General Assistance Regulations
Pursuant to Alameda County General Code – Title 7

General Assistance

Revised: January 8, 2019

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9-1 General Assistance Program

POLICIES AND PRINCIPLES

9-1-0

The following policies and principles govern the delivery of General Assistance in Alameda County as administered by the Social Services Agency, hereafter referred to as “Agency.”

.1 Assistance will be provided promptly, humanely, and without discrimination in regard to race, color, disability, national origin, religion, political affiliation, sex, or marital status.

.2 Assistance will be provided with courtesy, consideration, and respect toward all individuals.

.3 Assistance will be administered in a manner that encourages self-respect and self-reliance.

.4 The Agency will ensure all applicants and recipients receive the maximum amount of aid for which they are eligible, under the law.

.5 Agency staff will not question or attempt to influence the political or religious opinions and affiliations of an applicant or recipient.

.6 All applications and case records shall be treated as confidential by the Agency. Application and case information shall not be made available or released to anyone other than the applicant, recipient or authorized representative, except to the extent required by law.

.7 The Agency is authorized to make any and all rules or regulations deemed necessary and appropriate to implement the provisions of the Alameda County General Ordinance Code, Title 7.

DEFINITIONS

9-1-1

.1 General Assistance is a county administered program required by the Welfare and Institutions Code, Sections 17000 to 17030.1, to provide relief and support to indigent adults who are determined needy, but who are not supported by their own means, other public funds, or assistance programs.

.2 An application for assistance is a written request for aid, made either by the applicant(s) or on the applicant’s behalf to the Alameda County Social Services Agency.

.21 An applicant is the individual for whom General Assistance is requested.

.22 A recipient is an individual currently receiving General Assistance.

.23 A couple case is two individuals who are legally married or in a registered domestic partnership.

.3 The following terms, as used within these regulations, refer to:

.31 The Agency – Alameda County Social Services Agency.

.32 GA – General Assistance Program.

.33 Payable Grant – the amount of aid a recipient is eligible to receive.

.34 Countable Resources – the amount of real and economic assets to be considered available to the applicant or recipient.

See 9-3-7: PROPERTY.
Good Cause – an Agency determination that an applicant or recipient was unable to comply with program requirements due to circumstances or event beyond their control. See 9-2-5.2: Good Cause, Negligence, And Willfulness Determinations.

Negligence – an Agency determination that an applicant or recipient did not comply with program requirements and the circumstances were within their control, but the failure was not a purposeful act.

Willfulness – an Agency determination that an applicant or recipient purposefully did not comply with program requirements and the circumstances were within their control.

Incapacity – an Agency determination that an applicant or recipient has a physical or mental disability that significantly limits or prevents the individual from working. Incapacity does not include short-term conditions or injuries whose duration is less than one calendar month.

Sanction – a 180-day discontinuance during which an individual is ineligible to receive GA benefits.

Application – a new request for cash aid when the applicant has not previously applied for GA in Alameda County.

Reapplication – the applicant’s previous application for aid in Alameda County was denied, withdrawn, or the applicant previously received GA and the case was discontinued at the time of the current application.

Redetermination – a review of ongoing eligibility when the recipient is still receiving GA cash aid.

Timely and adequate notice – all actions that result in a denial, discontinuance, or change in the grant amount, require the Agency to notify the affected individual. See 9-6-3: Timely And Adequate Notice.

APPLICANT AND RECIPIENT RESPONSIBILITIES

9-1-2

Applicants and recipients shall assume as much responsibility as possible within their physical, mental, educational, or other limitations in assisting with eligibility determination processes. Within their capabilities, applicants and recipients must:

1. Complete all required forms as part of the eligibility process.

2. Provide or authorize the Agency to obtain all evidence needed to make an eligibility determination.

3. Report all facts which are believed to be material to eligibility or which the Agency has identified as affecting eligibility.

4. Report any change in eligibility factors within ten working days.

5. Report any property or income received as a GA applicant during the application process.

6. Report any property or income received as a GA recipient before the property or income is used or disposed.

7. Fully cooperate with the Agency when it conducts any case audit or Fraud Investigation.
.18 Participate in the programs and services offered through the Agency.

APPLICANT AND RECIPIENT RIGHTS
9-1-3

.1 Any person has the right to apply for assistance.
.2 Any person has the right to request that his or her application be withdrawn, or benefits be discontinued.
.3 Any person has the right to appeal a County decision. 
   See 9-6-1: Right To Administrative Hearing.

AGENCY RESPONSIBILITY
9-1-4

.1 The Agency’s responsibilities in the GA Program are to:
   .11 Assist the applicant or recipient to understand their rights and responsibilities.
   .12 Assist the applicant or recipient to complete the eligibility process, including obtaining documentation.
   .13 Determine whether the applicant or recipient meets the eligibility requirements based on an evaluation of all available evidence.
   .14 Determine the amount of the applicant’s grant.
   .15 Issue timely notice for all action(s) that result in a denial, discontinuance or change in the grant amount.
   .16 Advise the applicant or recipient of the right to request an administrative hearing whenever aid is granted, denied, discontinued, or the amount of the grant changes.

THE APPLICATION PROCESS
9-1-5

.1 Applications must be completed and submitted to the Agency on designated forms, signed and dated by the applicant.
.2 Applicants must comply with all Employment Services appointments or assignments if they choose to participate.
.3 A face-to-face interview is required with designated Agency staff.
.4 The date of application is the date a signed GA application is received by the Agency.
PROMPTNESS REQUIREMENT
9-1-6

.1 An eligibility determination must be made within 30 calendar days following the date of the application, except in the circumstances listed below.

a) Deny the application if the delay was caused by the refusal of the applicant to participate in the eligibility process.

b) Extend the 30-day application period if the delay was caused by circumstances beyond the control of the Agency. Such circumstances include, but are not limited to:
   1) Inability on the part of the applicant to provide necessary evidence or clarification.
   2) Delay on the part of the examining physician to provide needed information.

Presumptive Eligibility – If the delay is not caused by the applicant or by circumstances beyond the control of the Agency, approve aid under “Presumptive Eligibility” until the eligibility determination has been completed. The applicant must be notified when Presumptive Eligibility ends.

d) The application must be processed within 45 days of the application date.

NECESSARY DOCUMENTATION
9-1-7

.1 Social Security Number (SSN)
   .11 Each applicant or recipient must provide their verified SSN.
   .12 The following types of evidence are the only acceptable verifications of the SSN:
      a) Valid SSN card;
      b) An SSN application receipt;
      c) A letter, statement, or check from the Social Security Administration with the SSN;
      d) Valid Medicare card;
      e) Income tax forms;
      f) Wage stubs;
      g) MEDS records showing “J” verified status.
   .13 An individual may be aided for 90-days with the documentation of application for the SSN.
      Except for applicants/ recipients staying in a shelter, the 90-day period may be extended for subsequent 30-day periods. The applicant or recipient must provide current verification of continued attempts to obtain the SSN.

.2 Identification (ID)
   .21 Aid shall not be approved until acceptable identification is received. All identification documentation must be consistent with other applicant statements regarding their identity. When authorized with only
secondary identification, or approved for the shelter program using third party identification, primary identification must be requested at time of approval.

.211 One (1) form of primary identification listed below will be considered acceptable positive identification.

- Valid California Driver’s license (not permits or temporary licenses);
- California State ID card;
- Alien Registration card with holder’s photograph for non-citizens;
- Valid U.S. Passport;
- Birth Certificate;
- Baptismal Certificate;
- Marriage License or Certificate;
- Military ID with holder’s photograph and signature;
- Naturalization Papers.

.212 At least 2 forms of secondary identification listed below will be considered acceptable positive identification.

- Medi-Cal or Medicare cards;
- Insurance ID cards;
- Employee ID;
- Temporary driver’s license;
- Military Draft card;
- Prison or Jail Release Papers.

An individual may be aided for 90 days with secondary identification pending the receipt of primary identification. Secondary identification authorization may be extended for additional 30-day periods as required.

Note: An individual may be aided for 90 days with secondary identification pending the receipt of primary identification. Secondary identification authorization may be extended for additional 30-day periods as required.

Third Party Identification for shelter program applicants may be obtained from community sources which include, but are not limited to, other public assistance agencies, parole or probation officers, prison or jail authorities, school or hospital officials.

