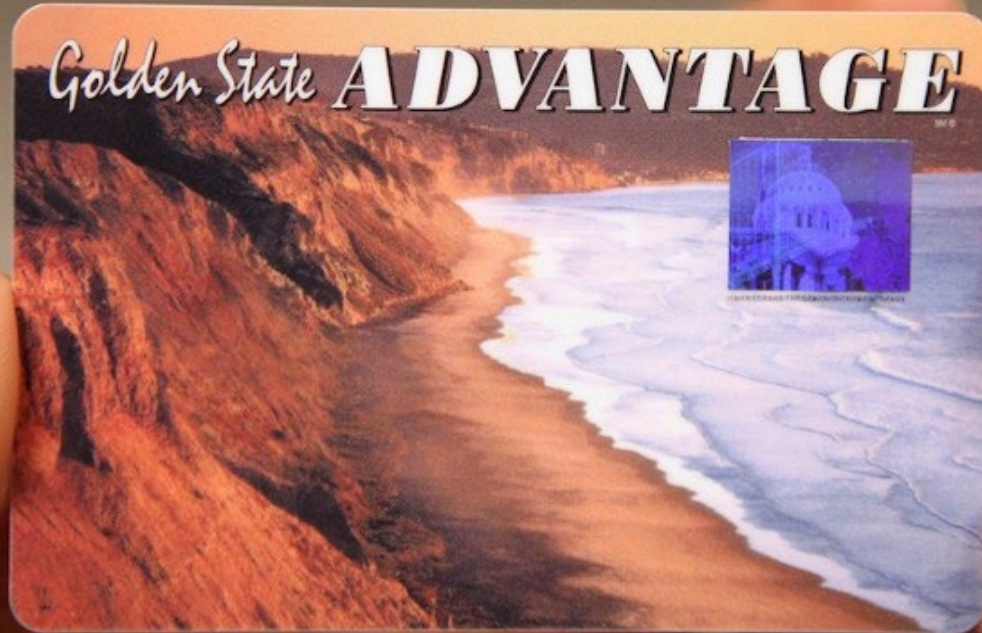


General Assistance (GA)



