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

Members of Family:

Birthdate)
Kin) Use of these items is optional with county department.
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not being given, and cards for these cases should not be marked "closed" until the visitor indicates that the case is no longer active.

C. CARD PREPARED FOR REQUESTS FOR ASSISTANCE

An individual index card should be completed for requests for public assistance for which a written application is not immediately filed.

The index card should be filled out insofar as possible on each request. The word "request" and the date are inserted in the space reserved for application number.

(Page 12 is omitted in this revision.)

SURNAME	FIRST	MIDDLE	RACE	SEX	MAR	S	WID	DIV	DES	SEP	UM	WDR	IMP	P.F.	M.I.
ADDRESS															

MEMBERS OF FAMILY	KIN	BIRTH DATE	ADDRESS	APPLIC.NO.	OF
1.					
2. H.-FA.					
3. W.-MO.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

FOSTER PARENTS OR INSTITUTIONS	ADDRESS	KIN	TO	PHYSICAL CONDITION	NO.
13.					
14.					
15.					
16.					
17.					
18.					

APP. OR REF. DATE	DATE ACCEPTED	DATE CLOSED	REASON FOR CLOSING

OPW FORM 74

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773013

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

DETERMINATION OF AMOUNT OF ASSISTANCE						
DATE						
FOOD						
CLOTHING						
MED.CH.SUP.						
INSURANCE						
SCH. EXP.						
RECREATION						
PERS.INCID.						
H.H. SUPPLIES						
H.H. EQUIP.						
BOARD & RM.						
PERS. SERV.						
EMP. EXP.						
MISC.						
SHELTER						
FUEL						
UTILITIES						
TOTAL REQUIRED						
INCOME:						
TOTAL INCOME						
DIFFERENCE						
AWARD						

VISITS

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

DPW FORM 74 - DESK CARD

DPW Form 74, Desk Card, is provided for the use of the visitor in setting up a file of individual case information for his own convenience. The use of the desk card is optional with the county department and the manner in which it is used would depend upon the size of the county department and its methods of operation. The visitor can adapt the desk card in the manner which is of most service to him.

Some ways in which desk cards have proved useful are as follows: to maintain a file of open cases; to have a readily available and brief record of status of individual cases; to record a brief summary of social data on open cases; to keep a check on due dates for periodic reinvestigation of eligibility and the six months' Recipient's Statement of Eligibility for Old Age Assistance; to keep track of cases on which dictation is pending and on which dictation is completed; to give a record of new cases assigned to load; to review at any time the pending work in caseload.

If desk cards are used they should be maintained on a current and accurate basis. One card should be maintained for every open case under care. Cards should be issued to the visitors only on the basis of the entries in the register of applications or the record which designates the transfer of cases between visitors or districts.

The cards may be kept in a desk box or in a loose-leaf binder. They may be filed alphabetically or by category, or in any way that seems the most usable.

The identifying information to be entered on the face of the card should be completed in accordance with the instructions given for similar information under DPW Form 3, Index Card, and DPW Forms 4 and 307, Face Sheet.

The entries on the reverse of the card should be made in the manner which will provide the most help to the visitor.

The space provided under Visits is for the use of the visitor for visiting or dictation purposes; in making notes with regard to future visits or interviews; for use in checking to see quickly when the last visit was made.

When a case is closed, the visitor should remove the desk card from his files, indicate the date and reason for closing on the card and route the card with the case record in accordance with the usual procedure in the county department. The closed desk card may be filed either in the closed case record or in a separate file for such closed case cards.

(Page 14 is omitted in this revision.)

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PRESCRIBED BY STATE DEPARTMENT OF PUBLIC WELFARE
AND APPROVED BY STATE BOARD OF ACCOUNTS
10M—11-1-45

DPW FORM 4
(REVISED)

FACE SHEET

COUNTY DEPARTMENT OF PUBLIC WELFARE OF _____ COUNTY

APPLICATION NUMBER ___ ___ ___
TYPE CODE SERIAL

SURNAME	FIRST	MIDDLE	ALIAS, OR OTHER SPELLING	APPLICATION DATE

MAIDEN NAME, IF APPLICABLE	BIRTH DATE MONTH-DAY-YEAR	BIRTHPLACE CITY, STATE, COUNTRY	SEX	RACE	REAPPLICATION DATE

MARITAL STATUS	CIVIL STATUS	RELIGION	CHRONIC DISABILITY	REAPPLICATION DATE

CURRENT ADDRESSES	DATE FROM	DATE TO	MONTHLY RENT OR PAYMENT	NAME AND ADDRESS OF LANDLORD

ADDRESSES FOR PAST NINE YEARS

STREET, CITY, COUNTY AND STATE	FROM	TO	STREET, CITY, COUNTY AND STATE	FROM	TO

MEMBERS OF THE HOUSEHOLD, EXCEPTING APPLICANT

NAME	REL. TO APPL.	DATE OF BIRTH	PLACE OF BIRTH	USUAL OCCUPATION	CHRONIC DISABILITY	CROSS REFERENCE

NAMES OF SPOUSES, INCLUDING PRESENT	MARRIAGE DATE	MARRIAGE PLACE	DEATH OR DIVORCE	DATE	PLACE	BIRTHPLACE OF HUSBANDS (IF NOT IN HOUSEHOLD)

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LEGALLY RESPONSIBLE OR INTERESTED RELATIVES LIVING OUTSIDE THE HOUSEHOLD

NAME	REL. TO APPL.	DATE OF BIRTH	PLACE OF BIRTH	ADDRESS	CROSS REFERENCE

NATURALIZATION OF APPLICANT, FOREIGN BORN HUSBAND OR FOREIGN BORN PARENT, WHEN APPLICABLE

NAME	FIRST PAPERS	FINAL PAPERS	PLACE

DATE BLINDNESS OCCURRED	PLACE BLINDNESS OCCURRED	NAME AND ADDRESS OF ATTENDING PHYSICIAN

INSURANCE ON APPLICANT (INCLUDE ANY ON PAID UP OR EXTENDED BASIS)

COMPANY	NUMBER	PLAN	DATE OF ISSUE	AMOUNT	PREMIUM	BY WHOM PAID	DATE PREMIUM LAST PAID	DATE	
								LOANS	AMOUNT

REAL ESTATE WHICH APPLICANT OWNS OR IS PURCHASING ON A CONTRACT BASIS (INCLUDING ANY JOINTLY OWNED).

ADDRESS	IN WHOSE NAME IS PROPERTY	ASSESSED VALUE	VALUE OF APPLICANT'S INTEREST	BALANCE DUE		PRESENT MONTHLY INCOME FROM PROPERTY	ANNUAL TAXES	MONTHLY BLDG. AND LOAN PAYMENTS
				ON MORTGAGE OR CONTRACT	INTEREST			

PERSONAL PROPERTY (INCLUDING ANY JOINTLY OWNED)

KIND AND NAME	VALUE OF APPLICANT'S INTEREST	KIND AND NAME	VALUE OF APPLICANT'S INTEREST

BANK ACCOUNT, BUILDING AND LOANS, AND SAVINGS (INCLUDING ANY JOINTLY OWNED)

NAME OF BANK, POST OFFICE, OR BUILDING AND LOAN ASSOCIATION	ADDRESS	AMOUNT ON DEPOSIT	IN WHOSE NAME IS ACCOUNT?

REAL AND PERSONAL PROPERTY OF SUBSTANTIAL VALUE, ASSIGNED, TRANSFERRED OR SOLD WITHIN PAST 5 YEARS.

DESCRIPTION	TO WHOM DISPOSED	DATE	CONDITIONS OF DISPOSAL

SOCIAL SERVICE EXCHANGE REGISTRATIONS OR NAMES OF INTERESTED AGENCIES

NAME OF PERSON KNOWN	NAME AND ADDRESS OF AGENCY	DATES KNOWN

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

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

DPW Form 307

COUNTY DEPARTMENT OF PUBLIC WELFARE OF ..... COUNTY

FAMILY RECORD FACE SHEET

1. Name ..... Alias .....

Date Application Received

Case Number: Type ..... Code ..... Serial .....

	Birth Date Mo., Day, Year	Birth Place City, State, Country	Place and Date of Death Mo., Day, Year	Race	Religion	Present Marriage Date / Place
2. Parents (Present Marriage)						
3. Father						
4. Mother (Maiden Name)						

5. Present Marital Status	M	W	D-ed	D-ing	Div	Leg-Sep	Sep	Rem	Unm	S	UC
Father											
Mother											

6. Unmarried Children (of present marriage)	*	Sex	Birth Date Mo., Day, Year	√	Birth Place City, State	Church Affiliation	School or Occupation	Death Date Mo., Day, Yr.	Whereabouts If Not at Home

7. Name of Husband or Wife by Previous Marriage		Death or Divorce		Date Mo., Day, Year	Place	Date of Marriage	Place of Marriage	Whereabouts

8. Names of Unmarried Children (of above union)	*		Birth Date Mo., Day, Year	√	Birth Place City, State	Church Affiliation	School or Occupation	Death Date Mo., Day, Yr.	Whereabouts If Not at Home

9. Others in Household of Parents	Relationship to Head of Household	Age	Marital Status	Place of Employment or School	Wage	Incapacity If Any

10. Present Addresses of Parents	Date	No. of Rooms	Number in Family	Rent	Name of Landlord	Whereabouts

* Children under Supervision
√ Verified

(25M-10-1-44)

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

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

DPW Form 307

COUNTY DEPARTMENT OF PUBLIC WELFARE OF ..... COUNTY

FAMILY RECORD FACE SHEET

1. Name ..... Alias						Date Application Received		Case Number Type / Code / Serial					
2. Parents (Present Marriage)	Birth Date Mo., Day, Year		Birth Place City, State, Country			Place and Date of Death Mo., Day, Year		Race	Religion	Present Marriage Date			
3. Father										Place			
4. Mother (Maiden Name)													
5. Present Marital Status	M	W	D-ed	D-ing	Div	Leg-Sep	Sep	Rem	Unm	S	UC		
Father													
Mother													

6. Unmarried Children (of present marriage)	*	Sex	Birth Date Mo., Day, Year	√	Birth Place City State	Church Affiliation	School or Occupation	Death Date Mo., Day, Yr.	Whereabouts If Not at Home

7. Name of Husband or Wife by Previous Marriage		Death or Divorce		Date Mo., Day, Year	Place	Date of Marriage	Place of Marriage	Whereabouts

8. Names of Unmarried Children (of above union)	*		Birth Date Mo., Day, Year	√	Birth Place City State	Church Affiliation	School or Occupation	Death Date Mo., Day, Yr.	Whereabouts If Not at Home

9. Others in Household of Parents	Relationship to Head of Household	Age	Marital Status	Place of Employment or School	Wage	Incapacity If Any

10. Present Addresses of Parents	Date	No. of Rooms	Number in Family	Rent	Name of Landlord	Whereabouts

* Children under Supervision
√ Verified

(25M-10-1-44)

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11. Relatives outside of the Home, including Married Children of the Parents

Name	Address	Relationship to Parents	Number of Dependents	Interest or Responsibility

12. Name of Agencies Interested	Address	Date Known

13. Institutional Care Member of Family	Name and Address of Institution	Dates of Institutionalization	Why Admitted

14. Employment of Parents and Others in the Household of Parents

Name of Person	Present or Last Employer	Address	Dates of Employment	Department or Number	Wages

15. Insurance on All Members of the Immediate Family in Household of Parents, Including All Children

Name of Insured	Company	Number	Plan	Date of Issue	Amount	Premium	By Whom Paid	Date Last Paid	Loans Amount

16. Union, Lodge, Pension, etc.	Members of Family	Benefits

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FACE SHEET

DPW Form 4 (Revised) Face Sheet--Old Age Assistance, Blind Assistance, Eye Treatment

DPW Form 307 (Revised) Family Record Face Sheet--Assistance to Dependent Children

The face sheet is provided for use in all public assistance cases. It is intended to present a composite picture of the family situation at a glance, insofar as this is possible. The face sheet is filed as the first sheet of the narrative record to facilitate easy reference.

It is not anticipated that all the information for completing the form will be secured from an applicant at a single interview. In fact, it is desirable to acquire much of the data after the initial contact has been made and as opportunities are presented for interpreting and discussing the significance of the various points in some detail.

The data on the face sheet are intended primarily as a key to more specific information which should be recorded elsewhere in the case record. The face sheet should be kept up to date and should be corrected as changes occur.

I. OLD AGE ASSISTANCE DPW Form 4
BLIND ASSISTANCE
EYE TREATMENT

County Department of Public Welfare of _____ County. Enter name of county in which application was made.

Application Number — Enter the number assigned to the application.

Surname, First and Middle Names of Applicant. Enter full name under which the case is carried in the files of the county department.

Alias or Other Spelling. Enter other names by which applicant may be known or other spellings of his name used by him.

Maiden Name, if Applicable. Enter maiden name if applicant is of the female sex and is, or has been married.

Birth Date-Month, Day, Year — Enter month, day, and year of birth of applicant.

Birth Place-City, State, Country. If born in the United States, indicate city and state in which born. If not born in the United States, indicate the country in which born.

Sex. Enter M for male and F for female.

Race — Enter W for white and N for negro. If other than white or negro use full name to designate race.

Application Date — Enter the date applicant first applied for assistance to the county department.

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Reapplication Dates — These spaces will not be used at the time of the first application. When the case is closed and then reopened the new application date is to be noted in one of these spaces.

Marital Status

M for married. (If living with spouse or if spouse is temporarily absent from home)
Wid. for widow or widower.
Div. for divorced (court has entered a decree of divorce).
Sep. for separated. (not necessarily legal. The decision should be based upon intention of both persons to live apart permanently).
Des. for deserted.
S. for single (person has never been married).

Civil Status — Enter "citizen" or "alien" whichever applies to the applicant.

Religion — Designate "Protestant", "Catholic", or name of other religion. (Do not list denominational name).

Chronic Disability — Indicate any physical condition which is probably of a permanent nature.

Current Addresses — Give number and street or R.F.D. number, and city or town where applicant is residing at the time application is made. When applicant moves, new addresses are to be recorded in the same manner on the succeeding lines.

Date (From-To) — Date applicant moved to the preceding address is to be noted in the space under From. When applicant moves from this address, the dates will be noted under To.

Monthly Rent or Payment. — Enter amount due each month.

Name and Address of Landlord — Enter name of person to whom rent or payment is made (not necessarily the owner).

Addresses for Past Nine Years. — Enter the most recent, first. Give number of street, or R.F.D. number, city or town, and county and state. Give dates of time lived at each address.

Members of Household, excepting applicant — Include all persons sharing the household facilities with the applicant, with the exception of other persons in a boarding or rooming house.

Name — Enter both first and last names.

Relationship to Applicant — State relationship or if not related state "none".

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FACE SHEET

Date of Birth (Fill in only for spouse, sons and daughters of applicant). Give month, day and year of birth.

Place of Birth (Fill in only for spouse, sons and daughters). If born in United States indicate city and state in which born. If not born in the United States, indicate country in which born.

Usual Occupation Give name of occupation or vocation followed when employable and which has been followed for longest period of time and for which person may have been trained.

Chronic Disability Indicate any physical condition which is probably of a permanent nature.

Cross Reference Give application number, if person is known to the county department.

Names of Spouses, Including Present Enter both first and last names.

Marriage Date - Month, day and year. Place - City or town, and state where license was obtained.

Death or Divorce Indicate how the marriage was terminated by inserting the word "death" or "divorce".

Date Month, day, and year of death or divorce.

Place Location where death or divorce would be recorded.

Birthplace of Husband not in Household Enter United States or foreign territory. If the latter, specify the country.

Legally Responsible or Interested Relatives Living Outside the Household. List all children living outside the home and any other legally responsible relatives. In case of married daughters, the first name of the husband may be placed after the first name of daughter. Also include the names of relatives who are interested or have assumed responsibility for applicant.

Relationship to Applicant. Give relationship.

Date of Birth (Fill in only for spouse, sons and daughters). Give month, day, and year of birth.

Place of Birth (Fill in only for spouse, sons and daughters) If born in the United States indicate city and state in which born. If not born in the United States, indicate country in which born.

Address Give street or R.F.D. address, city or town, and state, where relative was last known to have lived.

Cross Reference Give application number, if person is known to the county department.

Date and Place of Naturalization of Applicant, Foreign Born Husband, or Foreign Born Parent

Name Surname, first and middle names of the naturalized person.

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First Papers — Month, day, and year issued.
Final Papers — Month, day, and year issued.
Place — Location where completion of requirement for citzenship would be recorded.

Date Blindness Occurred. — (This item refers to blind applicants only) Enter month, day and year when applicant lost his sight. (Specify the time as nearly as possible)

Place Blindness Occurred — (This item refers to blind applicants only) Enter the street number, city and state, where the applicant was living at the time he lost his eyesight.

Name and Address of Attending Physician (This item refers to blind applicants only). Enter the full name and mailing address of the physician who was in attendance at the time blindness occurred.

Insurance on Applicant

Company — Enter name of company, and address of home office.
Number — Enter number of insurance policy (usually found on the first page of the policy).
Plan — Enter whether policy is on whole or straight life, 20 payment life, 20 year endowment basis, etc.
Date of Issue — Enter month, day and year policy was issued. The age of the applicant at this date may be entered.
Amount — List and identify cash surrender value and face value of policy.
Premium — State amount of premium and whether paid weekly, monthly, quarterly, semi-annually, or annually.
By Whom Paid — If premium is paid by someone other than the applicant, enter the name. If paid by applicant, enter "applicant".
Date Premium Last Paid — Enter month, day and year; obtain this date from premium receipt on ordinary contracts and from premium receipt book on industrial contracts.

Date and Amount of Loans — Enter the date and amount from loan statements in possession of the holder on ordinary contracts and from lien statements on industrial policies which are stamped on the policy itself.

Real Estate which Applicant Owns or is Purchasing on a Contract Basis, Including Any Which He Holds Jointly with Others

Address — State specifically as to number, street, city, and state.

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FACE SHEET

In Whose Name is Property — Indicate holder or holders of legal title. Where property is being purchased on a contract basis, list as title holder the person or firm selling the property to applicant.

Assessed Value — Value of property as stated on tax bill or as procured from the county treasurer or assessor. This is the value set on the property by the assessor for taxation purposes.

Value of Applicant's Interest. Estimate of monetary value of applicant's proportional interest in the property. If four persons hold title and gross assessed valuation is $2400.00, then applicant's interest in it is one-fourth or $600.00.

Balance due on Mortgage or Contract. Principal balance due on mortgage or contract.

Balance due on Interest. If on a mortgage, give the total amount of current interest plus delinquent interest. If on a contract or on a building and loan obligation, where monthly payments are involved, give the amount payments are in arrears.

Present Income from Property. Total of any rentals or other income from the property on a monthly basis.

Annual Taxes — Enter amount of yearly taxes, either the last or current year, whichever is available. Do not include delinquent taxes.

Building and Loan Payments — Give the amount of payment due each month to the building and loan association or to the seller if the purchase is being made on a contract basis. Do not include delinquent payments.

Personal Property, Including Any Jointly Owned. (Designate joint ownership by letter "j" after name and kind).

Kind and Name — Describe accurately.

Value of Applicant's Interest. Approximation of value of personal property.

Bank and Building and Loan Accounts and Postal Savings. (Indicate joint deposit by letter "j" after "Amount on Deposit").

Name of Bank, Post Office or Building and Loan Association

Address — State specifically the number, street, city and state, if in another state.

Amount on Deposit — Indicate present balance. If bank or loan association is closed or permits only limited withdrawals, state amount available.

In Whose Name is Account — Enter "applicant" or other name if not in name of applicant.

Real and Personal Property of Substantial Value, Assigned, Transferred, or Sold Within Past Five Years.

Description — On real estate give location of property, number,

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FACE SHEET

street and city. On personal property give accurate description and amount.

To Whom Disposed — Give name and address of person or firm to whom the property was assigned or transferred. If person to whom property is assigned or transferred is related to applicant, state relationship.

Date — Enter date of transaction, giving month, day and year.

Conditions of Disposal — State price or consideration of sale or transfer. Indicate if possible, applicant's reason for disposing of property.

Social Service Exchange Registrations or Names of Interested Agencies

Person Known — Indicate the name of the person mentioned under "Members of Household", "Legally Responsible or Interested Relatives", or the applicant, whenever any of these are known to another agency.

Name and Address of Agency — Give full name, not abbreviations, give street address, also city and state, if not local.

Social Security numbers should also be included here.

Dates Known — If known to agency on more than one occasion, list all dates when known.

II. ASSISTANCE TO DEPENDENT CHILDREN - DPW Form 307

1. Surname Enter the last and first name of the person applying for Assistance to Dependent Children which will be the name of the person with whom the child(ren) will reside.

