEDICAL OR SURGICAL TREATMENT FOR THE ABOVE NAMED CHILD AS RECOMMENDED BY THE STATE SUPERVISING OPHTHALMOLOGIST AND APPROVED BY THE STATE BOARD OF PUBLIC WELFARE.

H. IF GRANTED ASSISTANCE IN THE FORM OF EYE TREATMENT, THE CHILD SHALL NOT, DURING THE PERIOD OF RECEIVING SUCH TREATMENT, SOLICIT ALMS.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

I. IN SUPPORT OF THIS APPLICATION, I WILL, WHEN REQUESTED SUPPLY SUCH INFORMATION AS I CAN TO PERSONS AUTHORIZED BY LAW TO REQUEST IT, AND I REQUEST MY RELATIVES, MY PHYSICIAN, MY BANKER, MY LAWYER, AND ANY OTHER PERSONS HAVING INFORMATION CONCERNING ME AND/OR THE ABOVE NAMED CHILD TO GIVE IT AND I WAIVE ANY LIABILITY FOR DOING SO.

J. I AM FULLY INFORMED OF THE CONTENTS OF THIS APPLICATION AND KNOW THAT THE MAKING OF FALSE STATEMENTS, MISREPRESENTATIONS OR THE COMMISSION OF FRAUDULENT ACTS ON MY PART OR ON THE PART OF OTHERS TO SUPPORT MY APPLICATION, CONSTITUTES A VIOLATION OF THE LAW FOR WHICH PENALTIES ARE PRESCRIBED.

STATE OF INDIANA)
) SS:
_____COUNTY)

I DO SOLEMNLY SWEAR (OR AFFIRM) THAT ALL STATEMENTS MADE IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. (IF APPLICANT AFFIRMS, THE WORD "SWEAR" SHOULD BE CROSSED OUT.)

APPLICANT MUST SIGN IN PRESENCE OF OFFICER OR PERSON TAKING THE OATH, AND WHEN SIGNATURE IS BY MARK (X), OR IS NOT IN FULL AS INDICATED ON THE FACE OF THE APPLICATION, IT MUST BE WITNESSED BY TWO PERSONS WHO AFFIX SIGNATURES AND ADDRESSES.

_____
SIGNATURE IN FULL

_____
RELATIONSHIP TO CHILD FOR WHOM TREATMENT IS REQUESTED

_____
ADDRESS

WITNESSES: _____ _____
NAME ADDRESS

_____ _____
NAME ADDRESS

SUBSCRIBED AND SWORN TO BEFORE ME AND EXECUTION ACKNOWLEDGED THIS __ DAY OF _____ 19____

_____
(SIGNATURE OF OFFICER OR PERSON ADMINISTERING OATH)

(SEAL)

_____
TITLE

MY COMMISSION EXPIRES _____ 19__

MY AUTHORIZATION EXPIRES _____ 19__ AND IS IN FULL FORCE AND EFFECT.

YOUR OATH MAY BE TAKEN BY EITHER A NOTARY PUBLIC, OR PUBLIC OFFICIAL AUTHORIZED TO TAKE OATHS, OR IT MAY BE TAKEN BY AN EMPLOYEE OF THE STATE OR COUNTY WELFARE DEPARTMENT WHO HAS BEEN AUTHORIZED TO TAKE OATHS WITHOUT CHARGE.

YOU MAY FILL IN YOUR OWN APPLICATION OR HAVE A RELATIVE OR FRIEND DO IT FOR YOU. NO PERSON CAN MAKE ANY CHARGE OR COLLECT A FEE FOR MAKING THE APPLICATION FOR YOU OR FOR SUBMITTING IT TO THE COUNTY DEPARTMENT OF PUBLIC WELFARE, OR OTHERWISE REPRESENTING YOU IN SUBMITTING APPLICATION OR OBTAINING ASSISTANCE. APPLICATION MUST BE SIGNED IN INK OR INDELIBLE PENCIL BY PERSON MAKING APPLICATION FOR ASSISTANCE.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Prescribed by
State Department
of Public Welfare

DPW Form 110

REQUEST FOR ASSISTANCE
RECORD SHEET

County Department of Public Welfare of _____ County.