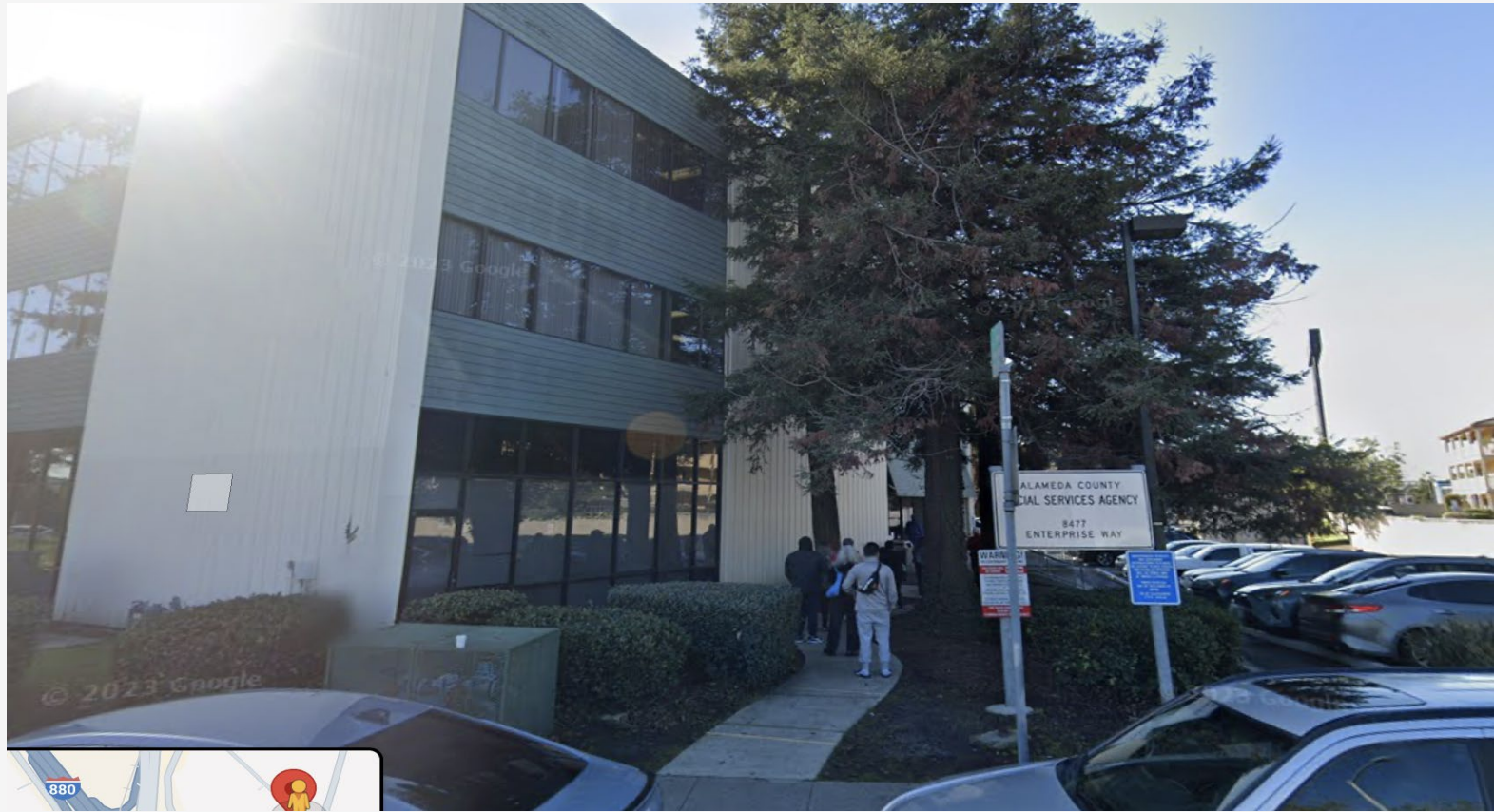
2000 San Pablo Avenue, Oakland



6955 Foothill Boulevard, Oakland



8477 Enterprise Way, Oakland



24100 Amador Street, Hayward

24272 Amador St

Hayward, California



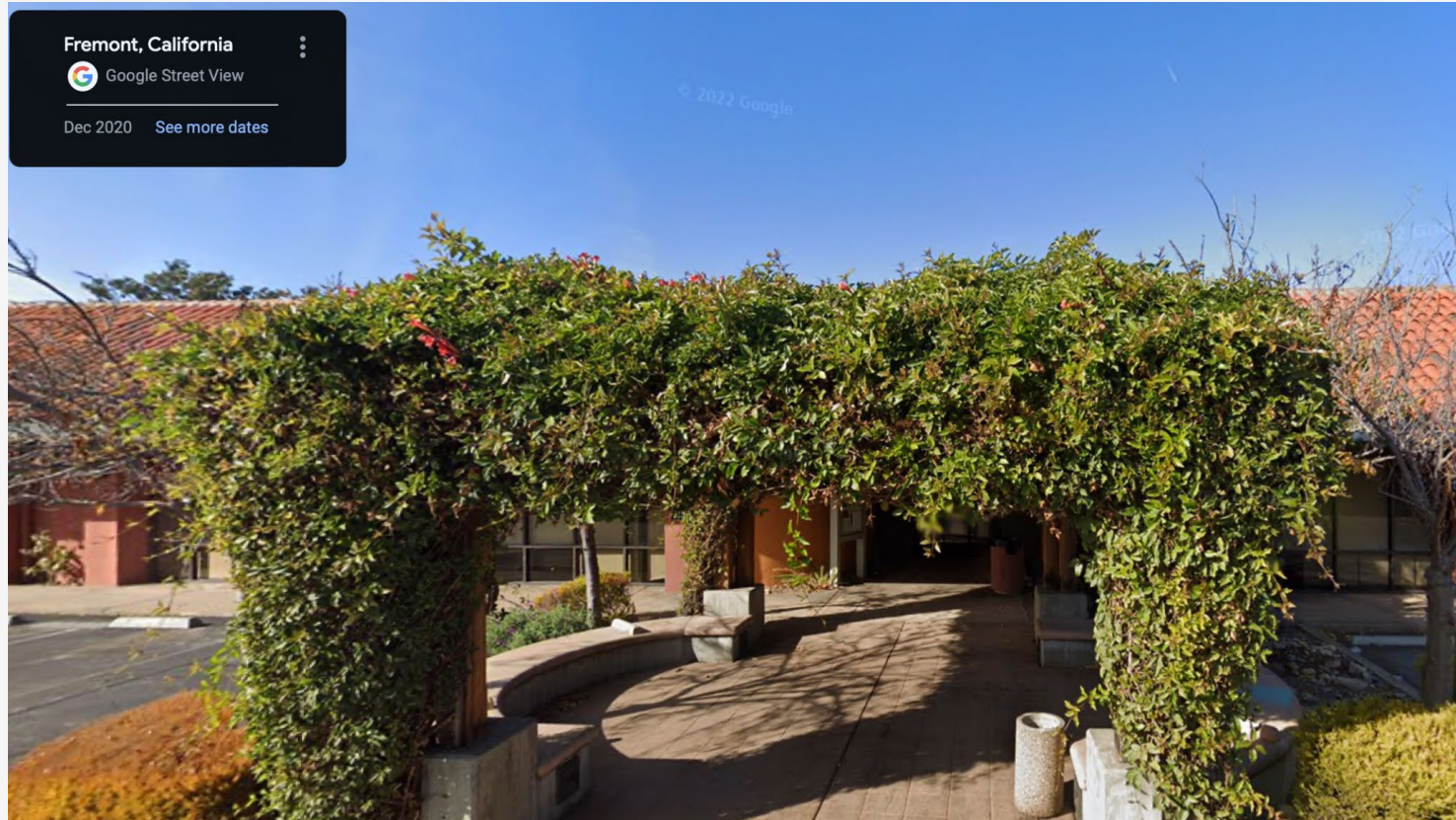
Google Street View

Jan 2023

[See more dates](#)



39155 Liberty Street, Fremont



2499 Constitution Dr. Livermore



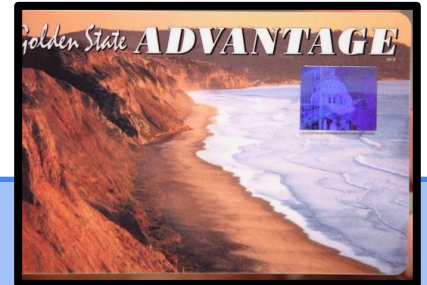
What is General Assistance (GA)?

General Assistance (GA) provides cash aid to indigent adults and emancipated minors who are legal residents of Alameda County and who have no other means of support.

It is a state-mandated program that is locally administered and funded by the County of Alameda.

The maximum cash grant for a single person on GA is \$336 per month and \$548 per month for a couple.

GA benefits are considered a loan to the individual(s) receiving aid. *



Legal Foundations

Alameda County's General Assistance (GA) program is rooted in the California Welfare and Institutions Code (WIC), which sets the legal basis for counties to provide county-administered relief to indigent residents. Below is a clear, detailed explanation of the relevant statutory framework from state law that underpins the GA program:

Welfare and Institutions Code, Part 5 (Sections 17000–17030.1)
WIC § 17000 — County Duty to Relieve the Indigent

This section requires every county and city-and-county to “**relieve and support all incompetent, poor, indigent persons, and those incapacitated by age, disease, or accident, lawfully resident therein...**” when they have no support from relatives, friends, their own means, state hospitals, or private institutions. It does not itself create entitlement to a specific benefit level but gives counties responsibility to provide relief.

General Assistance Eligibility

