

**GENERAL ASSISTANCE (GA) &  
MINNESOTA SUPPLEMENTAL AID (MSA):  
TWO PROGRAMS YOU SHOULD KNOW  
MORE ABOUT**

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Minnesota DHS  
October 10, 2019

# GENERAL ASSISTANCE (GA)

When GA began in 1973 it replaced a patchwork of county and township “poor relief” programs.

GA is our primary safety net for single adults and childless couples. “Family GA” ended in 1997.

Entirely state-funded, GA serves about 23,000 recipients monthly (2/3 in the community and 1/3 in facilities)

# GA MAXIMUM MONTHLY BENEFIT

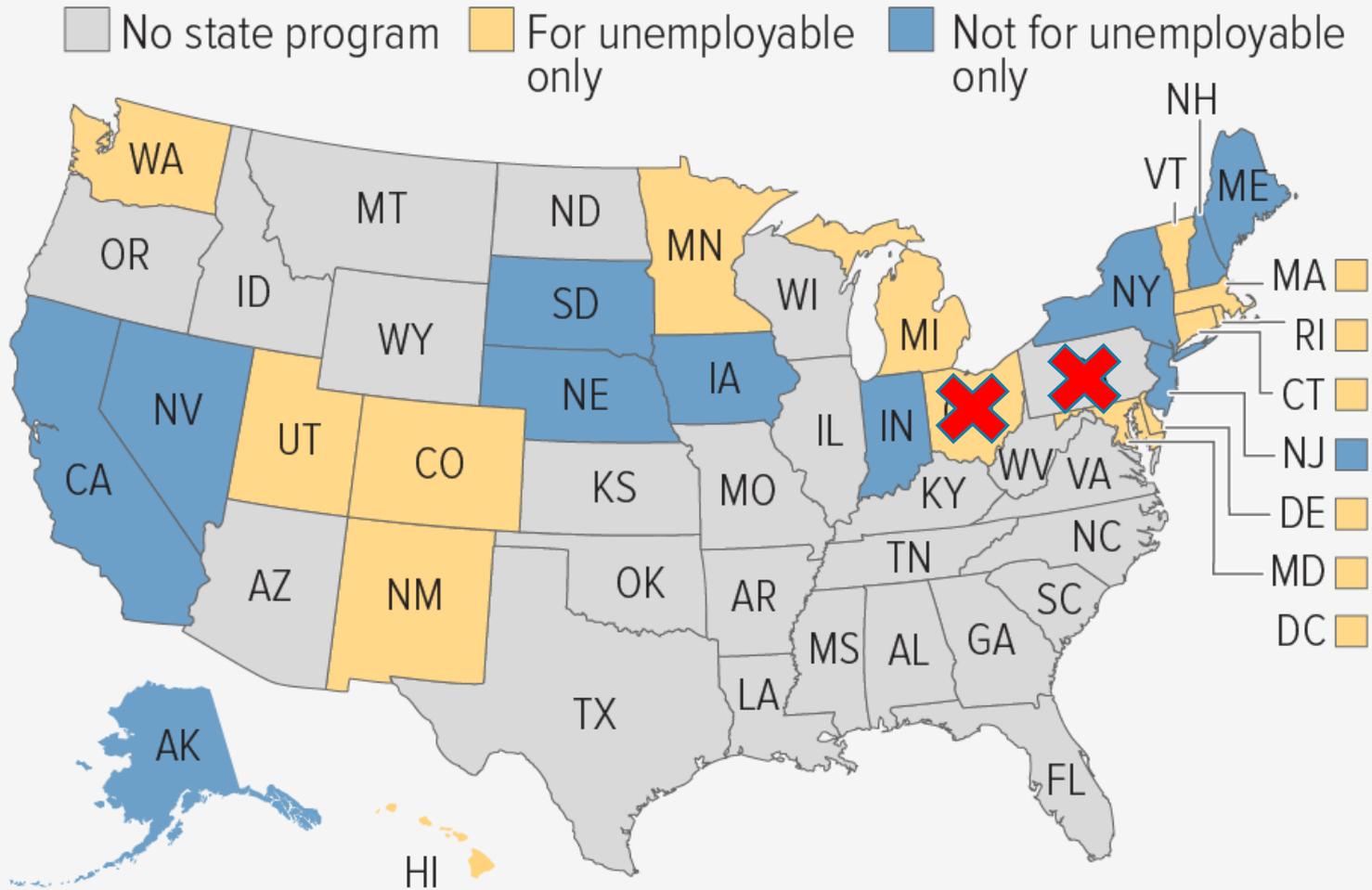
**\$203**

(individual)

