

I/We \_\_\_\_\_, by signing this document, certify the receipt of a copy of the Town of Marlow-Welfare Guidelines. Furthermore, I/We have read and understand the guidelines as presented, and acknowledge my/our rights and obligations therein.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Welfare Officer Signature

\_\_\_\_\_  
Date

**TOWN OF MARLOW**  
**WELFARE GUIDELINES**

**As accepted by the Selectboard September 5, 2006**

In an effort to assist those in need, the Town Of Marlow, has adopted the following guidelines. To that end, these guidelines have been created to identify the need and include those truly in need of assistance. Although the paperwork involved may seem extensive, it helps the welfare officer perform his/her duties. Filing this paperwork insures that the recipient(s) can receive any and all assistance that is available through the town, county, state or federal programs. Your cooperation is not only appreciated but is required. Please read carefully and fully all pages given to you in the packet. If you have any questions please feel free to ask the welfare officer, he/she is here to help. With a coordinated effort your duration of need can be short lived.

## **NOTICE OF RIGHTS OF ANYONE RECEIVING ASSISTANCE FROM THE MUNICIPALITY OF MARLOW**

You have the following rights:

1. You have a right to make a written application for assistance, even if the welfare officer tells you that you are not eligible.
2. You have a right to receive a prompt written decision telling you whether or not you will receive assistance each time you apply for assistance.
3. You have a right to have in writing the reason why you have been denied assistance or have been given only some of the assistance you requested.
4. You have a right to appeal any decision you do not agree with. You must appeal within five (5) working days after you received your decision.
5. You have a right to have a hearing to present your case.
6. You have a right have your assistance continued if you are already receiving assistance when you request a fair hearing.
7. You have a right to review the information in your file before your hearing.
8. You have a right to see the guidelines used by the welfare officer in making decisions on your application.
9. You have a right to be given a written notice of conditions before you are suspended from receiving assistance for failing to obey the guidelines.
10. You have a right to refuse to participate in municipal workfare program or to conduct a job search if you must care for a child under the age of five (5), if you are disabled or ill, or if you must take care of a member of your family who is disabled or ill.

Information given by or about an applicant or recipient of general assistance is confidential and privileged, and is not a public record under the provisions of RSA 91-A. Such information will not be published, released, or discussed with any individual or agency without written permission of the applicant or recipient except when disclosure is required by law, or when necessary to carry out the purposes of RSA 165, RSA 165:2-c.

## **Right to Apply**

1. Anyone may apply for general assistance by appearing in person or through an authorized representative and by completing a written or electronic application form. If more than one adult resides in a household, each may be required to appear at the welfare office to apply for assistance, unless one is working or otherwise reasonably unavailable. Unrelated adults in the applicant's residential unit may be required to apply separately if they do not meet the definition of household as defined in these guidelines. Each adult in the household may be requested to sign release of information forms.

2. The welfare official shall not be required to accept an application for general assistance from a recipient who is subject to a suspension pursuant to these guidelines (RSA 165:1-b, VI); provided that any applicant who contests a determination of continuing noncompliance with the guidelines may request a fair hearing as provided and provided further that a recipient who has been suspended for at least six months due to noncompliance may file a new application.

## **Welfare Official's Responsibilities at Time of Application**

When application is made for general assistance, the welfare official shall inform the applicant of:

1. The requirement of submitting an application. The welfare official shall provide assistance to the applicant in completing the application, if necessary (e.g., applicant is physically or mentally unable, or has a language barrier);
2. Eligibility requirements, including a general description of the guideline amounts and the eligibility formula;
3. The applicant's right to a fair hearing, and the manner in which a review may be obtained;
4. The applicant's responsibility for reporting all facts necessary to determine eligibility, and for presenting records and documents as requested and as reasonably available to support statements;
5. The joint responsibility of the welfare official and applicant for exploring facts concerning eligibility, needs and resources;
6. The kinds of verifications needed;
7. The fact that an investigation will be conducted in order to verify facts and statements presented by the applicant;

8. The applicant's responsibility to notify the welfare official of any change in circumstances that may affect eligibility;
9. Other forms of assistance for which the applicant may be eligible;
10. The availability of the welfare official to make home visits by mutually-agreed appointment to take applications and to conduct ongoing case management for applicants who cannot leave their homes;
11. The requirement of placing a lien on any real property owned by the recipient, or any civil judgements or property settlements, for any assistance given, except for good cause;
12. The fact that reimbursement from the recipient will be sought if he/she becomes able to repay the amount of assistance given; and
13. The applicant's right to review the guidelines.

## **Responsibility of Each Applicant and Recipient**

At the time of initial application, and at all times thereafter, the applicant/recipient has the following responsibilities:

1. To provide accurate, complete and current information concerning needs and resources and the whereabouts and circumstances of relatives who may be responsible under RSA 165:19;
2. To notify the welfare official promptly when there is a change in needs, resources, address or household size;
3. To apply for immediately, but no later than 7 days from initial application, and accept any benefits or resources, public or private, that will reduce or eliminate the need for general assistance. RSA 165:1-b, I (d);
4. To keep all appointments as scheduled;
5. To provide records and other pertinent information and access to said records and information when requested;
6. To provide a doctor's statement if claiming an inability to work due to medical problems;
7. Following a determination of eligibility for assistance, to diligently search for employment and provide verification of work search (the number of work search contacts to be determined by the welfare official), to accept employment when offered (except for documented reasons of good cause (RSA 165:1-d)), and to maintain such employment. RSA 165:1-b, I (c);
8. Following a determination of eligibility for assistance, to participate in the workfare program (workfare) if physically and mentally able. RSA 165:1-b, I (b); and

## **C. Other Sources of Verification**

Verification may also be made through other sources, such as relatives, employers, former employers, banks, school personnel, and social or government agencies. The cashier of a national bank or a treasurer of a savings and trust company is authorized by law to furnish information regarding amounts deposited to the credit of an applicant or recipient. RSA 165:4.

## **D. Written Consent of Applicant**

When information is sought from such other sources, the welfare official shall explain to the applicant or recipient what information is desired, how it will be used, and the necessity of obtaining it in order to establish eligibility. Before contact is made with any other source, the welfare official shall obtain written consent of the applicant or recipient, unless the welfare official has reasonable grounds to suspect fraud. In the case of suspected fraud, the welfare official shall carefully record his/her reasons and actions, and before any accusation or confrontation is made, the applicant shall be given an opportunity to explain or clarify the suspicious circumstances.

## **E. Legally Liable Relatives**

The welfare official may seek statements from the applicant's legally liable relatives regarding their ability to help support the applicant.

## **F. Refusal to Verify Information**

Should the applicant or recipient refuse comment and/or indicate an unwillingness to have the welfare official seek further information that is necessary, assistance may be denied for lack of eligibility verification.

## **Disbursements**

The municipality pays in a voucher system: RSA 165:1 (III). Vouchers are payable directly to the vendors (utilities, landlords, stores, etc.) involved.

The amount shown on the voucher is the maximum amount to be used for payment. In accordance with the municipality's accounting practices, a recipient may be required to sign the voucher to insure proper usage. The vendor returns the voucher with the required documentation, for payment, to the welfare official. After the initial transaction, if there is any unspent money, the voucher shall be returned to the municipality for payment of the actual amount listed on an itemized bill or register tape. Vouchers altered by the recipient or vendor may not be honored.

# Determination of Eligibility and Amount

## A. Eligibility Formula

An applicant is eligible to receive assistance when:

1. He/she meets the non-financial eligibility factors listed in Section C below; and
2. The applicant's basic maintenance need, as determined under Section E below, exceeds his/her available income (Section F below) plus available liquid assets (Section D below). If available income and available liquid assets exceed the basic maintenance need (as determined by the guideline amounts), the applicant is not eligible for general assistance. If the need exceeds the available income/assets, the amount of assistance granted to the applicant shall be the difference between the two amounts, in the absence of circumstances deemed by the welfare official to justify an exception.

## B. Legal Standard and Interpretation

"Whenever a person in any town is poor and unable to support himself he shall be relieved and maintained by the overseers of public welfare of such town, whether or not he has residence there." RSA 165:1.

