

**County of San Diego, Health and Human Services Agency (HHSA)  
General Relief (GR) Program Guide**

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**Revision Date:**  
October 24, 2016

**Background:**  
This section provides information regarding the Granted worker's responsibility for medical verifications in the GR Program.

**Purpose:**  
To provide instructions when processing GR cases for recipients aided under the Unemployable and the Able-bodied (AB) with light duty components.

**Policy:**  
Unemployable recipients are aided through the month that the medical verification/General Relief Employable Evaluation (GREE) expires. Employable with Restrictions (Light Duty) recipients are limited to three months in a 12-month period. Recipients who fail to provide medical verifications will be presumed able to perform the work project. Medical verifications are required at least annually; regardless of the actual length of time the customer is unable to perform the work project.

**Procedure:**  
Workers will take the actions below when the medical verification is about to expire.

<b>Step</b>	<b>Action</b>						
1	Notify the recipient at least 20 days prior to expiration of the medical evidence, that additional medical verification is required to remain exempt from performing the work project.						
2	Prepare forms 11-28 HHSA and CSF 24 or 11-45 HHSA to provide notice to the recipient of the requirement to provide additional evidence of unemployability and the appointment with the CalFresh Employment & Training Social Worker (E&T SW).						
3	On the 11-28 HHSA, inform the recipient that he/she will be required to participate in the work project, if medical verification is not received.						
4	Consider the availability of GREE appointments when setting timeframes for mailing 11-28 HHSA form and the deadline for the recipient to contact the worker to schedule a GREE appointment. Due dates for providing medical verification and requests to convert to the AB component should be scheduled to allow enough time to prepare a timely and adequate NOA.						
5	Recipients who choose to go to a GREE Provider are required to contact their worker to schedule a GREE appointment. Prior to scheduling the appointment, the recipient must complete the 11-65 HHSA form.						
6	Upon receipt of a completed 11-65 HHSA form, schedule the GREE appointment and provide the customer with form 11-40 HHSA.						
7	<table border="1"> <thead> <tr> <th align="center"><b>If the recipient...</b></th> <th align="center"><b>Then...</b></th> </tr> </thead> <tbody> <tr> <td>provides additional medical verification prior to the discontinuance date,</td> <td>continue the case, if otherwise eligible.</td> </tr> <tr> <td>fails to provide additional medical verification by the due date,</td> <td>convert the case to the AB component and the recipient must comply with the employable requirements.</td> </tr> </tbody> </table>	<b>If the recipient...</b>	<b>Then...</b>	provides additional medical verification prior to the discontinuance date,	continue the case, if otherwise eligible.	fails to provide additional medical verification by the due date,	convert the case to the AB component and the recipient must comply with the employable requirements.
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provides additional medical verification prior to the discontinuance date,	continue the case, if otherwise eligible.						
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**Program Impact/s:**

None

**References:**

None

**Sunset Date:**

This policy will be reviewed for continuance by 10/31/2019

**Approval for Release:**

 10-25-14

Rick Wanne, Director  
Eligibility Operations