- \$260 for a couple
- \$250 for minor not living with parent
- \$102 personal needs for residents of a licensed facility or GRH setting **(increasing to \$104 1/1/20)**

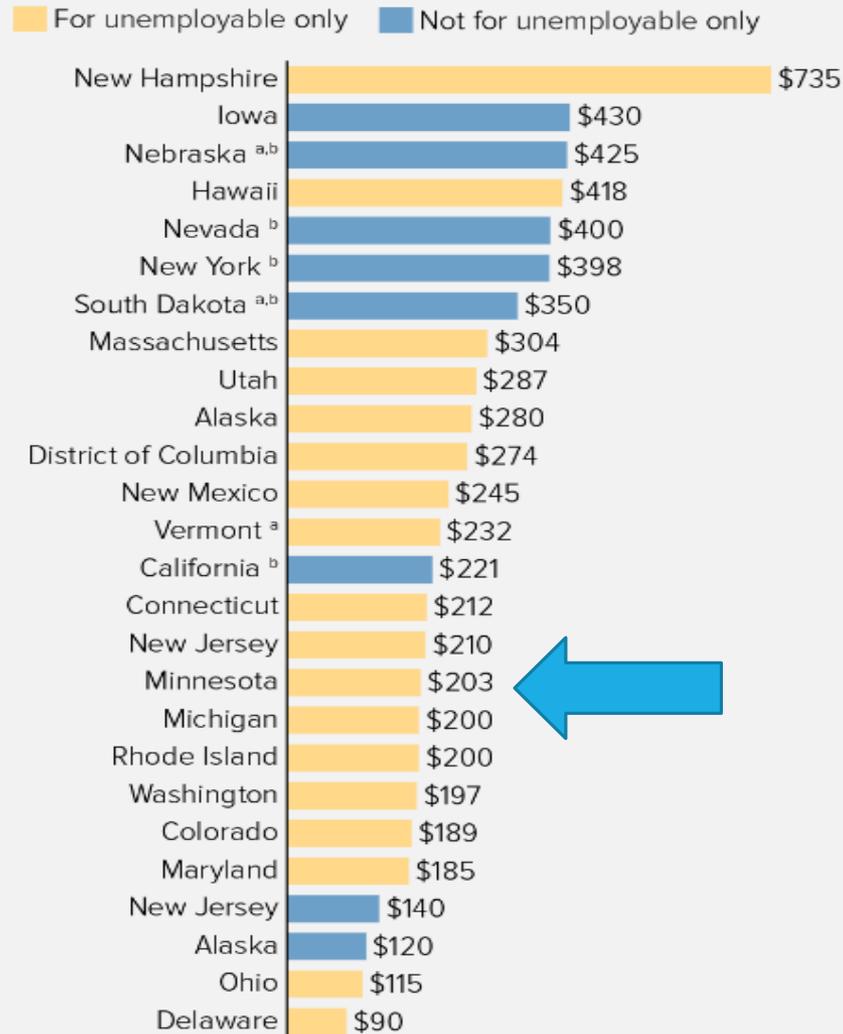
# State General Assistance Programs in 2015

Statewide programs by eligibility requirements



Source: CBPP analysis of state General Assistance programs

## General Assistance Maximum Benefit Level



<sup>a</sup> State has no overall maximum benefit level. Figure shown is the combined maximum benefit for rent and utilities.

<sup>b</sup> Benefit levels vary by county. The county referenced is specified in Appendix III.

Note: Indiana and Maine refer to a maximum benefit level in their manuals but do not specify the amount so are not included in this chart. This chart also excludes New Hampshire's Local Welfare Program, through which counties set maximum levels for various components and provide only vendor payments.

Source: CBPP analysis of state General Assistance programs

# APPLYING FOR GA

## Combined Application Form (CAF) DHS-5223

- Date of application determines program start date.
- Only page 1 of the CAF must be complete to set the date of application (name, address and signature)
- Interview **IS** required (but doesn't need to be in-person)
- 30 day processing period



# Combined Application Form

Apply online at: [www.applymn.dhs.mn.gov](http://www.applymn.dhs.mn.gov)

**Do not use this application to apply for health care coverage.** The application date or the day your SNAP (food) or cash benefits can start is the date the agency gets your application. We can set your application date if we have your name, address and signature on page 1. For your application to be complete, answer all questions on the application.

