

TOWN OF MARLOW
WELFARE GUIDELINES

As accepted by the Selectboard August 15, 2022

BA 57
SCP

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

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 ensures 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 to 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 if you must care for a child under the age of 5, or to conduct a job search if you must care for a child under the age of one (1), 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.

APPLICATION PROCESS

A. 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. The Welfare Official should determine the process by which eligibility determinations shall be made, either by in-person appointment, via telephone or video, or home visits. 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.

B. 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.
14. The applicant's responsibility not to voluntarily terminate employment without good cause, as required by RSA 165:1-d; and
15. Any other responsibility the applicant has or will have, as provided in Application Process Section C.
16. The fact that the Child Protection Act requires the Welfare Official or any person who suspects that a child under age 18 has been abused or neglected must report that suspicion immediately to NH DHHS of Children, Youth and Families (DCYF). RSA 169-C:29-31.
17. The fact that the Adult Protection Law requires the Welfare Official or any person who has a reason to believe that a vulnerable adult has been subjected to abuse, neglect, exploitation or self-neglect to make a report immediately to the NH DHHS Bureau of Elderly & Adult Services (BEAS). RSA 161-F:46.

C. 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, 1c);
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
9. To reimburse assistance granted if returned to an income status and if such reimbursement can be made without financial hardship. RSA 165:20-b

An applicant shall be denied assistance if he/she fails to fulfill any of these responsibilities without reasonable justification. A recipient's assistance may be terminated or suspended for failure to fulfill any of these responsibilities without reasonable justification, in accordance with Section "Right to Notice of Adverse Action" (C).

Any recipient may be denied or terminated from general assistance, in accordance with Section Right to Notice of Adverse Action, or may be prosecuted for a criminal offense, if he/she, by means of intentionally false statements or intentional misrepresentation, or by impersonation or other willfully fraudulent act or device, obtains or attempts to obtain any assistance to which he/she is not entitled.

VERIFICATION OF INFORMATION

A. Required Verifications

Verification will normally be required of the following:

1. Applicant's address;
2. Facts relevant to the applicant's residence, as set forth in section "Determination of Eligibility and Amount"(B) and section "Non-Residents";
3. Names of persons in applicant's residential unit;
4. Applicant's and household's income and assets;
5. Applicant's and household's financial obligations;

6. The physical and mental condition of household members, only where relevant to their receipt of assistance, such as ability to work, determination of needs, or referrals to other forms of assistance;
7. Any special circumstances claimed by applicant;
8. Applicant's employment status and availability in the labor market;
9. Names, addresses, and employment status of potentially liable relatives;
10. Utility costs;
11. Housing costs;
12. Prescription costs; and
13. Any other costs that the applicant wishes to claim as a necessity.

B. Verification Records

Verification may be made through records provided by the applicant (for example, birth and marriage certificates, pay stubs, pay checks, rent receipts, bank/debit card account information, etc.) as primary sources. The failure of the applicant to bring such records does not affect the welfare official's responsibility to process the application promptly. The welfare official shall inform the applicant what records are necessary, and the applicant is required to produce records possessed as soon as possible. The applicant shall be required to fill out and sign the Required Verifications form and to produce the information required by that form. However, the welfare official shall not insist on documentary verification if such records are not available, but should ask the applicant to suggest alternative means of verification.

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 Liabile 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 provides assistance and payment in the form of vouchers, checks or by credit card directly payable to the vendor providing the services, in accordance with the municipality's financial policies. No cash or reimbursement is provided to recipients. RSA 165:1-(111).

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 "Non-Residents".
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) business days after the application is submitted. If the applicant has an emergency need, then assistance for such emergency need shall be 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 as determined by the Town of Marlow's Welfare Guidelines
5. "Maintained" means that assistance could be continued as long as the applicant is eligible as determined by the Town of Marlow's Welfare Guidelines.

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 "Recovery of Assistance".

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 “Right to Notice of Adverse Action” of these guidelines.

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 one. RSA 165:31,111. A recipient responsible for the care of a child aged one 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.

