

GENERAL ASSISTANCE COOPERATION AGREEMENT

READ THIS FORM CAREFULLY. IT HAS IMPORTANT INFORMATION ABOUT YOUR GENERAL ASSISTANCE (GA) CASE. IF YOU DO NOT UNDERSTAND SOMETHING, ASK YOUR WORKER. AFTER YOU READ THIS, SIGN YOUR NAME AND WRITE THE DATE ON THE FIRST PAGE, AND ALSO SIGN THE SECOND PAGE.

I understand that failure to meet any GA requirements without good cause may result in the discontinuance of my grant and a period of ineligibility. The reasons that establish good cause are on the back of this form. The lengths of periods of ineligibility will increase with subsequent failures:

- First failure = 2 month period of ineligibility
- Second failure = 4 month period of ineligibility
- Third (or subsequent) failure = 6 month period of ineligibility

In unusual circumstances, based upon a written finding of fact showing this is justified by: (a) the recipient's record, (b) the nature of the non-compliance, and (c) the reasons for the failure, an Appeal Officer may reduce a sanction from 2 months to 1, or from 4 months to 3, subject to approval by the Appeal Manager. Such reduction will not affect the length of subsequent sanctions.

As a GA Applicant or Recipient, I understand and agree to the following requirements:

1. I must provide all information requested to determine eligibility to GA. This includes completing forms, providing verifications, and signing releases of information when requested. I must provide this information by the date required, and if I have not done so, my aid may be denied or stopped.
2. **I MUST CALL OR WRITE TO MY GA WORKER WITHIN 5 CALENDAR DAYS IF THERE IS ANY CHANGE IN CIRCUMSTANCES, SUCH AS:** my address, household composition, earned or disability based income, property, disability, pregnancy, marital status, or legal and immigration status. (See the back of this form for further information)
3. After I call or write to my GA Worker about a change in my circumstances that I am required to report, my GA Worker will send to me a **Mid-Month Change Report (GA QR 3 form)** to report the change in writing and provide verification. I can also pick-up this report form GA QR 3 in the EHSD office. After the GA QR 3 is mailed to me, or I pick it up, I must send it or bring it to my GA Worker within 10 calendar days, with the necessary verification of the reported change.
4. If there are no changes in my circumstances that I am required to report, I must send every quarter a **Quarterly Status Report (GA QR 7 form)** by the first (1st) day of the month following the last month of the quarter, and it will be considered late if not received by the day eleven (11) of that month. Example: Quarter is January, February and March. GA QR 7 is due on April 1, and it will be considered late if not received by April 11.
5. I must keep all appointments made by the GA Worker, Advocacy Social Worker, or GA Alcohol and Drug Diversion Services (GAADDS) Counselor. If I cannot keep an appointment, I must call before the appointment time to reschedule my appointment.
6. If I am fired or quit a job without good cause, I will be ineligible for GA for sixty (60) days from the date I was last employed.
7. If my case is selected for review by the Quality Control Unit, I must cooperate with that review. Failure to do so may result in discontinuance of aid, and a period of ineligibility.

8. I must give my Social Security Number (SSN). The SSN will be used in checking identity and preventing duplicate issuance of GA. The SSN and any other information provided may also be used for computer matches, reviews, and audits.

9. If I have no home address, and my mail is being delivered to the EHSD office, it is my responsibility to pick it up. **I agree to pick my mail up at least once a week.**

10. If I give information that is not true, or if I don't report changes to my GA Worker which affect my case or the amount of GA I get, my aid may be discontinued and I may be required to serve a 6-month period of ineligibility. I may also be criminally prosecuted and have to pay a fine or go to jail.

11. If I am unable to work because of a physical or mental disability, I understand that I have the responsibility to get proof that I am unemployable.

12. If I am disabled for 12 months or longer, I must apply for SSI/SSP if my GA Worker requests me to do so. If I am not a US Citizen and if I am disabled for 12 months or longer, I must apply for Cash Assistance Program for Immigrants (CAPI). If my SSI is granted, I will repay the amount of the GA grant that I received while my SSI/SSP application was pending.

CONFIDENTIALITY and PRIVACY ACT DISCLOSURE: A state law requires the county to give to law enforcements agencies certain information about GA recipients who have died for whom a warrant has been issued. This information is: name, address, birth date, SSN, and physical description. You are giving personal information in the application. The County uses the information to see if you are eligible for benefits. If you do not give the information, the County may deny your application. You have a right to review, change, or correct any information that you gave to the County. The County will not show your information or give it to others unless you give them permission or federal and state law allows them to do so. The County will verify this information through computer matching programs, including the Income and Earnings Verification System (IEVS). The County will use the information from your application to check your eligibility for help with paying for health coverage. The County will check your answers using information in state and federal electronic databases and databases from the Internal Revenue Service (IRS), Social Security Administration, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, the County may ask you to send proof.

DECLARATION

I HAVE READ, OR HAD READ TO ME, THE INFORMATION ON BOTH SIDES OF THIS FORM. I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THESE RESPONSIBILITIES AND REQUIREMENTS. I UNDERSTAND THESE RESPONSIBILITIES AND I AGREE TO COOPERATE BY MEETING THEM IN ORDER TO RECEIVE GENERAL ASSISTANCE.

