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Record Group/Collection: Donated Historical Materials
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Folder Title:
[TIRR] New Options Financial Module [1975-1976]

Stack:

Row:

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Lex,

Your rought draft...

Jim:

We are going to talk about TRC tonight. TRC is a state agency. We are going to talk about social security, SSDI which is different from SSI. We are going to talk about Medicaid and Medicare. Each of these are different concepts of ampithies. You will find many people ~~that~~ tell you that you qualify for many of these programs, and some people tell you that you won't qualify. Never take anything that you hear whether its true, not even what I say. But check it out, there are places to check these things out. Laws are on file in the public Library. If a counselor or a case worker for one of these programs tells you yes or no you qualify or you don't qualify ask her where it says that and why. Then ask her if she will send you a copy of that and if she won't ask her where you can locate it and if she can't tell you where you can locate it ask her if you can speak with her or his boss so that they can tell you where it can be located. Those are public records. ← The laws as to who is eligible and who is not eligible. If it was an arbitrary decision or "not arbitrary but a descretionary decision" ask them who makes that decision. Ask if it is appealable. Sometimes you have to apply in writing to appeal a decision so time is of the essence. You might want to make a written application, rather than on the phone. You make a written application so that when you are denied you can appeal it. Most agencies have a rule against appealing oral denials. ~~Tonight, TRC, our guest lecturer is Lex Frieden and he does~~ ~~lecture well. First of all he will start out talking with you Ruby, about~~ ~~Why are you people here?~~ Do you know what TRC does for you? Why are you on TRC?

made it up, don't expect them to change it because it is harder to change than it is to make it. That must be an agreement between you and TRC. Now they can make changes.

Ruby

They make it in very generalized terms so that later on whatever we wanted to do later that it would fit into this type of broad category. He made some real broad categories.

Lex

Did he put some real broad dollars on it also? on the number of dollars they invested in your life?

Ruby

There was no money involved, except for the cost of the wheelchair.

Lex

Most often it is associated with expense. For medical supply expenses, all sorts of things like that. In other words anything that you are likely to need they can pay for as long as it relates to your getting an education or a job.

Jim

What has always been interesting to me is how they can provide benefits for me for three years or after they had created this, IWRP, or for you for however long you have been on it, and have never even shown me one of these things. Then for me to come along later and sign one and have my counselor ^{pre}~~post~~-date it or whatever you call it when you date it back earlier. What they have given you

in the past. He has to show there is paper to his superiors some time or another. But I don't know if it ever has to actually leave your file.

Lex

That is another thing. Your file is another thing. You have a right to see your file according to the freedom of information. ~~at~~ You have a right to see your file. Now they may deny you that right and you may have to threaten to go see a lawyer if you want to see your file but if you have a sound mind that is the only reason that they don't have to show you your files. If they say you are mentally disturbed.

Jim

Do you know what the Freedom of Information Act is? It is a federal government law that says that any agency at whatever level, public agency, and there is also a state Freedom of Information Act besides the federal law that says the fact that we have collected these records makes them public of everything in them except what is confidential and since what is in that concerns you that is not confidential to you.

Lex

Now the Privacy Act says that nobody else besides you in the agency has a right to look at them, so if there is something in that file you don't want anyone else to see, they don't have a right to see it. In other words, if somebody else finds something out about you that is only in that file then you can sue whoever let it out.



Jim

Let us not talk about sueing. Let us just say your right have been infringed.

Lex

So there is two complimentary laws there. The Freedom of Information Act which allows you to see anything the government keeps about you and then on the other hand the Privacy Act that prevents somebody that doesn't have any business seeing it.

Jim

The purpose of the Freedom of Information act isn't to provide information about yourself. It is to provide any information that the government has in their hands. The government is your agent. They work for you. What the government knows, you should know. There are exceptions. The exceptions of what the government doesn't have to tell you is what is confidential but it just so happens that this doesn't fit any confidential exception rule because its about you. You have a right to know anything the government has. You have to pay them though for the cost it is to provide it to you. There is very little cost in opening up a folder and showing you what is in it.

Lex

The fact is they may say look, you know, we can't let you see these files they are confidential. But they don't have the right to keep you from it. The only way they might have a right to keep it from you is if you are mentally disturbed or something like that. It will hurt you to see the truth about yourself. Ok, that is the only justification they have for withholding that information and for anybody in this group that should be not a justification. But you can hold your file anytime you want to and not only can you look at that anytime you want to but you can actually have a copy of that and for them to create that you should have signed a copy of that.

Jim

There is on this plan usually a limit of one year and a renewed plan once a year. You look at your plan once a year. You update it once a year. You should get together with you counselor once a year and to over the successes in accomplishing whatever your goals are in the past. You might amend your plans whenever you want. You have a right to request, to request, that your plans be amended, and often your counselor will be glad to do that and amend it but they do not have a right to amend it and take away from you without your written consent. So if you ever see something that is on that plan and you are fulfilling your end of the bargain of working towards that goal then they have to fulfill their end of the bargain and provide what they said they would provide for you. That is why they don't like to put too much on them more than what your needs are. Remember I talked about budgets in one of the earlier sessions? You can change your goals too for legitimate reasons.

Lex

As long as your counselor agrees to that.

Jim

You can make your goals very long term. We will hit each one of these one at a time.

Lex

The fact is though they are more than likely going to agree with that in the beginning because if you go back and changing your mind all of the time they will tend to get pretty strict. -But if you honestly seek out what you intend to do go there and follow through on that then you are going to have real good

luck. But if you are always changing your mind and changing your goals and changing what you need and what you think you are going to have to have to get it, ^{they} ~~you~~ are going to become ~~more~~ very uncooperative and it will become very difficult for you to get ~~assistance~~ *assistance*.

Jim

However, if the changes cannot hurt them... For example; your'e in your junior high school and your are saying do I want to be a doctor someday and then in senior high school you say, no I want to be a mechanic. Then your first year of college you are taking all your basic courses and you say no, I want to be an English teacher. Well you are still working towards all of these goals and that is not going to hurt. It is when you have gone through 2½ years of extensive math studies and you decide that you want to be philosophy major.

Lex

For example, they send you to welding school and you pass the test and then you decide you want to be an attorney. Those are the sorts of changes that are going to get you cut off.

Jim

Because they cost them and they say we have trained you for a goal, we trained you for a career , now use that career.

Lex

Another thing to remember is not to bite off more than you can chew. I mean lets say you are going to college, you will have to make some predictions and educated guess about how long it is going to take you to finish school. Dont't bite off more than you can chew but do as much as you can reasonably do.



Jim

When Lex started out, his first goal was three hours a semester?

Lex

No, the first semester I went back to school, I took 5 hours. The next semester I took 6 hours. The next semester I took 9 hours and 9 hours in the following semester. Then 12 hours and then 15 hours and the last three semesters I took 18 hours and I graduated from college in 3½ years. I started out real slow.

Jim

You can always do better than what your goal says but don't commit yourself to more than what you can handle but don't say less, too much less than what you can handle or your counselor isn't going to think you are trying hard enough. They are pretty good at sizing you up with what you can do. Now what do you do. Do you say well I just want to get through high school or do you say I want to get through high school and college or do you say I want to go to welding school. Well, why don't you say something like this perhaps in your goal. "I would like to go to radio technology school" and "I would like to secure a job and I would like to have a savings of \$3000.00, I would like to have me a car to get me to and from work and I would like to be self-supportive, that is my goal". A broad goal like that is exceptable but make sure if you have a long term goal like that you have a short term goal say maybe, graduation from ABC Radio Technology school.

Participant asks question (too low to hear)

Jim

Yes. You can always talk to your counselor about if something has come up that, in other words, if your eyes are bigger than your stomach or your capabilities. They are very understanding if the reasons are legitimate. They don't want professional people .

Lex

I mean, don't be afraid to try something. Maybe you can make it and maybe you can't. Don't be afraid to take a chance. But don't take too many chances.

Jim

I have a very good friend who goal for many years was to be an M.D. He changed that after being on TRC for seven years, he had to. The medical school won't accept him. But every one of his counselors accepted that as a legitimate goal for him. Knowing how the odds were against him of getting into medical school.

Lex

But he had a high IQ and he could pass the college classes and that sort of thing. Maybe somebody who didn't do so well in high school, they wouldn't have accepted that as a reasonable goal. That is why it is such an individualized thing. That is why each person has their individual counselor.

Jim

Each of those words: individualized is important, written should be writing, rehabilitation as to rehabilitate and it is a plan, all plans don't have to be stuck to, people change their game plan all of the time of life. These counselors are supposed to have a lot of education and training on the rehabilitation planning so they should understand it .

Lex

And they literally do. Counselors are not going to burn you, you are going to burn yourself. When you do that there is always somebody looking over your shoulder and you are going to feel it. You know...

participant ask question (too low to hear)

Lex

If somebody makes a decision, you always have a right to appeal that decision. To the next highest level. Maybe we can talk about the way TRC is set up so we can understand those levels. Each individual person has a counselor that they are assigned to. Your file is in a counselor's office. Each client has their own file. There are thousands of these counselors all over the state. Your file is transferred from one counselor to another if they don't like you or you don't get along with them or if they don't understand your case. Your file can be transferred from one counselor to another but it is always going to rest in the hands of one counselor or another. You should always know that person and how to get ahold of them. The telephone diplomacy doesn't work because in person you come across a lot better than you do on the telephone.

Jim

Basically, the way they like to assign you is by the school you are attending or the geographical area that you are residing in.

Lex

Now that counselor always has a supervisor. Maybe two supervisor's but at least one supervisor for every counselor. Now that supervisor is probably in the same office as the counselor so if you have a problem with that counselor you can always

ask to see the supervisor. And then that supervisor always has to speak to the director of TRC. Every region of the setting has a regional director. The state is divided up into 7 or 8 regions in the state of Texas . Each one of those regions has a regional director. Now in the Houston area there are two regions there is one down in Sugarland and there is one in the Houston area itself. So if you are in Houston , live in Houston, your counselor is in Houston. The regional director is Jackson King. He is the man you need to go and see if you disagree with the counselor or the system.

Jim:

Now when we say see, we are not just talking about physically seeing some of these individuals sometimes it might be letters.

Lex:

The regional director has to speak to, has to answer to, be responsible to one of the deputy commissioners of the TRC. The deputy commission is responsible for all of those counselors to deal with the severely disabled people of which you are all part of is Mr. Wheeler. Mr. Wheeler then, his boss, is also located in the same office in Austin, the capitol, is Mr. Jess Erwin. He is commissioner of the Texas Rehabilitation Commission. Now Mr. Erwin doesn't end there even though he is the big boss, because Mr. Erwin is responsible to the State Legislature of the State of Texas. Because Mr. Erwin is employed by the people of Texas as a commissioner, he is appointed by the governor and responsible to the people of Texas so if you have a problem and you don't agree with Mr. Erwin on you can go to your state representative or your state senator who has the authority to deal with Mr. Erwin because he is employed by the state of Texas and employed by the government. Now all of these other people that we talked about before work for Mr. Erwin. He is their boss. But Mr. Erwin works for the state of Texas. Consequently, the legislators, your representative and your senators, and the government is responsible for appointing and overseeing

Mr. Erwin.

Participant

? How long can he stay in office?

Lex

As long as the government wants to keep him.

Jim

Mr. Erwin can stay in office as long as of the government.
Now there are strings attached to the legislature, the governor, Mr. Erwin, etc.
because the State of Texas is not independent. They don't supply all of their
own money.

Lex

In fact, 90% of the money that supports TRC is pension, funds from the federal
government.

Jim

Through the department of Health, Education and Welfare.

Lex

The way it works is, we are going at it backwards now for amminute. I am going to
turn the whole thing around. The way you have a right to TRC is because you pay
taxes and you live in this democracy to which you will pay taxes because that is
the way the system works. Based on the Taxes you pay as a citizen you have a right
to TRC becuae you are a citizen. Either you pay taxes or your parents pay taxes
to the Federal Government. A portion of those taxes go to the Department of Health,
Education and Welfare and they are legislative by the United States congressman and

senators. A portion of that is legislated to you for rehabilitation services . So within this agency called the Department of Health, Education and Welfare there is an office called the rehabilitation service administration and all of these people in HEW work for the President of the United States. But they are under control of the Congress because the congressman reappropriates the money to be used in these agencies. So 24 million dollars is appropriated last year to be used for the rehabilitation services administration. Dr. Andrew S. Adams is the commissioner of the federal rehabilitation services administration. He has people working in ~~WASHINGTON~~ Washington and he also has ~~regional~~ offices in each region of the United States. The region that we are in has an office in Dallas.

Jim

These are federal regions .

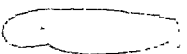
Lex

So the money is appropriated by the federal congress for rehabilitation services and vocational rehabilitation . Comes from Washington through Commissioner Andrew Adams office of rehabilitation services to Dallas, to the regional office in Dallas and then to Austin , the state office. However much money seems to match the 10% that the State of Texas contributes to rehabilitation. 90% of these dollars comes through the federal government. What we are saying then is if the people in the state violate the federal laws they are likely to get that 90% of the money cut off. And they are not about to do that because that is very important, so not only is there a string of attachments in the state, from your counselor all the way up to Commissioner Erwin all the way back to the people in the state legislature of the governor but you have to consider that 90% of the money that they spend comes from the federal government

so that there is another set of strings attached. What that means to you is that if you have trouble in the State then what you believe is rightly yours for rehabilitation in itself you can also respond to the federal government. to your federal representative, United States representative, United States Senator, Senator Bentsen. Write him a letter and tell him what your problem is. Now for you to better understand what happens when you do this, let me explain to you. Say you have a problem with your counselor. You want to go to medical school and they say no I want you to go to Welding school. You don't agree. They won't change their minds and you won't change yours. So you tell the supervisor and nothing happens. So you go to ~~Austin~~, the regional man, he stands by his supervisor and the counselor. No, he says, they made the right decision. You go to Austin, you get not help there maybe they even hold an administrative hearing, you can ask for that any-time you want. You can ask to have an administrative hearing and at an administrative hearing they will send attorneys down to hear this case in an court of law. Maybe that doesn't agree with you. So you can write your state senator. Write Senator Bentsen and tell him what your problem is. Tell him that you believe that you should be receiving these benefits on account of the fact that you want to go to medical school and when you do this sort of thing you better have a case built up in your favor. You better be able to say look I made straight A's in school so I can pass the courses in medical school. Always remember you not just picking it to win. You better have a reason. So anyway you send the letter, he ~~XXXXXX~~ never sees the letter, the letter goes to one of his staff people. that is responsible for rehabilitation in some state.

Jim

He might look at a good letter.



Lex

It goes to the office and they will sort all of this mail and send a stack to Gail picker, she is a nice woman and she will open the letter and if is a corny letter that says I think I am being screwed in Texas, she will probably pull out a form letter that says Dear so and so, I am sorry you are being screwed in Texas vote for Senator Bentsen next time and he will fix it for you. But if it is a letter that is well written that says what the problem is, who you are, then she will take the letter and she will draft a reply to it, maybe she won't . Maybe she can't answer the question, maybe it has to do with rehabilitation. So she will send it from Senator Bentsen office over to Andrew Adams office, the commissioner of the Rehabilitation Services Administration in Washington or she may even send it to Secretary Mathews, the secretary of the Department of Health, Education and Welfare. And within ten days she will get a reply from that office based on your complaint, an answer to that complaint is what it amounts to in most cases. Some justification or some statement that it is going to be corrected. Some answer she will get and she will take this to Senator Bentsen and show him the letter that you wrote and she will show him the letter that she sent over to the commissioner and the answer that she got back and perhaps a letter that she drafted as an reply to you explaining the circumstances and so forth., and he will sign the letter or else compose one of his own and return it to you and you will have an answer pretty fast. But if you really have aproblem then that is the place to go but you should try to handle and answer the question yourself before you go to "GOD" you know what I mean? See if you can solve the problem yourself before you go upstairs.

Jim

You will find this very hard to go upstairs too.

Lex

Once you start to do that .

Jim

That is the formal system. Let's talk about how it works on a case to case. Things like closure and ratings. Where they have different ratings on you as to what your progress is in working toward your goal.

Lex

Before we do that let me just say one thing about everything I said before.

The minute that you go over somebody's head, you have created a monster, and the monster you have created is you. Because you are still assigned to that counselor that you had a disagreement with and that counselor is forever going to hate the fact that you went and told his boss on him. So before you do that you better be darn sure you can't solve the problem with that counselor. OK. And maybe you might be better off asking your supervisor to assign you another counselor because you can't get along with that one. Then you go through all of the steps of what has already been decided.

Jim

Remember I talked to you last time about all the different ways and how the different ways of dealing with individuals in bureaucracy and institutions. How to de-institutionalize and one of the ways Lex has just given you help on and that is you have to know the system that their hands are tied with to understand them.

Lex

But you should always try to use that individual if you are assigned to that counselor because in most cases that counselor will stick his neck out for you.

Lex

There have been cases actually, I talked to a counselor in Oklahoma yesterday and this guy used to be my counselor, OK. He decided that there was a girl who was under him who, this girl went through college and she had a job offer from a big company in downtown Tulsa. She could make a \$1000. a month to come there and supervise their computer management program.

Jim

A model client isn't someone who is going to get a highly paid job someday because they are a doctor and not someone who has high aspirations to go to 20 years of college. A lot of clients is somebody who meets that goal that they set out no matter what it is or tries hard at getting there and fulfills their promises and doesn't get unnecessarily sick a lot. Sometimes it is not fair that you get a bed sore and you have to drop out of school or training but it does hurt your record, and you are not a model client if you get bed sores.

Lex

The question is why did you get the bed sore. You get the bed sore because you put too many hours, and you had to sit up and study too hard or did you get the bed sore because after you got through studying you decided to watch TV in your wheelchair or else you went out drinking with the guys or the girls or something like that. That is the real question. The question is how you are to your ~~professional~~ vocational goals. You may be committed for the rest of your life and I am not willing to make a judgement about that but the fact is the judgement was made in the program by the congress which established the law and said that for you to receive services you have to be working toward the vocationally oriented goals. It doesn't say anything about the high quality of life because if it said that somebody who decided that they wanted to lay on the couch and drink beer and watch the Yankees play baseball could qualify. Then the government would buy him the

nicest TV, the softest couch, the highest quality beer and bring him the finest women on the block, right. So it doesn't pay that, it has to be a vocational goal. So unless you are committed, working real hard, studying real hard, making good grades, then you can't expect to have the sort of standards that they provide.

Jim

There is other elements in the model client too and that is a client that keeps in contact with the counselor, a client that has a good attendance record with whatever training school he or she is enrolled in, a client that doesn't go over the counselor's head too many times. One who doesn't complain a lot. That doesn't mean you shouldn't ask for what you have a right too. But somebody who attempts to cooperate more than they do fight. Those are some of the elements of the model client. You don't have to be a "brown-noser" to be a model client.

Lex

The main thing you can do in your own favor, politicing certainly doesn't hurt. ~~XXXXXX~~ In other words, let me give you an example of the sort of positive kinds of politicing you can do that your counselor might appreciate and in the future might lead him to make a decision in your favor. That would be if at the end of every semester during school you sat down and wrote him a letter explaining to him what grades you made, why you made good grades in some things and why you made bad grades in others. Maybe you should tell him that you only missed three days in school and the reasons why. You don't have to do that, you are not obligated to do that but the fact that you took the time to write him that letter and explain that to him is going to be in your favor in the future.

Jim

Most counselors that I ever had had asked me to send them a copy of my grades.

They would appreciate it more. They will put it in your file and they will be able to brag on you to their supervisor. Now let's talk about counselor's and what makes them tick. Why do they not want to give you something when they don't want to give it to you. What kind of pressures are put on them for them to make you produce. First of all, you might come across a counselor who figure the money is their own money. This is my money! It is a syndrome that is very easy to get into. In some ways it is good because they are paying taxes, too. They know a part of every dollar they take is going back to you because you qualify for their coverage. There is a budget that overall can be spent at each of these levels. They have a budget that they can spend. As far as the budget for any one particular individual that's totally flexible. Without being unfair he could possible spend a big hunk of the budget on one individual if there was a need there and there was a potential there. It has been known for a counselor to provide vans for individuals, counselors to provide \$500 of attendant care a month.

Lex

Not necessarily to say. Now don't go to your counselor and say that Lex Frieden said you bought a van for somebody. That is not true.

Jim

It has been known for counselors to buy beds, electric wheelchairs, pay for airplane trips , many expensive things have been provided for. You will find some counselors who will say no we do not provide this catagorically. Most often they will denigh that they are allowed to provide something but when we get into a group, on a group level. If you want to know what you can personally get, talk to your counselor by yourself . Don't ask in a group " Do you provide tuition and books". He might answer yes we provide tuition but as a general rule we don't provide books or no we can never provide books.

Lex

There are certain things that they can provide by law without regard to your own financial or economic status. First things, we have a list of them. There are certain things without regard to you and on the other hand there are other things that they provide that very much are dependent on needs and these counselors are aware of that and you can be honest with them it is much better, about whether or not you need it. Because if you are taken something that is dependent on needs and somebody else needs it worse then you are cheating them.

Jim

One of the benefits of being able to write up a budget, draw up a budget is if you can provide your counselor with a budget of why it is going to cost you this, this, and this. He is more likely to see why you do need it and last time we talked, Lex, you gave a good example of how you came into a budget. Let's say this budget shows that you had to spend \$900 a month for certain types of expenses and at the time TRC was paying you \$200 a month maintenance. Now if you can go in there and say look this is what it is costing me to live and do what I need to do to reach my goal. XXXXX & X, If you will give me this much money here I will go live with my parents, my parents will provide me with room and I can knock \$150 off of my budget. I am willing to sacrifice that if you will give me hand controls for my car. In other words the more you are willing to do for yourself and knock off the expense end of the budget maybe that is all the more willing the counselor will be to contribute to the income side of the budget. So you can live on a balanced budget.

Lex

You go in there with a budget to find out, let say that you know how much it is

going to take you to live for room, board, etc. Add entertainment like for some beer and such so go ahead and put that down, put down the money you are going to need for transportation. Figure it all out there, how much per month. Unexpected expenses, insurance.... and then go to the income. And prepare thos, write down there that you get \$200 a month SS and so on and so on and take that to your counselor and bargain with him, that is what you are doing. "Look here is what I need to do to be able to accomplish or get where I am going" and I am coming up this amount short. But if you can turn around and say well look how much I am contributing, look how much my parents are contributing to that, then it doesn't look like that much money to them. Don't try and screw them. Now there is one thing that people get into, don't lie to them. Because if you lie to them and they find out, they are not going to cooperate with you in the first place, and in the second place you may be legally liable for that lie and you may have to pay back everything you got either before or after that lie. Don't lie to them!! But some people tend to go overboard in another way. I mean I did this myself, so I know. My parents contributed a hell of a lot to my rehabilitation. They probably should not have. In other words they went without some things that they would have had had it not been for them contributing to my rehabilitation. And they really didn't need to do that. You have a tendency to say, when people ask you, here is all of the things I buy and all the expenses that I have and who pays for them and then you get down at the bottom you get to some expenses that you have and you can't account who payed for them and so your parents contributed this. Right! Somebody has to. Well the next questions is how much did your parents contribute. The answer to that question is, "Well, however much I need to get buy"! Because if they weren't, you know... Nobody would be contributing. But they never do ask what are your parents going without so that you can have. That is the question, other then relate that to your own circumstances. Very frequently, the parents will make a sacrifice on account of you.

Jim

They have to retire someday.

Lex

What you need to do in that case, is maybe to talk to your parents and figure out how much they can contribute without going without themselves. How much they can honestly contribute. And then go to your counselor and say look you know I am coming up this much short.

Jim

Once your parents are helping you out, your counselor psychologically will use this over your head and say, "Well, if they are giving that to you, they are obviously wealthy and they can give you a little bit more." This is why Lex and I were afraid to admit to our counselors that our parents were helping us out. That they bought us that color television set for Christmas or whatever. Because as soon as you admit that your parents can help you out some, then they will want your parents to help you out more. But your parents have a limit to how much they can help you out.

Lex

So that is something you have to decide yourself. You have to decide in cooperation with your counselor. Sometimes it is better to just accept gifts from your parents. In addition, to what you need to get by with. Your 21 years old or 18, I guess, your legally of age and if it hadn't been for your disability, you would not have been living at home or depending on your parents, then the general rule is not to depend on them because you are disabled.

Jim

If your parents are really poor. . I even told this one individual that his dad was

so poor he really was taking food out of his own mouth to help his son out, the one that was disable, I told him to tell his counselor that his dad dis-owned him. That his dad can't afford to pay him anything.

Lex

In fact, TRC can pay you rent to your parents home. They don't very often do that because they expect your parents to provide that. Legally, they could , they could give you the money to pay your parents rent.

Jim

By the guidelines, they probably can, but as far as their legal restrictions they couldn't. There is pressure on counselor's to get you going on your goal. To move you along when it starts going down. If you say you were going to 3 years of TV school and five years have gone buy. Stars are going to start showing up on the computer that you havn't finished your training program. If you change your program temporarily because you have to go under temporary hospitalization, so it says temporary hospitalization, it changes your written rehabilitation program and you are in the hospital too long, stars start showing up on the program. Your computer program. When these stars or asterick's show up on your program, you as an individual are called to the attention of his supervisor. So, his supervisor says look we have to get that guy going. The reason it is important for the supervisor is indirectly the way you are rated, how far you go along in your goal and if at the very end you are closed out, you are rehabilitated, TRC does not need to help you ever again and you don't need TRC's help. As many people that get clicked off like that that go into books and off their books, that number determines how much money is given to that district in comparison to all of the other districts in the United States.

Lex

That is what determines how much money the state gets from the federal government

for the rehabilitation program. The number of 36 closures. 36 is the total number of everybody that is a professional in rehabilitation counseling and that is a 36 closure. The minute they put that next to Debbie Justiss name, 036, that means that her case is closed and she has reached her goal that she is employed, or whatever, that she has done whatever the plan said. Everyone of thos in the state of Texas ^{that} gets closed during each year means they get more money from the federal government for the next year. So they are trying to get as much closures as they can, so If it comes to the end of the year and they haven't got very many and you are just within reach they may want you to finish up that year.

Jim

There have been scandals about this but their are some counselors that are very good about it.