1. An applicant cannot be denied assistance because he/she is not a resident. See Section X.
2. "Whenever" means at any or whatever time that person is poor and unable to support him or herself.
  - a. The welfare official, or a person authorized to act on his/her behalf, shall be available during normal business hours.
  - b. The eligibility of any applicant for general assistance shall be determined no later than five (5) working days after the application is submitted. If the applicant has an emergency need, then assistance for such emergency need shall be immediately provided
  - c. Assistance shall begin as soon as the applicant is determined to be eligible.
3. "Poor and unable to support" means that an individual lacks income and available liquid assets to adequately provide for the basic maintenance needs of him/herself or family as determined by the guidelines.
4. "Relieved" means an applicant shall be assisted to meet those basic needs.



## C. Non-Financial Eligibility Factors

**1. Age.** General assistance cannot be denied any applicant because of the applicant's age; age is not a factor in determining whether or not an applicant may receive general assistance. Minor children are assumed to be the responsibility of their parent(s) or legal guardian(s), unless circumstances warrant otherwise.

**2. Support Actions.** No applicant or recipient shall be compelled, as a condition of eligibility or continued receipt of assistance, to take any legal action against any other person. The municipality may pursue recovery against legally liable persons or governmental units. See Section XVI.

**3. Eligibility for Other Categorical Assistance.** Recipients who are, or may be, eligible for any other form of public assistance must apply for such assistance immediately, but no later than seven days after being advised to do so by the welfare official. Failure to do so may render the recipient ineligible for assistance and subject to action pursuant to Section XIII of these guidelines. No person receiving Old Age Assistance (OAA) or Aid to the Permanently and Totally Disabled (APTD), under RSA 167 or 161, shall at the same time be eligible for general assistance, except for emergency medical assistance as defined in Section IX (E)(8)(a) of these guidelines. RSA 167:27.

**4. Employment.** An applicant who is gainfully employed, but whose income and assets are not sufficient to meet necessary household expenses, may be eligible to receive general assistance. However, recipients who without good cause refuse a job offer or referral to suitable employment, participation in the workfare program, or who voluntarily leave a job without good cause may be ineligible for continuing general assistance in accordance with the procedures for suspension outlined in the guidelines. The welfare official shall first determine whether there is good cause for such refusal, taking into account the ability and physical and mental capacity of the applicant, transportation problems, working conditions that might involve risks to health or safety, lack of adequate child care, or any other factors that might make refusing a job reasonable. These employment requirements shall extend to all adult members of the household.

**5. Registration with the New Hampshire Department of Employment Security (NHES) and Work Search Requirements.** All unemployed recipients and adult members of their households shall, within seven days after having been granted assistance, register with NHES to find work and must conduct a reasonable, verified job search as determined by the welfare official. Each recipient must apply for employment to each employer to whom he/she is referred by the welfare official. These work search requirements apply unless the recipient and each other adult member of the household is:

- a. Gainfully employed full-time;
- b. A dependent 18 or under who is regularly attending secondary school;
- c. Unable to work due to illness or mental or physical disability of him/herself or another member of the household, as verified by the welfare official; or

d. Is solely responsible for the care of a child under the age of five. RSA 165:31,III. A recipient responsible for the care of a child aged five to twelve shall not be excused from work search requirements, but shall be deemed to have good cause to refuse a job requiring work during hours the child is not usually in school, if there is no responsible person available to provide care, and it is verified by the welfare official that no other care is available.

The welfare official shall give all necessary and reasonable assistance to ensure compliance with registration and work requirements, including the granting of allowances for transportation and work clothes. Failure of a recipient to comply with these requirements without good cause will be reason for denial of assistance.

**6. Students.** Applicants who are college students not available for or refusing to seek full-time employment are not eligible for general assistance.

**7. Non-Citizens.** The welfare officer may, in his/her sole discretion, provide limited assistance to non-citizens not otherwise eligible for general assistance.

a. A non-citizen who is not:

- A qualified alien under 8 USCA 1641,
- A non-immigrant under the federal Immigration and Nationality Act, or
- An alien paroled into the United States for less than one year under 8 USCA 1182(d)(5)

is not eligible for general assistance from the municipality. 8 USCA 1621(a).

b. Qualified aliens include aliens who are lawfully admitted for permanent residence under the Immigration and Nationality Act (8 USCA 1101 et seq.), aliens who are granted asylum under that act, certain refugees, and certain battered aliens. 8 USCA 1641.

c. A non-citizen who is not eligible for general assistance may be eligible for state assistance with health care items and services that are necessary for the treatment of an emergency medical condition, which is defined as a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part. 8 USCA 1621(b) and 42 USCA 1396(v)(3).

d. A non-citizen may also be eligible for general assistance for treatment of an emergency medical condition.

e. Non-citizen applicants for general assistance may be required to provide proof of eligibility. 8 USCA 1625.

**8. Property Transfers.** No applicant who is otherwise eligible shall receive such assistance if he/she has made an assignment, transfer, or conveyance of property for the purpose of rendering him/herself eligible for assistance within three years immediately preceding his/her application. RSA 165:2-b.

**9. Employment of Household Members.** The employment requirements of these guidelines, or participation in the workfare program, shall be required for all adults aged 18 to 65 years residing in the same household, except those regularly attending secondary school or employed on a full-time basis, who are:

- a. Members of the recipient's household;
- b. Legally liable to contribute to the support of the recipient and/or children of the household; and
- c. Not prevented from maintaining employment and contributing to the support of the household by reason of physical or mental disability or other justifiable cause as verified by the welfare official.

The welfare official may waive this requirement where failure of the other household members to comply is not the fault of the recipient and the welfare official decides it would be unreasonable for the recipient to establish a separate household. RSA 165:32.

**10. Disqualification for Voluntary Termination of Employment.** Any applicant eligible for assistance who voluntarily terminated employment shall be ineligible to receive assistance for 90 days from the date of employment termination, provided the applicant:

- a. Has received local welfare within the past 365 days; and
- b. Has been given notice that voluntary termination of employment without good cause could result in disqualification; and
- c. Has terminated employment of at least 20 hours per week without good cause within 60 days of an application for local welfare; and
- d. Is not responsible for supporting minor children in his/her household; and
- e. Did not have a mental or physical impairment which caused him/her to be unable to work.

Good cause for terminating employment shall include any of the following: discrimination, unreasonable work demands or unsuitable employment, retirement, leaving a job in order to accept a bona-fide job offer, migrant farm labor or seasonal construction, and lack of transportation or child care. An applicant shall be considered to have voluntarily terminated employment if the applicant fails to report for work without good cause. An applicant who is fired or resigns from a job at the request of the employer due to applicant's inability to maintain the employer's normal work productivity standard shall not be considered to have voluntarily terminated employment. RSA 165:1-d.

## D. Available Assets

**1. Available Liquid Assets.** Cash on hand, bank deposits, credit union accounts, securities and retirement plans (i.e., IRA's, deferred compensation, Keogh's, etc.) are available liquid assets. Insurance policies with a loan value, and non-essential personal property, may be considered as available liquid assets when they have been converted into cash. The welfare official shall allow a reasonable time for such conversion. However, tools of a trade, livestock and farm equipment, and necessary and ordinary household goods are essential items of personal property which shall not be considered as available assets.

**2. Automobile Ownership.** The ownership of one automobile by an applicant/recipient or his/her dependent does not affect eligibility if it is essential for transportation to seek or maintain employment, to procure medical services or rehabilitation services, or if its use is essential to the maintenance of the individual or the family.

**3. Insurance.** The ownership of insurance policies does not affect eligibility. However, when a policy has cash or loan value, the recipient will be required to obtain and/or borrow all available funds, which shall then be considered available liquid assets.

**4. Real Estate.** The type and amount of real estate owned by an applicant does not affect eligibility, although rent or other such income from property shall be considered as available to meet need. Applicants owning real estate property, other than that occupied as their primary residence, shall be expected to make reasonable efforts to dispose of it at fair market value. Applicants shall be informed that a lien covering the amount of any general assistance they receive shall be placed against any real estate they own. RSA 165:28.

## E. Standard of Need

The basic financial requirement for general assistance is that an applicant be poor and unable to support him/herself. An applicant shall be considered poor when he/she has insufficient available income/assets to purchase either for him/herself or dependents any of the following.

**1. Shelter.** The amount to be included as "need" for shelter is the actual cost of rent or mortgage necessary to provide shelter in that municipality. Such cost shall be determined in accordance with subparagraph 11 below. See Appendix A.

**a. Shelter Arrearages.** Shelter arrearages will be included in the "need" formula if, and only if, such payment is necessary to prevent eviction or foreclosure or to protect the health and safety of the household. However, if the amount of such mortgage or rental arrearage substantially exceeds the cost of alternative, available housing which complies with local health and housing code standards, or if the payment of arrears will not prevent eviction or foreclosure, the welfare official may instead authorize payment of security deposit, rent, and/or reasonable relocation expenses for such alternative housing if, under the circumstances of the case, it is reasonable to do so and would not cause undue hardship to the applicant household. Alternative housing may include transitional housing as an option.