If the Agency identifies the applicant through the third-party identification process, the identification will be considered temporary identification for shelter program applicants. The contact(s) must be documented in the case record before assistance is approved.

An individual may be aided for 60-days with third party identification pending the receipt of primary identification. Third party identification authorization may be extended for additional 30-day periods as required.

Note: An individual may be aided for 60-days with third party identification pending the receipt of primary identification. Third party identification authorization may be extended for additional 30-day periods as required.

.3 Fingerprint/Photo-Imaging Process

.31 Repealed.

.32 Repealed.

.33 Repealed.
.34 Repealed.

.4 Medical Statement/Doctor’s Confidential Report, Mental Health Clinician’s Confidential Report or Other Verification

An applicant or recipient who claims or displays a physical or mental condition that prevents or limits his or her ability to work; participate in the General Assistance/Food Stamp Employment & Training (GA/FSET) Program (Section 9-2-3); or participate in the CHASS program (Section 9-2-0) will be required to submit either a Medical Statement/Doctor’s Confidential Report, Mental Health Clinician’s Confidential Report or other verification.

.411 Other Verification must include all of the following:
   a) The date of the examination;
   b) The patient’s diagnosis;
   c) The patient’s prognosis;
   d) The patient’s work limitations, if any; and,
   e) The anticipated duration of the work restriction, if any.

.42 Medical Statement/Doctor’s Confidential Report, Mental Health Clinician’s Confidential Report or other verification will also be required when:

.421 The period for a Temporary Condition documented on the prior Medical Statement/Doctor’s Confidential Report, Mental Health Clinician’s Confidential Report or other verification ends; or,

.422 The condition is permanent. These reports are valid for a period of thirty-six (36) months from the date the medical provider or mental health clinician signs the document.

.43 The Medical Statement/Doctor’s Confidential Report, Mental Health Clinician’s Confidential Report or other verification must be completed by one of the following:

   a) A physician recognized by the American Medical Association;
   b) A nurse practitioner;
   c) The Health Care Services Agency, if the individual is currently receiving treatment from a county medical facility;
   d) A psychiatrist or licensed clinical psychologist;
   e) Any other source at the discretion of the Agency.

 Exception: In the case of on-the-job injuries and related disabilities involving Worker’s Compensation, the Medical Statement/Doctor’s Confidential Report, Mental Health Clinician’s Confidential Report or other verification must be completed by a physician or licensed clinician.

.44 The Medical Statement/Doctor’s Confidential Report, Mental Health Clinician’s Confidential Report or other verification must include:

   a) The date of the examination;
   b) The patient’s diagnosis;
   c) The patient’s prognosis;
   d) The patient’s work limitations, if any; and,
   e) The anticipated duration of the work restriction, if any.
If Medical Statement/Doctor’s Confidential Report, Mental Health Clinician’s Confidential Report or other verification is not provided as required:

.451 The recipient’s employability status will be changed from unemployable to employable until required verification is received.

.452 If new verification is received and the recipient remains unable to work, the employability status will be changed from employable to unemployable.

.453 If new verification is received and the recipient is able to work, the employability status will remain as employable.

The Medical Statement/Doctor’s Confidential Report, Mental Health Clinician’s Confidential Report or other verification will be used to assist with the determination of the following:

.461 Limits to the individual’s ability to obtain employment and/or participate in Employment Services programs.

.462 The individual’s appropriateness for referral to alternative services, i.e. shelter program.

Based on the Medical Statement/Doctor’s Confidential Report, Mental Health Clinician’s Confidential Report or other verification, applicants or recipients who are potentially eligible for federal or state disability programs, (such as, Social Security Disability, Veteran’s benefits and SDI), must complete the application process for those benefits.

Sponsored Non-Citizen Documentation Requirements

Section 9-3-3 provides additional information regarding non-citizens, sponsors, and abandonment.

.51 Each applicant or recipient who is a sponsored non-citizen must provide the name and current address of their sponsor.

.52 Each sponsor of an applicant or recipient who is a sponsored non-citizen must provide all necessary information regarding income, property, and family situation needed to determine the non-citizen’s eligibility.

.53 Unless the non-citizen has been abandoned, a sponsored non-citizen applicant or recipient who fails to provide or whose sponsor fails to provide this information, shall be ineligible for GA.

.54 The Agency shall waive this requirement in individual cases for good cause or abandonment by the sponsor.

NECESSARY VERIFICATIONS
9-1-8

.1 Applicants and recipients must provide verification that they have applied for any unconditionally available income.

Income shall be considered unconditionally available if the applicant or recipient has only to apply, claim or accept such income. Examples of unconditionally available income include, but are not limited to:

a) A relative’s offer of a voluntary contribution;

b) Benefits available to veterans of military service;

c) Social Security Old Age, Disability, and Survivors benefits (OASDI);
d) Supplemental Security Income/State Supplementary Payment (SSI/SSP);

e) Unemployment Insurance Benefits (UIB);

f) Disability Insurance Benefits (DIB).

.12 The applicant or recipient who fails or refuses to accept, apply for, appeal a denial of, or refuses the assistance of the County in seeking any unconditional source of income will be ineligible for GA.

.13 Individuals who are age 62 or older must apply for Social Security Benefits.

.14 Individuals who are age 65 or older must apply for SSI/SSP benefits or CAPI, as appropriate.

.2 Age - When eligibility requirements are age-based, the applicant/recipient’s age must be verified by one of the following:

.21 Birth Certificate or a hospital’s, physician’s, or midwife’s birth records;

.22 Baptismal certificate or church record of baptism;

.23 School records;

.24 Immigration papers or governmental record of immigration;

.25 Naturalization papers or government record of naturalization;

.26 Adoption decree;

.27 Passport;

.28 State or federal census record;

.29 Any other means, which the Agency determines to be acceptable.

.3 Residence

In some instances, more than one type of evidence of residence might be required.

.31 If the applicant or recipient does not have a residential address, other evidence of residence may be substituted for the address requirement such as:

.311 US mail addressed and delivered to the applicant or recipient at an address in Alameda County.

.312 An identification card for Alameda County Health Care Services.

A California DMV Identification card, driver’s license and/or automobile registration, which reflects a previous Alameda County address as long as the applicant or recipient has not established residency outside of the County in the interim.

.314 An EDD Registration document, which reflects a previous Alameda County address as long as the applicant or recipient has not established residency outside of the county in the interim.

.315 An Alameda County public assistance case record containing any of the above evidence of residence or additional items of proof of residence.

.316 An Alameda County address shown for paying property taxes.

.317 An Alameda County address shown for voting purposes.

.318 A reason for moving to Alameda County that is consistent with the intent to reside in Alameda County.

.319 A verbal confirmation of an applicant/recipient’s residence by a person outside the applicant/recipient’s household; or,
.320 A home visit at a location within Alameda County where the applicant/recipient resides.

All of the above factors must be weighed. The more factors that relate to Alameda County, the stronger the indication is for residency in Alameda County.

.4 Rent and Shelter Costs

When an applicant/recipient has a fixed residential address in Alameda County, he or she may request to have their rent paid directly to their landlord or housing provider. The Agency must receive a completed Housing Assistance Vendor Agreement before it can authorize the vendor payment.

.41 Recipients that have their rent paid directly to their landlord or housing provider may stop the payment at any time by making a written request, at least fifteen (15) days before the end of the month. The Vendor Agreement will include or identify:

.411 The name of the individual completing the statement;
.412 The name and address of the person or entity who will receive the rent payment;
.413 The applicant or recipient’s share of the monthly rental amount;
.414 The total number of individuals sharing the applicant’s residence or unit;
.415 The amount of rent paid by applicants or recipients who live alone; and,
.416 All individuals who receive free housing.

.42 The Taxpayer Identification Number (TIN) or Social Security Number (SSN) from the vendor payee (landlord) is optional.

.43 The Housing Assistance Vendor Agreement can be signed by the owner, property manager, authorized representative of the owner, or the legal tenant.

.431 If a legal tenant is subletting space to a GA applicant or recipient, the tenant must sign the Housing Assistance Vendor Agreement form.

.432 Repealed.

.44 The legal owner of the property must be verified and documented in the county use section of the Housing Assistance Vendor Agreement Form.

.5 Income and Resources

.51 Applicants and recipients must report and verify the gross and net amount of any income received, as well as the time and frequency of receipt.

.52 Applicants and recipients must report all property. Verification must document the ownership, whether ownership is shared or separate, the type and value of the property, and any transfer, sale, or liquidation of property.