- e. 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 post-secondary education students and are 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:
 - 1. A qualified alien under 8 USCA 1641,
 - 2. A non-immigrant under the federal Immigration and Nationality Act, or
 - 3. An alien paroled into the United States for less than one year under 8 USCA 1182(d)(5)

Would not be 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. **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.
2. **Housing.** The amount to be included as "need" for housing is the actual cost of rent or mortgage necessary to provide shelter in that municipality.

NOTE: NH Housing Finance Authority publishes annual Fair Market Rents and Rental Survey Reports. Municipalities can use these or other reasonable local market rent factors to update their housing allowance "needs".

- a. Permanent Tenancy Housing Arrearages. Housing 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. It is not the responsibility of the Municipal Welfare Office to locate permanent housing.
- b. Security Deposits. Security deposits may be included in the 'need' formula if, and only if, the applicant is unable to secure alternative housing or 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.
- d. Emergency Shelter: In cases in which the municipality has made an appropriate referral for emergency, temporary shelter and the applicant refuses to accept such a referral, or if the applicant does not abide by the rules of the emergency housing/shelter, the Welfare Official may suspend the applicant by refusing to pay for alternative emergency shelter, but may not suspend the applicant by denying other forms of assistance to which he/she is otherwise entitled. The applicant must accept the least costly alternative for emergency housing assistance that is deemed suitable by the Welfare Official for applicant's household.

3. **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.

NOTE: The New Hampshire Public Utilities Commission (PUC) has established comprehensive rules governing the provision of some utility services. Generally speaking, the PUC governs electric, telephone, water, and sewer; it does not govern any municipal utilities, propane tanks, or fuel oil. With the exception of telephone, the rules are consistent across utilities. These rules and regulations cover the initiation of service, payment arrangements, termination of service, the terms of restoration of service, the requirement of deposits, municipal guarantees and guarantees from other third parties. There are special rules as to winter termination. The welfare official should be familiar with these rules in order to ensure that needs are properly met at the lowest available cost. The PUC has a toll-free consumer assistance number: (800)852-3793.

- a. Arrearages. Arrearages will not be included except when necessary to ensure the health and safety of the applicant household or to prevent termination of utility service where no other resources or referrals can be utilized. In accordance with the rules of the PUC relating to electric utilities, arrearages for electric service need not be paid if the welfare official notifies

the electric company that the municipality guarantees payment of **average** electric bills as long as the recipient remains eligible for general assistance.

- b. Restoration of Service. When utility service has been terminated and the welfare official has determined that alternative utility service is not available and alternative shelter is not feasible, arrearages will be included in "need" when restoration of service is necessary to ensure the health and safety of the applicant household. The welfare official may negotiate with the utility for payment of less than the full amount of the arrears and/or may attempt to arrange a repayment plan to obtain restoration of service.

When electric service has been terminated and restoration is required, arrearages may either be included as set forth in the above paragraph, or may be paid in accordance with a reasonable payment plan entered into by the applicant and the electric company. The welfare official may hold the recipient accountable for the payment arrangement for as long as the recipient continues to request general assistance on a regular basis. Payment of a payment plan may be a required element of a notice of decision or case plan.

- c. Deposits. Utility security deposits will be considered as "need" if, and only if, the applicant is unable to secure funds for the payment of the deposit and is unable to secure utility service without a deposit. Such deposits shall, however, be the property of the municipality.

4. **Food.** The amount included as "need" for food purchases will be in accordance with the most recent standard Supplemental Nutrition Assistance Program (SNAP) (formerly known as food stamps) allotment, as determined under SNAP 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 SNAP. Food vouchers may not be used for alcohol, tobacco or pet food.

5. **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.

6. **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.

7. **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.

8. **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.

9. **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.

10. **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.

11. **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).

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. Self-employment net income is calculated by subtracting business expenses from total profit 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 trustee'd, 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. Supplement Nutrition Assistance Program (SNAP) (also known as Food Stamps) cannot be counted as income pursuant to federal law. (7 USC 2017(b))
 - c. Low Income Heating and Energy Assistance Program (LIHEAP) (Also known as Fuel assistance) cannot be counted as income pursuant to federal law. (42 USC 862400))
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.