1. Type of Assistance Requested _____. Date of Request _____

2. Surname	First	Middle	3. Alias or other spelling

4. Address	City	County	State

5. Sex	6. Race	7. Birthdate	8. Residence in Indiana

9. Request

10. Action taken on request

Interviewer _____

Date _____ Reviewed by _____ Title _____

D 8-15-48

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

APPLICATIONS

DPW Form 1 (Revised)	Application for Old Age Assistance
DPW Form 40 (Revised)	Application for Blind Assistance and/or Eye Treatment
DPW Form 60 (Revised)	Application for Assistance to Dependent Children
DPW Form 41	Application for Eye Treatment for Child Under 18 Years of Age

Every question on the application form should be answered with care by the applicant or his legal guardian. Information given on the application shall not be changed nor shall information be added either by the applicant or by any employee in the county department after the application has been verified by the oath of the applicant. Once completed and signed a written application shall never be altered. An application once accepted in the county department should never be destroyed. In case of error a new application shall be made and assigned the same case number.

All entries shall be filled out either in ink or by typewriter. (The signature of the applicant may be in indelible pencil.) An entry shall be made in each item of the application.

I. OLD AGE ASSISTANCE (DPW Form 1)
BLIND ASSISTANCE and/or (DPW Form 40)
EYE TREATMENT

A separate application shall be completed in duplicate for each applicant of Old Age Assistance, Blind Assistance and/or Eye Treatment.

County Department of Public Welfare of _____ County. Enter the name of the county responsible for accepting the application.

Item A Items are self-explanatory.

Item B 1-Enter in the space indicated the value of the applicant's interest in real property. Indicate in the appropriate space by check mark the manner in which the title is held. If the applicant has an interest in more than one piece of property, it is necessary to check more than one item, but it is not necessary to distinguish the value of each. Indicate in the blank space the name or names of person or persons with whom property is held.

2-Enter the value of all personal property which the applicant owns or in which he has an interest.

3-Enter each source of cash income which the applicant may have, the amount received from each, and whether it is computed by the week, month, or year.

Item C Strike out "am" or "am not", leaving the one which is applicable.

Item D Strike out "have" or "have not", leaving the one which is applicable.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

APPLICATIONS

Oath Enter the name of the county in which the oath is being administered.

The person making the application shall sign both copies in the presence of the person administering the oath. The signature of the applicant on the reverse side of the application should be the same as on the face of the application. If not, it should be written correctly below the signature itself just as when the signature is by mark (x). When signature is by mark, or is not in full as indicated on the face of the application, it shall be witnessed by two persons who are to affix signatures and addresses.

The oath of the applicant may be taken by a county department employee who has been authorized to administer such oaths for welfare purposes or by an person who has been authorized by law to administer oaths. A county department employee may administer oaths within his own county in connection with welfare purposes if he has been authorized in writing on DPW Form 15, Authorization to administer oaths in connection with public welfare, by the county board to administer such oaths in provisions of Section 30 of the Welfare Act of 1936 as amended. County departments may accept applications and affidavits to which an oath has been administered by employees of other county departments who have themselves been authorized to administer oaths in connection with the carrying out of the provisions of the Welfare Act of 1936 as amended. No charge shall be made by any employee of the state or county department for administering the oaths.

Certain persons are authorized by law to administer oaths. A list of these persons with their jurisdictions is as follows:

Justice of the Peace - county wide
Clerk of Circuit Court - county wide
Master Commissioner - county wide

Notary Public - - - state wide
Prosecuting Attorney - - state wide
Member of Indiana General Assembly - state wide
Official Court Reporter - - state wide
Clerk of the Supreme Court - - state wide
United States Commissioner - state wide
Clerk and Deputy Clerk of the U. S. District Court - state wide

Judge of Court - within his judicial jurisdiction
Mayor of City or Town - within his city or town
Town Clerk - within his own town

Box on face of application

The information in the box on the face of the application is to be filled in by the person responsible for registering the application on the Register of Applications (DPW Form 621). Enter code and serial number on the first line. The date received is the date on which the application is received by the county department. After "received by" enter the name or initials of the person filling in the box. After "date application sent to state department" enter the date of mailing.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

APPLICATIONS

Disposition of application form

When the application form has been completed, one copy of every application shall be forwarded to the state department. The other copy is retained by the county department and filed in the case folder. From this copy the index card and the desk card may be made.

II. ASSISTANCE TO DEPENDENT CHILDREN (DPW Form 60)

A separate application shall be completed in duplicate for each applicant of Assistance to Dependent Children. An application should be made for all the dependent children who will live with an eligible relative regardless of whether all the children bear the same blood relationship to that relative.

An additional copy of DPW Form 60 shall be completed when an unwed mother applies for Assistance to Dependent Children for a child born out of wedlock and at the time of application she is receiving assistance for another child or children. In such cases this third copy of DPW Form 60 shall be submitted by the county department to the Judge of the Juvenile Court or the court having juvenile jurisdiction in the county. The date on which the application is submitted to the court shall be entered in the case record.