To be eligible for General Assistance individuals must be:

A U.S. citizen or non-citizen legally in the country with no limitation on your stay;

A resident of Alameda County for at least 15 days; and

An adult without dependent children (Calworks)

Applicants cannot earn income from other sources*

Applicants may have up to \$1,000 in personal property. If they own 1 car or a home they live in, it will not be counted towards the personal property limit.

GA is a benefit of last resort. An individual cannot be eligible for any other cash payments to be approved.

Benefit of last resort

Additional Conditions:

-Applicants must have applied for all unconditionally available income (such as veterans' benefits or Social Security/SSI) before GA eligibility is granted. (Alameda County Social Services Agency)



General Assistance Process

Clients should complete paper applications with completed health questionnaire and bring it to the your local County office.

Clients will need to complete an interview with Social Services eligibility worker in person or over the phone.

Clients may need to complete orientation interview for new applications.

Clients will need to complete interview with health worker for work exemption

Clients will receive monthly benefit of \$336 distributed on their EBT card

General Assistance (GA) regulations require that applications be processed within 30 days from application.

Without the work exemption, GA only lasts 3 months.

Required Documentation & Verification

During the application and eligibility determination, you will be asked to provide:

Identification & Status Docs

- Photo identification
- Proof of citizenship or eligible immigration status
- Social Security Number (SSN)

Income & Resources

- Proof of income (if any)
- Proof of resources (bank accounts, property, etc.)

