

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814



December 9, 1974

ALL-COUNTY LETTER NO. 74-246

* TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: Free Fishing Licenses to Aged Adult Aid Recipients

REFERENCE:

This is to clarify county involvement in the issuance of free fishing licenses to aged adult aid recipients.

Previously, county welfare departments were required to verify the aid status of aged recipients applying for free fishing licenses. Such verification of aid status by counties is no longer necessary, as the Department of Fish and Game is now implementing a self-declaration system.

The Fish and Game Code, as recently amended by SB 1650, now provides for free sport fishing licenses to:

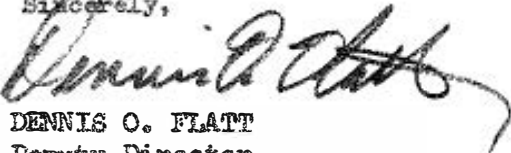
1. SSI/SSP and EWH recipients who are receiving aid on the basis of age.
2. Persons 62 years of age who have resided in California for five years immediately preceding, and whose monthly income from all sources does not exceed \$250 (\$500 combined income for married persons).
3. Certain blind persons, wards of the state, disabled veterans and American Indians who meet specific Fish and Game Code requirements.

Because of the past county welfare department involvement, it is expected that many aged SSI/SSP recipients will continue to contact you regarding free fishing licenses. As a convenience to these persons, Department of Fish and Game will provide county welfare departments with an initial supply of application forms for aged recipients (see attached). This supply should reach you by December 15, 1974, the date that the Department of Fish and Game will begin to accept applications for 1975 fishing licenses. Additional forms may be requested as needed by contacting the Department of Fish and Game, Licensing Section, 1416 9th Street, Sacramento, CA 95814, telephone (916) 445-3306.

Persons inquiring about free licenses on any basis other than being an aged adult aid recipient should be referred to the Department of Fish and Game at the above address.

Questions concerning this letter should be directed to the Adult Program Management and Liaison Branch, 744 P Street, Sacramento, CA 95814, (916) 445-0813.

Sincerely,



DENNIS O. FLATT
Deputy Director

cc: CWDA

Attachment

**CALIFORNIA SPORT FISHING LICENSE
VALID FOR ALL SPORT FISHING
WHEN VALIDATION IS PRINTED BELOW**

**STATE OF CALIFORNIA—RESOURCES AGENCY
DEPARTMENT OF FISH AND GAME
APPLICATION FOR FREE SPORT FISHING LICENSE**

No fee

No. 1-CIS-NF

**FREE LICENSES ARE AVAILABLE ONLY AT THE LICENSE SECTION
DEPT. OF FISH AND GAME, 1416 NINTH ST., SACRAMENTO, CALIFORNIA 95814
(Free hunting licenses are not issued)**

Name _____	Date of Birth _____
Address _____	Height _____
City _____	Eyes _____
	Hair _____
	Weight _____
<input checked="" type="checkbox"/> _____	Sex _____

Must be signed before fishing

TO FISH FROM OR ON
A BOAT OR OTHER
FLOATING DEVICE ON
THE WATERS OF THE
COLORADO RIVER AND
ON ADJACENT WATERS
WHERE THAT RIVER
FORMS A MUTUAL
BOUNDARY BETWEEN
THE STATES OF ARI-
ZONA AND CALIFOR-
NIA, YOU MUST PUR-
CHASE A CURRENT
ARIZONA COLORADO
RIVER SPECIAL USE
STAMP AND FIRMLY
AFFIX IT HERE.

Any person receiving aid to the AGED in the form of supplemental security income benefits under the provisions of the State of California Citizens Income Security Act (Welfare and Institutions Code, Chapter 3 of Part 3 of Division 9, commencing with Section 12000) may obtain a free sport fishing license.

To apply for this license fill in your name, address and description on the left portion of this application, complete and sign the certification printed below and mail this entire form to the address shown above. DO NOT SEPARATE THE TWO PORTIONS OF THIS APPLICATION.

NOTE: This free license is **not** available to persons receiving supplemental security income benefits because of blindness or disability, nor is it available to persons receiving regular Social Security retirement benefits. However, free licenses are available to some blind persons and some persons over 62 years of age with limited incomes. Interested persons should contact Fish and Game at the address shown above for proper application forms and information concerning these licenses.

I hereby certify under penalty of perjury that I _____
am receiving supplemental security income benefits for the aged under the provisions of the California Citizens Income Security Act.

PRINT NAME

DATE

SIGNATURE

A NEW APPLICATION MUST BE FILED EACH YEAR