Participant

Jim

There is no right for them to force you to be closed until you have met your rehabilitation goals and I think when it comes close to graduating time and you are secure in a job you shift your goals to , I want to find a job and I want to stabalize and be self-supportive . One of the things that is an element of self-support is job security or proof that you can hold a job. You might have to hand onto a job for 2 years before you are secure that you can go out into the world and support yourself. What would happen if after a year and 2 months when you are off social security and everything else, you break down with a bed sore and you are in the hospital a year. How are you going to ever go out and

get rehabilitated again, if it weren't for the help of TRC? If they didn't close you off.

Lex

It is hard to re-open a case...

Jim

It is almost impossible..

Lex

It is harder to re-open a case then it is to go back to your counselor with an open case to begin with.

Participant

?

Lex

I am going to do my counselor a favor. Right before the end of next year I am going to call him up and say look

TRC also has what they call a self-supporting act. That is that if for example, you decided you wanted to own a laundromat, they will go out and lease a space for you and lease all of your equipment and give you enough money to pay for employees salary for a year or 18 months or for however long it takes you to make a on your job. Sure they will. If you can convince them that you are going to make it work..

Jim

That you have a business head and that you will do it...

Lex

They can do all sorts of things like that.

Jim

The point is they want to get you out to be economically productive.

Participant

Jim

I am very cautious. I learned the hard way that after working for a company for ten months that the first person who is going to get laid off is a physically disabled person. Because I was the last one hired I was the one with the least job security so no laws were violated there.

Lex

See that security thing can handle what kind of job you do too.

Jim

If you are an mechanic, you can pick up a job anytime.

Lex

In Jim's profession,

It is very difficult to find a secure job because new jobs are not established law firms. ~~around~~ If you are going to start a private practice as an attorney it takes a long time to build it up, the same way with physicians. On the other hand if you have a trade like auto mechanic, there are between my house and here a dozen signs out, help wanted auto mechanic, \$5.00 an hour. There are professions

that you can get that don't require a lot of , you know typist, stenographer, those sorts of jobs that you can go from one to the next. So you really would not have to have a lot of long term security because once you are trained and once you are good at that you can always get a job. Psychologist is one that is kind of hard to find a job so it depends on what you want to do and what you are doing.

Jim

I have a friend who is a psychologist ~~who~~ for seven years now and still doesn't have security. You will find out more about job security when you get into your career. You ask around, well how much seniority before I could quit this job and have another employer hire me without saying you are too fickle or you are too inexperienced.

Lex

A school teacher is a job now that is hard to get but once you have it you are pretty darn secure and you are not likely to get fired once you get it. So there is a lot of things there you have to consider. If you want to become a school teacher in certain subject areas, in certain locations are darn hard to find.

Jim

You can not expect TRC to pick up a bill that has already been paid for.

Lex

If you get sick and have to go to the hospital unless you talk to your counselor before you go, they don't have to pay for it. There is a technicality involved in these dire emergencies. You need to have some other kind of insurance to account for those sort of emergencies. Now if it was a repeating sort of thing that you have

to go into the hospital to go on an intermittent catheter program or to have some kind of ^{planned} ~~xxxx~~ surgery you can talk to your counselor ahead of time and make those arrangements. But don't count on it. You need to have the arrangements made ahead of time or don't expect them to pay for it out of file. Now there is another point about what makes them liberal and what doesn't. Also it is not related to this for the sick time. this is where the money comes from. If you are SSDI, you have social security disability insurance then the state doesn't have to pay for anything, your money comes from a completely different source, it doesn't even come out of rehabilitation services. It comes directly from the Social Security Administration .

Jim

So it doesn't hurt either the 90% budget which comes from the federal government or the 10% budget coming from the state program. It is a completely different source.

Lex

If you have SSDI, and a couple of you do. Often that is called Title 2-social security level. If you have SSDI, it doesn't work if you get it from account of your parents, you've earned social security on your own that means that you are trust private file and they can spend any thing .

Jim

In other words, when they spend money on you, they pay for it but they get reimbursed for every bit of it. Sometimes there are counselors that don't realize this. I have met one. I have heard counselors that claim they don't know it. I don't know whether they did or not. There are some counselors who volunteer that information. That is how I found out about it in the first place. This one

counselor said it is not going to hurt me too much to pay this for you because I get reimbursed for everything I spend on you but your roommate who is also in a wheelchair I can't get him a wheelchair this year because we have run out of money on the budget and I just can't get it for him. But you it is a different thing.

Lex

So if you have social security disability on your own entitlement you can go to the bank smiling.

Jim

However, I have heard that Title 2 trustees do look at what these counselors are spending . It is not as free as it used to be. That fund is getting smaller and smaller. It used to be considered a bottomless pit but they do police that now. But it does make a counselor able to spend more on you. We were talking about how he compares the needs of one client to another, what his budget is, well it just allows him to spend a little more on you in comparison to how strict your needs are. How strong your needs are.

Lex

There is another thing to be considered here to about your own counselor. You may come from a small community or from a community the size that doesn't have any other severely disabled people on his caseload or spinal cord injured. The file for spinal cord injured person may be 100 times as big as that of a person with a less severe disability. Somebody that just comes into the office now and then and uses a hearing aid or a pair of glasses is a perfect simple sort of thing. Anybody who has a chronic disability is going to cost a lot more money and a lot more time and that may in fact scare a counselor who never had to deal with it. So the

answer to that is either (1) educating that counselor and be patient with him and realize that it is going to take him a while to learn or (2) transfer to a counselor who has a number of other severely disabled people on his caseload that he might better understand why it cost you so much to live on and it doesn't the rest of his clients.

Jim

Now I would like to tie in here something I spoke about last week. I noticed that this was written down here on a sheet of paper and Marilyn wrote notes on the last module session we had on this subject matter. About how to deal with counselors on some of the areas when you are not getting what you want. We talked about going up higher, over their heads. You have to know the system to be able to do this. The second thing is being a "human" to the counselor. Be his friend. Be her friend. Be an individual to them. Let them know you. Get to know them. That is why Lex said telephone conversation just don't hack it. There has to be personal contact. A third method, something that I consider very distasteful, but there are some individuals that this is the only way that this will work on them, and that is the old treat system. Look, you have misused my money, you are bungling this, you are doing horrible, I am going to tell your boss. Takes the right type of personality to be a treat or they might just laugh at you. Also, they better be doing something pretty wrong, too.

Lex

You better have some substantial evidence, documented evidence. Before you start threatening things like that. They know there covered, they know that maybe they did it but there is no way you can prove it .

Jim

I think one of the most important things is to know your counselor. Know what his

habits are, what he has done in the past with other people, know him as an individual. Know what he thinks of you. Remember these counselors have a lot of insight. They worked with the handicapped people all the time and you are not going to pull the wool over anybody's eyes.

Participant

ask question

Lex

Ted Thayer, he works for TRC. He like a special investigator or special problem man. He is not the boss of your counselor. He doesn't work for any of the supervisor's. He works for Mr. Erwin and Mr. Wheeler in Austin. He is responsible for all the severely disabled individuals in the State of Texas. He is a program specialist for the severely disabled. If he can advise your counselor should handle your case, very frequently your counselor may call him and ask him for advice.

Jim

The questions often comes up of what you have to do with the property that TRC has provided you but you no longer have a use for or it wears out. Who owns what they give you.

Lex

Many of your benefits will be determined on basis of need. What your financial need is. OK? This has to do with both TRC and Medicaid or SSI or other agencies. Anything that is determined on the basis of need they will ask you what you own and what your income is. That is mainly to protect yourself. The best thing to do in the circumstances is not to own too much, not to have too much income because this

can cause you to have disinsentatives and cause you to lose out of benefits you may be entitled to. Just because you happen to break your neck on top of a gold mine, or an uranium pit, or an oil well, doesn't mean you are entitled to less benefits than you would be if you had broken your neck in a mud puddle.

Jim

Let us say that you have the use of your family car, your dad has two cars. You use the car a whole lot to go away to college, it is in your father's name, he pays insurance, and everything. Now you might want to tell your friends "I own a car" so your dad would transfer the title of that car into your name but really your dad is making the payments on it and it is his and everything. Why don't you leave that ownership in your dad's name. It is his car anyway. Why shouldn't you own that car when he considers it is his, he pays insurance on it and everything?

participant

What about the television you have in your room?

Jim

When you are living with your parents?

Lex

Most people will say that is my television. Your parents gave it to you and they let you use it all you want to. Now, you don't own that television. It is their TV. You may be benefitting from that TV for the rest of your life, who knows?

Jim

But they can take it back if they want to!

Lex

Now as far as insurance, or money that is left to you in the form of a will. Letter of Attorney who knows about trusts. Talk about that...

Jim

Now we will talk about what happens when you don't own something but you have a use of it. What happens if there is a trust set up for you in a bank where you get about \$200 a year income or \$200 a month income. Different agencies require you to report different things of which you own and what your sources of income are. Every agency requires you to report your sources of income. If you are guaranteed \$200 a month out of the trust, probably, legally you have the obligation to report that to that agency.

Lex

As income! But not the balance of the assets, necessarily.

Jim

Right.

Lex

If it is in a trust and you do not have complete control of that trust, you have appointed some trustees, maybe some good friends. Maybe a family member, anybody. If it is in a trust and you do not have complete control or complete direct control now you may be able to say now "look mom, I need this tax" now sign it over to me. That is more like complete control but that is not complete direct control. If you don't have complete direct control, you don't have to claim it as an asset.

Jim

Because that trustee can only say "no". for instance: The money is set aside,

your father is a trustee, he has for the right to give this money to you as you need it, reasonably. You say "Dad, I want \$400, I need it". Your dad's trustee, he has the discretion to say, "No, you don't need that \$400, I am just going to give you \$50." Now you're going to court for \$2000 to sue him for \$400. No! Therefore, you have need of money from another source.

Lex

If you don't ever set up a trust using your own assets or those that could be yours so that you are likely to jeopardize whether or not you can get it out when you need to. So in other words if you are not close to your family or you don't trust them 100%, don't assign them as a trustee. In many cases, banks will provide a trustee as a service to you for banking with them. OK.

Jim

Usually, that is not the way it works.

Lex

OK

Jim

In a trust, banks charge a fee based on how much money is in the trust and how much trouble it is to administer and how much income they earn for you on that trust money. I don't recommend taking money assets that you already have and going and putting it in a trust. What I recommend is when people are willing to be nice to you and not directly dump on you a big hunk of land, put that hunk of land in the trust and give you the right to income off of it as income is reduced.

Lex

A lot of trust for young people particularly have a date in which it becomes your property, it is built into the trust.

Jim

You could do anything with a trust you want.

Lex

My sister has a trust made out for her and when she is twenty-six years old she can do anything with the assets in that trust. But until she is twenty-six years old my father has to determine what assets she can and cannot use.

Jim

Lex has to wait till he is thirty five! You see, his father knew he would be born immature and unable to handle finances.

Lex

But the point is that if my sister should become disabled or something before she is 26 then she doesn't have to claim all those assets.

Ruby

If I am given a lot of money, can I put it into a trust myself and then put my mother's name on it?

Lex

Certainly. Mothers name or anyone else.

Jim

By the way, when you set up those trusts you cannot defraud these agencies. You

can't set up illusiary trust, one that is not real.

Lex

OK. You need to tell them you have a trust. But the point is that the money in the trust you do not have direct control over. So they can say, when they say well why don't you, because it is set up to protect you.

Jim

Keep you from spending too much. Let me tell you a type of trust that is very common. Where a person knows that he is going to get an inheritance of \$100,000. and he knows that he can't handle the money. He has a gambling problem. He could go and set up a trust, an irrevocable trust, and give the money away to the bank to hold for him, to use on him, to spend as he needs it. If the provisions of the trust state to spend on you as you need for your health, maintenance, support and education. Then a TRC counselor, if he knows the terms of the trust, is rightly going to say, well that trust is supposed to provide for your health, maintenance, and support and education. So it depends on what the trust says. It can provide for you. If the trust says to support half of your health support, maintenance and education. It would seem to me that TRC would want to come up with that other half.

Lex

Or if the trust says something like to support me after I retire. Something like that. Now that doesn't say you have to retire when you are 65 years old. You may decide you want to retire when you are thirty. OK.

Jim

This is all really academic. I don't think anybody is going to set up a trust.

Lex

But this is something you need to be aware of because in a case of insurance, the insurance settlement may be according to the court. To accomodate you, or to account for earnings you would have made if you had not been disabled in the future. On and on and on. OK. The fact is you may have to spend those within three years after you were hurt to pay for your medical expenses. Unless you do it so that it is set up to do what the court said it was for. OK. And the only way you can insure that is to do it in the form of a trust.

Jim

That's right. You also might consult at the same time what the rules of the agencies are to see if you are complying with their disclosure procedures. As we talk about some of these other agencies, I will tell you.

Lex

If it is a small amount of money it is probably not worth worrying about. You might as well spend it and say well what have I lost. Right? But if it is a significant sum of money, you need to protect yourself for the future.

Jim

Well, TRC has guidelines. We didn't talk about this yet as to how much liquid assets you can have before they will stop supporting you or how few assets you can have when they will start supporting you. By liquid I mean, cash, stocks or bonds that are real easy to sell or spend.

Lex

There is another thing you can do too. Just kind of mention before we change the subject, that is if you do own property, or you do have certain assets that you don't want to use at the present time to provide for your needs when they could

be provided by another agency of the government or whatever. Then you can always give your assets away. Let us say then for example that you own a home and that TRC before they will pay you some money to hire an attendant would make you sell the home and use the money that you acquired from those assets. The thing to do then would be maybe to give your home to your child or to your parents and to withhold retain trusteeship over that.

Jim

Trusteeship but consult your counselor before you do that.

Lex

But this is another possible option. Give your assets away yet do it in a way so that you have control over it or do it under a agreement that says you get it back.

Jim

That won't work

Lex

No?

Jim

I believe that would be fraud.

Lex

You can do that as an unsigned agreement.

Jim

I believe that would be fraud.

Participant

How about valuable jewelry?

Jim

No. I think that valuable jewelry if it is your jewelry. If you consider that is yours, then it is yours. It will be considered fraud to just say well this is my sisters and then ten years later after someone has paid for all of your medical bills, say it is mine again.

Lex

Now if you have assets why bother getting monies from another agency but on the other hand if you truly need them then you should be able to.

Jim

I don't think that morally an agency should expect you to spend away a house. Let us say you inherited your father's home and you have a son, I don't think that they should expect you to sell that house and spend all the money from the sell of that house before they will pay anything for you to rehabilitate yourself. I personally don't know because I have never been able to get anyone to give me a straight answer of what the legal disclosure requirements are as to what your assets are. That is something I will have to give myself an assignment on and figure it out the hard way, as to what you have to disclose and what they even thought require you to disclose it verbally, whether they have a legal right to disclose it. Sometimes you can dispute some of these agencies requirements. They do have the force of law to a slight degree but there might be an over-writing law that says they don't have the right.

Lex

See, there are certain things that they can find out about you and you better not try to hide it. On the other hand, if you have a bank account in Switzerland, or

Mexico or Oklahoma it might be more difficult for them to discover that. I mean, technically, you may be violating the law. OK But unless you are caught violating the law it may not make any difference. Veerkamp is not listening to this conversation. OK. On the other hand you better not get caught violating the law. That is a fact!!

Jim

I can tell you, I heard what you said. When you violate a law here is the consequences. There is a statue of limitations and if you get caught within the statue of limitation you can be prosecuted for it. If you are the type of person who likes to break the law then you have to suffer the consequences if you get caught. You don't have to suffer the consequences if you don't get caught. I don't think you will find any sane person in the world who will advise you to go out and break the law. What he is making you aware of is that there are certain things he realizes, Lex realizes that almost everybody has a bank account that we might not want to tell our counselor about or that there are certain things that if you intend not to tell your counselor about he is warning you to tell your counselor because he is going to find out about it anyway. There are, for instance, if you got stock and you are paid dividends on that stock, that is reported to the social security under your social security number. That is just an example of one type of thing they could find out about real fast. If you think the only thing you lose is getting caught and being prosecuted for fraud, there is also other things and you lose all creditability with your counselor. So those are the other dangers.

Jim

Now the possession of equipment provided by TRC

Lex

We talked about that..

Jim

OK. It didn't get on the last of the tape because we were switching the tape over. You sign something that says TRC the State of Texas owns. I don't know if the State of Texas does own that. I really don't. I have never heard of a counselor even saying on a person to person basis that you can't go out and sell that second hand wheelchair for a little bit of money in return he has to provide less for you. Personally I have worn to shreds the two wheelchairs that I am no longer in use of anymore. And this wheelchair here is getting worn.

Lex

All that does is protect them. In other words, from keeping them. Let us say somebody goes to TRC and needs a wheelchair so TRC buys them a wheelchair and they go out and they sell the wheelchair and then they go back and say look man I lost my wheelchair or it was stolen and I need another wheelchair. The only way they can come back is to say look that wasn't your wheelchair.

Jim

Look what you signed here and you knew it! I have a tape recorder at my house that the State of Kansas bought for me and the State of Kansas owns that. Now I don't know what to do with it, my counselor told me not to give it back to them. He said I don't even know what to do with that second hand equipment. We can't give it away to anybody else.

participant

Can't give it to Charity or a hospital or something else?

Lex

Just keep it yourself.

Jim

keep it yourself and use it.

Lex

Sell it if you want to.

Jim

I have friends that I give away medical equipment to. Either offset other rehabilitation costs or give it away to another potential client of TRC who can use it. I gave away a lift block that was given to me, I believe by Kansas Rehabilitation client. He gave it to me about a year before he died. I used them for awhile, I didn't need them anymore so I gave them to another handicapped individual. So that is another way you can disclose of them.

Lex

Give them to a rehabilitation facility. Claim it as a donation on your income tax.

Adapted from Rights Handbook for Physically Handicapped Children, U.S. Office of Education, Department of Health, Education, and Welfare.

THESE ARE YOUR RIGHTS ----- IT'S UP TO YOU TO USE THEM

.... Remember that public employees are there to serve you, that they are paid by you to provide services for you.

.... You should ask for information - you should get answers. Keep these guidelines in mind when trying to get information and to secure your rights.

Find out the name of the person with whom you speak and write it down.

Think through what you want to know. Try to be brief, to the point, unemotional -- but forceful. Don't be put off by "bureaucratic" language. Ask for explanations. Be ready with follow-up questions.

There are basic follow-up questions which you should be prepared to ask. "Why?" "Who is responsible for this?" "What other alternatives are open for me?" When someone is "getting back to you" set a time limit. If the limit is passed, keep calling back until you get an answer which satisfies you.

Know the administrative structure of the agency. Go through the suggested channel. Do not hesitate, however, to go to the top if the lower level employees do not respond.

Keep a written record of all contacts you have made - names, dates, summaries, conversations, written communications which will verify your efforts. It is important both to refresh your memory and to prove what steps you have taken. In some cases, written requests, with a copy for your records is the best approach. Written responses are the most useful "for the record".

Once you have exhausted all of the channels and yourself, consider these alternatives:

Try to find other **clients** who have had similar experiences (strength in numbers) and plan collective action.

Approach an agency as a group.

Go public, i.e., letters to the editor, radio talk programs, human interest article in your local paper.

Call on your elected officials for help (local office holders, state representatives, congressmen).

Get professional legal assistance to consider court action.

Call on your elected officials for help (local office holders, state representatives, congressmen).

Get professional legal assistance to consider court action.

APPENDIX A

THESE ARE YOUR RIGHTS ----- IT'S UP TO YOU TO USE THEM

.... Remember that public employees are there to serve you, that they are paid by you to provide services for you and your child.

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Once you have exhausted all of the channels and yourself, consider these alternatives:

Try to find other parents who have had similar experiences (strength in numbers) and plan collective action. See the list of parent groups in Appendix E.

Approach an agency as a group.

Go public, i.e., letters to the editor, radio talk programs, human interest article in your local paper.

Employment: How It Affects Your SSI

by Greg Sanders

To receive SSI you must meet two general requirements:

- 1) you must be legally "disabled"
- 2) you must be financially needy.

"DISABLED"

The legal definition implies that the individual has a significant physical or mental impairment *and* is unable to work due to that impairment. (If an individual is able to do substantial, gainful work, then that person is not legally disabled. Obviously, employment can demonstrate that an individual is capable of what is technically called "substantial gainful activity" or SGA. The definition of "disabled", therefore, hinges on exactly what constitutes SGA.)

SUBSTANTIAL GAINFUL ACTIVITY

For almost all situations, Substantial Gainful Activity (SGA) is determined as follows:

If your *gross* salary or *net* income from self-employment is —

- 1) less than \$140 per month, your work is not considered to be SGA;
- 2) between \$140 and \$200 per month, your case will be reviewed individually and your work will *generally* not be considered to be SGA;
- 3) over \$200 per month, your work will be considered as SGA.

(If you are offered a job, the Social Security Administration can tell you if that specific employment constitutes SGA.)

Thus, if your employment is not considered SGA and you have a significant impairment you will meet the legal definition of disability and only need to meet the second basic requirement (financial need) to receive SSI. *However, what happens if you are capable of SGA?*

TRIAL WORK PERIOD

If you are employed in SGA and are *applying* for SSI you will be determined ineligible because you are not legally disabled. But, if you are already a recipient of SSI and you still have a significant impairment, that is, your impairment has not improved since you applied for SSI, you may be eligible for a "Trial Work Period" when you become employed.

The Trial Work Period (TWP) is a simple concept. Specifically, a recipient is given nine trial months to test his ability to work before s/he is evaluated for SGA. That means an individual could earn over \$200 per month for up to nine months and still be considered legally disabled. Also, the nine months do not have to be consecutive. For example, a recipient could work for five trial work months, then stop working and still have four more trial work months to use at some future date. Likewise, if a work attempt lasts less than three months and is stopped because of the recipient's disability, then it is considered an "unsuccessful work attempt" and does not

subtract from the nine trial months available to the recipient.

At the end of the TWP a decision must be made. One, the recipient may decide not to continue substantial employment. Accordingly, the legally disabled status of the recipient is not jeopardized and the SSI will continue without interruption. The only disadvantage is that the nine trial work months have been used and can not be used again.

On the other hand, the recipient may decide to continue substantial employment. In this event s/he will have demonstrated the ability to work and not be considered legally disabled. The direct consequence is the termination of SSI eligibility. However, SSI benefits will not stop immediately. The recipient will automatically be granted a three month "adjustment period" in which benefits will continue. After this period the benefits will stop completely.

At this point, it should be emphasized that the question of Substantial Gainful Activity applies only to those individuals receiving SSI as disabled persons. Recipients of SSI as Aged (over 65) or Blind persons are not subject to the limitations of SGA.

"FINANCIALLY NEEDY"

Assuming that a recipient can meet the legal definition of disability, at least for the nine month Trial Work Period, there is still the matter of being "financially needy" (This requirement affects Aged and Blind recipients as well with some variations which will be discussed.)

Since employment creates income and accumulation of resources, it will affect the amount of SSI benefits, if any, a recipient may obtain. Although the treatment of income inevitably causes confusion, the basic operation of exclusions is not complex. In fact, the treatment of *earned* income (gross income from salary or wages and net earnings from self employment) is very simple. The recipient is entitled to keep the first \$65 of earned income and one half of all earned income over \$65. For example, a recipient earning \$145 per month would keep the first \$65 leaving \$80 (\$145-\$65) and one-half of the \$80 (80 divided by 2 = 40). Thus, from the \$145 the recipient keeps \$105 (\$65 + \$40). This \$105 is the portion of the earned income that the recipient is allowed to exclude as an incentive to work. The recipient is free to spend this amount however s/he wishes. After the \$105 is excluded, \$40 non-excluded income still remains of the \$145 gross salary. This \$40 is absorbed by the government; the recipient's SSI/SSP payment is reduced by exactly the amount of non-excluded income (\$40 in this case).

(Note: This exclusion applies only to earned income. Other "unearned" income such as gifts, alimony, veteran's benefits, Social Security Disability benefits, etc. is treated differently. Also, unearned income is not considered when determining Substantial Gainful Activity. Therefore, unearned income has little direct relevance to a discussion on the

effects of employment.)

BLIND EXCLUSIONS

In addition to the earned income, blind recipients may exclude work related expenses. That is, expenses necessary to job performance such as transportation, adequate clothing, readers, braille writers, etc. However, the order of exclusions is important. First, \$65 and one-half of the earned income over \$65 is excluded as explained above. Then, the full amount of work related expenses is excluded. For instance, the blind recipient who earns \$145 a month and has \$25 a month job related expenses can exclude a total of \$130 a month (\$105 + \$25). Accordingly, the government will reduce the recipient's SSI benefits exactly \$15 (that's the \$145 earned income minus the \$130 excludable income). It is possible to have sufficient work related expenses to exclude the entire amount of earned income, thus avoiding a reduction of SSI benefits. However, the work related expense deduction is applicable only toward earned income and not toward other "unearned" income.

RESOURCES

Employment has a direct effect on resources (cash, stocks, property, etc.) in that any item necessary for self-support is excluded from consideration as a resource. For example, the value of a carpenter's tools would not be considered as a resource since they are necessary for self-support. Also, the value of a vehicle necessary for employment is not considered as a resource. In all other respects, an employed SSI recipient is subject to the same resource limitations as other SSI recipients.

SELF-SUPPORT PLANS

After all other Income or Resource exclusions have been considered, there exists a somewhat magnificent exclusion referred to under "Plans to Achieve Self-Support." This exclusion is by far the most realistic and effective attempt by legislators to offer recipients a chance to become completely, or partially, self-supporting. Briefly, any excess income or resource which would otherwise cause a reduction or loss of SSI benefits may be excluded if it is put toward "equipment or training" necessary to achieve self-support in a self-support plan. A self-support plan must have specific goals; it must be written; it must be current; it must be approved by the Dept. of Rehabilitation or Social Security Administration; and it is subject to an 18 month duration limit with a possible 18 month extension if good cause exists. Yet, these requirements are easily met. A detailed discussion of self-support plans is lengthy and will appear later in the *Independent*.

In short, the effect of employment on an individual's status as a needy person is fairly straightforward. A specific operation exists to determine how much earned income the recipient may keep and what resources may be excluded due to their relation to employment. Any amount of non-excluded income will reduce the recipient's SSI/SSP payment by exactly that amount. If the amount of non-excludable income reduces a recipient's SSI benefit to zero, or if the accumulation of non-excludable resources exceeds the standard limitations, the recipient becomes ineligible for the SSI/SSP benefits. Of

course, if a recipient takes advantage of a plan for self-support, all otherwise non-excluded income or resources may be excluded and full benefits will continue for the duration of the plan.