County Department of Public Welfare of _____ County. Enter the name of the county responsible for accepting the application.

Item 1 Self-explanatory.

Item 3 Enter the full name of the father and the first name and maiden name of the mother of the children for whom assistance is requested. In instances where the children have not had the same parents, enter the names of the children of the particular parents in the space opposite the name of the parents.

Item 4 A. Strike out "has"or "have", leaving the one which is applicable for all children one year of age or over.

B. Strike out "was" or "were", "has" or "have", according to the number of children listed on the application who are under one year of age.

Item 5 Indicate the manner in which the children named in the application were deprived of parental support or care, by underscoring the reason which applies to the particular situation.

Item 6 If any of the children named in the application are public wards, indicate the particular children and the name of the court or agency of which they are wards.

Item 7 Enter the term describing the relationship of the applicant to the children for whom assistance is requested.

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APPLICATIONS

Item 8 Enter the street address or rural route number of the home of the applicant in whose home the children are to reside.

Oath Same instructions as given for Old Age Assistance and Blind Assistance and/or Eye Treatment.

Box on face of application

The information in the box on the face of the application is to be filled in by the person responsible for registering the application on the Register of Applications (DPW Form 621). Enter code and serial number on the first line. The date received is the date on which the application is received by the county department. After "received by" enter the name or initials of the person filling in the box. After "date application sent to state department" enter the date of mailing.

Disposition of application form

When the application form has been completed, one copy of every application shall be forwarded to the state department. The other copy is retained by the county department and filed in the case folder. From this copy the index card and the desk card may be made.

III. EYE TREATMENT FOR CHILD UNDER 18 YEARS OF AGE (DPW FORM 41)

A separate application shall be completed in duplicate for each applicant for eye treatment.

County Department of Public Welfare of _____ County. Enter the name of the county responsible for accepting the application.

Item A Items are self-explanatory.

Item B Strike out "is" or "is not". If child is receiving assistance as a dependent child, enter the name of the county.

Item C This is the statement that financial need exists.

Item D Strike out "is" or "is not". "Resident" means actually residing in the state.

Item E Self-explanatory.

Items F, G, H, I and J shall be read by or to the person signing the application so that he is fully aware of the conditions under which he is signing.

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APPLICATIONS

Oath — Same instructions as given for Old Age Assistance and Blind Assistance and/or Eye Treatment on page 2, Section II, Manual of Public Assistance. The relationship of the person applying for the child for whom treatment is requested shall be specified, as well as the address of such person.

Box on Face of Application — Same instructions as given for Old Age Assistance and Blind Assistance and/or Eye Treatment.

Disposition of Application Form — Same instructions as given for Old Age Assistance and Blind Assistance and/or Eye Treatment.

IV. REQUEST FOR ASSISTANCE-RECORD SHEET (DPW Form 110)

Whenever a person asks for public assistance for himself or another person and does not file a written application, a Request for Assistance-Record Sheet, DPW Form 110, is to be completed.

County Department of Public Welfare of _____County. Enter name of county.

Item 1 — Enter type of assistance - Old Age Assistance, Blind Assistance, Assistance to Dependent Children.

Item 2 — Enter surname, middle and first name of person for whom request is made. If the request is for Assistance to Dependent Children, enter the name of the person with whom the child/ren will reside, and enter the names of child/ren under Item 9.

Item 3 — Enter other names used by person for whom request is made or other spelling of the same name.

Item 4 — Enter street and number or rural route, city, county and state for the person for whom assistance is requested.

Item 5 — Indicate sex of person for whom assistance is requested by entering "M" for male, "F" for female. If the request is for Assistance to Dependent Children indicate sex of child/ren under Item 9.

Item 6 — Indicate the race of the person for whom assistance is requested by entering "W" for white, "N" for negro. If other, specify. If request is for Assistance to Dependent Children enter race of child/ren under Item 9.

Item 7 — Give month, day and year of birth for person for whom assistance is requested. If the request is for Assistance to Dependent Children enter birthdates of child/ren under Item 9.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

APPLICATIONS

Item 8 Give number of years claimed as residence in Indiana by the person for whom assistance is requested. If the request is for Assistance to Dependent Children enter residence claimed for child/ren under Item 9.

Item 9 If the request is made by someone other than the person for whom the assistance is requested, give the name and relationship to the person.

If the request is for Assistance to Dependent Children enter names, sex, race, birthdates and residence of child/ren for whom assistance is requested.