   Alias Give other names used by the person who has made application or other spelling of the same name.

   Date Application Received Enter the date the application was filed with the county department.

   Case Number Enter the number assigned to the application.

2. Parents (Present Marriage) This is the title for items three and four in which will be given the names of the parents of the present marriage. These may be the natural parents, step-parents, common law parents, or if the child has been legally adopted, the adoptive parents.

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3. Father. Enter the first and middle name. If the father of an illegitimate child has been named by the mother, his full name should be placed in the space for father and the word "alleged" should be inserted in parenthesis.

Birth Date Enter the month, day and year of birth if it can be obtained. Otherwise, enter the year of birth. If exact year is not known, enter the estimated year and mark "estimated".

Birth Place. If born in the United States, indicate city and state in which born. If not born in the United States indicate the country in which born.

Place and Date of Death. If the father of the present marriage is dead, enter the name of the city and state in which death occurred and the month, day and year of death.

Race. Enter "W" for white, "N" for negro. If other than white or negro use full name to designate race.

Religion. Enter Protestant, Catholic, or name of other religion.

Present Marriage: Date Enter the month, day and year on which the present marriage occurred.
Place Give the name of the city and state, or country in which the marriage took place.

4. Mother

Maiden Name. Enter the last name of the mother before her marriage, followed by the first name. Follow the same instructions in giving information concerning the mother as have been given for the father.

5. Present Marital Status

Indicate by dates or check marks in the appropriate space, the marital status of each of the child's parents named in 3 and 4 above as it actually exists on the date of acceptance of the case. If both parents are dead, leave this item blank. In case one parent is dead, indicate the marital status of the living parent only. The parents may be married to each other, but if on the date of the application they are separated, enter the date in appropriate space and "sep", "leg-sep", "d-ed", etc., as the case may be. Do not report the parents separated in case one must live at the place of employment, such as at an institution, or if his employment is in another town. The abbreviations are as follows:

M - Married
W - Widow or widower

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D-ed - Deserted, i.e., the member of the couple who has been deserted by the other.
D-ing - Deserting, i.e., the member of the couple who leaves the other.
Div. - Divorced.
Leg-Sep - Separated by court decree or legal separation. Not to be used in cases of desertion.
Sep - Separated by mutual consent but without court decree or legal separation.
Rem - Remarried subsequent to death or divorce from spouse listed under 5. (Use for remarriage after divorce or death of spouse to person other than child's father or mother).
Unm - Unmarried mother. (Use only for a single woman).
S. - Single (Use only for alleged father of child born out of wedlock, if father is single).
UC - Unmarried couple.

Complicated or unusual situations as to the marital status of the parents should be described clearly in the narrative record and referred to by writing in this space "see record".

6. Unmarried children. Enter only the children of the present union or marriage and children born to these parents before marriage in order of birth and include the unmarried children not at home. The oldest unmarried child should be listed on the first line, the next oldest on the second line. The star placed in the second column indicates those children for whom assistance has been requested.

Sex Enter "M" for male, "F" for female.

Birth Date Enter the month, day and year of birth. A check is to be inserted in the following column if the birthday has been verified.

Birth Place Give the city and state in which the birth occurred.

Church Affiliation Enter Protestant, Catholic, or name of other religion.

School or Occupation If the child is in school write grade attended. If the child is no longer in school, give the kind of work he is doing, such as "laborer", "factory worker", "mechanic".

Death Date In case any of the children are dead, give the month, day and year of death.

Whereabouts if Not at Home Write the present address, or if the person is in the care of an institution, give the name and address of the institution. If whereabouts are unknown, write "unknown".

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7. Name of Husband or Wife by Previous Marriage. Indicate to which child each husband and wife is related by placing the letter a., b., c., or d. before the name of the husband or wife and entering the same letter before the names of the children listed under 8, "Names of Unmarried Children".

Death or Divorce If spouse is dead, write "dead". If spouse is divorced, write "div". A check in the following column indicates that information concerning death or divorce has been verified.

Date Enter the month, day, and year on which death or divorce occurred.

Place Enter the city, and state or country in which death or divorce occurred.

Date of Marriage Enter the month, day and year on which this marriage took place.

Place of Marriage Enter the city, state, or country in which marriage took place.

Whereabouts Same as for children under item 6.

8. Names of Unmarried Children of Above Union

Any children by marriages noted under item 7, should be entered here in order of birth, giving the surname followed by given names. Follow instructions under 7., "Name of Husband or Wife by Previous Marriage", by lettering the children to show to which husband or wife the child is related. The following columns should be filled out in the same manner as those for unmarried children of present marriage under item 6.

9. Others in Household of Parents

a. When Child is Living or Will Live with Parent

Any members of the household not listed in the spaces above should be entered here. This includes married children, relatives, roomers, and employees who may be in the household of the person named in line 1, who is applying for assistance.

Where there are other children (not the applicant's own as they are listed in item 6) for whom assistance has been requested living in the home, they should be listed here with an asterisk (*) after the name to denote assistance requested.

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Relationship to Head of Household

When Child is Living or Will Live with Parent

Relationship to the parents of the children should be indicated as follows: "sister to #3", or "brother to #4". If others in the household are not related write "no".

b. Others in Household of Parents (or Loco Parentis).

When Child is Living or will Live with Person in Loco Parentis

The applicant (if a person in loco parentis) shall be listed on the first line followed by all members of his household. Include his spouse, married or unmarried children, relatives, roomers, and employees who may be in the household.

Relationship to Head of Household

Indicate the relationship of the applicant to the parents of the present marriage listed on line 3 or 4. Enter the relationship and the number of the person to whom the relationship exists. The relationship of all other persons listed here will reflect their relationship to the persons listed on line 3 or 4.

Age Give exact birth date if known. Otherwise, enter the estimated birth date.

Marital Status Follow the directions given above for marital status item 5, to indicate the status of the person named.

Place of Employment or School Write the name of firm for whom the person works. If the person is attending school, enter the name of the school and grade.

Wage Give the wage earned, indicating whether by day, week or month.

Incapacity, if any. If the person is handicapped in any way, indicate this.

10. Present address of Parents

Where Child is Living or Will Live with Parent

If the father and mother are separated, note which parent the information concerns by enter "3" or fa. for father and "4" or mo. for mother before the address. Give the house number and street or R.F.D. address, city, and state. There are additional spaces to denote changes of address.

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FACE SHEET

Where Child is Living or Will Live with Relative in Loco Parentis

Indicate the present address of each parent and of the person in loco parentis. If the father and mother are at different addresses give address of each. Note which person the information concerns by entering "3" or fa. for father, "4" or mo. for mother, and "plp" for person in loco parentis before the address. Give the house number, and street or R.F.D. number, city and state. There are additional spaces to denote changes of address. Other parts of item 10 need be filled in only for the person with whom the children will be living.

Date Enter the date on which the parent or person in loco parentis moved to the address.

Number of Rooms Enter the number of rooms in the house which the parent or person in loco parentis occupies.

Number in Family Enter the number of persons who live in this household.

Rent Enter the amount of rent, indicating whether by week, month or year.

Name of Landlord Enter the name of the landlord.

Whereabouts Enter the address of the landlord.

11. Relatives Outside of the Home, Including Married Children of the Parents

All known relatives of the children for whom assistance is requested should be entered here. This would include married children, grandparents, uncles, aunts. If the child is living with a person in loco parentis neither that person nor any member of his household as listed in item 9 would again be listed.

Name Enter the full name of the relative.

Address Enter the house number and street or R.F.D. number, city and state.

Relationship to Parents Indicate to which parent listed on line 3, 4, or 7, a., b., c., d., person is related by entering the degree of relationship and the number or letter of the person to whom the relationship exists.

Number of Dependents Write the number of persons dependent upon this relative, if this information is known.

Interest or Responsibility If the relative has shown any particular interest or responsibility for the family, this should be noted here.

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12. Names of other Agencies Interested

If there is a Central Index or social service exchange, the registration of all agencies interested in the family should be recorded. The address of the agency and the date of registration should be given. If there is no social service exchange any agencies which are known to be interested in the family should be listed.

13. Institutional Care, Member of Family

If any of the immediate family of the child or of the person in loco parentis (if the child will live with a relative other than the parent) has been cared for in an institution that information should be entered. This would include the name of any person in either family group cared for in a state or county hospital or institution for more than temporary care, the name and address of the institution, the dates that the person was institutionalized and the reason for admittance.

14. Employment of Parents and Others in the Household of Parents

Name of Person Enter the name of the person employed.

Present or Last Employer Give the name of the place where person is working, or if unemployed at present, the name of the place where person worked last.

Address Write the number, and street, or R.F.D. number and city of employer's address.

Dates of Employment Give the month and year in which person began work at the place listed. If unemployed, give also the month and year in which person stopped work.

Department or Number Enter the name of the department or badge number if the person is employed in a large industry having departments and numbers.

Wages Give wages earned, indicating whether by day, week, or month.

15. Insurance on All Members of the Immediate Family in Household of Parents, Including All Children.

Where the child is living or will live with a person in loco parentis information regarding insurance applies only to the child for whom assistance has been requested and the parents, not the relative.

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FACE SHEET

Name of Insured Enter the first and last names of the person on whose life the policy was issued.

Company Enter the full name of the company. When obtainable, enter the location of the home office.

Number Enter the number of the insurance policy. This is usually found on the first page of the policy.

Plan Enter the plan of the policy such as whole or straight life, 20-year payment life, 20-year endowment.

Date of Issue Enter the month and year policy was issued.

Amount List the face value stated on the policy.

Premium State the amount of the premium and whether paid weekly, monthly, quarterly, semi-annually, or annually.

By Whom Paid If the premium is paid by someone other than the applicant enter the name; if paid by the applicant, enter "applicant".

Date Last Paid Enter the month and year the premium was last paid. Obtain this from the premium receipt book on industrial policies and from the premium receipt on ordinary policies.

Loans - Amount Enter the total amount of any loans against the policy. Obtain this from the loan statement in possession of the holder on ordinary contracts and from the lien statements stamped on the policy on industrial contracts.

16. Union, Lodge, Pension, Etc. Enter the name of any lodge to which the child's parents or the person in loco parentis, if he is living or will live with a relative other than the parent, belongs. Enter the name of any organization or department of government which is paying a benefit or pension to any member of either family.

Members of Family Enter the name of the family member who belongs to the union or lodge, or who is receiving a benefit or pension.

Benefits Specify the kind of pension or benefit and list amount and period for which received.

III. Use of DPW Form 307 in Unusual Cases

There will be some cases in which the family relationships are complicated and involve two groups of children, where the applicant may be the parent of

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one group but the relative in loco parentis to the other. In these instances, it will be necessary to fill out two face sheets.

One Family Record Face Sheet, DPW Form 307, will contain information regarding the applicant and his own children for whom he is requesting assistance and the other children for whom he has applied will be listed under item 9 "Others in Household of Parents". The second or supplemental face sheet, bearing the applicant's name at the top under item 1, "Surname" will provide information relative to the other children (not his own) for whom he acts as person in loco parentis, and to their parents. On this second face sheet information regarding the applicant and members of his own family who live with him will be shown under item 9.

Where it is necessary for one case to use two face sheets to show a parent-child relationship and a person in loco parentis-child relationship, the DPW Form 307 containing the information about the applicant as parent will be placed on top of the second face sheet in the case folder. Proper reference should be made on each form to the other one so that there is no question on either as to the relationships and make-up of the household.

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PRESCRIBED BY STATE DEPARTMENT OF PUBLIC WELFARE

DPW FORM 5 (REVISED 1947)

STATEMENT OF VERIFICATION OF ELIGIBILITY

OLD AGE ASSISTANCE - - BLIND ASSISTANCE

NAME OF APPLICANT _____ APPLICATION NUMBER _____
(TYPE) (CODE) (SERIAL)

ADDRESS _____

DATE AND BY WHOM VERIFIED	SOURCE AND LOCATION OF VERIFICATION
1. IS IN NEED	
2. FULFILLS AGE REQUIREMENT	
3. IS A CITIZEN OF THE U. S.	
4. STATE RESIDENCE	
5. COUNTY OF APPLICATION (APPLIES ONLY TO OLD AGE ASSISTANCE)	
6. HAS NOT ASSIGNED OR TRANSFERRED PROPERTY WITHIN THE LAST 5 YEARS IN ORDER TO QUALIFY FOR ASSISTANCE	
7. IS NOT AN INMATE OF A PUBLIC INSTITUTION EXCEPT AS OTHERWISE PERMITTED BY THE WELFARE ACT OF 1936 AS AMENDED	

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ITEMS 8, 9, AND 10 APPLY ONLY TO ELIGIBILITY FOR BLIND ASSISTANCE

DATE AND BY WHOM VERIFIED	SOURCE AND LOCATION OF VERIFICATION
8. A. IS BLIND WITHIN THE MEANING OF THE DEFINITION	
AND/OR	
B. IS APPROVED FOR EYE TREATMENT	
9. LOST EYESIGHT WHILE A RESIDENT OF THIS STATE	
10. IS NOT SOLICITING ALMS	

11. COMMENTS:

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Prescribed by State Department of Public Welfare

DPW Form 75 (Revised)

STATEMENT OF VERIFICATION OF ELIGIBILITY ASSISTANCE TO DEPENDENT CHILDREN

NAME OF APPLICANT _____ APPLICATION NUMBER C _____ (TYPE) (CODE) (SERIAL)

ADDRESS _____

DATE AND BY WHOM VERIFIED	SOURCE AND LOCATION OF VERIFICATION
1. IS IN NEED	
2. STATE RESIDENCE	
3. DEPRIVED OF PARENTAL SUPPORT OR CARE (ENTER DATE AND BY WHOM VERIFIED ONLY FOR APPLICABLE ITEMS) DEATH _____ DESERTION _____ SEPARATION _____ INCARCERATION _____ INCAPACITY, PHYSICAL _____ MENTAL _____ SERVICE IN THE ARMED FORCES OF THE U. S. _____	
4. IS LIVING OR WILL LIVE IN A SUITABLE FAMILY HOME	
5. WILL LIVE WITH AN ELIGIBLE RELATIVE	
IS NOT RECEIVING DUPLICATE SUPPORT FROM PUBLIC FUNDS UPON ORDER OF COURT HAVING JUVENILE JURISDICTION	

(5M—12-1-45)

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	DATE AND BY WHOM VERIFIED	SOURCE AND LOCATION OF VERIFICATION
7. FULFILLS AGE REQUIREMENT 1. NAME OF CHILD_____ BIRTHDAY_____ REGULARLY ATTENDING SCHOOL IF OVER 16		
2. NAME OF CHILD_____ BIRTHDAY_____ REGULARLY ATTENDING SCHOOL IF OVER 16		
3. NAME OF CHILD_____ BIRTHDAY_____ REGULARLY ATTENDING SCHOOL IF OVER 16		
4. NAME OF CHILD_____ BIRTHDAY_____ REGULARLY ATTENDING SCHOOL IF OVER 16		
5. NAME OF CHILD_____ BIRTHDAY_____ REGULARLY ATTENDING SCHOOL IF OVER 16		
6. NAME OF CHILD_____ BIRTHDAY_____ REGULARLY ATTENDING SCHOOL IF OVER 16		
7. NAME OF CHILD_____ BIRTHDAY_____ REGULARLY ATTENDING SCHOOL IF OVER 16		
8. NAME OF CHILD_____ BIRTHDAY_____ REGULARLY ATTENDING SCHOOL IF OVER 16		

8. COMMENTS:

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STATEMENT OF VERIFICATION OF ELIGIBILITY

DPW Form 5 Statement of Verification of Eligibility — Old Age Assistance, Blind Assistance, Eye Treatment (adults and children)

DPW Form 75 — Assistance to Dependent Children

The Statement of Verification of Eligibility is provided for recording the description of the data used in determining the eligibility of an applicant for public assistance. Recorded on this form are the sources and the location of the verifications used, the date or dates upon which the verifications were made, and the name of the visitor or visitors who completed the verifications. The form is filed in the applicant's case folder in the county department.

I. OLD AGE ASSISTANCE (DPW Form 5)
BLIND ASSISTANCE
EYE TREATMENT (adults and children)

DPW Form 5 is to be completed for each applicant of Old Age or Blind Assistance or Eye Treatment (adults and children). The identifying information including the name of the applicant, address and application number should be entered on each form.

In the column "Date and By Whom Verified" are to be entered the dates on which the verification of each item of eligibility was completed and the name of the visitor completing the verification of each item. If numerous contacts are required to verify a particular item of eligibility, the final date on which each recorded verification was completed should be entered for each item.

In the column "Source and Location of Verification" are to be entered the sources used for the verification of each item of eligibility and the location of each source used. The location of the source shall be described so that it can be readily located at any time in the future. Where reference is made to the narrative record, it should be specific by topic or date of chronological entry. Specific instructions are given below as to the completion of this column.

1. Is in Need. The various types of verifications which determine eligibility on the basis of need are necessarily recorded in the case narrative. The budgetary conclusions drawn from the verifications are recorded on the Budget and Recommendation Form, DPW Form 5A (Revised). The date of the DPW Form 5A and the dates on which board action has been taken as indicated on that form may be entered in this space. Sufficient space is provided so that entries may be made here of each time board action has been taken on a periodic redetermination of eligibility and reference may be made here to the DPW Form 5A on which that action is indicated.

Reference also should be made to those parts of the narrative by date of entry, page or topical heading which have to do with the determination of need.

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STATEMENT OF VERIFICATION OF ELIGIBILITY

2. Fulfills Age Requirement
(This does not apply to Eye Treatment for adults or children)

Enter the date of birth which has been verified. When age is verified by documentary evidence, sufficient information should be included here concerning the nature and whereabouts of such evidence, so that it can be located at any future date. For example, "Age was verified from a list of birth dates given on pages 6 and 7 in the family Bible which is in the possession of Mary Jones, sister of the applicant, who lives at 551 Jackson Street, Indianapolis, Indiana," or "Age was verified by marriage record located in the office of the County Clerk of Marion County in Book 154, page 16, line 10".

When several sources have been used, record all the sources by which eligibility has been established. When age has been verified by the use of a signed statement, reference should be made to the statements which may be found in the case record. Include for the purpose of identifying the proper statement, the name of the person making it, and the date signed.

When an application is denied a complete report of all contacts made should be entered in this space to prevent duplication of effort at some future time.

In Blind Assistance cases, verification of age is required only if the applicant is near 18 years of age. However, the date of birth of the applicant should be entered here.

3. Is a Citizen of the United States

When there seems to be no doubt regarding citizenship, enter the place of birth of the applicant. When citizenship is verified by documentary evidence, sufficient information should be included here concerning the nature and whereabouts of such evidence so that it can be located at some future time. For example, "Citizenship was verified through naturalization papers in possession of applicant showing that certificate of naturalization was issued November 7, 1915, by the Federal Court in Indianapolis," or "Citizenship certified through the records of the Clerk of the Federal Court located in the Federal Building in Indianapolis".

When an application is denied a complete report of all contacts made should be recorded to prevent duplication of effort in the future.

4. State Residence

List years verified, together with sufficient information concerning the nature and whereabouts of the evidence applicable to each year, so that it can be found at some future time. For example, "Residence from April 1, 1934, through July 31, 1935, at 906 Kelly Street, Indianapolis, Indiana, was verified by record of rental payments by the applicant for the months indicated. This record is located in the office of Jones & Brown, Realtors, 205 State Street, Indianapolis, Indiana".

If it has been necessary to verify residence in more than one locality, enter the number of weeks or months included in each verification. When residence has been verified by the use of a signed statement, refer to the statement which may be found in the case record. Include for the purpose of identifying the proper statement, the name of the person making it and the date signed.

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STATEMENT OF VERIFICATION OF ELIGIBILITY

When an application is denied a complete report of all contacts made should be recorded to prevent duplication of effort in the future.

5. County of Application
(This does not apply to Blind Assistance or Eye Treatment) — Frequently, the determination of this factor is the same as the one for State Residence. When this is the case, it is not necessary to record the information again but it should be indicated that the information is the same as that shown in Item 4. If the period verified in Item 4 is not the year immediately preceding the date of application, the evidence and location of evidence used to determine the fact that residence for the intervening years was not continuous in any one county in the state, should be given.

If the applicant has not resided continuously in any one county of the state for a period of one year out of last nine years prior to date of application, list in chronological order the periods of time (by weeks or months) during the last nine years in which the applicant has resided in each county. Sufficient information should be given concerning the nature and whereabouts of the evidence, applicable to each period of time, so that it can be found at some future time.

When residence has been determined by the use of a signed statement, refer to the statement in the case record. Include for the purpose of identifying the proper statement, the name of the person making it and the date signed.