Other Documentation

- Verification of residence
- Proof of application for other benefits (if applicable) (Alameda County Social Services)



How to Submit Your Application

By phone – Call (510) 272-3663 to apply or request mailed forms. (Alameda County Social Services)

-By mail – Mail completed applications to:
P.O. Box 12941, Oakland, CA 94604 (Alameda County Social Services)

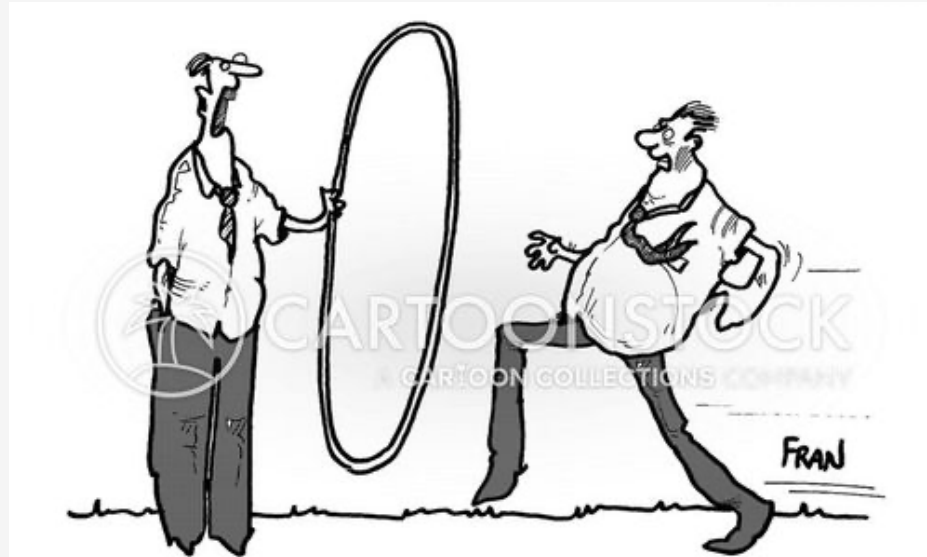
-In person – Drop off at any Alameda County Social Services Agency office (Mon–Fri, 8:30 a.m.–5 p.m.). (Alameda County Social Services)

Interview/Follow-Up

After submitting the application:

- You'll be contacted by an eligibility worker for an interview (phone or in person).

- You'll need to submit required verifications and documentation. (Alameda County Social Services)



Determination Timeline

-The goal is to make an eligibility determination within about 30 calendar days from the date your signed application is received. (Alameda County Social Services)

-You'll be informed in writing whether your application is approved, denied, or incomplete and what additional documentation is needed. (Alameda County Social Services)



GA Medical Exemption to Work Requirement



MENTAL HEALTH CLINICIANS' CONFIDENTIAL REPORT

Case Name: _____
 Case Number: _____
 Social Security Number: _____

PLEASE RETURN COMPLETED FORM TO:

EMPLOYMENT SERVICES DIVISION
 ATTENTION: PMED
 SOUTH COUNTY SELF-SUFFICIENCY CENTER
 24100 AMADOR ST., HAYWARD, CA 94544
 FAX NUMBER: (510) 259-2210

RETURN BY: _____

Clinician:

Please complete this report evaluating the individual listed below for mental health conditions that may prevent them from being able to work. Unless medically exempt, a General Assistance client may be required to participate in employment programs. Authorization for the release of information is on the reverse side.

Patients Name: _____

Birth Date: _____

Address: _____

Reason for Referral (to be completed by SSA Social Worker): _____

Date of Examination: _____

A. UNDERSTANDING AND MEMORY

1. The ability to remember work-like procedures. 1 2 3 4
2. The ability to understand and remember very short and simple instructions. 1 2 3 4

B. SUSTAINED CONCENTRATION AND PERSISTENCE

3. The ability to carry out very short and simple instructions. 1 2 3 4
4. The ability to maintain attention for extended periods-two hour segments or more. 1 2 3 4
5. The ability to maintain regular attendance, and be punctual within customary tolerances. (These tolerances are usually strict) 1 2 3 4
6. The ability to sustain ordinary routine without special supervision. 1 2 3 4
7. The ability to work in coordination with or proximity to others without being unduly distracted by them. 1 2 3 4
8. The ability to make simple work-related decisions. 1 2 3 4
9. The ability to complete a normal workday and week-work without interruptions from psychologically based symptoms and to perform consistent pace without an unreasonable number and length of rest periods. 1 2 3 4

C. SOCIAL INTERACTION

10. The ability to ask simple questions or request assistance. 1 2 3 4
11. The ability to accept instructions and respond appropriately to criticism from supervisors. 1 2 3 4
12. The ability to get along with co-workers and peers without unduly distracting them or exhibiting behavioral extremes. 1 2 3 4

D. ADAPTATION

13. The ability to respond appropriately to changes in a routine work setting. 1 2 3 4
14. The ability to be aware of normal hazards and take appropriate precautions. 1 2 3 4

* A marked limitation is more than moderate, but less than extreme. An individual need not be totally precluded from performing an activity to have a marked limitation as long as the degree of limitation is such as to seriously interfere with the ability to function independently, appropriately, and effectively.