**Tell someone if you need help filling out this application. Be sure to sign and date the application on pages 1 and 9.**

CASE NUMBER

<b>PERSON 1</b> APPLICANT'S LEGAL NAME (last/first/middle)		OTHER NAMES YOU USE (maiden name, nickname, etc.)	BIRTH DATE (mm/dd/yy)	GENDER <input type="radio"/> M <input type="radio"/> F
ADDRESS WHERE YOU LIVE (If you do not have an address, write "homeless.")				APT. NUMBER
CITY	COUNTY	STATE	ZIP CODE	
MAILING ADDRESS (If different from address where you live)				
PHONE NUMBER WHERE YOU CAN BE REACHED (include area code)		DO YOU LIVE ON A RESERVATION? <input type="radio"/> Yes <input type="radio"/> No If yes, which one?		
Home: _____ Other: _____				
DO YOU NEED AN INTERPRETER? <input type="radio"/> Yes <input type="radio"/> No	WHAT IS YOUR PREFERRED SPOKEN LANGUAGE?	WHAT IS YOUR PREFERRED WRITTEN LANGUAGE?		
MARITAL STATUS*	SOCIAL SECURITY NUMBER	MOST RECENTLY MOVED TO MINNESOTA (mm/dd/yy) Date: _____ From: _____		
U.S. CITIZEN OR U.S. NATIONAL? <input type="radio"/> Yes <input type="radio"/> No	ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE (optional)*	LAST SCHOOL GRADE COMPLETED	
WHAT PROGRAM(S) ARE YOU APPLYING FOR? <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance** <input type="checkbox"/> None				



\* See MARITAL and RACE codes on the top of page 2.

\*\* Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.

**Do you need help right away? Questions 1-4 below will help us decide if you can get help with food right away.**

- How much income (cash or checks) did or will your household get **this month**? \$ \_\_\_\_\_
- How much does your household (including children) have in **cash, checking or savings**? \$ \_\_\_\_\_
- How much does your household pay for **rent/mortgage per month**? \$ \_\_\_\_\_  
What **utilities** do you pay?  Heat  Air conditioning  Electricity  Phone  None
- Yes  No Is anyone in your household a **migrant or seasonal farm worker**?
- Yes  No Has anyone in your household ever received cash assistance, commodities or SNAP benefits before?  
If yes, When? \_\_\_\_\_ Where? \_\_\_\_\_ What? \_\_\_\_\_
- Yes  No Is anyone in your household pregnant? If yes, Who? \_\_\_\_\_

<b>Agency use:</b>		<b>MEMB, MEMI, TYPE, PROG, IMIG, SPON</b>	
Eligible for expedited SNAP? <input type="radio"/> Yes <input type="radio"/> No	Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No	Same-day interview offered? <input type="radio"/> Yes <input type="radio"/> No Declined? <input type="radio"/> Yes <input type="radio"/> No	Has sponsor? <input type="radio"/> Yes <input type="radio"/> No
Next-day interview offered? <input type="radio"/> Yes <input type="radio"/> No Declined? <input type="radio"/> Yes <input type="radio"/> No	Immigration status _____	_____ children _____ adults	Verification: <input type="checkbox"/> requested <input type="checkbox"/> attached

**I have looked over my answers and believe they are all true and correct to the best of my knowledge.**

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE	DATE	AGENCY SIGNATURE	DATE RECEIVED
_____	_____	_____	_____

# GA ELIGIBILITY CRITERIA

1. **Eligibility** – 14 categories
2. **Counted Income** - less than \$203/month  
(or \$260/month for a couple)
3. **Assets** - less than \$10,000
4. **Citizenship/residency**

# GA ELIGIBILITY - COMMON

Permanent or temporary illness

Placement in a Facility

Advanced Age (55 or older)

Unemployable (vocational assessment)

Developmental Disability or Mental Illness

SSDI/SSI Application/Appeal Pending

Drug/Alcohol Addiction

# GA ELIGIBILITY - UNCOMMON

Performing Court Ordered Services and unable to work at least 4 hours/day

Learning Disability

Caring For Another Person

English Not Primary Language (over 18 & in high school at least half-time)

Under age 18 and not a member of a family

Displaced Homemaker and Full Time Student

# CAN SOMEONE WORK WHILE ON GA?

YES! Our “earned income disregard” rewards work.

New rule: Disregard the first \$65 of earned income, and 50% of any remaining earned income:

Example: Joe earns \$250.  $\$250 \text{ minus } \$65 = \$185$ . Half of  $\$185 = \$93$ .  $\$203 \text{ minus } \$93 = \mathbf{\$110}$  GA benefit

Old rule: \$50 disregard, 1:1 reduction thereafter.