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 workfare 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 social service 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.
8. 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 AND CREMATIONS

The welfare official shall provide for required 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. The application should be made immediately following the time of death or before expenses are incurred. The municipality will not pay for expenses like special rites and other expenses beyond the municipal maximum allowance for charges required for burial or cremation.

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 there are liquid assets at death from the deceased person's bank accounts, there shall be an automatic assignment to the funeral director or the person who paid for the funeral and burial or cremation of the deceased to the extent of funeral and burial or cremation costs up to \$2000 pursuant to RSA 165:27-a. 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 \$2000 for burial/cremation. RSA 165:3 and RSA 165:1-b; see also RSA 165:27 and 165:27-a.

Unclaimed Body. Per RSA 611-B:25 the medical examiner shall release a dead body if unclaimed for a period of not less than 48 hours following completion of the death investigation to the overseer of public welfare in the town or, in the case of an unincorporated place, to a county commissioner, who shall decently bury or cremate the body, or, with the consent of the commissioners or the overseer, it may be sent to the medical department of a medical school or university, to be used for the advancement of the science of anatomy and surgery.

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 business 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 mir 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 NHMA 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 by RSA 165:1-b, but are NHMA'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) business 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 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) business 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 – RSA 165:28

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, stepmother, 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 may 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 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.

FORM A - APPLICATION FOR ASSISTANCE

Date of Application: _____ Referred by: _____
Assistance Requested _____
Reasons for Request _____

1. General Information - Applicant

Name: _____ Date of Birth: _____

Current Address: _____

Mailing Address, if different: _____

Home Phone _____ Rent or Own? _____ How long at this address? _____

Type of Housing: _____ House _____ Apt _____ Mobile Home _____ Other: _____

Household Composition: # 18 & Over: _____ # Under 18: _____ # of Bedrooms: _____

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

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

Cell Phone: _____ Work Phone: _____ Social Security # _____

E-Mail Address: _____ Marital Status: _____

Education _____ High School _____ Less than High School Diploma _____ GED _____ Some College _____
_____ 2 Year Associate _____ 4 Year Bachelor _____ Graduate Studies _____

Citizenship: _____ United States _____ Other: _____

Ethnicity: _____ White/Caucasian _____ Other: _____

Special Training/Skills: _____

Currently Employed? _____ Full Time _____ Part-Time _____ Self Employed _____ Unemployed _____

Have you applied for local assistance before? _____ Yes _____ No _____ When? _____

Where? _____ Under what name? _____

Actively serving in the U.S. Military? _____ Yes _____ No _____ If Yes, Branch: _____

U.S. Veteran? _____ Yes _____ No _____ Discharge Date: Month: _____ Year: _____

Discharge Status _____ Honorable _____ Dishonorable _____ Other: _____

Do you have Medicare or Medicaid? (Circle one) ID Number: _____

Other Insurance: _____ EBT Card # _____

Spouse/Co-Applicant

Name: _____ Date of Birth: _____

Cell Phone: _____ Work Phone: _____ Social Security # _____

E-Mail Address: _____ Marital Status: _____

Education _____ High School _____ Less than High School Diploma _____ GED _____ Some College

_____ 2 Year Associate _____ 4 Year Bachelor _____ Graduate Studies

Citizenship: _____ United States Other: _____

Ethnicity: _____ White/Caucasian Other: _____

Special Training/Skills: _____

Currently Employed? _____ Full Time _____ Part Time _____ Self Employed _____ Unemployed

Have you applied for local assistance before? _____ Yes _____ No _____ When?

Where? _____ Under what name? _____

Actively serving in the U.S. Military? _____ Yes _____ No If Yes, Branch: _____

U.S. Veteran? _____ Yes _____ No Discharge Date: Month: _____ Year: _____

Discharge Status _____ Honorable _____ Dishonorable Other: _____

Do you have Medicare or Medicaid? (Circle one) ID Number: _____

Other Insurance: _____ EBT Card # _____

Other Household Members: List all persons living in your household:

Full Name	Relation	Birth Date	Social Security #	Health Insurance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If children listed have a biological parent not residing with you, list information on each child's biological parent.