6. Has not Assigned or Transferred Property Within the Last 5 Years in Order to Qualify for Assistance. — If there is no evidence of transfer of property, indicate this fact. In all cases involving transfer of property during the five year period, indicate the documentary evidence by which this fact was verified, including sufficient information concerning the nature and whereabouts of evidence, so that it can be located in the future. Where applicant has transferred or assigned property write in "eligible" or "ineligible", give details, and refer if necessary to the narrative record for explanation of information which cannot be recorded on this form.

7. Is Not an Inmate of a Public Institution Except as otherwise Permitted in The Welfare Act of 1936 as amended. — Refer to that part of the narrative record, by date, page, or topical heading, which describes the type of residence occupied by the applicant.

8. A. Is Blind Within the Meaning of the Definition
(This does not apply to Old Age Assistance) — Indicate whether the applicant is or is not blind within the meaning of The Welfare Act. Refer to the date of the decision of the State Supervising Ophthalmologist as recorded on SDPW Form 1256. and/or

B. Is Approved for Eye Treatment — Same instructions as given for Item 8A above.

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STATEMENT OF VERIFICATION OF ELIGIBILITY

9. Lost Eyesight While a Resident of this State. (This does not apply to Old Age Assistance) (Complete this verification only if the applicant does not fulfill the residence requirements specified in Item 4, State Residence.)

Indicate the date on which the person attained the required degree of blindness. Give name and address of the examining physician and refer to his written verification filed in the case record. If residence in the state, on the date indicated above, was verified by documentary evidence, sufficient information should be included here concerning the nature and whereabouts of such evidence, so that it can be located in the future. When residence has been verified by the use of a signed statement, refer to the statement in the case record. Include for the purpose of identifying the proper statement, the name of the person making it and the date signed.

10. Is not Soliciting Alms. (This does not apply to Old Age Assistance) Enter the basis for the decision of the visitor that the applicant is not soliciting alms.

11. Comments Space is provided for any additional comments that should be made to clarify or amplify information recorded elsewhere on the form.

Under this heading in Blind Assistance cases should be recorded the reason for denial in those situations in which an individual meets the eligibility requirements as to the degree of blindness, residence, citizenship and need, but refuses to accept Eye Treatment as recommended by the examining physician or state supervising ophthalmologist.

II. ASSISTANCE TO DEPENDENT CHILDREN (DPW Form 75)

DPW Form 75 is to be completed for the children for whom Assistance to Dependent Children is requested. It is necessary to use only one form for those families in which the only difference in the eligibility requirements of each child is the factor of age. When other conditions of eligibility must be separately verified for each child, it is necessary to use one verification form for each child. The identifying information including the name of the applicant, address and application number should be entered on each form.

In the column "Date and By Whom Verified" are to be entered the dates on which the verification of each item of eligibility was completed and the name of the visitor completing the verification of each item. If numerous contacts are required to verify a particular item of eligibility, the final date on which each recorded verification was completed should be entered for each item.

In the column "Source and Location of Verification" are to be entered the sources used for the verification of each item of eligibility and the location of each source used. The location of the source shall be described so

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STATEMENT OF VERIFICATION OF ELIGIBILITY

that it can be readily located at any time in the future. Where reference is made to the narrative record, it should be specific by topic or date of chronological entry. Specific instructions are given below as to the completion of this column.

1. Is in Need — Same instructions as given for Old Age Assistance, Blind Assistance, and Eye Treatment for adults or children (DPW Form 5).

2. State Residence — Indicate the means by which the verification of the one year's residence has been made. Sufficient information should be given so that the source of verification can be readily located at any future time. When several sources are used, all of them should be entered here, the location of each described, together with the months covered by each verification.

If the child for whom assistance is requested is less than one year of age, enter the place in which the child was born as the city or town and county. Indicate the present location of the record used to verify where the child was born. Also enter information as to the whereabouts of the mother for the twelve months preceding the birth of the child or the date of application. Give the location of the source in enough detail so that it can be located readily at any future date.

When an application is denied a complete report of all contacts made should be recorded to prevent duplication of effort in the future.

3. Deprived of Parental Support or Care — Indicate the reason that the child has been deprived of the support or care of a parent with specific reference as to which parent or whether it is both of them. Explain the method of verification used, and the location of documentary evidence. Where a more complete explanation is given in the narrative record, refer to it by date, page, or topical heading.

4. Is Living or Will Live in a Family Home of an Eligible Relative — Enter the full name of the relative with whom the child is to live and his relation to the child. Refer to the narrative record under topic or specific date of entry explaining the relationship. Where there is any question as to the relationship, describe and locate the verification used.

5. Is not receiving duplicate support from Public Funds upon order of Court having Juvenile Jurisdiction. — When wardship is known to exist, enter the dates of court action, the location of the record, and the name of the child to whom the action refers. If the guardianship of the child is being transferred to a relative, enter the name of the relative and his relationship to the child.

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STATEMENT OF VERIFICATION OF ELIGIBILITY

When there is no reason to believe that wardship was ever established, indicate that fact.

6. Fulfills Age Requirement

Name of Child — Give first, middle, and last name of child.

Birthday — Enter the verified birthday of the child. Indicate the specific method by which the date was verified.

Show the present location of the record so that it can be found at any future date.

Regularly Attending School if over 16. — Indicate method used to determine regular school attendance of child over 16 years.

7. Comments — This space can be utilized for any additional comments. Where the form is used for several children in the same family, such an explanation might be made under "Comments".

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Prescribed by State Department
of Public Welfare

DPW Form 43
(revised)

RECOMMENDATION FOR APPOINTMENT OF EYE PHYSICIAN

Date _____

The County Department of Public Welfare of _____County, Indiana, hereby recommends the appointment of:

Name _____

Address _____

as a person qualified under Section 57 of The Welfare Act of 1936 as amended to give eye examinations to applicants for assistance to the blind.

Data on such person:

License held _____ Date of License _____

School from which diploma or certificate was obtained _____

Degree held _____ Date of diploma or certificate _____

Training in ophtlalmology _____

_____

Particular qualifications for position _____

_____

Length of practice in county _____ Age _____ Sex _____

Name and address of two persons who are qualified to judge the professional competency of the above person:

• _____ _____

• _____ _____

Remarks: _____

_____

Signed - by order of the County Board

_____
County Director of Public Welfare

Approved by _____
State Department of Public Welfare

Prepare in triplicate
Send two copies to State Department of Public Welfare
File one copy in County Department of Public Welfare

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Prescribed by State Department
of Public Welfare

DPW Form 44

THE COUNTY DEPARTMENT OF PUBLIC WELFARE

of _____ COUNTY

_____ INDIANA

Application Number B _____
Code Serial

_____ 19____
Date

NOTICE TO REPORT TO EYE PHYSICIAN

Name _____

Address _____

Your application for assistance has been received. As the first step in investigation of your case, you are to report to:

_____
(Name of Eye Physician)

_____
(Address)

_____
(Day of Month)

_____
(Time of Day)

for an eye examination under the provisions of the Welfare Act of 1936 as amended. If you cannot report at this time, please notify the County Welfare Department immediately. Further action on your application cannot be taken until after the eye examination.

Signed - by authority of the County Board of
Public Welfare

_____
County Director of Public Welfare

This order not to be issued unless application on its face, shows eligibility under the Welfare Act of 1936 as amended.

Prepare four copies, all copies must be signed.
1. Copy to Applicant
2. Copy to Eye Physician
3. Copy to State Department of Public Welfare
4. Copy to County Department of Public Welfare

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DPW FORM 43 - RECOMMENDATION FOR APPOINTMENT OF EYE PHYSICIAN
DPW FORM 44 - NOTICE TO REPORT TO EYE PHYSICIAN

DPW FORM 43 - RECOMMENDATION FOR APPOINTMENT OF EYE PHYSICIAN

Section 57 of the Welfare Act of 1936, as amended, provides that the eye examination of applicants for Blind Assistance and/or Eye Treatment shall be made by "an ophthalmologist or eye specialist who shall be a physician licensed to practice medicine, surgery and obstetrics in this state", who has been approved by the state depa rtment.

The county director is responsible for recommending to the state department the appointment of one or more eye specialists as qualified to give eye examinations. The recommendation is to be made on DPW Form 43 - Recommendation for Appointment of Eye Physician. The information required on this form can be obtained from the physician.

Three copies of the form shall be made, two copies of which shall be sent to the state department and one kept in the county department.

The state department will notify the county department by letter of the approval of the appointment of the eye physician. The county department shall use for eye examinations only those physicians who have been approved by the state department.

DPW FORM 44 - NOTICE TO REPORT TO EYE PHYSICIAN

DPW Form 44, Notice to Report to Eye Physician, shall be sent or given to the applicant for Blind Assistance and/or Eye Treatment by the county department. This form advises the applicant to report to one of the approved eye physicians for an examination of his eyes.

The form is also used to inform the eye physician that an appointment for the applicant has been made with him. When possible the county department should consult with the eye physician by telephone or letter before this form is prepared and given to the applicant.

DPW Form 44 shall be prepared in quadruplicate; one copy is to be sent or given to the applicant; one copy to be sent to the eye physician who will conduct the examination; one copy to be forwarded immediately to the state department, and one copy to be filed in the county case record.

Occasionally a person may be referred to the county department by an approved eye physician who has already examined the patient. If DPW Form 45 (Physician's Report on Eye Examination) has been completed, the use of DPW Form 44 would not be necessary in such instances.

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DPW FORM 45 - PHYSICIAN'S REPORT ON EYE EXAMINATION

DPW Form 45, Physician's Report on Eye Examination, is a form designed primarily for the use of the examining physician. The information it requires, aside from the identifying information of name, address, age and case number is technical and pertains to the topographical and etiological factors which have resulted in the degree of vision recorded. This information should be given in full by the examining physician.

Since under the Welfare Act of 1936 as amended, a person shall be considered blind who has vision in the better eye with correcting glasses of 20/200 or less, DPW Form 45 under the heading of Central Visual Acuity, reports the measurement of the central vision of the applicant in terms of Snellen notations. In testing for distance, the first numeral (20/---, 15/---, 10/---) indicates the distance of the applicant from the test letters. The second numeral (---/400, ---/200, ---/100) indicates the size of the letter the applicant can recognize at the testing distance (---/400 being larger than ---/200 and ---/200 being larger than ---/100, etc.). The standard testing distance is 20 feet (20/---). The largest letter on the testing charts usually employed is about $3\frac{1}{2}$ inches square. In the test the applicant is to read as many letters which progressively decrease in size as he may recognize. When an applicant does not read 20/200 or better the largest letter (---/200) is brought nearer and nearer until it can be recognized; the distance so found is recorded as 16/200, 12/200, 8/200, or whatever the actual distance is found to be.

The field of vision or the peripheral vision must also be considered in determining the degree of blindness. An applicant who has central vision of better than 20/200 in either eye cannot be qualified for assistance on that point, but may become qualified if the widest diameter of the visual field is contracted to twenty degrees or less. The disqualifying visual defect will be indicated on the DPW Form 45 by a statement in terms of degrees of whatever visual field is preserved.

The approved eye physician shall report the results of his examination of the applicant on DPW Form 45. The form shall be made in quadruplicate: one copy to be retained by the physician making the eye examination, and three copies to be returned by him to the county department. Two copies, the original and first carbon of the three returned to the county department, shall be forwarded to the state department. Since the approval and payment of the examination fee to the physician is based upon this report, the forms should be completed and forwarded promptly. A copy of DPW Form 45 should not be given to the applicant.

Review by State Supervising Ophthalmologist

The state supervising ophthalmologist acts in the capacity of a medical advisor and consultant to the state department and to the examining physicians. His duties are specifically outlined and are concerned only with the medical aspects of the program. It is his responsibility to review the DPW Form 45, to determine, from the material submitted, whether the individual is blind within the meaning of the definition, and whether Eye Treatment should be recommended. The decision of the state supervising ophthalmologist will be made from the diagnosis, prognosis and Snellen notations, as reported on DPW Form 45 and any

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

Form Prescribed by State Department of
Public Welfare and Approved by State Board of Accounts

DPW Form 45 (Revised)

THE COUNTY DEPARTMENT OF PUBLIC WELFARE

of _____ County, Indiana

PHYSICIAN'S REPORT ON EYE EXAMINATION

Application No. B _____
Code Serial

Applicant's Name _____ (Sex) _____ (Race) _____

Address _____
(Street and Number) (Municipality) (County) (State)

Date of Birth _____ Age at onset of blindness: Right Eye _____ Left Eye _____
(Month) (Day) (Year) (As stated by Applicant)

Diagnosis: (If primary eye condition or etiological factor is not the same for both eyes, divide space and indicate each separately.)

Ocular condition primarily responsible for blindness _____

_____

Secondary conditions, if any _____

_____

Etiological factor responsible for primary ocular condition _____

If history of ocular injury state type, date received and pertinent data _____

_____

Describe the appearance of eyes, including fundi _____

_____

_____

_____

_____

_____

(Continue under "Remarks," next page)

Central Visual Acuity **Use Snellen notations** 20/155, 20/200, 10/200 14/141, 14/224, 7/224 etc. Use AMA reading card for recording near vision.	**Without Glasses** Distance (20 ft.)	Near (14 in.)	**With Best Trial Lenses** Distance (20 ft.)	Near (14 in.)
Right eye				
Left eye				

Peripheral Vision: (To be recorded where accepted as a factor in blindness on persons whose central vision is so good as to render them ineligible for aid to the blind in the state and who by rough test show a marked field defect.)

To be done on a standard perimeter with a radius of 13 inches and a **white** test object 5 mm in diameter. A tangent screen may be used. The test object should be of such size that it subtends an angle of approximately one degree.

If there is any limitation in the field of vision, what is the widest **diameter** in degrees of remaining vision?

Right eye _____

Left eye _____

If a central scotoma is present, state which eye:
Right _____ Left _____

Tension (if glaucoma)
Right eye _____ mm. Hg.

Left eye _____ mm. Hg.

Instrument used:
_____

Prepare in quadruplicate. Sign all copies.
1 copy to eye physician.
3 copies to County Dept. Public Welfare which will forward two to State Dept.

5M—12-1-45

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

Prognosis: (Do you believe that operation or treatment might stabilize vision at or restore it to better than 20/200?)

What treatment do you recommend for the primary eye condition?

What treatment do you recommend for the etiological condition

Remarks: (Are any of applicant's near relatives similarly afflicted? Etc.)

Where cataract is cause of blindness, please state light projection, and separation of two lights for each affected eye

Date of Examination

(Signature of eye physician)

Date of Report

(Address)

Do not write below this line

From the evidence submitted the applicant is/is not blind within the meaning of the definition.	From the evidence submitted the applicant will/will not be benefited by treatment.
Date State Supervising Ophthalmologist	Date State Supervising Ophthalmologist

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

DPW FORM 45 - PHYSICIAN'S REPORT ON EYE EXAMINATION
SDPW FORM 1256 - DECISION OF STATE SUPERVISING OPHTHALMOLOGIST ON VISUAL ELIGIBILITY FOR BLIND ASSISTANCE AND/OR EYE TREATMENT

DPW FORM 45 - PHYSICIAN'S REPORT ON EYE EXAMINATION

supplementary information received from the examining physician. If there is any inconsistency in the report which makes it impossible for the state supervising ophthalmologist to approve the report as it stands, the examining physician will be asked to submit additional information for the completion or clarification of the eye report. If additions are made to the eye report by the original examiner, the state department will forward a copy of the completed or clarified eye report to the county department. The state supervising ophthalmologist is used also in a consultative capacity in regard to the advisability of and the arrangement for Eye Treatment.

SDPW FORM 1256 - DECISION OF STATE SUPERVISING OPHTHALMOLOGIST ON VISUAL ELIGIBILITY FOR BLIND ASSISTANCE AND/OR EYE TREATMENT

Upon review of DPW Form 45, Physician's Report on Eye Examination, the state supervising ophthalmologist determines the visual eligibility of the individual to receive monthly assistance to the blind and/or eye treatment. His decision is recorded on SDPW Form 1256, the original of which is sent to the county department to become a part of the county case record. A duplicate is retained in the state department.

If the decision of the state supervising ophthalmologist as indicated on the SDPW Form 1256 is that the applicant is visually eligible for blind assistance and/or eye treatment, the county department is assured that this factor of eligibility has been established.

The county department should then take the necessary action as indicated on the SDPW Form 1256 (revised) under Sections A, B, or C.

(Page 38 is omitted in this revision)

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

Prescribed by State Department
of Public Welfare

SDPW Form 1256
(Revised 1948)

DECISION OF
STATE SUPERVISING OPHTHALMOLOGIST
ON VISUAL ELIGIBILITY FOR
BLIND ASSISTANCE AND EYE TREATMENT

To: County Department

194

Name _____ Application Number B _____
(Code) (Serial)

Address _____ _____

It was the decision of Dr. C. W. Rutherford, State Supervising Ophthalmologist, on _____194 , that the above named

1. (Is) (Is not) visually eligible for monthly assistance. (Applies only to applicants 18 years of age or over.)

2. (Should) (Should not) be considered for temporary eye treatment.

3. Type of treatment _____

4. A re-examination of eyesight is recommended in _____

In view of this decision the action indicated below should be taken:

☐ A. Complete DPW Form 55, recommending that both Blind Assistance and Eye Treatment be denied since the adult applicant is not visually eligible.

☐ B. Complete face of DPW Form 57 (revised) recommending that Eye Treatment be denied since the child applicant is not visually eligible.

☐ C. Complete the investigation to determine eligibility, other than visual, and take whichever of the actions listed below is applicable:

1. Complete DPW Form 55 to recommend approval for Blind Assistance. (Manual of Accounting Procedure, Chapter I, Section 19, applies to applicants 18 years or older.)

2. Complete DPW Form 55 to recommend denial of both Blind Assistance and Eye Treatment for applicant 18 years or older.

3. Complete DPW Form 57 (revised) and two copies of DPW Form 625, "Additional Eye Treatment Data", to recommend approval for Eye Treatment.

4. Complete face of DPW Form 57 (revised) recommending denial of application for Eye Treatment for child under 18 years of age.

D - 6-28-48

Otto F. Walls
Administrator

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

SCHEDULE OF FEES FOR DETERMINATION OF DEGREE OF VISION AND EYE TREATMENT

Type of Service	Fee
Eye Specialist Fee	
Cataract surgery - one eye	$100 includes preoperative examination, surgery, post-operative care.
Needling - one eye	$50 " " "
(Capsulotomy)	$50 " " "
Glaucoma surgery	
Iridectomy - one eye	$50 " " "
Drainage operation - one eye	$100 " " "
Filtering operation - one eye	$100 " " "
Fistulizing operation - one eye	$100 " " "
Trephine operation - one eye	$100 " " "
Cyclodialysis operation - one eye	$100 " " "
Bilateral iridenclesis	$150 " " "
Iridenclesis - one eye	$100 " " "
Ectropion operation - two eyes (one sitting)	$75 " " "
" " - one eye	$50 " " "
Entropium operation - one eye	$50 " " "
Distichiasis operation - one eye	$50 " " "
Plastic on lids - one eye	$50 " " "
" " " - two eyes	$75 " " "
Pterygium surgery - one eye	$25 " " "
Detached retina surgery - one eye	$100 " " "
Tear sac surgery - one eye	$75 " " "
Enucleation - one eye	$75 " " "
Evisceration operation - one eye	$100 " " "
All other surgery	Minimum fee of physician, subject to approval of State Supervising Ophthalmologist.
Sulfanilamide treatment for trachoma	$5 first examination including written report - $2.00 each subsequent treatment (office)
Dacryocystitis treatment (2 or 3 mos. every week)	$2 per treatment
Eye culture	$3
Routine eligibility examination	$5
Special referee or consultative examination	$5 to $10 (upon approval of State Supervising Ophthalmologist)
Special home examination	$10 and mileage
Office call only	$3 when tension by tonometer is taken
Refraction only	$5

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SCHEDULE OF FEES FOR DETERMINATION OF DEGREE OF VISION AND EYE TREATMENT

Type of Service (continued from page 39)	Fee
General Practitioner	
General physical examination	$5
Special systemic care	Upon individual minimum fee schedule
Dental care	" " "
Hospital care	" " "
Transportation	
By bus or train (for applicant or recipient and traveling companion)	Regular fee tax exempt
By automobile (not payable to county staff or board members)	Gasoline and oil receipts or rate not to exceed 5¢ a mile plus 5¢ a mile travel time.
By taxi outside of city	Rate not to exceed 5¢ a mile plus 5¢ a mile travel time.
Automobile travel by physician	5¢ a mile to and from home of recipient or applicant plus fee

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

Prescribed by State Department
of Public Welfare

DPW Form 57
(Revised 1948)

RECOMMENDATION OF COUNTY DEPARTMENT AND ACTION OF STATE BOARD OF PUBLIC WELFARE EYE TREATMENT

The County Department of Public Welfare of _____ County recommends that the application for eye treatment for

Name of Applicant _____ B _____
Code Serial

Address _____
(Street and number) (City)

be approved ☐ denied ☐. The reason for denial is _____

I recommend the indicated action in the case listed above:

_____
County Director of Public Welfare

(SEAL)

Date _____

The County Board of Public Welfare recommends the indicated action in the case listed above:

_____ President

_____ Vice-President

_____ Member

_____ Member

_____ Member

_____ Secretary

ACTION OF STATE BOARD OF PUBLIC WELFARE

Temporary eye treatment for the above applicant was approved ☐ denied ☐ by the State Board of Public Welfare on _____.

