

Exhibit No. 1 on the
history of Martin IsaacsTHE CITY OF NEW YORK
DEPARTMENT OF WELFARE

HISTORY SHEET

CASE NAME	ADDRESS	BASIC CASE NUMBER
Lee Oswald	4/16/64 Wm St at New York, N.Y. Times Square Hotel	PAGE NO.

6/13/62

Mr. Oswald and his wife are in a repatriation case whose fare to the United States from Russia was paid for by our State Department. They arrived on the S. S. Freedom on 6/13/62. They had \$63 upon their arrival. They were brought to our office upon their arrival by a worker from Travelers Aid. They were referred overnight to the Times Square Hotel and Mr. Oswald returned to our office the following morning.

Before leaving our office on 6/13, a long distance call was placed to client's brother, Robert Oswald, 7313 Davenport St., Ft. Worth, Texas. Mr. Oswald informed us that he would take out a mortgage on his car for \$200 and send this money to us the following day.

6/14/62

On 6/14, client was seen in this office, and at first balked at using the money sent by his brother. He preferred that this money be returned to his brother, and that we advance the money for transportation expenses, and he would repay us when he is able. We checked with (See interview of administrator on 6/14/62)

After client agreed to use his brother's money for his fare, we went to the office manager and picked up the money order received made out to Lee Oswald.

We escorted Mr. Oswald to the Western Union office 428 Broadway, who issued \$150 and gave client a check made out for \$50, to be cashed at the 1st National Bank on Broadway and Canal. We then escorted client to the 1st National Bank, where after first being told that they could not cash the check eventually agreed at the bank manager's insistence that they could cash it. Client was issued \$50.

Worker then went with client to the West Side Airline Terminal and bought two tickets previously reserved for flight 821, Delta Airlines, to Ft. Worth Texas. We were informed that the plane would land in Dallas, which is right next to Ft. Worth.

Worker and client then went to Times Square Hotel where client paid his bill, went to his room to pick up his wife and baggage and infant, and met worker in the lobby. At this point he had 5 pieces of luggage. Worker, who had seen client with 7 pieces the day before, asked client what had happened to the other two pieces, and he informed us that he had sent them on ahead, railway express. We helped client and his family and his baggage to the street where we took a taxi to the Esal, and checked client's luggage and then escorted client to the Delta Airline building at Idlewild, remaining with Mr. Oswald until he boarded his plane at 4:15 PM. Worker then returned to New York City.

6/26/62

On this date a summary was prepared to be sent to State Department of Social Welfare. A memo was submitted to Miss Aud. requesting reimbursement for \$3.50 inc. expenses expended on this case by worker who escorted client to the airport.

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6/27/62

We recommend that this case be closed, client was transported to his home on 6/14/62.

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DEPARTMENT OF WELFARE

HISTORY SHEET

CASE NAME	ADDRESS	BASIC CASE NUMBER
OSWALD, Lee		PAGE NO.

6/14/62

In accordance with Mr. Oswald's request to see the Administrator, he was interviewed in the reception room.

Mr. Oswald urgently requested that the \$200 sent here by his brother for his transportation expenses be returned to his brother. He stated that his brother is a dairy deliveryman and that it had been a great hardship upon his brother to advance the money.

Mr. Oswald said that he telephoned his brother this morning and was informed by his brother, Robert, that the money was raised by placing a mortgage on the car. Mr. Lee Oswald said his brother would be obligated to make an immediate repayment of this loan. Mr. Oswald would prefer that the \$200 be returned to the brother, that we advance the money for the transportation expenses, and he would then repay us when he was able.

Mr. Oswald said that his brother had told him that the family would meet him on arrival and that local newspapermen would also meet him as they had been informed of his return home. Mr. Oswald said that he anticipated that he would have difficulty in obtaining employment in a large organization. He was most concerned about the possibility that he might need to apply for some public assistance prior to obtaining employment because he sponsored his wife's entry and he wanted to avoid her having any difficulties with the Immigration Department.

Mr. Oswald spent three years in the Marines, was stationed in Japan and the Philippines, and said that he received an honorable discharge.

Mr. Oswald was so anxious that he not use the money sent by his brother that he stated he was considering returning the money and using the small portion of his own funds remaining to carry the family as far as these monies would permit, and then requesting the local authorities to transport him the balance of the way to Texas. We discussed with Mr. Oswald that that would be poor planning on his part, that it was urgent that he reach his destination in Texas for the benefit of his family group, that any locality in which he stopped off might contact us and that it would be obligatory for us to report about the fact he had the funds available to him here for his return to Texas.

