

**EVERY MUNICIPALITY IS REQUIRED BY STATUTE TO SUBMIT A GENERAL ASSISTANCE REPORT TO THE DEPARTMENT OF HUMAN SERVICES ON A MONTHLY, QUARTERLY, OR SEMI-ANNUAL BASIS EVEN IF THERE WERE NO GENERAL ASSISTANCE EXPENDITURES.**

COMPLETING THE MONTHLY GENERAL ASSISTANCE REIMBURSEMENT REPORT

**PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION ON FORM**

1. Enter name of Municipality and County.
2. Enter Month and Year of reporting period.

**\* The Department shall refuse to pay claims for reimbursement that are not submitted within 90 days of the end of the reporting period.** (Example: Claims made for January expenditures are due no later than April 30<sup>th</sup>.)

The only exception shall be when it is determined that good cause for not submitting the report exists. Those requesting a good cause exception, please submit a letter of explanation to the General Assistance Program Manager at the address on front of form.

3. Enter the number of cases paid for during the reporting period. A household is counted as one case. Count the case only once during the reporting period regardless of the number of payments made for that case. Enter the total number of persons included in the cases.
4. Enter the breakdown of information for each category. If you paid assistance for 2 cases, one with 2 people and one with 5 people, the breakdown may look like this:

Housing	cases 2	people 7	amount paid \$550.00
Electricity	cases 1	people 5	amount paid \$ 70.00
Food	cases 1	people 2	amount paid \$ 23.00
Prescription	cases 1	people 1	amount paid \$ 30.00 *

*\*(The prescription was paid for one person even though there are more people in the case.)*

Total GA Expenditures **\$673.00**

- \* Enter **100%** of any amount received from clients or other Municipalities for which the Department has already reimbursed you. **Do not include SSI reimbursements received from the Department.** (Example: You received \$100 from a client, for assistance you paid for 6 months earlier).

Minus total amount reimbursed by clients/Municipalities **-\$100.00**

- \* Enter the total GA claimed for this reporting period. **\$573.00**  
( $\$673$  Total Expenditure for the reporting period minus the  $\$100$  received from a client)

Enter the reimbursement requested at 50%: **\$286.50**  
( $\$573 \times .50$ )

Enter the reimbursement requested at 90%: **\$ 0.00**  
(Municipalities are entitled to 90% once obligation is reached).

Enter the total year to date GA expended. The State's fiscal year begins 7/1. (Examples: 1. July's total year to date GA expended would be the same figure as the total GA expended for the July reporting period. 2. August total year to date GA expended would be the total GA expended for the August reporting period added to the total year to date GA expended shown on the July report.) This process continues for each remaining month in the State's fiscal year July 1<sup>st</sup> to June 30<sup>th</sup>.

5. Enter State Obligation amount.
6. Applicants receiving TANF would have listed a dollar amount under TANF as income on the income section of the application form. Enter the total number of TANF cases in #1 and enter the total GA paid for TANF cases in #2.
7. If your municipality requires GA recipients to perform workfare for the municipality or a non-profit organization, enter the # of cases, the # of people performing the workfare, the # of hours worked and the total Dollar Value of the work performed. (You must use at least minimum wage in calculating the dollar value of the work performed).
8. Enter the case names or the case numbers if your municipality is reporting five cases or fewer.
9. Signature of the GA Administrator or designee and date of signature is required. This may not be the person preparing the form.
10. Please **type or print** the name of the person preparing the form along with a telephone number.

Please review the pink copy returned to Municipality for any adjustments, which may have been made to your reimbursement report.