Otto F. Walls
Administrator

Prepare in duplicate:
Send both copies to state department.
One copy will be returned to county department. If approval is recommended the reverse side shall be completed by the county department.

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

ESTIMATED COST OF EYE TREATMENT

Name of Applicant _____ B _____
Code Serial

Address _____
(Street and number) (City) (County)

1. The County Department of Public Welfare of _____ County recommends:

   a. Doctor _____ as eye physician.
   (Name) (Address)

   b. Hospital _____
   (Name) (Address)

2. Information to be obtained from the eye physician selected:

   a. Kind of surgery or treatment to be given: _____ Estimated Cost: $_____

   b. Glasses to be furnished by: _____ " _____

   c. Estimated number of days' hospitalization required _____

3. Information to be obtained for hospital selected:

   a. Cost of ward per day ($____) multiplied by days' hospitalization Estimated Cost: $_____

   b. Operating room . . . . . " _____

   c. Laboratory fee . . . . . " _____

   d. Drugs and dressings . . . . . " _____

   e. Unspecified items (including other necessary care) " _____

4. Remarks (itemizing any other care necessary, such as physical examination, dental, or transportation, and the cost of each)

   a. _____ Estimated Cost: $_____

   b. _____ " _____

5. Incidental and Emergency fund . . . . . " _____

6. Total estimated costs . . . . . $_____

Prepare in duplicate when approval for treatment is recommended: Send both copies to state department. One copy will be returned to county department.

D - 6-28-48

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

DPW FORM 57(Revised), RECOMMENDATION OF COUNTY DEPARTMENT AND ACTION OF STATE BOARD OF PUBLIC WELFARE - EYE TREATMENT

DPW Form 57(Revised), Recommendation of County Department and Action of State Board of Public Welfare - Eye Treatment, is to be used for recommendations by the county department concerning eye treatment and reporting action of the state board.

Upon receipt of the SDPW Form 1256, Decision of State Supervising Ophthalmologist on Blind Assistance and/or Eye Treatment, the DPW Form 57 (Revised) shall be prepared in duplicate recommending either approval or denial of eye treatment. Both copies are to be forwarded to the state department. After state board action the state department will return one copy to the county department.

When Eye Treatment is recommended by the county department, the information on Estimated Cost of Treatment (reverse side of DPW Form 57(Revised) shall be completed by the county department. If the county department so requests, the state department will provide assistance in completing this information.

Specific Instructions for Estimated Cost of Treatment

Applicant's Name and Address — These items are self-explanatory.
Application Number

Item 1. Enter name of county in the space provided.

a. Enter the name and address of the physician who is to perform the surgery or to give the treatment.
b. Enter the name and location of the hospital where the applicant is to be referred for treatment.

Item 2. Information to be obtained from the eye physician selected:

a. Enter the type of treatment recommended by the state supervising ophthalmologist and the estimated cost as established by the state department for such treatment or service (see Schedule of Fees for Determination of Degree of Vision and Eye Treatment). For any treatment or service for which a fee has not been established, enter the minimum fee for which the doctor would accept the case. This fee is subject to the approval of the state supervising ophthalmologist.
b. Enter the name and address of the optical company, or the name of the doctor who will furnish the glasses. Enter also the cost of correcting glasses as estimated by the physician if required after treatment.
c. Enter the number of days required for hospitalization as suggested by the attending physician.

Item 3. Information to be obtained from hospital selected:

a. Enter the cost of ward accommodations per day, multiplied by the esti-

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

DPW FORM 57(Revised), RECOMMENDATION OF COUNTY DEPARTMENT AND ACTION OF STATE BOARD OF PUBLIC WELFARE - EYE TREATMENT

mated number of days which equals the estimated cost. If ward accommodations are not available, enter the estimated cost of the most reasonable room plan.

b. Enter the estimated cost of the operating room.

c. Enter the cost of special laboratory fees as estimated by the physician and established by the hospital.

d. Enter the estimated cost of drugs and dressings as suggested by the physician and approved by the hospital.

e. Enter the estimated costs of any other items which constitute other necessary care.

NOTE: These fees should coincide with the approved hospital fee schedule under the medical assistance plan if the hospital participates in medical assistance.

Item 4. Remarks: Enter the estimated cost of the physical examination giving the name and office address of the physician who will conduct it, and/or other care needed.

Transportation costs may be entered here. If they cannot be met in some other way, transportation costs of the recipient may be provided by one of the following methods: 1) tickets to Indianapolis on a bus or train can be purchased by the state department. This can be arranged by a request that the state department purchase tickets which will then be sent to the county department or to the recipient; 2) transportation costs can be advanced by a person who can be reimbursed by the state department. If this is done, the county department should send to the state department: a) for transportation on a common carrier, a copy of the tax exemption certificate, showing that the fare does not include tax, and a receipt for the amount showing the name and case number of the recipient; b) for mileage at not more than five cents a mile plus five cents a mile travel time, a statement from the person who is providing the transportation, and a receipt signed by the recipient. The statement should show the name and case number of the recipient and the points between which transportation was provided.

Eye treatment funds cannot be used to pay employees of the county department who drive recipients from the county to the point at which the examination will be made.

Item 5. Incidental and Emergency Fund:

Enter here the estimated cost of incidentals or emergencies especially if the physician expects complications.

Item 6. Total Estimated Costs: Enter the total estimated costs of Item 2 through Item 5.

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

PRESCRIBED BY STATE DEPARTMENT
OF PUBLIC WELFARE

DPW FORM 624

PHYSICAL EXAMINATION
FOR APPLICANTS OF EYE TREATMENT

NAME _____ ADDRESS _____

HEART: RATE _____ RHYTHM _____ BLOOD PRESSURE: SYSTOLIC _____ DIASTOLIC _____

LUNGS: CLEAR _____ CONGESTED _____ (IF SO, DESCRIBE) _____

_____

TEMPERATURE _____ HOUR TAKEN _____

URINALYSIS: SPECIFIC GRAVITY
ALBUMIN _____
PUS _____
SUGAR _____

BLOOD SUGAR SHOULD BE ORDERED IN EVERY SUSPECTED OR KNOWN DIABETIC PATIENT. LABORATORY FEES ALLOWABLE. REPORT OF BLOOD SUGAR _____

_____

SURGICAL RISK: GRADE I _____ GRADE II _____ GRADE III _____ GRADE IV _____

REMARKS: _____

_____

PLEASE MAIL REPORT TO:

SIGNED _____

DATE _____

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

PRESCRIBED BY STATE DEPARTMENT
OF PUBLIC WELFARE

DPW FORM 625

EYE TREATMENT DATA

APPLICATION NUMBER _____
TYPE CODE SERIAL

DATE _____

I. IDENTIFYING INFORMATION

NAME OF APPLICANT _____ AGE ____ SEX ____ RACE _____

PRESENT ADDRESS _____

NAME, ADDRESS AND TELEPHONE NUMBER OF CLOSEST RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY

_____

II. FAMILY HISTORY AS RELATED TO BLINDNESS (GIVE NAME AND STATE RELATIONSHIP TO APPLICANT OF ANY MEMBERS OF FAMILY GROUP WHO ARE BLIND OR HAVE DEFECTIVE SIGHT. IF RELATIVE IS A RECIPIENT OF BLIND ASSISTANCE OR EYE TREATMENT, GIVE CODE AND SERIAL NUMBER AFTER NAME.)

NAME	AGE	RELATION TO APPLICANT	CAUSE OF BLINDNESS (IF KNOWN)

III. HEALTH HISTORY OF APPLICANT

1. IS PATIENT UNDER MEDICAL CARE NOW? ____ DIAGNOSIS _____

2. HAS PATIENT HAD ANY OF THE FOLLOWING DISEASES, IF SO CHECK THE DISEASE AND GIVE AGE AT ONSET

DISEASE	CHECK	AGE	DISEASE	CHECK	AGE
1. SCARLET FEVER			7. MEASLES		
2. TUBERCULOSIS			8. INJURIES		
3. SYPHILIS			9. MENTAL SYMPTOMS		
4. GONORRHEA			10. NIGHTMARES		
5. DIABETES			11. CHRONIC COUGH OR CONTINUOUS COLD		
6. KIDNEY DISTURBANCE			12. PHYSICAL DISABILITIES		

3. RECOVERY AND REMARKS FOR ANY CHECKED DISEASE (WITH EMPHASIS ON THE EYES) _____

_____

_____

IV. VISUAL HISTORY OF APPLICANT

DID BLINDNESS OR DAMAGE TO VISION OCCUR DURING FIRST MONTH OF LIFE? ____ WHEN DID THE INDIVIDUAL FIRST CONSIDER HIMSELF A BLIND PERSON? _____ HAS INDIVIDUAL HAD A HOSPITAL ADMISSION FOR EYE TREATMENT OR SURGERY? _____ WHERE WAS HE HOSPITALIZED? _____ WHEN? _____ DOCTOR WHO ATTENDED _____

V. ATTITUDE TOWARD SURGERY (INCLUDING SUCH POINTS AS: FEAR OF SURGERY, FEAR OF HOSPITALS. IS HE WILLING TO REMAIN IN BED AS PRESCRIBED? IS HE INTERESTED IN SURGERY? ARE HIS RELATIVES INTERESTED IN SURGERY PLANNED?)

_____

_____

VI. VISITOR'S IMPRESSION AS TO PATIENT'S ABILITY TO CO-OPERATE WITH MEDICAL PLAN

_____

_____

_____

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DPW FORM 624, PHYSICAL EXAMINATION FOR RECIPIENTS OF EYE TREATMENT
DPW FORM 625, EYE TREATMENT DATA

DPW FORM 624, PHYSICAL EXAMINATION FOR RECIPIENTS OF EYE TREATMENT

When it is determined that a physical examination is necessary for a person who is to undergo Eye Treatment, DPW Form 624, Physical Examination for Recipients of Eye Treatment is provided for the report of the general practitioner selected to make the physical examination.

If the need for a physical examination for a recipient of Eye Treatment is indicated on the SDPW Form 1256 (Revised), the name and office address of the physician who is to make the examination should be indicated under item 4 on DPW Form 57 (Revised), Estimated Cost of Eye Treatment. The examination shall not be given prior to approval of Eye Treatment by the State Board of Public Welfare.

DPW Form 624 is forwarded by the state department to the doctor who is to make the general physical examination together with the authorization and claim voucher. The form is issued after the plan of Eye Treatment has been approved by the state board.

DPW Form 624 is completed in triplicate. The doctor who makes the examination shall forward one copy to the eye surgeon whose name is entered in the lower left corner of the form, one copy to the state department and one copy to the county department.

DPW FORM 625, EYE TREATMENT DATA

DPW Form 625, Eye Treatment Data, is provided to secure for eye surgeons additional social and medical history of an applicant for Eye Treatment. If the treatment plan is for glasses only, DPW Form 625 is not required. The form is completed in triplicate by the visitor in the county department. One copy is retained by the county department for its case record; two copies are forwarded to the state department at the same time as DPW Form 57 (Revised) on which the recommendation is reported. After the case is approved for Eye Treatment by the state board, one copy of DPW Form 625 is sent to the eye physician together with the authorization and claim voucher.

If it is determined that the physical condition of the patient is such that he can go through surgery, a pre-operative appointment with the eye surgeon is arranged.

If after an evaluation of DPW Form 625, the eye surgeon decides that the patient is not a candidate for surgery all plans for Eye Treatment will be discontinued.

Specific Instructions

I. Identifying Information

Name, Address and Telephone Number of Closest Relative. If the telephone number is not the telephone of a relative but of a neighbor, record the name and address of the neighbor. When a rural route address is given, secure specific in-

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

DPW FORM 625, EYE TREATMENT DATA

formation as to the location of the route in relation to the town, also the location of the residence of the applicant. The visitor should inform the applicant to give the same information to the receiving clerk at the time of hospital admission.

Other items in this section are self-explanatory.

II. Family History as Related to Blindness

If the relative is a recipient of Blind Assistance or Eye Treatment, the cause of his blindness should be available from the eye physician's report on file in his case record. If cause of blindness is unknown, this should be indicated.

III. Health History of Applicant

1. Is patient under medical care now? Enter yes or no.
The diagnosis should be verified by the attending physician. The statement of the applicant for this item is not sufficient.

2. Has patient had any of the following diseases ....? If so, check and give age at onset. This does not need to be verified by a doctor's statement.

3. Recovery and Remarks Give specific information regarding any disease the applicant may have had which affected his eyes. This data is extremely important to the eye surgeon. If, for instance, the individual has a continuous cold and with the onset of a cold the eyes become inflamed immediately and stay inflamed, this information should be entered here; or, if the individual had scarlet fever and during his convalescence became totally blind and remained blind for a period of four or five days during the acute ailment, this is important and should be entered here.

IV. Visual History of Applicant

1. Did blindness occur during the first month of life? Answer yes or no.
2. When did individual first consider himself blind? Give the individual's own statement as to his age.
3. Has the individual had a hospital admission for eye surgery? Answer yes or no.
   a) When was he hospitalized? Give exact date when possible.
   b) Where was he hospitalized? Give name and location of hospital and name and office address of attending physician.

V. Attitude toward Surgery

Questions in this section should be answered if pertinent. If there is a fear of surgery and/or hospitals, the visitor should attempt to find out if it is of a temporary nature only, if it is an indication of an abnormal mental condition, or any other reason.

VI. Impression of Visitor

The visitor should enter his impressions of the applicant's ability to cooperate, whether the applicant gets along well with other people, the opinion of the applicant as to the choice of the physician and the visitor's opinion as to whether the applicant is a good operative risk from a social point of view.

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Prescribed by State Department
of Public Welfare

DPW Form 44A (Revised)

NOTICE TO REPORT TO EYE PHYSICIAN FOR RE-EXAMINATION

Application
Number B _____
Code Serial

_____ 19___
Date

Name _____

Address _____

In accordance with Section 65 of the Welfare Act of 1936, as amended, which provides for periodic re-examination of eyesight, you are hereby requested to report for a re-examination to:

_____
(Name of Eye Physician)

_____
(Address)

_____
(Day of Month)

_____
(Time of Day)

If you cannot report at this time, please notify this department immediately.

Signed - by authority of the County Board of
Public Welfare

_____
County Director of Public Welfare

of _____County

Address: _____

Prepare four copies, all copies must be signed.
1. Copy to Applicant
2. Copy to Eye Physician
3. Copy to State Department of Public Welfare
4. Copy to County Department of Public Welfare

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

DPW FORM 44A, NOTICE TO REPORT TO EYE PHYSICIAN FOR RE-EXAMINATION

The county or state department may initiate a re-examination of eyesight for a recipient of monthly assistance whose eligibility with regard to the degree of blindness is questioned, or for recipients for whom they believe the present advisability of treatment should be determined.

Second eye examinations are initiated by the state department for the purpose of determining the value of a treatment plan, for clarifying diagnosis, correcting incoherence in the eye reports (DPW Form 45) which have been submitted by the examining physician, and for consultative examination.

DPW Form 44A is completed in quadruplicate by the county or state department as notice to the recipient that he is to report for a re-examination, and as authorization to the examining physician to proceed with the eye examination. One copy of the form is sent to the recipient, one copy to the examining physician, one copy is kept in or sent to the county department, one copy is kept in or sent to the state department. The form is self-explanatory.

If the county department wishes to have the examination made by a physician in an adjoining county, or wishes the help of the state department in making the selection of another physician, the request for information should be directed to the state department.

The results of the examination are reported by the physician on DPW Form 45, Physician's Report on Eye Examination, in accordance with the instructions outlined for the use of that form.

(Page 46 is omitted in this revision.)

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Prescribed by State Department
of Public Welfare

DPW Form 118
(Revised)

Application No. _____
Type Code Serial

AGREEMENT TO OFFER PROPERTY FOR SALE AND FOR RENT

In executing this agreement, I understand that I have the right to request the State Department of Public Welfare at 141 South Meridian Street, Indianapolis, 14, Indiana to review the fair market value placed upon my real property by the County Department of Public Welfare of _____ County, if I am dissatisfied with the value established by the county department; and that I have the right to request such a review before signing this agreement.

I, _____, in consideration of the monetary assistance being granted by the County Department of Public Welfare of _____ County hereby agree to offer for sale and for rent pending sale, the following described property:

_____

(Legal Description)

_____

_____

Located at _____
(Street address if in city, otherwise township and county)

I further agree to offer the above described property for sale for $_____, and for rent for $_____ pending sale. I agree to place a sign at a conspicuous location on the property, stating clearly that the property is for sale and for rent for the amounts given above and giving my name and where I can be located; or to list the property with a real estate dealer or dealers; or in some other satisfactory way to offer the property for sale and for rent for these amounts.

I understand and agree that I must consult with the County Department of Public Welfare of _____ County before disposing of said property at a lower figure than that indicated above.

I also agree to notify the County Department of Public Welfare of _____ County immediately if the above described property becomes rented or is sold.

WITNESS, my hand and seal at _____, in the county of _____,

State of Indiana, this _____ day of _____, 19____.

Signed in Presence of:

_____ _____
Applicant or Recipient sign here
(Full Name)

_____
(Witness to signature)

Prepare in duplicate:

One copy to Applicant or Recipient;
One copy to County Department.

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

Prescribed by State Department
of Public Welfare

DPW Form 14

BANK CLEARANCE

The County Department of Public Welfare of _____ County

Date _____
Application
Number _____
(TYPE) (CODE) (SERIAL)

To Whom It May Concern:

I, the undersigned, hereby authorize and request you to give representatives of the County Department of Public Welfare of _____ County any information that they may desire concerning my finances without any liability to you whatsoever.

Signed ..... Address .....

Signed ..... Address .....

Signed ..... Address .....

TO: .....

.....

The above person or persons have applied to this department for assistance and, by above signature, have given us permission to make the necessary financial investigation.

May we have the following information:

Amount of Present Account $.....

Dates and amounts of recent deposits .....$.....

.....$.....

Dates and amounts of recent withdrawals .....$.....

.....$.....

Is there a restricted account ..... Amount $.....

Is there possibility of obtaining all or part ..... Approximate Date .....

Is there a safety deposit box.....

Description and amount of any debts or liabilities .....

.....

Bank please sign or stamp here

COUNTY DEPARTMENT OF PUBLIC WELFARE REPRESENTATIVE

..... Date .....

Instructions: Prepare in duplicate, deliver both copies to bank. Bank will keep one copy and return other copy to county department of public welfare.

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DPW FORM 118 - AGREEMENT TO OFFER PROPERTY FOR SALE AND FOR RENT
DPW FORM 14 - BANK CLEARANCE

DPW FORM 118 - AGREEMENT TO OFFER PROPERTY FOR SALE AND FOR RENT

DPW Form 118, Agreement to Offer Property for Sale and for Rent, is provided for the use of the county departments in obtaining the written agreement of the recipient to offer non-homestead real property for sale and for rent. The form is to be completed in duplicate, one copy of which is to be given to the recipient, and one copy to be filed in the county case folder.

DPW FORM 14 - BANK CLEARANCE

DPW Form 14, Bank Clearance, may be used by the county departments in obtaining information about the applicant or recipient from banks and building and loan associations. The form should be signed in duplicate by the applicant or recipient. Both copies should be delivered to the bank. The bank will keep one copy and return the other copy to the county department.

(Page 48 is omitted in this revision.)

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Approved by State Department
of Public Welfare

DPW Form 72

The County Department of Public Welfare

of _____ County

_____ Indiana

NOTICE TO PERSON LIABLE FOR SUPPORT

To: _____ 19____

The County Department of Public Welfare of _____ County, Indiana has reason to believe that under the laws of the State of Indiana you are liable for the support of _____ and that you are reasonably able to give assistance to said person.