State briefly in narrative form the nature of the request and any information which may be pertinent in case a written application is subsequently filed.

If additional space is required, use the other side of the form and add additional sheets if necessary.

Item 10 State clearly in narrative form the result of the interview including the decision of the person, reason for the decision and any action required of the county.

If additional space is required use the other side of the form and additional sheets if necessary.

If the application is completed and filed at the time of the first interview, this form need not be retained.

Space is provided for the name of the interviewer and signature of reviewer, and title of the person who reviewed the information recorded.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

State Department of Public Welfare
141 South Meridian Street
Indianapolis-14, Indiana

DPW Form 190
(Revised 1948)

INFORMATION FOR APPLICANTS OF OLD AGE ASSISTANCE

Old Age Assistance is a regular cash allowance for persons who are in need whose applications have been approved by the County Department of Public Welfare.

In order to get Old Age Assistance you must:

1. File an application with the County Department of Public Welfare on the basis of which the County Department will make a study to determine your eligibility.

2. Be a citizen of the United States.

3. Be at least 65 years old.

4. Reside in the state and you must have resided in the state for at least five out of the last nine years, the last year of which must have been continuous.

5. Except as provided in The Welfare Act of 1936, as amended, not be an inmate of an institution except that a resident in an approved County Home may be eligible.

6. Not have assigned or transferred real or personal property for the purpose of qualifying for Old Age Assistance within five years prior to application.

7. Be without enough income or other means to support yourself.

8. Agree to reimburse the state and the county for all assistance granted. Such agreement shall create a lien on any property owned at the time of application or later acquired.

Your Responsibility

Each applicant wherever possible should aid the County Department in proving his eligibility for assistance. Since it is necessary for the County Department to demonstrate that each applicant meets each condition of eligibility, the visitor from the County Department must secure adequate information from you about all of the requirements.

It will be helpful to the visitor if you will locate and have information ready on the following points when he calls upon you in your home in the near future.

1. Age. A record proving your age, such as your birth certificate, baptismal certificate, birth certificates of your children, or an old family record such as a Bible or other written family record.

2. Citizenship. If you were not born in the United States, proof that you became a citizen either through your own, your husband's or your parents' naturalization.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

3. Residence. Proof that you have lived in Indiana for five out of the last nine years. Receipts for rent, gas, electricity or water which show the place of residence during that period, employment records, merchants' records, postmarked envelopes or old letters are often acceptable as evidence.

4. Children. Names and addresses of your children.

5. Insurance. Insurance policies or information about all insurance policies by which you are insured.

6. Property. Information regarding real property and bonds, savings accounts or other personal property which you may have.

7. Income. Information regarding any income which you may have from any source such as wages or regular contributions from relatives.

The Amount of Assistance

The amount of the monthly assistance granted to you if you are found to be eligible will depend upon your need. In making a decision on your application the County Department will take into account all of your necessary expenses and requirements. All of your resources including income, insurance, property and contributions from relatives will also be considered.

Your Right to Appeal

Any question which you may have about the decision on your application should be discussed with the County Department of Public Welfare. If you then believe that the decision was not fair you may appeal to the State Department of Public Welfare. Any person may make such an appeal in writing over his own signature to the State Department of Public Welfare, 141 South Meridian Street, Indianapolis 14, Indiana

The County Department will be glad to answer any question which you may have about your application.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

State Department of Public Welfare
141 South Meridian Street
Indianapolis 14, Indiana

DPW Form 191
(Revised 1948)

INFORMATION FOR APPLICANTS OF BLIND ASSISTANCE

Blind Assistance is a regular cash allowance for persons who are in need whose applications have been approved by the County Department of Public Welfare.

In order to get Blind Assistance you must:

1. File an application with the County Department of Public Welfare on the basis of which the County Department will make a study to determine your eligibility.

2. Be a citizen of the United States.

3. Be at least 18 years old.

4. Reside in the state and you must have resided in the state for at least five out of the last nine years, the last year of which must have been continuous or have lost your eyesight while a resident of this state.

5. Not have assigned or transferred real or personal property for the purpose of qualifying for Blind Assistance within five years prior to application.

6. Be without enough income or other means to support yourself.

7. Not be soliciting alms.

8. Be blind within the terms of the Welfare Act, that is, your vision in the better eye must be 20/200 or less, or there must be a disqualifying visual field defect.

9. Except as provided in The Welfare Act of 1936, as amended, not be an inmate of an institution except that a resident in an approved County Home may be eligible.