(Do not list yourself under parent's name)

Parent's Full name	Relationship	Birth Date	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Employment History Applicant

Employer: _____ Position: _____

Date you started work: _____ Date and Amount of last paycheck: _____

Pay period frequency: _____ Daily _____ Weekly _____ Bi-Weekly _____ Monthly _____ Quarterly _____

If you are currently unemployed, state reason: _____

Former Employer: _____ Position: _____

Date last worked: _____ Date and Amount of last paycheck: _____

Are you able to work now? _____ Yes _____ No If NO, why not? _____

List two most recent jobs before current:

Employer: _____ Pay: _____ Employment Dates: _____ Reason for leaving: _____

Spouse/Co-Applicant

Employer: _____ Position: _____

Date you started work: _____ Date and Amount of last paycheck: _____

Pay period frequency: _____ Daily _____ Weekly _____ Bi-Weekly _____ Monthly _____ Quarterly _____

If you are currently unemployed, state reason: _____

Former Employer: _____ Position: _____

Date last worked: _____ Date and Amount of last paycheck: _____

Are you able to work now? _____ Yes _____ No If NO, why not? _____

List two most recent jobs before current:

Employer: _____ Pay: _____ Employment Dates: _____ Reason for leaving: _____

Work history for other household members over 18 (list two most recent jobs):

Name	Employer:	Pay	Employment Dates	Reason for leaving:
_____	_____	_____	_____	_____

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

3. Housing Information

Rent: _____ per (month/week) Date last paid: _____ Date Due: _____

Currently have: _____ Demand for Rent/Notice to Quit _____ Landlord/Tenant Writ

Total Rent Owed: _____

Do you have a housing subsidy? ____ Yes ____ No IF YES, how much? _____

Utilities Included: ____ Heat ____ Electric ____ Gas ____ Water/Sewer ____ Other: _____

Landlord: Name _____ Telephone _____

Landlord Address: _____

IF Homeowner, List:

Mortgage payment: _____ Date last paid: _____ Date Due: _____

Bank/Mortgage Company: _____ Telephone: _____

Address: _____

Do you have a foreclosure notice? ____ Yes ____ No

4. Household Assets

Provide account information and current balances held by all household members:

Household member	Bank/Credit Union	Savings Acct #	Savings Balance	Checking Acct. #	Checking Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Provide current value of the following assets held by all household members:

Asset	Value	Household Member
Cash on hand (household combined)	_____	_____
Certificate of Deposit (CDs)	_____	_____
Retirement	_____	_____
401k	_____	_____
Life Insurance (Cash value)	_____	_____
Investments	_____	_____
Time Share	_____	_____
Real Estate	_____	_____
Motorcycles/Boats/Snowmobiles/ATV's/RV's.....	_____	_____

List properties and locations (other than primary residence): _____

Motor vehicles owned by you and all household members:

Owner	Auto Make/Model	Year	Value	Payments	Insurance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. Claims/Settlements/Income due to you or any household member

IRS Refund: _____ Date Rec: _____ Insurance Claim: _____ Date Rec: _____

Retroactive disability check: _____ Date Rec: _____

Retroactive unemployment or worker's compensation check: _____ Date Rec: _____

Inheritance: _____ Date Rec: _____

Other Lump Sum Payment (Explain): _____

Do you currently have an attorney pursuing any civil suit, workers compensation claim, a social security denial, etc.?