For your information section 94 of the Welfare Act of 1936, as amended, reads as follows:

"Sec. 94. Liability for support of parents. Nothing contained in this act shall be construed to relieve any person from the liability of maintaining and supporting his parent or parents or child or spouse, as provided by the laws of this state. If at any time during the continuance of old age or blind assistance or assistance to dependent children the state or county department has reason to believe that a spouse, son or daughter or parent of a recipient is liable for the support of the recipient and is reasonably able to assist the recipient, the county department shall, after notifying such person of the amount of assistance granted, be empowered to bring suit against such spouse, son or daughter or parent to recover the amount of the assistance paid under the provisions of this act subsequent to such notice, or such part thereof as such spouse, son or daughter or parent might reasonably have paid."

You are hereby notified that _____ Assistance has been granted and is being paid to _____ in the amount of $_____ per month by the County Department of Public Welfare of _____ County under the provisions of The Welfare Act of 1936 and the amendments thereto.

We suggest that you call at this department relative to the above matter.

County Department of Public Welfare of

_____ County

By _____
County Director of Public Welfare

(Copy mailed/delivered to the above named person this _____ day of _____ 19___.)

_____
Signature of person delivering form.

Make three copies:

Original to person liable
2nd copy to state department
3rd copy to county department file

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DPW FORM 72 - NOTICE TO PERSON LIABLE FOR SUPPORT

DPW Form 72, Notice to Person Liable for Support, is provided for the use of the county department in notifying the relative responsible for the support of an applicant for public assistance that assistance has been awarded. The form is also notice to the responsible person that he is liable to an action for recovery of all amounts paid to the recipient subsequent to the receipt of the notice.

The form is completed by the county department, signed by the county director and sent to the responsible person by registered mail, with a return receipt requested. When the receipt is returned to the county department, it should be stapled to the copy of the DPW Form 72 which has been retained by the county department. If it is not practical to send the form by registered mail, it should be delivered in person by some employee of the county department and such information recorded on the form.

(Page 50 is omitted in this revision.)

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ESTABLISHMENT OF STANDARDS FOR REQUIREMENTS

I. General Statement

Standards for Requirements represent the various necessities which all individuals require in order to maintain a minimum standard of living compatible with decency and health. They provide a practical and consistent gauge for measuring the extent of need and for determining the amount of assistance required to meet the need of applicants for, and recipients of, Old Age Assistance, Blind Assistance, and Assistance to Dependent Children.

Standards for requirements are made up of three separate and distinct parts. First, there are the various requirements such as food, clothing, etc., which must be identified. Second, there are the standards for each requirement. The standard is the content which is defined as to quantity and quality. Third, there is the monetary amount for each requirement based on a pricing of the standard.

A. Responsibility for Establishment of Standards for Requirements

Responsibility of state and county board — The state board of public welfare is responsible under The Welfare Act of 1936, as amended, for the establishment of minimum standards of assistance which relate to the state as a whole. Standards for requirements are included in minimum standards of assistance. The county board of public welfare is responsible for the adoption of county standards for requirements which shall be used in the determination of need in individual cases throughout the county.

Requirements determined by the state board to be essential for which provision is to be made by county department — The state board of public welfare has established and fixed the following standards as minimum living requirements essential for an applicant for, or recipient of, public assistance to maintain a reasonable subsistence compatible with decency and health: food, clothing, shelter, board, board and room, fuel (heating and cooking), utilities for cooking, lighting and water. Adequate monetary provision for these items shall be included for each age group in the county standards for requirements based on complete and supported data as to the actual cost of requirements in each county.

Requirements determined by the state board to be necessary for which provision is optional with county department — The state board of public welfare has determined also that the following important living requirements are necessary to maintain a reasonable subsistence compatible with decency and health and shall be considered and any provision made shall be made on a reasonable basis as determined by each county department of public welfare in establishing county standards for requirements: household supplies and replacements, insurance, medicine chest supplies, miscellaneous, personal incidentals, personal services, recreation, refrigeration, and school expense.

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ESTABLISHMENT OF STANDARDS FOR REQUIREMENTS

Standards to be reconsidered by county department prior to annual budget making time

The state board has recommended that the standards for requirements of each county department be reconsidered and certified immediately prior to the annual budget making period for the county departments for the following reasons: (1) Current and detailed cost data may be developed by the state department and submitted to all county departments in detail at such time; (2) All county departments would be placed on a uniform basis in the matter of dates of consideration of their standards for requirements; (3) Any increase or decrease in the standards for requirements can be reflected in the budget estimate for the ensuing period; (4) The approach to establishment of standards for requirements by county departments will be on a similar basis; (5) Adjustments in suggested standards because of major changes in the cost of living, upward or downward, can be reflected by cost data submitted simultaneously from the state department at regular periods as deemed necessary; (6) Much unnecessary effort can be eliminated both in the state department and county departments in preparing material.

B. Summary of Plan for Establishing County Standards for Requirements

County department has choices of various methods

The state department has the responsibility of providing county departments with sound, well-defined procedures and comprehensive guide material to assist county departments in the administration of public assistance. To assist county departments, the state department offers choices of various methods which the county department may follow in establishing county standards for requirements. As a further help, the state department with the assistance of technical advisors, has developed standards for certain requirements the content of which it is possible to define, and has obtained prices for these requirements. The use of state standards and state prices is entirely optional with the county department. The determination of the county standards as to quantity and specification is within the judgment of the county department. However, county standards shall be based upon adequate and supported data as to the actual cost of the requirements.

The state board has approved for use the suggested standards for requirements, the plan for acceptance and development by county departments, and the necessary forms to carry out the plan as submitted.

Procedures may be simple or complex

The procedures the county department may follow in establishing standards for requirements range from extreme simplicity to considerable complexity. If the county department wishes to adopt the state standards and state pricing and to provide for other requirements on the basis of the actual cost to the recipient, the procedure is exceedingly simple. If the county department wishes to develop its own standards and to secure local prices, the procedure will obviously be more complex. The various procedures which the county department may wish to use are defined in so far as possible and a detailed form provided

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for working out and reporting to the state department each procedure used. The number of forms has necessarily been increased in order that the county department may have the appropriate tools for establishing standards for requirements as needed. The forms are for the most part self-explanatory and may be easily adjusted to fit an individual county situation.

Forms for use of county department — Upon adoption of the county standards for requirements, the county department will submit to the state department for review a report of the method used to establish each requirement and the monetary amount established for each requirement. DPW Form 349 (Revised), Certification of County Standards for Requirements in Public Assistance, is provided for the use of the county department in submitting information regarding the methods used. DPW Form 349A, Certification of Consideration of All Omitted Requirements in Standards of Assistance, is provided for the use of the county department if any of the sixteen requirements is omitted from its Standards for Requirements. DPW Form 350 (Revised), County Standards for Requirements Per Month in Public Assistance, is provided for the use of the county department for recording the monetary amounts established. The use of other forms by the county department will depend upon the requirements included in the county standards for requirements and the data required for the particular method which the county department elects to use in establishing the standards for requirements.

For establishing the requirements of food, clothing, medicine chest supplies, personal incidentals, household supplies and replacements, itemized pricing and quantity work sheets are provided in the event the county department does not choose to use the state prices. See DPW Forms 351 through 355. For the other requirements, forms are provided which set forth means for establishing the monetary amounts appropriate to the particular requirement. See DPW Forms 356 (Revised) through 368 (Revised). For the requirement of fuel, a suggested standard is offered for use as a guide in establishing a county standard for fuel if the county department chooses to follow that particular method. See DPW Form 359 (Revised).

II. Requirements for Which State Standards are Provided

Standards developed with aid of technical advisory committees — The content of some of the living requirements established by the state board can be defined as to the quantity and quality usually necessary for a minimum but adequate standard of living. To assist county departments, the state department has developed standards for the following requirements: food, clothing, household supplies and replacements, personal incidentals, and medicine chest supplies. These standards were developed in consultation with technical advisory committees. An advisory committee of home economists from Purdue University and Indiana University cooperated in developing the standards for food, clothing, household supplies and replacements, and personal incidentals. An advisory committee composed of qualified representatives of the nursing and medical profession cooperated in developing the standard for medicine chest supplies.

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ESTABLISHMENT OF STANDARDS FOR REQUIREMENTS

Pricing study made by state department

Prices for the state standards were obtained by a pricing study made by the state department during the period February 18-25, 1943. The pricing study was conducted in sixteen representative counties which were selected on the basis of geographical location, marketing areas, population and case loads. The following counties were included:

Brown	Harrison	Marshall	Vanderburgh
Clinton	Huntington	Ohio	Vigo
Daviess	Lake	Scott	Warren
Franklin	Marion	Steuben	Wayne

The number and type of stores from which prices were secured depended upon the size of the county, the distribution of the case load in rural and urban areas, and the frequency of patronage by low income families. An attempt was made to price merchandise of reasonable quality. Regular prices were used.

State average monetary amounts were established on the basis of prices obtained in each of the sixteen counties for each item of the various standards. The item average prices for the sixteen counties were totaled and divided by sixteen in order to arrive at a state average price for each item. These state average prices were then used to compute the total monthly cost of each requirement. The figures thus obtained have been established as the "State Average Monetary Amounts".

State range figures for the requirements were established on the basis of the actual cost of the requirements in the various counties included in the study. The total cost of each requirement was determined for each of the sixteen counties. The high and low figures in each instance constitute the state monetary range.

The state monetary figures are shown on the various Exhibits in the following pages.

The state department will restudy the cost figures for the state standards periodically so that the state monetary figures will reflect current living costs.

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ESTABLISHMENT OF STANDARDS FOR REQUIREMENTS

Food The state food standard is shown on Exhibits III and IV. This standard is based upon material obtained from the Bureau of Human Nutrition and Home Economics of the United States Department of Agriculture. It has been adapted by the Advisory Committee of Home Economists to conditions in Indiana with respect to availability and use of various types of food. The standard includes the quantity needed per month to provide adequate nutrition for individuals according to age and physical activity. Food accessories such as coffee, tea, cocoa, condiments, and cod liver oil for children, are also included.

The cost figures derived from the pricing of the types and amounts of food contained in the state standard are based upon the buying practices of families of 4, 5, or 6 members. Families of this size would be able to buy the required quantity of foods in available units in accordance with the food pricing schedule and for the specific amounts shown on the quantity cost work sheet. Because of variations in the size of purchase units and in food preparation for families of various sizes, families of less than four members would not be able to purchase at the same cost the necessary quantities for consumption set up by the food standard.

In order to take into consideration the variations in cost arising from small or large quantity purchasing and the preparation of food in small or large quantities, the following percentages have been applied to the quantity cost figures for each age and activity group: for one person families, an increase of 15 per cent; for two person families, an increase of 10 per cent; for three person families, an increase of 5 per cent; for families of seven or more, 5 per cent has been deducted.

If the county department chooses to follow the state standard and adopt a state monetary amount for Food, it may adopt the high, average, or low figures as shown on Exhibit I for each age and activity group or it may select any figure between the high and low figures. The monetary amount should be selected from the base group for individuals living in households of 4, 5, or 6 persons. Percentage deviations should then be applied uniformly on these base figures for persons living in families of other sizes.

If the county department does not choose to adopt the state standard and a state monetary amount, DPW Form 351, Schedule A, Food Pricing Work Sheet, and Schedule B, Food Quantity Cost Work Sheet, is provided for the use of the county department in establishing this requirement as described under Procedures for Establighing County Standards for Requirements.

Clothing The state clothing standards are shown on Exhibit V. These standards were formulated by the Advisory Committee of Home Economists after an evaluation of the clothing needs of persons in low income families in Indiana. Such factors as usage, length of wear, decency, health, and comfort were carefully considered. The standards represent only minimum replacements usually required by the different age, sex, and activity groups and are based on the life of the garment. In order that clothing may be kept in a presentable condition, the state standard includes provision for clothing upkeep.

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If the county department does not choose to adopt the state standard and a state monetary amount within the ranges for each age and activity group as shown on Exhibit II, DPW Form 352, Schedules A through M, Clothing and Clothing Upkeep Pricing and Quantity Cost Work Sheets, is provided for the use of the county department in establishing this requirement as described under Procedures for Establishing County Standards for Requirements.

Medicine Chest Supplies — The state standard for medicine chest supplies is shown on Exhibit VI. In developing this standard, technical advice was obtained from a committee composed of qualified representatives from the nursing and medical professions. The items in this standard represent the usual needs for home care.

If the county department does not choose to adopt the state standard and a state monetary amount, DPW Form 353, Medicine Chest Supplies Pricing and Quantity Cost Work Sheet, is provided for the use of the county department in establishing this requirement as described under Procedures for Establishing County Standards for Requirements.

Personal Incidentals — The state standard for personal incidentals is shown on Exhibit VII. This standard worked out in consultation with the Advisory Committee of Home Economists, includes articles and services usually necessary for different age and sex groups. Personal Incidentals for an infant include personal care supplies, such as towels and soap, and supplies for feeding, such as bottles. Because these items required by an infant are different from those required by other age groups, they have been combined with the infant's clothing standards.

If the county department does not choose to adopt the state standard and a state monetary amount within the ranges for each age and activity group as shown on Exhibit II, DPW Form 354, Schedule A, Personal Incidentals Pricing Work Sheet, and Schedule B, Quantity Cost Work Sheet, is provided for the use of the county department in establishing this requirement as described under Procedures for Establishing County Standards for Requirements.

Household Supplies and Replacements — The state standard for household supplies and replacements is shown on Exhibit VIII. This standard which was defined as to content, quality and quantity by the Advisory Committee of Home Economists, includes the household supplies necessary to maintain ordinary standards of cleanliness and household furnishings which must be replaced periodically in order to meet housekeeping needs and to provide a reasonable degree of convenience and comfort.

If the county department does not choose to adopt the state standard and a state monetary amount within the ranges for each size of household as shown on Exhibit II, DPW Form 355, Schedule A, Household Supplies and Replacements Pricing Work Sheet, and Schedule B, Quantity Cost Work Sheet, is provided for the use of the county department in establishing this requirement as described under Procedures for Establishing County Standards for Requirements.

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ESTABLISHMENT OF STANDARDS FOR REQUIREMENTS

III. Requirements for Which Standards Have Not Been Provided

A. Requirements Which May Be Provided On The Basis Of Verified Need

No attempt has been made to establish quantity-cost standards for the requirements discussed below. The nature of these requirements differs from the requirements considered above in several significant ways: 1) actual expenditures for them are generally known to and readily verified by the applicant or recipient; 2) many factors over which the applicant or recipient has little or no control cause wide variations in the quantity and cost of most of these requirements, i.e., for fuel, the heating equipment, the severity of the climate, the size and construction of the home, etc.; and 3) the nature of such items, as board, shelter, and personal services, is such that their content is not readily identified and priced in a manner similar to that used for clothing or household supplies and replacements, nor have there been standards established for them comparable to the nutrition standards used for food. For these reasons provision for these requirements in the amount of verified need is recommended as the most simple and realistic method.

If a county department chooses to provide any of these requirements as verified up to a maximum, suitable methods for establishing a realistic maximum have been provided. The maximum established should be sufficiently adequate to meet the cost to the majority of recipients in the county. Because of the many variables which should be considered, a case load survey would appear to be the simplest method for establishing a realistic maximum.

It may be possible to establish realistic quantity-cost standards for some of the requirements in this group, and to budget them in definite monetary amounts. Such requirements are fuel-heating, fuel-cooking, utilities, kerosene-lights, and refrigeration. Forms have been provided for the use of county departments wishing to establish quantity-cost standards for each of these requirements except refrigeration.

Each requirement in this group is discussed in detail below.

Board Board refers to the charge made for meals obtained by recipients who take their meals in restaurants or at a boarding-house. The expense usually includes the charge for service in preparing and serving meals.

Provision may be made for this requirement according to the verified need, in the verified need up to a maximum, or in a definite monetary amount. The maximum established should be sufficiently adequate to meet the cost to the majority of recipients in the county. A standard based on knowledge of prevailing board rates in the community may be determined. The monetary amount for this requirement may be determined by the application of 170%, or other appropriate percentage, to the monetary amount established for food for the person living alone.

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ESTABLISHMENT OF STANDARDS FOR REQUIREMENTS

DPW Form 356 (Revised) is provided for the use of the county department in establishing the requirement of board if provided on a basis other than the verified need.

Board and Room — Board and Room refers to the charges made for living arrangements of a person who secures his food and maintenance (shelter, fuel and utilities) in the same place.

Provision may be made for this requirement according to the verified need, in the verified need up to a maximum, or in a definite monetary amount. The maximum established should be sufficiently adequate to meet the cost to the majority of recipients in the county. A standard based on knowledge of prevailing rates for board and room may be established. The established amount for board may be combined with the established amount for the maintenance requirements to arrive at an amount for board and room.

DPW Form 357 (Revised) is provided for the use of the county department in establishing the requirement of board and room if provided on a basis other than the verified need.

Shelter — Shelter includes the amount required by the person or family for housing. This applies to the cost of rent where the applicant or recipient does not own his own home and the expenses of owned property such as mortgage or contract payments, interest, taxes, necessary insurance and upkeep. Major repairs would increase the shelter requirement.

The cost of shelter or housing is influenced by the type of community and neighborhood, the number and condition of available houses and the size of the family. The cost of shelter is a fixed expense which must be met regularly. Provision may be made for this requirement according to the verified need, or in the verified need up to a maximum. The maximum established should be sufficiently adequate to meet the cost to majority of recipients in the county.

DPW Form 358 (Revised) is provided for the use of the county department in establishing the requirement of shelter if provided on a basis other than verified need.

Heating Fuel — The type and amount of fuel required depends upon the living conditions of the applicant or recipient, the method of heating his house, whether by furnace or stove, the size of his home, the type and quality of fuel used, and the severity of the climate and the length of the heating season.

Provision may be made for this requirement according to the verified need, in the verified need up to a maximum, or in a definite monetary amount. The amount established should be sufficiently adequate to meet the cost to the majority of recipients in the county. A county standard specifying the type of fuel and the amount per room may be established which would approximate the fuel requirements of persons in that county. The standard previously provided by the state depart-

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ment is shown on DPW Form 359 (Revised) and may be used as a guide in establishing a county standard. This form also may be used for establishing this requirement by any other method if provided on a basis other than verified need.

Cooking Fuel When coal, wood, kerosene, or fuels other than gas and electricity are used, the amount consumed will depend upon the type of cooking equipment, the number in the family and the pattern of living. Provision may be made for this requirement in the verified need, in the verified need up to a maximum, or in a definite monetary amount. The amount established should be sufficiently adequate to cover the cost to the majority of recipients in the county. A county standard specifying the quantity requirements for each type of fuel for various sized families may be established. According to information secured from the Indiana Office of Price Administration in 1945, an additional 1½ tons of coal are usually required for cooking during the heating season when a coal range is used; two additional tons of coal are ordinarily required for the year; when kerosene is used for cooking during the summer months, five gallons of kerosene are required usually for each of the 3½ months.

DPW Form 360 (Revised) is provided for the use of the county department in establishing this requirement if provided on a basis other than verified need.

Utilities Utilities include electricity, gas and water. The use of various utilities depends upon the public utility services available in the community, conveniences of the house in which the person or family lives, and individual preferences. The rate of consumption depends upon the number in the family and their living habits, the various appliances and equipment used and their condition. Costs vary from community to community. Provision may be made for this requirement according to the verified need, in the verified need up to a maximum, or in a definite monetary amount. The actual cost of utilities may be ascertained by a review of utility bills over a period of time. If provision is made for this requirement in a verified amount up to an established maximum, the maximum should be sufficiently adequate to cover the cost of the requirement for the majority of the recipients in the county taking into consideration different rates in various areas. A standard for utilities would include the usual quantity requirements in appropriate units for families of various sizes.

DPW Form 361 (Revised), Schedules A, B, and C, are provided for the use of the county department in establishing this requirement if provided on a basis other than verified need.

Kerosene-Lights When kerosene is used for lighting, the amount to be allowed may be determined according to the verified need, in the verified amount up to a maximum or in an amount established on the basis of a quantity-cost standard. A standard may be worked out on the basis of consumption per person or per lamp.

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ESTABLISHMENT OF STANDARDS FOR REQUIREMENTS

DPW Form 362 (Revised) is provided for the use of the county department in establishing this requirement if provided on a basis other than verified need.

Refrigeration — Refrigeration refers to the need to prevent food spoilage in order to safeguard health and to effect the maximum benefit from the food allowance. Mechanical refrigeration or ice may be used. Provision may be made for this requirement on the basis of the actual cost, in the verified need up to a maximum, or in a definite monetary amount. The amount established should be sufficiently adequate to meet the cost to the majority of recipients in the county.

DPW Form 363 (Revised) is provided for the use of the county department in establishing this requirement.

