

ATTENTION GENERAL RELIEF PARTICIPANTS!

GR PROGRAM WILL BE SENDING YOU A NEW GENERAL RELIEF ANNUAL RENEWAL FORM!

Beginning August 2023, GR participants will receive a new GR Annual Renewal Form (GR 22) to complete during the Annual Renewal process. You must answer all the questions on the form, sign and date the form, and return it back to DPSS by the due date **or your benefits will stop**. You must also include verification documents if you answer "YES" to any of the questions on the GR 22.

Previous Annual Agreement Form (ABP 898-16)

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC SOCIAL SERVICES
GENERAL RELIEF ANNUAL AGREEMENT

DISTRICT NAME/ADDRESS: _____

CASE NUMBER: _____
CASE NAME: _____
DATE: _____
WORKER: _____
WORKER PHONE: _____
WORKER FILE: _____

MAIL BACK TO: _____ CLIENT NAME AND ADDRESS: _____

I understand the failure to comply with these requirements could result in my General Relief (GR) being denied/discontinued. If I need more information, I will talk to my Eligibility Worker.

IMPORTANT INFORMATION:
This form contains important information about your responsibilities. It also contains your authorization for reimbursement of Interim Assistance if you are now a Supplemental Security Income (SSI) applicant or if you apply for SSI in the future.

All adults (age 18 and over) who are applying for or receiving GR must read all of this form, then sign and date it.

If this form was mailed to you, please return **this page** and page 2 marked "PAGE 2 - RETURN THIS PAGE AND THE SIGNATURE PAGE" in the enclosed envelope. **You may keep the copy marked "PAGE 3 - KEEP THIS PAGE."**

BE SURE TO READ ALL OF THIS FORM BEFORE YOU SIGN IT.

DECLARATION: I declare under penalty of perjury that all information I have given on my GR application and quarterly report is true and correct to the best of my knowledge.

Signature of Adult #1	Date	Signature of Adult #2	Date	Signature of Adult #3	Date
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If anyone signed with a mark, two witnesses must sign and give the date and their address below.

Witness Signature	Date	Witness Signature	Date
Address		Address	

COUNTY USE ONLY: COMPLETE INCOMPLETE NO ACCESS

EW INITIALS: _____ DATE: _____

ABP 898-16 (Rev. 1/14)



NEW Annual Renewal Form (GR 22)

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC SOCIAL SERVICES

Date: _____
Case Name: _____
Case Number: _____
Worker Name: _____
Worker ID: _____
Worker Phone Number: _____

General Relief Annual Renewal

NEED HELP? CALL THE CUSTOMER SERVICE CENTER (CSC) AT: (866) 613-3777 REPORT MONTH: _____ YEAR: _____

You must read, complete, sign, and date the GR 22 form and return it to us. If you do not return the form, including but not limited to, answering all questions and attaching proof when the question says to attach proof, your benefits may be delayed, changed, or stopped. Attach a separate sheet of paper if needed. Facts you report may result in your benefits going up, down or stopped.

The following changes are considered mandatory reports; therefore, you must report these changes within five (5) calendar days of the occurrence to the CSC AND on your GR 22:

- New earned income of \$203 or more;
- New unearned income of \$25 or more;
- Increased earned or unearned income of \$25 or more;
- Someone moves in or out of your household;
- Change of address;
- The United States Citizenship and Immigration Services (USCIS) made a determination on your application for a T or U Visa;
- You or someone in your household is feeling to avoid prosecution or custody/conviction of a felony; or
- You or someone in your household is in violation of parole/probation.

1. Has anyone moved into or out of your home (including newborns), or did you move in with someone else?
 YES, fill in below NO

Date of Move (mm/dd/yy)	Name (First, Middle, Last)	Relationship To You
<input type="checkbox"/> In <input type="checkbox"/> Out / /		
<input type="checkbox"/> In <input type="checkbox"/> Out / /		
<input type="checkbox"/> In <input type="checkbox"/> Out / /		

2. Have there been any changes to your address since you last reported?
 YES, fill in below NO

Update New Home Address

Number	Street Name	Apartment #	City	State	Zip Code
Date Moved:	New Housing Cost: \$	Phone Number:			

I am homeless and have a mailing address.
 I am homeless and would like to use the District Office mailing address.

3. Have you or has someone in your household:
A. Fled to avoid prosecution or custody/conviction of a felony; or
B. Been in violation of parole/probation?
 YES, fill in below NO

Name	Where convicted?	Date of Conviction:

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You can return the GR 22 form back to DPSS by mail in the return envelope provided.

REMEMBER – If you do not return the GR 22 form and verification documents, your GR benefits will stop.

If you have any questions, call the Customer Service Center at (866) 613-3777.