**b. Security Deposits.** Security deposits may be included in the 'need' formula if, and only if, the applicant is unable to secure alternative shelter for which no security deposit is required or is unable to secure funds, either him/herself or from alternative sources, for payment of the deposit. Any security deposit provided by the general assistance program which is returned under RSA 540-A:7 shall be returned to the municipality, not the recipient.

**c. Relative Landlords.** Whenever a relative of an applicant is also the landlord for the applicant, a financial analysis shall be made in accordance with RSA 165:19.

**2. Utilities.** When utility costs are not included in the shelter expense, the most recent outstanding monthly utility bill will be included as part of "need" by the welfare official. Arrearages will not normally be included in "need" except as set forth below.

**3. Food.** The amount included as "need" for food purchases will be in accordance with the most recent standard food stamp allotment, as determined under the food stamp program administered by the New Hampshire Department of Health and Human Services. An amount in excess of the standard food allotment may be granted if one or more members of the household needs a special diet, as verified by the welfare official, the documented cost of which is greater than can be purchased with the family's allotment of food stamps. Food vouchers may not be used for alcohol, tobacco or pet food.

**4. Household Maintenance Allowance.** Applicants may include, in calculating "need," the cost of providing personal and household necessities in an amount not to exceed these guidelines, as determined in accordance with subparagraph 11 below. Need allowance for diapers shall be calculated based on usage.

**5. Telephone.** If the absence of a telephone would create an unreasonable risk to the applicant's health or safety (as verified by the welfare official), or for other good cause as determined by the welfare official, the lowest available basic monthly rate will be budgeted as "need." While payments will not be made for telephone bills, under exceptional circumstances where no other source of assistance is available payments may be made to maintain basic telephone service.

**6. Transportation.** If the welfare official determines that transportation is necessary (e.g., for health or medical reasons, to maintain employment, or to comply with conditions of assistance) "need" should include the costs of public transportation, where available. If, and only if, the transportation need cannot be reasonably provided by alternative means, such as public transportation or volunteer drivers, a reasonable amount for car payments and gasoline should be included as part of "need" when determining eligibility or amount of aid.

**7. Maintenance of Insurance.** In the event that the welfare official determines that the maintenance of medical insurance is essential, an applicant may include as "need" the reasonable cost of such premiums.

**8. Emergency and Other Expenses.** In the event that the applicant has the following current expenses, the actual cost shall be included as emergency and other expenses to determine eligibility and amount of assistance:

**a. Medical Expenses.** The welfare official shall not consider including amounts for medical, dental or eye services unless the applicant can verify that all other potential sources have been

investigated and that there is no source of assistance other than local welfare. Other sources to be considered shall include state and federal programs, local and area clinics, area service organizations and area hospital indigent programs designed for such needs. When an applicant requests medical service, prescriptions, dental service or eye service, the local welfare official may require verification from a doctor, dentist or person licensed to practice optometry in the area, indicating that these services are absolutely necessary and cannot be postponed without creating a significant risk that the applicant's well being will be placed in serious jeopardy.

**b. Legal Expenses.** Except for those specifically required by statute, no legal expenses will be included.

**c. Clothing.** If the applicant has an emergency clothing need which cannot be met in a timely fashion by other community resources (i.e.: Salvation Army, Red Cross, church group), the expense of reasonably meeting that emergency clothing need will be included.

**9. Unusual Needs Not Otherwise Provided For in These Guidelines.** If the welfare-official determines that the strict application of the standard of need criteria will result in unnecessary or undue hardship (e.g. needed services are inaccessible to the applicant), such official may make minor adjustments in the criteria, or may make allowances using the emergency need standards. Any such determination, and the reasons therefore, shall be stated in writing in the applicant's case record.

**10. Shared Expenses.** If the applicant/recipient household shares shelter, utility, or other expenses with a non-applicant/recipient (i.e.: is part of a residential unit), then need should be determined on a pro rata share, based on the total number of adults in the residential unit (e.g.: three adults in residential unit, but only one applies for assistance—shelter need is 1/3 of shelter allowance for household of three adults).

**11. Payment Levels for Allowable Expenses.** When adopting these guidelines, the municipal governing body shall establish payment levels for various allowable expenses which shall be based on actual local market conditions and costs. The payment levels shall be reviewed by the welfare official annually and modifications presented to the municipal governing body where market conditions have changed. RSA 165:1, II.

## F. Income

In determining eligibility and the amount of assistance, the standard of need shall be compared to the available income/assets. Computation of income and expenses will be by the week or month. The following items will be included in the computation:

**1. Earned Income.** Income in cash or in-kind earned by the applicant or any member of the household through wages, salary, commissions, or profit, whether self-employed or as an employee, is to be included as income. Rental income and profits from items sold are considered earned income. With respect to self-employment, total profit is arrived at by subtracting business expenses from gross income in accordance with standard accounting principles. When income consists of wages, the amount computed should be that available after income taxes, social security and other payroll deductions required by state, federal, or local law, court ordered support payments and child care costs, and work related clothing costs have been deducted from income. Wages that are trusteed, or income similarly unavailable to the applicant or applicant's dependents, should not be included.

**2. Income or Support from Other Persons.** Contributions from relatives or other household members shall be considered as income only if actually available and received by the applicant or recipient. The income of non-household members of the applicant's residential unit shall not be counted as income. (Expenses shared with non-household members may affect the level of need, however.

**3. Income from Other Assistance or Social Insurance Programs.**

a. State categorical assistance benefits, OASDI payments, Social Security Payments, VA benefits, unemployment insurance benefits, and payment from other government sources shall be considered income.

b. Food Stamps cannot be counted as income pursuant to federal law. (7 USC 2017(b))

c. Fuel assistance cannot be counted as income pursuant to federal law. (42 USC 8624(f)(1))

**4. Court-Ordered Support Payments.** Alimony and child support payments shall be considered income only if actually received by the applicant or recipient.

**5. Income from Other Sources.** Payment from pension, trust funds, and similar programs shall be considered income.

**6. Earnings of a Child.** No inquiry shall be made into the earnings of a child 14 years of age or less unless that child makes a regular and substantial contribution to the family.

**7. Option to Treat a Qualified State Assistance Reduction as Deemed Income.** The welfare official may deem as income all or any portion of any qualified state assistance reduction pursuant to RSA 167:82, VIII. The following criteria shall apply to any action to deem income under this section. RSA 165:1-e.

a. The authority to deem income under this section shall terminate when the Qualified State Assistance Reduction no longer is in effect.

b. Applicants for general assistance may be required to cooperate in obtaining information from the Department of Health and Human Services as to the existence and amount of any Qualified State Assistance Reduction. No applicant for general assistance may be considered to be subject to a Qualified State Assistance Reduction unless the existence and amount has been confirmed by the Department of Health and Human Services.

c. The welfare official shall provide the applicant with a written decision which sets forth the amount of any deemed income used to determine eligibility for general assistance.

d. Whenever necessary to prevent an immediate threat to the health and safety of children in the household, the welfare official shall waive that portion, if any, of the Qualified State Assistance Reduction as necessary.

**6. Earnings of a Child.** No inquiry shall be made into the earnings of a child 14 years of age or less unless that child makes a regular and substantial contribution to the family.

**7. Option to Treat a Qualified State Assistance Reduction as Deemed Income.** The welfare official may deem as income all or any portion of any qualified state assistance reduction pursuant to RSA 167:82, VIII. The following criteria shall apply to any action to deem income under this section. RSA 165:1-e.

## **G. Residents of Shelters for Victims of Domestic Violence and Their Children**

An applicant residing in a shelter for victims of domestic violence and their children who has income, and owns resources jointly with the abusive member of the applicant's household, shall be required to cooperate with the normal procedures for purposes of verification. Such resources and income may be excluded from eligibility determinations unless the applicant has safe access to joint resources at the time of application. The verification process may be completed through an authorized representative of the shelter of residence. The normal procedures taken in accordance with these guidelines to recover assistance granted shall not delay such assistance.



## **Non-Residents**

### **A. Eligibility**

Applicants who are temporarily in a municipality which is not their municipality of residence and who do not intend to make a residence there are nonetheless eligible to receive general assistance, provided they are poor and unable to support themselves. RSA 165:1-c. No applicant shall be refused assistance solely on the basis of residence. RSA 165:1.