Insurance — Insurance refers to the expense of premiums on life insurance. Inasmuch as the amount of life insurance usually carried by recipients is to provide only for modest funeral expenses, provision may be made on the basis of the verified cost, in the verified need up to a maximum, or in a definite monetary amount. The amount established should be sufficiently adequate to meet the cost to the majority of recipients in the county.

DPW Form 364 (Revised) is provided for the use of the county department in establishing this requirement.

Personal Services — Personal Services refers to the services which an applicant or recipient may require when he is unable to perform certain tasks for himself. If these services are not available to him, a monetary amount should be provided to cover the necessary expense. The extent of need for personal services will vary from person to person and the actual cost will depend upon the kind and amount of services furnished. Provision may be made according to the verified need in the individual situation or according to the verified need up to a maximum.

DPW Form 365 (Revised) lists various services for consideration in establishing this requirement.

B. Requirements Which Should Be Provided in a Definite Monetary Amount

The requirements in this group should be established in a definite monetary amount. Quantity-cost standards have not been established, but guides as to the content to be considered for each requirement have been provided.

Recreation — Recreation refers to the items which are usually necessary in order that a person may participate in community activities and have the personal recreation necessary for healthy social adjustment.

DPW Form 366 (Revised) lists some usual forms of community and personal recreational activities for adults and children which the county department may consider in establishing a definite monetary amount for this requirement.

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School Expense School Expense refers to the usual items required by children attending schcol and includes such school needs as books, fees,and other miscellaneous school requirements. The expense of these items varies between communities and between grade school, junior high school, and senior high school. School needs should be met by county departments insofar as possible within the statutory maximums.

DPW Form 367 (Revised) lists the usual school expenses which the county department may consider in establishing a definite monetary amount for this requirement.

Miscellaneous Miscellaneous refers to necessities such as stationery, postage, transportation, etc., usually required for normal living.

DPW Form 368 (Revised) lists some items which the county department may consider in establishing a definite monetary amount for this requirement.

C. Other Requirements

The county department may wish to provide for other personal or family requirements not included in the above listed requirements. The particular requirement should be defined and the monetary amount established.

A description of the way in which this requirement has been established should be forwarded to the state department.

IV. Procedures for Establishing County Standards for Requirements

In establishing county standards for requirements, the county department may follow several different procedures. Different methods may be used for different requirements.

The various methods which may be followed in establishing county standards for requirements and the procedure for each method are described below. Requirements for which certain procedures are appropriate are considered together; however, a different method may be used for each of the various requirements.

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ESTABLISHMENT OF STANDARDS FOR REQUIRFMENTS

A. Food, Clothing, Medicine Chest Supplies, Personal Incidentals, Household Supplies and Replacements.

Method 1. Adoption of state standards and state monetary amounts as shown on Exhibits I through VIII.

If the county department wishes to adopt the state standard for any or all of these items, the county department will so advise the state department of public welfare on DPW Form 349 (Revised), Certification of County Standards for Requirements in Public Assistance. The monetary amounts selected will be entered in the appropriate columns on DPW Form 350 (Revised), County Standards for Requirements Per Month in Public Assistance.

No supporting data is required for this method.

Method 2. Adoption of state standard with county pricing.

The county department elects to adopt the state standard in entirety for any or all of these requirements but may decide to obtain prices within the county for the state standard. The county department will indicate on DPW Form 349 (Revised), Certification of County Standards for Requirements in Public Assistance, the requirement or requirements for which this method is being followed. The monetary amounts will be entered in appropriate columns on DPW Form 350 (Revised), County Standards for Requirements Per Month in Public Assistance.

Supporting data required:

Food — DPW Form 351, Schedules A and B.
Clothing — DPW Form 352, Schedules A through M.
Medicine Chest Supplies — DPW Form 353.
Personal Incidentals — DPW Form 354, Schedules A and B.
Household Supplies and Replacements — DPW Form 355, Schedules A and B.

Method 3. Adoption of standard developed by county with state and/or local pricing.

The county department may develop a complete standard based on actual conditions in the county for any or all of these requirements. It may be found that with certain changes the state standard will be applicable to local conditions. The changes made should be indicated.

If a county department develops a complete standard, it will be necessary to obtain local prices for those items on which there are no state prices or local pricing may be used entirely. If the state standard is changed, it may be necessary for the county department to obtain local prices for those portions of the standards which are changed and for which there are no state prices.

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The county department will indicate on DPW Form 349 (Revised), Certification of County Standards for Requirements in Public Assistance, the requirement or requirements for which this method is being followed. The monetary amounts will be entered in appropriate columns on DPW Form 350 (Revised), County Standards for Requirements Per Month in Public Assistance.

Supporting data required:

Detailed description of the standard developed for each requirement for which Method 3 is used accompanied by pricing data.

B. Board, Board and Room, Shelter, Heating Fuel, Cooking Fuel, Utilities, Kerosene-Lights, Refrigeration, Insurance, Personal Services.

Because factors affecting the cost of these requirements vary greatly individual by individual and from locality to locality, state standards for these requirements have not been developed. These requirements may be provided on the basis of (a) verified need, (b) verified need up to a maximum, or (c) in a definite monetary amount where suitable. The basis for provision should be indicated for each requirement on DPW Form 349 (Revised), Certification of County Standards for Requirements in Public Assistance, and DPW Form 350 (Revised), County Standards for Requirements Per Month in Public Assistance.

Basis for Provision

a. Verified Need on a Case by Case Basis

b Each of these requirements may be provided on this basis. Since no monetary amount is established, no supporting data is required.

b. Verified Need Up to a Maximum

For any requirement allowed on this basis, the method selected for establishing the maximum is to be shown on DPW Form 349 (Revised), and adequate supporting data submitted on the appropriate form.

c. Definite Monetary Amount

Some of the requirements in this group may be provided on the basis of a definite monetary amount. Such requirements would be Heating-Fuel, Cooking Fuel, Utilities, Kerosene-Lights, and Refrigeration. The method selected for establishing the definite monetary amount is to be shown on DPW Form 349 (Revised) and adequate supporting data submitted on the appropriate form.

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

ESTABLISHMENT OF STANDARDS FOR REQUIREMENTS

Methods for Establishing a Monetary Amount

If a monetary amount is established either as a maximum or as a definite monetary amount, the method used in establishing the amount will be indicated on DPW Form 349 (Revised).

Method 1. Case Load Survey

The county department may make a case load survey to establish either maximums on verified need or definite monetary amounts for these requirements. In either case the amount established should be sufficient to meet the needs of the majority of the recipients in the county. The selection of this method for any requirement will be designated on DPW Form 349 (Revised), Certification of County Standards for Requirements in Public Assistance, and the monetary allowance entered on DPW Form 350 (Revised), County Standards for Requirements Per Month in Public Assistance, and identified either as a maximum or a definite monetary amount.

Supporting Data Required:

The results of a case load survey to establish the maximum or definite monetary amount for any requirement recorded on DPW Forms 356, 357, 358, 359, 360, 361, 362, 363, 364, or 365 (All Revised).

Method 2. County Standard-County Pricing

The county department of public welfare may develop a standard defining the content for some of these requirements and determine the cost accordingly. The selection of this method for any requirement will be designated on DPW Form 349 (Revised), Certification of County Standards for Requirements in Public Assistance, and the monetary allowance entered on DPW Form 350 (Revised), County Standards for Requirements Per Month in Public Assistance.

Supporting Data Required:

DPW Forms 359 (Revised) through 362 (Revised) provide schedules which may be used in developing quantity-cost standards.

Method 3. Other

The county department of public welfare may develop some other method for establishing monetary amounts for these requirements and for relating these amounts to the needs. The selection of this method for any requirement will be designated on DPW Form 349 (Revised), Certification of County Standards for Requirements in Public Assistance, and the monetary allowance entered on DPW Form 350 (Revised), County Standards for Requirements Per Month in Public Assistance.

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

ESTABLISHMENT OF STANDARDS FOR REQUIREMENTS

Supporting Data Required:

Description of any method developed to establish the monetary amounts.

C. Recreation, School Expense, Miscellaneous and Other

State standards have not been provided for these requirements. To assist county departments in establishing definite monetary amounts for any or all of these requirements, factors to be considered are described on DPW Forms 366 (Revised), 367 (Revised), and 368 (Revised). On DPW Form 349 (Revised), Certification of County Standards for Requirements in Public Assistance, the county department will indicate the requirements for which provision is made. The monetary amount established will be entered on DPW Form 350 (Revised), County Standards for Requirements Per Month in Public Assistance.

Department of Public Welfare
State of Indiana

EXHIBIT I
(Revised, 4-22-49)

Average and Range of Monthly Cost of Food for Individuals of Stated Age and Activity Groups Living in Households of Various Sizes, Based on State Prices Secured in Representative Counties Jan. 17-21, 1949.

Average and Range by Size of Household	Activity and Age Groups								
	Adult		Children						
	Active	Sedentary	16-17	13-15	10-12	7-9	4-6	1-3	Under 1
ONE PERSON (Base Group Plus 15%)									
Average Cost	$23.10	$20.30	$ xxx	$ xxx	$ xxx	$ xxx	$ xxx	$ xxx	$ xxx
High County Cost	24.00	21.10	xxx	xxx	xxx	xxx	xxx	xxx	xxx
Low County Cost	21.70	19.10	xxx	xxx	xxx	xxx	xxx	xxx	xxx
TWO PERSONS (Base Group Plus 10%)									
Average Cost	22.10	19.40	24.85	24.30	22.65	19.75	16.80	14.25	11.65
High County Cost	22.95	20.20	25.80	25.25	23.50	20.55	17.45	14.80	12.05
Low County Cost	20.75	18.25	23.40	23.00	21.50	18.80	16.05	13.65	11.25
THREE PERSONS (Base Group Plus 5%)									
Average Cost	21.05	18.55	23.70	23.20	21.60	18.85	16.05	13.60	11.10
High County Cost	21.90	19.25	24.65	24.10	22.45	19.60	16.65	14.10	11.50
Low County Cost	19.80	17.45	22.35	21.95	20.50	17.90	15.35	13.00	10.75
BASE GROUP FOUR, FIVE, OR SIX PERSONS									
Average Cost	20.05	17.65	22.60	22.10	20.60	18.00	15.30	12.95	10.60
High County Cost	20.85	18.35	23.45	22.95	21.35	18.70	15.90	13.45	10.95
Low County Cost	18.85	16.60	21.30	20.90	19.55	17.05	14.60	12.40	10.25
SEVEN OR MORE PERSONS (Base Group Less 5%)									
Average Cost	19.05	16.75	21.45	21.00	19.55	17.10	14.50	12.30	10.05
High County Cost	19.80	17.40	22.30	21.80	20.30	17.75	15.10	12.75	10.40
Low County Cost	17.90	15.75	20.20	19.85	18.55	16.20	13.85	11.75	9.70

D 4-22-49

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Department of Public Welfare
State of Indiana

EXHIBIT II
(Revised 4-22-49)

Average and Range of Monthly Cost of Clothing and Clothing Upkeep, Personal Incidentals, and Medicine Chest Supplies for Individuals of Stated Age and Activity Groups and Household Supplies and Replacements for Individuals Living in Households of Various Sizes Based on State Prices Secured February 18-25, 1948 and Re-validated in January, 1949.

Average and Range by Requirement	Activity and Age Groups								
	Adult		Children						
	Active	Sedentary	16-17	13-15	10-12	7-9	4-6	1-3	Under 1
CLOTHING AND CLOTHING UPKEEP									
Average Cost	$6.79	$4.33	$6.97	$6.90	$5.30	$5.30	$3.21	$2.90	$4.95
High County Cost	7.26	4.92	7.38	7.41	5.48	5.48	3.49	3.14	5.48
Low County Cost	6.46	4.04	6.70	6.42	4.86	4.86	2.75	2.58	4.69
MEDICINE CHEST SUPPLIES									
State Monetary Amount	.25	.25	.25	.25	.25	.25	.25	.25	.25
PERSONAL INCIDENTALS									Included in Clothing Cost
Average Cost	1.48	1.23	1.48	.88	.86	.86	.86	.86	
High County Cost	1.60	1.34	1.60	.96	1.03	1.03	1.03	1.03	
Low County Cost	1.38	1.14	1.38	.80	.71	.71	.71	.71	

HOUSEHOLD SUPPLIES AND REPLACEMENTS	Number of Persons in Household						
	1	2	3	4	5	6	Each Addn'l Person
Average Cost	1.84	2.06	2.64	2.87	3.41	3.64	.40
High County Cost	2.00	2.25	2.88	3.13	3.72	3.97	.40
Low County Cost	1.69	1.88	2.43	2.62	3.13	3.32	.40

D 4-22-49

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

Department of Public Welfare-
State of Indiana

DPW Form 351
Schedule A

EXHIBIT III

(Revised 4-22-49)

STATE AVERAGE FOOD GROUP PRICES BASED UPON PRICES SECURED IN REPRESENTATIVE COUNTIES

JANUARY 17-21, 1949

FOOD GROUP	ITEMS	UNIT	STORE PRICES No. 1	No. 2	No. 3	ITEM AVERAGE	FOOD GROUP 1/ AVERAGE PRICE
MILK	Fluid-Whole	1 Qt.					
	Evaporated	Can-14½ oz.					
	American Cheddar Cheese	1/3 lb.					
					TOTAL		(+3) $ .182
POTATOES	Irish	1 lb.					
	Sweet	1 lb.					
					TOTAL		(+2) $ .084
DRIED LEGUMES	Dried Beans-Navy						
	Lima or Gr. Nor.	1 lb.					
	Peanut Butter	1 lb.					
					TOTAL		(+2) $ .268
CITRUS FRUIT	Tomatoes, Canned	#2 can					
	Tomatoes, Fresh (As in season)	1 lb.					
	Oranges (Med. Size)	1 lb.					
	Grapefruit Juice	#2 can					
					TOTAL		(+4) $ .116
GREEN AND YELLOW VEGETABLES *(If sold by bunch or pkg., get 1 lb.price)	Carrots*	1 lb.					
	Spinach* or Kale	1 lb.					
	Head Lettuce	1 lb.					
	Cabbage	1 lb.					
	Mustard or Turnip Greens	#2 can					
	Peas	#2 can					
	Beans	#2 can					
					TOTAL		(+7) $ .141

1/ Food Group Average Price carried forward to "Exhibit IV of DPW Form 351, Schedule B."

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

Department of Public Welfare-
State of Indiana

DPW Form 351
Schedule A

EXHIBIT III

(Revised 4-22-49)

FOOD GROUP	ITEMS	UNIT	STORE PRICES No. 1	No. 2	No. 3	ITEM AVERAGE	FOOD GROUP AVERAGE PRICE
OTHER FRUITS AND VEGETABLES *(If sold by package get 1 lb. price)	Apples	1 lb.					
	Bananas	1 lb.					
	Beets	1 lb.					
	Onions	1 lb.					
	Corn	#2 can					
	Prunes* (40-50)	1 lb.					
	Raisins*	15 oz.					
					TOTAL		(+7) $ .147
EGGS	Med. Size	Doz.					
					TOTAL		(+1) $ .525
MEAT-FISH AND POULTRY	Hamburg	1 lb.					
	Chuck Roast	1 lb.					
	Beef Liver	1 lb.					
	Pork Shoulder	1 lb.					
	Picnic Ham	1 lb.					
	Pork Liver	1 lb.					
	Beef or Veal Stew	1 lb.					
	Fresh Fish	1 lb.					
	Canned Salmon (Pink)	1 lb. Can					
	Chicken-Stewing (Drawn)	1 lb.					
					TOTAL		(+10)$ .515
BREAD AND CEREAL	White or Whole Wheat Bread	Large Loaf					
	Rolled Oats	1 lb.					
	Cornmeal	1 lb.					
	Cracked Wheat Cereal	1 lb.					
	White Rice	1 lb.					
	Spaghetti or Macaroni	1 lb.					
	Flour-Whole or Graham or Biscuit Mix	1 lb.					
	Flour-White Enriched	1 lb.					
	Corn Flakes	Large(18oz)					
					TOTAL		(+9) $ .167

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

Department of Public Welfare-
State of Indiana

DPW Form 351
Schedule A

EXHIBIT III

(Revised 4-22-49)

FOOD GROUP	ITEMS	UNIT	STORE PRICES No. 1	No. 2	No. 3	ITEM AVERAGE	FOOD GROUP AVERAGE PRICE
FATS	Butter	1 lb.					
	Margarine Fortified	1 lb.					
	Salt Pork	1 lb.					
	Bacon (Slab)	1 lb.					
	Lard	1 lb.					
	Lard Substitute (Veg. fat, etc.)	1 lb.					
					TOTAL	(÷6) $ .449	
SUGAR	Granulated	1 lb.					
	Brown	1 lb.					
	Syrup	24 oz. can					
					TOTAL	(÷3) $ .168	

FOOD ACCESSORIES

The total cost figures for Food Accessories as computed below have been transferred to "Exhibit IV of DPW Form 351, Schedule B", in appropriate space for the cost of this item for Adults and Children.

ITEMS	UNIT	STORE PRICES No. 1	No. 2	No. 3	ITEM AVERAGE	ADULT Qa	ADULT CPM	CHILD 15 OR UNDER Qa	CHILD 15 OR UNDER CPM
Coffee	1 lb.				$ .457	.90	$ .41	xx	xx
Tea	1 lb.				1.132	.09	.10	xx	xx
Cocoa	1 lb.				.438	.04	.02	.09	.04
Cod Liver Oil	1 oz.				.15	xx	xx	4.00	.60
Other Food Accessories					xx	xx	.16	xx	.16
	Total Monthly cost of Food Accessories					xx	$ .69	xx	$.80

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EXHIBIT IV

(Revised, 4-22-49)

Department of Public Welfare
State of Indiana

DPW Form 351
Schedule B

STATE AVERAGE MONTHLY QUANTITY COST FIGURES FOR FOOD GROUPS

BASED UPON PRICES SECURED IN REPRESENTATIVE COUNTIES, JANUARY 17-21, 1949

FOOD GROUPS	Food Group		Adult				Children													
	Units	Average* Unit Cost	Active		Sedentary		16-17		13-15		10-12		7-9		4-6		1-3		Under 1	
			Qa	CPM	Qa	CPM	Qa	CPM	Qa	CPM	Qa	CPM	Qa	CPM	Qa	CPM	Qa	CPM	Qa	CPM
Milk	Qts.	$ .182	15.0	$2.73	15.0	$2.73	25.0	$4.55	28.0	$5.10	30.0	$5.46	30.0	$5.46	30.0	$5.46	30.0	$5.46	30.0	$5.46
Potatoes	Lb.	.084	15.0	1.26	12.0	1.01	17.0	1.43	15.0	1.26	13.0	1.09	11.0	.92	6.5	.55	4.5	.38	2.0	.17
Dried Legumes	Lb.	.268	2.0	.54	1.0	.27	1.5	.40	1.5	.40	1.0	.27	1.0	.27	.5	.13	.5	.13	xx	-
Citrus Fruit	Lb.	.116	10.5	1.22	9.0	1.04	11.0	1.28	11.0	1.28	11.0	1.28	8.5	.99	7.5	.87	7.5	.87	8.5	.99
Green and Yellow Vegetables	Lb.	.141	10.0	1.41	9.5	1.34	11.0	1.55	11.0	1.55	9.5	1.34	9.0	1.27	7.5	1.06	7.5	1.06	6.5	.92
Other Vegetables	Lb.	.147	8.0	1.18	7.0	1.03	10.0	1.47	9.5	1.40	7.5	1.10	6.5	.96	5.5	.81	4.5	.66	2.0	.29
Eggs	Doz.	.525	2.0	1.05	2.0	1.05	2.0	1.05	2.0	1.05	2.0	1.05	2.0	1.05	2.0	1.05	2.0	1.05	2.0	1.05
Meat - Fish and Poultry	Lb.	.515	8.5	4.38	8.5	4.38	8.5	4.38	8.5	4.38	7.5	3.86	6.5	3.35	4.0	2.06	2.5	1.29	.5	.26
Flour - Cereals	Lb.	.167	17.0	2.84	13.0	2.17	19.0	3.17	15.0	2.50	13.0	2.17	9.5	1.59	7.5	1.25	5.5	.92	2.0	.33
Fats	Lb.	.449	4.5	2.02	3.0	1.35	4.5	2.02	4.0	1.80	3.5	1.57	2.0	.90	2.0	.90	.5	.22	.5	.22
Sugar	Lb.	.168	4.5	.76	3.5	.59	3.5	.59	3.5	.59	3.5	.59	2.5	.42	2.0	.34	.5	.08	.5	.08
Food Accessories	xx	xx	xx	.69	xx	.69	xx	.69	xx	.80	xx	.80	xx	.80	xx	.80	xx	.80	xx	.80
TOTALS	xx	xxxx	xx	20.08	xx	17.65	xx	22.58	xx	22.11	xx	20.58	xx	17.98	xx	15.28	xx	12.92	xx	10.57

Qa means "Quantity" - Number of units required.
CPM means "Cost Per Month".