**REIMBURSEMENT REQUIREMENTS 9-1-9**

.1 All GA benefits paid are a loan and all applicants for, and recipients of, GA are required to sign a reimbursement agreement.

.2 The reimbursement agreement will be maintained by the Agency. A copy will be provided to the Auditor-Controller, Central Collections Division, as necessary.
.3 Interim Assistance (IA)

.31 All GA applicants or recipients are required to sign the Authorization For Reimbursement Of Interim Assistance Granted Pending SSI/SSP Eligibility Determination Form as part of the eligibility process.

.32 In order to remain eligible for GA, an SSI/SSP applicant must cooperate with the Social Security Administration.

.33 GA shall be discontinued for recipients who have been denied SSI for either failure to provide necessary information, or failure to cooperate in the SSI/SSP eligibility determination process.

A legal sponsor of a non-citizen is also required to sign a reimbursement agreement to repay all aid paid to the non-citizen during the period which the sponsor has agreed to support the non-citizen on the USCIS Affidavit of Support. (Refer to 9-3-3)

.4 This section may not be used to change, deny, or discontinue aid to a non-citizen applicant or recipient.

9-2 Other Program Services and Requirements

SHELTER REFERRALS

.1 Immediate Need exists when an applicant lacks food and shelter, is without income or resources with which to meet those needs, and appears to be eligible for GA.

.2 The required GA and Homeless Assistance application forms must be completed and signed by the applicant.

.3 An applicant shall be referred to available employment after a determination is made of the applicant’s ability to work. Refusal to accept employment, or the employment referral, shall result in a denial for GA.

.4 Shelter Benefits

The Agency shall provide in-kind shelter (housing & utilities) and food to homeless applicants/ recipients through a referral to a shelter. The Agency shall, whenever possible, provide homeless applicants and recipients with a shelter referral 1-day following receipt and/or review of the GA application or whenever a request for shelter is received.

To meet immediate housing and food needs, an applicant or recipient will be referred to a shelter, as available. The shelter program participant receives in-kind shelter, food, clothing, transportation, and incidentals.

The shelter provider must assess all new shelter program participants for continuing eligibility and ongoing need for shelter services on the 28th day. The shelter provider will communicate this information to the Agency.

.44 Repealed

.5 Shelter Declined

.51 Repealed

.52 Repealed

.53 Repealed
ALTERNATIVE GENERAL ASSISTANCE PROGRAM (AGAP)
9-2-1

AGAP is available to applicants and recipients residing in residential drug and alcohol or sober living facilities designated by the Agency.

.11 The facility must send the following to the designated AGAP worker to be recorded in CalWIN:
  • A completed and signed AGAP application packet;
  • Positive identification;
  • Social Security card;
  • And verification of income needed to determine eligibility for GA.

.12 At the end of 12-months, the AGAP Provider will complete a Redetermination application if the recipient is still residing in the facility. All documentation will be sent to the AGAP worker.

.13 The facility will determine AGAP eligibility according to the GA Ordinance and Regulations.

.14 The facility will invoice the County on a monthly basis for all AGAP eligible clients residing in their facility.

DRUG AND ALCOHOL DEPENDENT APPLICANTS/ RECIPIENTS NOT IN AGAP
9-2-2

.1 An applicant or recipient shall be required to complete a drug/alcohol screening form.

.2 Reliable evidence of an applicant/recipient’s drug or alcohol addiction may be supplied by, but is not limited to, the following:
  • Evidence of drug or alcohol addiction determined by a drug/alcohol screening form;
  • A medical diagnosis by a health professional;
  • Drug or alcohol treatment professionals;
.24 Court, probation, or parole authorities; or,
.25 Self-identification of an addiction by the GA applicant or recipient.

.3 An applicant or recipient determined to be addicted to alcohol or drugs must:
.31 Engage in appropriate treatment at a facility approved by the Agency.
.32 Comply with the terms, conditions, and requirements imposed by the treatment facility.
.33 Provide written verification of outpatient treatment on a monthly basis.

EMPLOYMENT SERVICES
9-2-3

The General Assistance Food Stamp Employment and Training (GA/FSET) Program has changed its name to CalFresh Employment and Training Program. The CalFresh Employment and Training Program is provided for employable applicants and recipients who choose to participate. The goals of the CalFresh Employment and Training Program are:

.1 Employment and Training Program are:
To assist individuals to become job ready, which includes developing and/or maintaining standard work habits;
To assist job ready individuals to obtain unsubsidized employment.

.11 Repealed
.12 Repealed
.13 Repealed

.2 Determination of Ability to Work

.21 All GA applicants/recipient who choose to participate must comply with CalFresh Employment and Training.

.211 All participants in CalFresh Employment and Training must participate in a minimum of 30 hours of approved work activities per week.

.22 Repealed
.221 Repealed
.222 Repealed
.223 Repealed

.23 Repealed

.3 Job Training Requirements
A applicant/recipient who chooses to participate:

.31 Repealed
.32 May be required to attend an approved job-training program.
.33 Repealed

.34 May be required to participate in other CalFresh E&T program components unless waived by Agency.
Program Components and Requirements

.4 Participants who choose to participate in the CalFresh Employment & Training Program are expected to enroll or participate in any assigned component, as listed below.

.41 GA Work Registration at EASTBAY Works One-Stop Career Centers.

.42 All scheduled appointments with CalFresh E&T.

.43 Job Services components, which include, but are not limited to:

   .431 Job search workshops;
   .432 Supervised job search;
   .433 Verification of job contacts;
   .434 Job placement services.

.44 Approved School Programs

   Required participants:

      .441 May be asked to participate in an approved school program for limited English proficiency or lack of literacy.
      .442 Repealed
      .443 Repealed

.45 Wage Subsidy (WS) Program

      .451 Repealed

5 Other Employment Program Requirements

.51 Participants who choose to participate are expected to conduct themselves as follows:

   • Repealed
   • Repealed
   • Repealed
   • Repealed
   • Repealed

Repealed

   • Repealed
   • Repealed
   • Repealed

.52 Repealed

      .521 Repealed

.53 Appropriate Conduct
Participants must cooperate and conduct themselves appropriately.

Inappropriate conduct includes, but is not limited to:

a) Lateness/early unexcused departure from an assigned site.
b) Extreme and unprovoked unruly behavior at an assigned site.
c) Disobedience to instructors/supervisors.
d) Refusal to carry out assignments.
e) Consumption of drugs or alcoholic beverages at an assigned site.
f) Arrival at an assigned site while under the influence of drugs and/or alcohol.
g) Taking property without permission.

GA Participation in CalFresh Employment and Training Program (CalFresh E&T)

Participants may participate in one or more of the following activities in the CalFresh Employment and Training Program. These activities may include CalFresh Employment and Training Program components.

Repealed

CalFresh Employment and Training Program components include, but are not limited to:

• Workfare;
• Job Search;
• Job Club;
• Training;
• Education.

For participants assigned to any CalFresh Employment and Training Program component, refer to Food Stamp regulations 63-407.51 for the applicable good cause definitions.

Repealed

TIME LIMITED EMPLOYABLES PROGRAM

GA applicants and recipients determined to be mentally and physically able to work are subject to Time Limits and are eligible for a total of 3-months of cash assistance within any 12-month period.

Requirements for Time Limit Discontinuances

For each of the months included in the 3-month time limit, the recipient must receive a GA grant for the entire month. Partial months of aid are not counted toward the 3-month time limit.

The recipient must have received or been offered available employment services prior to discontinuance.

Recipients discontinued for time limits remain ineligible during any month in which:

1) He or she continues to be able to work; and,
2) He or she has received 3-timelimited months of GA within the current 12-month period.

.24 Individuals who have been discontinued and remain employable will not be eligible for GA until after the last day of their ineligible period.

.3 **Temporary Exemptions from Time Limits**

.31 Applicants and recipients with a temporary physical or mental disability that prevents them from working for a specific time period are exempt during the period of disability.

    The period of disability does not include short term illnesses such as colds, flu, sprains, bruises, blisters, minor infections, minor aches and pains, etc. that result in being unemployable for less than one (1) calendar month.

.32 Applicants and recipients while participating in an outpatient Drug and Alcohol Treatment Program approved by the Agency and verified by the treatment program.

.33 Applicants and recipients while participating in AGAP.