Please describe the mental health diagnosis that is the source of any limitations noted on reverse:

Does this individual's mental health condition prevent them from working?

- NO YES If yes, in this situation:
 Temporary (if temporary, condition will improve in) _____ (months)
 Persistent (not able to work for 12 mos. or more)

If condition is persistent has it existed for 12 months or more? yes no insufficient information to make determination
 Other: (Explain) _____

Does the patient have work restrictions related to their mental health condition(s)?

- NO YES If yes, please describe any other significant limitations such as work environment, number of hours worked, interactions with supervisors and/or customers, ability to utilize public transportation to get to and from employment. _____

I recommend that patient be referred for an evaluation of physical health conditions that may prevent them from being able to work.

- NO YES If yes, please state reason. _____

Alcohol and Other Drugs

- Alcoholism: Yes No Probable (Explain) _____
 Recovering Alcoholist: Yes No _____
 Drug Abuse: Yes No Probable (Explain) _____
 Recovering Drug Abuser: Yes No _____

Clinician's Name (Please Print) _____ Specialty _____

Clinician's Signature _____

 Clinician's License# (required) _____

Address _____

Date _____ Telephone Number _____ Fax Number _____

If the person completing this form is not a medical doctor, please sign below:

Name (Please Print) _____ Title (Please Print) _____

Signature _____

I authorize release of requested information from my record for the use of the Alameda County Social Services Agency. I know this authorization may be used by the Alameda County Social Services Agency for up to one year from this date to obtain medical information. I may revoke this authorization at any time, except for information that has already been given to the agency. This information is needed to determine eligibility for cash aid or food stamps. It is also needed to decide the type of work or training activities that I can participate in. I have read this form (or had this form read to me) before I signed my name. I know I can get a copy of this form if I ask for it.

Patient's Signature _____ Date _____



**MEDICAL STATEMENT
DOCTOR'S CONFIDENTIAL REPORT**

CASE NAME: _____
CASE NUMBER: _____
SOCIAL SECURITY NUMBER: _____

ATTENTION: PMED

SOUTH COUNTY SELF-SUFFICIENCY CENTER
24100 AMADOR ST., HAYWARD, CA 94544
FAX NUMBER: (510) 259-2210

PLEASE RETURN COMPLETED FORM TO:

RETURN BY: _____

Medical Provider:

Please complete this report evaluating the individual listed below for health conditions that may prevent them from being able to work. Unless medically exempt, a General Assistance client may be required to participate in employment programs. Authorization for the release of information is on the reverse side.

Patients Name: _____

Birth Date: _____

Address: _____

Reason for Referral for Medical Statement (to be completed by SSA Social Worker): _____

Date of Examination: _____

MEDICAL EVALUATION:

1) Diagnosis(es) or Impression:

2) Descriptive statement of medical condition(s):

REMARKS:

MEDICAL STATEMENT:

A. Does this individual's medical condition prevent them from working?

NO **YES** If yes, is this situation:
| | Temporary (If temporary, condition will improve in): _____ (months)
| | Persistent (not able to work for 12 mos. or more)

If condition is persistent has it existed for 12 months or more?: | yes | no | insufficient information to make determination

| Other: (Explain)

B. In relation to the medical condition(s), the patient retains the capacity to:

- Occasionally** lift and/or carry (excluding upward pulling) for up to 1/3 of an 8-hour workday a maximum of:
 less than 10 pounds 10 pounds 20 pounds 50 pounds 100 pounds cannot assess
- Frequently** lift and/or carry from 1/3 to 2/3 of an 8-hour workday a maximum of:
 10 pounds 25 pounds 50 pounds cannot assess
- Stand and/or walk** (with normal breaks) for a total of:
 less than 2 hours in an 8-hour workday at least 2 hours in an 8-hour workday
 about 6 hours in an 8-hour workday cannot assess
- Sit** (with normal breaks) for a total of:
 less than about 6 hours in an 8-hour workday about 6 hours in an 8-hour workday cannot assess

C. Does the patient have other physical limitations related to the medical condition(s)?

NO **YES** If yes, please describe any other significant physical limitations such as postural, manipulative, environmental, visual, aural, speech, drug or alcohol abuse/dependency. _____

D. I recommend that patient be referred for an evaluation of behavioral health conditions that may prevent them from being able to work.