In view of Mr. Oswald's extreme anxiety to not use the money sent him by his brother, we telephoned Miss Elliott of the State Department and informed her of Mr. Oswald's request.

Miss Elliott told us that she would discuss the matter with the New York City office of the Department of Health, Education and Welfare and call back.

She called back later and requested additional information regarding the man's relatives. She was informed that Mr. Oswald has told us that Robert is his only full sibling. He has one half-brother, who is a sergeant stationed in Japan, who has a wife and two children. His only other relative is his widowed mother who has no home establishment of her own and who makes her home with the persons for whom she works, moving from job to job as a practical nurse for elderly patients.

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HISTORY SHEET

CASE NAME	ADDRESS	BASIC CASE NUMBER PAGE NO.
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6/14/62 (contd.) 1 We gave Miss Elliott the information regarding the flight and departure
2 time, and arrival time in Texas, obtained from the Unit.
3
4 Miss Elliott said that the Health, Education and Welfare office is wiring
5 ahead to the local public assistance agency informing them that should
6 Mr. Oswald apply for assistance any funds expended in his care are
7 federally reimbursable under the Repatriation Program. Any assistance ex-
8 tended will not create difficulties for his wife with the Immigration
9 authorities.

10
11 It will be necessary for Mr. Oswald to use his brother's funds for his
12 return transportation.
13

14 This information was shared with Mr. Oswald. He was not completely
15 satisfied with the decision but accepted it and accepted the fact that
16 at this point the wisest course he could pursue was to prepare himself
17 and his family for the return flight today.
18

19
20 *Janet F. Russell*
21 Janet F. Russell, Administrator
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DATE: Issued _____
 Returned 7/13/62

ELIGIBILITY PAMPHLET(S) ISSUED:

AB ☐ AD ☐ ADC ☐
 OAA ☐ HR ☐

Form W-900*-80M-824118(59) 114
 Rev. 12/1/56

THE CITY OF NEW YORK
 DEPARTMENT OF WELFARE
**APPLICATION FOR PUBLIC ASSISTANCE
 OR
 REQUEST FOR CARE**

TYPE OF ASSISTANCE:

AB ☒ AD ☐ ADC ☐ OAA ☐ HR ☐ VA ☐ HOSP ☐ PHC ☐

CASE NO.

CROSS REFERENCES:

Name Case Number

Other family names or spelling used:

APPLICANT:

oswald Last Name lee First and Middle Names

ADDRESS:

Street and Number Apt. Floor Borough Postal Zone

DO NOT WRITE ABOVE THIS LINE

I. FAMILY GROUP IN HOUSEHOLD: List single children in order of age beginning with the eldest, married children and their husbands or wives and other relatives living in household:

NAME (First and Middle) (Last Name if Different from Family Name)	SEX (M) (F)	DATE OF BIRTH (Mo-Day-Yr)	PLACE OF BIRTH	RELI- GION	RELATIONSHIP (To Whom)	SOCIAL SECURITY NUMBER
Man <u>Lee</u>	M	<u>10/18/39</u>	<u>LA</u>			
Woman <u>Maria</u> Maiden Name	F	<u>7/17/41</u>	<u>Russia</u>			
Children and relatives:						
1. <u>Jane</u>	F	<u>2/17/62</u>	<u>"</u>			
2.						
3.						
4.						
5.						
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II. I am applying for public assistance or care because:

III. We declare that we own or have owned the following assets: (Check either "yes" or "no" in every item.)

	Yes	No		Yes	No
Life Insurance - - -	_____	_____	Interest in Estates - - -	_____	_____
Any Other Insurance - - -	_____	_____	Automobile or Truck - - -	_____	_____
Real Property - - -	_____	_____	Union Membership - - -	_____	_____
Mortgages — Mortgage Certificates -	_____	_____	Lodge Membership - - -	_____	_____
Lease on Real Property - - -	_____	_____	Judgments — Claims — Lawsuits -	_____	_____
Bank Account or Cash - - -	_____	_____	Pensions or Allotments - - -	_____	_____
Safe Deposit Box - - -	_____	_____	Business Interest - - -	_____	_____
Stocks or Bonds - - -	_____	_____	Other Assets - - -	_____	_____

We further declare that we have or have had any income from the following: (Check either "yes" or "no" in every item.)