_____ Yes _____ No If YES, complete the following, and briefly explain the details of the situation:

Attorney Name: _____ Phone Number: _____

Address: _____

Details: _____

6. Household Income/Benefits

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

Income	Household Member	Amount	Date Last Received
ANB (Aid to the Needy Blind)	_____	_____	_____
APTD (Aid to Perm/Totally Disabled)	_____	_____	_____
Child Support.....	_____	_____	_____
Charities/Churches	_____	_____	_____
Disability (STDA/LTDA - work).....	_____	_____	_____
Gifts/Loans	_____	_____	_____
Income Tax Refund	_____	_____	_____
Maternity Pay/Benefits	_____	_____	_____
OAA (Old Age Assistance)	_____	_____	_____
Retirement Benefit	_____	_____	_____

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

Income (Continued)	Household Member	Amount	Date Last Received
Severance Pay	_____	_____	_____
Social Security (Retirement)	_____	_____	_____
SSDI (Social Security Disability)	_____	_____	_____
SSI (Supplemental Security)	_____	_____	_____
TANF (Temporary Assistance for Needy Families- State Welfare)	_____	_____	_____
Unemployment (DES)	_____	_____	_____
Veteran's Pension	_____	_____	_____
Worker's Compensation	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

Benefits

Child Care Assistance	_____	_____	_____
Food Stamps	_____	_____	_____
Fuel Assistance	_____	_____	_____
Medicaid	_____	_____	_____
WIC (Women/Infants/Children)	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

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

Name	Agency Name and Phone #	Contact Person
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Household Expenses

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

Expense	Monthly Expense	Any Amounts Past Due	Comments
Auto Fuel	_____	_____	_____
Auto Insurance	_____	_____	_____
Auto Loan	_____	_____	_____
Auto Registration/Inspection	_____	_____	_____
Auto Repairs	_____	_____	_____
Bank Fees	_____	_____	_____
Condo Assoc Fee	_____	_____	_____
Child Care	_____	_____	_____
Child Support Paid	_____	_____	_____
Credit Card	_____	_____	_____
Credit Card	_____	_____	_____
Dental Care	_____	_____	_____
Diapers/Wipes	_____	_____	_____
Driver's License	_____	_____	_____
Electric	_____	_____	_____
Food	_____	_____	_____
Legal Fees/Fines	_____	_____	_____
Loan (Used for _____)	_____	_____	_____
Oil Heat	_____	_____	_____
Propane (Used for _____)	_____	_____	_____
Natural Gas (Used for _____)	_____	_____	_____
Health Insurance	_____	_____	_____
Home Repairs	_____	_____	_____
Home/Renter Insurance	_____	_____	_____
Laundry	_____	_____	_____
Medical Expenses	_____	_____	_____
Mortgage	_____	_____	_____
Prescriptions	_____	_____	_____
Rent (Including _____)	_____	_____	_____

10. Criminal Information (This information is used to assist with referrals, including housing and other programs).

Have you or any member of your household ever been convicted of a felony or misdemeanor which has not been annulled? ____ Yes ____ No If YES, complete the following:

Name	Date	Town/City/State	Detail of conviction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you or a household member presently on parole or probation? ____ Yes ____ No If YES, complete the following:

Name	Court	Parole/Probation Officer's Name & Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Liability for Support Information

Parents/step-parents, spouse or grown children may be called upon to assist in time of need. Provide the following:

Applicant	Name	Address	Phone #
Father	_____	_____	_____
Mother	_____	_____	_____
Spouse, if not living with you	_____	_____	_____

Co-Applicant

Name	Address	Phone #
Father	_____	_____
Mother	_____	_____
Spouse, if not living with you	_____	_____

Adult Children:

List name, address and phone # of any adult children not living with you:

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. 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 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)

I understand that my parents/step-parents, spouse or grown children may be called upon to assist me when in need of relief if they can do so without financial hardship to themselves. (RSA 165:19)

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 by receipt of assistance, now or in the future, I may be prosecuted for the crime of Unsworn Falsification (RSA 641:3) and/or Theft by Deception (RSA 637).

Authorization to Release or Exchange Information*

I/We authorize any relative, physician, attorney, banker, employer, insurance company, landlord/shelter staff or any other person(s) or organization(s) having information concerning my circumstances to furnish such information to the TOWN OF _____ Welfare Administrator. The Social Security Administration, the Division of Health & Human Services and the Department of Employment Security may release information in their files to this office. I/we authorize the _____ to release information as requested to the Division of Health & Human Services, Social Security Administration, Department of Employment Security, school personnel, attorney, physician, landlord, other _____ town welfare offices, or any agencies providing supportive services regarding medical, house/shelter, or financial assistance.