### **B. Standards**

The application procedure, eligibility standards and standard of need shall be the same for nonresidents as for residents.

### **C. Verification**

Verification records shall not be considered unavailable, nor the applicant's responsibility for providing such records relaxed, solely because they are located in the applicant's municipality of residence.

### **D. Temporary or Emergency Aid**

The standards for the fulfilling of immediate or emergency needs of nonresidents and for temporary assistance pending final decision shall be the same as for residents.

### **E. Determination of Residence**

Determination of residence shall be made if the applicant requests return home transportation (See paragraph F below), or if the welfare official has reason to believe the applicant is a resident of another New Hampshire municipality from which recovery can be made under RSA 165:20.

1. **Minors.** The residence of a minor applicant shall be presumed to be the residence of his/her custodial parent or guardian.
2. **Adults.** For competent adults, the standard for determining residence shall be the overall intent of the applicant, as set forth in the Section I definition of "residence." The statement of an applicant over 18 as to his/her residence or intent to establish residence shall be accepted in the absence of strongly inconsistent evidence or behavior.

### **F. Return Home Transportation**

At the request of a nonresident applicant, any aid, temporary or otherwise, to which he/she would be otherwise entitled under the standards set forth in these guidelines, may be used by the welfare official to cause the applicant to be returned to his/her municipality of residence. RSA 165:1-c.

## **G. Recovery**

Any aid given to a nonresident, including the costs of return home transportation, may be recovered from his/her municipality of residence.

## **Municipal Work Programs**

### **A. Participation**

Any recipient of general assistance who is able and not gainfully employed may be required to work for the municipality or an appropriate local human service agency at any available bona fide job that is within his/her capacity (RSA 165:31) for the purpose of reimbursement of benefits received. Participants in the workfare program are not considered employees of the municipality, and any work performed by workfare participants does not give rise to any employee-employer relationship between the recipient/workfare participant and the municipality.

### **B. Reimbursement Rate**

The workfare participant shall be allotted the prevailing municipal wage for work performed, but in no case less than the minimum wage. No cash compensation shall be paid for workfare participation; the wage value of all hours worked shall be used to reimburse the municipality for assistance given. No workfare participant shall be required to work more hours than necessary to reimburse aid rendered.

### **C. Continuing Financial Liability**

If, due to lack of available municipal work or other good cause, a recipient does not work a sufficient number of hours to fully reimburse the municipality for the amount of his/her aid, the amount of aid received less the value of workfare hours completed shall still be owed to the municipality.

### **D. Allowance for Work Search**

The municipality shall provide reasonable time during working hours for the workfare participant to conduct a documented employment search.

## **E. Workfare Program Attendance**

With prior notice to the welfare official, a recipient may be excused from workfare participation if he/she:

1. Has a conflicting job interview;
2. Has a conflicting interview at a service or welfare agency;
3. Has a medical appointment or illness;
4. As a parent or person "in loco parentis," must care for a child under the age of five. A recipient responsible for a child age five but under 12 shall not be required to work during hours the child is not in school, if there is no responsible person available to provide care, and no other care is available;
5. Is unable to work due to mental or physical disability, as verified by the welfare official;
6. Must remain at home because of illness or disability to another member of the household, as verified by the welfare official; or
7. Does not possess the materials or tools required to perform the task and the municipality fails to provide them. However, the workfare participant should attempt to schedule appointments so as not to conflict with the workfare program and must notify his/her supervisor in advance of the appointment. The welfare official may require participants to provide documentation of their attendance at a conflicting interview or appointment.

## **F. Workfare Hours**

Workfare hours are subject to approval of the supervisor and the welfare official. Failure of the participant to adhere to the agreed workfare hours (except for the reasons listed above) will prompt review of the recipient's eligibility for general assistance, and may result in a suspension or termination of assistance.

## **G. Workers Compensation**

The municipality shall provide workers compensation coverage to participants in workfare programs in the same manner such coverage is provided to other municipal employees, unless the local governing body of the municipality has voted to adopt a guideline making the provisions of the workers compensation laws not applicable to workfare program participants. RSA 281-A:2, VII(b).

## **Burials & Cremations**

The welfare official shall provide for proper burial or cremation, at municipal expense, of persons found in the municipality at time of death, regardless of whether the deceased person ever applied for or received general assistance from any municipality. In such cases, assistance may be applied for on

behalf of the deceased person, however the application should be made before any burial or cremation expenses are incurred. The expense may be recovered from the deceased person's municipality of residence, or from a liable relative pursuant to RSA 165:3, II. If relatives, other private persons, the state or other sources are unable to cover the entire burial/cremation expense, the municipality will pay up to \$3,000.00 for burial/cremation. RSA 165:3 and RSA 165:1-b; see also RSA 165:27 and 165:27-a.

## **Right to Notice of Adverse Action**

### **A. Right to a Written Decision**

All persons have a constitutional right to be free of unfair, arbitrary or unreasonable action taken by government. This includes applicants for and recipients of general assistance whose aid has been denied, terminated or reduced. Every applicant and recipient shall be given a written notice of every decision regarding assistance. The welfare official will make every effort to ensure that the applicant understands the decision.

### **B. Action Taken for Reasons Other Than Noncompliance with the Guidelines**

1. Whenever a decision is made to deny assistance or to refuse to grant the full amount of assistance requested, a notice of the decision shall be given or mailed to the applicant either the same day or next work day following the making of the decision or within five working days from the time the application is filled out and submitted, whichever occurs first.
2. In any case where the welfare official decides to terminate or reduce assistance for reasons other than noncompliance with the guidelines, the official shall send notice at least seven days in advance of the effective date of the decision to the recipient stating the intended action.
3. The notice required by paragraphs 1 and 2 above shall contain:
  - a. A clear statement of the reasons for the denial or proposed termination or reduction.
  - b. A statement advising the recipient of his/her right to a fair hearing and that any request for a fair hearing must be made in writing within five working days.
  - c. A form on which the recipient may request a fair hearing.
  - d. A statement advising the recipient of the time limits which must be met in order to receive a fair hearing.
  - e. A statement that assistance may continue, if there was initial eligibility, until the date of hearing, if requested by the claimant. Aid must be repaid if the claimant fails to prevail at the hearing.

## C. Suspension for Noncompliance with the Guidelines

**NOTE:** This procedure has been developed by LGC in an effort to set forth a clear process for suspension of assistance for willful noncompliance with guidelines, under RSA 165:1-b. There are differing opinions as to the intent and interpretation of the statute. There are differing opinions as to the specific procedures required by the statute. The procedures outlined in this section are not specifically mandated by RSA 165:1-b, but are LGC's attempt to create a legally sound compromise.

**1. Due Process.** Recipients must comply with these guidelines and the reasonable requests of welfare officials. Welfare officials must enforce the guidelines while ensuring that all recipients and applicants receive due process. Recipients should be given reasonable notice of the conditions and requirements of eligibility and continuing eligibility and notice that noncompliance may result in termination or suspension.

**2. Conditions.** Any applicant/recipient otherwise eligible for assistance shall become ineligible under RSA 165:1-b if he/she willfully and without good cause fails to comply with the requirements of these guidelines relating to the obligation to:

- a. Disclose and provide verification of income, resources or other material financial data, including any changes in this information;
- b. Participate in the work program to the extent assigned by the welfare official;
- c. Comply with the work search requirements imposed by the welfare official; and
- d. Apply for other public assistance, as required by the welfare official.

**3. First Notice.** No recipient otherwise eligible shall be suspended for noncompliance with conditions unless he/she has been given a written notice of the actions required in order to remain eligible and a seven-day period within which to comply. The first notice should be given at the time of the notice of decision and thereafter as conditions change. Additional notice of actions required should also be given, as eligibility is re-determined, but without an additional seven day period unless new actions are required. RSA 165:1-b, II.

**4. Noncompliance.**

- a. If a recipient willfully and without good cause fails to come into compliance during the seven day period, or willfully falls into noncompliance within 30 days from receipt of a first notice, the welfare official shall give the recipient a suspension notice, as set forth in paragraph 5.

b. If a recipient falls into noncompliance for the first time more than 30 days after receipt of a first notice, the welfare official shall give the recipient a new first notice with a new seven day period to comply (See Form L) before giving the recipient the suspension notice. RSA 165:1-b, III.