Example: Joe earns \$250. Subtract  $\$50 = \$200$ .  $\$203 \text{ minus } \$200 = \mathbf{\$3}$  GA benefit

# GA ASSET LIMIT

Assets must be **less than \$10,000**. We count only:

1. **Cash**
2. **Bank accounts**
3. **Stocks and bonds** that can be accessed without financial penalty, and
4. **Vehicles**. One vehicle is excluded for each person 16 or older in the assistance unit.

- Vehicle = car, truck, van, camper, motorcycle, trailer\*
- Real property is not a countable asset
- For GA, workers can waive the value of any asset that is determined essential to the client

# RESIDENCY AND CITIZENSHIP

Must be a Minnesota resident to be eligible for GA. A resident is someone who has lived here for at least 30 consecutive days with the intent of making MN their home.

Undocumented and non-immigrant people are not eligible for GA.

Legal permanent residents (including refugees, asylees, and persons in deportation withholding) can get GA, but additional conditions may apply.

# GA: OTHER THINGS

Eligible for SNAP & MA

GA is paid directly to the client's EBT card

Monthly reporting required if earned income

Report changes within 10 days

Recertification is required at least annually

# APPLYING FOR OTHER BENEFITS

GA clients who appear to be eligible for other benefits (SSI, RSDI, VA, unemployment, etc) must:

- 1) sign an interim assistance agreement, and
- 2) apply for all other potential benefits within 30 days of being referred (unless the person has “good cause” not to apply).

SSA reimburses the state for GA or GRH received during months of retroactive SSI eligibility.

# SOAR & SOCIAL SECURITY ADVOCACY

- Qualified advocates can help with the SSI and RSDI application process (and some help with appeals)
- SOAR: must be homeless or at risk of homelessness
- Services are free for the client
- Call the Disability Linkage Line at 1-866-333-2466 to find an advocate.

# SUPPLEMENTAL SECURITY INCOME (SSI)

Federal cash assistance benefit for people who:

- Are aged (over 65), blind, or disabled, and
- Have limited income and resources

2019 SSI benefit amounts (Federal Benefit Rate or FBR):

- \$771 /month (individual) **\$783 effective 1/1/2020**
- \$1,157 /month (couple) **\$1175 effective 1/1/2020**
- Some people get both SSI and RSDI

# MINNESOTA SUPPLEMENTAL AID (MSA)

Monthly cash supplement to SSI payment

80,000+ Minnesotans ages 18-65 receive SSI

Around 31,000 people/month receive MSA

Costs about \$37 million annually (all state funds)

MN is obligated by a 'maintenance of effort' agreement with SSA to fund MSA

# MSA MONTHLY BENEFIT AMOUNTS

Individuals	<b>\$81</b>
Couples	<b>\$111</b>
Facility residents (receiving \$30 SSI)	<b>\$72 (\$74 1/1/20)</b>

Additional \$ for special needs

# APPLYING FOR MSA

People don't (always) automatically get MSA when they are approved for SSI.

In some other states, supplemental payments ARE automatic.

In Minnesota, apply for all programs using the Combined Application Form (CAF) DHS-5223



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ADDRESS WHERE YOU LIVE (If you do not have an address, write "homeless.")				APT. NUMBER
CITY	COUNTY	STATE	ZIP CODE	
MAILING ADDRESS (If different from address where you live)				
PHONE NUMBER WHERE YOU CAN BE REACHED (include area code)		DO YOU LIVE ON A RESERVATION?		
Home: _____ Other: _____		<input type="radio"/> Yes <input type="radio"/> No If yes, which one? _____		
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- How much does your household (including children) have in **cash, checking or savings**? \$ \_\_\_\_\_
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- Yes  No Is anyone in your household a **migrant or seasonal farm worker**?
- Yes  No Has anyone in your household ever received cash assistance, commodities or SNAP benefits before?  
If yes, When? \_\_\_\_\_ Where? \_\_\_\_\_ What? \_\_\_\_\_
- Yes  No Is anyone in your household pregnant? If yes, Who? \_\_\_\_\_

<b>Agency use:</b>		<b>MEMB, MEMI, TYPE, PROG, IMIG, SPON</b>	
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# CAF QUESTION 24

## Other information (Answer questions below.)

Yes  No 22. For recertifications only: Did **anyone** move in or out of your home in the past 12 months?

**AGENCY USE: ADME, REMO**

Confirmed response VERIFICATION:  requested  attached

Yes  No 23. For children under the age of 19, are **both** parents living in the home?

