

Suggested office procedure for county relief administration

Section 2, Pages 31 - 46

The Kansas Emergency Relief Committee was created in July 1932 to obtain and administer federal emergency loans made available to states through Herbert Hoover's Emergency Relief and Construction Act of 1932. President Franklin Roosevelt expanded on this act with the Federal Emergency Relief Administration (FERA) in 1933, leading the Kansas committee to change its name to the Kansas Emergency Relief Committee (KERC). Under the direction of Kansas's new governor, Alf Landon, the KERC managed direct and work relief programs in Kansas including emergency education, transient relief, rural rehabilitation, drought relief, and a slew of public works projects including the construction of farm ponds and lakes, and the renovation and construction of public buildings, roads, and quarries. This item contains office procedures for county relief administrations. John Stutz was the executive director of the KERC.

Creator: Kansas Emergency Relief Committee

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Suggested office procedure for county relief administration

The Kansas Emergency Relief Committee

SECTION I

CASE WORKER'S DAILY AND MONTHLY REPORT OF CASE LOAD

The purpose of this form is to provide each case worker with a method of keeping account of her own case load.

The cases counted on this report are to be the regular relief and service cases which are reported on KERC Form 374-C. See below for "Supplementary Report".

The number "Cases Carried over from Last Month", line I, should correspond with the number of cards in case worker's file, as of the first of the month.

As cases are added, or lost, - (through closing or transfer), -each day, case worker should note the number of such cases on the line for that date. The day sheet will give the names of these cases if a check is necessary.

At the end of the month, case worker should add each column and place the totals on the proper line on the monthly report side of sheet.

Line IX, "Case Load at End of Month", should be the figure on line I of next month's report, and should be the same as the number of cards in case worker's desk file at the end of each month.

Each case worker is responsible for keeping this daily and monthly report of her own case load.

Each case worker should turn in her completed daily and monthly report to the office secretary.

The case supervisor should see that each case worker's time schedule allows for sufficient time in the office for the preparation of this report.

SUPPLEMENTARY REPORT

In addition to the cases counted on this report it may be that the case worker is carrying other cases which cannot be counted here. In that case the worker should send to the office secretary a supplement to this report as follows,--

Additional cases worked on during month. (Give name and number.)

Poor farm

Other institutional cases

Mother's aid

Pensions (Do not include here any case which is counted as a county direct relief case.)

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Section L, Continued.

Commodities only
Out of town inquiries
Rural resettlement
Other

Include in this supplementary list any cases under any of these headings which were worked on at any time during the reporting period.

For every case reported on supplementary report there should be a card in the case worker's desk file separated from the cases counted on the regular monthly report by a colored cardboard divider. Each card for such "Extra" cases should bear a notation in pencil, giving the classification, such as "Commodities Only".

For every case reported on the supplementary report there should be a card in the master file and in the active file, and a case record in the record file.

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SECTION M

SUMMARY OF CASE WORKERS' DAILY AND MONTHLY REPORT

It is the responsibility of the office secretary to prepare a "Summary of case workers' Daily and Monthly Reports" from the reports of the individual case workers. In the event that the totals on all of these individual case workers' reports do not correspond with the office secretary's own record, compiled from the daily register, it is the joint responsibility of the office secretary and the case worker to continue checking until they do correspond.

A copy of the summary of the case workers' monthly reports should be sent to the state case supervisor at the district office along with copy of monthly report, KERC Form 374-C.

Columns 1 to 9 inclusive (with the exception of "Transfers to" and "Transfers from") should correspond with the lines with similar headings on Form 374-C.

Column 1, "Carried Over from Last Month" should correspond with line 7, on Form 374-C.

Column 9, "Carried Over to Next Month" should correspond with line 17, "Cases Under Care at End of Month" on Form 374-C.

New, Re-opened, and Closed cases must also check with the same items on KERC Form 374-C.

Columns 10 to 18 inclusive, refer to cases which the case worker may be working on but which cannot be counted on KERC Form 374-C as regular relief or service cases. These columns are to be compiled from the case worker's supplementary report,--see instructions on case worker's daily and monthly report.

Columns 19 to 22, inclusive, i.e., "Home Visits", "Collateral Visits", and "Mileage", are compiled from the case worker's day sheets.