	Yes	No		Yes	No
Employment - - -	_____	_____	Court Orders - - -	_____	_____
Relatives and Friends (cash or kind) -	_____	_____	Social Security Benefits - - -	_____	_____
Lodger - - -	_____	_____	Unemployment Insurance Benefits -	_____	_____
Boarder - - -	_____	_____	Railroad Retirement Benefits - - -	_____	_____
Boarder-Lodger - - -	_____	_____	Railroad Unemployment Benefits -	_____	_____
Veteran Benefits - - -	_____	_____	Workmen's Compensation - - -	_____	_____
State Sickness Disability Benefits -	_____	_____	Other - - -	_____	_____
Have you transferred or assigned property in order to qualify for Public Assistance?	_____	_____		_____	_____

We will give all required information to the representatives of the Department of Welfare relating to our financial circumstances such as earnings and other income and resources, as well as information concerning our relatives and their ability to assist us.

We will inform the representatives of the Department of any changes in our needs and resources which occur following this application. We authorize the Department of Welfare to institute any investigation to verify statements made by us, pertaining to resources of any member of the family, including information concerning OASI benefits and age.*

"Any person who by means of a false statement or representation, or by deliberate concealment of any material fact, or by impersonation or other fraudulent device, obtains or attempts to obtain, or aids or abets any person to obtain public assistance or care to which he is not entitled, or a larger amount thereof than that to which he is justly entitled, or does any wilful act designed to interfere with the proper administration of public assistance and care, shall be guilty of a misdemeanor, unless such act constitutes a violation of a provision of the penal law of the State of New York, in which case he shall be punished in accordance with the penalties fixed by such law." (L.1950, c.293, eff. March 30, 1950.)

WITNESS

(Where signature is by mark "X", it should be witnessed)

Signature

Address

SIGNATURE OF APPLICANT

(Family members 18 years of age and over who are living in household must also sign)

* First person singular understood throughout where only one person signs.

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ISAACS EXHIBIT No. 1—Continued

VI. FOR WHOM APPLICATION IS BEING MADE (Record the name of the eligible payee and his dependents for each type of public assistance and check the appropriate box on the same line.)

NAME	TYPE OF ASSISTANCE					
	AB	AD	ADC	OAA	HR	VA
Mr. & Mrs. Oswald	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+ child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks (Record here any pertinent information about members of the applicant group, not otherwise provided for in this form. Include school attendance of all children and information about the identity of unrelated children.)

VII. OTHERS IN HOUSEHOLD (For those members of the household not included in the application for this public assistance grant. Record the name of the individual or that person in the family group with the closest degree of relationship and the family composition.)

Full Name (Surname First)	Relationship		Status in Household (Code)	Assistance Status		Case Number (If Applicable)
	Code	To Whom		NR	PA	
None				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

Remarks (Record pertinent information about others in household.)

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Codes:

Relationship				Status in H.H.	
H - Husband	F - Father	A - Aunt	C - Cousin	Prefixes	L - Lodger
W - Wife	M - Mother	U - Uncle	UR - Unrelated	G - Grand	B - Boarder
S - Son	B - Brother	N - Nephew		St - Step	BL - Boarder-Lodger
D - Daughter	Sr - Sister	Ne - Niece		L - In-law	O - Other

ISAACS EXHIBIT No. 1—Continued

VIII. HOUSING DATA AND LIVING ARRANGEMENTS

Apartment, Room or Floor No.		
No. and Location of Available Phone		
Living Arrangements (Specify from list)		
Landlord's Name		
Address and Telephone No.		
Name of Person to Whom Applicant Pays Rent		
Address and Telephone No.		
Related to Applicant (Specify)		
Superintendent's Duties Performed by Applicant (Check Box)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Public Housing (Check Box)	Low Cost <input type="checkbox"/>	Moderate Cost <input type="checkbox"/>
Rent or Shelter Allowance—Amount and Period		
Rent Includes (Code)		
Number of Rooms		
Type of Refrigeration (specify Mechanical, Icebox or Other)		
Private Toilet (Check Box)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Laundry Facilities (Check Box)	Washing Yes <input type="checkbox"/> No <input type="checkbox"/>	Drying Yes <input type="checkbox"/> No <input type="checkbox"/>
Unheated, type and number of stoves		
Without Gas, (Specify Facilities Used)		
Rent Control Clearance (Check Box)	Required <input type="checkbox"/>	Not Required <input type="checkbox"/>

(Record "None", if it is known that a facility does not exist or if the word "none" is otherwise the appropriate recording. Draw a line through the space if a particular item is not applicable. Leave the space blank if the information is not known.)