ATTENDANT CARE

The effect of employment on Homemaker or Chore service (H/C) grants is sufficiently different from the effect on SSI/SSP status to merit separate consideration. The primary difference is that the function of the SSI/SSP payment is to provide for basic living essentials like food, shelter, clothing, etc., and the H/C service grant is solely for the purpose of purchasing necessary attendant care. An H/C service grant cannot be used to pay for basic living needs.

Thus, the first consideration in determining the effect of employment on an H/C grant is "does the employment change the amount of necessary attendant care required by the recipient?" If the job situation provides some of the necessary attendant needs, then the H/C grant should be reduced accordingly. The H/C service is specifically for providing attendant care and not basic living needs; it is logical therefore that a reduction in attendant needs will be followed by a reduction in the H/C payment. Similarly, if the job situation creates an increase in attendant needs, then the H/C grant should increase to provide the additional need.

LOCAL VARIATIONS

The problem at this point is exactly what constitutes "necessary" attendant needs. As this decision may vary between counties, it is possible that the more budget-minded counties will maintain than an increase in attendant needs due to employment is not essential. State law presents H/C service as needs "necessary to enable an individual to remain in his own home." This doesn't seem to directly cover job-related attendant needs, thus providing the counties with a basis for denying such assistance. For the recipient, the best approach to obtain assistance for these needs is an informal discussion with the Social Worker. Hopefully a cooperative relationship will yield at least partial assistance for these needs. If the informal approach fails, a formal appeal in the form of a "Request for a Fair Hearing" may be in order. However, the formal approach will probably involve many months before the final decision, and may or may not bring satisfactory results.

At worst, any additional attendant needs created by employment could be financed by the salary from that job. Therefore, the real issue is how employment affects the basic eligibility for H/C service. The answer is twofold. First, if a recipient can retain status as a SSI/SSP recipient, then eligibility for H/C service is automatic. Of course, that's assuming the recipient has a need for attendant care. Second, if a recipient is eligible for SSI/SSP in all respects except s/he has too much income to receive SSI/SSP, but not enough income to meet the attendant needs, then the State will provide H/C service. However, the recipient must first apply the amount of income in excess of the SSI/SSP benefit standard toward his/her attendant need before receiving an H/C grant.

Continued Next Page

SSI

THE FORMULA

In practical terms, follow the basic formula described in the preceding section to determine the amount of earned income which is excluded from consideration and that which is not. (Exclude the first \$65 plus one half of the amount over \$65.) Then, subtract the non-excluded amount from your SSI benefit level. If the benefit level is more than the non-excluded amount, the SSI will continue (at a reduced level), and the H/C grant will continue without being reduced. However, if the non-excluded amount is greater than the SSI level, the SSI benefits will stop and the H/C grant will be reduced by the remaining amount of non-excluded income. For example, a recipient who makes \$335 non-excludable income and receives \$235 SSI and \$350 H/C would lose all the SSI and have the H/C reduced to \$250. That's \$335 (non-excluded income) minus \$235 (SSI level), then \$350 (H/C grant) minus \$100 (the remaining non-excludable income) which equals \$250.

Remember, any non-excluded income (or resources) can be excluded under a Plan to Achieve Self-Support. A recipient can continue not only SSI benefits, but H/C service as well, if the otherwise non-excluded income is applied toward an approved self-support plan.

MEDI-CAL

As long as an individual is a recipient of SSI/SSP or H/C service, s/he is eligible for full Medi-Cal coverage. If a recipient loses SSI eligibility, but still receives H/C service, the Medi-Cal will continue unaffected. If eligibility for both SSI and H/C service is lost, then the Medi-Cal is lost also.

SUMMARY

In conclusion, to receive any benefits an individual must meet both of the general requirements presented in this article. That is, an individual must be legally disabled (unless s/he is elderly or blind) and must meet income and resource limitations. Hopefully, this article will help you determine exactly how a specific job-situation may effect your eligibility in both respects. As with any SSI/SSP issue, you should always refer your situation to the Social Security Administration or County Welfare Department (for

Transit Fare Discount

The Bay Region Transit Operators' Discount Fare for the permanently and temporarily disabled is now in effect for riders of B.A.R.T., A.C. Transit, S.F. Municipal Railway, Golden Gate Transit, Santa Clara County Transit, and Santa Rosa Municipal Transit. The amount of discount and the hours during which it applies vary from system to system. (For example, BART offers a 75% discount which can be used at all times. A.C. Transit's ten cent local fare is offered only during non-peak hours).

In order to get the discount card you must obtain a certificate form and eligibility criteria from any of the participating transit agencies. The Certificate Form must be completed by a licensed physician or designated representative of a State or Federal Agency. The Veterans Administration, Dept. of Rehabilitation, and specified health and service organizations will both provide and certify the necessary eligibility forms for their clients.

Bring the completed form to BART's Lake Merritt or Civic Center Station, A.C. Transit's 16th St. office in Oakland, Golden Gate Transit or Santa Clara County Transit Headquarters.

Attendants accompanying the disabled are also eligible for the discount.

All applicants will be asked to complete an anonymous questionnaire having to do with their transit needs.

A 90% discount is available to people over 65. No medical certification is required.

For further information, contact your local participating transit agency. ☐

Homemaker/Chore service). By obtaining a formal answer from the appropriate agency before you commit yourself to a specific action, you can avoid potential difficulties.

Providing a recipient investigates the effect of employment on his/her assistance prior to accepting employment, or at least shortly after accepting employment, there is little to be lost by entering this realm of social life. On the contrary, there is very much to be gained. ☐

Center for Independent Living, Inc.
2539 Telegraph Ave.
Berkeley, California 94704 (415) 841-4776

Address Correction Requested.

Non-Profit Organization
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STATE DEPARTMENT OF PUBLIC WELFARE
AID FOR DEPENDENT CHILDREN (AFDC) - INITIAL ELIGIBILITY

To Be Eligible:

- The child must be deprived of parental support due to the absence or incapacity (physical or mental) of one or both parents.
- The child must be under 18 years old, or under 21 and still in school.
- The child must be a U.S. citizen or a registered alien.
- The child must live in Texas with a parent or close relative.
- The family taking care of the child must be in financial need, but they may own a home and other property and still be able to get help. The child may also be eligible if the one taking care of him gets Social Security checks.

Caretaker Cases:

<u>Family Size</u>	<u>Recognizable Needs Allowance/Month</u>
2	\$86.25
3	116.25
4	140.25
5	163.50
6	184.50
7	204.75
8	225.00
9	244.50
10	264.75
11	285.00

Income and Deductions:

1. Gross Earned Income: Total monthly gross income earned before any deduction by all persons in the dependent group. However, the earned income of an AFDC child is not counted if (a) the child is a full-time student; or (b) the child is a part-time student and not a full-time employee.
2. Work Related Expense deduction:
 - a) \$28.00 for each person working full-time or part-time, or actual expenses, whichever is greater.
 - b) Monthly cost of child care for employment.
3. Other Sources of Income: Social Security, Veterans Benefits, Railroad Retirement, Child Support, etc.

Example - Mother, with five children, earning \$140.00/mo., working 20 hrs./week. Work Related Expense less than \$28.00/mo. Child care cost \$20.00/mo. Social Security check of \$80.00/mo.

1) Gross Earned Income	\$140.00
2) Work Related Expenses	
a) 1 person @28.00	28.00
b) Child Care	20.00
	<u>-48.00</u>
	92.00
3) Other Sources of Income	<u>80.00</u>
4) Net Income	172.00

Recognizable Needs Allowance (6 persons, see Table above)	184.50
Net Income (#4 above)	<u>-172.00</u>
<u>Unmet Needs</u>	12.50

If there is an unmet need, the applicant has met the preliminary test of eligibility. Net income is then recalculated to provide for any earned income exemptions to determine actual amount of grant.

Application: Phone 741-4000 and request an AFDC application form.

- Note:
- 1) Above information is incomplete and presented only to indicate possible eligibility.
 - 2) Figures in table for Recognizable Needs Allowance and regulations regarding deductions, etc., are subject to change.

Date: 6-12-75

2. **Family Services (AFDC Social Services):** Social Services to AFDC parents or caretakers and children to achieve the goal categories of self-support, self-care, protective care, strengthening family life, and individual development. These services include:
 - a. EPSDT (Early and Periodic Screening, Diagnosis, and Treatment Program): Helping AFDC families utilize the dental and medical screening, diagnostic, and treatment resources that are available under Medicaid for persons under 21.
 - b. Family Planning: This program offers family planning information and birth control services at no cost to welfare recipients along with other needy persons who do not otherwise qualify for a grant from the Department.
3. WIN (Work Incentive Program): This program is set up to enable AFDC recipients to achieve self support by overcoming employment barriers. The program is a cooperative effort of the Department of Welfare and the Texas Employment Commission.
4. DPW - VR (Department of Public Welfare - Vocational Rehabilitation Program): This program provides welfare and rehabilitation services to disabled public assistance applicants and recipients. It is a cooperative effort of the Department of Welfare and the Texas Rehabilitation Commission to provide rehabilitation aimed at successful job placement.
5. Social Services to recipients of Supplemental Security Income (SSI): This program is set up to provide social services for nursing home recipient-patients and recipients living in the community. For eligible aged, blind, and disabled living in the community, the Department will pay for chore, homemaker, and day care services, and provide protective services.
6. Licensing: This program is an effort to protect children living away from home. The Department of Welfare, in cooperation with other State and local agencies, is legally authorized to develop standards for and to license commercial and non-profit child day care centers and child care institutions.
7. Purchase of Services (Contract Services): This is a broad program allowing the Department to act as a buyer of needed social services from private and governmental agencies for the benefit of eligible persons served by the Department. The federal government pays 75% of the cost of the service if the State puts up the other 25%. Local government and private agencies, within certain specified limits, may contract with the State to contribute the 25% match to the State plus an additional 5% to cover the State's administrative cost. This non-state money is transferred to the State and in turn, becomes the State's 25% match to the federal government's 75%.

STATE DEPARTMENT OF PUBLIC WELFARE

MEDICAL ASSISTANCE (MEDICAID)

Unlike Medicare, a federal program for persons 65 and older of all income levels, Medicaid is a state-authorized program for eligible low-income recipients of all ages and is administered by the Department of Welfare. Largely federally funded, Medicaid operates within federal guidelines but is the responsibility of the State.

ELIGIBILITY

Medicaid helps pay the costs of medical care for persons eligible for Aid for Dependent Children (AFDC) financial assistance or Supplemental Security Income (SSI) or persons in an approved medical facility who would be eligible for assistance if they left the facility.

SERVICES

- Hospital and Professional Costs: Inpatient and outpatient hospital services, physicians' services, laboratory and x-ray services and radiation therapy. Other services include limited oral surgery, eye refraction, podiatrist examination, post-surgical lenses, home health and certain ambulance services.
- Prescription medicines
- Eyeglasses
- Hearing-aids
- Dentures
- Nursing home care
- Nursing care sections or hospital sections of the State Schools for the Mentally Retarded and State Mental and Tuberculosis hospitals.
- Limited chiropractic examinations
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT). This program provides free health examinations and dental treatment for Medicaid recipients under age 21.
- Transportation for any of the above mentioned services when the recipient cannot provide transportation for himself.

OBTAINING SERVICES

Medicaid recipients receive three items. These should be taken whenever a recipient gets Medical Services:

- 1) Medical Care Identification Card: This card is mailed each month and is good only for the period shown on the card.
- 2) Plastic Identification Card: The Pharmacist needs to see this card when prescriptions are obtained.
- 3) Texas Medical Assistance Record Book: This health record book should be shown to anyone who gives a medical service.

Note: Recipients should always check first with providers (hospitals, doctors, pharmacists, etc.) to determine whether or not the provider accepts Medicaid patients.

MEDICAID INFORMATION

State Department of Public Welfare
3137 Old Spanish Trail
Houston, Texas 77054

Phone: 741-4000 (Ask to speak to a Medicaid Worker)

TEXAS STATE DEPARTMENT OF PUBLIC WELFARE

GENERAL PROGRAM AREAS

I. Financial Services:

1. AFDC (Aid to Families with Dependent Children): This program provides financial assistance to needy children deprived of parental support because of death, absence or incapacity of a parent.
2. Food Stamps: This program enables low-income households to buy more food of greater variety to improve their diets. Participants pay a sum of money -- the amount based on family size and net monthly income -- and receive a larger value of food stamps, which can be spent like money in participating food stores.

Most welfare recipients are eligible, along with other needy persons who do not otherwise qualify for a grant from the Department.

II. Medical Assistance (Medicaid):

Medicaid helps pay the costs of medical care for persons eligible for AFDC financial assistance or Supplemental Security Income (SSI) or persons in a medical facility who would be eligible for assistance if they left the facility.

Unlike Medicare, a federal program for persons 65 and older of all income levels, Medicaid is a state-authorized program for recipients of all ages and is administered by the Department of Welfare. (Medicaid is also known as Title XIX). Largely federally funded, Medicaid operates within federal guidelines but is the responsibility of the State.

1. Hospital and Professional Costs: Medical Services paid for through a contract with Blue Cross of Texas include inpatient and outpatient hospital services, physicians' services, laboratory and x-ray services and radiation therapy. Other services include limited oral surgery, eye refraction, podiatrist examination, post-surgical lenses, home health and certain ambulance services. Blue Cross processes claims submitted by the providers of service and makes payments to the providers.
2. The State Department of Welfare administers and pays vendors for:
 - a. Nursing home care.
 - b. Nursing care sections or hospital sections of the State Schools for the Mentally Retarded and State Mental and Tuberculosis hospitals.
 - c. Prescription medicines.
 - d. Eyeglasses.
 - e. Hearing-aids
 - f. Limited chiropractic examinations.

III. Social Services:

Social Services are provided to children in need of protection and to their families, to AFDC recipients, and to recipients of Supplemental Security Income.

1. Protective Services for Children: The protection of children from abuse, neglect or exploitation. Services available regardless of the economic, social or residential status of the child. Program includes the auxiliary services of foster care and adoption.

MONEY MANAGEMENT
and
FINANCIAL ASSISTANCE

Compiled by Cathy Rowland and Lex Frieden

A module booklet to assist severely handicapped individuals
in being independent.

New Options Transitional Living Project
Texas Institute for Rehabilitation and Research
105 Drew St.
Houston, Texas 77006
Phone: 713-797-1440, ext. 504

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and Research

MONEY MANAGEMENT
AND
FINANCIAL ASSISTANCE

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INTRODUCTION

This booklet includes information that a severely disabled person may need to have in order to secure financial independence. Throughout the nation, efforts are being made to offer financial support for independent living expenses: food, housing, family services, medical equipment and service, and job or school training. If you qualify and cooperate, money sources are available. Within this booklet there are brief descriptions and eligibility requirements for programs that are designed to aid severely disabled persons.

In addition to these, there is an organizational outline for handling the money you can receive. A checklist is included so that you can determine how well you have established your financial independence.

SOURCES OF INCOME

PUBLIC FUNDS

I. Federal

- A. Social Security
 - 1. S.S.D.I. Social Security Disability Insurance
 - 2. Medicare (depending on S.S.D.I. eligibility)
- B. Veteran's Administration (only veterans or dependents)

II. State

- A. Department of Human Resources
 - 1. Supplemental Security Income (S.S.I.)
 - 2. Aid for Families with Dependent Children (A.F.D.C.)
 - 3. Maternal and Child Health Services
 - 4. Home Care Services
 - a. Homemaker services
 - b. Chore services
 - c. Adult Foster Care
 - 5. Food Stamp Program
- B. Texas Rehabilitation Commission (T.R.C.)
 - 1. Maintenance
 - 2. Transportation
 - 3. Evaluation
 - 4. Medical
 - 5. Training
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III. Loan, Scholarships, & Grants

PRIVATE FUNDS

- A. Relatives and Personal Acquaintances
- B. Charity Funds
- C. Investments
- D. Inheritance
- E. Loans, Scholarships, & Grants

Note: The above represents a list of alternate sources of money. Eligibility requirements, how money is available, how long the money may be received will vary for each.

SOCIAL SECURITY
SOCIAL SECURITY DISABILITY INSURANCE (S.S.D.I.)

Under the Social Security program, nine out of ten working people in the United States are now building protection for themselves and their families. The basic idea of Social Security is this: during working years employees, their employers, and self-employed people pay Social Security "contributions" into special trust funds. And when earnings stop or are reduced because the worker retires, becomes disabled, or dies, monthly cash is paid to replace part of the earnings the family has lost.

Disabled people who get monthly benefits come from all walks of life: the 40-yr.-old salesman who has had a heart attack; the 23-yr.-old secretary sidelined for more than a year by an auto accident; the 53-yr.-old widow who is disabled with advanced arthritis. If you are a worker and/or a person disabled in childhood, you are considered "disabled" under Social Security if you have a physical or mental impairment which 1) prevents you from doing any substantial gainful work, and 2) is expected to last (or has lasted) 12 months. If you have an impairment that prevents you from doing your usual work, then your age, education, and work experience also may be considered in deciding whether you are able to do any other type of work. And if you can't do the work you did prior to your disability but you can do other substantial work, generally, you will not be considered disabled.

Social Security Disability Insurance (S.S.D.I.) is a program designed to replace part of the income lost because of a physical or mental impairment that is severe enough to prevent a person from working for a year or more. If you are a worker and become severely disabled, you will be eligible for monthly benefits if you have worked under Social Security long enough and recently enough. The amount of work you need depends on your age when you became disabled. The program has disability benefits (cash) for different situations. Monthly benefits can be paid to :

- 1) Disabled workers under 65 and their families. Family members include:
 1. unmarried children under 18
 2. unmarried children 18-22 yrs. of age and attending school full-time.
 3. unmarried children 18 or older who were disabled before the age of 22 and continue to be disabled.
 4. a wife at any age if she has in her care a

a child who is under 18 or disabled and who is receiving money based ~~on~~ the husband's Social Security record.

5. a wife 62 or older even if there are no children entitled to money.

6. a dependent husband 62 or older.

2) Persons disabled before 22 who continue to be disabled. To collect money under this category, as early as 18 years of age:

1. the parent or grandparent must be receiving Social Security retirement or disability benefits.

2. the parent must be insured when he/she dies.

A persons disabled before 22 needs no Social Security work credits to receive money. The payments that are based on the parents' earnings, continue as long as he/she is disabled and the parents' disability continues (see above #1 and #2).

3) Between the age of 23 and 65, a disabled worker needs some work credits in order to receive monthly payments. If you have 1) worked under Social Security long enough and 2) worked under Social Security recently enough then you may be eligible for payments. The amount of work you will need depends on your age when you became disabled:

1. Before 24 yrs. of age: $1\frac{1}{2}$ years of work in a 3 year period before onset of disability.

2. 24 through 30 yrs. of age: you need credit for having worked half the time between age of 21 and onset of disability.

3. 31 yrs, of age or older: you need credit for at least 5 years of work out of 10 yrs. that ends at onset of disability.

The years of work need not be continuous or in units of full years.

4) The disabled worker under 62 who also receives Workman's Compensation. Social Security cash payment must be reduced if both Workman's Compensation and Social Security go over your full earnings before onset of disability. The total monthly payments may not exceed 80% of average monthly income.

WHO QUALIFIES?

To determine whether or not you are disabled under the Social Security law, the Social Security office will send your application to the State Vocational Rehabilitation agency--- here in Texas, it is the Texas Rehabilitation Commission (T.R.C.)--- where any agency caseworker and physician will consider the facts in your file: medical records from your doctor, hospital, clinic, or place you were treated. If the medical information is not completely available you may be asked to undergo additional medical examinations and tests at the Government's expense. Your doctor is asked to give all information about your disability, but he is not asked to decide whether or not you are "disabled" under the Social Security law.

After you have sent in your application and medical records, you don't have to do anything more. You will receive a notice from the Social Security office as soon as a decision has been reached in your case.

If your application is denied you will get a letter telling you the reason. The cases for denial are usually because he/she did not work long enough or recently enough.

A letter of denial for disability benefits does not mean that you cannot receive other types of Social Security benefits (Supplemental Security Income, for example). It means only that you are not now eligible to receive Social Security Disability Insurance benefits. You may have your case reconsidered if you believe that the decision is wrong. There is no charge for being heard before a Social Security Administration law judge. If you still are denied money after reconsideration, you can ask to have your case reviewed by the Social Security Appeals Court in Washington D.C. If you are still not pleased with the Appeals Court decision, you may take your case to the Federal Courts.

HOW MUCH CAN YOU RECEIVE?

The amount of money you can receive as a disabled person depends upon the average earnings under Social Security over a period of years. The same rule applies for dependents.

The exact amount of how much you can receive cannot be figured in advance. You can estimate however, the amount of payment provided you have at least 2 years of credit earnings. Follow these steps:

- 1) Count the number of years you worked, starting with the first year and each year up until the year you became disabled.
- 2) List the amount of earnings for all years beginning with 1951. Include the earnings in the calendar year disability began. There is a maximum amount you can receive from Social Security. Do not count more than this maximum even if you do have the maximum credit earnings.

The Maximum Amount is:

Years	Maximum Amount
1951 through 1954	\$3,600
1955 through 1958	\$4,200
1959 through 1965	\$4,800
1966 through 1967	\$6,600
1968 through 1971	\$7,800
1972	\$9,000
1973	\$10,800
1974	\$13,200
1975	\$14,100
1976	\$15,300
1977	\$16,500

- 3) Cross off your list the years of lowest earnings until the number remaining is the same as your answer to Step 1.
- 4) Add up the earnings for the years left on your list, and divide by the number of years you used which is the answer to Step 1. The result is your average yearly earnings covered by Social Security over this period. Look in the table below and estimate your benefit from the examples.

SOCIAL SECURITY AVERAGE YEARLY EARNINGS AFTER 1950

Benefits paid to:	\$923 or less	3,000	5,000	7,000	8,000	9,000	10,000
Disabled worker	114.30	236.40	322 ^{cc}	408 ^{cc}	453 ^{cc}	478 ^{cc}	502 ^{cc}
Disabled worker and spouse at 62	157.20	325.10	443 ^{cc}	561 ^{cc}	623 ^{cc}	658 ^{cc}	690 ^{cc}
Disabled widow or widower at 50	57.30	118.30	161 ^{cc}	204 ^{cc}	226 ^{cc}	239 ^{cc}	251 ^{cc}
Disabled worker, wife under 65, and one child	171.50	361.40	595 ^{cc}	727 ^{cc}	792 ^{cc}	838 ^{cc}	878 ^{cc}

A 26-year-old has been working for 5 years prior to ~~the~~^{an} accident which rendered him disabled.

To figure his SSDI payments:

1) number of years worked:

Start April 1974 (including)

1975

1976

1977

accident Aug 1978 ~~accident~~

4 years (don't count year of accident)

2) Earnings:

1974 \$6,500 (Apr-Dec)

1975 9,000

1976 10,500

1977 11,200

1978 9,300 (Jan-Aug)

5 years

Note that all yearly income is below the maximum allowable

3) Cross off listed income for 1974, which is the lowest of the five, and the number of years in # 2 equals the number of years in # 1 (4 years)

4) Total earnings for those four years is 40,000

Divide by 4 : $\frac{40,000}{4} = 10,000$

which is average yearly income

5) ~~look in the table~~ In the table, under average earnings of \$10,000, look down to the

appropriate row (Disabled worker) for
the approximate payment ($502^{\infty}/\text{mo}$)

If the worker had been married with
children ~~it~~ it would have been $\$878^{\infty}/\text{mo}$.

<u>Benefits paid to:</u>	<u>12,000</u>	<u>13,000</u>
Disabled worker	546	567
Disabled worker and spouse at 62	751	780
Disabled widow or widower at 50	273	283
Disabled worker, wife under 65, and one child	956	992

[Put "Example in Figuring Your Monthly Payments" here]

WHEN DO YOU RECEIVE PAYMENT?

- 1) Cash payments begin after a waiting period of 5 full calendar months. The first payment is for the first 6th full month of disability.
- 2) If you are disabled more than 6 full months before you apply, back money may be payable to you, but not before the 6th full month of disability.
- 3) A person disabled before 22 may get money beginning with the month a parent starts receiving retirement/disability benefits, or the month an insured parents dies. In this case, there is no 5-month waiting period.
- 4) Payments stop if someone disabled in childhood or a disabled widow marries. In some cases, they continue. Check with the Social Security office.

ADDITIONAL SERVICES

- 1) Even if you are not found eligible for payments because of disability, you can be considered for services that can help you in finding a job. The State Vocational Rehabilitation agency provides information and proper referral, training, and any other services that you need to help yourself find suitable work.
- 2) You may also get employment counseling and special placement services from the State Employment Service. But in this case, as in most all other Rehabilitation-service cases, people who become entitled to payments because of disability will not receive those payments if they refuse counseling, training, or other offered services.

- 3) If at any time, medical evidence shows that you are no longer "disabled," that is, you can work, you will still receive benefits for a 3-month period of adjustment. In addition, if you return to work in spite of a severe condition, money may be paid during a "trial work period" of up to 9 months----- not necessarily consecutive months. If after 9 months you decide to continue in "substantial, gainful work" you will be paid for an adjustment period of 3 additional months.

EXAMPLE IN FIGURING YOUR MONTHLY PAYMENTS:

↑ put after "How Much Can You Receive"
section.

MEDICARE

Under Social Security, there is the program entitled "Medicare." Medicare is for 1) people 65 and over, and 2) some people under 65 who are disabled. There are two parts of the Medicare program:

- 1) Hospital Insurance
- 2) Medical Insurance

Medicare has strict limits for how many days of care an individual can get. Medicare measures and limits the time you can receive care in "benefit periods." Your first benefit period starts the first time you enter a hospital, after Hospital Insurance begins. When you've been out of a hospital or nursing facility, or rehabilitation services for 60 days in a row, a new benefit period begins. There is no limit to the number of benefit periods you may have. In addition to the benefit period rule, Medicare is particular about paying for inpatient care which is not "reasonable and necessary" and care that is for personal needs called "custodial care." Reasonable and necessary care is decided in each hospital and/or nursing facility by at least two doctors who assist in the Medicare decision. Custodial care means attendant care, for example, which could be provided by persons without professional training. A self-help skill training, similar to New Options, is also not covered by Medicare.

HOSPITAL INSURANCE

Under this plan, Medicare can help pay for medically necessary inpatient hospital care and for inpatient care in a nursing home, and for care in your home by a home health agency. Medicare will pay for most, but not all services provided in these 3 settings if co-insurance payments are paid by the individual. Medicare pays it's share of the costs directly to the place where you receive the care.