.34 Former Foster Care Youth and Independent Living Skills Program (ILSP) participants from the age of 18 up to their 25th birthday.

.4 **Permanent Exemptions from Time Limits:**

.41 An applicant or recipient with a permanent mental or physical disability that prevents them from working as verified by a medical provider or mental health clinician.

.42 Individuals 64 years of age and older.

**SANCTIONS**

9-2-5

.1 **Discontinuance and Sanction**

.11 A sanction is a 180-day discontinuance during which an individual is ineligible to receive GA benefits.

.111 A sanction shall be imposed on any individual who, without good cause, willfully fails or refuses to cooperate with any program requirement.

.112 A sanction shall be imposed on any individual who negligently fails to cooperate three times within a 12-month period with any program requirement.

.12 **Specific Failures Subject to Sanctions**

.121 Willful failure or refusal to complete, or cooperate, with any program requirement includes, but is not limited to:

- Fingerprint/Photo-imaging requirements.
- Reporting any information necessary to determine initial or continuing eligibility.
- Reporting earnings, any other income, and all changes in resources.
- Providing the Semi-Annual Report (SAR 7).
- Repealed.
- Substance Abuse Programs.
• Violating shelter rules and regulations, when such action leads to an eviction.
• Case audits or Fraud investigations.

.122 Intentional Program Violations
• Submitting fraudulent documents and/or misrepresentation of facts.

.2 Good Cause -Negligence-Willfulness Determinations

.21 Failure to cooperate with any of the program requirements shall be evaluated for Good Cause.

.211 Good Cause determinations shall consider all available information and evidence provided by the recipient documenting the reasons for the failure(s) to comply.

.22 Good Cause circumstances include the following, and require verification:

.221 A medical appointment that cannot be rescheduled.
.222 Legal obligations that cannot be rescheduled.
.223 The requirement was not within the physical or mental capabilities of the GA recipient.
.224 Illness of the GA recipient, or of a family member, which requires the recipient’s care.
.225 Death of the GA recipient’s spouse, parents, siblings, children, grandparents, or grandchildren, including step-relations.
.226 Hospitalization and/or incarceration for a period of less than one full month.
.227 Repealed
.228 Other Good Cause reasons, as determined by the Agency.

.23 Negligence determinations for failure to cooperate with the program requirements must meet the following conditions:

.231 The recipient’s failure to cooperate was not due to Good Cause.
.232 The recipient’s failure to cooperate was not due to willful failure to cooperate.

.24 A GA recipient who has committed three separate acts of negligence within the previous 12-months, involving a failure to cooperate with program requirements, will be discontinued and sanctioned.

.25 Willfulness determinations for failure to cooperate with the program requirements must meet the following conditions.

.251 The recipient’s failure to cooperate was not due to Good Cause.
.252 The recipient’s failure to cooperate was purposeful, and was not due to negligence.

.3 Other Sanction Provisions

.31 When a recipient in a couple case is sanctioned for non-compliance, the sanction shall apply only to the non-compliant recipient.

.32 When a recipient is sanctioned for non-compliance with more than one program requirement at the same time, the sanction periods shall be applied concurrently.
9-3 Eligibility Factors

PRINCIPLES AND METHODS OF DETERMINING ELIGIBILITY
9-3-0

.1 All information reported by an applicant or recipient must be verified.

.2 Verification Responsibilities

   .21 The applicant or recipient has primary responsibility for providing verification, contact information for collateral contacts to support his or her statement, and for resolving any questionable information.

   .22 The Agency shall inform the applicant or recipient in writing of the required verification. The applicant or recipient shall be allowed up to 10 calendar days to provide all required verification.

   .23 All GA Intake cases are referred to the Program Integrity Division (PID) and district cases are referred as needed.

.3 The applicant or recipient who fails to provide the required verification by the set deadline may be subject to denial, discontinuance, or sanction.

CONTINUING ELIGIBILITY DETERMINATION ACTIVITIES
9-3-1

.1 The Agency is responsible for regular reviews of recipient eligibility.

.2 All GA recipients must provide a completed SAR7 in their report month, except when:

   .21 Aged 64 or older;

   .22 Designated by the Agency to be SAR7 exempt; or

   .23 Residing in an AGAP facility.

   *NOTE:* The SAR7 exemption applies only to the GA program.

.3 Redetermination of Eligibility

   .31 A Redetermination shall be completed as often as necessary, but at least once every twelve (12) months.

   .32 Recipients must complete all required application forms when completing a Redetermination.

   .33 If a recipient is exempt from the SAR7 reporting requirements due to age or a mental disability, the Agency will allow an accommodation for completing the GA Redetermination process.

   .34 All Redeterminations require a face-to-face interview with the recipient.
INELIGIBLE PERSONS
9-3-2

The following individuals are ineligible for GA:

.1 Adults who have received a total of 48 months lifetime limited CalWORKs benefits, until their last CalWORKs minor recipient is 18 years of age or older. Ineligibility will exist whether or not the minors currently reside with the adult.

.2 Individuals ineligible for CalWORKs due to CalWORKs sanctions or penalties, when they are the primary caregiver of an eligible, or potentially eligible, CalWORKs child.

.3 Convicted drug felons who are ineligible for CalWORKs benefits when they are residing with their CalWORKs family.

Individuals shall not be eligible for General Assistance if he/she is fleeing to avoid prosecution, or custody and confinement after conviction for a crime, an attempt to commit a crime, or violation of probation or parole, that is a felony under the laws of the place from which the individual is fleeing.

.5 Individuals who are felony probation or parole violators.

.6 SSI/SSP recipients.

.7 Repealed

.71 Repealed

PROVISIONS FOR APPLICANTS FROM ANOTHER COUNTY or STATE and SPONSORED NON-CITIZENS
9-3-3

.1 Applicants who have recently changed their residence to Alameda County from another California county or another state must have their public assistance status verified with the previous county or state.

.11 Alameda County will not aid any individual who is sanctioned or who has received at least 3 full months of time-limited aid in another county or state within the last 12 months from the date of application.

.2 When an applicant is a sponsored non-citizen, the income and resources of the legal sponsor (and the sponsor’s spouse, when residing in the sponsor’s home), with exceptions, will be deemed available to the applicant for a period of 3 years from the date of entry into the United States (US).

.21 The applicant and sponsor must provide all documentation identified in Section 9-1-8.5, Sponsored Non-citizens Documentation Requirements.

.22 The income and property of the sponsor and the sponsor’s spouse shall not be deemed available to the applicant if the applicant has been abandoned by the sponsor.

.221 Abandonment may include, but is not limited to abuse, battery, neglect, or refusal to support.

.222 Verification of abandonment may be demonstrated by documentary evidence or collateral written statements.

.23 Sponsored non-citizen regulations will not apply to the following:
a) Admitted to the US as a result of the application, prior to April 1, 1980, of Section 1153(a)(7) of Title 8 of the US Code.

b) Admitted to the US as a result of the application, after March 31, 1980, of Section 1157(c) of Title 8 of the US Code.

c) Paroled into the US as a refugee under Section 1182(d)(5) of Title 8 of the US Code.

d) Granted political asylum by the Attorney General of the United States pursuant to Section 1158 of Title 8 of the US Code.

e) A Cuban or Haitian entrant, as defined in Section 501(e) of the Refugee Education Assistance Act of 1980 (Public Law 96-422).

AGE PROVISIONS
9-3-4

.1 An individual meets the age requirement for GA if he or she is:
  • An indigent legal adult, including emancipated minors; or
  • A minor who lacks a source of basic care and support and does not qualify for basic care and support under any federal or state assistance program.

RESIDENCE AND CITIZENSHIP
9-3-5

.1 County Residency Requirements

.11 An applicant must be a resident of the State of California, and the County of Alameda, for at least 15 continuous days.

.12 Individuals who are voluntarily or involuntarily absent from the county for periods of less than 30 days will be considered residents of the county.

.13 Individuals who are voluntarily or involuntarily absent from the county for periods of 30 days or more will not be considered residents of the county.

.2 Establishment of Residence

.21 Residence is established by:

  .211 Being physically present in Alameda County; and
  .212 Declaring intent to remain indefinitely in the County of Alameda.

.22 A legal adult establishes his or her residence, regardless of marital status.

.3 Citizenship and Non-Citizens

.31 To be eligible for GA an individual must be:

  .311 A citizen of the United States,
A non-citizen lawfully admitted to the United States for permanent residence, or

Permanently residing in the United States under color of law (PRUCOL).