**5. Suspension Notice.** Written notice to a recipient that he/she is suspended from assistance due to failure to comply with the conditions required in a first notice shall include (See Form L):

- a. A list of the guidelines with which the recipient is not in compliance and a description of those actions necessary for compliance;
- b. The period of suspension (See paragraph 6 below);
- c. Notice of the right to a fair hearing on the issue of willful noncompliance and that such request must be made in writing within five days of receipt of the suspension notice;
- d. A statement that assistance may continue in accordance with the prior eligibility determination until the fair hearing decision is made if the recipient so requests on the request form for the fair hearing, however, if the recipient fails to prevail at the hearing: 1) the suspension will start after the decision, and 2) such aid must be repaid by the recipient; and
- e. A form on which the individual may request a fair hearing and the continuance of assistance pending the outcome.

**6. Suspension Period.** The suspension period for failure to comply with these guidelines shall last:

- a. Either seven days, or 14 days if the recipient has had a prior suspension which ended within the past six months, and
- b. Until the recipient complies with the guidelines if the recipient, upon the expiration of the seven or 14-day suspension period, continues to fail to carry out the specific actions set forth in the notice.
- c. Notwithstanding paragraph C(6)(b) above, a recipient who has been suspended for noncompliance for at least six months may file a new application for assistance without coming back into compliance.

**7. Fair Hearing on Continuing Noncompliance.** A recipient who has been suspended until he/she complies with the guidelines may request a fair hearing to resolve a dispute over whether or not he/she has satisfactorily complied with the required guidelines, however no assistance shall be available under paragraph C(5)(d) above.

**8. Compliance After Suspension.** A recipient who has been subject to a suspension and who has come back into compliance shall have his/her assistance resumed, provided he/she is still

otherwise eligible. The notice of decision stating that assistance has been resumed should again set forth the actions required to remain eligible for assistance, but need not provide a seven-day period for compliance unless new conditions have been imposed.

## **Fair Hearings**

### **A. Requests**

A request for a fair hearing is a written expression, by the applicant or recipient, or any person acting for him/her, to the effect that he/she wants an opportunity to present his/her case to a higher authority. When a request for assistance is denied or when an applicant desires to challenge a decision made by the welfare official relative to the receipt of assistance, the applicant must present a request for a fair hearing to the welfare official within five (5) working days of receipt of the notice of decision at issue. RSA 165:1-b, III.

### **B. Time Limits for Hearings**

Hearings requested by claimants must be held within seven (7) working days of the receipt of the request. The welfare official shall give notice to the claimant setting the time and location of the hearing. This notice must be given to the claimant at least forty-eight (48) hours in advance of the hearing, or mailed to the claimant at least seventy-two (72) hours in advance of the hearing.

### **C. The Fair Hearing Officer(s)**

The fair hearing officer or officers may be chosen by the (mayor, manager, administrative assistant or chairman of the board of selectmen). The person(s) serving as the fair hearing authority must:

1. Not have participated in the decision causing dissatisfaction;
2. Be impartial;
3. Be sufficiently skilled in interviewing to be able to obtain evidence and facts necessary for a fair determination; and
4. Be capable of evaluating all evidence fairly and realistically, to explain to the claimant the laws and regulations under which the welfare official operated, and to interpret to the welfare official any evidence of unsound, unclear or inequitable policies, practices or action.

### **D. Fair Hearing Procedures**

1. All fair hearings shall be conducted in such a manner as to ensure due process of law. Fair hearings shall not be conducted according to strict rules of evidence. The burden of proof shall be on the claimant, who shall be required to establish his/her case by a preponderance of the evidence.

2. The welfare official responsible for the disputed decision shall attend the hearing and testify about his/her actions and the reasons therefore.
3. Both parties shall be given the opportunity to offer evidence and explain their positions as fully and completely as they wish. The claimant shall have the opportunity to present his/her own case or, at the claimant's option, with the aid of others, and to bring witnesses, to establish all pertinent facts, to advance any arguments without undue interference, to question or refute testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.
4. A claimant or his/her duly authorized representative has the right to examine, prior to a fair hearing, all records, papers and documents from the claimant's case file which either party may wish to introduce at the fair hearing, as well as any available documents not contained in the case file but relevant to the welfare official's action of which the claimant complains. The claimant may introduce any such documents, papers or records into evidence. No record, paper or document, which the claimant has requested to review but has not been allowed to examine prior to the hearing, shall be introduced at the hearing or become part of the record.
5. The welfare official (or a duly authorized representative) shall have the right to examine at the fair hearing all documents on which the claimant plans to rely at the fair hearing and may request a 24-hour continuance if such documents contain evidence not previously provided or disclosed by the claimant. Should the applicant have new documentation relevant to the disputed decision, he/she may reapply for assistance and file a written withdrawal of the fair hearing request.
6. The decision of the fair hearing officer(s) must be based solely on the record, in light of these guidelines. Evidence, both written and oral, which is admitted at the hearing shall be the sole contents of the record. The fair hearing officer shall not review the case record or other materials prior to introduction at the hearing.
7. The parties may stipulate to any facts.
8. All fair hearings may be tape-recorded and retained for six (6) months.

## **E. Decisions**

1. Fair hearing decisions shall be rendered within seven (7) working days of the hearing. Decisions shall be in writing setting forth the reasons for decision and the facts on which the fair hearing officer relied in reaching the decision. A copy of the decision shall be mailed or delivered to the claimant and to the welfare official.
2. Fair hearing decisions will be rendered on the basis of the officer's findings of fact, these guidelines and state and federal law. The fair hearing decision shall set forth appropriate relief.
3. The decision shall be dated. In the case of a hearing to review a denial of aid, the decision is retroactive to the date of the action being appealed. If a claimant fails to prevail at the hearing, the assistance given pending the hearing shall be a debt owed by the individual to the municipality.
4. The welfare official shall keep all fair hearing decisions on file in chronological order.



5. None of the procedures specified herein shall limit any right of the applicant or recipient to subsequent court action to review or challenge the adverse decision.

## **Liens**

### **A. Real Estate**

The law requires the municipality to place a lien for welfare aid received on any real estate owned by an assisted person in all cases except for just cause. (This section does not authorize the placement of a lien on the real estate of legally liable relatives, as defined by RSA 165:19.) The selectmen, city council, or alderman shall file a Notice of Lien with the County Registry of Deeds, complete with the owner's name and a description of the property sufficient to identify it. Interest at the rate of 6% per year shall be charged on the amount of money constituting the lien commencing one year after the date the lien is filed, unless waived by the municipality. The lien remains in effect until enforced or released or until the amount of the lien is repaid to the municipality. The lien shall not be enforced so long as the real estate is occupied as the sole residence of the assisted person, his/her surviving spouse, or his/her surviving children who are under age 18 or blind or permanently and totally disabled. At such time as the lien may become enforceable, the welfare officer shall attempt to contact the attorney handling the real estate or estate before enforcing the lien. Upon repayment of a lien, the municipality must file written notice of the discharge of the lien with the County Registry of Deeds. RSA 165:28.

### **B. Civil Judgments – RSA 165:28-a.**

1. A municipality shall be entitled to a lien upon property passing under the terms of a will or by in testate succession, a property settlement, or a civil judgment for personal injuries (except Workers Compensation) awarded any person granted assistance by the municipality for the amount of assistance granted by the municipality.
2. The municipality shall be entitled to the lien only if the assistance was granted no more than 6 years before the receipt of the inheritance or the award of the property settlement or civil judgment. When the welfare officer becomes aware of such a claim against a civil judgment, he/she shall contact the attorney representing the recipient.
3. This lien shall take precedence over all other claims.

## **Recovery of Assistance**

The welfare official shall seek to recover money expended to assist eligible applicants. There shall be no delay, refusal to assist, reduction or termination of assistance while the welfare official is pursuing the procedural or statutory avenues to secure reimbursement. Any legal action to recover must be filed in a court within six (6) years after the expenditure. RSA 165:25.

## **A. Recovery from Responsible Relatives**

The amount of money spent by a municipality to assist a recipient who has a father, mother, stepfather, stepmother, husband, wife or child (who is no longer a minor) of sufficient ability to also support the recipient, may be recovered from the liable relative. Sufficient ability shall be deemed to exist when the relative's weekly income is more than sufficient to provide a reasonable subsistence compatible with decency and health. The welfare official may determine that "in kind" assistance or the provision of products/services to the client is acceptable as a relative's response to liability for support. Written notice of money spent in support of a recipient must be given to the liable relative. The welfare official shall make reasonable efforts to give such written notice prior to the giving of aid, but aid to which an applicant is entitled under these guidelines, shall not be delayed due to inability to contact possibly liable relatives. RSA 165:19.