MEDICAL INSURANCE

Under this plan, Medicare can help pay for doctor's services, outpatient hospital care, outpatient physical therapy and speech pathology services, and home health care. In order to receive payments you have to pay a monthly cost (called a premium) for its coverage. Additional costs are also required if you do not make a medical claim (called a deductible) as well as limits on what kinds of, and how many services.

INPATIENT HOSPITAL INSURANCE

Inpatient hospital insurance helps pay for care if all of these conditions are met:

- 1) a doctor prescribes inpatient hospital care
- 2) only a hospital can give you the care you need
- 3) the hospital is part of the Medicare program
- 4) the doctor's review board at the hospital approves

your stay.

MEDICARE INPATIENT HOSPITAL INSURANCE PAYS FOR:

- 1) a semi-private room (2 to 4 beds in a room)
- 2) all meals, including special diets
- 3) regular nursing services
- 4) costs of special care (intensive care, coronary, etc.)
- 5) drugs furnished by the hospital during your stay
- 6) Lab tests included in hospital bill
- 7) X-rays, radiation therapy, radiology services

included in hospital bill

- 8) casts, surgical dressings, splints
- 9) Use of a wheelchair
- 10) operating and recovery room costs
- 11) Rehabilitation services: physical therapy, occupational

therapy, speech pathology

MEDICARE INPATIENT HOSPITAL INSURANCE WILL NOT PAY FOR:

- 1) personal items: television, phone, radio in the room
- 2) private nurses
- 3) private room
- 4) the first 3 pints of blood you receive in a benefit

period

5) doctors's services: Medical Insurance helps pay for the doctors's bill.

MEDICARE INPATIENT HOSPITAL INSURANCE PAYMENTS:

1) As long as you have to stay in the hospital, Hospital Insurance can help pay for your stay.

From the 1st through the 60th day in each benefit period, Medicare pays for all services, except for the first \$124.00.

From the 61st through the 90th day in a benefit period, Medicare pays for all services except for \$31.~~00~~/a day.

If you needs to stay in the hospital more than 90 days, Medicare will pay for an extra 60 days. These 60 days are called reserve days. Medicare pays for all of what you need except for \$62.00 a day. These reserve days are not renewable like a benefit period, which is 90 hospital days. Once you use a reserve day you do not get it back; they are a once in a lifetime limit.

2) Medicare will pay for you bills in a hospital that is not part of the Medicare program. But only if. . .

1) you are admitted for emergency treatment. Emergency treatment is treatment to prevent death or serious health hazards.

2) the hospital is the closest one that can take care of your emergency.

3) Medicare will also pay for psychiatric Inpatient Hospital care but only. . . for no more than 190 days during your lifetime.

4) Medicare will also pay for hospital care in a Canadian or Mexican hospital. But only if. . .

1) you are in the U.S. when an emergency happens, and the closest hospital is in Canada or Mexico.

2) you live in the U.S. and you need care which is not emergency care, but the closest hospital is in Canada or Mexico.

3) you are traveling in Canada - - - not vacationing - - - and an emergency occurs that you need to go to a Canadian hospital.

5) Medicare will also pay for Inpatient Hospital care at a Christian Science hospital that is owned and certified by the First Church of Christ Scientist in Boston.

INPATIENT NURSING HOME AND REHABILITATION INSURANCE

Medicare Hospital Insurance can help pay for care in a nursing home or inpatient rehabilitation services. But only if . . .

1) you hve been in a hospital 3 days in a row

2) you are transferred to a nursing home or a rehabilitation facility because you need the kind of care the hospital gave you (special nursing, attendant care, etc.).

3) you are admitted at the nursing home or rehabilitation facility within 14 days after your hospital stay.

4) a doctor says you need skilled nursing or rehabilitation care.

5) the doctor's review board approves your case.

ALL OF THE ABOVE 5 MUST BE MET. THE CARE YOU NEED MUST BE ON A DAILY BASIS.

MEDICARE NURSING HOME AND REHABILITATION HOSPITAL INSURANCE PAYS FOR:

- 1) a semi-private room
- 2) all meals, including special diet
- 3) regular nursing services
- 4) rehabilitation services: physical therapy, occupational therapy, speech pathology services
- 5) drugs furnished by the facility
- 6) medical supplies: splints, casts, wheelchairs, while you are at the facility.

MEDICARE NURSING HOME AND REHABILITATION HOSPITAL INSURANCE PAYMENTS

- 1) Medicare can pay for up to 100 days in a benefit period, if you need daily skilled nursing/rehabilitation services in such a facility.
- 2) If you leave the nursing/rehabilitation facility and go back to it within 14 days, you don't need to have a new "3 -day stay" in a hospital in order to get the care you need.
- 3) In each benefit period, Hospital Insurance pays for all care for the first 20 days in a nursing/rehabilitation facility.
- 4) After 20 days in a benefit period, Hospital Insurance pays for care for the 21st through 100th day except for \$15.50 a day.

SKILLED NURSING CARE MEANS CARE THAT IS PERFORMED BY LICENSED ⁵PERONS. SKILLED REHABILITATION SERVICES INCLUDE PROFESSIONAL PHYSICAL THERAPY AND SUPERVISION UNDER A DOCTOR. YOUR MEDICARE PAYMENTS GO DIRECTLY TO THESE PLACES.

MEDICARE MEDICAL INSURANCE

Medicare Medical Insurance can help pay for doctor's services, outpatient hospital care, outpatient physical therapy, and speech pathology services, home health care, and other health and medical supplies.

1) Doctors services include:

- a) 80% of your doctor's bill (after you pay \$60.00 worth of charges in a calendar year).

b) 100% of the bill if you are a hospital inpatient and need doctor's services in radiology or pathology.

c) mental illness with a maximum of \$250.00 in a year.

d) foot care by a licensed podiatrist except for routine foot care: treatment for flat feet, removal of corns, calluses, hygienic care.

e) dental care only if it involves surgery of the jaw or setting jaw or facial fractures

f) medical and surgical services

g) diagnostic tests

h) X-rays

i) drugs that cannot be self-administered

j) medical supplies

2) Outpatient hospital care under Medicare Medical Insurance includes:

a) 80% of the bill for outpatient services after subtracting any of the \$60.00 payment you haven't met

b) services in an emergency room or outpatient clinic

c) lab tests

d) X-rays and other radiology services

e) medical supplies: splints, casts

f) drugs that cannot be self-administered

3) Outpatient physical therapy and speech pathology services under Medicare Medical Insurance include one of these:

a) 80% of the bill after the \$60.00 payment, if you receive physical therapy from your doctor in the doctor's office; or

b) service directly from an independent practice that is certified by Medicare. In this case, however, the maximum charge is \$80.00 in a year, less if you make the \$60.00 payment.

c) service from the physical therapy or speech pathology of a hospital, nursing facility, rehabilitation center, clinic, or home health agency. In this case, the people that care for you charge you any of the \$60.00 payment you haven't paid, 20% of the remaining charges, and any services Medicare doesn't cover that is reasonable and necessary.

4) Medicare Medical Insurance Medical supplies and services include:

a) independent laboratory services (80% of the bill) that are certified by Medicare.

b) ambulance transportation if it meets Medicare standards and is an emergency: at the scene of an accident, to or from home to a nursing

facility or hospital

c) prosthetic devices needed to substitute for an internal body organ: heart pacemaker, corrective lenses after a cataract operation, artificial limbs and eyes, shoes for a leg brace.

d) durable medical equipment: oxygen equipment, wheel-chairs, home dialysis system. You can rent or buy this equipment, and Medicare usually makes monthly payments.

e) surgical dressings, splints, casts in connection with medical treatment. This does not include first-aid supplies.

5) Medicare Medical Insurance Home Health Care includes services that are not for personal needs. For example, housework, preparing meals, shopping assistance, assistance in dressing, bathing, eating. The services under Home Health Care are:

- a) part-time skilled nursing care
- b) physical therapy at home
- c) speech pathology in the home
- d) occupational therapy in the home
- e) medical social service

Under Home Health Care, Medicare Medical Insurance will make payments if six (6) conditions are met:

- 1) you were in the hospital 3 days in a row
- 2) the care is for further treatment that you got in the hospital or nursing home or rehabilitation facility
- 3) the care you need is part-time nursing, physical or speech therapy
- 4) you are confined to the home
- 5) the doctor approves and plans the home visit within 14 days of your hospital discharge
- 6) the Home Health Care agency is part of the Medicare program

MEDICARE PAYS THE HOME HEALTH CARE AGENCY; YOU DO NOT. AND MEDICARE PAYS THE FULL COST UP TO 100 VISITS AFTER THE START OF ONE BENEFIT PERIOD. PAYMENTS CAN BE MADE UP TO 12 MONTHS AFTER YOUR MOST RECENT DISCHARGE.

Medical Insurance can pay for 100 Home Health Care visits in a calendar year and

you do not have to have been in the hospital 3 days in a row. But Medical Insurance requires that:

- 1) you need part-time nursing care, physical or speech therapy
- 2) a doctor's approval and plan
- 3) you are confined to home
- 4) the Home Health agency participates in the Medicare program.

ADDITIONAL MEDICARE INFORMATION

1) Waiver of Beneficiary liability

Under the law, Medicare cannot pay for attendant care or ^{unn} necessary health care, or even a more expensive hospital when you could get the same service in a less expensive one. But the law also says that you will not have to pay for such services if ^{you not} you not reasonably be expected to know the services were not covered by Medicare. This law is called "Waiver of Beneficiary liability." The law only applies when Medicare won't pay your charge because they feel it is custodial care or not necessary. The law also does not apply to medical insurance claims.

2) Pre-payment Plan

Payment for health services before you need them is based on a regular payment plan. You can then get the care you need, when you need it, without additional charges. Contact any Social Security office for more information on this plan.

3) Items that can end your Medicare protection

As long as you have work credits under Social Security, you have Medicare Hospital Insurance. But your Medical Insurance depends on your monthly payments which are a) paid directly to Medicare, or b) deducted from your Social Security check.

Medical Insurance can stop if:

- 1) you don't make the monthly payments or you voluntarily cancel.
- 2) you cancel the Medical Insurance you have to cancel the Hospital Insurance. But you can cancel the Hospital Insurance and keep the Medical Insurance.

3) you are disabled, both Hospital and Medical Insurance will end if your disability benefits end before you turn 65 years of age. As long as you are getting disability money, you have Hospital Insurance.

4) Form 1490

In order to get Medical Insurance, you must fill out a request for Medicare payment form, called Form 1490. You can get this form at Social Security offices and most doctor's offices. The doctor or Health Care agency (clinic, nursing home, medical equipment business, etc.) submits the form to Social Security. If the doctor or supplier doesn't want to do this you submit the form and the payment will go to you. The form must include a bill that includes the following information:

- 1) the date you received service or care
- 2) the place you received service or care
- 3) a description of what kind of service you got
- 4) the charge for the service
- 5) the doctor or supplier who provided the service
- 6) your name and Health Insurance number and the letter

at the end of your number.

As soon as your bills come to \$60.00 send them to the Insurance agency that handles your Medical Insurance, along with Form 1490. Any payment cannot be made until you pay the yearly \$60.00 payment (deductible).

You can find the names and addresses of the organizations that handle Medical Insurance claims on the next page. These organizations are called carriers. When you send a claim to a carrier, be sure to put the word "Medicare" on the envelope and your return address and stamp, of course.

LIST OF MEDICARE CARRIERS

Alabama

Medicare
Blue Cross-Blue Shield of Alabama
930 South 20th Street
Birmingham, Alabama 35205

Alaska

Medicare
Aetna Life & Casualty
Crown Plaza
1500 S.W. First Avenue
Portland, Oregon 97201

Arizona

Medicare
Aetna Life & Casualty
Medicare Claim Administration
3010 West Fairmount Avenue
Phoenix, Arizona 85017

Arkansas

Medicare
Arkansas Blue Cross and
Blue Shield
P.O. Box 1418
Little Rock, Arkansas 72203

California

*Counties of: Los Angeles, Orange,
San Diego, Ventura, San Bernadino,
Imperial, San Luis Obispo,
Riverside, Santa Barbara*
Medicare
Occidental Life Insurance Co. of
California
Box 54905
Terminal Annex
Los Angeles, California 90051

Rest of State:

Medicare
Blue Shield of California
P.O. Box 7968, Rincon Annex
San Francisco, California 94120

Colorado

Medicare
Colorado Medical Service, Inc.
700 Broadway
Denver, Colorado 80203

Connecticut

Medicare
Connecticut General Life
Insurance Co.
200 Pratt Street
Meriden, Connecticut 06450

Delaware

Medicare
Blue Cross and Blue Shield of
Delaware
201 West 14th Street
Wilmington, Delaware 19899

District of Columbia

Medicare
Medical Service of D.C.
550 - 12th St., S.W.
Washington, D.C. 20024

Florida

Counties of: Dade, Monroe
Medicare
Group Health, Inc.
P.O. Box 341370
Miami, Florida 33134

Rest of State:

Medicare
Blue Shield of Florida, Inc.
P.O. Box 2525
Jacksonville, Florida 32203

Georgia

The Prudential Insurance Co. of
America
Medicare Part B
P.O. Box 95466
Executive Park Station
Atlanta, Georgia 30347

Hawaii

Medicare
Aetna Life & Casualty
P.O. Box 3947
Honolulu, Hawaii 96812

Idaho

Medicare
The Equitable Life Assurance
Society
P.O. Box 8048
Boise, Idaho 83707

Illinois

Cook County
Medicare Part B
Illinois Medical Service
P.O. Box 210
Chicago, Illinois 60690

Rest of State:

Medicare
CNA Insurance
Medicare Benefits Division
P.O. Box 910
Chicago, Illinois 60690

Indiana

Medicare Part B
120 West Market Street
Indianapolis, Indiana 46204

Iowa

Medicare
Iowa Medical Service
636 Grand
Des Moines, Iowa 50307

Kansas

Counties of: Johnson, Wyandotte
Medicare
Blue Shield of Kansas City
P.O. Box 169
Kansas City, Missouri 64141

Rest of State:

Medicare
Kansas Blue Shield
P.O. Box 239
Topeka, Kansas 66601

Kentucky

Medicare
Metropolitan Life Insurance Co.
1218 Harrodsburg Road
Lexington, Kentucky 40504

Louisiana

Medicare
Pan-American Life Insurance Co.
P.O. Box 60450
New Orleans, Louisiana 70160

Maine

Medicare
Union Mutual Life Insurance Co.
Box 4629
Portland, Maine 04112

Maryland

Counties of: Montgomery, Prince Georges
Medicare
Medical Service of D.C.
550 - 12th St., S.W.
Washington, D.C. 20024

Rest of State:

Maryland Blue Shield, Inc.
700 East Joppa Road
Towson, Maryland 21204

Massachusetts

Medicare
Blue Shield of Massachusetts, Inc.
P.O. Box 2194
Boston, Massachusetts 02106

Michigan

Medicare
Blue Shield of Michigan
P.O. Box 2201
Detroit, Michigan 48231

Minnesota

Counties of: Anoka, Dakota, Filmore, Goodhue, Hennepin, Houston, Olmstead, Ramsey, Wabasha, Washington, Winona
Medicare
The Travelers Insurance Company
8120 Penn Avenue, South
Bloomington, Minnesota 55431

Rest of State:

Medicare
Blue Shield of Minnesota
P.O. Box 8899
Minneapolis, Minnesota 55404

Mississippi

Medicare
The Travelers Insurance Co.
P.O. Box 22545
Jackson, Mississippi 39205

Missouri

Counties of: Andrew, Atchison, Bates, Benton, Buchanan, Caldwell, Carroll, Cass, Clay, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Jackson, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Platte, Ray, St. Clair, Saline, Vernon, Worth
Medicare
Blue Shield of Kansas City
P.O. Box 169
Kansas City, Missouri 64141

Rest of State:

Medicare
General American Life Insurance Co.
P.O. Box 505
St. Louis, Missouri 63166

Montana

Medicare
Montana Physicians' Service
P.O. Box 2510
Helena, Montana 59601

Nebraska

Medicare
Mutual of Omaha Insurance Co.
P.O. Box 456, Downtown Station
Omaha, Nebraska 68101

Nevada

Medicare
Aetna Life & Casualty
4600 Kietzke Lane
P.O. Box 7290
Reno, Nevada 89510

New Hampshire

Medicare
New Hampshire-Vermont Physician Service
Two Pillsbury Street
Concord, New Hampshire 03301

New Jersey

Medicare
The Prudential Insurance Co. of America
P.O. Box 3000
Linwood, New Jersey 08221

New Mexico

Medicare
The Equitable Life Assurance Society
P.O. Box 3070, Station D
Albuquerque, New Mexico 87110

New York

Counties of: Bronx, Columbia, Delaware, Dutchess, Greene, Kings, Nassau, New York, Orange, Putnam, Richmond, Rockland, Suffolk, Sullivan, Ulster, Westchester
Medicare
Blue Cross-Blue Shield of Greater New York
P.O. Box 458
Murray Hill Station
New York, New York 10016

County of: Queens

Medicare
Group Health, Inc.
P.O. Box 233—Midtown Station
New York, New York 10018

Counties of: Livingston, Monroe, Ontario, Seneca, Wayne, Yates

Medicare
Genesee Valley Medical Care, Inc.
41 Chestnut Street
Rochester, New York 14647

Counties of: Allegany, Cattaraugus, Erie, Genesee, Niagara, Orleans, Wyoming

Medicare
Blue Shield of Western New York, Inc.
298 Main Street
Buffalo, New York 14202

Counties of: Albany, Broome, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Cortland, Essex, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Oswego, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Steuben, St. Lawrence, Tioga, Tompkins, Warren, Washington

Medicare
Metropolitan Life Insurance Co.
276 Genesee Street
P.O. Box 393
Utica, New York 13503

North Carolina

The Prudential Insurance Co.
of America
Medicare B Division
P.O. Box 2126
High Point, North Carolina 27261

North Dakota

Medicare
Blue Shield of North Dakota
301 Eighth Street, South
Fargo, North Dakota 58102

Ohio

Medicare
Nationwide Mutual Insurance Co.
P.O. Box 57
Columbus, Ohio 43216¹

Oklahoma

Medicare
Aetna Life & Casualty
1140 N.W. 63rd Street
Oklahoma City, Oklahoma 73116

Oregon

Medicare
Aetna Life & Casualty
Crown Plaza
1500 S.W. First Avenue
Portland, Oregon 97201

Pennsylvania

Medicare
Pennsylvania Blue Shield
Box 65 Blue Shield Bldg.
Camp Hill, Pennsylvania 17011

Rhode Island

Medicare
Blue Shield of Rhode Island
444 Westminster Mall
Providence, Rhode Island 02901

South Carolina

Medicare
Blue Shield of South Carolina
Drawer F, Forest Acres Branch
Columbia, South Carolina 29260

South Dakota

Medicare
South Dakota Medical Service, Inc.
711 North Lake Avenue
Sioux Falls, South Dakota 57104

Tennessee

Medicare
The Equitable Life
Assurance Society
P.O. Box 1465
Nashville, Tennessee 37202

Texas

Medicare
Group Medical and Surgical Service
P.O. Box 22147
Dallas, Texas 75222

Utah

Medicare
Blue Shield of Utah
P.O. Box 30270
2455 Parley's Way
Salt Lake City, Utah 84125

Vermont

Medicare
New Hampshire-Vermont
Physician Service
Two Pillsbury Street
Concord, New Hampshire 03301

Virginia

Counties of: Arlington, Fairfax
Cities of: Alexandria, Falls
Church, Fairfax
Medicare
Medical Service of D.C.
550-12th St., S.W.
Washington, D.C. 20024

Rest of State:

Medicare
The Travelers Insurance Co.
P.O. Box 26463
Richmond, Virginia 23261

Washington

Medicare
Washington Physicians' Service
Mail to your local
Medical Service Bureau
If you do not know which bureau
handles your claim, mail to:
Medicare Washington Physicians'
Service, 220 West Harrison,
Seattle, Washington 98119

West Virginia

Medicare
Nationwide Mutual Insurance Co.
P.O. Box 57
Columbus, Ohio 43216

Wisconsin

County of Milwaukee
Medicare
Surgical Care—Blue Shield
P.O. Box 2049
Milwaukee, Wisconsin 53201

Rest of State:

Medicare
Wisconsin Physicians Service
Box 1787
Madison, Wisconsin 53701

Wyoming

Medicare
The Equitable Life
Assurance Society
P.O. Box 628
Cheyenne, Wyoming 82001

Puerto Rico

Medicare
Seguros De Servicio De Salud De
Puerto Rico
P.O. Box 3628
104 Ponce de Leon Avenue
Hato Rey, Puerto Rico 00936

Virgin Islands

Medicare
Seguros De Servicio De Salud De
Puerto Rico
P.O. Box 3628
104 Ponce de Leon Avenue
Hato Rey, Puerto Rico 00936

American Samoa

Medicare

Hawaii Medical Service Assn.

P.O. Box 860

Honolulu, Hawaii 96808

Guam

Medicare

Aetna Life & Casualty

P.O. Box 3947

Honolulu, Hawaii 96812

VETERANS ADMINISTRATION (V.A.)

Eligibility for a severe disability, medical, dental, and hospital services provided by the Veterans Administration depends on if you were in the military (Army, Navy, Marines, Air Force, Air National Guard, Coast Guard, etc.), and the type of discharge or release you had from the military. The Veterans also have programs that include: loans, school assistance, vocational rehabilitation, and employment services. If you are a spouse (husband or wife) or child of someone that was in the military, you may also be able to receive medical care.

DISABILITY BENEFITS

If you were disabled during your military service, the Veterans have a very good plan for payment to you. The amount of payment though, depends on the kind of disability you now have. They make this disability decision on how much money you can earn as a disabled person in a civil occupation: a job not connected necessarily with military-related skills. The discharge or release from active duty must not have been under dishonorable conditions.

APPLICATION

- 1) Obtain an application from the local V.A. and complete all the questions. Specific dates and places of treatment are very important in order to get your records from the branch of service you were in (Army, Navy, Marines, etc.).
- 2) Mail your application to your nearest V.A. Regional Office.

EXAMINATION

Depending upon how soon you apply after leaving the military, the V.A. may require a physical examination in order to properly consider your application (called a claim).

HOW MUCH YOU CAN RECEIVE

Eligible veterans may be able to receive anywhere from \$38.00 to \$707.00 a month, depending on how severe the disability. Some may receive as much as \$1,759.00. These rates apply to wartime and peacetime service-connected disabilities.

DEPENDENTS

If the degree of your disability is 50% or more, and if you have a dependent (child or spouse) who is also disabled 50% or more, you are entitled to more pay. The amount is even greater if your spouse is in need of a nursing home or needs regular aid and attendant care.

PAYMENT FOR DISABILITY: HOW MUCH YOU CAN RECEIVE

For the more severely disabled, that is, one who has lost the use of a limb, hearing, permanently bedridden and in need of regular aid, there are special rates. And since these rates vary at different times and according to disability, one needs to check with the nearest V.A. office for such rates. The following table does list some of the compensation rates, however.

Disability Rating	Payment
10 percent	\$38.00
20 percent	\$70.00
30 percent	\$106.00
40 percent	\$145.00
50 percent	\$203.00
60 percent	\$255.00
70 percent	\$302.00
80 percent	\$350.00
90 percent	\$393.00
100 percent	\$707.00

These rates are effective October 1, 1976. Subject to change.

WHEN YOU SHOULD FILE FOR V.A. BENEFITS

It is very important that you contact the V.A. without delay any disabilities you believe you got when you were in the military. If you do delay filing your claim, you may lose extra benefits: outpatient treatment, vocational rehabilitation, preference in obtaining Government employment, special insurance for veterans only.

SUPPLEMENTAL SECURITY INCOME (S.S.I.)

Supplemental Security Income is a "public assistance" program. The payments are based on current financial need. S.S.I. is paid for through Federal monies and State or local taxes. S.S.I. monies are only meant to provide minimum assistance since income and resources are considered in deciding both eligibility and payment amounts. S.S.I. is also only meant to provide minimum income assistance for persons who are:

- 1) unable to support themselves because of age, disability, or blindness.
- 2) who have limited or no money from Social Security or other sources.

ELIGIBILITY CONDITIONS

- | | |
|---|---|
| 1) For the Aged: | 65 or over |
| 2) Blind | vision no better than 20/200
even with glasses or tunnel vision |
| 3) Disabled | A physical or mental impairment
which prevents a person from doing
any substantial work and which is
expected to last at least 12 months
or result in death |
| 4) Income Level | Must be below \$167.80 a month for
for an individual; and 251.80 for
a couple. |
| 5) Resources
(these do not include a home, car,
personal goods of reasonable value) | \$1,500 for an individual; and
\$2,250 for a couple. |

EXTRA ELIGIBILITY FACTORS

You must be:

- 1) a U.S. citizen or lawfully admitted alien
- 2) U.S. residence
- 3) prison inmates are excluded
- 4) disabled adults and alcoholics must accept treatment
- 5) payment cannot be made to you for a calendar month if you stay outside the U.S. for the whole month
- 6) if you're in a public or private health facility and receiving Medicaid, the S.S.I. payment is reduced

7) since S.S.I. payments can be reduced by other income, you must apply for any other benefits you may be able to receive. The Social Security Administration will work with you to get any other benefits you're eligible for.

INCOME ELIGIBILITY

You are eligible for S.S.I. if your monthly income is less than \$167.80; or as a couple, with income of less than \$251.80 a month. If a couple has been separated for over 6 months, each person is treated as an individual.

But the following income is not included in the amount of monthly payment:

- 1) \$20.00 a month of earned or unearned income, such as Social Security benefits, rents, interests, etc.
- 2) \$65.00 a month of earned income (wages or net earnings from self-employment) plus one-half of any earned income over \$65.00.
- 3) Refund of taxes paid on real property or on food purchases.
- 4) Tuition and fees of grants, scholarships, and fellowships.
- 5) Home-grown produce consumed by an individual or family.
- 6) Infrequent earned income if it totals no more than \$30.00 in a calendar quarter.
- 7) Foster care payments for a child who does not receive S.S.I. but lives in a household that does receive S.S.I.
- 8) One-third of child-support payments received by an eligible child from an absent parent.
- 9) Earnings up to \$1200.00 a quarter, but not more than \$1620.00 a year, of an unmarried student under 22 years of age.
- 10) Income necessary for fulfillment of an approved plan to achieve self-support for a blind or disabled person.
- 11) Work expenses of an eligible person who is blind.