Proof of Citizenship or Eligible Non-citizen Status

Proof of citizenship will be required in “questionable cases” (i.e., past Agency records or reports from other agencies conflict with the applicants’ current statement).

Every non-citizen claiming eligible status is required to present documentation of such status.

A non-citizen unable to present acceptable verification of eligible status:

Shall be ineligible for GA Benefits. GA Benefits shall be denied or discontinued.

A non-citizen pending receipt of verification of eligible non-citizen status will be ineligible to receive GA benefits.

Inmates of penal institutions and inpatients of medical institutions shall not be eligible for GA, unless the incarceration or hospitalization is temporary.

Temporary incarceration or hospitalization is a period of less than one full month.

FINANCIAL ELIGIBILITY

An applicant or recipient household is financially eligible when the household’s countable income is less than GA Standards of Need for the household size.

When the household is determined to be financially ineligible, aid will be denied or discontinued.

Gross income is the total income (before any deductions) received in the month, or a reasonable estimate of expected gross income. Such an estimate must be based on all relevant information available to the Agency and to the applicant/recipient.

If aid is denied or discontinued because the reasonable estimate of gross income resulted in financial ineligibility for the household and the income was not received, the Agency will re-evaluate eligibility.

Excess Property Payments – Grant of Lien

When the housing costs (including interest, principal, property taxes, insurance and utilities) of applicants or recipients who own, or are buying a home, exceeds the maximum grant, aid may be authorized if all of the following conditions are met.

The applicant/recipient is currently living in the home.

The applicant/recipient signs a lien form.

PROPERTY

Inmates of penal institutions and inpatients of medical institutions shall not be eligible for GA, unless the incarceration or hospitalization is temporary.

Temporary incarceration or hospitalization is a period of less than one full month.
Property Limits – Real and personal property that an applicant or recipient owns, or has interest in will be evaluated to determine eligibility. For any month in which the county approves cash aid for an applicant or recipient, the net market value of personal property, must not exceed $1000 for an individual or a family of two or more. Resources include all property that is not otherwise excluded within this section.

2 Property Definitions

.21 Property Owner – the person holding legal title to the property. A right to possess, use, control, and/or dispose of property is a criterion of ownership and is considered in addition to possession of legal title.

.22 Real property – Will be considered owned by the applicant or recipient when the following apply:

.221 The property secures any of the individual’s debts;

.222 The property is being purchased by the individual under contract of sale, mortgage, or deed of trust;

.223 The property is being sold by the individual under contract of sale, but no contract has actually been signed;

.224 The property is held in trust for the individual, and is available to the individual for disposition or use;

.225 The property is being sold by the individual, and is held in escrow.

Personal property – Will include the possessions or interests of the applicant other than real property.

.23 Personal property may also be in the form of a valuable property right, such as an uncollected judgment, or an interest in a firm in receivership.

.24 Transfer of Property – Is a change in ownership when an applicant or recipient sells, trades, or gives away (in whole or in part) a resource that was actually available to the individual.

.25 Conversion of Property – Is a change from one form of property to another and will not result in ineligibility as long as the property value does not exceed the property limit.

3 Countable Resources

.31 The net market value of personal property owned by a GA applicant/ recipient, which is not otherwise excluded, is included in the countable resources. These include:

.311 Cash, savings and checking accounts, securities and evidence of indebtedness such as notes, mortgages and deeds of trust.

.312 Repealed.

.313 The full Cash Surrender Value (CSV) of life insurance policies in excess of one policy will be included in the countable resources.

For an individual, the funds in one irrevocable burial trust in excess of $500, or

.314 for a couple, the funds in one (or two) irrevocable burial trusts with a combined value in excess of $1000.

Exception:
When property (excluding burial trusts) in excess of the limit will not be available to the applicant until later in the month, and the applicant is otherwise eligible, aid may be authorized up to the date the property becomes available.

.32 All real property that is not otherwise excluded is included.

.33 Any other property that is not specifically excluded in Section 9-3-7.4, is included.

4 Excluded Property
.41 Real Property
   .411 Property is owned jointly with others, and it is the residence of one of the joint owners.
   .412 Property is the residence of the GA applicant/recipient, when utilization requirements are met.
      a) A determination regarding the feasibility of renting space, whether rooms or apartments, must be completed.
      b) When rental space exists, and earns income consistent with the rental value, the utilization requirements are met.
      c) If a rental space has little income potential, but such space is being rented as continuously as possible, the utilization requirement is met.
      d) If it is determined that no rental space exists, the utilization requirements are met.
   .413 The applicant or recipient will be given a period of 3 months to develop and initiate a utilization plan.
      a) If the property is not utilized by the end of this period, the property will be considered in the countable resources.
   .414 The applicant/recipient must sign a Lien form.

.42 Personal Property
   .421 Motor vehicle.
   .422 For each individual, one life insurance policy, regardless of cash surrender value.
      For an individual, the funds in one irrevocable burial trust not exceeding $500, or for a couple, the funds in one (or two) irrevocable burial trust(s) with a combined value not exceeding $1000.
   .423 Necessary household furnishings and clothing.
   .424 Property in excess of the allowable amount that is not readily available, but only when the applicant promptly takes action to obtain, convert, or sell such property.
   .425 The value of equipment and tools of trade necessary to continue, or seek, employment.
   .426 Retroactive corrective aid is excluded in the month of receipt, and the following calendar month. Thereafter, any amount retained will be considered in the countable resources.
   .427 Loans obtained to meet current needs, which meet the following requirements:
      a) Loans obtained while the application for GA is pending.
      b) Loans obtained when the application has been erroneously denied or discontinued.
      c) Loans obtained while an administrative hearing decision is pending.
      d) Loans obtained while an aid payment is delayed due to no fault of the recipient.
   .428 Relocation benefits for displacement from a dwelling owned or rented by the recipient.

Determining the Value of Countable Resources
The ownership and value of all property must be verified and on file.

.51 The applicable county records (tax assessor/tax collector) shall be used to determine ownership and value of real property.
.52 Personal Property
  .521 Repealed.
  .522 Acceptable evidence of encumbrances includes, but is not limited to:
    a) Sales contracts,
    b) Payment receipts,
    c) Loan payment books.

.6 Transfer of Property
  .61 A determination must be made regarding receipt of adequate consideration for transfers.
  .62 Transfers of real or personal property made more than 2 years prior to the date of application shall not
    be considered.
    An ineligible period will be determined for an individual who has transferred property when the amount
    received or the value that should have been received, would have supported the individual and the
    individual’s legal dependents (at the time of transfer).
  .63 The following amounts are the monthly maintenance allowance used to determine the ineligibility
    period. The allowance is to cover the costs of basic needs.
    1 person $145
    2 persons (individual and one legal dependent) $235*
    * The allowance is increased by $100 for each additional dependent.
  .632 If the applicant has receipts for any items of personal expenses not covered in basic needs,
    verified expenditures may be considered in addition to the monthly maintenance allowance.
  .633 The duration of ineligibility begins the first of the month following the transfer of property. The
    ineligibility period will not be extended due to income received during this period.

When GA benefits are denied or discontinued due to excess personal property, the denial or
.64 discontinuance notice of action must inform the individual of the ineligibility period and, if applicable, the
    monthly maintenance allowance used to compute this period.

When the applicant/recipient is a sponsored non-citizen as defined in Section 9-3-3.3, the property of the
.7 sponsor and the sponsor’s spouse (when the spouse resides with the sponsor), shall be deemed available to
    the non-citizen.
  .71 The following property shall be exempt:
    .711 $1,500 in resources.
    .712 Motor vehicle.
    .713 The property of a sponsor, or sponsor’s spouse, receiving SSI/SSP or any other public
      assistance.
  .72 The remainder of the sponsor’s property shall be determined per Section 9-3-7.
  .73 When the sponsor is sponsoring two or more individuals, the deemed property of the sponsor and the
    sponsor’s spouse shall be divided equally between the sponsored non-citizens.
STRIKES AND LOCKOUTS
9-3-8

.1 Aid may not be issued to any individual involved in an illegal strike.

.2 The Agency must receive clearance from the Employment Development Department (EDD) regarding strike status before any aid is issued to participants in the strike.