* Average Unit Cost figures to be brought forward from DPW Form 351, Schedule A, Food Pricing Work Sheets.

D 4-22-49

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

Department of Public Welfare
State of Indiana

Exhibit V

State Average Cost Figures for Clothing and Personal Incidentals
(Infant under 1 year)
Based upon Prices Secured in 16 Sample Counties, February 18-25, 1948 and Revalidated in January 1949

CLOTHING ITEMS	SPECIFICATION	Store 1	Store 2	Store 3	Average Cost	Per Year No.	Per Year Cost
Outer Garments							
Dress (infant)	Cotton				1.485	2	$ 2.97
Rompers (1 year)	Cotton				1.567	4	6.27
Coveralls	Cotton				1.665	2	3.33
Baby Bunting	Cotton				3.560	1	3.56
Sweater (1 year)	Wool				1.730	1	1.73
Stockings, Socks, or Anklets	Cotton				.263	6	1.58
Under Garments							
Shirts	Cotton				.460	3	1.38
Diapers (Per Doz.)					3.120	3	9.36
Slips	Cotton				.660	1	.66
Sleeping Gowns	Flannelette				.645	4	2.58
Pants	Rubber				.547	3	1.64
Foot Wear							
Shoes					1.570	1	1.57
Accessories							
Blankets	Cotton				2.260	3	6.78
Waterproof Sheet or Oilcloth	Rubberized				1.100	1	1.10
Quilted Pad	15" x 17"				.685	2	1.37
Safety Pins (cards)	Medium				.095	2	.19
PERSONAL INCIDENTALS							
Wash Cloth	Light weight				.140	1	.14
Bath Towel	Lightweight				.625	2	1.25
Cotton, Sterilized	Pound				2.000	1	2.00
Baby Soap	Large				.148	10	1.48
Mineral Oil (For care of skin)	Pint				.480	1	.48
Brush and Comb Set					.780	1	.78
Talcum Powder	6 oz. can				.430	6	2.58
OTHER SUPPLIES							
Bottles	8 oz.				.152	12	1.82
Nipples	Rubber				.089	12	1.07
Training Pot	Enamel				.580	1	.58
Cup, Plate, Bowl-Set	Plastic				.80	1	.80
Spoon	Stainless				.320	1	.32
Total Annual Cost							$59.37
Monthly Cost							$ 4.95

Range $ 4.80 to $ 5.40

H-5-1-48

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

Department of Public Welfare
State of Indiana

DPW Form 352
Schedule C

Exhibit V

State Average Cost Figures for Clothing and Clothing Upkeep
(Child 1 - 3 years)
Based upon Prices Secured in 16 Sample Counties, February 18-25, 1948 and Revalidated in January 1949

CLOTHING ITEMS	SPECIFICATION	Store 1	Store 2	Store 3	Average Cost	Per Year No.	Per Year Cost
Outer Garments							
Dresses or Suits	Cotton				1.830	2	$ 3.66
Play Clothes	Denim or Cotton Twill				1.720	2	3.44
Sweater	Part or all wool				1.860	1	1.86
Snow Suit or Coat, Leggings and Cap	Wool (50%), or cotton Poplin				7.400	1/2	3.70
Under Garments							
Underwear - Shirts	Cotton Rib Knit				.500	3	1.50
Panties	Cotton Rib Knit				.400	3	1.20
Sleepers	Flannelette				1.680	2	3.36
Sleepers	Cotton Crepe				1.610	2	3.22
Slips	Cotton				.740	1	.74
Foot Wear							
Shoes	Leather				2.380	2	4.76
Anklets or Stockings	Cotton				.275	6	1.65
Galoshes	Rubber				2.110	1	2.11
Accessories							
Mittens	Wool Knit				.540	1	.54
Handkerchiefs	Cotton				.123	3	.37
CLOTHING UPKEEP							
Shoe Repairs	Half-sole				1.230	1	1.23
	Heels				.480	1	.48
	Shoe Laces				.080	2	.16
Dry Cleaning	Snow Suit				.780	1	.78
Total Annual Cost							$34.76
Monthly Cost							$ 2.90

Range $2.58 to $3.14

M 5-1-48

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

Exhibit V

State Average Cost Figures for Clothing and Clothing Upkeep
(Child 4 - 6 years)
Based upon Prices Secured in 16 Sample Counties, February 18-25, 1948 and Revalidated in January 1949

CLOTHING ITEMS	SPECIFICATION	Store 1	Store 2	Store 3	Average Cost	Per Year No.	Per Year Cost
Outer Garments							
Dresses or Suits	Cotton				1.960	3	$ 5.88
Play Clothes	Denim				1.790	2	3.58
Sweater	Part or all wool				2.050	1	2.05
Snow Suit or Coat, Leggings and Cap	Wool (50%) or Cotton Poplin, water repellent				8.120	1/2	4.06
Under Garments							
Underwear - Shirts	Cotton Rib Knit				.477	3	1.43
Panties	Cotton Rib Knit				.430	3	1.29
Sleeping Garment	Cotton Crepe				1.645	2	3.29
Slips	Cotton				.800	1	.80
Foot Wear							
Shoes	Leather				3.240	2	6.48
Anklets	Cotton				.287	6	1.72
Galoshes	Rubber				2.140	1	2.14
Accessories							
Head Scarf or Cap	Rayon, Cotton, or Wool				.860	1/2	.43
Mittens	Wool Knit				.620	1	.62
Handkerchiefs	Cotton				.120	3	.36
CLOTHING UPKEEP							
Shoe Repairs	Half-sole				1.235	2	2.47
	Heels				.480	2	.96
	Shoe Laces				.080	2	.16
Dry Cleaning	Snow Suit or Coat, Leggings and Cap				.780	1	.78
Total Annual Cost							$ 38.50
Monthly Cost							$ 3.21

Range $2.75 to $3.49

M-5-1-48

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

Department of Public Welfare
State of Indiana

Exhibit V

State Average Cost Figures for Clothing and Clothing Upkeep
(Girls 7 - 12 years)
Based upon Prices Secured in 16 Sample Counties, February 18-25, 1948 and Rechecked in January 1949

CLOTHING ITEMS	SPECIFICATION	Stores 1	Stores 2	Stores 3	Average Cost	Per Year No.	Per Year Cost
Outer Garments							
Dress	Cotton				2.620	4	$ 10.48
Skirt	Part Wool				3.060	1	3.06
Blouse	Cotton				1.820	2	3.64
Sweater	Part Wool				2.480	1	2.48
Jacket	Wool				5.180	1/2	2.59
Coat	Wool				11.960	1/2	5.98
Raincoat	Plastic				2.000	1/2	1.00
Under Garments							
Slips	Cotton or Rayon				.905	2	1.81
Underwear (winter)	Cotton Knit				.965	2	1.93
Panties	Rayon, Cotton Knit				.490	2	.98
Vests	Cotton Knit				.450	2	.90
Pajamas or Gowns	Flannelette or Cotton				2.125	2	4.25
Garters	Elastic				.150	1	.15
Foot Wear							
Shoes	Leather Oxfords				3.950	3	11.85
Anklets	Cotton				.310	10	3.10
Galoshes	Rubber				2.220	1/2	1.11
Accessories							
Scarf (square)	Rayon, Cotton , Wool				.870	1	.87
Mittens	Wool				.800	1	.80
Handkerchiefs	Cotton				.126	6	.77
CLOTHING UPKEEP							
Shoe Repairs	Half-sole				1.233	3	3.70
	Heels				.480	3	1.44
	Shoe Laces				.080	2	.16
Dry Cleaning	Coat				.600	1	.60
Total Annual Cost							$ 63.65
Monthly Cost							$ 5.30

Average of cost for girls and boys 7-12 years $5.14
Range for child 7-12 years $4.86 - $5.48

M-5-1-48

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

Department of Public Welfare
State of Indiana

DPW Form 352
Schedule F

Exhibit V

State Average Cost Figures for Clothing and Clothing Upkeep
(Boys 7 - 12 years)
Based upon Prices Secured in 16 Sample Counties, February 18-25, 1948 and Broadcast in January 1949

CLOTHING ITEMS	SPECIFICATION	STORE 1	STORE 2	STORE 3	Average Cost	Per Year No.	Per Year Cost
Outer Garments							
Shirts	Cotton Jersey				1.423	3	$ 4.27
Shirts	Broadcloth or percale Preshrunk				1.790	1	1.79
Trousers (Winter)	Part Wool				3.780	1	3.78
Trousers (Summer)	Overalls or slacks				1.995	2	3.99
Sweater	Long sleeve slipover				2.620	1	2.62
Jacket	All wool or part wool				5.180	1/2	2.59
Raincoat	Rubberized or cotton				4.110	1/3	1.37
Gym Suit (trunks) (If school requires)					1.160	1/2	.58
Under Garments							
Shirts	Knit T Shirt				.637	3	1.91
Shorts	Broadcloth				.600	3	1.80
Pajamas	Cotton				2.150	2	4.30
Foot Wear							
Gym Shoes					3.000	1	3.00
Shoes	Oxfords				4.080	3	12.24
Socks (pr)	Mercerized Cotton				.309	10	3.09
Galoshes	Rubber				3.200	1/2	1.60
Accessories							
Cap or Hat	Wool or part wool				1.060	1	1.06
Ties	Rayon				.530	1	.53
Mittens	Wool				.730	1	.73
Belt	Leather or plastic				.780	1/2	.39
Handkerchiefs	Cotton				.185	6	1.11
CLOTHING UPKEEP							
Shoe Repairs	Half-sole				1.233	3	3.70
	Heels				.480	3	1.44
	Shoe Laces				.080	3	.24
Dry Cleaning	Jacket				.600	1	.60
Dry Cleaning	Trousers				.475	2	.95
Total Annual Cost							$59.68
Monthly Cost							$ 4.97

Average of cost for girl and boys 7 - 12 years $5.14
Range for child 7 - 12 years $4.86 to $5.48

M 5-1-48

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

Department of Public Welfare
State of Indiana

DPW Form 352
Schedule G
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Exhibit V

State Average Cost Figures for Clothing and Clothing Upkeep
(Girls 13 - 15 years)
Based upon Prices Secured in 16 Sample Counties, February 18-25, 1948 and Revalidated in January 1949

CLOTHING ITEMS	SPECIFICATION	STORE 1	STORE 2	STORE 3	Average Cost	Per Year No.	Per Year Cost
Outer Garments							
Dress	Cotton, Preshrunk				3.190	3	$ 9.57
Dress	Rayon (Washable)				5.040	1	5.04
Skirt	Part Wool				3.440	1	3.44
Blouse	Cotton or Rayon				2.035	2	4.07
Sweater	Part Wool				2.990	1	2.99
Jacket	Wool				5.980	1/2	2.99
Coat	Wool				13.340	1/2	6.67
Raincoat	Plastic				2.000	1/2	1.00
Jeans or Shorts	Denim				2.320	1/2	1.16
Under Garments							
Slips	Cotton or Rayon				1.570	3	4.71
Brassiere or Vests	Cotton				1.027	3	3.08
Panties	Rayon, Cotton Knit				.572	4	2.29
Pajamas or Gowns	Cotton				2.580	2	5.16
Housecoat-Bathrobe	Cotton, blanket				4.520	1/4	1.13
Girdle or Garter Belt	Part elastic				1.180	1	1.18
Foot Wear							
School oxfords	Leather				4.597	3	13.79
Stockings	Nylon				1.260	1	1.26
Anklets	Cotton				.302	8	2.42
Galoshes	Rubber				2.540	1/2	1.27
Gym Shoes or Play					2.060	1/2	1.03
Accessories							
Scarf (square)	Rayon or cotton				.940	1	.94
Hat (Felt)					2.010	1	2.01
Mittens	Wool				.860	1	.86
Handkerchiefs	Cotton				.147	6	.88
Handbag	Plastic				2.220	1/2	1.11
CLOTHING UPKEEP							
Shoe Repairs	Half-sole				1.485	2	2.97
	Heels				.447	3	1.34
	Shoe Laces				.080	2	.16
Dry Cleaning	Coat				.970	2	1.94
Total Annual Cost							$86.46
Monthly Cost							$ 7.20

Average of cost for girls and boys 13 - 15 years $6.90
Range for child 13 - 15 years $6.42 to 7.41

M-5-1-48

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

Department of Public elfare
State of Indiana

Exhibit V

DP" Form 352
Schedule H

State Average Cost Figures for Clothing and Clothing Upkeep
(Boys 13 - 15 years)
Based upon Prices Secured in 16 Sample Counties, February 18-25, 1948 and Revised in January 1949

CLOTHING ITEMS	SPECIFICATION	STORE 1	STORE 2	STORE 3	AVERAGE COST	Per Year No.	Per Year Cost
Outer Garments							
Shirts	Cotton Jersey				1.430	3	$ 4.29
Shirts	Percale or Broadcloth				2.000	1	2.00
Trousers	Part Wool				4.290	2	8.58
Trousers	Overalls or slacks				2.110	2	4.22
Suit	Wool or part wool				15.180	1/2	7.59
Sweater	Long sleeve, part wool				3.160	1	3.16
Jacket	All wool or part wool				6.060	1/2	3.03
Raincoat	Rubberized				4.560	1/3	1.52
Gym Suit (trunks) (If school requires)					1.300	1/2	.65
Under Garments							
Shirts	Cotton Knit T Shirt				.630	3	1.89
Shorts	Broadcloth				.627	3	1.88
Pajamas	Cotton				2.370	2	4.74
Foot Wear							
Gym Shoes					3.000	1	3.00
Shoes	Oxfords				4.527	3	13.58
Socks	Mercerized Cotton				.323	10	3.23
Caloshes	Rubber				3.660	1/2	1.83
Accessories							
Ties	Rayon				.685	2	1.37
Gloves	Cloth or Wool Knit				.730	1	.73
Belt	Leather or plastic				.810	1	.81
Handkerchiefs	Cotton				.190	6	1.14
CLOTHING UPKEEP							
Shoe Repairs	Half-sole				1.857	3	5.57
	Heels				.720	3	2.16
	Shoe Laces				.080	3	.24
Dry Cleaning	Suit				.910	1	.91
	Jacket				.580	1	.58
	Trousers				.480	1	.48
Total Annual Cost							$79.18
Monthly Cost							$ 6.60

Average of cost for girls and boys 13-15 years $6.90
Range for child 13-15 years $6.42 to $7.41

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

Department of Public Welfare
State of Indiana

Exhibit V

State Average Cost Figures for Clothing and Clothing Upkeep
(Girls 16 - 17 years and Active Woman)
Based upon Prices Secured in 16 Sample Counties, February 18-25, 1948 and Revised in January 1949

CLOTHING ITEMS	SPECIFICATION	STORE 1	STORE 2	STORE 3	Average Cost	Per Year No.	Per Year Cost
Outer Garments							
Dress	Cotton				3.345	2	$ 6.69
Dress	Rayon				6.780	1	6.78
Skirt	Part Wool				4.060	1	4.06
Blouse	Cotton or Rayon				2.493	3	7.48
Sweater	Wool or Part Wool				3.170	1	3.17
Coat	Wool				22.500	1/3	7.50
Jacket	Part Wool				6.980	1/2	3.49
Under Garments							
Slip	Cotton or Rayon				1.835	2	3.67
Brassiere	Cotton				1.055	2	2.11
Panties	Rayon or Cotton				.607	3	1.82
Pajamas or Gown	Cotton				2.610	2	5.22
Bathrobe - Housecoat	Cotton				4.640	1/4	1.16
Girdle					2.580	1	2.58
Foot Wear							
Play Shoes					3.500	1	3.50
Shoes	Leather				4.680	2	9.36
Bedroom Slippers	Felt				1.740	1/2	.87
Galoshes	Rubber				2.460	1/2	1.23
Stockings	Nylon				1.285	4	5.14
Anklets	Mercerized Cotton				.330	5	1.65
Accessories							
Umbrella					3.360	1/6	.56
Scarf	Rayon or Cotton				.960	1	.96
Hat	Felt				2.300	1	2.30
Gloves	Fabric				1.110	1	1.11
Handkerchiefs	Cotton				.183	6	1.10
Handbag	Plastic				2.720	1/2	1.36
CLOTHING UPKEEP							
Shoe Repairs	Half-sole				1.485	2	2.97
	Heels				.440	1	.44
	Shoe Laces				.080	2	.16
Dry Cleaning	Coat				.970	1	.97
	Jacket				.900	1	.90
Total Annual Cost							$90.31
Monthly Cost							$ 7.52

Average of cost for girls and boys 16 - 17 years $6.97
Range for child 16 - 17 years $6.70 to $7.38
Range for active adult $6.46 to $7.26

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

Department of Public Welfare
State of Indiana

Exhibit V

DPW Form 352
Schedule J

State Average Cost Figures for Clothing and Clothing Upkeep
(Boys 16 - 17 years)
Based upon Prices Secured in 16 Sample Counties, February 18-25, 1948 and Republished in January, 1949

CLOTHING ITEMS	SPECIFICATION	STORE 1	STORE 2	STORE 3	AVERAGE COST	Per Year No.	Per Year Cost
Outer Garments							
Suit	Wool or Part Wool				18.640	1/2	$ 9.32
Trousers	Part Wool				5.000	1	5.00
Trousers	Corduroy				4.790	1	4.79
Trousers	Denim, Drill, or jeans				2.380	1	2.38
Shirts	Cotton				1.480	3	4.44
Shirts	Broadcloth, Percale				2.510	1	2.51
Sweater	Part Wool				3.840	1/2	1.92
Jacket	Wool or part wool				8.250	1/3	2.75
Under Garments							
Under Shirts	Cotton Knit-T Shirt				.607	3	1.82
Under Shorts	Broadcloth				.660	3	1.98
Pajamas	Flannelette, Percale				2.775	2	5.55
Foot Wear							
Shoes	Leather				6.080	2	12.16
Shoes-Gym					3.000	1	3.00
Socks	Mercerized Cotton				.294	10	2.94
Galoshes	Rubber				4.240	1/2	2.12
Accessories							
Belt	Leather or Plastic				.940	1	.94
Ties	Rayon-woven or knit				.860	2	1.72
Handkerchiefs	Cotton				.202	6	1.21
Gloves	Cloth or Knitted				.670	1	.67
CLOTHING UPKEEP							
Shoe Repairs	Half-sole				1.857	3	5.57
	Heels				.720	3	2.16
	Shoe Laces				.080	2	.16
Dry Cleaning	Suit				.910	1	.91
	Trousers				.480	1	.48
	Jacket				.580	1	.58
Total Annual Cost							$77.03
Monthly Cost							$ 6.42

Average of cost for girls and boys 16-17 years $6.97
Range for child 16-17 years $6.70 to $7.38

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

Department of Public Welfare
State of Indiana

Exhibit V

State Average Cost Figures for Clothing and Clothing Upkeep
(Active Man)
Based upon Prices Secured in 16 Sample Counties, February 18-25, 1948 and Revalidated in January 1949

CLOTHING ITEMS	SPECIFICATION	STORE 1	STORE 2	STORE 3	Average Cost	Per Year No.	Per Year Cost
Outer Garments							
Suit	Wool or part wool				29.750	1/5	$ 5.95
Trousers	Part Wool				6.020	1	6.02
Trousers - work	Denim, drill or jeans				2.490	1	2.49
Shirts - work	Cotton				1.618	5	8.09
Shirts	Broadcloth				2.750	1	2.75
Sweater	Part Wool				3.780	1/3	1.26
Jacket	Wool or Part Wool lined				8.700	1/3	2.90
Under Garments							
Under Shirts	Cotton Knit T Shirt				.460	3	1.38
Under Shorts	Cotton Knit or Cotton				.753	3	2.26
Pajamas	Flannelette, Cotton				2.955	2	5.91
Foot Wear							
Shoes	Leather				6.385	2	12.77
Socks	Mercerized Cotton				.282	6	1.69
Galoshes (arctics)	Rubber				4.360	½	2.18
Accessories							
Belt or suspenders	Leather or plastic				.960	1	.96
Ties					.900	2	1.80
Hat	Felt				3.060	½	1.53
Handkerchiefs	Cotton				.210	6	1.26
Gloves	Cloth or Knitted				.630	1	.63
Garters	Elastic				.470	1	.47
CLOTHING UPKEEP							
Shoe Repairs	Half-sole				1.827	3	5.48
	Heels				.713	3	2.14
	Shoe Laces				.080	4	.32
Dry Cleaning	Suit				.910	1	.91
	Trousers				.470	2	.94
	Jacket				.570	1	.57
Total Annual Cost							$72.66
Monthly Cost							$ 6.06