EXPLANATION

1893
The basic S.S.I. monthly payment is \$167.80 for one person; and \$251.80 for a couple. If the person or couple has retirement or other unearned income (income that isn't current earnings), \$200.00 a month of it is ignored, and the rest of the unearned income is deducted from the monthly payment dollar for dollar.

If the person or couple is making money, \$65.00 a month of it is ignored, and \$1.00 is deducted from the monthly payment for each extra \$2.00 of earnings over the initial \$65.00.

If the person or couple is living in another person's home and receiving support

from that person, the S.S.I. payment may be reduced.

If you are in a health facility or hospital for an entire month and Medicaid is paying over half the cost, the S.S.I. payment may be reduced.

RESOURCES

You may have resource monies or valuable of up to \$1500.00; a couple may have resources up to \$2,250.00. Not all resources are counted. For example, a home with a market value of \$25,000 or less is not counted as a resource. Personal or household goods with a total market value of \$1,500 or less are not counted. A car that is worth \$1200 or less, or which is used for transportation to a job or medical treatment is not counted as a resource.

Also, property you need for self-support and life insurance policies with a total value of \$1,500 or less ^{are} ~~is~~ excluded as a resource. If you're countable resources are more than the limit by a small amount, you may still receive S.S.I. payments if you sell the extra assets within a specified time. Time limits for disposal are 6 months for real property, and 3 months for personal property.

SAMPLE

1

Sam Johnson is 66, lives alone in a small house he owns, and his only income is his social security benefit of \$114.50 a month. He gets \$107.30 of this in his check, after his \$7.20 medical insurance premium is deducted.

<i>Income not from current earnings:</i>			
Monthly social security benefit	\$ 114.50		
Less \$20	<u>—20.00</u>		
Remainder: Countable income not from current earnings	\$ 94.50	\$ 94.50	
<i>Income from current earnings:</i>	None	None	
<i>Total countable income for the month</i>		<u>\$ 94.50</u>	
Basic supplemental security income amount for the month	\$167.80		
Less total countable income	<u>—94.50</u>		
Monthly supplemental security income amount.	\$ 73.30	\$ 73.30	
His social security benefit is		114.50	
So his total monthly income will be		<u>\$187.80</u>	

2

Now let's say Mr. Johnson is married and lives with his wife who is 65. She gets \$57.30 a month from social security (from which a medical insurance deduction is made). The couple's total social security income is \$171.80 a month.

<i>Income not from current earnings:</i>			
Couple's monthly social security benefits	\$ 171.80		
Less \$20	<u>—20.00</u>		
Remainder: Countable income not from current earnings	\$ 151.80	\$151.80	
<i>Income from current earnings:</i>	None	None	
<i>Total countable income for the month</i>		<u>\$151.80</u>	
Basic supplemental security income amount for the month	\$251.80		
Less total countable income	<u>—151.80</u>		
Monthly supplemental security income amount.	\$100.00	\$100.00	
Their monthly social security benefits are		171.80	
Their total monthly income will be		<u>\$271.80</u>	

8

3

Mr. Johnson takes a weekend job which pays \$100 a month gross wages. Here's how these earnings affect Mr. and Mrs. Johnson's total income.

<i>Income not from current earnings:</i>			
Monthly social security benefit	\$ 171.80		
Less \$20	<u>—20.00</u>		
Remainder: Countable income not from current earnings	\$ 151.80	\$151.80	
<i>Income from current earnings:</i>			
Wages for the month	\$ 100.00		
Less \$65	<u>—65.00</u>		
Divide remainder by 2	2/35.00		
Countable income from current earnings	17.50	\$ 17.50	
<i>Total countable income for the month</i>		<u>\$169.30</u>	
Basic supplemental security income payment for the month	\$251.80		
Less total countable income	<u>—169.30</u>		
Monthly supplemental security income amount.	\$ 82.50	\$ 82.50	
Their social security benefit is		\$171.80	
And Mr. Johnson's monthly earnings are		100.00	
So their total monthly income will be		<u>\$354.30</u>	

21 June 8

9

Employment: How It Affects Your SSI

by Greg Sanders

To receive SSI you must meet two general requirements:

- 1) you must be legally "disabled"
- 2) you must be financially needy.

"DISABLED"

The legal definition implies that the individual has a significant physical or mental impairment *and* is unable to work due to that impairment. (If an individual is able to do substantial, gainful work, then that person is not legally disabled. Obviously, employment can demonstrate that an individual is capable of what is technically called "substantial gainful activity" or SGA. The definition of "disabled", therefore, hinges on exactly what constitutes SGA.)

SUBSTANTIAL GAINFUL ACTIVITY

For almost all situations, Substantial Gainful Activity (SGA) is determined as follows:

If your *gross* salary or *net* income from self-employment is —

- 1) less than \$140 per month, your work is not considered to be SGA;
- 2) between \$140 and \$200 per month, your case will be reviewed individually and your work will *generally* not be considered to be SGA;
- 3) over \$200 per month, your work will be considered as SGA.

(If you are offered a job, the Social Security Administration can tell you if that specific employment constitutes SGA.)

Thus, if your employment is not considered SGA and you have a significant impairment you will meet the legal definition of disability and only need to meet the second basic requirement (financial need) to receive SSI. *However, what happens if you are capable of SGA?*

TRIAL WORK PERIOD

If you are employed in SGA and are *applying* for SSI you will be determined ineligible because you are not legally disabled. But, if you are already a recipient of SSI and you still have a significant impairment, that is, your impairment has not improved since you applied for SSI, you may be eligible for a "Trial Work Period" when you become employed.

The Trial Work Period (TWP) is a simple concept. Specifically, a recipient is given nine trial months to test his ability to work before s/he is evaluated for SGA. That means an individual could earn over \$200 per month for up to nine months and still be considered legally disabled. Also, the nine months do not have to be consecutive. For example, a recipient could work for five trial work months, then stop working and still have four more trial work months to use at some future date. Likewise, if a work attempt lasts less than three months and is stopped because of the recipient's disability, then it is considered an "unsuccessful work attempt" and does not

subtract from the nine trial months available to the recipient.

At the end of the TWP a decision must be made. One, the recipient may decide not to continue substantial employment. Accordingly, the legally disabled status of the recipient is not jeopardized and the SSI will continue without interruption. The only disadvantage is that the nine trial work months have been used and can not be used again.

On the other hand, the recipient may decide to continue substantial employment. In this event s/he will have demonstrated the ability to work and not be considered legally disabled. The direct consequence is the termination of SSI eligibility. However, SSI benefits will not stop immediately. The recipient will automatically be granted a three month "adjustment period" in which benefits will continue. After this period the benefits will stop completely.

At this point, it should be emphasized that the question of Substantial Gainful Activity applies only to those individuals receiving SSI as disabled persons. Recipients of SSI as Aged (over 65) or Blind persons are not subject to the limitations of SGA.

"FINANCIALLY NEEDY"

Assuming that a recipient can meet the legal definition of disability, at least for the nine month Trial Work Period, there is still the matter of being "financially needy" (This requirement affects Aged and Blind recipients as well with some variations which will be discussed.)

Since employment creates income and accumulation of resources, it will affect the amount of SSI benefits, if any, a recipient may obtain. Although the treatment of income inevitably causes confusion, the basic operation of exclusions is not complex. In fact, the treatment of *earned* income (gross income from salary or wages and net earnings from self-employment) is very simple. The recipient is entitled to keep the first \$65 of earned income and one half of all earned income over \$65. For example, a recipient earning \$145 per month would keep the first \$65 leaving \$80 ($\$145 - \65) and one-half of the \$80 ($80 \div 2 = 40$). Thus, from the \$145 the recipient keeps \$105 ($\$65 + \40). This \$105 is the portion of the earned income that the recipient is allowed to exclude as an incentive to work. The recipient is free to spend this amount however s/he wishes. After the \$105 is excluded, \$40 non-excluded income still remains of the \$145 gross salary. This \$40 is absorbed by the government; the recipient's SSI/SSP payment is reduced by exactly the amount of non-excluded income (\$40 in this case).

(Note: This exclusion applies only to earned income. Other "unearned" income such as gifts, alimony, veteran's benefits, Social Security Disability benefits, etc. is treated differently. Also, unearned income is not considered when determining Substantial Gainful Activity. Therefore, unearned income has little direct relevance to a discussion on the

effects of employment.)

BLIND EXCLUSIONS

In addition to the earned income, blind recipients may exclude work related expenses. That is, expenses necessary to job performance such as transportation, adequate clothing, readers, braille writers, etc. However, the order of exclusions is important. First, \$65 and one-half of the earned income over \$65 is excluded as explained above. Then, the full amount of work related expenses is excluded. For instance, the blind recipient who earns \$145 a month and has \$25 a month job related expenses can exclude a total of \$130 a month (\$105 + \$25). Accordingly, the government will reduce the recipient's SSI benefits exactly \$15 (that's the \$145 earned income minus the \$130 excludable income). It is possible to have sufficient work related expenses to exclude the entire amount of earned income, thus avoiding a reduction of SSI benefits. However, the work related expense deduction is applicable only toward earned income and not toward other "unearned" income.

RESOURCES

Employment has a direct effect on resources (cash, stocks, property, etc.) in that any item necessary for self-support is excluded from consideration as a resource. For example, the value of a carpenter's tools would not be considered as a resource since they are necessary for self-support. Also, the value of a vehicle necessary for employment is not considered as a resource. In all other respects, an employed SSI recipient is subject to the same resource limitations as other SSI recipients.

SELF-SUPPORT PLANS

After all other Income or Resource exclusions have been considered, there exists a somewhat magnificent exclusion referred to under "Plans to Achieve Self-Support." This exclusion is by far the most realistic and effective attempt by legislators to offer recipients a chance to become completely, or partially, self-supporting. Briefly, any excess income or resource which would otherwise cause a reduction or loss of SSI benefits may be excluded if it is put toward "equipment or training" necessary to achieve self-support in a self-support plan. A self-support plan must have specific goals; it must be written; it must be current; it must be approved by the Dept. of Rehabilitation or Social Security Administration; and it is subject to an 18 month duration limit with a possible 18 month extension if good cause exists. Yet, these requirements are easily met. A detailed discussion of self-support plans is lengthy and will appear later in the *Independent*.

In short, the effect of employment on an individual's status as a needy person is fairly straightforward. A specific operation exists to determine how much earned income the recipient may keep and what resources may be excluded due to their relation to employment. Any amount of non-excluded income will reduce the recipient's SSI/SSP payment by exactly that amount. If the amount of non-excludable income reduces a recipient's SSI benefit to zero, or if the accumulation of non-excludable resources exceeds the standard limitations, the recipient becomes ineligible and the SSI/SSP benefits stop. Of

course, if a recipient takes advantage of a plan for self-support, all otherwise non-excluded income or resources may be excluded and full benefits will continue for the duration of the plan.

ATTENDANT CARE

The effect of employment on Homemaker or Chore service (H/C) grants is sufficiently different from the effect on SSI/SSP status to merit separate consideration. The primary difference is that the function of the SSI/SSP payment is to provide for basic living essentials like food, shelter, clothing, etc., and the H/C service grant is solely for the purpose of purchasing necessary attendant care. An H/C service grant cannot be used to pay for basic living needs.

Thus, the first consideration in determining the effect of employment on an H/C grant is "does the employment change the amount of necessary attendant care required by the recipient?" If the job situation provides some of the necessary attendant needs, then the H/C grant should be reduced accordingly. The H/C service is specifically for providing attendant care and not basic living needs; it is logical therefore that a reduction in attendant needs will be followed by a reduction in the H/C payment. Similarly, if the job situation creates an increase in attendant needs, then the H/C grant should increase to provide the additional need.

LOCAL VARIATIONS

The problem at this point is exactly what constitutes "necessary" attendant needs. As this decision may vary between counties, it is possible that the more budget-minded counties will maintain than an increase in attendant needs due to employment is not essential. State law presents H/C service as needs "necessary to enable an individual to remain in his own home." This doesn't seem to directly cover job-related attendant needs, thus providing the counties with a basis for denying such assistance. For the recipient, the best approach to obtain assistance for these needs is an informal discussion with the Social Worker. Hopefully a cooperative relationship will yield at least partial assistance for these needs. If the informal approach fails, a formal appeal in the form of a "Request for a Fair Hearing" may be in order. However, the formal approach will probably involve many months before the final decision, and may or may not bring satisfactory results.

At worst, any additional attendant needs created by employment could be financed by the salary from that job. Therefore, the real issue is how employment affects the basic eligibility for H/C service. The answer is twofold. First, if a recipient can retain status as a SSI/SSP recipient, then eligibility for H/C service is automatic. Of course, that's assuming the recipient has a need for attendant care. Second, if a recipient is eligible for SSI/SSP in all respects except s/he has too much income to receive SSI/SSP, but not enough income to meet the attendant needs, then the State will provide H/C service. However, the recipient must first apply the amount of income in excess of the SSI/SSP benefit standard toward his/her attendant need before receiving an H/C grant.

Continued Next Page

SSI

THE FORMULA

In practical terms, follow the basic formula described in the preceding section to determine the amount of earned income which is excluded from consideration and that which is not. (Exclude the first \$65 plus one half of the amount over \$65.) Then, subtract the non-excluded amount from your SSI benefit level. If the benefit level is more than the non-excluded amount, the SSI will continue (at a reduced level), and the H/C grant will continue without being reduced. However, if the non-excluded amount is greater than the SSI level, the SSI benefits will stop and the H/C grant will be reduced by the remaining amount of non-excluded income. For example, a recipient who makes \$335 non-excludable income and receives \$235 SSI and \$350 H/C would lose all the SSI and have the H/C reduced to \$250. That's \$335 (non-excluded income) minus \$235 (SSI level), then \$350 (H/C grant) minus \$100 (the remaining non-excludable income) which equals \$250.

Remember, any non-excluded income (or resources) can be excluded under a Plan to Achieve Self-Support. A recipient can continue not only SSI benefits, but H/C service as well, if the otherwise non-excluded income is applied toward an approved self-support plan.

MEDI-CAL

As long as an individual is a recipient of SSI/SSP or H/C service, s/he is eligible for full Medi-Cal coverage. If a recipient loses SSI eligibility, but still receives H/C service, the Medi-Cal will continue unaffected. If eligibility for both SSI and H/C service is lost, then the Medi-Cal is lost also.

SUMMARY

In conclusion, to receive any benefits an individual must meet both of the general requirements presented in this article. That is, an individual must be legally disabled (unless s/he is elderly or blind) and must meet income and resource limitations. Hopefully, this article will help you determine exactly how a specific job situation may effect your eligibility in both respects. As with any SSI/SSP issue, you should always refer your situation to the Social Security Administration or County Welfare Department (for

Transit Fare Discount

The Bay Region Transit Operators' Discount Fare for the permanently and temporarily disabled is now in effect for riders of B.A.R.T., A.C. Transit, S.F. Municipal Railway, Golden Gate Transit, Santa Clara County Transit, and Santa Rosa Municipal Transit. The amount of discount and the hours during which it applies vary from system to system. (For example, BART offers a 75% discount which can be used at all times. A.C. Transit's ten cent local fare is offered only during non-peak hours).

In order to get the discount card you must obtain a certificate form and eligibility criteria from any of the participating transit agencies. The Certificate Form must be completed by a licensed physician or designated representative of a State or Federal Agency. The Veterans Administration, Dept. of Rehabilitation, and specified health and service organizations will both provide and certify the necessary eligibility forms for their clients.

Bring the completed form to BART's Lake Merritt or Civic Center Station, A.C. Transit's 16th St. office in Oakland, Golden Gate Transit or Santa Clara County Transit Headquarters.

Attendants accompanying the disabled are also eligible for the discount.

All applicants will be asked to complete an anonymous questionnaire having to do with their transit needs.

A 90% discount is available to people over 65. No medical certification is required.

For further information, contact your local participating transit agency. ☐

Homemaker/Chore service). By obtaining a formal answer from the appropriate agency before you commit yourself to a specific action, you can avoid potential difficulties.

Providing a recipient investigates the effect of employment on his/her assistance prior to accepting employment, or at least shortly after accepting employment, there is little to be lost by entering this realm of social life. On the contrary, there is very much to be gained. ☐

Center for Independent Living, Inc.
2539 Telegraph Ave.
Berkeley, California 94704 (415) 841-4776

Address Correction Requested.

Non-Profit Organization
U.S. POSTAGE
PAID
Berkeley, CA 94704
Permit No. 1252

TEXAS DEPARTMENT OF HUMAN RESOURCES
AID FOR FAMILIES WITH DEPENDENT CHILDREN (A.F.D.C.)

In order to receive State monies from the Department of Human Resources you must meet the following eligilbility requirements:

- 1) You must live in Texas with a parent or close relative
- 2) You must be under 18 years of age, or under 21 years of age and still in school
- 3) You, as the dependent child, must be a U.S. citizen or registered alien
- 4) You must be deprived of parental support due to the absence, or physical or mental disability of one or both parents,
OR:
5) The family taking care of the child must be in financial need. But they may own a home and other property. The child is also eligible if the parent(s) is getting Social Security checks.

UNDERSTANDING A.F.D.C. INCOME AND DEDUCTION REQUIREMENTS

- 1) Total income is counted monthly before any deduction are made when determining how much money you and your family can receive. However, the income of an A.F.D.C. child is not counted if:
 - 1) the child is a full-time student
 - 2) the child is a part-time student and not a full-time employee
- 2) Other sources counted as income are: Social Security, Veterans Benefits, Railroad Retirement, Child Support, etc.
- 3) Work-Related Expense Deductions: If you and/or the parent is working full-time or part-time and have certain necessary expenses that enable you to keep the job, A.F.D.C. will help pay for that expense (for example, transportation, child-care, retirement fund, etc.). The amount of payment is \$34.00 or the amount of the expense if it is greater than \$34.00.

MONTHLY ALLOWANCES

For a Family Size of:

2
3
4

Monthly Allowance is:

86.00
116.00
140.00

5	163.00
6	184.00
7	204.00
8	225.00
9	244.00
10	264.00
11	285.00

EXAMPLE

A mother with 5 children is earning 140.00 a month, working 20hrs. a week, with a work-related expense less than 34.00 a month. Child-care costs her 30.00 a month. And she receives a Social Security check of 80.00 a month.

1) (Gross) Earned Income	- 140.00
2) Work-Related Expense	34.00 (for 1 person)
	---30.00 (for Child-Care)
	64.00
3) Other Sources of Income	80.00

4) Net Income	144.00

Monthly Allowance is for 6 persons according to table:	184.50
Net Income	---144.00
	40.50

Figures used in table are subject to change.

For more information contact your local Department of Human Resources found in the telephone white pages under Texas Government.

TEXAS DEPARTMENT OF HUMAN RESOURCES
FOOD STAMP PROGRAM

The Food Stamp Program is supported by local, State, and Federal Governments. Under the program, food stamps are used to add to the food buying costs of eligible low-income households. The Program is designed for the family whose essential need is food for healthier children and adults.

If you want to receive food stamps, then you pay a small sum of money and receive a larger value of food stamps. These stamps can be spent like money ^{at} grocery stores that are authorized to accept them by the U.S. Dept. of Agriculture (U.S.D.A.). The amount of money you pay for food stamps depends upon: 1) family size and 2) net monthly income. For the very poor, the stamps are free.

^{stamps}
The coupons may be used to buy any food product. But non-food items such as pet food, soap, cigarettes, liquor, and paper goods cannot be bought with good stamps. Also, food stamps cannot be exchanged for cash.

The U.S.D.A. approves a grocery store to accept food stamps and the stores agree to follow the rules for accepting the stamps. Food stores turn the stamps in to the banks or approved food wholesaler.

FOOD STAMP ELIGIBILITY

Food stamps are not only for families receiving a welfare check. It all depends on your:

- 1) income
- 2) expenses
- 3) size of family (called a household)

<u>HOUSEHOLD SIZE</u>	<u>NET FOOD STAMP INCOME PER MONTH</u>	<u>FOOD STAMP ALLOWANCE</u>
1	215.00	50.00
2	307.00	96.00
3	433.00	138.00
4	553.00	174.00
5	660.00	206.00
6	787.00	248.00
7	873.00	274.00

8	993.00	314.00
9	1120.00	354.00
10	1247.00	394.00

Figures subject to change each calendar January 1, and July 1.

INCOME EXCLUSIONS AND EXPENSES THAT ARE DEDUCTED IN FIGURING TOTAL INCOME REQUIREMENTS:

- 1) 10% of earned income is excluded if it is not more than \$30.00 a month per family.
- 2) Income taxes, Social Security taxes, retirement taxes, and union dues are mandatory deductions from monthly income.
- 3) Medical costs are deducted if more than \$10.00 a month.
- 4) Child care costs are deducted if necessary for employment.
- 5) Tuition and required fees are deducted for education.
- 6) Unusual expenses such as losses because of fire, storm, theft.
- 7) Shelter costs (rent, mortgage, interest on home, real estate taxes, utilities including one phone) that are more than 30% of family income after all deductions are made.

EXAMPLE OF ONE MONTH OF HOUSEHOLD INCOME: Household with one person employed who is earning \$600.00 a month-

Table 1: Deductions

Table 2: Food Stamp Net Income

Income exclusion: 30.00
Mandatory deductions: taxes, retirement funds, etc. 120.00
Medical Expenses: 15.00
Child Care: 20.00
School lab fees: 5.00
Chimney damage to home due to lightning: 150.00
Insurance payment: 140.00

Monthly income: 600.00
Monthly deductions: 200.00

Shelter costs: 140.00
30% of remaining income: 120.00

20.00

Total monthly deductions: \$200.00

Food Stamp Net Income: 380.00

++++Which household size would be eligible for the Food Stamp Income?

NOTE

Monthly food stamp allowance is the same for any give household size. But the purchase price for the food stamps will vary, depending upon the amount of net Food Stamp Income.

To figure financial worth, you don't have to count your home and lot, licensed car, clothing, jewelry, or household goods.

For more information contact your local Department of Human Resources found in the white pages of the telephone book under Texas Government.

STATE DEPARTMENT OF PUBLIC WELFARE



KATHY Rowland
T.R.R.I ANN X
105 Drew
Houston TX. 77006

AFDC Application Notice

You notified us that you want to apply for assistance for your children. We are sending you leaflets which explain our programs.

If you are still interested in applying, you must complete both the enclosed application form and a questionnaire about the children's parent and return them to us in the enclosed envelope. If some of the children have different parents, please complete a separate Parent Profile Questionnaire on each one. You may ask a friend or relative to help you fill them out. They do not have to be notarized. We cannot file your application or determine if you are eligible for assistance until we receive both of your completed, signed and dated forms. You must answer every question and enter "No" or "None" to questions that do not apply to your situation, or enter "unknown" if you cannot complete a question.

A Federal law requires you to provide us your Social Security number and the Social Security numbers of those children for whom you are requesting assistance. Your number will be used in determining eligibility for Federally financed benefits.

If you or your children do not have a Social Security number, we will tell you how to obtain one.

After we receive your application forms, we will review them to determine if you are eligible. You will be notified of the decision. If you have any questions, please write, call or come by the office.

Aviso — Aplicación Para AFDC

Usted nos avisó que desea hacer una aplicación pidiendo asistencia para sus niños. Aquí le mandamos unos folletos que explican los programas.

Si todavía se interesa usted en pedir asistencia, debe completar la aplicación incluida y también el cuestionario, "Informes Sobre los Padres." Devuelva las formas en el sobre incluido. Si hay más de un padre, o una madre, aparte de la persona que hace la aplicación, debe completar un "Informes Sobre los Padres" para cada uno de ellos. Puede pedir la ayuda de un pariente u otro amigo para llenar las formas. No tienen que ser notariadas. Nosotros no podemos procesar su aplicación ni podemos determinar su calificación para asistencia sin antes recibir las dos formas completadas, firmadas y fechadas. Debe usted contestar cada pregunta y escribir "No" o "Nada" para las preguntas que no tienen que ver con su situación, y poner "No sé" si es que no sabe dar los informes que se piden.

Hay una ley federal que requiere que usted nos dé su número de Seguro Social y los números de Seguro Social de los niños para quienes pide asistencia. Su número será usado para determinar la calificación para beneficios de programas que reciben fondos federales.

Si usted o sus niños no tienen números de Seguro Social, podemos decirle como obtenerlos.

Después de recibir las formas, vamos a repasarlas para determinar si usted califica. Le avisaremos de la decisión. Si tiene alguna pregunta, favor de escribirnos, llamarnos, o pasar por la oficina.

Office Address and Phone Number

TEXAS DEPARTMENT OF HUMAN RESOURCES
AFDC 6118 Scott St.
Houston, Texas 77021
748-8450 173-1

By _____

Date _____

Texas Department of Human Resources



Case No./No. del Caso

Application/Expiration Notice

Aplicación/Aviso de Terminación

The items checked ☒ below apply to you. You may skip the unchecked ☐ items.

Lea, abajo, los párrafos marcados así ☒. Los que no están marcados ☐ no se aplican a usted.

- ☐ Attached is an application for food stamps. Please complete, sign, and date the application and return it to this office in person or by mail.
Adjunta va su aplicación para estampillas para comida. Favor de llenar la aplicación, firmarla, fecharla, y traerla a esta oficina o mandárnosla por correo.
- ☐ Since everyone in your household is included in a public assistance grant your application has already been provided.
Usted ya debe haber recibido su aplicación para estampillas para comida puesto que todos los de su casa están incluidos en su concesión de asistencia pública.

- ☐ Before we can determine if you are eligible for food stamps, we need to meet with you to go over your application and answer any questions you might have.
Antes de poder determinar su calificación para estampillas para comida, necesitamos tener una cita con usted para repasar la aplicación y contestar las preguntas que tenga.
- ☐ An appointment will be scheduled after your application is received by this office.
Después de recibir su aplicación en esta oficina, se la dará una cita.
- ☐ Your appointment is scheduled for: Time/Hora Date/Fecha
Su cita es para:
- If you cannot make this appointment, please call us so other arrangements can be made.
Si usted no puede venir a esta hora, por favor, háganos para hacer otros arreglos.

- ☐ Your certification for food stamps ends on the last day of
Su certificación para estampillas para comida termina el último día de. Month, Year/Mes, Año
19
- In order to receive your food stamps at the usual time in
Para recibir con la usual rapidez sus estampillas para comida del mes de. Month/Mes
- and if you have not already submitted your application, you must submit it no later than
y si todavía no ha entregado su aplicación, necesita usted entregar la en esta oficina a más tardar el. Month, Day, Year/Mes, Día, Año
- If you are eligible but have not submitted your application by this date, your food stamps for next month may
Si usted califica pero no ha entregado su aplicación para la fecha especificada, sus estampillas para el próximo

by delayed. Submit your application to the office listed on the other side of this page.