Applicant

Print Name: _____

Signature: _____

Date: _____

Co-Applicant

Print Name: _____

Signature: _____

Date: _____

Signature of person completing form
(if not the applicant)

Print Name

Date

** The above authorization to release or receive information is in effect for as long as the applicant is currently seeking assistance from the _____ Welfare Administrator or up to six (6) months after assistance has ended.*

FORM B

NH Department of Health & Human Services (DHHS)
Bureau of Family Assistance (BFA)

BFA Form 11
10/19

Authorization to Release Information

Printed Name of Person to Whom the Release of Information Pertains _____ Case #, RID #, or MID #, if known _____

I hereby authorize and request:

Name and Address of Individual or Agency Providing the Information:

to provide the following information: _____

to:

Name and Address of Individual or Agency Receiving the Information:

I grant my permission for the reproduction of the above information to be given to the individual or agency named. Release of confidential information is subject to State and Federal laws. By signing this release, I acknowledge my permission to release the specified information to the individual/agency I have named.

This authorization expires 12-months from the date this form is signed.

Information released cannot be re-released by the receiving individual/agency without additional authorization.

(Signature) _____ (Date)

(Printed Name)

If the signature above is not that of the person to whom the information pertains, the relationship of the signer to that person must be indicated. In addition, the signature must be witnessed.

(Relationship) _____ (Witness)

(Date)

Nondiscrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex, and in some cases religion or political beliefs.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: SNAP Hotline.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

FORM C

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 to 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 if you must care for a child under the age of five (5), or to conduct a job search if you must care for a child under the age of one year (1), if you are disabled or ill, or if you must take care of a member of your family who is disabled or ill.

FORM D

**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

FORM E

**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 _____ 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 F

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 A
- _____ Rental Verification Form J and copy of any written lease agreement
- _____ Last four weeks' pay-stubs or other proof of net wages for all adult members of household
- _____ Last four week's receipts or other proof of bills paid or currently due, utility disconnect notices
- _____ Employment verification Form I from your employer
- _____ Employment termination Form I from your last employer
- _____ You have applied for / are receiving Social Security benefits
- _____ You have applied at the HHS District Office for:

- | | | |
|--|---|-------------------------------|
| <input type="checkbox"/> Emergency Food Stamps | <input type="checkbox"/> SNAP (Food Stamps) | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Title XX Daycare | <input type="checkbox"/> APTD/MA | <input type="checkbox"/> OAA |
| <input type="checkbox"/> TANF Emergency Assistance | <input type="checkbox"/> Medical | |

- _____ You have applied for / are receiving Fuel Assistance benefits
- _____ Verification of injury or illness Form H
- _____ 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, bank/debit card account printout
- _____ Statement child support payments received / Child support court-ordered payments made
- _____ 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

FORM G
MARLOW WELFARE INTAKE

COMPLETE SECTION I: DATE: _____ **Appt. Date /Time:** _____
(603) 446-2245

Name: _____ **Last / other names used** _____ **First** _____ **Middle** _____

Physical Address: _____ **Street** _____ **Town or City** _____ **How long at this address?** _____

Date of Birth: _____ **SSN#** _____

Please list all other household members with ages: _____

Income Amount & Source: _____

What type of emergency assistance are you **requesting** at this time? _____

Have you **received** prior assistance from this office? Yes No If yes, when? _____

PHONE#: _____ **CELL PHONE #:** _____



Applicant Signature / Date _____ **Signature of person completing form (if not applicant)** _____

***** **BELOW FOR OFFICE USE ONLY:** *****

Notes

DO NOT COMPLETE

SECTION II: PROVIDE THE FOLLOWING ITEMS CHECKED AND/OR REQUESTED BELOW FOR YOUR APPOINTMENT OR POTENTIAL ASSISTANCE COULD BE DELAYED.