.3 The Agency must receive a letter from the striking union before any aid is issued to a participant in a legal strike. The letter must verify the following information and must be signed by the Union Representative:
   .31 The applicant is not working because of the strike;
   .32 The amount of any strike benefits and the date received;
   .33 The applicant is available to seek and accept employment without interference of picket duty.

.4 Individuals involved in a lockout must obtain a letter from the employer verifying the following:
   .41 Effective date of the lockout;
   .42 Applicant’s earnings for the month prior to the lockout;
   .43 Applicant’s regular rate of pay and pay date;
   .44 Amount of the last pay received;
   .45 Amount and date of any earnings to be still to be paid;
   .46 Medical insurance, company shares, and/or vacation benefits provided by the employer.

.5 GA eligibility requirements will not be waived due to the applicant’s strike/lockout status.

SUPPORT REQUIREMENTS

DEFINITIONS FOR PURPOSES OF SUPPORT RESPONSIBILITY
9-4-0

California Welfare and Institutions Code Section 17300 assigns married individuals the legal liability to provide financial support or to contribute to the support of the spouse, under specified conditions. The determination of support responsibility for applicants and recipients in the GA program are listed below:

.1 A spouse, whether by formal marriage or valid common law marriage, of a GA applicant or recipient is responsible for support, unless the marriage has resulted in a legal separation, divorce, or annulment.

.11 A same sex marriage performed between June 16, 2009 and November 4, 2009 in the states of California, Connecticut or Massachusetts will be considered a legal union between the two parties.

.12 A same sex marriage performed outside of this time frame, and/or not in one of these states, will not be considered a legal union.
Valid common law marriages recognized in California are marriages considered valid in the state where contracted or performed. Most states recognizing common law marriages have two basic requirements to be met:

.21 A written or oral agreement of marriage must exist between the individuals, and
.22 The individuals must cohabit following the agreement.

**Note:** Common law marriage agreements contracted or performed in California are not valid.

.3 A legal Domestic Partnership may also require partner support. (California Family Code Section 297).

**DETERMINATION OF SUPPORT LIABILITY**

**9-4-1**

.1 All income of either member of a married couple or domestic partnership residing together, other than SSI/SSP income, will be shown as income to the GA budget.
.2 The spouse or partner must be informed in writing of his or her support liability.
.3 Any court ordered support amount of a legally separated or divorced spouse or a domestic partnership dissolved by court order, shall be used to determine the support liability of the spouse.
.4 Within 10-days of the date of application, the separated spouse or domestic partner must be sent a request for a financial statement.

If no court order requiring monthly support exists, a separated spouse or partner shall have their ability to support the applicant or recipient measured by the Spousal Support Scale.  
Refer to GA Handbook 90-04.0 for detailed instructions on determining support liability.

.6 If the spouse or partner does not complete and return the financial statement, the support liability will be determined to be the amount of the applicant or recipient’s GA grant.

**SEPARATED SPOUSE’S FAILURE TO SUPPORT**

**9-4-2**

.1 Separated spouses or domestic partners who fail to cooperate must be referred to the District Attorney or County Counsel within 30-days.

.11 Failure to cooperate applies when the spouse or partner will not assist in determining their liability or fails to meet their support liability.

.5 Failure of the separated spouse to cooperate, or to meet support liability, shall not be cause to deny or discontinue assistance to the GA applicant/recipient.

**ADULT CHILDREN AND PARENTS**

**9-4-3**
1 Adult children and parents of adult GA recipients have no legal liability to provide support.

9-5 NEED, INCOME, AND BENEFIT PAYMENTS

NEED

9-5-0

1 Standards of Need

1.1 The maximum General Assistance Standard of Need for applicants or recipients shall be the following amounts:

1.11 Married couples or legal domestic partners living together shall be considered one GA household. They may not apply on separate cases.

<table>
<thead>
<tr>
<th>Persons In Budget Unit</th>
<th>Maximum Grant Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Adult</td>
<td>$336</td>
</tr>
<tr>
<td>2 Adults</td>
<td>$548</td>
</tr>
</tbody>
</table>

1.12 Repealed

NOTE: Applicants and Recipients who do not pay rent will also be eligible for the total maximum allowable grant.

1.13 Repealed

The Standard of Need for a GA applicant or recipient, who is the biological father of an unborn, when residing with the CalWORKs eligible pregnant mother, will be the difference between the CalWORKs assistance unit grant and the CalWORKs grant amount for the filing unit.

1.14 Repealed

1.15 Repealed

1.16 Repealed

1.17 Repealed

1.18 Repealed

2 Special Needs are allowances for medical conditions, or unusual events, requiring expenses beyond the eligible grant amount.

2.1 The following must be determined before authorizing any Special Needs allowance:

2.11 Any resources, or alternate sources (including other assistance programs) that may be available to meet this need.

2.12 The total cost of the need.

2.13 The recipient’s portion of the total cost, if others in the household share this need.

2.14 The length of time that the special need will be required.

2.15 The most reasonable, lowest cost repair or replacement for the special need.

2.2 Recurring Special Needs
.221 All recurring Special Needs must be verified at Redetermination.

.222 Recurring Special Needs include:

  a) Therapeutic Diets –
     The allowance is $9 per month and includes, but is not limited to:
     1. Diabetic
     2. High calorie – high protein
     3. Bland
     4. Low fat – cholesterol
     5. Low salt – sodium under three grams

  b) Attendant Care –
     Shall not exceed $85 per month. Individuals approved for this special need must be referred to the In-Home Supportive Services program for application.

  c) Drug /Alcohol Treatment Transportation Allowance –
     Medically diagnosed drug or alcohol dependents in outpatient treatment programs may be authorized actual transportation costs to and from a treatment facility.

  d) Pregnancy Special Need –
     For the three-month period ending the month of the expected date of delivery, applicants/recipients ineligible for CalWORKs during pregnancy may receive $25. Medical verification of pregnancy is required.

.23 Non-recurring Special Needs

.231 Are not used when determining eligibility for GA.

.232 Must provide for repair or replacement of essential household items, owned by the applicant or recipient, when the loss is due to sudden and unusual circumstances beyond the control of the applicant or recipient. Loss due to wear and tear, breakdown, or obsolescence does not qualify for a Special Needs authorization.

.233 Sudden and unusual circumstances include, but are not limited to fire, flood, earthquake, or storm.

.234 Maximum allowance is $100 per recipient.

.235 Allowances for the same recipient are limited to once per year.

INCOME
9-5-1

.1 Income is any benefit in cash or in-kind, received by the applicant or recipient, and is used to determine eligibility.

.11 Applicable payment month – the month in which GA benefits will be, or were, issued.

.12 Current income – income received, or anticipated to be received, by an applicant or recipient in the applicable payment month.

.13 Earned income – all income received as a result of employment or self-employment.
.14 Unearned incomes – all other income received.
   .141 Voluntary contributions – contributions for which there is no legal support liability.
   .142 Repealed

.2 All income is considered available in the month in which it is received.

.3 The Agency is responsible for:
   .31 Reviewing with the applicant or recipient all possible income-producing potentials.
   .32 Verifying all income received, which includes the following:
      .321 Payment source;
      .322 Gross amount; and,
      .323 Pay dates.
   .33 Informing recipients of their reporting responsibilities.
   .34 Computing the unearned, and net earned income.
   .35 Determining any the amount of any deemed income from a non-citizen’s sponsor.
      .351 The sponsor’s and sponsor’s spouse’s income, both earned and unearned, must be verified and
           may be determined available to the sponsored non-citizen.
   .4 The applicant or recipient is responsible for providing all information necessary to complete the income
      determination.
   .5 The applicant or recipient must apply for all potentially available income.
      .51 Social Security Benefits (OASDI);
      .52 Railroad Retirement Benefits (RRB);
      .53 Unemployment Insurance Benefits(UIB);
      .54 State Disability Benefits (DIB);
      .55 Supplemental Security Insurance/State Supplemental Payment (SSI/SSP); or,
      .56 Cash Assistance Program for Immigrants (CAPI);
      Veteran Administration (VA) Benefits available to veterans or service persons, their spouses, and
      .57 applicant or recipient children of veterans or service persons that may be potentially eligible for such
           benefits;
      .58 Private pension plans, union welfare funds, life insurance disability benefits, etc.;
      .59 Applicant and recipient’s own capacity for self-help and employment.
   .6 When income exceeds the applicable maximum grant amount, aid will be denied or discontinued.
   .7 The following payments are excluded or exempt from consideration as income:
      .71 Infrequent cash gifts totaling $20.00 not intended to cover basic need items.
      .72 Reimbursements to applicants or recipients in an approved training program, required for a specified
           training plan.
.73 State Hospital Discharge Payments.
.74 Disability insurance payments specified for car or house payments.
.75 Supplemental worker’s compensation benefits for Alameda County recipients who are participants in a Workfare program.
.76 The following loans are exempt from consideration as income:
  .761 Loans obtained when a GA application is pending.
  .762 Loans obtained when GA is erroneously denied or discontinued.
  .763 Loans obtained when the SSA has not complied with an administrative hearing decision.
  .764 Loans obtained when aid is delayed due to no fault of the recipient.
.77 Relocation benefits for displacement from a dwelling owned or rented by the applicant or recipient.
.78 The income of an SSI/SSP spouse, which includes half of any income produced by community property.