NO **YES** If yes, please state reason. _____

Alcohol and Other Drugs

Alcoholism: Yes No Probable (Explain) _____
Recovering Alcoholic: Yes No
Drug Abuse: Yes No Probable (Explain) _____
Recovering Drug Abuser: Yes No

Doctor's Name (Please Print) _____

Specialty _____

Doctor's Signature _____

Physician's License# (required)

Address _____

Date _____

Telephone Number _____ Fax Number _____

If the person completing this form is not a medical doctor, please sign below:

Name (Please Print) _____

Title (Please Print) _____

Signature _____

I authorize release of requested information from my record for the use of the Alameda County Social Services Agency. I know this authorization may be used by the Alameda County Social Services Agency for up to one year from this date to obtain medical information. I may revoke this authorization at any time, except for information that has already been given to the agency. This information is needed to determine eligibility for cash aid or food stamps. It is also needed to decide the type of work or training activities that I can participate in. I have read this form (or had this form read to me) before I signed my name. I know I can get a copy of this form if I ask for it.

Patient's Signature _____

Date _____

Keeping Your Benefits

If approved, you must meet ongoing requirements to stay eligible: (Alameda County Social Services)

Semi-Annual Reporting (SAR 7) You may need to file a SAR 7 form every 6 months reporting income, resources, household changes, etc. (Alameda County Social Services)

Redetermination (Annual)

- Every year you must complete a redetermination process with updated forms, documentation, and an interview. (Alameda County Social Services)

Mandatory Reporting of Changes

You are required to report within 10 days if your situation changes, including:

- New income
- New resources
- Any changes that could affect eligibility (Alameda County Social Services)

Do I have to pay GA back?

Yes, sort of. GA payments are loans. Most counties require you to sign an agreement that you will repay it when your financial situation improves.

If you become eligible for SSI benefits because of a disability, the county can repay itself for GA benefits it paid to you from your SSI back payment.

Legal sponsor of a non-citizen GA recipient are required to sign an agreement to repay aid provided.



Common Problems clients encounter

[Dept. of Social Services]



B. Lee

"I've been getting regular welfare checks for the past sixteen years, and now, all of a sudden, you say I'm ineligible?"

Late, Missing, or Incomplete SAR 7 (Semi-Annual Report)

One of the most common causes is GA recipients must submit a SAR 7 every 6 months.

If the SAR 7 is:

- not submitted,
- submitted late,
- missing a signature, or
- missing required verifications,

The county may reduce, suspend, or stop benefits for that month. Even if you are still eligible, benefits can stop temporarily until the SAR 7 is processed.

Annual Redetermination Not Completed on Time

GA also requires a yearly redetermination, which usually includes:

- an interview (phone or in person),
- updated forms,
- verification of income/resources.

If the redetermination is not completed by the deadline, benefits are often discontinued the following month.

This is a very common reason for a loss of benefits.

Reported or Suspected Income for That Month

Benefits may be lowered or stopped if the county believes you had income, such as:

- short-term or day labor work,
- cash assistance from friends or family,
- unemployment or disability payments,
- retroactive benefits (e.g., SSI back pay).

Even one-time or partial income can reduce GA for that month if:

- it was reported, or
- the county received a data match suggesting income.

If the income was incorrectly attributed, this can be appealed.

Change in Living Situation or Household Status

Benefits can change if the county believes:

- you moved out of Alameda County,
- you are staying somewhere rent-free,
- you are now sharing housing with someone who provides support,
- you are incarcerated or hospitalized.

Even temporary changes can trigger a benefit adjustment or interruption.

County Processing Delays or Backlogs

sometimes benefits are missing even when the recipient did everything correctly.
Common county-side issues include:

- SAR 7 or verification received but not yet processed
- worker vacancy or case reassignment
- system delays or errors
- documents uploaded or mailed but not indexed to the case

Review the County's Notice of Action (NOA)

Whenever Alameda County takes a negative action on a GA case (like reducing, delaying, stopping, or denying benefits), the agency is required to send the applicant/recipient a written Notice of Action (NOA) explaining:

- What action is being taken

- The reasons for the action

- The rules or regulations cited

- How and when you can request a hearing if you disagree.(Alameda County Social Services)

Make sure you keep these notices—they contain critical deadlines and instructions for next steps.

Request a Hearing (Appeal) Directly With the County

If you disagree with a GA action or inaction, you have the right to request a hearing to dispute the county's decision. This is sometimes called a fair hearing or appeal.

