

**GA PROOF OF VIDEO ATTENDANCE**

**RIGHTS AND RESPONSIBILITIES OF THE GENERAL ASSISTANCE (GA) PROGRAM**

It is **required** as part of the intake process for GA applicants to view the “Rights and Responsibilities” of the GA program.

To view this video on-line, please go to the following web address and watch the video.

**VIDEO LOCATION:**

<https://vimeo.com/230486287> or go to the EHSD website <https://ehsd.org/elderly-disabled/general-assistance/> and look for the “Rights and Responsibilities Video”.

Once you have watched the video please sign and date this form at the bottom and return and/or review with your GA worker at the time of you intake appointment.

I have seen the County’s Video on “Rights and Responsibilities of the GA Program”. The video explained the following things:

How my Social Security Number will be used in the computer to find out about savings accounts, other property and earnings,

- ❖ What my rights and responsibilities are,
  - ❖ What must be reported on my GA Quarterly Report (GA QR-7) each month,
  - ❖ Job Search Requirements,
  - ❖ And any other GA rules and regulations that I am required to comply with in order to receive and continue to receive GA.
- ✓ By signing this form, I am stating that I have been informed about my rights and responsibilities.
- ✓ I understand that I can ask my Worker any questions I have about my rights and responsibilities at my interview.

<u>NAME OF APPLICANT OR RECIPIENT (PLEASE PRINT)</u>		
<u>SIGNATURE OF APPLICANT OR RECIPIENT</u>	<u>DATE</u>	
<b>For County Worker to Complete:</b>		
<b>Case #</b>	<b>Worker PCN:</b>	<b>Comments:</b>