## **B. Recovery from the Municipality of Residence**

The welfare official shall seek to recover from the municipality of residence the amount of money spent by the municipality to assist a recipient who has a residence in another municipality. Written notice of money spent in support of a recipient must be given to the welfare official of the municipality of residence. In any civil action for recovery brought under RSA 165:20, the court shall award costs to the prevailing party. RSA 165:19 and 20. (See RSA 165:20-a providing for arbitration of such disputes between communities.) RSA 165:20.

## **C. Recovery from Former Recipient's Income**

A former recipient who is returned to an income status after receiving assistance may be required to reimburse the municipality for the assistance provided, if such reimbursement can be made without financial hardship. RSA 165:20-b.

## **D. Recovery from State and Federal Sources**

The amount of money spent by a municipality to support a recipient who has made initial application for SSI and has signed HHS FORM 151 "AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE" shall be recovered through the SSA and the New Hampshire Department of Health and Human Services. Prescription expenses paid by the municipality for applicants who have applied for Medicaid shall be recovered through the New Hampshire Department of Health and Human Services if and when the applicant is approved for medical coverage.

## **E. Delayed State Claims**

For those recipients of general assistance deemed eligible for state assistance, New Hampshire Department of Health and Human Services shall reimburse a municipality the amount of general assistance as a result of delays in processing within the federally mandated time periods. Any claims for reimbursement shall be held until the end of the fiscal year and may be reimbursed on a pro-rated basis dependent upon the total claims filed per year. RSA 165:20-c. A Form 340 "REQUEST FOR STATE REIMBURSEMENT" may be obtained from the New Hampshire Department of Health and Human Services for this purpose.

### APPLICATION FOR ASSISTANCE

Date of Application \_\_\_\_\_ Referred by \_\_\_\_\_

**1. General Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security number \_\_\_\_\_ US Citizen? \_\_\_\_\_

Marital Status \_\_\_\_\_ Rent or Own? \_\_\_\_\_ How long at this address? \_\_\_\_\_

Spouse/Co-Applicant Name \_\_\_\_\_ SS# \_\_\_\_\_

Spouse address (if not same as applicant) \_\_\_\_\_

**Assistance Requested** \_\_\_\_\_

Reason for request \_\_\_\_\_

Have you applied for local assistance before? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ Under what name? \_\_\_\_\_

**List below all persons living in your household:**

Full Name	Relationship	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**If at your current address less than 12 months, please list past 12 month's addresses:**

Street	Town/City	State	Dates of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____





**5. Household Income**

Indicate any benefits or income received or applied for by you or any household member:

	Name	Date Applied	Date Last Received	Monthly Amount
ANB (Aid to the Needy Blind)	_____	_____	_____	_____
APTD	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Disability (Employer)	_____	_____	_____	_____
Food Stamps	_____	_____	_____	_____
Fuel Assistance	_____	_____	_____	_____
Gifts/Loans	_____	_____	_____	_____
Maternity Benefits	_____	_____	_____	_____
Medicaid	_____	_____	_____	_____
OAA (Old Age Assistance)	_____	_____	_____	_____
Retirement	_____	_____	_____	_____
Severance Pay	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
SSDI (SS Disability)	_____	_____	_____	_____
SSI (Supplemental Security)	_____	_____	_____	_____
TANF	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Vacation Pay	_____	_____	_____	_____
Veteran's Pension	_____	_____	_____	_____
Vocational Rehabilitation	_____	_____	_____	_____
WIC(Women/Infants/Children)	_____	_____	_____	_____
Worker's Compensation	_____	_____	_____	_____
Other: [ _____ ]	_____	_____	_____	_____

Are you or any other household member working, volunteering, and/or receiving assistance from any other agencies?

<u>Name</u>	<u>Agency Name</u>	<u>Contact Person</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**6. Household Expenses**

List actual or estimated regular monthly expenses. (Not all expenses will be allowable to be included in your eligibility determination, but all should be listed to show your financial situation.)

Bank Fees _____	Diapers _____	Mortgage _____
Bus/Cab _____	Electric _____	Prescriptions _____
Cable/Internet _____	Food _____	Rent _____
Child Support Paid _____	Fuel Oil _____	Rent-To-Own _____
Car Gasoline _____	Gas, Bottled _____	School Loan _____
Car Insurance _____	Gas, Natural _____	Storage _____
Car Payment _____	Health Insurance _____	Telephone _____
Condo Fee _____	Laundry _____	Other _____
Child Care _____	Loan _____	Other _____
Credit Card _____	Lot Rent _____	Other _____

List unplanned, emergency or irregular periodic expenses during the past 30 days:

Car Inspection _____	Drivers License _____	Medical _____
Car registration _____	Fines/Court Payments _____	Sewer/Water _____
Car repair _____	Home Reparis _____	Tax (Income/Property) _____
Dental _____	Home/Rent Insurance _____	Other _____

**7. Criminal Information**

Have you or any member of your household ever been convicted of a felony which has not been annulled? (yes/no) \_\_\_\_\_ If yes, who? \_\_\_\_\_ When? \_\_\_\_\_

Town/City & State of conviction \_\_\_\_\_ Details of conviction: \_\_\_\_\_

Are you or any member of your household presently on parole or probation? (yes/no) \_\_\_\_\_

If yes, who? \_\_\_\_\_ Court or jurisdiction? \_\_\_\_\_

Name & phone number of parole/probation officer \_\_\_\_\_

**8. Liability for Support Information**

Please provide following details:

Your father \_\_\_\_\_ Address \_\_\_\_\_

Your mother \_\_\_\_\_ Address \_\_\_\_\_

Co-applicant father \_\_\_\_\_ Address \_\_\_\_\_

Co-applicant mother \_\_\_\_\_ Address \_\_\_\_\_

Your or co-applicant's adult children \_\_\_\_\_

**9. Certifications and Signatures**

I understand that if I receive assistance from the municipality I may be required to participate in the welfare work ("workfare") program. (RSA 165:31)

I understand that I may be required to repay any assistance provided, after deduction of the value of workfare hours I have completed, if I am returned to an income status which enables me to reimburse without financial hardship. (RSA 165:20-b).

I understand that if I am assisted the municipality may place a lien against any real property which I own. (RSA 165:28)

I hereby certify that if I have a lawsuit, worker's compensation claim, or aid from any other social service agency now pending, I have listed these in this application. I further agree to notify the Welfare Official immediately upon receipt of any money from or upon the settlement of such claim. I understand that if I am assisted, the municipality may place a lien against any property settlement or civil judgment for personal injuries which I receive within six years of receiving municipal assistance. (RSA 165-28a)

I hereby certify that the information I have provided on this application is complete to the best of my knowledge and belief and provides a true summary of my income, assets and needs. I understand I may be required to provide documents and/or other forms of verification to prove the information requested on this application. I hereby certify that all information I will provide in response to questions asked by the welfare official is true and complete to the best of my knowledge and belief. I understand that if I knowingly give false information or withhold information related to my receipt of assistance, now or in the future, I may be prosecuted for the crime of Unsworn Falsification (RSA 641:3)

I understand that if I obtain a job after I am assisted by the municipality, and I later quit the job without good cause, I may be ineligible for local assistance from the municipality and any other New Hampshire municipality for a period of up to ninety days. (RSA 165:1-d)

I understand that if I am a recipient of Temporary Assistance for Needy Families (TANF) cash benefits and I fail to comply with TANF regulations, leading to a sanction and loss of income, the municipality may, under certain circumstances, disregard this decrease in my income. (RSA 165:1-e)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Co-applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing form  
(if not applicant)

\_\_\_\_\_  
Date



**AUTHORIZATION FOR THE RELEASE OF INFORMATION – DHHS**

I, \_\_\_\_\_, the undersigned, understand that from time to time,  
Print Your Name  
 the local welfare administrator for \_\_\_\_\_ may require certain information about  
Town/City

assistance I am applying for or receiving from the New Hampshire Department of Health and Human Services, Division of Family Assistance (DFA). When information cannot be provided by me personally, I hereby authorize DFA to release the following information to the local welfare administrator for the specific purposes outlined below:

Type of Information	Purpose for Requesting this Information
Date of DFA application(s), type(s) of assistance applied for, date of eligibility determination, expected date of benefit issuance, amount of cash grant (if applicable) and/or the reason my case closed or my application was denied	Basic administration of my local welfare assistance case including verification of information provided by me for determining eligibility for local welfare assistance
Date my Medicaid case opened and my Medicaid Identification Number(s)	Processing of Medicaid reimbursements if/when, during the time my Medicaid application was pending, the local welfare administrator makes an expenditure on my behalf for an item covered by Medicaid
Date of any sanction of my cash assistance grant	Determining countable household income also called "deeming"
Reason for any sanction of my cash assistance grant	Helping me to remove the sanction

**I understand that** I have the option to provide any or all of the requested information myself.

**I understand that** any use of the above information inconsistent with these purposes is forbidden.

**I understand that** the local welfare administrator may not release information provided under this authorization to any other person without my written permission.