Your Responsibility

Each applicant wherever possible should aid the County Department in proving his eligibility for assistance. Since it is necessary for the County Department to demonstrate that each applicant meets each condition of eligibility, the visitor from the County Department must secure adequate information from you about all of the requirements.

It will be helpful to the visitor if you will locate and have information ready on the following points when he calls upon you in your home in the near future.

1. Age. A record proving your age, such as your birth certificate, baptismal certificate, birth certificates of your children, or an old family record such as a Bible or other written family record.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

2. Citizenship. If you were not born in the United States, proof that you became a citizen either through your own, your husband's or your parents' naturalization.

3. Residence. Proof that you lost your eyesight while a resident of this state or proof that you have lived in the state for five out of the last nine years. Receipts for rent, gas, electricity, or water which show the place of residence during that period, employment records, merchants' records, postmarked envelopes or old letters are often acceptable as evidence.

4. Children. Names and addresses of your children.

5. Insurance. Insurance policies or information about all insurance policies by which you are insured.

6. Property. Information regarding real property and bonds, savings accounts or other personal property which you may have.

7. Income. Information regarding any income which you may have from any source such as wages or regular contributions from relatives.

The Amount of Assistance

The amount of the monthly assistance granted to you if you are found to be eligible will depend upon your need. In making a decision on your application the County Department will take into account all of your necessary expenses and requirements. All of your resources including income, insurance, property and contributions from relatives will also be considered.

Your Right to Appeal

Any question which you may have about the decision on your application should be discussed with the County Department of Public Welfare. If you then believe that the decision was not fair you may appeal to the State Department of Public Welfare. Any person may make such an appeal in writing over his own signature to the State Department of Public Welfare, 141 South Meridian Street, Indianapolis 14, Indiana.

The County Department will be glad to answer any question which you may have about your application.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

State Department of Public Welfare
141 South Meridian Street
Indianapolis 14, Indiana

DPW Form 192
(Revised 1948)

INFORMATION FOR APPLICANTS OF ASSISTANCE TO DEPENDENT CHILDREN

Assistance to Dependent Children is a regular cash allowance payable to a mother or certain other relatives for the care of minor children who have been deprived of the support or care of either parent and whose application for aid is approved by the County Department of Public Welfare.

In order to receive Assistance to Dependent Children

1. The County Department must make a study of the circumstances of the child and find evidence on each of the points listed below.

2. The child must have resided in Indiana for a period of at least one year immediately preceding the application for assistance; if the child is less than one year old he must have been born within the state or his mother must have resided in the state for a period of at least one year immediately preceding the date of application.

3. The child must be less than 16 years of age, or under 18 years if regularly attending school.

4. The child must be living with or going to live with a parent or other eligible relative (such as grandfather, grandmother, brother, sister, uncle, aunt), in a family home maintained by the relative as his own home.

5. The child must be in need of assistance because he has been deprived of the support or care of either parent by reason of the death, continued absence from the home, or physical or mental incapacity of the parent, and because the relatives liable under the law for his support are not able to provide care or support for him.

Your Responsibilities

Each applicant wherever possible should aid the County Department in proving his eligibility for assistance. Since it is necessary for the County Department to demonstrate that each applicant meets each condition of eligibility, the visitor from the County Department must secure adequate information from you about all of the requirements. It will be helpful to the visitor if you will locate and have information ready on the following points when he calls upon you in your home.

1. Age. A record proving the age of the child, such as his birth certificate.

2. Residence. Proof showing where the mother and the child have lived during the past year. Receipts for rent, gas, electricity or water which show the place of residence are often acceptable.

3. Relationship. A record showing your relationship to the child, for example, the child's birth or baptismal certificate, or an entry in the family Bible or other written family record.

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4. Insurance. Information regarding all insurance policies by which the parent or the child are insured.

5. Property. Information regarding real property and bonds, savings accounts or other personal property owned by the parent or the child.

6. Income. Information regarding any income which the parent or the child may have from any source such as wages, support money, or regular contributions from relatives.

The Amount of the Assistance

If the child is found to be eligible for Assistance to Dependent Children the amount of the monthly assistance granted to you will depend upon the need of the child as shown in the study made by the visitor from the County Department. In making a decision on your application the County Department will take into account your actual income and expenses together with those of the child.

Your Right to Appeal

Any question which you have about the decision on your application should be taken up with the County Department of Public Welfare. If you then believe that the decision was not fair, you can appeal to the State Department of Public Welfare. Any person may make such an appeal in writing over his own signature to the State Department of Public Welfare, 141 South Meridian Street, Indianapolis 14, Indiana.