Average of cost for active woman and active man $6.79
Range for active adult $6.46 to $7.26

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

Exhibit V

State Average Cost Figures for Clothing and Clothing Upkeep
(Sedentary Woman)
Based upon Prices Secured in 16 Sample Counties, February 18-25, 1948 Revised in January, 1949

CLOTHING ITEMS	SPECIFICATION	STORE 1	STORE 2	STORE 3	Average Cost	Per Year No.	Per Year Cost
Outer Garments							
Dress - House	Cotton				3.275	2	6.55
Dress	Rayon				6.750	1	6.75
Sweater	Wool or Part Wool				3.520	1/2	1.76
Coat, Winter	Full Length, Untrimmed				22.260	1/6	3.71
Under Garments							
Slip	Cotton or Rayon				1.825	2	3.65
Brassiere	Cotton				1.090	1	1.09
Union Suits	Cotton Knit or 25% Wool				1.500	2	3.00
Pajamas or Gown	Cotton				2.755	2	5.51
Bathrobe (Housecoat)	Cotton or Blanket Cloth				4.680	1/6	.78
Corset					3.000	1/2	1.50
Foot Wear							
Shoes	Leather				5.130	1	5.13
Bedroom Slippers	Felt				1.760	1/2	.88
Galoshes or Rubbers	Rubber				2.240	1/4	.56
Stockings	Nylon				1.290	1	1.29
Stockings	Cotton				.645	2	1.29
Accessories							
Hat	Felt				2.420	1	2.42
Gloves	Fabric				1.120	1/2	.56
Handkerchief	Cotton				.187	6	1.12
Handbag	Plastic				2.680	1/4	.67
Umbrella					3.360	1/6	.56
CLOTHING UPKEEP							
Shoe Repairs	Half-sole				1.490	1	1.49
	Heels				.440	1	.44
	Shoe Laces				.080	2	.16
Dry Cleaning	Coat				.970	1	.97
Total Annual Cost							$51.84
Monthly Cost							$ 4.32

Average of cost for Sedentary woman and Sedentary man $4.33
Range for Sedentary adult $4.04 - $4.92

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

Department of Public Welfare
State of Indiana

DPW Form 352
Schedule M

Exhibit V

State Average Cost Figures for Clothing and Clothing Upkeep
(Sedentary Man)
Based upon Prices Secured in 16 Sample Counties, February 18-25, 1948 and Revised in January 1949

CLOTHING ITEMS	SPECIFICATION	STORE 1	STORE 2	STORE 3	Average Cost	Per Year No.	Per Year Cost
Outer Garments							
Suit	Wool or Part Wool				29.750	1/7	$ 4.25
Trousers	Part Wool				6.220	1/2	3.11
Trousers	Denim, drill, or jeans				2.520	1	2.52
Shirts	Cotton				1.635	2	3.27
Shirts	Percale				2.700	1	2.70
Sweater	Part Wool				4.120	1/2	2.06
Jacket	Wool or part wool				9.500	1/5	1.90
Under Garments							
Union Suits	Cotton Knit				5.505	1 1/2	3.67
Under Shirts	Cotton Knit T Shirt				.715	2	1.43
Under Shorts	Cotton or Cotton knit				.750	2	1.50
Pajamas	Cotton or Flannelette				2.955	2	5.91
Bathrobe	Blanket or Terry Cloth				4.860	1/6	.81
Foot Wear							
Shoes	Leather				5.110	1	5.11
Socks	Mercerized Cotton				.302	5	1.51
Slippers - Bedroom	Felt				1.620	1	1.62
Galoshes or Rubbers					4.280	1/4	1.07
Accessories							
Belt or Suspenders	Leather or Plastic				.980	1	.98
Ties					.890	1	.89
Hat					3.240	1/3	1.08
Handkerchiefs	Cotton				.210	4	.84
Gloves	Cloth or Knitted				.690	1	.69
Garters	Elastic				.480	1	.48
CLOTHING UPKEEP							
Shoe Repairs	Half-sole				1.860	1	1.86
	Heels				.720	1	.72
	Shoe Laces				.080	2	.16
Dry Cleaning	Suit				.910	1	.91
	Trousers				.480	1	.48
	Jacket				.580	1	.58
Total Annual Cost							$52.11
Monthly Cost							$ 4.34

Average cost for Sedentary woman and Sedentary man $4.33
Range for Sedentary adult $4.04 to $4.92

M-5-1-48

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

Department of Public Welfare
State of Indiana

DPW Form 353

Exhibit VI

State Cost Figures for Medicine Chest Supplies
Based upon Prices Secured in Indianapolis, March 23, 1948 and
Revalidated in January 1949

Articles	Specification	Price No. 1	Price No. 2	Average Price	Quantity	Total Cost
Gauze Bandage	1"				1	.18
Gauze Bandage	2" (Sterilized)				2	.45
Absorbent Cotton	2 oz.				2	.54
Adhesive Tape	1" x 5 yds.				1	.33
First Aid Bandages	Assorted				1	.29
Petrolatum	Tube				1	.18
Antiseptic	1/2 oz.				1	.20
Aromatic Spirits of Amonia	1 oz.				1	.25
Oil of Clove	Dram				1	.10
Camphor	2 oz.				1	.43
Alcohol (Rubbing)	1 Pint				1	.29
Mentholatum	Tube				1	.28
Aspirin	Bottle of 50				1/2	.19
Boric Acid	4 oz. Solution				1	.20
Laxative	Pint				1	.37
Medicine Dropper					1	.05
Soda	8 oz. box				1	.05
Total Cost for 1.5 Years					xx	$4.38
Annual Cost					xx	2.92
Monthly Cost					xx	.25

Department of Public Welfare
State of Indiana

Exhibit VII

DPW Form 354
Schedule B

State Average Cost Figures for Personal Incidentals
Based upon Prices Secured in 16 Sample Counties, February 18-25, 1948 and Reevaluated in January 1949

ITEMS	Average Price	Active Man Boy 16-17 No.	Cost	Sedentary Man No.	Cost	Active Woman Girl 16-17 No.	Cost	Sedentary Woman No.	Cost	Girls 12 - 15 No.	Cost	Girl 1-11 Boy 1-15 No.	Cost	Under 1
Comb	$ .12	1	$ .12	1	$ .12	1	$ .12	1	$ .12	1	$ .12	1	$ .12	
Hair Brush	.81	1/3	.27	1/3	.27	1	.81	1	.81	1	.81	1/2	.40	
Shoe Polish	.13	2	.26	2	.26	2	.26	2	.26	2	.26	2	.26	Included
Toilet Paper	.13	10	1.30	10	1.30	10	1.30	10	1.30	10	1.30	10	1.30	
Toilet Soap	.12	12	1.44	12	1.44	12	1.44	12	1.44	12	1.44	12	1.44	in
Tooth Brush	.29	2	.58	2	.58	2	.58	2	.58	2	.58	2	.58	
Towels - Bath	.54	2/3	.36	2/3	.36	2/3	.36	2/3	.36	2/3	.36	2/3	.36	Clothing
Wash Cloth	.13	2	.26	2	.26	2	.26	2	.26	2	.26	2	.26	
Hair Cuts														Cost
Men	.66	12	7.92	12	7.92									
Women	.68					2	1.36	2	1.36	2	1.36			
Children	.61											9	5.49	
Shaving Supplies														
Brush	.62	1	.62	1	.62									
Soap	.32	3	.96	3	.96									
Razor	.60	1/2	.30	1/2	.30									
Razor Blades (Packages)	.19	10	1.90	10	1.90									
Cosmetics														
Deodorant	.51					2	1.02	1	.51	1	.51			
Lotion Hand	.52					2	1.04	1	.52					
Face Powder	.47					2	.94	1	.47					
Hair Pins	.07					2	.14	2	.14					
Lip Stick	.42					2	.84	1	.42					
Rouge	.25					1	.25	1	.25					
Permanent (Home Method)	1.77					2	3.54	2	3.54					
Sanitary Supplies														
1 Doz. Box	.31					12	3.72			12	3.72			
Belt	.26					1	.26			1	.26			
Mending Supplies -(One Unit)	.46	1	.46	1	.46	1	.46	1	.46					
TOTALS	xx	xx	$16.75	xx	$16.75	xx	$18.70	xx	$12.80	xx	$10.98	xx	$10.21	
MONTHLY TOTAL	xx	xx	1.40	xx	1.40	xx	1.56	xx	1.06	xx	.91	xx	.86	

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

DPW Form 355
Schedule B

State Department of Public Welfare
State of Indiana

Exhibit VIII

State Average Cost Figures for Household Supplies and Replacements
Based upon Prices Secured in 16 Sample Counties, February 18-25, 1948 and
Revalidated in January 1949

Articles	Average Unit Cost	Per Year		Increased Need for Additional Members in Household: First Person		Second Person		Third Person		Fourth Person		Fifth Person		Sixth Person	
		No.	Cost	No.	Cost	No.	Cost	No.	Cost	No.	Cost	No.	Cost	No.	Cost
BEDROOM															
Bedspread	2.90	1/5	.58	1	.58			1	.58			1	.58		
Blanket	7.45	1/12	.62	2	1.24			2	1.24			2	1.24		
Blankets (pr.)	3.20	1/6	.53	1	.53			1	.53			1	.53		
Pillow Slips	.62	1/4	.16	2	.32			1	.16			1	.16		
Sheets	2.73	1/4	.68	2	1.36			1	.68			1	.68		
Lamp	2.36	1/10	.24	1	.24										
Rug	2.29	1/5	.46	1	.46			1	.46						
KITCHEN & DINING ROOM															
Baking Dish	.63	1/4	.16	1	.16										
Bowls, Mixing	.94	1/10	.09	3	.27										
Bread Box	.99	1/5	.20	1	.20										
Bread Pans	.26	1/8	.03	1	.03										
Cake Pan	.30	1/10	.03	2	.06										
Can Opener	.14	1/2	.07	1	.07										
Coffee Pot (6 cups)	1.50	1/5	.30	1	.30										
Cup, Measuring	.13	1/3	.04	1	.04										
Dish Cloth	.11	1	.11	1	.11	1	.11	1	.11	1	.11	1	.11	1	.11
Dish Pan	1.00	1/8	.12	1	.12										
Dish Towel	.29	1	.29	3	.87	1	.29	1	.29	1	.29	1	.29	1	.29
Drip Pan	.62	1/5	.12	1	.12										
Egg Beater	.55	1/3	.18	1	.18										
Frying Pan	1.15	1/10	.12	1	.12										
Garbage Pail	1.68	1/8	.21	1	.21										
Ice Pick	.13	1/10	.01	1	.01										
Kettle-Covered	1.19	1/4	.30	1	.30										
Kettle-Covered	1.55	1/4	.39	1	.39										

Department of Public Welfare
State of Indiana

DP Form 355
Schedule B
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State Average Cost Figures for Household Supplies and Replacements
Based upon Prices Secured in 16 Sample Counties, February 18-25, 1948 and Revised Estimate in Jan. 1949 Increased Need for Additional Members in Household

Articles	Average Unit Cost	Per Year No.	Per Year Cost	First Person No.	First Person Cost	Second Person No.	Second Person Cost	Third Person No.	Third Person Cost	Fourth Person No.	Fourth Person Cost	Fifth Person No.	Fifth Person Cost	Sixth Person No.	Sixth Person Cost
KITCHEN & DINING ROOM (Cont'd)															
Knife, Bread	.65	1/10	.06	1	.06										
Knife, Paring	.30	1/2	.15	1	.15										
Lemon Squeezer	.16	1/5	.03	1	.03										
Oil Cloth	.98	1	.98	1	.98										
Pancake Turner	.24	1/5	.05	1	.05										
Pie Tins	.16	1/8	.02	1	.02										
Pitcher	.41	1/5	.08	1	.08										
Potato Masher	.27	1/6	.04	1	.04										
Rolling Pin	.58	1/10	.06	1	.06										
Sauce Pan	.56	1/5	.11	3	.33										
Sieve	.40	1/3	.13	1	.13										
Spoon, Measuring	.10	1/3	.03	1	.03										
Tea Kettle	1.37	1/6	.23	1	.23										
Towel Rod	.30	1/5	.06	2	.12			1	.06					1	.06
DISHES & CUTLERY															
Cereal Bowl	.13	1/2	.06	3	.18	1	.06	1	.06	1	.06	1	.06	1	.06
Cream & Sugar Set	.28	1/3	.09	1	.09										
Cup	.10	2	.20	3	.60	1	.20	1	.20	1	.20	1	.20	1	.20
Dinner Plate	.18	1/3	.06	4	.24	1	.06	1	.06	1	.06	1	.06	1	.06
Glass	.06	2	.12	3	.36	1	.12	1	.12	1	.12	1	.12	1	.12
Platter	.32	1/5	.06	1	.06										
Salt & Pepper Shaker	.14	1/3	.05	1	.05										
Sauce Dishes	.11	1/3	.04	3	.12	1	.04	1	.04	1	.04	1	.04	1	.04
Saucers	.09	1/3	.03	3	.09	1	.03	1	.03	1	.03	1	.03	1	.03
Vegetable Dish	.32	1/3	.11	2	.22										
Fork	.21	1/5	.04	3	.12	1	.04	1	.04	1	.04	1	.04	1	.04
Knife	.26	1/5	.05	3	.15	1	.05	1	.05	1	.05	1	.05	1	.05
Tablespoon	.22	1/5	.04	2	.08										
Teaspoon	.18	1/5	.04	3	.12	1	.04	1	.04	1	.04	1	.04	1	.04

Exhibit VIII

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

State Department of Public Welfare
State of Indiana

DPW Form 355
Schedule B
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State Average Cost Figures for Household Supplies and Replacements
Based upon Prices Secured in 16 Sample Counties, February 18-25, 1948 and Revised in January 1949

Articles	Average Unit Cost	Per Year		First Person		Increased Need for Additional Members in Household: Second Person		Third Person		Fourth Person		Fifth Person		Sixth Person	
		No.	Cost	No.	Cost	No.	Cost	No.	Cost	No.	Cost	No.	Cost	No.	Cost
MISCELLANEOUS															
Alarm Clock	2.14	1/2	1.07	1	1.07										
Chimney or Light Bulbs	.13	1	.13	4	.52			1	.13					1	.13
Matches	.07	1	.07	20	1.40										
Nails	.15	1	.15	1	.15										
Shears	.67	1/5	.13	1	.13										
LAUNDRY															
Clothes Line	1.07	1/2	.54	1	.54										
Clothes Pins	.11	1	.11	2	.22			1	.11			1	.11		
Pail	.54	1/5	.11	1	.11										
Wash Board	.96	1/3	.32	1	.32										
Electric Iron	4.36	1/5	.87	1	.87										
CLEANING EQUIPMENT															
Basin (Hand)	.45	1/4	.11	1	.11										
Broom	1.10	1/2	.55	1	.55										
Mop Handle	.37	1/3	.12	1	.12										
Scrub Brush	.24	1/2	.12	1	.12										

Exhibit VIII

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

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773013

Department of Public Welfare
State of Indiana

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Exhibit VIII

State Average Cost Figures for Household Supplies and Replacements
Based upon Prices Secured in 16 Sample Counties, February 18-25, 1948 and Revalidated in January 1949

Articles	Average Unit Cost	Per Year		Increased Need for Additional Members in Household: First Person		Second Person		Third Person		Fourth Person		Fifth Person		Sixth Person	
		No.	Cost	No.	Cost	No.	Cost	No.	Cost	No.	Cost	No.	Cost	No.	Cost
CLEANING SUPPLIES															
Ammonia	.15	1	.15	2	.30			1	.15			1	.15		
Bluing	.10	1	.10	1	.10	1	.10	1	.10	1	.10	1	.10	1	.10
Laundry Soap	.13	1	.13	10	1.30	11	1.43	10	1.30	10	1.30	11	1.43	10	1.30
Scouring Powder	.09	1	.09	6	.54			2	.18	2	.18	2	.18		
Starch	.12	3	.36	1	.36			1/2	.18			1/2	.18		
Water Softener (Tri Sodium Phosphate)	.19	1	.19	1	.19	1/2	.10	1/2	.10	1/2	.10	1/2	.10	1/2	.10
Total Annual Cost	xx	xx	xx	xx	$22.10	xx	2.67	xx	7.00	xx	2.72	xx	6.48	xx	2.73
Average Monthly Cost	xx	xx	xx	xx	1.84	xx	.22	xx	.58	xx	.23	xx	.54	xx	.23

Monthly Cost for Households of Various Sizes

	Average Cost	Low County	High County
1 Member	$ 1.84	1.69	2.00
2 Members	$ 2.06	1.88	2.25
3 Members	$ 2.64	2.43	2.88
4 Members	$ 2.87	2.62	3.13
5 Members	$ 3.41	3.13	3.72
6 Members	$ 3.64	3.32	3.97

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

Prescribed by
Department of Public Welfare
State of Indiana

DPW Form 349
(Revised 4-22-49)

CERTIFICATION OF COUNTY STANDARDS FOR REQUIREMENTS FOR PUBLIC ASSISTANCE

This is to certify that reconsideration has been given to the County Standards for Requirements. It has been determined that these Standards represent a minimum essential to maintain a reasonable subsistence compatible with decency and health and are based upon actual conditions as found in this county. The monetary provision for each requirement which the State Department of Public Welfare has determined to be essential to maintain a reasonable subsistence compatible with decency and health has been based upon supported data as set forth below.

A. A definite monetary amount has been established for each of the following requirements by the method indicated.

1. State Standard - State Monetary Amount
2. State Standard - County Pricing
3. County Developed Standard - State or Local Pricing

REQUIREMENT	METHOD	TYPE OF DATA SUBMITTED
FOOD		
CLOTHING		
MEDICINE CHEST SUPPLIES		
PERSONAL INCIDENTALS		
HOUSEHOLD SUPPLIES AND REPLACEMENTS		

B. Each of the following requirements has been provided for in one of the three ways designated below and by the method indicated.

Basis

(a) Verified Need
(b) Verified Need up to a Maximum
(c) Definite Monetary Amount

Method for Establishing Monetary Amount

1. Case Load Survey
2. County Standard - County Pricing
3. Other (Specify)

REQUIREMENT	Basis for provision (a)	(b)	(c)	METHOD	TYPE OF DATA SUBMITTED
BOARD					
BOARD AND ROOM					
SHELTER					
FUEL - HEATING					
FUEL - COOKING					

(continued)

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

(continued)

REQUIREMENT	Basis for Provision (a)	(b)	(c)	METHOD	TYPE OF DATA SUBMITTED
UTILITIES - ELECTRICITY					
GAS					
WATER					
KEROSENE - LIGHTS					
REFRIGERATION					
INSURANCE					
PERSONAL SERVICES					

C. A definite monetary amount has been provided on a reasonable basis for the following requirements as indicated:

REQUIREMENT	PROVISION MADE (Yes or No)	TYPE OF DATA SUBMITTED
RECREATION		
SCHOOL EXPENSE		
MISCELLANEOUS		

The County Standards for Requirements were adopted by the County Board of Public Welfare of _____ County at its meeting held on the _____ day of _____ 194___ and are to be placed in effect on all cases presented at the _____ 194___ Board Meeting of said County, as shown by the official minutes of the Board.

Signed by order of the County Board

_____
County Director

Reviewed by _____, Director,
Division of Public Assistance, for
Department of Public Welfare - State of Indiana,

_____, Administrator,

Date of Review _____

Send three copies to the State Department of Public Welfare. One copy will be returned to the County Department upon completion of the review.

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

Prescribed by
Department of Public Welfare
State of Indiana

DPW Form 349A

CERTIFICATION OF CONSIDERATION OF ALL OMITTED REQUIREMENTS IN STANDARDS OF ASSISTANCE

(To be used by the county department of public welfare only if any requirement is omitted from its Standards for Requirements.)

This is to certify that all requirements identified by the State Board of Public Welfare as essential and necessary to maintain a reasonable subsistence compatible with decency and health have been considered by the County Board of Public Welfare. After such consideration the requirement(s) listed below has (have) been omitted for the reasons stated.

Requirement(s) Omitted	Reasons for Omission

The above named requirements were excluded from its Standards for Requirements by the County Board of Public Welfare of _____ County at its meeting held on the ___ day of _____ 19___, as shown by the official minutes of the Board.

Signed by order of the County Board

_____
County Director

Reviewed by _____ Director,
Division of Public Assistance, for
Department of Public Welfare - State of Indiana,

_____ Administrator.

Date of Review _____

Send three copies to the State Department of Public Welfare, One copy will be returned to the County Department upon completion of the review.

D 4-22-49