NOTE: YOU ARE SIGNING AND AGREEING TO THESE REQUIREMENTS ON BEHALF OF YOUR HOUSEHOLD

Applicant/Recipients Signature (ON BEHALF OF SELF AND/OR SPOUSE) **DATE:** _____

Interpreter Signature **DATE:** _____

GA Worker Name **PCN :** _____ **DATE:** _____

TYPES OF CHANGES EVERYONE MUST REPORT

1. Address. You must report a change of residence (the place where you are actually living). You must report your new address, or if you become homeless. If you want your rent paid to your landlord, you need to provide the name and address of your landlord and you must sign an approval for your landlord to release information verifying your living arrangements. You must report a change in housing costs, such as the amount of the rent or utilities. You must report if you are planning to move out of the county, or if you are entering a residential facility, or being incarcerated.

2. Household Composition. You must report any changes of your household composition: if anyone moves into or out of the house, including children.

3. Earned Income. You must report all gross income received by you or your spouse. This includes money earned, wages, tips, vacation pay, cash bonuses, money from self-employment, including street vending; income from a training or rehabilitation program; retirement pensions; union pension or payments; retirement payments, commissions, lump sums, grants, interests, cash advances, etc. Report if you started or stopped working, or if you went out on strike, or any work done in exchange for rent, personal needs food or transportation. Report if started or stopped receiving cash from any source, or any changes in the amount received. You must report changes in your checking or savings accounts. Report money from any other source.

4. Unearned and/or Disability Based Income: All other income received by you or your spouse. This includes child or spousal support (alimony); interest or dividends; gambling or lottery winnings; insurance or legal settlements; awards from the court; inheritances strike benefits; gate money from prison, cash, gifts or money from relatives or friends, borrowed money, school grants and loans, scholarships; income tax refunds (federal or state), Department of Rehabilitation money for training or any other reason, etc. Report any government benefits, like Federal Disability payments, Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), Unemployment Insurance benefits, Worker's Compensation, State Disability Insurance benefits, Veterans or Railroad retirement pension, awards or bonuses; any private or government disability or retirement; welfare payments from any state or county; life insurance or private disability payments; income from real or personal property (rental income) and rental assistance. Report if receiving free rent, personal needs, food or transportation; gifts of food, clothing, or other contributions in-kind.

5. Property: Report if you or your spouse acquired, sold, donated, gave away, received as a gift, borrowed or inherited, any property, or a house, car, insurance, stocks, bonds, etc., or if a bank account is opened by you or your spouse, as well as any deposit in a bank account; or a life insurance policy, or any vehicles.

6. Disability: Report changes in disability status or special diet needs. Report if you are no longer disabled or if you become disabled, or if the doctor recommended a special diet for health reasons.

7. Pregnancy: Report if you or your spouse becomes pregnant, or if the pregnancy was terminated.

8. Marital Status: Report if you get married, divorced or separated.

9. Legal and Immigration Status: Report if you are convicted of a drug related felony for possession, use or distribution of a controlled substance, become a fleeing felon, or if you are in violation of a condition of probation or parole. Report changes in your immigration status, such as becoming a US citizen, or losing legal immigration status.

10. Grant discontinuance: Report if you are requesting that your GA grant be discontinued.

ANY LUMP SUM OF MONEY THAT YOU RECEIVE MUST BE REPORTED IMMEDIATELY. A LUMP SUM PAYMENT IS EXPECTED TO SUPPORT YOU FOR A NUMBER OF MONTHS, BASED ON YOUR SITUATION AND HOUSEHOLD

COMPOSITION. ASK YOUR GA WORKER TO DETERMINE THE NUMBER OF MONTHS YOU WILL BE INELIGIBLE TO GA. YOU WILL NOT RECEIVE GENERAL ASSISTANCE DURING THIS PERIOD.

GOOD CAUSE

I understand that I may establish good cause for failures to meet program requirement. I may prove to the county that the failure was not willful, but accidental or involuntary. I may be required to provide proof of good cause. If my failure was due to my negligence (carelessness or forgetfulness) it can be considered good cause only twice. Thereafter negligence is subject to evaluation.

The reasons which may establish good cause are:

1. The failure has occurred due to your physical or mental disability
2. You have obtained employment
3. You had a scheduled job interview or job testing the day of your GA appointment
4. You had a mandatory Court appearance the day of your GA appointment
5. You were in jail or prison the day of your GA appointment
6. There was a death in your family
7. Illness
8. Your transportation arrangement or vehicle broke down.
9. The failure to comply was insubstantial (such as failure to date a form)
10. The Employment and Human Services Department made an error
11. Other valid reason approved by the Employment and Human Services Department

I understand that failure to meet any GA requirement without good cause may result in the discontinuance of my GA, and a period of ineligibility. If I receive notice of a program failure, I may (a) try to establish good cause by contacting my GA worker, (b) request a conference with the supervisor or (c) attend a hearing scheduled to hear my excuse. If I do not prove that I had a good reason for my failure, my General Assistance may be discontinued, and a period of ineligibility imposed.

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