The County Department will be glad to answer any questions which you may have about your application.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

DPW FORMS 190, 191, 192 INFORMATION LEAFLETS

DPW Forms 190, 191, 192 are provided for use in distributing information about eligibility for Old Age Assistance, Blind Assistance, and Assistance to Dependent Children. A copy of the Form relating to the particular type of assistance is to be given to any one who has expressed any indication of wanting to apply for assistance including those persons who do not complete a signed application.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Form Prescribed by State Department ... Public Welfare

THE COUNTY DEPARTMENT OF PUBL...

OF.....

STATE OF INDIANA

REGISTER OF APPLICATIONS FOR.....

(Enter C...

LINE NO.	DATE APPLICATION FILED (1)	APPLICATION NUMBER (2)	NAME OF PERSON (3)	DATE APPLICATION FILED (1)	APPLICATION NUMBER (2)	NAM...
1		1100	Jas. D...			
2		1101	Mrs Jack...			
3						
4						
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3M—7-1-44

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

THE COUNTY DEPARTMENT OF PUBLIC WELFARE

DPW Form 621

OF .... COUNTY

STATE OF INDIANA

Page No. ....

REGISTER OF APPLICATIONS FOR ....
(Enter Category)

...SON	DATE APPLICATION FILED (1)	APPLICATION NUMBER (2)	NAME OF PERSON (3)	DATE APPLICATION FILED (1)	APPLICATION NUMBER (2)	NAME OF PERSON (3)

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

DPW FORM 621 - REGISTER OF APPLICATIONS

Each county department shall keep a set of registers in which there is contained a chronological record of all formal written applications for assistance. Separate registers shall be kept for Old Age Assistance, Blind Assistance - Eye Treatment, and Assistance to Dependent Children. Applications for Eye Treatment for Children shall be entered in the Register of Applications for Blind Assistance.

Each formal written application is assigned a number which serves as the permanent identification number. The application number shall be used on all records, checks, warrants, vouchers, official documents referring to the person from whom the application has been received. The registers provide an index to such case numbers.

I. Assignment of Application Numbers

An application number is given every new application. The application, and all subsequent reapplications bear the same number, for a case once numbered retains the same number no matter how the status changes.

In Assistance to Dependent Children the number assigned to the application will be for the relative with whom the dependent children will live while receiving assistance, and will not follow the children, should they leave one relative's home to become dependent children in another relative's home. In instances in which a relative has requested or is receiving Assistance for Dependent Children and additional dependent children are taken into the home, a new application should be taken to include the names of all the dependent children who are living or will live with the relative. This application will bear the same serial number as that assigned to the first application of the relative.

The number assigned to an application for Eye Treatment for a child under 18 years of age will be the number continued if the child later becomes interested in and eligible for Blind Assistance.

A. Type Symbol

The type symbol is determined by the type of assistance requested by the applicant.

"A" is the type symbol for Old Age Assistance.
"B" is the type symbol for Blind Assistance and/or Eye Treatment. (Adults as well as children)
"C" is the type symbol for Assistance to Dependent Children.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

DPW FORM 621 - REGISTER OF APPLICATIONS

B. Code Numbers

Code numbers have been assigned the several county departments by the state department of public welfare as follows:

1	Adams	24	Franklin	47	Lawrence	70	Rush
2	Allen	25	Fulton	48	Madison	71	Scott
3	Bartholomew	26	Gibson	49	Marion	72	Shelby
4	Benton	27	Grant	50	Marshall	73	Spencer
5	Blackford	28	Greene	51	Martin	74	Starke
6	Boone	29	Hamilton	52	Miami	75	Steuben
7	Brown	30	Hancock	53	Monroe	76	St. Joseph
8	Carroll	31	Harrison	54	Montgomery	77	Sullivan
9	Cass	32	Hendricks	55	Morgan	78	Switzerland
10	Clark	33	Henry	56	Newton	79	Tippecanoe
11	Clay	34	Howard	57	Noble	80	Tipton
12	Clinton	35	Huntington	58	Ohio	81	Union
13	Crawford	36	Jackson	59	Orange	82	Vanderburgh
14	Daviess	37	Jasper	60	Owen	83	Vermillion
15	Dearborn	38	Jay	61	Parke	84	Vigo
16	Decatur	39	Jefferson	62	Perry	85	Wabash
17	DeKalb	40	Jennings	63	Pike	86	Warren
18	Delaware	41	Johnson	64	Porter	87	Warrick
19	Dubois	42	Knox	65	Posey	88	Washington
20	Elkhart	43	Kosciusko	66	Pulaski	89	Wayne
21	Fayette	44	LaGrange	67	Putnam	90	Wells
22	Floyd	45	Lake	68	Randolph	91	White
23	Fountain	46	LaPorte	69	Ripley	92	Whitley

C. Serial Numbers

A serial number is given each application in sequence, as listed on the Register of Applications. If the applicant after discontinuance or denial reapplies, he is given his original serial number.