**This authorization shall expire 180 days from the date it is signed.**

\_\_\_\_\_  
 Signature Date

If the signature above is not that of the person to whom the requested information pertains, the relationship of the signer to that person must be indicated, the signature must be witnessed, and verification that the signer has the authority to represent the person in these matters with DFA must be provided upon DFA request.

\_\_\_\_\_  
 Relationship to You Witness Date

FORM C

**APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION**

I/We, \_\_\_\_\_, authorize any relative, physician, lawyer, banker, employer, insurance company, mental health professional, school official or other person or organization having information concerning my/our circumstances to furnish such information to the Municipal Welfare Department. I/We also authorize the Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, New Hampshire Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Veteran's Administration and Fuel Assistance, or any non-profit agency to release information from their files to the Municipal Welfare Department.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Co-applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing form (if not applicant); Relationship to applicant

\_\_\_\_\_  
Date

**APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION**  
**(specific agency/individual)**

I understand that as part of the administration of the general assistance program, a municipal welfare official may verify information I have provided on my application for assistance and any other information that would affect my eligibility. My signature below authorizes \_\_\_\_\_, town/city of Marlow welfare official, to obtain information from \_\_\_\_\_ regarding factors relevant to my application for general assistance benefits.

This authorization shall expire one year from the date it is signed.

A photocopy of this signed authorization may be used in place of an original.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Welfare Official

FORM E  
**REQUIRED VERIFICATIONS**

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**YOUR APPOINTMENT IS SCHEDULED FOR:** \_\_\_\_\_

You must provide the following verification/documentation at this appointment  
or assistance may be delayed or denied:

\_\_\_\_\_ Completed Application Form

\_\_\_\_\_ Rental Verification Form

\_\_\_\_\_ Last four weeks pay-stubs or other proof of net wages

\_\_\_\_\_ Last four week's receipts or other proof of bills paid or currently due

\_\_\_\_\_ Employment verification form from your employer

\_\_\_\_\_ Employment termination form from your last employer

\_\_\_\_\_ You have applied for / are receiving Social Security benefits

\_\_\_\_\_ You have applied at the HHS District Office for:

Emergency Food Stamps

Food Stamps

TANF

Title XX Daycare

APTD/MA

OAA

TANF Emergency Assistance

\_\_\_\_\_ You have applied for / are receiving Fuel Assistance benefits

\_\_\_\_\_ Verification of injury or illness

\_\_\_\_\_ You have applied for / are receiving Unemployment Compensation

\_\_\_\_\_ If available, picture ID (Adults); Birth certificate/SS card (minors)

\_\_\_\_\_ Vehicle registration

\_\_\_\_\_ Savings and checking account, liquid asset statements, bankbooks

\_\_\_\_\_ Statement child support payments received / Child support court order

\_\_\_\_\_ Statement from room-mate(s) regarding division of expenses

Other: \_\_\_\_\_

I understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance, and I understand that if approved for assistance I may be required to do a job search and participate in workfare.

\_\_\_\_\_  
Welfare Staff signature

\_\_\_\_\_  
Applicant signature

**INTAKE FORM**

(to be completed at the time of each request for assistance)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle Maiden

ADDRESS: \_\_\_\_\_  
Street / # / Apartment Town

HOW LONG AT THIS ADDRESS? \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING AT THIS TIME? \_\_\_\_\_  
\_\_\_\_\_

NAMES AND AGES OF ALL HOUSEHOLD MEMBERS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ALL SOURCES AND AMOUNTS OF HOUSEHOLD'S EARNED AND UNEARNED INCOME.  
THIS INCLUDES CASH, SAVINGS AND CHECKING ACCOUNTS:  
\_\_\_\_\_  
\_\_\_\_\_

INDICATE ANY CHANGES IN YOUR PERSONAL SITUATION SINCE YOUR LAST VISIT.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that if I knowingly give false information or withhold information related to my receipt of assistance, now or in the future, I may be prosecuted for a crime.**

\_\_\_\_\_  
SIGNATURE

**MUNICIPAL WELFARE DEPARTMENT  
MEDICAL RELEASE AND REPORT**

APPLICANT NAME/SS#: \_\_\_\_\_ dob: \_\_\_\_\_

I hereby request the release by a doctor, hospital or clinic to the Municipal Welfare Department, or it's authorized representative, any information regarding my medical diagnosis, medical history, treatment plan or hospitalization. A photocopy of this signed release may be used in place of an original, in effect for six months from date of my signature below:

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

**TO THE PHYSICIAN OR CLINIC:**

The person named above has indicated that he/she is currently unable to work and is in treatment with you. New Hampshire General Assistance laws require able-bodied welfare applicants to seek and retain work as a condition of continued assistance, with the goal of minimizing the period of assistance necessary. The Municipality also may require welfare recipients to work in any capacity that the recipient is able in exchange for assistance. For these reasons, will you please briefly respond to these questions:

What is the condition(s) for which you are treating this person? \_\_\_\_\_

What is the nature and extent of this individual's limitations? \_\_\_\_\_

Is this person disabled? No  Yes  (If yes, please clarify below)

Temporarily  Permanently  Partially  Totally

Date incapacity began: \_\_\_\_\_ Expected to end: \_\_\_\_\_

When will this individual be capable of returning to work? What type of work would be suitable for this individual? Please describe any limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications Prescribed: \_\_\_\_\_

\_\_\_\_\_  
**Physician Name / Signature**

\_\_\_\_\_  
**Date**

*Thank you for taking the time to complete this form.  
Please contact the Municipal Welfare Department if you have any questions.*

**EMPLOYMENT VERIFICATION FORM**

To Employer \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**For the purpose of administration of municipal assistance, the following information is required for:**

\_\_\_\_\_  
[name of employee]

Date of Hire \_\_\_\_\_ Date starting/started work \_\_\_\_\_ Hourly Pay Rate \_\_\_\_\_

Full/part time \_\_\_\_\_ Hours per week \_\_\_\_\_ Paid  weekly  biweekly  other \_\_\_\_\_

Date of first/most recent paycheck \_\_\_\_\_ Net amount \_\_\_\_\_

=====

If \_\_\_\_\_ is no longer employed by your company:

Date of termination/separation \_\_\_\_\_ Date/net amount of last paycheck \_\_\_\_\_

Reason for termination/separation \_\_\_\_\_

\_\_\_\_\_  
Signature and Title of immediate supervisor or person completing form

\_\_\_\_\_  
Date

**RENTAL VERIFICATION FORM**

*THIS FORM MUST BE COMPLETED BY THE LANDLORD*

Tenant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

(Number/Street)

(Apt. #)

(City)

(State)

Number of Household Members: \_\_\_\_\_ List of Household Members: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupancy date: \_\_\_\_\_ Security Deposit: Amount: \$ \_\_\_\_\_ Date paid: \_\_\_\_\_

Rent amount: \$ \_\_\_\_\_; paid  monthly  weekly  other \_\_\_\_\_

If subsidized rent, please list tenant portion: \$ \_\_\_\_\_

Rent Includes:  All utilities  No Utilities  Hot Water  Heat  Electric

Type of Heat:  Electric  Oil  Gas  Other \_\_\_\_\_

Date last rent was paid: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Back rent owed: \$ \_\_\_\_\_