**AGENCY USE: INFC/CSIA, ABPS**

Confirmed response VERIFICATION:  requested  attached

 24. For MSA recipients only: Does **anyone** in the household have any of the following expenses?

Yes  No Representative Payee fees  Yes  No Guardian or Conservator fees  
 Yes  No Physician-prescribed special diet  Yes  No High housing costs

**AGENCY USE: DIET**

Confirmed response VERIFICATION:  requested  attached

# MSA ELIGIBILITY CRITERIA

To be eligible for MSA a person must be over 18 (unless blind), and:

- Receiving Supplemental Security Income (SSI),  
**OR**
- Would receive SSI except for excess income, and:
  - 65 or older, or
  - Blind, or
  - Disabled

# MSA ASSET LIMITS

For **SSI recipients: \$2,000** SSA asset limit.

For **non-SSI recipients: \$10,000** asset limit.

Count only:

- Cash
- Bank Accounts
- Stocks and Bonds with no financial penalty
- Vehicles that are not excluded

# MSA LIVING ARRANGEMENTS

Some people receiving SSI may not be eligible for MSA because DHS and SSA determine a person's "living arrangement" differently.

BUT: anyone eligible for a waiver, county plan GRH placement, MSA Housing Assistance, or who is a "separate household" is considered "living alone" even if they live with others.

# WHAT'S A SEPARATE HOUSEHOLD?

A separate household exists when a person:

1. is subject to an individual lease/rental agreement;
2. purchases, prepares and eats separately from others in the household; AND
3. has exclusive use of part of the residence (such as a bedroom).

A person living with others & receiving reduced SSI (\$514, FLA B) can't be a separate household.

# MSA: OTHER THINGS

MSA recipients are eligible for SNAP & MA

MSA is paid directly to the client's EBT card

Can't get MSA & Housing Support (GRH) at the same time\*

Recertification is required at least annually

Monthly reporting required if earned income (non-SSI only)

*\*except when HS pays for crisis residential setting*

# MSA SPECIAL NEEDS PROGRAMS

Special Diets	CM 23.12
Guardian/Conservator Fees	CM 23.15
Representative Payee Fees	CM 23.21
Home Repairs	CM 23.06
Home Furnishings & Appliances	CM 23.09
Housing Assistance	CM 23.24

# MSA SPECIAL DIET

Must be prescribed by a licensed physician, advanced practice registered nurse, or physician assistant

New verification is required **at least annually**

Special diets include only: anti-dumping, controlled protein, gluten free, high protein, high residue, hypoglycemic, ketogenic, lactose free, low cholesterol, and pregnancy/lactation.

\* *Caveat: SNAP benefits may be reduced*

# MSA GUARDIAN/CONSERVATOR FEES

Maximum fee is 5% of the client's income, up to \$100/month. Fee must be negotiated by the county or approved by a court.

Not allowed if G/C is a county employee.

# MSA REPRESENTATIVE PAYEE FEES

Payment for representative payees services is allowed up to 10% of a client's gross income or \$25, whichever is LESS.

# MSA HOME REPAIRS

MSA recipients living in their own home can get help to repair the roof, foundation, wiring, heating system, or water/sewer system.

The client must apply any assets they have toward the cost of the repair.

The payment must be reasonable, considering the condition of the home, and documented by at least one estimate.

Payment is made to the vendor making the repair.

# MSA HOME FURNISHINGS AND APPLIANCES

MSA recipients can get help to buy/repair an item no more than once in a 3-year period (unless repairing or replacing an item due to damage, loss, normal wear and tear, or theft).

Costs based on 1996 AFDC standards. Examples: kitchen table (\$24), twin bed (\$72), washer (\$93), bedding (\$20), couch (\$74), dryer (\$93), lamp (\$13), refrigerator (\$93)...

# MSA HOUSING ASSISTANCE ELIGIBILITY

Person must meet **ALL** of these conditions:

- Eligible for MSA, **and**
- Monthly housing costs exceed 40% of gross monthly income, **and**
- Under age 65 at initial eligibility, **and**

# MSA HOUSING ASSISTANCE ELIGIBILITY

**Meet ONE of the following criteria:**

- Relocating from institution: hospital, nursing facility, RTC, ICF-DD or IRTS\*, **or**
- Eligible for PCA services, **or**
- Waiver recipient in their own home or apartment.

\* *Adding Housing Support settings 7/1/2020*

# MSA HOUSING ASSISTANCE - EXAMPLE

\$771

SSI benefit

\$81

MSA benefit

+\$192

MSA Housing Assistance\*\*

**\$273**

**Total MSA benefit**

**\$1,044**

**Total monthly income**

This is a 36% increase in income over SSI alone!

*Caveat: SNAP benefits may be reduced*

**\*\*In July 2020, this will increase to half the \$783 SSI rate, or \$391.50/month**

# MN DEPARTMENT OF HUMAN SERVICES

**GA& MSA Policy:**

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