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SECTION N

SUGGESTED FORM FOR USE IN REVISING BUDGETS TO MEET AVAILABLE FUNDS FOR FEDERAL DIRECT RELIEF

This form was found useful in some counties in making recommendations for work relief. The same form may be found useful in arriving at the amount of a client's budget deficiency which can be met with Federal Direct Relief funds or County Direct Relief.

This form constitutes the case worker's case load list on all relief cases, but should be made up separately for Federal Direct Relief cases and County Direct Relief cases.

INSTRUCTIONS

The first five columns in the form seem self-explanatory.

Column F. This should be the amount recorded on line D on Form 2A3A, as recommended under paragraph marked "D", page 6, Bulletin 197.

Column G. This is the figure secured by the clerical worker after she has made the computation described in Bulletin 197, page 6, item F.

Column H. This should be filled in only after the allotment has been received and the percentage filled in column G, as described in Bulletin 197, page 6, item F. This should be the same amount as line G on Form 2A3A, which is described on page 6, Bulletin 197.

It is obvious that these case load lists should be newly prepared each month, and as the investigation of new cases and the re-investigation of old cases are completed, the budget changes recorded thereon. This necessary information about clients will, therefore, be available at whatever time in the month it is necessary to use it to find how much relief should be given to each client.

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SECTION O

INSTRUCTIONS FOR USE OF "SUPPLEMENTAL REPORT" FORM

Sections A, B, and C on this report are to be compiled by the office secretary from KERC Form 374-C and from "Summary of Case Worker's Daily and Monthly Reports". Section D is to be filled in by case supervisor.

Section B, line 12, "No Case Made"; this information will have to be secured from the intake worker's records. (See filing).

The report is to be made in triplicate. One copy is to be sent to the state office with the other monthly report forms. One copy is to be sent to the district office with Form 374-C. One copy is to remain in the office of the county relief administration.

Suggested office procedure for county relief administration

APPENDIX

List of Forms

1. Inter Office Memorandum
2. Daily Register or Ledger - Intake
3. Daily Register or Ledger - Closing
4. Suggested Form for Master Card
5. Suggested Form for Case Worker's Desk File
6. Suggested Form for Case Worker's Day Sheet
7. Case Worker's Daily and Monthly Report of Case Load
8. Summary of Case Workers' Daily and Monthly Reports of Case Load
9. Case Load List for Use in Making Revised Recommendations for Amount of Relief
10. Supplemental Report for Relief Department

Suggested office procedure for county relief administration

INTER-OFFICE MEMORANDUM

Case No. _____ Date _____

Surname _____ Man _____ Woman _____

Address:

Present _____

Last Previous _____

(To be used in cases of change of address)

I. Application Accepted for Care

1. New _____ Reopened: Last closed after July 1 _____

Last closed before July 1 _____

2. Family _____ No. persons _____ Single _____ Resident _____ Transient _____

3. Place on relief: County _____ Federal _____

4. Budget Deficiency _____ Amount Recommended _____

5. Reason for Relief _____

6. Certified Eligible for WPA _____

7. Service Only: (No relief) _____

II. Application rejected after Investigation _____

III. Certified to Resettlement Administration _____

IV. Remove from Relief _____ Effective on Date _____

V. Case Closed _____ Effective on Date _____

Reason for Closing _____

VI. To receive Commodities Only _____

VII. Other _____

Signed: _____

Noted: _____

(i.)

Suggested office procedure for county relief administration

DAILY INTAKE RECORD

For Month of _____

1	2	3	4a	4b	5	6	7	8	9	10	11
NAME	No.	New	Reopened		Assigned to	Ac- cep- ted for care	Re- ject- ed	Reason for Accepting Case	Line	Cert. for WPA	Not Acted Upon
			last closed before July 1	last closed after July 1							
			Applications Carried Over From Last Month								
November 1											
November 2											
November 3											

LEFT SIDE OF DAILY REGISTER

Suggested office prodedure for county relief administration

[illegible]

RIGHT SIDE OF DAILY REGISTER

Suggested office procedure for county relief administration

SUGGESTED FORM FOR CARD FOR MASTER CARD FILE

Surname		Man	Birth Date	Woman	Birth Date	Case No.
Variations						Color
Maiden Name		Previous Marriages				
ADDRESS	Birth Date			Birth Date	Date Opened	Date
Children		Children-Cont.			& Re-Opened	Closed
1		6				
2		7				
3		8				
4		9				
5		10				
Other Members of Household		Birth Date	Relation To			
Relatives and Children Not Living At Home				Name of Case Worker		
Cross References						