*(if back rent is owed, please attach accounting of months and amounts)*

**For IRS reporting, landlord's Tax ID or Social Security # must be provided:**

Tax ID #: \_\_\_\_\_ OR Social Security #: \_\_\_\_\_

**CHECK IS TO BE MADE PAYABLE TO: (PLEASE PRINT)**

\_\_\_\_\_  
Landlord's Name

\_\_\_\_\_  
Telephone / Fax Numbers

\_\_\_\_\_  
Landlord Address

\_\_\_\_\_  
Name of Manager or other Representative

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date



**BUDGET WORKSHEET**

Name \_\_\_\_\_

Date \_\_\_\_\_

**A. Available assets and income:**

_____	_____	mo/wk
_____	_____	mo/wk
_____	_____	mo/wk
_____	_____	mo/wk

**A. Total available income:** \_\_\_\_\_

**B. Allowable Expenses:**

	<u>Actual Expenses</u>	<u>Allowed Expenses</u>	<u>Ineligible Expenses</u>
Rent/Board/Mortgage	_____ mo/wk	_____ mo/wk	_____
Electric	_____ mo/wk	_____ mo/wk	_____
Gas	_____ mo/wk	_____ mo/wk	_____
Fuel Oil	_____ mo/wk	_____ mo/wk	_____
Water/sewer	_____ mo/wk	_____ mo/wk	_____
Cooking fuel	_____ mo/wk	_____ mo/wk	_____
Telephone	_____ mo/wk	_____ mo/wk	_____
Food	_____ mo/wk	_____ mo/wk	_____
Personal & Household	_____ mo/wk	_____ mo/wk	_____
Medical/Prescription	_____ mo/wk	_____ mo/wk	_____
Transportation	_____ mo/wk	_____ mo/wk	_____
Childcare/Daycare	_____ mo/wk	_____ mo/wk	_____
Car payment	_____ mo/wk	_____ mo/wk	_____
Gasoline	_____ mo/wk	_____ mo/wk	_____
Other	_____ mo/wk	_____ mo/wk	_____
Other	_____ mo/wk	_____ mo/wk	_____
Other	_____ mo/wk	_____ mo/wk	_____
Other	_____ mo/wk	_____ mo/wk	_____

**B. Total Allowed Expenses:** \_\_\_\_\_

**C. Eligibility: [A. Income (-) B. Expenses]:** \_\_\_\_\_

*(If A is greater than B, applicant is ineligible. If A is less than B, applicant is eligible.)*

Assistance will be provided as follows:

_____	\$ _____
_____	\$ _____
_____	\$ _____

Note: This form should accompany a Notice of Decision. The welfare official should use discretion in accepting actual expenses relative to employment, work search, medical needs, etc.

NOTICE OF DECISION

Name \_\_\_\_\_ Date \_\_\_\_\_

Your application for general assistance is **GRANTED**. You will receive: \_\_\_\_\_

You must **COMPLY** with the following conditions in order to be eligible to continue to receive assistance. You must comply within 7 days of receipt of this notice, unless another time period is indicated. Willful failure to comply with these conditions may result in a suspension of assistance. \_\_\_\_\_

Your application for general assistance is **DENIED** for the following reason(s):  
 Sufficient Income  
 Other, specifically: \_\_\_\_\_

Your assistance is **SUSPENDED** from \_\_\_\_\_ to \_\_\_\_\_ for the following reason(s):  
 Failure to complete required work search  
 Failure to complete assigned workfare hours  
 Failure to apply for other forms of assistance, specifically \_\_\_\_\_  
 Misrepresentation of material facts, specifically \_\_\_\_\_  
 Other, specifically: \_\_\_\_\_

You are also suspended until you comply with the conditions imposed by taking the following actions: \_\_\_\_\_

=====

Your next appointment is \_\_\_\_\_.

I understand the action described above. I further understand that if my assistance has been denied or suspended I have the right to request a fair hearing within five (5) working days of receipt of this notice, and that if I am currently receiving assistance, my assistance may be continued, at my request, until the hearing.

Welfare Applicant \_\_\_\_\_ Date \_\_\_\_\_ Welfare Official \_\_\_\_\_ Date \_\_\_\_\_



**FAIR HEARING REQUEST**

I, \_\_\_\_\_ hereby request a fair hearing to review the decision dated \_\_\_\_\_ regarding my application for general assistance. I  want /  do not want my current assistance to continue until my appeal has been decided. I understand that if I lose my appeal, I will be obligated to repay the assistance provided to me during the time the appeal is being decided.

\_\_\_\_\_  
(applicant signature)

\_\_\_\_\_  
(date)

In order to be eligible for a fair hearing, this form must be completed and returned to the Welfare Office within five (5) working days of your receiving your notice of decision. Within seven (7) working days of receipt of this notice by the Welfare Official a hearing will be scheduled. You will be notified in writing of the place, date and time of the hearing.

**NOTICE OF FAIR HEARING**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Fair Hearing has been scheduled for:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

If you are unable to appear at this time, please contact the Welfare Official immediately. Failure to appear may result in the denial of your Fair Hearing request.

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Your request for a Fair Hearing has been denied for the following reason (s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Welfare Official

**FAIR HEARING DECISION**

Client Name

Represented by

VS

Municipality

Date of Hearing Hearing Officer(s)

**ADJUDICATION**

*(Include Guidelines, facts relied upon, reasons for decision and any relief ordered.  
Use extra paper if necessary, or attach written decision to this signed form)*

Lined area for adjudication text.

Date

Hearing Officer/Board Chair

**NOTICE OF PROPERTY LIEN**

**TO:** Register of Deeds for the County of Cheshire  
**RE:** Lien on Real Property pursuant to RSA 165:28 and any and all acts in Amendment thereof for aid given by the municipality of Marlow

**DESCRIPTION** Land and Building(s) located at No. \_\_\_\_\_ Street,  
**OF PROPERTY:** City/Town of Marlow being Assessor's Map(s) and Lot(s) No. and/or Volume and Page No. \_\_\_\_\_

**RECIPIENT:** \_\_\_\_\_ of the  
City/Town of Marlow in the  
County of Cheshire, State of New Hampshire

**BE IT KNOWN:** that the City/Town of Marlow has expended funds for and on behalf of the above-named recipient for which funds the City/Town is entitled to a Lien and hereby asserts a Lien pursuant to RSA 165:28 and any and all acts in amendment thereof.

**CITY/TOWN OF MARLOW STATE OF NEW HAMPSHIRE**  
\_\_\_\_\_ **CHESHIRE** \_\_\_\_\_, ss.  
(County)

**BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Director of Welfare/Human Services

**Subscribed and sworn to before me:**

\_\_\_\_\_  
(Notary Public) **My commission expires:** \_\_\_\_\_

NOTE: Lien is valid even without acknowledgement/Signature of recipient.

**NOTICE OF PROPERTY LIEN DISCHARGE**

**TO:** Register of Deeds for the County of \_\_\_\_\_  
**RE:** Lien on Real Property pursuant to RSA 165:28 and any and all acts in Amendment thereof for aid given by the municipality of \_\_\_\_\_

**DESCRIPTION** Land and Building(s) located at No. \_\_\_\_\_ Street,  
**OF PROPERTY:** City/Town of \_\_\_\_\_ being Assessor's Map(s) And  
Lot(s) No. and/or Volume and Page No. \_\_\_\_\_

**RECIPIENT:** \_\_\_\_\_ of the  
City/Town of \_\_\_\_\_ in the  
County of \_\_\_\_\_, State of New Hampshire

**BE IT KNOWN:** that the above-referenced property lien is hereby satisfied and discharged.

**BY:** \_\_\_\_\_  
Director of Welfare/Human Services

**DATE:** \_\_\_\_\_

NOTE: County Register of Deeds requires 1-3" top margin with 1" all other margins (margins displayed are not in conformity) – no less than 10 pitch in Times New Roman or Arial (Sample is Arial 12 pitch which is acceptable).



### RENT VOUCHER – LANDLORD DELINQUENCY

The municipality of \_\_\_\_\_ hereby authorizes payment to  
 \_\_\_\_\_ on behalf of \_\_\_\_\_ of  
 [landlord] [tenant]  
 \_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
 [tenant address]  
 for rent due and owing for the period \_\_\_\_\_ to \_\_\_\_\_

#### NOTICE OF APPLICATION OF RENT PAYMENTS TO DELINQUENCIES

TO: \_\_\_\_\_  
 [landlord]

You are hereby notified that, pursuant to RSA 165:4-a, \$ \_\_\_\_\_ of the above-authorized payment will be applied to your delinquent  TAX  SEWER  WATER  ELECTRIC bill owed to the municipality for your property located at \_\_\_\_\_ (address of property with delinquency). You are also notified that, pursuant to RSA 540:9-a, any application by a municipality of amounts owed to it by a landlord pursuant to RSA 165:4-a, shall constitute payment by the tenant of the amount applied by the municipality to delinquent balances of the landlord.

\_\_\_\_\_  
 Welfare Official

- Landlord copy
- Town/City copy (tax, sewer, water, electric)  
**Note: send lower portion only**
- Welfare copy