You may request an application for food stamps at any time and the Department of Human Resources must accept your application when you submit it as long as it is signed and contains a legible name and address. The food stamp application process begins on the date your application is received by the food stamp office.

If you or your authorized representative have good reason why you cannot meet the filing deadline, the Department will assist you. For example, you may submit your application or make your appointment by mail. Your appointment may be rescheduled or, in some instances, a home visit can be made. If you need help, please contact our office.

If you are unable to file your application on time, and the Department refuses to accept your reason for being late, you may appeal.

mes pueden ser retrasadas. Entregue la aplicación a la oficina nombrada al otro lado de esta hoja.

Usted puede obtener cuando quiera una aplicación para estampillas para comida, y el Departamento de Recursos Humanos aceptará su aplicación al entregarla usted si está firmada y se puede leer el nombre y la dirección. Se empieza a procesar su aplicación el día en que es recibida en la oficina de estampillas para comida.

Si por buenas razones no puede usted o su representante autorizado entregar la aplicación para la fecha especificada, el Departamento tiene manera de ayudarlo. Por ejemplo, usted puede mandar la aplicación por correo y escribir una carta para hacer la cita. Es posible cambiar la hora o la fecha de la cita o, en algunos casos, hacer la cita en su casa. Si usted necesita ayuda, no deje de comunicarse con nuestra oficina.

Si no puede entregar su aplicación a tiempo y el Departamento no quiere aceptar la razón de su tardanza, puede usted apelar.

Office Address & Telephone
Dirección y Teléfono de la Oficina



By:

De:

Date/Fecha

AGENCY USE ONLY LA AGENCIA LLENA ESTO	☒ Application ☐ Recertification	Date Form Requested 6-7-78	Date Form Mailed 6-7-78	Date Form Received	Date Form Retailed	Date Returned
	Application/Case No. 2	Category 2	Former Recipient ☐ Yes ☐ No	BJN 34-A-01	Mail Code 173-1	Appointment Date

**APPLICATION FOR ASSISTANCE (AFDC and Food Stamps)
APLICACION PARA ASISTENCIA (AFDC y Estampillas para Comida)**

Answer every question. Write "NA" if the question does not apply. This application should be completed by or on behalf of the applicant.

De toda la informacion que se pide. Ponga "NA" en los lugares que no tienen aplicacion a su caso. Esta aplicacion debe ser llenada por, o de parte de, el aplicante.

1. Give your name, address, and telephone number where you can be reached.

Dé su nombre, dirección, y el número del teléfono donde se le puede llamar.

Applicant's Name (Last, First, Middle) Nombre del Apicante (Apellido, Primero, Segundo)		Telephone (home) Teléfono (casa)		Telephone (work) Teléfono (trabajo)	
Mailing Address (Street, P.O. Box or RFD) Dirección Postal (Calle, Apdo, RFD)		City Ciudad	County Condado	State Estado	ZIP Code
Home Address (if different from above). If rural, give directions. Dirección Permanente (si es diferente de la de arriba). Si es rural, explique como llegar.					

2. Starting with the applicant, give the following information for ALL persons living in your household.

Empezando con el aplicante, dé la siguiente información para TODAS las personas de su casa.

NAME (Last, First, Middle) NOMBRE (Apellido, Primero, Segundo)	Sex Sexo	What Kin to You Relación de Parentesco	Birthdate Fecha de Nacimiento			U.S. Citizen Ciudadano de los EUA		In School Está en la Escuela		*Social Security No. *No. de Seguro Social	*Social Sec. Claim No. *No. de Reclamo de Seguro Social
			Mo. Mes	Day Día	Yr. Año	Yes Sí	No	Yes Sí	No		
Applicant/Aplicante		(Self) (Yo)	/	/							
(1)			/	/							
(2)			/	/							
(3)			/	/							
(4)			/	/							
(5)			/	/							
(6)			/	/							
(7)			/	/							
(8)			/	/							
(9)			/	/							
(10)			/	/							

NOTE: IF THERE ARE NOT ENOUGH LINES TO LIST EVERYONE, LIST THE REMAINING PEOPLE ON PAGE 8 OF THIS FORM.

NOTA: SI NECESITA MAS LUGARES PARA NOMBRES, VEA LA PAGINA 8.

*This information is required for AFDC recipients/applicants by 42 U.S.C. Sec. 602(a)(25) and is optional for Food Stamp applicants.

*Según la ley 42 U.S.C. Sec. 602(a)(25) los aplicantes y recipientes de AFDC tienen que dar esta información. Los aplicantes para Estampillas para Comida tienen la opción de no darla.

3. Do all members of your household plan to remain in Texas?

¿Tienen la intención todos los miembros de su casa de quedarse en Tejas? ☐ Yes ☐ No

4. If you are applying for AFDC (welfare), do you also want to apply for Food Stamps?

Si su aplicación es para AFDC (welfare), ¿quiere también aplicar para Estampillas para Comida? ☐ Yes ☐ No

5. Do you have a way to cook meals in your home?

¿Tiene manera de preparar comidas en su casa? ☐ Yes ☐ No

If "No," how do you obtain your meals?

Si marca "No," ¿cómo obtiene sus comidas? _____

6. Answer the following questions about the applicant.
Dé la siguiente información sobre el aplicante.

A. Texas Driver's License No. (optional) No. de Licencia para Manejar de Tejas (opcional)	D. Did you ever apply for, receive, or are you now receiving welfare or food stamps in Texas or anywhere else? En Tejas o en cualquier otro lugar, ¿ha aplicado usted para recibir o ha recibido en el pasado o está recibiendo presente-mente welfare o estampillas para comida? ☐ Yes ☐ No Sí No																				
B. Are you living with your husband/wife? ¿Vive con usted su esposa(o)? ☐ Yes ☐ No Sí No	If "Yes," give the following information. Si marca "Sí," dé la siguiente información.																				
C. Your Marital Status (check box that applies) Estado Civil de Usted (marque la caja apropiada) DATE/FECHA <table style="width: 100%;"> <tr> <td style="width: 30%;">☐ Married/Casado(a)</td> <td style="width: 70%;"></td> </tr> <tr> <td>☐ Widowed/Viudo(a)</td> <td></td> </tr> <tr> <td>☐ Divorced/ Divorciado(a)</td> <td></td> </tr> <tr> <td>☐ Separated/Separado(a)</td> <td></td> </tr> <tr> <td>☐ Deserted/Abandonado(a)</td> <td></td> </tr> <tr> <td>☐ Never Married/ Nunca Casado(a)</td> <td></td> </tr> </table>	☐ Married/Casado(a)		☐ Widowed/Viudo(a)		☐ Divorced/ Divorciado(a)		☐ Separated/Separado(a)		☐ Deserted/Abandonado(a)		☐ Never Married/ Nunca Casado(a)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">When/Cuándo</td> <td style="width: 50%;">Welfare Case No. (if known) No. del Caso de Welfare (si lo sabe)</td> </tr> <tr> <td>Where/Dónde</td> <td></td> </tr> <tr> <td>What Kind(s)/De Qué Tipo(s)</td> <td>Food Stamp Case No. (if known) No. del Caso: Estampillas para Comida (si lo sabe)</td> </tr> <tr> <td colspan="2">Under What Name/Bajo Qué Nombre</td> </tr> </table>	When/Cuándo	Welfare Case No. (if known) No. del Caso de Welfare (si lo sabe)	Where/Dónde		What Kind(s)/De Qué Tipo(s)	Food Stamp Case No. (if known) No. del Caso: Estampillas para Comida (si lo sabe)	Under What Name/Bajo Qué Nombre	
☐ Married/Casado(a)																					
☐ Widowed/Viudo(a)																					
☐ Divorced/ Divorciado(a)																					
☐ Separated/Separado(a)																					
☐ Deserted/Abandonado(a)																					
☐ Never Married/ Nunca Casado(a)																					
When/Cuándo	Welfare Case No. (if known) No. del Caso de Welfare (si lo sabe)																				
Where/Dónde																					
What Kind(s)/De Qué Tipo(s)	Food Stamp Case No. (if known) No. del Caso: Estampillas para Comida (si lo sabe)																				
Under What Name/Bajo Qué Nombre																					

7. Check either "YES" or "NO" about things you or anyone in your household owns or are buying. If you check "YES," give value. Marque "SI" o "NO" para indicar si usted u otra persona de su casa tiene o está comprando las siguientes cosas. Dé el valor.

ITEM/ARTICULO	YES SI	NO	VALUE VALOR	ITEM/ARTICULO	YES SI	NO	HOW MANY? ¿CUANTOS?	VALUE VALOR
Checking Account Cuenta de Cheques				Cattle Ganado				
Savings Account Cuenta de Ahorros				Horses Caballos				
Certificates of Deposit Certificados de Ahorros				Sheep Ovejas				
Cash on Hand Dinero en Efectivo				Goats Cabras				
Valuables in Safety Deposit Box Objetos de Valor en Caja Fuerte de Banco				Pigs Marranos				
Notes, Bonds, Stocks Notas, Bonos, Acciones				Poultry Aves				
Oil, Mineral Rights Derechos a Petróleo o Minerales				Cars, Trucks, Boats and Motorcycles Automóviles, Trocas (Camiones), Barcos, Motocicletas				
Work Equipment or Tools Equipo o Herramientas para el Trabajo				Year/Año				
Life Insurance (Face Value) Aseguranza de Vida (Valor Nominal)				Make/Marca				
Prepaid Burial Insurance (Face Value) Aseguranza de Funeral Pagado de Antemano (Valor Nominal)								
Lump Sum Payments (Including Income Tax Refunds and Social Security) Pagos de Suma Total (Incluyendo Reem- bolso de Impuestos y de Seguro Social)								
Houses Casas								
Businesses (Describe) Negocios (Describalos)								
Land (How Much?) Terreno (¿Cuánto?)								

Do you own or are you buying anything not listed in this section?
¿Tienen o están comprando algo que no aparece en esta lista?

☐ Yes ☐ No
Sí No

If "Yes," list and give value. Si marca "Sí," especifique.	VALUE VALOR

8. Did you transfer, sell, deed, or give away any houses, lots, land, money, etc., within the last 5 years?
¿Transfirió, vendió, traspasó por escritura, o regaló usted cualquier casa o casas, lotes, terreno, dinero, etc., durante los últimos 5 años?
- ☐ Yes ☐ No
Sí No

If "Yes," explain:
Si marca "Sí," explique:

10. Do you or anyone else in your household have a job or are any of you in training for a job?

¿Hay alguien en su casa que trabaja o recibe entrenamiento para trabajar?

☐ Yes
Sí ☐ No

11. Have you or anyone else in the household worked in the past 6 months?

¿Ha trabajado usted u otra persona de su casa durante los últimos 6 meses?

☐ Yes
Sí ☐ No

Answer questions 12, 13, 14, 15, and 16 ONLY if you or anyone in your household is working or is in training. If not go to question 17.
Llene las secciones 12, 13, 14, 15, y 16 SOLO si alguna persona de su casa trabaja o recibe entrenamiento para trabajar. De otra manera, pase a la seccion 17.

12.

Give names of household members who WORK or who are in TRAINING. Dé los nombres de todas las personas de la casa que TRABAJAN o que reciben ENTRENAMIENTO.	Give employer's name and address or the name and address where training is provided. Dé el nombre y dirección del patrón o del lugar donde recibe entrenamiento	No. of Hrs. Per Week Horas Por Semana		How Often Paid? (✓) ¿Cada Cuándo le Pagan? (✓)						Gross Pay (before deductions) Pago Antes de Deducciones
		Regular Regulares	Overtime Adicionales	Daily Diariamente	Weekly Cada semana	Every two weeks Cada quincena	Twice monthly Dos veces al mes	Monthly Por mes		
A.										
B.										
C.										
D.										

13. Does anyone who is employed have work-related expenses exceeding \$34.00 a month?

¿Tiene cualquiera que trabaja, gastos de trabajo que son más de \$34.00 por mes?

☐ Yes
Sí ☐ No

14. List each person's deductions and work expenses for each paycheck or payment. If none, enter zero (0).

Apunte para cada persona las deducciones y los gastos relacionados con el trabajo durante el período del pago. Si no hay, ponga cero (0).

Name Nombre	Social Security FICA Seguro Social FICA	Withholding Tax Impuesto Detenido	Mandatory Retirement Pensión Mandatoria	Union Dues Subscripciones a la Unión	Uniforms and Care Uniformes y su Lavado	Meals Comida	Other Expenses Otros Gastos	Total Cantidad Total
A.								
B.								
C.								
D.								

15. If you are self employed, do you have transportation costs on the job?

Si tiene negocio propio, tiene gastos de transportación ocasionados por su trabajo?

☐ Yes
Sí ☐ No

If yes, what is the monthly cost?

Si marca "Sí," ¿qué tanto por mes?

\$

16. If you work for someone, how do you get to and from work?

Si usted trabaja por una persona, ¿qué forma de transportación usa para ir al trabajo y volver?

☐ Bus☐ Car☐ Walk☐ Ride with someone☐ Other (specify)

Bus

Carro

Andar

Otro persona me lleva

Otra (especifique)

How many miles is it from your home to work?

¿Cuántas millas son de su casa al lugar donde trabaja?

How much does this cost?

¿Cuánto le cuesta?

Per day?

¿Por día?

Per week?

¿Por semana?

How many days per week do you work?

¿Cuántos días trabaja por semana?

17. Do you pay someone to take care of your children while you attend school or work?
¿Paga para que le cuiden los niños mientras trabaja o va a la escuela? ☐ Yes ☐ No
Sí ☐ No

If "Yes," how much do you pay?
Si marca "Sí," ¿cuánto paga?

\$

How often?
¿Cada cuánto?

Babysitter's Name or Child Care Center Nombre de la Niñera o del Centro de Cuidado de Día	Address Dirección	Telephone No. No. de Teléfono
--	----------------------	----------------------------------

18. Do you or anyone else in your household have any of the following types of income? Check (✓) Yes or No.
¿Tiene usted u otra persona de su casa las siguientes entradas? Marque (✓) Sí o No para cada tipo de entrada.

Social Security Seguro Social Yes ☐ No ☐ Sí ☐ No ☐	Money from Other Private or Public Welfare Agencies Dinero de Otras Agencias de Welfare Públicas o Privadas Yes ☐ No ☐ Sí ☐ No ☐	Child Support and/or Alimony Sostenimiento para Niños y/o Compensación por Separación o Divorcio Yes ☐ No ☐ Sí ☐ No ☐	Money from Rent of Houses or Apartments Dinero de la Renta de Casas o Apartamentos Yes ☐ No ☐ Sí ☐ No ☐
Supplemental Security Income (SSI) Seguridad de Ingresos Suplemental (SSI) Yes ☐ No ☐ Sí ☐ No ☐	Unemployment Checks Compensación de Desempleo Yes ☐ No ☐ Sí ☐ No ☐	Cash, Gifts, or Contributions from Parents, Relatives, Friends, Others Dinero, Regalos o Contribuciones de los Padres, Parientes, Amigos, Otros. Yes ☐ No ☐ Sí ☐ No ☐	Income from Roomers or Boarders in Your House Entrada que Recibe de Huespedes en su Casa Yes ☐ No ☐ Sí ☐ No ☐
Veteran's Benefits and/or Pensions Beneficios y/o Pensiones de Veteranos Yes ☐ No ☐ Sí ☐ No ☐	Workmen's Compensation Compensación de Trabajadores Yes ☐ No ☐ Sí ☐ No ☐	Interest from Savings Accounts or Certificates of Deposit Interés Ganado en Cuentas de Ahorros o Certificados de Ahorros Yes ☐ No ☐ Sí ☐ No ☐	Student Loans, Grants, and/or Scholarships Préstamos para Estudiantes, Concesiones y/o Becas Yes ☐ No ☐ Sí ☐ No ☐
Railroad Retirement Pensión de Ferrocarril Yes ☐ No ☐ Sí ☐ No ☐	Payments from Private Insurance Pagos de Aseguranza Individual Yes ☐ No ☐ Sí ☐ No ☐	Dividends from Stocks and Bonds Dividendos de Acciones y Bonos Yes ☐ No ☐ Sí ☐ No ☐	Self-Employment Income Entrada de Negocio Propio Yes ☐ No ☐ Sí ☐ No ☐
Other Retirement Benefits or Pensions Otros Beneficios de Retiro o Pensiones Yes ☐ No ☐ Sí ☐ No ☐	Union Benefits (Including Strike Benefits) Beneficios de Unión (Incluyendo Beneficios de Huelga) Yes ☐ No ☐ Sí ☐ No ☐	Money from Oil, Gas, or Mineral Leases or Royalties Dinero o Porcentajes de Contratos de Petróleo, Gas o Minerales. Yes ☐ No ☐ Sí ☐ No ☐	Other Income (Include Loans Made to You) Otra Entrada (Incluya Préstamos Recibidos) Yes ☐ No ☐ Sí ☐ No ☐
Welfare Checks (AFDC) Cheques de Welfare (AFDC) Yes ☐ No ☐ Sí ☐ No ☐	Military Allotments Repartido de Sueldo Militar Yes ☐ No ☐ Sí ☐ No ☐	Farm Income Including Pasture Rental, ASC Payments, Livestock, or Other Related Income Entrada de Agricultura Incluyendo Renta de Pastura, Pagos de ASC, Ganadería, u Otra Entrada Parecida Yes ☐ No ☐ Sí ☐ No ☐	(1) _____ (2) _____ (3) _____ (4) _____

19. If you answered yes to any of the questions above, complete the following.
Para cada una de las entradas que sí, recibe, dé la siguiente información.

Name of household member receiving above money Nombre de la persona en la casa que recibe el dinero	Source of Money Origen del Dinero	Amount Received Cantidad Recibida	How Often Received? ¿Cada Cuándo la Recibe?	Date Last Received Fecha que Recibió el Último Pago

20. Do you expect a change within the next six months of any of the following?
¿Espera un cambio en cualquiera de los siguientes durante los próximos seis meses?

Income Entrada ☐ Yes ☐ No Sí ☐ No ☐	People who live with you Personas de la casa ☐ Yes ☐ No Sí ☐ No ☐	Money Dinero ☐ Yes ☐ No Sí ☐ No ☐
Property Propiedad ☐ Yes ☐ No Sí ☐ No ☐	Expenses Gastos ☐ Yes ☐ No Sí ☐ No ☐	Job Empleo ☐ Yes ☐ No Sí ☐ No ☐

21. Is there anyone in your household who is or who will be claimed as a tax dependent by someone not in your home?

¿Hay en su casa alguna persona que es nombrada o que será nombrada como dependiente en la declaración de impuestos federales de alguien que no vive en su casa?

☐ Yes
Sí ☐ No

Name of person(s)

Dé el/los nombre(s)

22. Is anyone in your household paying medical bills?

¿Tiene alguna persona de su casa cuentas medicales que pagar?

☐ Yes
Sí ☐ No

If "Yes," complete the following section:

Si marca "Sí," dé la siguiente información:

Medical Expenses Gastos Médicos	Total Owed (Balance) Cantidad Debida	Amount Paid Monthly Cantidad Pagada Por Mes	Date Last Paid Fecha del Ultimo Pago	Medical Expenses Gastos Médicos	Total Owed (Balance) Cantidad Debida	Amount Paid Monthly Cantidad Pagada Por Mes	Date Last Paid Fecha del Ultimo Pago
Doctor Doctor				Medicare Premiums Pago de Medicare			
Hospital Bills Cuenta de Hospital				Prescribed Drugs Medicinas de Receta			
Transportation costs to get medical care Transportación para obtener atención medical				Other Medical Expenses Otros Gastos Médicos			
Health Insurance Aseguranza de Hospitali- zación				Cost of live-in attendant or nursing care Costo de cuidado de enfermera o de otra persona que atiende			

23. Do you have unpaid medical bills for treatment received in the last three months?

¿Tienen cuentas medicales sin pagar de servicios recibidos durante los últimos tres meses?

☐ Yes
Sí ☐ No

24. Does anyone in your household have the following bills?

¿Tienen las personas de su casa algunos de los siguientes gastos?

☐ Yes
Sí ☐ No

If "No," go on to Item 25.

Si marca "No," siga con la Sección 25.

BILLS GASTO	Amount paid monthly Cantidad pagada por mes	Date last paid Fecha del último pago	How often paid? ¿Cada cuándo se paga?	For whom paid? ¿Para quién se paga?	To whom paid? ¿A quién paga?	Total Owed Cantidad Debida
Court ordered child support or alimony payments? Sostenimiento para niños o compen- sación por separación o divorcio						
Funeral costs? Gastos de funeral						
Payments for repairs or replacement of property damaged or lost due to vandalism, fire, theft, flood, storm, etc. Pagos para reparar o reemplazar propiedad dañada o perdida por causa de vandalismo, lumbre, robo, inundación, tempestad, etc.						
Type of property: Tipo de propiedad:						
School tuitions and mandatory fees. Costo de enseñanza y gastos obliga- torios para la educación.					Name of School Nombre de la Escuela	

25. List below the cost of your housing and utility payments.
Apunte abajo los gastos de techo y utilidades.

Shelter Expense Gastos de Casa	Amount Paid Cantidad Pagada	Check (✓) How Often Paid Marque (✓) Qué tan Seguido se Paga					Last Payment Made Fecha del Ultimo Pago
		Weekly Por Semana	Every 2 Weeks Cada Quincena	Twice Mo. Dos Veces al Mes	Monthly Por Mes	Yearly Por Año	
Rent/Mortgage Payment on Home Renta/Abono de la Casa							
Taxes, Special Assessments (if required by law) Impuestos, Cargos Especiales (requeridos por la ley)							
Home Insurance Payments Pago de la Aseguranza de la Casa							
Telephone Teléfono							
Utilities: Gas Utilidades: Gas							
Electricity Electricidad							
Water/Sewer Agua/Drenaje							
Garbage Basura							

26. List other expenses which you have (including food, clothes, payments on anything you own or are buying, installment payments, insurance payments, charge accounts, etc.)
Haga una lista de otros gastos que tiene (incluyendo comida, ropa, pagos de cualquier cosa que tiene o que está comprando, otros abonos, aseguranza, cuentas de crédito, etc.)

Item Gasto	Amount per Month Cantidad por Mes

27. Does any person who does not live with the household pay for any of the expenses listed in questions 22 through 26?
¿Paga alguna persona que no vive en la casa algunos de los gastos apuntados en las secciones 22 – 26?

☐ Yes
Sí ☐ No

If "Yes," give the following information:
Si marca "Sí," dé la siguiente información:

Name of Person Nombre de la Persona	
Type Expense Gasto que Paga	Amount Cantidad que Paga

28. Complete this question only if you want someone other than the head of household or spouse to purchase your food stamps for you.
Give their name and address below.

Llene esta sección sólo si va a mandar a alguien que no sea el responsable de la casa ni su esposa(o) a que le compre las estampillas para comida. Dé abajo el nombre y la dirección de esa persona.

Name/Nombre	Address/Dirección
-------------	-------------------

29. Complete this question only if you or your spouse are applying for food stamps and someone other than a member of your household is making application for you.

Dé la siguiente información sólo si usted o su esposa(o) está aplicando para estampillas para comida y alguna persona que no es de su casa hace la aplicación de parte de ustedes.

I authorize

Yo autorizo a _____

Name/Nombre

Address (Number, Street, City, State, ZIP Code)
Dirección (No., Calle, Ciudad, Estado, ZIP Code)

to make application on behalf of our household, because

para que haga esta aplicación de parte de las personas de mi casa, porque _____

The authorized representative, if any, designated to make application on behalf of the head of household must sign below.
Si el responsable de la casa autorizó a un representante a hacer esta aplicación, tiene que firmar abajo ese representante.

Signature of Authorized Representative making Application
Firma del Representante Autorizado haciendo la Aplicación

Date
Fecha

28. This question is about the children and their father and mother. Do not include any child that does not live with you. Esta sección es para información sobre los niños y los padres de ellos. No incluya ningún niño que no vive con usted.

Names of the Children for Whom You Want a Welfare Check Dé los Nombres de los Niños para Quiénes Está Solicitando Cheque de Welfare	Name of the Father Nombre del Padre	Name of the Mother Nombre de la Madre	Parents Are Divorced Los Padres Están Divorciados	Parents Are Separated Los Padres Están Separados	Parents Were Never Married Los Padres Nunca Se Casaron	Father Deserted Child El Padre Abandonó al Niño	Mother Deserted Child La Madre Abandonó al Niño	Father Is Disabled El Padre Está Incapacitado	Mother Is Disabled La Madre Está Incapacitada	Father Is Dead El Padre Está Muerto	Mother Is Dead La Madre Está Muerta	Father Is in Jail or Prison El Padre Está Encarcelado o en Prisión	Mother Is in Jail or Prison La Madre Está Encarcelada o en Prisión	Give date prison or jail term began and give length of the term. If deceased, give date of death. Dé la fecha que comenzó el término de la sentencia y diga de cuánto tiempo es el término. Si está muerto(a), dé la fecha cuando murió.

If the mother or father is temporarily out of the home, explain.

Si la madre o el padre se ha ausentado de la casa provisionalmente, explique por qué.

29. If the parent(s) of the children listed above no longer live with you, complete one of the following boxes for each of the absent parents. Dé la siguiente información sobre cada padre/madre (de los niños nombrados arriba) que ya no vive con usted.

FIRST ABSENT PARENT/PRIMER PADRE/MADRE AUSENTE

Name (First, Middle, Maiden, Married) Nombre (Primero, Intermedio, Apellido de Soltera y de Casada)			When did the parent leave? ¿Cuándo abandonó a la familia?	
Date of Birth Fecha de Nacimiento	Sex Sexo	Race Raza	How many times has he/she left before? ¿Cuántas veces ha abandonado a la familia?	
Place of Birth Lugar de Nacimiento			When was the last time he/she visited with, wrote to, or telephoned you or the children? ¿Cuándo fue la última vez que les visitó, escribió o llamó a usted o a los niños?	
Social Security No. (As shown on Social Security card) No. de Seguro Social (de la tarjeta de Seguro Social)			Do you receive help from the absent parent? ¿Está usted recibiendo asistencia del/de la esposo(a) ausente? ☐ Yes ☐ No ☐ Sí ☐ No	
Social Security Claim No. (From Award Letter or Medicare card) No. de Reclamo del Seguro Social (de la Carta de Compensación o de la tarjeta de Medicare)			If "Yes," answer questions below: Si marca "Sí," conteste las siguientes preguntas:	
Address (Street, Box, RFD, City, State, ZIP Code, County) Dirección (Calle, Apartado, RFD, Ciudad, Estado, ZIP, Condado)			a. What kind of help? ¿Qué tipo de asistencia?	
Name and Address of His/Her Employer Nombre y Dirección del Patrón de El/Ella			b. How often do you get this help? ¿Qué tan seguido recibe esta asistencia?	
Name and Address of His/Her Parents Nombre y Dirección de los Padres de El/Ella			c. How does this help get to you? ¿Cómo recibe esta asistencia?	