Example: A person applying for Old Age Assistance in Adams County, whose serial number is "8" would be numbered as follows: A - 1 - 8; a person applying for Blind Assistance in Washington County whose serial number is "25" would be numbered B - 88 - 25.

II. Specific Instructions

column 1 Enter the month, day and year of present application.
column 2 Enter the complete number of the application (type symbol, code number, serial number).
column 3 Enter the full name of the applicant, with the last name (surname) written first.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

DFW FORM 621 - REGISTER OF APPLICATIONS

III. Request For Assistance

Whenever a person asks for public assistance for himself or another person and does not file a written application, a notation is made on the first blank line of DFW Form 621, Register of Applications, for the type of assistance requested. The date the request was made is entered in column 1, the word "request" is inserted in column 2, and the name of the person for whom the request is made is entered in column 3.

If a person makes a request for assistance and later within the same month files a signed application the request entry on the application register is red-lined in order that there will be no duplication of count during that month.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

INDEX CARD, DPW FORM 3 (REVISED)

1 SURNAME	BIRTHDATE	RACE	SEX	APPLICATION NO.	OF
F.N.	M.N.				
ADDRESS					
2 HU.-FA.					
3 W.-MO.	MAIDEN NAME				
4 PERSON IN LOCO PARENTIS					
BIRTHPLACE M'S W'S		ALIAS			
				DATE CASE	
MEMBERS OF FAMILY	BIRTHDATE	KIN	TO	OPENED	CLOSED
5					
6					
7					
8					
9					

THE INDEX CARD MAY BE USED FOR THE REGISTRATION
OF ALL CASES BY THE COUNTY DEPARTMENT

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MASTER CARD INDEX FILE

I. Use of File

The Master Card Index File is made up of the index cards (DPW Form 3) which should be completed for each person who requests assistance, for each applicant and for each child for whom assistance has been requested.

These index cards are filed alphabetically in the Master Card Index File which serves the following purposes in the county department: (1) an alphabetical index to case records; (2) an index to cases assisted by the county department; (3) an index to requests for assistance which did not result in the filing of an application; (4) a record of current status of case; (5) a method of avoiding duplication of assistance; (6) a source of information for maps, surveys, and studies.

II. Operation of File

The index cards and cross reference cards, if used, are in one alphabetical file. In this manner a card for any person can be located by name. Through the use of these cards further information can be obtained from the case folder which is filed in a numerical or alphabetical file.

Some of the information on the index card can be obtained from the completed application form but the completion of the index card will depend upon the gathering of additional information during the study of the case.

Information with regard to the denial of the application or the discontinuance of assistance may be kept current on the cards. If these changes are to be entered on the card, it is necessary for the county department to devise some method for letting the person who is responsible for the index file know of the changes as they occur.

The county departments in the larger communities may wish to establish a second index file in which the cards would be filed by streets to aid in quicker identification.

III. Preparation of the Index Card

An individual index card DPW Form 3 (Revised) should be prepared for each person applying for assistance, and for each child for whom an application has been made. However, the use of the index card is optional with the county department.

The preparation of an index card for each request for assistance and each application for service only will be found of value by the county department. An index card need not be prepared for inquiries.

The index card may be used for cross reference purposes. If the county department prefers to use a card intended for cross reference only, this plan may be discussed with the state department, and such cards obtained from the state department upon request.

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IV. Specific Instructions

A. CARD PREPARED IN NAME OF APPLICANT FOR OLD AGE ASSISTANCE, BLIND ASSISTANCE, EYE TREATMENT, ASSISTANCE TO DEPENDENT CHILDREN

Surname: Enter the last name of the person applying for assistance.

Birthdate: Give month, day and year of birth of the applicant.

Race: Indicate the race of the applicant by entering "W" for white, "N" for negro. If other, specify.

Sex: Indicate the sex of the applicant by entering "M" for male, "F" for female.

Application No.: Indicate the type, code and serial number of the case.

Other spaces below "Application No." may be used to indicate the case numbers of other persons listed on the card who may be applicants or recipients under the Welfare Act of 1936, as amended, or who are receiving service through the county department. The use of the application numbers will serve as a cross reference to other records which may contain helpful information.