LIVING ARRANGEMENTS

Apartment
Boarding Arrangement
Boarding Home
Commercial Lodging House
Furnished Room(s)
Hotel
Nursing Home
Private House
Private Home for Adults
Private Home for Aged
Private Institution for Blind
Public Home
Public Home Infirmary
Residence Club for Blind
If Other, specify

CODES FOR "RENT INCLUDES"

CF — Cooking Facilities	G — Gas
CU — Cooking Utensils	H — Heat
D — Dishes	L — Linens
E — Electricity	R — Refrigeration
F — Furniture	W — Hot Water

Remarks (Use this space for the recording of verification of rent, if presented or secured during the intake interview, collaterals on housing made by the intake interviewer and any other pertinent housing information.)

Temporarily staying at Times Square Hotel

ISAACS EXHIBIT No. 1—Continued

IX. MAINTENANCE AND MANAGEMENT (Include past and present maintenance, any change in the situation precipitating the need for this application and any immediate problem with which the applicant is faced.)

Arrived in NYC 6/13/62 on S.S.

"Meadow" from Rotterdam. (Repatriated by the state department from Muscovy Russia. Money & transportation furnished by the state dept. Arrived in NYC with \$68. Now has \$58 left.

Honorably discharged from Marine Corps on 9/59. Went to Russia in 10/59. Was employed as a metal worker in a TV and Radio factory in Russia was receiving \$60 rubles or about \$52 a month. Rent is free and so is medical expenses.

Because he is a foreigner he was allowed one room by himself. Russian families usually share one room. 2 families in one room.

Last night spent \$10 for room rent and \$18 to ship luggage out to Fort Worth, Texas.

X. CATEGORICAL REQUIREMENTS (Record information about and documentation for categorical requirements, such as age, marriage and termination of marriage, relationship of essential relative. Include death of legally responsible relatives. Record all information contained in documents relating to above.)

not applicable

If ADC and appropriate, check as required:

- ☐ Applicant Advised of Need to Notify Law Enforcement Official as Soon as Grant Made
☐ Applicant Willing to Cooperate
☐ Applicant Unwilling to Cooperate
☐ Form M-982b Forwarded to Statistical Unit

XI. RESIDENCE (List at least sufficient residence to determine Local or State Charge status. List separately only those persons requiring different residence verification.)

Full Name (Surname First)	Address	From	To
	Ft Worth Texas	1953 1954	1956 1957
	Marine Corp	1956	1957

Remarks (Record supplementary information and verification, if obtained.)

ISAACS EXHIBIT No. 1—Continued

XIII. EMPLOYABILITY AND AVAILABILITY (for each unemployed person 16 years of age or over.)

A. Employable and Available (Record the names of those members of the applicant household who are employable and available, their training and skills, efforts to obtain work, union membership. Indicate whether or not referred to Employment Services. If not referred, give reason.)

B. Unemployable (Record the names of those unemployable and reason.)

C. Unavailable (Record the names of those unavailable for employment and reason.)

XIV. BENEFITS AND OTHER INCOME (Record information about benefits, past, present or potential and other income exclusive of that from employment.)

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ISAACS EXHIBIT No. 1—Continued

- VV. ASSETS (Check the appropriate box to indicate whether there has been a referral to the Resource Consultant. When the applicant has checked "no" on every item under Assets on the Application for Public Assistance or Request for Care and has reiterated verbally the non-existence of such assets, past or present, record this information. When there is a contradiction between the applicant's statement on the Application for Public Assistance or Request for Care and the statement to the Intake Interviewer with respect to the possession of assets, past or present, explain.)

Referred to Resource Consultant

☐

Yes

☒

No

XVI. RELATIVES NOT IN HOUSEHOLD

Full Name of Relative	Address	Relationship to Whom	Contributions	
			Present	Past
Robert Oswald	7313 Davenport St Ft. Worth, Texas	Brother	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>
- Isaacs Exhibit No. 1 -			<input type="checkbox"/>	<input type="checkbox"/>

ISAACS EXHIBIT No. 1—Continued

XVI. RELATIVES, cont. (*Record here all other pertinent information about relatives and friends.*)

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ISAACS EXHIBIT No. 1—Continued

XVII. HEALTH (*Record information about problems related to the health of any member of the applicant group.*)

XVIII. ADDITIONAL INFORMATION (*Record such information pertinent to need or eligibility and to an understanding of the applicant's situation not recorded elsewhere. Also record results of supervisory or consultant conferences as necessary.*)

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ISAACS EXHIBIT No. 1—Continued