THIRD ABSENT PARENT/TERCER(A) PADRE/MADRE AUSENTE

Name (First, Middle, Maiden, Married) Nombre (Primero, Intermedio, Apellido de Soltera y de Casada)		
Date of Birth Fecha de Nacimiento	Sex Sexo	Race Raza
Place of Birth Lugar de Nacimiento		
Social Security No. (As shown on Social Security card) No. de Seguro Social (de la tarjeta de Seguro Social)		
Social Security Claim No. (From Award Letter or Medicare card) No. de Reclamo del Seguro Social (de la Carta de Compensación o de la Tarjeta de Medicare)		
Address (Street, Box, RFD, City, State, ZIP Code, County) Dirección (Calle, Apartado, RFD, Ciudad, Estado, ZIP, Condado)		
Name and Address of His/Her Employer Nombre y Dirección del Patrón de El/Ella		
Name and Address of His/Her Parents Nombre y Dirección de los Padres de El/Ella		

When did the parent leave?
 ¿Cuándo abandonó a la familia? _____

How many times has he/she left before?
 ¿Cuántas veces ha abandonado a la familia? _____

When was the last time he/she visited with, wrote to, or telephoned you or the children?
 ¿Cuándo fue la última vez que les visitó, escribió o llamó a usted o a los niños? _____

Do you receive help from the absent parent?
 ¿Está usted recibiendo asistencia del/de la esposo(a) ausente?

☐ Yes ☐ No
☐ Sí ☐ No

If "Yes," answer questions below:
 Si marca "Sí," conteste las siguientes preguntas:

- a. **What kind of help?**
 ¿Qué tipo de asistencia? _____
- b. **How often do you get this help?**
 ¿Qué tan seguido recibe esta asistencia? _____
- c. **How does this help get to you?**
 ¿Cómo recibe esta asistencia? _____

**WRITE IN YOUR OWN WORDS WHY YOU NEED HELP FROM THE TEXAS DEPARTMENT OF HUMAN RESOURCES.
EXPLIQUE EN SUS PROPIAS PALABRAS POR QUE NECESITA USTED ASISTENCIA DEL DEPARTAMENTO DE RECURSOS
HUMANOS DE TEJAS.**

My (our) answers to all of the previous questions and the statements I (we) have made are true and correct to the best of my (our) knowledge and belief.

I (we) agree to provide the Texas Department of Human Resources with any information necessary to verify any statements given in this application. I (we) give my (our) consent for State or Federal personnel to obtain information from any source to verify the statements I (we) have made. I (we) will cooperate fully with State or Federal personnel to obtain information from any source to verify the statements I (we) have made. I (we) will cooperate fully with State or Federal personnel in a quality control review.

PENALTIES FOR FRAUD! Whoever obtains or attempts to obtain by means of a willful false statement or other fraudulent means financial assistance, medical assistance, food stamps, services, or treatment to which he is not entitled shall be considered guilty of a criminal offense and upon conviction may be fined and/or imprisoned.

I (we) agree to tell the Texas Department of Human Resources within 10 days of any changes in income, resources, number of people who live with me, expenses or other circumstances that affect my assistance check, food stamps, or medicaid eligibility. (AFDC recipients must report all income changes. Food stamp recipients need only report changes in income or expenses greater than \$25.00 per month.)

I (we) have been advised and understand that my (our) failure to meet the obligation set forth above may be considered willful withholding of such information and can result in the State recovering any loss by requesting repayment, beginning recoupment (AFDC only) or by filing criminal or civil charges against me (us).

I (we) have been advised and understand that this application will be considered without regard to race, color, religion, creed, national origin or political belief and that I (we) may request a review of the decision made on my (our) application or recertification for assistance and may request a fair hearing concerning any action affecting receipt or termination of assistance.

Las respuestas que he (hemos) dado a todas las preguntas y las declaraciones que he (hemos) hecho son verdaderas y correctas a mi (nuestro) leal saber y comprender.

Estoy (estamos) de acuerdo en dar al Departamento de Recursos Humanos de Tejas toda la información necesaria para verificar cualquier declaración hecha en esta aplicación. Doy (damos) permiso a que los empleados del estado o del gobierno federal obtengan información de cualquier origen para verificar las declaraciones que he (hemos) hecho. Colaboraré (colaboraremos) plenamente con dichos empleados en un análisis de calidad.

IPENALIDADES POR FRAUDE! Cualquiera que obtenga o trate de obtener por medio de una declaración falsa u otro proceso fraudulento servicios medicales, estampillas para comida, u otros servicios o tratamientos a los que no tiene derecho, será juzgado culpable de ofensa criminal y, sobre convicción, puede ser multado y/o encarcelado.

Estoy (estamos) de acuerdo en reportar al Departamento de Recursos Humanos dentro de 10 días cualesquier cambios en entradas, recursos, número de personas de la casa, gastos u otras circunstancias que afecten el cheque de asistencia, las estampillas para comida, o la calificación para Medicaid. (Los recipientes de AFDC tienen que reportar todos los cambios de entrada. Los recipientes de estampillas para comida sólo reportan los cambios, en entrada o gastos, de \$25.00 o más por mes.)

Me (nos) han avisado y comprendo (comprendemos) que el no cumplir con las obligaciones mencionadas arriba puede considerarse hecho a propósito con el fin de detener tal información, y puede resultar en que el Estado recobre lo perdido o presente cargos criminales o civiles a mi (nuestra) contra.

Me (nos) han avisado y comprendo (comprendemos) que esta aplicación será considerada sin discriminación de raza, color, religión, credo, origen nacional, ni creencias políticas y que puedo (podemos) pedir una revisión de la decisión que se tome en cuanto a mi (nuestra) aplicación o recertificación para asistencia, y que puedo (podemos) pedir una audiencia justa para protestar cualquier acción afectando la concesión o la negación de asistencia.

**BEFORE YOU SIGN BE SURE EACH ANSWER IS COMPLETE AND ACCURATE
ANTES DE FIRMAR ASEGURESE QUE ESTE CORRECTA Y COMPLETA TODA LA INFORMACION QUE USTED DA**

Applicant's Signature/Firma del Apicante

Date/Fecha

Spouse's Signature/ Firma del Esposo o de la Esposa

Date/Fecha

Texas Driver's License No. (optional)/No. de Licencia para Manejar de Tejas (opcional)

If for some reason the applicant/recipient cannot sign his name two witnesses to his mark (X) must sign below.

Si por cualquier razón el aplicante/el recipiente no puede firmar su nombre, dos testigos a su marca (X) deben firmar aquí.

Signature of Witness/Firma de Testigo

Date/Fecha

Signature of Witness/Firma de Testigo

Date/Fecha

If someone helped you fill in this form, give name, address and phone number below.

Si alguien le ayudó a llenar esta forma, dé el nombre, dirección, y número de teléfono de esa persona.

Name Nombre	Address (Street, City, State, ZIP Code) Dirección (Calle, Ciudad, Estado, ZIP Code)	Telephone Teléfono
----------------	--	-----------------------

Would you like for us to have the name of an interested relative or friend in case of an emergency? If so, please give the following:
Si desea darnos el nombre de un pariente o amigo a quien avisar en caso de emergencia, dé la siguiente información.

Name Nombre	Address Dirección	Telephone Teléfono
----------------	----------------------	-----------------------

If you could not list all the people in your household in question 2, list the remaining people below.
Siga aquí con la lista de nombres que no cupieron en la sección 2.

NAME (Last, First, Middle) NOMBRE (Apellido, Primero, Segundo)	Sex Sexo	What Kin to You Relación de Parentesco	Birthdate Fecha de Nacimiento Mo. / Day / Yr. Mes / Día / Año	U.S. Citizen Ciudadano de los EUA		In School Está en la Escuela		*Social Security Number *No. de Seguro Social	*Social Security Claim No. *No. de Reclamo de Seguro Social
				Yes Sí	No	Yes Sí	No		
(11)			/ /						
(12)			/ /						
(13)			/ /						
(14)			/ /						
(15)			/ /						
(16)			/ /						
(17)			/ /						
(18)			/ /						
(19)			/ /						
(20)			/ /						
(21)			/ /						
(22)			/ /						
(23)			/ /						

*This information is required for AFDC recipients/applicants by 42 U.S.C. Sec. 602(a) (25) and is optional for Food Stamp applicants.

*Según la ley 42 U.S.C. Sec. 602(a) (25) los aplicantes y recipientes de AFDC tienen que dar esta información. Los aplicantes para Estampillas para Comida tienen la opción de no darla.

PARENT PROFILE QUESTIONNAIRE
INFORMES SOBRE LOS PADRES

Complete one form (Form 50) for each absent parent. Para cada madre o padre ausente, complete una forma (Form 50).

SECTION I — This section is about you. Esta sección refiere a usted.

Name Nombre		Social Security No.* No. del Seguro Social	Address (Include mailing address if different) Dirección (Incluya la dirección postal si es diferente)
Relationship to Children ¿Qué es de los niños?	Phone No. No. de Teléfono	Date of Birth Fecha de Nacimiento	

SECTION II — Information about parents of children. Información sobre los padres de los niños.

Are both parents living in the home with the child(ren)?

¿Están viviendo los dos padres en la misma casa con los niños?

☐ Yes
Sí

☐ No

If answer to the above question is yes do not complete the form. Sign and return to local DPW office.

If answer to the above question is no answer to the best of your knowledge ALL of the following questions.

Si contesta sí a la pregunta arriba, no complete el resto de la forma. Firmela y devuélvela a la oficina local de Welfare.

Si contesta no a la pregunta arriba conteste TODAS las siguientes preguntas de lo mejor que sabe.

SECTION III — Information about absent parent. Información sobre el padre o la madre ausente.

Absent Parent's Name Nombre del Padre/de la Madre Ausente				Last Known Address and Date Dirección Más Reciente y la Fecha				
Place of Birth Lugar de Nacimiento			Age Edad	Date of Birth Fecha de Nacimiento	Rumored to have gone to: Rumor en cuando donde esta:			
Sex Sexo	Height Altura	Weight Peso	Color Hair Color de Pelo	Color Eyes Color de los ojos	Complexion Color de cutis	Ethnic Group (✓ one) Categoría Etnica (marque una) ☐ Anglo ☐ Mex. Am. ☐ Negro ☐ Amer. Indian Indio Amer. ☐ Asian Asiático ☐ Other Otro (specify) (explique)		
Identifying marks or disabilities Marcas o inhabilidades que lo/la identifiquen				Driver's License No. No. de Licencia para Manejar	Issuing State Estado donde la consiguió	Car (year and make) Automóvil (Año y modelo)	Car License No. No. de las placas	Issuing State Estado donde se consiguieron
Name of Last Employer Nombre del Patrón Mas Reciente				Last Employer's Address Dirección del Patrón Más Reciente				Date of Employment Fecha del Empleo
Usual Occupation Oficio Usual				Is absent parent a Union member? If yes, where? Give card no. if known. ¿Es el/la ausente miembro de algún Unión? Si es, ¿dónde? Dé el no. de la tarjeta si lo sabe.				
Social Security No. No. del Seguro Social		Has absent parent served in Armed Forces? ¿Hizo servicio militar el/la ausente?			Date of Discharge Fecha de cuando salio del servicio		Place of Discharge Lugar donde se salio	
List places absent parent has established credit. Liste los lugares donde tiene el/la ausente credito.					If absent parent has insurance list type and company. Si el/la ausente tiene aseguranza dé el tipo y la compañía.			
List any government benefits absent parent receives. Liste cualquier beneficio que recibe el/la ausente del gobierno.								

SECTION IV — This section is about friends and relatives of absent parent. Esta sección se refiere a los amistades y parientes del/de la ausente.

Name Nombre	Relationship Parentesco	Current Address Dirección Actual
Father Padre	Father Padre	
Mother (Include Maiden Name) Madre (Incluya Apellido de Soltera)	Mother Madre	

*This information used for identification only.

Esta información se usa solamente para identificación.

TEXAS DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES

If you receive Supplemental Security Income (S.S.I.) as a disabled person, you qualify for programs offered by the Social Services department of the Human Resources agency. The services are free or low-cost depending upon your need and ability to pay.

Services offered are:

1) Family Care Services: services for those who are not able to take care of themselves in a functional way: bathing, exercise, taking medicine, light housework. A homemaker can come for a few hours or 24 hours.

2) Chore Services: if you cannot get around like you used to but don't need nursing home care, you can get help cooking, cleaning, doing the laundry, grocery shopping.

3) Foster Care: if you can't keep up a house anymore but don't need full-time nursing care either, you can move in with a foster family.

In order to apply for Social Services call you local Department of Human Resources. You will be assigned to a caseworker who will evaluate your living arrangements, disability, and finances. Unlike applying for A.F.D.C. or Food Stamps, you do not have an application fill out in order to receive services. A caseworker will make an application on you as a client. See the following pages.

HOME CARE ASSESSMENT

absolute

1. ☐ Assessment ☐ Reassessment

2. Name (Last, First, Middle Initial)	3. Case No.
4. Residence Address	5. City/Town

6. Place of Residence

- ☐ 1. Own home 2. Apartment 3. Hotel 4. Boarding house 5. Nursing home
6. Other _____

7. What care is now being provided to the individual?

8. Name and address of interested relatives.

- ☐ 1. No one is helping.
2. Non-relative helping (not under contract).
3. Relative helping (not under contract).
4. Non-relative helping (under contract).
5. Relative helping (under contract).

9. Family Relationships

- ☐ 1. Individual isolated from relatives physically and little to no support.
2. Individual has living relatives in area with little to no support.
3. Family does not live in area but maintains contact.
4. Family supportive (meaning regular visits and at least weekly contact).
5. Close family relationships (tends to nutritional, financial, emotional needs)

10. List individual's hobbies, both current and inactive.

11. List any organizations in which the individual is a current or past participant or member.

12. Is there on-going medical surveillance by a physician?

- ☐ 1. Yes 2. No, not available 3. No, not needed 4. No, individual refuses care

13. Number of times individual hospitalized within last 12 months.

14. In worker's judgment, what is level of care in nursing home required by the individual without alternate services?

- ☐ 1. ICF II 2. ICF III 3. Skilled 4. Would not need nursing care

Obsolete

15. Reason not in nursing facility

- ☐ 1. Prefers home care or refuses to go to nursing home
- ☐ 2. Temporary disability
- ☐ 3. Family does not want nursing home
- ☐ 4. Nursing home not available
- ☐ 5. Awaiting nursing home placement
- ☐ 6. Other: (Specify) _____

16. Housing Condition

- ☐ 1. Has safety hazards
- ☐ 2. Needs minor repair
- ☐ 3. Needs major repair
- ☐ 4. Lacks adequate heating
- ☐ 5. Lacks hot and cold water
- ☐ 6. Lacks indoor plumbing
- ☐ 7. Has outside steps
- ☐ 8. Has inside steps
- ☐ 9. None of the above

18. Communication Status

- ☐ 1. Significant loss of hearing
- ☐ 2. Significant speech difficulties
- ☐ 3. Significant writing difficulties
- ☐ 4. Cannot understand simple directions
- ☐ 5. Significant loss of memory
- ☐ 6. Significant loss of sight
- ☐ 7. None of the above

20. Medical Status

- ☐ 1. Bladder incontinence
- ☐ 2. Bowel incontinence
- ☐ 3. Has catheter
- ☐ 4. Requires injections
- ☐ 5. Requires sterile dressings

21. Social Care Needs

- ☐ 1. Preparing meals
- ☐ 2. Sweeping/mopping
- ☐ 3. Routine house cleaning
- ☐ 4. Heavy house cleaning
- ☐ 5. Plan expenditures & manage funds
- ☐ 6. Laundry
- ☐ 7. Shopping/errands
- ☐ 8. Reading/writing
- ☐ 9. Simple household repairs
- ☐ 10. Bathing
- ☐ 11. Dressing
- ☐ 12. Combing & shampooing hair

17. Mobility Status

- ☐ 1. Walks alone
- ☐ 2. Walks with cane/walker
- ☐ 3. Walks with attendant
- ☐ 4. Wheel chair
- ☐ 5. Bedfast
- ☐ 6. Bed to chair
- ☐ 7. Navigates steps
- ☐ 8. Navigates steps with attendant

19. Mental Status

- ☐ 1. Clear
- ☐ 2. Confused
- ☐ 3. Disorientation of time/place/person
- ☐ 4. Combative
- ☐ 5. Withdrawn
- ☐ 6. Unstable

- ☐ 6. Requires supervision of medicines
- ☐ 7. Requires 24-hour attendance
- ☐ 8. Requires lifting
- ☐ 9. Long term/terminal illness
- ☐ 10. None of the above

- ☐ 13. Toileting
- ☐ 14. Transfer from bed to chair
- ☐ 15. Help in turning over
- ☐ 16. Assist in following physician's regimen
- ☐ 17. Administering medication
- ☐ 18. Eating
- ☐ 19. Social/recreational activities
- ☐ 20. Therapy/rehabilitation activities
- ☐ 21. Special nutritional needs
- ☐ 22. Educational Activities
- ☐ 23. Means of travel to resource
- ☐ 24. Protective services

Obsolete

22. Social Services Plan

Type of Service	Quantity	How Provided

23. Total Monthly Cost of Social Services

\$

24. Estimated Outcome of Services to Individual

☐

1. Expected to recover within one year
2. Expected to partially recover within one year
3. Maintain present level of functioning
4. Functioning expected to deteriorate
5. Condition unstable and expectations uncertain

25. Special Considerations and Comments

26.

Signature

Date

BJN

**INDIVIDUAL PROVIDER AGREEMENT FOR
SERVICES FOR AGED, BLIND AND DISABLED**
**ACUERDO ENTRE EL CLIENTE Y EL PROVEEDOR INDIVIDUAL
DE SERVICIOS PARA ANCIANOS, CIEGOS E INCAPACITADOS**

The following terms and general provisions apply only when approved for payment by the State Department of Public Welfare.
Las condiciones subsecuentes y las provisiones generales tienen aplicación solamente cuando el pago sea aprobado por el
Departamento Estatal de Bienestar Público.

I, _____, residing at _____
Yo, _____, que vivo en _____
Name of Client/Nombre del Cliente Address of Client/Dirección del Cliente
_____ authorize the person named below
_____ autorizo a la persona nombrada abajo

Name of Provider/Nombre del Proveedor	Social Security No./No. de Seguro Social
Mailing Address/Dirección Postal	

to provide the following amount and type of service to me:
a que me provee servicios de las siguientes cantidades y tipos:

Units Per Week Days Per Week
Unidades por Semana Días por Semana

of/de

☐ Family Care Services(as
specified on the Task
Assignment Sheet)
Servicios de Cuidado de
Día en Familia (según
están especificados en
la Assignment Task Sheet.)

☐ Special Services Provided by
Foster Family Home
Servicios Especiales Ofrecidos
en Hogar de Familia
Adoptiva

☐ Other (specify)
Otro (Especifique)

Beginning/Comenzando el (Month, Day, Year) (Mes, Día, Año)	Ending/Acabándose el (Month, Day, Year) (Mes, Día, Año)
---	--

at the rate of/al precio de

\$ _____ Per Unit (for Family Care Services)
Por Unidad (de Servicios de Cuidado de Día en Familia)

\$ _____ Per Day (for special services provided by Foster Family Home)
Por Día (de servicios especiales ofrecidos en un Hogar de Familia Adoptiva)

\$ _____ Per _____ (for other service specified above)
Por _____ (de otro servicio arriba especificado)

Signature of Client/Firma del Cliente

Date/Fecha

Case No./No. del Caso

Obsolete

I, _____ have read this agreement and hereby agree to provide the.
Yo, _____ he leído este acuerdo y con esto declaro que estoy de acuerdo en
Provider's Name/Nombre del Proveedor

specified services to _____
proveer los servicios especificados a _____
Client's Name/Nombre del Cliente

in accordance with this agreement.
en conformidad con este acuerdo.

I understand that I am working in an independent capacity and will not be an employee of the State Department of Public Welfare, and that I will be responsible for reporting income and paying any income tax required at the end of each calendar year in accordance with Internal Revenue Service requirements. I further understand and acknowledge that the Department of Public Welfare will not make O.A.S.I. (Social Security) deductions or payments in my behalf.

I further agree to all of the terms and provisions contained in Form 268 Attachment, General Provisions, which is attached to and made a part of this agreement.

Comprendo que trabajo en capacidad independiente y que no soy empleado del Departamento Estatal de Bienestar Público, y que tengo la responsabilidad de reportar mis ingresos y de pagar cualesquier impuestos sobre los ingresos al fin de cada año calendario según requiera el Internal Revenue Service. También comprendo y reconozco que el Departamento de Bienestar Público no hará por mí ningunas deducciones ni pagos de O.A.S.I. (Seguro Social).

Acepto, además, todas las provisiones y los términos de la Form 268 Attachment, Provisiones Generales, que está adjunto a este acuerdo y forma parte de ello.

Signature of Provider/Firma del Proveedor

Date/Fecha

Approval for Payment Recommended By

Signature of Social Services Worker	DPW Emp. No.	Telephone No.
DPW Office Address		

Approved for Payment By

Signature of DPW Supervisor	DPW Emp. No.	Date
-----------------------------	--------------	------

Client Name	DPW Case No.	Telephone No.	Service Implement Date	
Client Mailing Address (Street, City, County, State, Zip Code)				
Client Locating Address (Street, City, County, State, Zip Code)				
Family Care Services Provider	Telephone No.	☐ Live-in ☐ Live-out	No. of Visits (Wk/Da)	Reassess Date
Provider Address (Street, City, State, Zip Code)				

TASK	A	B	C	TASK	A	B	C
I. PERSONAL CARE				II. HEALTH CARE*			
Bath in tub or shower				Shampoo hair			
Bath in bed				Range of motion exercise			
Bath sitting up				Enema			
Brush hair				Take temp., pulse, resp.			
Care of mouth				Skin care			
Shave				Other			
Positioning of client:							
On and off bedpan							
In wheel chair							
Sit on side of bed							
In and out of bed				III. HOUSEHOLD			
Linen change for client				Shopping			
Clean client's room				Laundry			
Walk client with poor ambulation				Dust furniture			
Feed client				Ironing			
Report any change in condition				Clean kitchen			
Prepare meal for client				Clean bathroom			
A.M. - Noon - P.M.				Floors: vacuum, sweep, dust, mop			
Plan menu for client				Empty trash			
Assist with dressing				Other			
Other							

IV. ESCORT			
V. PROTECTIVE SUPERVISION			

Total Hours per Week
Total Service Units per Week
Total Cost per Month

SECTION A – APPLICATION / SECCION A – APLICACION

1. Texas Residence Address (Street, City, State, Zip Code) Dirección de Residencia en Tejas (Calle, Ciudad, Estado, Zip Code)		2. County Condado	3. Phone No. No. de Teléfono
4. Name (Last, First, Middle) Nombre (Apellido, Primero, Segundo)	5. Relationship to A Relación de Parentesco con A	6. Social Security No.* No. de Seguro Social*	7. Birth Date Fecha de Nacimiento
A			
B			
C			
D			
E			
F			
G			
H			

* This information is voluntary. It is used for identification or verification purposes only.
* Esta información se da voluntariamente. Será usada sólo para los propósitos de identificación o de verificación.

8. Client is making application as:
El cliente hace aplicación porque:

☐ AFDC Recipient
Recibe AFDC

☐ MAO Income Eligible
Recibe MAO y tiene poca entrada

☐ SSI Recipient
Recibe SSI

☐ Income Eligible
Tiene poca entrada de dinero

Case Name/Nombre del Recipiente

Case No./No. del Caso

9. Monthly Gross Income for Family (Complete only for Income Eligibles and MAO Recipients):
Entrada Mensual, antes de Deducciones, de Toda la Familia (Complete solamente si hace aplicación por tener poca entrada, o si hace aplicación por ser recipiente de MAO):

(a.) Money wages or salary from employment, including farm and non-farm self-employment. Dinero que gana por trabajar, incluyendo el que recibe de negocio propio o de la agricultura.					(b.) Other Monthly Income Otra Entrada Mensual		
LIST THE LETTER BESIDE EACH CLIENT IN ITEM 4 WHO EARNS A WAGE. ENTRE AQUI LA LETRA DE CADA CLIENTE DEL ITEM 4 QUE GANA UN SUELDO					Social Security Seguro Social		\$
					Dividends, Interest Dividendos, Interés		
					Welfare Payments Pagos de Welfare		
					Pensions, Annuities Pensiones y Anualidades		
					Unemployment Compensation Compensación por Desempleo		
					Worker's Compensation Compensación de Trabajadores		
					Alimony Compensación por Separación o Divorcio		
					Child Support Sostenimiento para Niños		
					Veteran's Pensions Pensiones de Veteranos		
					Educational Loans, Grants Préstamos y Concesiones para la Educación		
					9.(b.) Subtotal		
					9.(a.) Subtotal		
					TOTAL MONTHLY GROSS INCOME ENTRADA MENSUAL TOTAL SIN DEDUCCIONES		\$

ADDITIONAL INFORMATION:
INFORMACION ADICIONAL:

IMPORTANT — Before you sign this form, please read the front page carefully to be sure that you have answered each question correctly.

I understand that a person who obtains, or attempts to obtain, by fraudulent means, services to which he is not entitled, may be prosecuted under applicable State and Federal laws.

By signing this form, it is understood that application is being made for social services from the State Department of Public Welfare or from an agency under contract to the Department. All information provided on the front side of this document represents a complete and accurate statement of my (the client's) circumstances at the time of application. I agree to report any changes in circumstances immediately.

I understand that I am giving permission to the Department of Public Welfare to use the Social Security number(s), listed in Item 6, for identification and verification of Social Security benefits.

IMPORTANTE — Antes de firmar esta forma, vuelva a leer con mucho cuidado la primera página para estar seguro de haber contestado correctamente todas las preguntas.