.8 Income from Property
.81 All interest in real or personal property must be considered as potentially available.
.82 Net income from property is determined by deducting all normal and necessary expenses from the gross income.
.83 All interest and/or dividends earned on money, stocks, bonds, etc. are net income.

.9 Lump Sum Income is any nonrecurring income received by the applicant or recipient.
.91 Lump sum income includes, but is not limited to, the following:
  • Income tax or other refunds;
  • Adjusted or retroactive payments of VA, UI or DI Benefits;
  • OASDI and/or RRB awards;
  • Worker’s Compensation awards;
  • Inheritances;
  • Lottery winnings; and,
  • Personal injury court awards (excluding amounts specified for payment of claims against the award, such as medical bills).
.92 Lump sum income is treated as regular income in the month received. Any amounts remaining in the month after receipt will be considered available property.

AID PAYMENTS
9-5-2

.1 Vendor Payments
.11 The General Assistance Standard of Need shall be satisfied by vendor, or voucher, payments directly to landlords and other providers of goods and services.

.12 Housing will be paid by vendor payment, only when requested by an applicant or recipient.

.13 A Landlord’s Tax ID/SSN is optional.

.14 Vendor payments are based on the 90-9, Housing Assistance Vendor Agreement.

.15 Vendor payments shall not exceed the applicant or recipient’s Standard of Need.

.16 Vendor payments will be paid at the first of the month.

.2 Repealed.

.3 Recipient’s Responsibility

.31 All recipients are required to report any changes in eligibility to the Agency within 10 days of the change.

.32 All recipients, unless exempt, must complete a Semi-Annual Eligibility Report (SAR7).

.4 Beginning Date of Aid is the date of the application.

.41 Residents of Approved Drug and Alcohol Treatment Facilities

.411 If the resident applies within 10 days of the date he/she entered the treatment facility, payment is authorized effective the date the resident entered the facility.

.412 If the resident applies later than 10 days after he/she entered the treatment facility, payment is authorized effective the date of the application.

.5 When any change in the recipient’s circumstances requires an action to decrease or discontinue aid, the action will be effective only after adequate notice is given or mailed to the recipient.

.6 When recipients obtain employment, aid may continue up to the date the recipient’s income is anticipated to exceed the grant level, after any applicable deductions.

.7 Applicants with pending Unemployment Insurance Benefits (UIB) or Disability Insurance Benefits (DIB) applications, and who are otherwise eligible for GA may be granted aid, until UIB or DIB is authorized.

.8 Aid payments shall be issued monthly.

CHASS ASSISTANCE PAYMENTS
9-5-3

.1 Repealed.

.2 Repealed..

.3 Repealed.

.4 Repealed.
UNDERPAYMENTS
9-5-4

.1 Underpayments occur when the applicant or recipient received less than the payable grant.

.2 Underpayments due to “administrative error” are caused by one or more of the following:

.21 Documents are not correctly entered in the case record.

.22 Errors are made in data entry.

.23 Errors are made in manual budgeting.

.24 Aid is authorized for less than the correct payment when all information necessary to determine the correct payment is on file.

.25 Changes are not completed timely.

Note: “Administrative Error” underpayments do not include errors that occur when the Agency did not have all information necessary to authorize a correct payment.

.3 An underpayment may be used to adjust an overpayment balance, may be issued as a supplement of retroactive benefits, or both.

Underpayments resulting from an Administrative Error (including denial or discontinuance) shall be corrected by payment of aid equal to the full amount of the underpayment, which occurred within the 90 days preceding the discovery date of the underpayment.

.31 Underpayments resulting from other than Administrative Error will not be corrected for periods prior to the discovery date.

.32 Any underpayment can be corrected by authorization of aid for a period as specified in an Administrative Decision.

OVERPAYMENTS
9-5-5

.1 Definitions

.11 Overpayment – the recipient received more than the payable grant amount.

.12 An overpayment can occur when the recipient:

.121 Deliberately misrepresents income, resources, or other circumstances that affect eligibility or payment amounts;

.122 Fails to promptly report changes in income, resources, or other factors that affect eligibility;

.123 Receives unanticipated income, resources, or another change in circumstances occurs resulting in the payment issued exceeding the payable grant;

.124 Received Aid Paid Pending (APP) an administrative hearing, and the County’s action or determination is subsequently upheld by the Administrative Decision.

.13 An overpayment can also occur when the Agency fails to take timely action on information.

.2 Overpayment Claim Types
Recipient Caused Overpayments occur when a recipient makes deliberate misstatements (whether oral or written) or fails to timely report changes regarding their income, resources, and/or other circumstances that affect eligibility or grant amounts.

Administrative Error Overpayments occur when the Agency had all information necessary to make a correct determination of eligibility or grant amount and failed to take timely action on that information.

Overpayments are subject to recovery by one of the following methods:

Recipient caused overpayments will be recovered by grant adjustment (reduction) of the aid payment to the extent possible, when the individual is otherwise eligible and aid continues.

Any overpayment may be offset against any underpayments, before authorizing any supplemental payment for an underpayment.

The recipient may return a payment that they are ineligible to receive, or may repay the amount of the overpayment in part or full.

Alameda County Central Collections shall demand repayment of any overpayment that has not otherwise been recovered.

Adjustments

A Recipient Caused Overpayment is adjustable until the overpayment is fully recovered.

An Administrative Error Overpayment is not adjustable.

Adjustment Amount

The maximum monthly adjustment amount shall be 10% of the applicable Standard of Need.

If the Agency suspects that the overpayment was caused by fraud or deliberate misrepresentation of facts by an applicant or recipient, the case will be referred to the Program Integrity Division (PID) for further action.

Notification to Applicant or Recipient

The applicant/recipient shall be advised of overpayments and adjustment methods during intake and redetermination.

If an adjustable overpayment exists on an individual’s case, and the individual has either re-applied or is completing a redetermination, they shall be advised that the overpayment(s) will be adjusted.

Sponsored non-citizens and their sponsors are both liable for any overpayment made to the non-citizen during the 3-year period after the non-citizen’s entry into the United States.

This only applies to overpayments that were caused by the sponsor’s failure to provide correct information as required. It does not apply to overpayments when the sponsor was without fault, or where good cause existed.

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9-6 ADMINISTRATIVE HEARINGS

DEFINITIONS

9-6-0
Administrative Hearing

.1 A forum by which an applicant or recipient, dissatisfied with an action taken by the County, shall first present their dispute to a Hearing Officer.

Administrative Decision

.2 The Hearing Officer’s decision, as adopted by the Agency Director. Administrative Decisions will be based solely on the evidence presented in hearing, including case documentation, and will be decided in accordance with this section.

.3 The Claimant is an individual who has requested an Administrative Hearing and is, or has been, either an applicant for or a recipient of GA in Alameda County.

.4 An Authorized Representative (AR) is an individual appointed by the claimant, in writing or verbally at hearing, who will act on behalf of, or assist, the claimant with any and all aspects of the hearing.

The Appeals Officer is an individual authorized by the Agency to review the hearing request and determine the possible resolution to the issue for hearing. If the issue will proceed to hearing, the Appeals Officer presents the Agency’s position to the Hearing Officer.

.6 The Hearing Officer is an individual authorized by the Agency to make a written decision on all cases that proceed to hearing. The Hearing Officer will not have been involved in the issue to be heard. They will make an impartial decision on the hearing issue.

.7 The Administrative Hearing Filing Date is the post mark date, or the date the request is received by the Agency, whichever is earlier.

.8 Aid Paid Pending is a continuance of aid in the amount paid before the proposed action, pending an Administrative Decision.