Timelines for hearing:

- Typically, you must request a hearing within 90 days from the date of the NOA.
- If you never received a notice, you may still request a hearing at any time.

You can request a hearing by telephone or in writing:

- Call: Contact the GA Appeals Unit by phone (510) 208-0995
- Written Request: Send your written appeal to the Appeals Unit at Appeals Unit, Fair Hearings Request, 7751 Edgewater Drive, Oakland, CA 94621.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid Food Stamps Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of this page for your records. This is an Internet filing form.
- If you ask, your worker will get you a copy of this page.
- Send or take this page to:

Social Services Agency
Appeals Unit
Fair Hearing Request
7751 Edgewater Drive
Oakland, CA 94621-3013

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of

Alameda County about my:

Cash Aid Food Stamps Medi-Cal
 Other (list)

Here's Why:

If you need more space, check here and add a page.

I need the state to provide me with an interpreter at no cost to me.

(A relative or friend cannot interpret for you at the hearing.)

My language or dialect is:

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE PHONE NUMBER

STREET ADDRESS

CITY STATE ZIP CODE

SIGNATURE DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME PHONE NUMBER

STREET ADDRESS

CITY STATE ZIP CODE

94612

Aid Paid Pending (Continue Benefits During Appeal)

In some cases, if your benefits were reduced or stopped and you timely request a hearing:

-This must be requested within 10 days of the Notice of Action.



Key Takeaways

- Most GA interruptions are fixable once forms or verifications are submitted.
- Missing or lowered benefits do not mean you are permanently cut off.

Always check for:

- SAR 7 deadlines,
- Redetermination appointments,
- Verification requests,
- Notices of Action.



GA Troubleshooting

Solving problems:

- Call worker, if you have a recent notice it should be listed in the top right.
- File a hearing request found on notice of action and fax to (510) 777-2699, or client can contact HAC for assistance ASAP*. Or call (510) 208-0995.
- EBT lost/stolen or to change PIN call (877) 328-9677.
- To check balance, status, and grant amount: use the BenefitsCal.com website.
- Fraud investigations - contact Alameda County Public Defender as these can be serious



“Are you a deserving or undeserving person with disabilities?”

Situation:

Maria receives her GA benefits on the 1st of every month. On June 1st, no money arrives. She checks her mail and finds a Notice of Action dated May 15th stating her benefits were discontinued because she failed to submit her SAR 7 form by the May 10th deadline. Maria is confused—she never received the SAR 7 form in the mail.

Scenario 1: The Missing SAR 7 Form

Situation:

Maria receives GA benefits monthly. On June 1st, no money arrives. She finds a Notice of Action saying benefits were discontinued because she failed to submit her SAR 7 form by May 10th. She never received the form.

What to Do:

Request a hearing immediately (within 90-day window)

Request Aid Paid Pending to continue \$336/month during appeal

Submit the SAR 7 form now - go to SSA office to get it

Document everything: NOA, completed form, submission proof

Key Lesson:

Most benefit interruptions are fixable. Act quickly and keep all documentation.

Situation:

James has been receiving GA for 11 months. In October, he receives a notice scheduling his annual redetermination interview for November 8th at 10 AM. James works occasional day labor jobs and on November 8th, he gets called for a one-day construction job that pays \$120. He misses the interview. On December 1st, his GA check doesn't arrive.

Scenario 2: The Redetermination Interview

Situation:

James has been receiving GA for 11 months. He gets a day labor job on the same day as his annual redetermination interview (November 8th) and misses it. His December GA check doesn't arrive.

What to Do:

Call eligibility worker immediately to reschedule

Go to social services to talk with a worker

Bring all required docs: ID, residency proof, bank statements, pay stub

If benefits aren't restored quickly, file an appeal

Key Lesson:

Contact the county in advance if you can't make appointments. Document good cause reasons.

Situation:

Angela receives \$336 per month in General Assistance (GA) benefits to help cover her basic living expenses. When her aunt learns about Angela's financial struggles, she kindly sends her \$400 to help with rent and other bills. Angela gratefully accepts the money, assuming it's simply a gift from a family member and doesn't think to report it to her caseworker. The following month, Angela is shocked to receive a Notice of Action in the mail informing her that she is no longer eligible for GA due to her income. Angela now finds herself in a more difficult financial situation than before, uncertain about how she'll manage her expenses going forward.

Scenario 3: The Unreported Income

Situation:

Angela receives \$336/month in GA. Her aunt gives her \$400 to help with expenses. Angela doesn't report it thinking it's a gift. Next month, she gets a Notice of Action saying her benefits are reduced to \$0 do to income.