The number which identifies the person on the card should be indicated under "Of".

F.N.: Enter the first name of the applicant.

M.N.: Enter the middle name of the applicant.

Address: Enter the mailing address at which the applicant is to live when the first check is received. Changes of address may be entered on the reverse side of the card.

Hu.-Fa.: If the applicant is a female, enter here the name of her present or last husband.

W.-Mo.: If the applicant is a male, enter here the name of his present or last wife.

Maiden Name: Enter the maiden name of the applicant if a married woman, or the maiden name of the person named under W.-Mo., if the applicant is a male.

Person in Loco Parentis (Used only in cases of Assistance to Dependent Children and Eye Treatment for Children.) If the person with whom the children will reside is a parent of the children, no entry will be made here. If the person applying is not a parent of the children, enter here the name of the person applying and with whom the children will reside, which on the applicant's card will be a repetition of the name appearing as the surname.

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Birthplace: "M's". If the applicant is a man and born in the United States, give the city or county, and state of birth. If not born in United States, give the country of birth. If the applicant is not a man, indicate the birthplace of the person named after "Hu.-Fa."

"W's". If the applicant is a woman and born in the United States, give the city or county, and state of birth. If not born in the United States, give the country of birth. If the applicant is not a woman, indicate the birthplace of the person named after "W.-Mo."

Alias: Enter any other names or variations in the spelling of the name by which the applicant is known.

Members of Family: List full names of all other members of the household including children for whom assistance is requested. Do not repeat the name of the applicant.

Birthdate: Enter the month, day, and year of birth of each member of the family and where desirable, the same information may be recorded about persons in the household who are not members of the immediate family.

Kin - To: Indicate the relationship to the applicant. If some member of the household is not related to the applicant, but is related to some other member of the family, this may be indicated by listing the number of the person to whom he is related in the column "To".

Date Case Opened: This column is used for indicating the date on which the application was filed in the county office.

Date Case Closed: This column is used for indicating the date on which the county board approved the denial of an application or the discontinuance of an award if the visitor also withdraws all service to the case at the same time. There will be some cases in which the visitor will continue to give some form of service even though financial assistance is not being given. Cards for these cases should not be marked "closed" until the visitor indicates that the case is no longer active.

B. CARD PREPARED FOR CHILD FOR WHOM ASSISTANCE TO DEPENDENT CHILDREN IS REQUESTED

The child's card should be filled out completely for the following items: surname, birthdate, race, sex, application number, first name, middle name, address, name of father, name (including maiden name) of mother, person in loco parentis (if applicable), birthplace of parents of the child, the alias or other spelling of his name (if applicable), and the date the case is opened and closed. The section including members of the family, their birthdate, and relationship to each other may be omitted at the discretion of the county department.

Whenever plans for the care of a child change so that a different adult will be receiving the assistance grant, the closing date should be noted on the

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index card and the new index card prepared for each child should be filed in the master index card file of the department.

Surname: Enter the last name of the child for whom assistance is requested. This may be a different name than that of the person applying.

Birthdate: Enter month, day and year of birth of the child.

Race: Indicate the race of the child by entering "W" for white, "N" for negro. If other, specify.

Sex: Indicate the sex of the child by entering "M" for male, "F" for female.

Application No.: Indicate the type, code and serial number of the case. The application number on this card will be the same as appears on the applicant's card and on the individual cards of all other children for whom assistance is requested, who will be living with the person applying. The additional spaces under "Application No." on the child's card may be used to list the application numbers of other members of the household, if any service is being rendered by the county department. "Of" indicates the particular member of the household to whom the application number refers.

F.N.: Enter the first name of the child for whom assistance is requested.

M.N.: Enter the middle name of the child for whom assistance is requested.

Address: Enter the mailing address of the applicant with whom the children will live when the first check is received.

Hu.-Fa.: Enter the name of the father of the child.

W.-Mo.: Enter the name of the mother of the child.

Person in Loco Parentis: If applicable, enter the name of the person standing in loco parentis who has requested assistance for the child. If the applicant is a person in loco parentis, the name appearing in this space will be the same as the surname on the applicant's card.

Birthplace: "M's" Enter the birthplace of the father of the child, giving the city or county and state of birth. If not born in the United States, give the country of birth.

"W's" Enter the birthplace of the mother of the child, giving the city or county and state of birth. If not born in the United States, give the country of birth.

Alias: Enter any other names or variations in the spelling of the name by which the child is known.