A reopened Administrative Hearing Request is a previously withdrawn or conditionally withdrawn request that is re-opened for hearing. A request to re-open a hearing must be made within 30 days of the withdrawal or completion of the conditional withdrawal. A hearing that has been dismissed for abandonment may not be re-opened, with the exceptions listed in 9-6-6.32.

A Withdrawn or Conditionally Withdrawn Request is one that has been withdrawn by the claimant when a disputed action has been resolved by agreement prior to the completion of the hearing.

Administrative Hearing Process

9-6-1

.1 Requests for an Administrative Hearing

.11 May be either written or oral;

.12 Must express the reason the claimant is dissatisfied with the action taken on his/her case;

.13 May be made by the claimant, or a person authorized to act on the claimant’s behalf;

May be denied when the sole issue is the result of a change in the General Assistance Ordinance requiring automatic grant adjustments or discontinuances or the claimant has not submitted his/her request on a timely basis.

.2 Administrative Decision Rulings

.21 A decision granted or granted in part will overturn the specified County action or determination.

.22 A decision denied or denied in part upholds the specified County action or determination.
A decision dismissed or dismissed in part finds that the specified County action or determination cannot be addressed in hearing. Dismissals occur when:

.231 The request for a hearing is solely an issue of law.
   a) This includes requests where no legal remedy exists.

.232 The hearing has been abandoned.

RIGHT TO ADMINISTRATIVE HEARING
9-6-2

Claimants may seek corrective or other appropriate action from the Agency before requesting an administrative hearing. However, claimants are not required to seek such action before requesting a hearing.

If an applicant for, or recipient of, GA disagrees with any of the following actions, he or she may request an administrative hearing:

.21 Denial of the GA application;
.22 Decrease in the grant amount;
.23 Computation of the payable grant; or,
.24 Discontinuance of aid.

The Agency will inform all applicants and recipients of the right to:

.31 Request an administrative hearing;
.32 Be represented by a person of their own choosing, including legal counsel;
.33 Review their case records and interview witnesses in advance of an administrative hearing;
.34 Present testimony on their own behalf; and,
.35 Cross-examine any adverse witnesses.

TIMELY AND ADEQUATE NOTICE
9-6-3

Whenever an action resulting in a decrease or discontinuance of GA benefits occurs, a Notice of Action must be:

.1 Mailed to the recipient at least 10 days prior to the effective date of the action; or,
.12 Hand delivered to the recipient at least 7 days prior to the effective date of action.

Adequate Notice of a decrease or discontinuance of GA benefits must include the following:

.21 Notice date;
.22 Effective date of the action;
.23 Reasons and the appropriate regulation sections for the action;
.24 Recipient's right to and information on requesting an administrative hearing;
.25 Information regarding Aid Paid Pending an Administrative Decision.

.3 Timely notice is not required for decreases or discontinuances in the following instances.
.31 The Agency has factual information concerning the death of the recipient.
.32 A recipient has been admitted, or committed to, an institution for more than 30 days;
.33 A recipient's whereabouts are unknown, and the Post Office has returned the recipient’s mail to the
Agency;
.34 The Agency has verified factual information that the recipient does not reside in Alameda County;
.35 A recipient provides a written statement waiving the right to adequate notice;
.36 A special needs allowance was granted for a specific period of time and the recipient was informed in
writing when initially authorized that it would stop at the end of the specified period;
.37 Aid was authorized for Presumptive Eligibility and the approval notice specified the Presumptive
Eligibility period;
.38 Assistance is continued for a specified period of time (i.e., assistance paid to the point the anticipated
income will exceed the grant). The notice of action must specify when aid will end; and,
.39 The grant change involves an increase.

REQUEST FOR AN ADMINISTRATIVE HEARING
9-6-4

.1 A request for an Administrative Hearing must be filed within ninety (90) days of the date of the Notice of
Action or other Notice issued by the Agency.

Notwithstanding Section .1 however, a recipient shall have the right to request a county hearing to
review the current amount of aid. At the claimant’s request, such review shall extend back ninety (90)
days from the date the request for hearing is filed and shall include review of any benefits issued
during the entire first month of the 90-day period. This review shall only apply to facts that occurred
during the review period.

.12 The claimant should be encouraged to use the Notice of Action because it describes the action(s) with
which they are dissatisfied.

.13 Any requests for hearing received by staff shall be forwarded immediately to the Appeals unit.

.2 Administrative hearing requests that are not filed within this time period will be dismissed.

AID PAID PENDING THE HEARING DECISION
9-6-5

.1 Aid Paid Pending (APP) will apply when the hearing request is made before the effective date of a decrease
or discontinuance action. APP will not be authorized when the:
.11 Claimant has died;
.12 Claimant has entered a medical or penal institution;
.13 Claimant has left Alameda County;
.14 Claimant's whereabouts are unknown;
.15 Claimant received aid based on Presumptive Eligibility; or
.16 Claimant submits a written waiver to APP.

In the General Assistance Program if a recipient fails to file a hearing request before the effective date of the proposed action, aid paid pending is appropriate provided the recipient establishes good cause with the Agency Appeals Unit or the Hearing Officer. The criteria for good cause shall be as follows:

.21 The claimant contends that he/she did not receive adequate and/or language-compliant notice and the Hearing Officer determines that the required notice was not received.
.22 Any other substantial and compelling reason as determined by the Hearing Officer.

.3 At the conclusion of the hearing, the hearing officer will evaluate a continuance of APP.

.4 APP will cease when:
.41 The dispute is based on an issue of law or change in law;
.42 The claimant agrees to resolve the hearing by either a Conditional Withdrawal, or Withdrawal, of the hearing;
.43 The claimant fails to appear at the hearing and a dismissal is issued; or,
.44 When a hearing decision is adopted.

SCHEDULING THE HEARING

9-6-6

.1 The Administrative Hearing shall be scheduled as soon as administratively possible.

.2 The hearing shall be held at the location designated by the Agency Appeals Unit.

.21 The Appeals Unit will mail the claimant notice of the time and place for the hearing, no less than five (5) days prior to the hearing date.

.3 General rules and procedures

.31 Attendance at the hearing shall be limited to those directly concerned:

.311 The claimant and/or his representative;
.312 Any interpreter and/or witnesses;
.313 Agency representatives, which include the Appeals Officer and witnesses; and,
.314 The Hearing Officer.

.32 Appearance by the claimant (in person or by representative) is required at the hearing.
If the claimant’s appointment notification is returned, and the Appeals Unit is unable to locate the claimant, the issue may be dismissed. If dismissed, the Appeals Unit will send notification to the claimant’s last known address. The claimant may re-open the hearing if he/she contacts the Appeals Unit within thirty (30) days of the scheduled hearing date.

If the claimant or authorized representative does not appear for the scheduled hearing, and fails to contact the Appeals Unit to reschedule the hearing appointment, the issue will be considered abandoned and may be dismissed. If dismissed, the Appeals Unit will send notification to the claimant.

If the claimant contacts the Appeals Unit within ten (10) days of the scheduled hearing date, the issue may be re-opened for hearing if the claimant had a good cause reason for non-attendance. Aid Paid Pending may be authorized at the discretion of the Appeals Unit.

An Agency representative is required to attend the hearing.

The hearing shall be conducted in an impartial manner. All testimony shall be submitted under oath or affirmation.

The proceedings of the hearing shall be recorded.

The hearing officer shall not be bound by the rules, procedures, or evidence applicable in courts.

The claimant or his authorized representative, upon request, will be given the opportunity to examine any evidence used by the Agency to support its decision and all documentary evidence to be submitted for hearing.

ACTION BY DIRECTOR OR AUTHORIZED DESIGNEE
9-6-7

All SSA hearings shall be decided or dismissed within 90 days from the date of the request for SSA county hearing except in those cases where the claimant waives such requirement or the claimant withdraws or abandons the request for hearing.

The Hearing Officer shall submit a written decision to the Agency Director, or authorized designee, within seventy-five (75) working days of the administrative hearing.

The Hearing Officer shall recommend that the Director adopt the decision.

The Director or authorized designee shall, within fifteen (15) working days after receiving the written decision:

Adopt the proposed decision;

Adopt the proposed decision with modifications; or,

Return the case for further hearing.

The written decision of the Hearing Officer will be deemed adopted by the Director (or authorized designee) if the Director fails to act within the time prescribed.