on business firm income, 10 percent; Government contribution, 34 percent. (Social Security Department, The Growth and Development of Social Security in New Zealand, Wellington, 1950, pp. 161–162.)

Norway: Special provisions are included for tuberculosis, cancer, and polyarthritis—2 years' hospitalization and cash benefit, as against a maximum of 1 year in each instance for other sickness.

Panama: The program is not now operating in all parts of the country. There is no cash benefit except for maternity. The contribution rate shown is that indicated for health, maternity, and funeral benefits; cost of administration is not included.

Paraguay: The program is not now operating in all parts of the country. Only dependents in low-income families (earning not more than a specified sum) are entitled to medical benefits.

Peru: The program is not now operating in all parts of the country.

Poland: The contribution provisions of the wage-earners' system are shown; other provisions apply equally to salaried employees. Administrative changes were enacted in July 1950: a single Social Insurance Institute, under the Minister of Labor and Social Insurance, and a single Workers' Medical Assistance Office, under the Minister of Health, were created. Cash benefits will be under the former, and medical benefits under the latter.

Portugal: Under Portuguese law, collective contracts usually determine social security provisions. A typical case is shown.

Rumania: Medical benefits are provided as a public service by the Ministry of Health; they are not part of the social insurance system. Contributions are not described in detail in the law of December 31, 1948, and no later information is available. The unified contribution rate (cash benefits only, for pensions, health, and work accidents) was to be 10 percent of earnings.

Spain: A Government contribution is paid for both cash and medical benefits in maternity cases, but not for sickness.

Union of Soviet Socialist Republics: A public medical service exists for all persons. A fee is charged for medicines. Cash benefits vary according to the insured's continuous employment record and other factors. The medical benefits are financed from the Ministry of Health budget; cash benefits are financed from a unified social insurance contribution paid entirely by the employing enterprise and varying with the industry.

Venezuela: The program is not now operating in all parts of the country.

Public Assistance Terms

Public assistance programs, financed from Federal, State, and, in some instances, local funds, provide aid to families or persons on the basis of need and usually also of other eligibility conditions. The programs furnish assistance primarily to families or individuals in their homes, although they may also assist recipients living in boarding or nursing homes or in some types of public or private institutions. The assistance may be in the form of money (cash or check) or vendor payments for goods or services, including payments for medical care. The cost of remedial care may be included in vendor payments for medical care. Public programs providing allowances or benefits to persons on a basis other than need are not considered public assistance. There are four special types of assistance—the State-Federal programs—and the State-local programs of general assistance.

Special Types of Public Assistance

Old-age assistance, aid to the blind, aid to dependent children, and aid to the permanently and totally disabled are designated as special types of public assistance because they aid special groups of needy persons. These categories of persons are broadly defined by the assistance titles of the Social Security Act and are specifically defined for each State by State law and administrative regulation.

The data presented in the monthly series are for programs administered under plans approved by the Social Security Administration for Federal financial participation and for similar programs in States in which the only public program for a particular category is administered without Federal funds. The data exclude a few small programs, similar in type, that are financed from State or local funds only but administered concurrently with State-Federal programs.

General Assistance

General assistance is administered and financed by State and/or local governments and is designed to aid individuals and families when their needs are not otherwise met. General assistance is variously called general relief, home relief, direct relief, indigent aid, and so on. The term excludes programs that are limited to special groups, such as statutory veterans' relief or foster-family care for children, but it may include programs limiting eligibility on the basis of employability. Since the unifying influence of Federal participation is lacking in general assistance, variations in State and local practices affect the comparability of such data even more than they affect data for the special types of assistance.

Recipients

Data on recipients of old-age assistance, aid to the blind, and aid to the permanently and totally disabled represent the number of persons to whom or on whose behalf payments are made for a specified month. Data on recipients of aid to dependent children are shown in terms of (a) the number of children on whose behalf payments of this type of aid are made, (b) the number of families in which these children are living, and (c) the number of recipients, which includes the children and one parent or other adult relative in families in which the requirements of at least one such adult are considered in determining the amount of assistance. In some cases the needs of more than one parent may be included in the budget for families receiving aid to dependent children, but not more than one adult is counted as a recipient in each family.

Under general assistance, recipients represent the number of cases receiving assistance. The unit of count follows the administrative practice of the agency. Thus two families in a single household may be regarded as a single case by one agency and as two cases by another agency. The number of general assistance cases is increased in some States by the practice of supplementing payments of the

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special types of assistance. Such supplementation may be for either maintenance or medical care. Cases in which the allowance is for burial only are generally excluded.

The numbers of recipients in the several States are imperfect gauges of differences in the numbers of needy individuals because of variations in eligibility conditions and the unequal ability of States to aid needy persons.

Because some recipients receive more than one type of assistance, the total number of recipients of public assistance in a State may be smaller than the sum of the recipients of the various types.

Payments

The data represent payments for a specified month made to or on behalf of recipients and charged to the State or local agency to the specified type of assistance. Payments for the special types of assistance are money payments to recipients and vendor payments for medical care.

Data on general assistance show payments to cases in cash or kind and orders on vendors for goods or services supplied to general assistance cases. A relatively high rate of case turn-over and payment periods shorter than a month increase the number of small payments of general assistance and reduce the average payment. Likewise, the practice in a few States of using general assistance to supplement other types of assistance for maintenance needs increases the caseload and lowers their average general assistance payment. On the other hand, the average payment is raised in those States in which supplementation takes the form of payment of large medical bills.

For all programs, expenditures for burials are generally excluded.

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