Comprendo que la persona que obtenga, o intente obtener, por medios fraudulentos, servicios a los cuales no tiene derecho, puede ser acusado judicialmente bajo las leyes aplicables del estado y del gobierno federal.

Se comprende que al firmar esta forma se hace aplicación para servicios sociales del Departamento de Bienestar Público del Estado de Tejas o de una agencia que tenga contrato con el Departamento. La información que se da en la primera página de este documento constituye una declaración verdadera y completa de mis circunstancias (de las circunstancias del cliente) a la hora de hacer la aplicación. Estoy de acuerdo en reportar inmediatamente cualquier cambio en esas circunstancias.

Comprendo, además, que doy permiso al Departamento de Bienestar Público para usar los números de Seguro Social que se han anotado en el Item 6 de esta forma para los propósitos de identificación y de verificación de beneficios del Seguro Social.

10. _____
Signature of Applicant/Firma del Apicante Date/Fecha

Signature of Authorized Representative, Responsible Person or Witness
Firma del Representante Autorizado, la Persona Responsable, o el Testigo Date/Fecha

SECTION B — ELIGIBILITY CERTIFICATION

11. Income Level: Is total monthly gross income in Item 9 less than limit for family size? ☐ Yes ☐ No

12. Certification of Eligibility (Check one)

- | | |
|--|-----------------------------------|
| ☐ AFDC Recipient | SSI Recipient: |
| ☐ MAO Income Eligible | ☐ Aged |
| ☐ Income Eligible | ☐ Blind |
| ☐ Ineligible | ☐ Disabled |

13. Case Name	14. Case No.	15. Special Use Only
---------------	--------------	----------------------

16. Signature of Staff Certifying Eligibility Date 17. BJN or Contract No.

18. Contract Agency Name	19. Agency Address
--------------------------	--------------------

TEXAS REHABILITATION COMMISSION (T.R.C.)

Most severely physically disabled people in Texas have had some connection with the Texas Rehabilitation Commission, a state agency that provides handicapped individuals who want to work with services that will enable them to work and/or go to school. T.R.C. aids almost every person with any kind of handicap. Some of the disabilities which may qualify an individual for services are mental illness, mental retardation, neurological disorders, amputations and other orthopedic impairments, congenital deformities, speech or hearing limitations, heart ailments, epilepsy, cerebral palsy, diabetes, arthritis, tuberculosis, alcoholism, drug addicts, and juvenile public offenders.

The available services through T.R.C. are planned to fit an individual's need. Such services are:

- 1) medical, psychological and vocational evaluation
- 2) counseling and guidance
- 3) interpreter services for the deaf
- 4) medical treatment: surgery, hospitalization, and other therapies
- 5) assistive devices
- 6) training for the right job in a trade or business school, or college, on the job, or at home
- 7) room, board, and transportation during rehabilitation
- 8) tools, supplies, and license to help in obtaining and maintaining employment
- 9) initial stock and supplies for self-employment
- 10) placement in a position suited to your ability
- 11) follow-up after job placement

T.R.C. has established a set of requirements to determine the amount that you are to pay, if any payment at all. This is called the "Economic Need Criteria." Economic need is not essential for eligibility for T.R.C. benefits. However, the purchase of certain services by T.R.C. is based upon economic need.

The reason for the economic need requirement is to insure that all available assistance from the client, his/her family or interested organizations will be used before spending T.R.C. money. The Economic Need Criteria will apply to all services except for:

- 1) diagnostic services
- 2) counseling, guidance, and referral by T.R.C. staff
- 3) placement services by T.R.C. staff
- 4) interpreter services for the deaf
- 5) halfway house services

The Economic Need requirements are specifically applied to:

- 1) the client's parent's, foster parent's, legal guardian or spouse, if the client has not reached the age of 18.
- 2) the income of the client and/or spouse if the client has reached the age of 18.
- 3) the client and/or spouse if the client is less than 18 years of age and is legally married, and the major source of income is other than from parents or legal guardian.
- 4) the client who has not reached the age of 18 and the parent's income exceeds normal living requirements of the economic need policy (see the following), and the parents refuse to contribute to support the individual under the T.R.C. program.

THE ECONOMIC NEED NORMAL LIVING REQUIREMENTS:

To receive services based upon economic need, the following table requires that :

If there are X number of persons depending on family income	then. . .	The Monthly Cost of Normal Living Requirements is
1		\$400.00
2		\$600.00
3		\$700.00
4		\$800.00
5		\$850.00
6		\$900.00
7		\$950.00
8		\$1000.00

(\$50.00 for each additional person)

The amounts established in the table are the net wages after deduction for income taxes, Social Security taxes, retirement deductions, and hospitalization deductions. For example, a client has an income of \$440.00 a month. The normal living requirement is \$400.00. There would be an excess of \$40.00 a month to be used

toward rehabilitation costs for that month. In this example two options are available to the T.R.C. counselor.

1) The counselor can either make arrangements with the supplier of services and the client for the client to pay his part directly to the supplier. OR:

2) The counselor could use T.R.C. monies to pay the complete amount to the supplier and have the client pay T.R.C. the amount he/she owes.

When T.R.C. monies are used, as in the second choice, financial resources other than wages that are considered income are:

1) contributions from family, interested organizations in cash on a regular basis.

2) net income from roomers or boarders.

3) net rentals from property

4) scholarships or fellowships

5) public money including S.S.I.

6) money from welfare agencies.

7) income from stocks, bonds, or child payments.

8) Additional benefits such as health and hospital insurance plans, Workman's Compensation, Veterans Benefits, Social Security Old Age and Survivors Insurance benefits, unemployment compensation, Social Security Disability Insurance, Basic Education Opportunity Grants, employees of Southern Pacific Transportation Company who are participating in the T.R.C./Southern Pacific program.

However, if you own real property, it is not considered in determining how much you need to contribute to your cost of rehabilitation services if your ownership is not a clearly noticeable source of income. Also, cash, bank accounts, savings accounts, stocks and bonds are not included in the amount you need to contribute to T.R.C. If you do not have any dependents (children or spouse), you may have \$1,000 worth of the above assets. If you have dependents, you may have \$1500 worth of assets. Anything over these 2 amounts are to be added to the Normal Living Requirements while you are getting rehabilitation services. After the Normal Living Requirement is set, any monies, stocks or bonds left are used to pay for rehabilitation services.

CLIENT INFORMATION

As a T.R.C. client, you will have to fill out a T.R.C. Financial Status Summary

application given to you by a counselor in order to receive rehabilitation services. Your economic status is reviewed annually and the application should be updated before receiving any additional services based on economic need.

Financial resources are estimated on an annual basis. To determine your annual income, the T.R.C. counselor uses your previous year's income reported to the Internal Revenue Service for income tax purposes.

And if you may be able to receive other public agency benefits you're not already getting, the counselor is supposed to contact such agencies and refer you for services. Typical examples of these benefits are public or private welfare monies, money from non-profit foundations, grants for education, city or county hospital services, church and civic programs, scholarship and housing programs.

POSSIBLE EXCEPTIONS

In some cases where the T.R.C. rules and policies do not apply to a client, or are in some way unfair to the client in the opinion of the T.R.C. Regional Director, T.R.C. may cancel the Economic Need Requirements of the client.

MEDICAL AND HOSPITAL CARE

If you qualify for city or county medical or hospital care you must be making less than the Normal Living Requirements. Requirements will vary from medical facility to medical facility. That is, each city or county hospital has their own living requirements. If you are in one of the categories and the city or county hospital cannot pay for all, but only part of the care, and you are not receiving any other benefits, T.R.C. will, in some cases, pay a portion of the clinic or hospital expenses. In addition, if your doctor and T.R.C. counselor decided that you need extra services or care not provided by the city or county facility, T.R.C. monies may be used. If you qualify for services of a community Mental Health and Mental Retardation Center (M.H.M.R.), or a city or county hospital, but the facility cannot provide the right service in enough time, T.R.C. money can be used. It is important to remember that the use of T.R.C. money is a matter of the individual T.R.C. counselor and his/her decision to use the money is based on the merits of the particular case. #

TEXAS REHABILITATION COMMISSION
INDIVIDUALIZED WRITTEN REHABILITATION PROGRAM

- ☐ Original Program
☐ Revised Program
☐ Post-Employment Program

_____ has met the eligibility
Last Name First Middle Social Security Number

criteria for Vocational Rehabilitation Services. The following INDIVIDUALIZED WRITTEN REHABILITATION PROGRAM was jointly developed on the basis of the following diagnostic information. The selected diagnostic services indicated below were utilized in the evaluation of this client for rehabilitation services and provide the basis for the development of this PROGRAM.

Check the appropriate diagnostic service(s) utilized:

- | | |
|--|--|
| ☐ General Physical Examination | ☐ Specialist Medical Evaluation |
| ☐ Psychological Evaluation | ☐ Vocational Testing |
| ☐ Work Evaluation | ☐ Work Adjustment Training |
| ☐ Diagnostic Surgery | ☐ Extended Evaluation |
| ☐ Personal & Social Adjustment Training | ☐ Diagnostic Prosthetics or Bracing for Vocational Evaluation |

Basis for Determination of Vocational Objective:

Intermediate Rehabilitation Goals & Objectives:

Long Range Vocational Objective: _____

Specific Vocational Rehabilitation Services to be provided
in order to achieve the established vocational objective.

List all planned services, all vendors, and the estimated cost of each service to be provided by TRC.

	Estimated Cost	Projection of Time from Initiation to Completion of Each Individual Service.	
		From	To
1. Counseling and Guidance	No Cost	.	.
2. Job Placement	No Cost	.	.

Basis for Evaluation of Client's Progress Toward Program Objective(s):

The Terms and Conditions for the Provision of Vocational Rehabilitation Services:

The client clearly understands and accepts his/her role and responsibility concerning the implementation of this PROGRAM and has hereby committed himself/herself to its conclusion as mutually planned with the TRC Counselor. Further, he/she has identified and willingly commits all similar benefits which may be applicable in meeting the costs of this Individualized Written Rehabilitation Program. Check, as appropriate:

- | | |
|--|--|
| ☐ Medicaid | ☐ VA Benefits |
| ☐ Medicare | ☐ Workmen's Compensation |
| ☐ Medical Insurance | ☐ Project Resource Assistance |
| ☐ Other: _____ | |

Client Participation in Cost of Services

Views of the Client Regarding Goals, Objectives, and Services Planned. (Attach continuation sheets to Written Program, if necessary)

SAMPLE

It is mutually understood by both the client and the Counselor that a periodic review and evaluation of progress toward the rehabilitation goals and objectives will be required. This evaluation of the client's progress will be accomplished as a "joint review" and will occur on no less than an annual basis. A record of this review and evaluation shall be maintained as a part of the client's case file. Any change in this program will require a mutual agreement and joint planning by the client and the TRC Counselor.

This client has been informed of Project Grants and/or other assistance available to Vocational Rehabilitation, for which he or she may qualify.

It is understood by the client that his/her case will be closed from active service when the vocational objective has been met and the client has demonstrated the capacity to satisfactorily maintain this employment for a period of no less than 60 days.

It is the mutual understanding of the client and the Commission that the listing of the planned services does not imply a legal obligation by the Commission to provide such services. The Commission, within the limits of its capabilities and in accordance with the law and regulations, will implement this PROGRAM.

I have fully participated in the development of this PROGRAM, and I have received a copy of this document. Also, I have had my Rights of Appeal explained to me.

Date of this Program Agreement: _____

Counselor

Client

Supervisor

Client Representative or Witness

TEXAS REHABILITATION COMMISSION

INDIVIDUALIZED WRITTEN REHABILITATION PROGRAM
FOR EXTENDED EVALUATION SERVICES

Last Name

First

Middle

Social Security Number

has not met the eligibility

criteria for Vocational Rehabilitation Services on the basis of the initial diagnostic evaluation. The existing diagnostic information has not adequately assessed this individual's handicap as it relates to employment and we are unable to determine this person's rehabilitation potential.

The Diagnostic Service(s) Utilized in the Initial Evaluation Process were:

- ☐ General Physical Examination
 ☐ Specialist Medical Examination
☐ Psychological Examination
 ☐ Vocational Testing
☐ Work Evaluation
 ☐ Other: _____

This INDIVIDUALIZED WRITTEN REHABILITATION PROGRAM for Extended Evaluation Services has been mutually agreed to and jointly planned for the purpose of obtaining more definitive clinical and vocational information deemed necessary in order to more clearly establish this applicant's rehabilitation potential.

Intermediate Rehabilitation Goal & Objectives: _____

Specific Vocational Rehabilitation Services to be provided in order to assess rehabilitation potential.

List all planned services, all vendors, and the estimated cost of each service to be provided by TRC.

Estimated Costs	Actual Costs
1. Direct materials	
2. Direct labor	
3. Manufacturing overhead	
4. Selling and administrative expenses	
5. Interest expense	
6. Income tax expense	
7. Total	

Projection of Time from Initiation to Completion of Each Individual Service	
From	To
1. Initial assessment	1 month
2. Development of treatment plan	1 month
3. Implementation of treatment plan	3 months
4. Evaluation of treatment plan	1 month
5. Termination of treatment	1 month
6. Follow-up	1 month
7. Total	8 months

1. Counseling and Guidance

No Cost

Basis for Evaluation of Applicant's Progress Toward Program Objective:

The Terms and Conditions for the Provision of Vocational Rehabilitation Services:

The applicant clearly understands and accepts his/her role and responsibility concerning the implementation of this PROGRAM and has hereby committed himself/herself to its conclusion as mutually planned with the TRC Counselor. Further, he/she has identified and willingly commits all similar benefits which may be applicable in meeting the costs of this Individualized Written Rehabilitation Program. Check, as appropriate:

- | | |
|--|--|
| ☐ Medicaid | ☐ VA Benefits |
| ☐ Medicare | ☐ Workmen's Compensation |
| ☐ Medical Insurance | ☐ Project Resource Assistance |
| ☐ Other: _____ | |

Applicant Participation in Cost of Services

Views of the Applicant Regarding Goals, Objectives, and Services Planned. (Attach continuation sheets to Written Program, if necessary)

SAMPLE

It is understood by the applicant that a thorough assessment of his/her evaluation will occur as frequently as necessary, but will occur at least once every "30" days in order to evaluate progress during the Extended Evaluation process. This evaluation of the applicant's progress will be accomplished as a "joint review" and a record of this evaluation shall be maintained as a part of the applicant's case file. Any change in this program will require a mutual agreement and joint planning by the applicant and the TRC Counselor.

This applicant has been informed of Project Grants and/or other assistance available to Vocational Rehabilitation, for which he or she may qualify.

It is understood that if the Extended Evaluation process substantiates a lack of sufficient rehabilitation potential, the applicant will be considered ineligible for further rehabilitation services at that time.

The applicant, the applicant's guardian, or other representatives will be afforded the opportunity to express their views regarding the applicant's status of ineligibility and their expressed views will be recorded as a Program Amendment to this PROGRAM.

It is the mutual understanding of the applicant and the Commission that the listing of the planned services does not imply a legal obligation by the Commission to provide such services. The Commission, within the limits of its capabilities and in accordance with the law and regulations, will implement this PROGRAM.

I have fully participated in the development of this PROGRAM and I have received a copy of this document. Also, I have had my Rights of Appeal explained to me.

Date of this Program Agreement: _____

Counselor

Applicant

Supervisor

Applicant's Representative or Witness

TEXAS REHABILITATION COMMISSION
PROGRAM AMENDMENT TO THE
INDIVIDUALIZED WRITTEN REHABILITATION PROGRAM

<i>Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Social Security Number</i>
------------------	--------------	---------------	-------------------------------

It has become necessary to amend the INDIVIDUALIZED WRITTEN REHABILITATION PROGRAM for this applicant/client.

- This AMENDMENT applies to:
1. ☐ Closure from Extended Evaluation Status
 2. ☐ Closure in Rehabilitated Status
 3. ☐ Current Individualized Written Rehabilitation Program
 4. ☐ Current Individualized Written Rehabilitation Program
for Extended Evaluation Services

Complete Section A, B or C (as appropriate)

A. ☐ This AMENDMENT records the ineligibility findings of the applicant for Vocational Rehabilitation Services. It provides the Counselor's rationale for this determination and sets forth "the views" of the applicant, or his representative, concerning this decision.

1. Counselor's Recorded Rationale for the Determination of Applicant's Ineligibility. (Attach sheets to Written AMENDMENT, if necessary)

2. Recorded Views of the Applicant, or his Representative Concerning the Determination of Ineligibility for Further Vocational Rehabilitation Services. (Attach sheets to Written Program Amendment, if necessary)

Date *Applicant*

Counselor *Applicant's Representative or Witness*

B. ☐ This AMENDMENT records the client's closure in rehabilitated status (VR 26).

1. Occupation at closure: _____
2. Length of time in current occupation: _____
3. Description of client's vocational adjustment: _____

Date *Counselor*

C. ☐ This AMENDMENT provides for additional service(s) not included in the current Individualized Written Rehabilitation Program. The Counselor's written justification for these additional services is recorded in this person's case file. This justification for further service(s) is dated and set forth in the Continuing Contact Report corresponding to the date this AMENDMENT was mutually agreed to.

Intermediate Rehabilitation Goals & Objectives: _____

Additional Rehabilitation Service(s) to be Provided

List all planned services, all vendors, and the estimated cost of each service to be provided by TRC.

1. Counseling and Guidance

Estimated
Costs

No Cost

Projection of Time from
Initiation to Completion
of Each Individual Service
From - To

SAMPLE

The Terms and Conditions for this AMENDMENT to the Current INDIVIDUALIZED WRITTEN REHABILITATION PROGRAM:
The applicant/client clearly understands and accepts his/her role and responsibility, concerning the implementation of this PROGRAM and hereby commits himself/herself to its conclusion as mutually planned with the TRC Counselor. Further, he/she has identified and willingly commits all similar benefits which may be applicable in meeting the costs of this PROGRAM.

Check as appropriate:

☐ Medicare

☐ Medicaid

☐ Other: _____

☐ Medical Insurance

☐ VA Benefits

☐ Workmen's Compensation

☐ Project Resource Assistance

Applicant/Client Participation in Cost of Services

Views of the Applicant/Client Regarding this AMENDMENT to the Current Program of Service(s) with its Defined Goals and Objectives.
(Attach continuation sheets to Written Program, if necessary)

It is understood by the applicant/client that this PROGRAM AMENDMENT only provides for the Vocational Rehabilitation Services recorded as listed on this PROGRAM AMENDMENT document. All other aspects of this PROGRAM will remain the same as identified and set forth on the INDIVIDUALIZED WRITTEN REHABILITATION PROGRAM which is currently in force.

I have fully participated in the development of this PROGRAM AMENDMENT to my INDIVIDUALIZED WRITTEN REHABILITATION PROGRAM and I have received a copy of this document.

Date of this Program Amendment: _____

Counselor

Applicant/Client

Supervisor

Applicant/Client's Representative or Witness

Texas Rehabilitation Commission

FINANCIAL STATUS SUMMARY

Social Security Number

Name: Last

First

Middle

Date

Address:

Street and Town

County

Zip Code

I. Family Group

- A. Self _____
Wife/Husband _____
- B. Number of Children _____
Ages _____
- C. Other Individuals Dependent
upon your income: _____
Ages: _____
- D. Total Family Group: _____
(Add A-C)

V. Assets

- A. Cash _____
- B. Income from _____
Real Property _____
- C. Total _____

VI. Insurance

Hospitalization No _____ Yes _____

Insurance Company _____

Policy No. _____

Group No. _____

Medicaid No. _____

II. Monthly Amount of Income

- | | Net | Gross |
|----------------------------------|------------|--------------|
| A. Wage of Applicant | _____ | _____ |
| B. Family Wages or Contributions | _____ | _____ |

III. Public Assistance

- | Type | Amount |
|---------------------------------|---------------|
| A. General Assistance | _____ |
| B. Aid for Dependent Children. | _____ |
| C. Supplemental Security Income | _____ |

IV. Compensations

- | Type | Amount |
|----------------------------------|---------------|
| A. Veterans Administration | _____ |
| B. Workmen's Compensation | _____ |
| C. Social Security | _____ |
| D. Unemployment Compensation. | _____ |
| E. Other: _____ | _____ |

VII. Home Status

- _____ Dependent
- _____ Owner
- _____ Renter
- _____ Buyer
- _____ Other, Specify _____
- _____ Monthly Payment

I hereby certify that all information above is true to the best of my knowledge. I also grant permission for the Texas Rehabilitation Commission to investigate the accuracy of this report. If my financial condition changes, I agree to notify the Counselor.

Client Signature

Counselor

Instructions for Completing Form TRC-430

I. **Family Group:** Mark the appropriate lines and enter the total number in Family Group on Line D.

II. **Monthly Amount of Income**

A. **Wages of Client.** Enter gross and/or net wages, as appropriate:

Gross wages are total wages, salaries, tips and commissions received as income **before** payroll deductions.

Net wages are total wages, salaries, tips and commissions received as income **after** payroll deductions (income taxes, social security, union dues, hospitalization, retirement, etc.).

B. **Family Wages or Contributions.** Enter monthly amount of contributions or earnings of other family members.

III. **Public Assistance.**

A. **General Assistance.** Enter monthly amount of local, county, or other non-specified assistance including commodities.

B. **Aid to Families with Dependent Children.** Enter monthly amount.

C. **Supplemental Security Income.** Enter monthly amount.

IV. **Compensations**

A. **Veterans Administration.** Enter monthly amount and specify whether benefits are service-connected or nonservice-connected.

B. **Workmen's Compensation.** Enter monthly amount. Specify duration of the compensation and availability of medical assistance.

C. **Social Security.** Enter monthly amount. This item may be (1) Social Security Disability Insurance, (2) Social Security Survivors Benefits, or (3) Social Security Retirement. Indicate which compensation program is being utilized.

D. **Unemployment Compensation.** Enter monthly amount and specify duration of compensation.

E. **Other Compensation Income.** Enter amounts from private insurance or other compensation programs.

V. **Assets**

A. **Cash Assets** mean monies and those instruments that can readily be turned into cash. (Example: Money on hand, U.S. Savings Bonds, Stocks, Securities, and other negotiable papers.)

B. **Income from Real Property**-Real Property means all land and things affixed to or grown on the land with title held in the client's name and/or in the family group. (Example of real property-includes houses, crops, etc.)

C. **Total**-Enter on this line the sums of the amount of lines A&B as the total capital assets.

VI. **Insurance**-If you have private medical insurance, check appropriate line and enter the company name and policy/group number. If you are a recipient of Medicaid, enter number.

VII. Check the appropriate line to reflect your home status. Enter monthly amount of housing expense.

RESPONSE OF ATTENDANCE

1977 Summer Sessions

NAME _____

ADDRESS _____ PHONE _____

1st Summer Session

I do not plan to attend 1st Summer Session. _____

I will attend 1st Summer Session. _____

Number of hours _____

2nd Summer Session

I do not plan to attend 2nd Summer Session. _____

I will attend 2nd Summer Session. _____

Number of hours _____

I have earned _____ semester hours to date and expect to graduate
in _____.

I am employed at _____

ADDRESS _____

PHONE _____

Number of hours worked per week. _____.

I have applied for a BEOG, (Basic Educational Opportunity Grant) _____

I have not applied for a BEOG. _____

PERSONAL ORGANIZATIONAL OUTLINE
FOR
MONEY MANAGEMENT

MONTHLY EXPENSES

A. HOUSING

- (1) rent/payments \$ _____
- (2) utilities \$ _____
- (3) incidental \$ _____
 - examples:
 - housekeeper
 - cook

B. TRANSPORTATION

- (1) gas/repairs and upkeep \$ _____
- (2) payments \$ _____
- (3) insurance \$ _____
- (4) lift and hand controls \$ _____
- (5) public \$ _____

C. FOOD AND CLOTHING

\$ _____
\$ _____

D. MEDICAL

- (1) drugs \$ _____
- (2) supplies \$ _____
- (3) doctor and hospital \$ _____
- (4) orthosis \$ _____
(braces, crutches, etc.)
- (5) attendant \$ _____

E. MISC. PERSONAL EXPENSES

- (1) personal hygiene \$ _____
- (2) entertainment \$ _____

TOTAL MONTHLY EXPENSES\$ _____

ORGANIZATIONAL OUTLINE FOR INDEPENDENT LIVING COSTS

MONTHLY	OUTLINE	DOWN PAYMENTS DEPOSITS
	I. <u>Housing</u>	
\$ _____	A. Rent or buy payments (insurance)	\$ _____
_____	B. Utilities (phone)	_____
_____	C. Repairs or upkeep	_____
_____	D. Furniture (appliances & houseware)	_____
	II. <u>Transportation</u>	
\$ _____	A. Public or group transportation costs	\$ _____
_____	B. Private	
_____	1. car or van payments	_____
_____	2. modifications - special equipment	_____
_____	3. maintenance (gasoline & oil changes)	_____
_____	4. insurance	_____
_____	5. driver ?	_____
	III. <u>Medical</u>	
\$ _____	A. attendant/housekeeper	\$ _____
_____	B. medications/supplies	_____
_____	C. doctors care/office visits/hospital care	
_____	1. eyes	_____
_____	2. teeth	_____
_____	3. body	_____
_____	D. equipment and maintenance (wheelchair's, splints)	_____
	IV. <u>Food</u>	
\$ _____	A. groceries	\$ _____
_____	B. restaurants	_____
_____	C. parties	_____

\$ _____	V. <u>Personal</u>	\$ _____
_____	A. clothes	_____
_____	B. entertainment/travel	_____
_____	C. grooming (haircuts)	_____
_____	D. insurance (life & medical)	_____

\$ _____	VI. <u>Savings and Investments</u>	\$ _____
----------	------------------------------------	----------

ORGANIZATIONAL OUTLINE FOR SOURCES OF INCOME

I. UNEMPLOYED

A. Public Funds

Range of Money
Available

(1) SSI

(2) SSDI

(3) ~~DPW~~ DHR

(4) TRC

(5) Medicaid

(6) Medicare

(7) V.A.

(8) Loans, Scholarships, Grants

(9) Housing Authority

(10) _____

(11) _____

(12) _____

B. Private Funds

(1) Relatives & personal acquaintances

(2) Charity Funds (Red Cross, Easter
Seals, Crippled Children, etc.)

(3) Investments

(4) Inheritance

(5) Loans, scholarships & grants

(6) _____

(7) _____

II. EMPLOYED

A. Public

B. Private

New Options

RR/asm
3/25/77