Suggested office procedure for county relief administration

SUGGESTED FORM FOR CARD FOR CASE WORKER'S DESK FILE

Face of Card

Surname: _____		White	Colored	Case Number
Address: 1. _____				
2. _____				
3. _____				
4. _____				
Members of Family	Birth Date	Children - Cont.	Birth Date	
1. Man		6.		
2. Woman		7.		
Maiden Name		8.		
3.		9.		
4.		10.		
5.		11.		
Other Members of Household				
Name	Birth Date	Relationship	Connection	
Children Not Living at Home				
Name	Birth Date	Address		

Reverse Side

Date first application	Date reapplication
Date closed	Date closed
Date reapplication	
Date Closed	
Date reapplication	
Date Closed	

(v.)

SUGGESTED FORM FOR DAY SHEET

Date _____

[illegible]

(7A)

Suggested office procedure for county relief administration

CASE WORKER'S DAILY AND MONTHLY REPORT FOR _____

Name of Visitor _____

Sept.	New	Reop- ened	Tra- ns to	Clo- sed	Trans from		
1	4	1			2	1. Cases carried over from last mo.	137
2			2			2. New Cases	27
3		2		6	1	3. Reopened cases	11
4	3					4. Transferred to Visitor	6
5		1		5		5. Total cases during month	181
6			1				
7	2			3	1	6. Cases Closed	34
8		2				7. Cases Transf. from Visitor	7
9				3	1	8. Total Closed or Transferred	41
10	2			2		9. Case Load at end of month	140
11		3	1	3		(Subtract Line 8 from Line 5	
12				8	1		
13	4				1	10. The figure on Line 9 this mo.'s	
14				4		report should be the figure on	
15		2				L. 1 of next mo.'s report.	
16	6						
17			1			Instructions	
18	1					1. A case is not to be counted as	
19						New Case on this report until it	
20	1					has accepted for Care & Inter-	
21						Office Memorandum has been sent	
22	3		1			through to office secretary	
23	1					2. "Transferred to" means transferr-	
24						ed to this visitor from another	
25						visitor's district.	
26						3. "Transferred from" means trans-	
27						ferred from this visitor to an-	
28						other visitor.	
TOTAL	27	11	6	34	7		

(vii.)

[illegible]

Suggested office procedure for county relief administration

CASE LOAD LIST FOR USE IN MAKING REVISED RECOMMENDATIONS FOR RELIEF

Name of Client	A Case No.	B Date of Investi- gation	C Minimum Needs	D Income	E Budget De- ficiency	F Amt. Recom- mended	G Percentage of Minimum Needs Minus Income	H Revised Recommen- dation.

SIGNED: _____
Visitor

APPROVED: _____
Case Supervisor

Suggested office procedure for county relief administration

(X)

SUPPLEMENTAL REPORT
RELIEF DEPARTMENT

COUNTY _____ For Period Ending _____

A. RELIEF AND SERVICE CASES (From KERC Form 374C)

1. Carried Over From Last Month (L.7)	
2. Cases Added (L.8)	
3. Total Cases During Month (L.12)	
4. Cases Closed (L.16)	
5. Cases at End of Month (L.17)	

B. OTHER CASES WORKED ON DURING MONTH

6. Poor Farm Cases	
7. Other Institutional Cases	
8. Mother's Aid Cases	
9. Pensions (Other than regular County Direct Relief)	
10. Commodities Only	
11. Out-of-town Inquiries	
12. No Case Made	
13. Resettlement Cases	
14. Other (specify)	
15. Total (Lines 6 to 14 inclusive)	
16. Total All Cases Worked on During Month (Add Lines 3 and 15)	

C. VISITS AND INTERVIEWS

17. Visits: Home _____ Collateral _____ Total _____	
18. Office Interviews _____ Miles Traveled _____	

D. STAFF

19. Case Supervisor	
20. Assistant Case Supervisors	
21. Intake Workers	
22. Case Workers	
23. Total	

Case Supervisor

Poor Commissioner