What to Do:

Understand the 10-day reporting rule - report ANY income/resources within 10 days

Review the NOA to verify the calculation is correct

File an appeal

Request aid paid pending

Key Lesson:

When in doubt, report it. All financial changes must be reported within 10 days.

Situation:

Robert submitted his SAR 7 form on time—he has proof he mailed it on February 3rd (it was due February 5th). On March 1st, his benefits don't arrive. He calls the GA office and after being on hold for 45 minutes, the worker says, "we have no record of receiving your SAR 7." Robert thinks he sent it but has no proof the county received it.

Scenario 4: The County Processing Delay

Situation:

Robert submitted his SAR 7 on time (mailed Feb 3rd, due Feb 5th). On March 1st, benefits don't arrive. County says they have no record of receiving it.

What to Do:

Resubmit immediately IN PERSON - get date-stamped copy

Speak to worker or a supervisor about the processing delay

If benefits not restored, appeal with mailing proof for retroactive payment

Key Lesson:

Always keep proof of submission. Submit in person or by certified mail with tracking.

Situation:

David is 62 and applies for GA in January. During his eligibility interview, the worker tells him he must apply for Social Security Disability (SSI) before his GA can be approved because he mentioned he has a chronic health condition that makes working difficult. David doesn't want to apply for SSI right now—he just needs emergency cash assistance. The worker denies his GA application.

Scenario 5: SSI APP Needed

Situation:

David is 62 applies for GA. Worker says he must apply for SSI first because he has a chronic health condition. David doesn't want to apply for SSI—he just needs emergency help. Worker denies his GA application.

What to Do:

Understand: GA requires applying for ALL potentially available income first
Apply for SSI - GA will be approved while SSI application is pending
You need a denial letter from the SSI office

Key Lesson:

GA is 'last resort' aid. Apply for other benefits first, but GA provides support while waiting.

Situation:

Marcus has been receiving GA benefits for three months (\$336/month). In early April, he receives a Notice of Action stating his benefits are being discontinued effective May 1st. The notice says: "You have received General Assistance for three months. Per county policy, you are now ineligible for further assistance." Marcus is confused—nothing about his situation has changed. He's still homeless, has no income, and is still trying to find work.

Scenario 6: The Three-Month Cutoff

Situation:

Marcus received GA for 3 months. Notice says benefits discontinued because 'per county policy, you are ineligible after 3 months.' Nothing has changed—still homeless, no income, still looking for work.

What to Do:

Request hearing IMMEDIATELY - ask what policy limits GA to 3 months

Request Aid Paid Pending to continue \$336/month during appeal

GET LEGAL HELP - time limits on GA are legally questionable

Complete 90-2 form and turn in to county

Key Lesson:

Arbitrary time limits may not be legal if you still meet eligibility criteria. Always appeal.

Situation:

Jennifer is homeless and has no income. A friend tells her about General Assistance and suggests she apply. Jennifer looks up information online and reads that GA benefits are considered a "loan that the County may seek to recover when the recipient's financial situation improves." She's terrified—she doesn't want to go into debt. She's already struggling and can't imagine owing the county thousands of dollars later. She decides not to apply and continues sleeping in her car, skipping meals, and struggling to survive.

Scenario 7: The Loan Repayment Fear

Situation:

Jennifer is homeless with no income. She learns GA is a 'loan' the county may recover. Terrified of debt, she doesn't apply and continues sleeping in her car and skipping meals.

What to Do:

Recovery is RARE - only for large lump sums (retroactive SSI, inheritance, settlements)

County does NOT pursue regular employment income

If you get a job, they won't garnish your paycheck or sue you later

Example: Get GA while applying for SSI. SSI approved 6 months later with \$3,000 backpay. County recovers \$2,000 GA from that. You keep \$1,000 AND had food/shelter for 6 months.

Key Lesson:

Don't let fear of theoretical 'loan' prevent getting help TODAY. Apply for GA. Survive now.

Homeless Action Center

Open Monday-Thursday; 1pm - 5pm Phone: (510) 775-0035

West Oakland: 2601 San Pablo Avenue, Oakland, CA 94612

Berkeley: 2150 Dwight Way, Berkeley, CA 94702

- Drop-Ins Welcome
- Attorneys or Advocates Available by Phone
- No Referrals or Appointments Necessary
- Joe Baskin: jbaskin@homelessactioncenter.org; (510) 457-1257
- HAC Outreach Team: outreach@homelessactioncenter.org