- Application Form - (Completed)
 - Picture ID
 - Last 4 Weeks RECEIPTS / BILLS
 - VERIFICATION YOU HAVE APPLIED TO THE FOLLOWING DHHS RESOURCES:**
 - FOOD STAMPS TANF MEDICAID APTD
 - Fuel Assistance Application/ Appointment
 - Rental Verification form completed by the Landlord & COPY OF YOUR LEASE
 - Housing Authority /NH Housing Authority
 - Employment Verification form Employment Termination Request form
 - Verification of injury or illness (Medical Form)
 - Verification of application for Unemployment Compensation
 - You may be REQUIRED to provide documented JOB SEARCHES
- VERIFICATION OF THE FOLLOWING RESOURCES:**
- Child Support Last 4 weeks proof of income
 - Unemployment Compensation Checking Account/Debit Card (Statement)
 - SS / SSI / SSD Savings Account (Bank Statement)
 - TANF/ APTD/OAA

FORM H

**MUNICIPAL WELFARE DEPARTMENT
MEDICAL RELEASE AND REPORT**

APPLICANT NAME/SS#: _____ job: _____

I hereby request the release by a doctor, hospital or clinic to the Municipal Welfare Department, or its 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
TO THE PHYSICIAN OR CLINIC:
DATE _____

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.*

FORM I

EMPLOYMENT VERIFICATION FORM

I, _____, authorize the release of information regarding my employment to the
Town of _____.

Signature of Employee: _____ Date _____

Full Name of Employee: (print) _____

**This form must be completed by the employer/former employer in order to be valid documentation for the purpose
of administration of municipal assistance.**

Employer _____ Phone _____

Address _____

Employee Name: _____

Date of Hire _____ Date starting/started work _____ Hourly Pay Rate _____

Full/part time _____ Hours per week _____ Paid weekly biweekly other _____

Pay Period Ending _____ Actual Date of Payment _____ Gross Pay _____ Net Pay _____ Check/Direct Deposit _____

=====

If _____ is no longer employed by your company:

Date of termination/separation _____ Date/net amount of last paycheck _____

Reason for termination/separation _____

Authorized Signature and Title _____ Date _____

Print Name: _____ Phone # or Email: _____

FORM J

RENTAL VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY THE LANDLORD

THIS FORM IS FOR ASSESSMENT OF ELIGIBILITY. A FINAL ELIGIBILITY OF RENT ASSISTANCE MAY NOT BE YET DETERMINED. A WRITTEN NOTICE OF DECISION WILL BE GIVEN TO YOUR TENANT.

Tenant's Name: _____ Date: _____

Address: _____ (Number/Street) (Apt. #) (City) (State)

Number of adults in apartment: _____ Number of children in apartment: _____

List of people in apartment:

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

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

Number of Bedrooms: _____ 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 #: _____

Failure to provide the correct Tax ID or Social Security # may subject payments to backup withholding.

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 _____

FORM

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.

FORM

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).
 Do Not Meet Standard of Need
 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 _____

FORM M

WORKFARE PROGRAM
REPORTING FORM

In accordance with RSA 165:31, any recipient of general assistance may be required to work for the municipality at any available job that is within the capacity of the recipient. As a condition of continuing eligibility for assistance, you are required to participate in the workfare program as described below. Any failure to participate as required may result in suspension of assistance.

Recipient Name _____ Total hours owed _____
Work site assigned _____ Supervisor _____
First date to report _____ Daily shift, from _____ to _____
(dates and shift may change with permission of welfare official)

TO BE COMPLETED BY WORK SITE SUPERVISOR

Form to be returned on a weekly basis.

	# Hours	# Hours			
Date	Weekday	Assigned	Time In	Time Out	Worked Supervisor Initials
_____	Sunday	_____	_____	_____	_____
_____	Monday	_____	_____	_____	_____
_____	Tuesday	_____	_____	_____	_____
_____	Wednesday	_____	_____	_____	_____
_____	Thursday	_____	_____	_____	_____
_____	Friday	_____	_____	_____	_____
_____	Saturday	_____	_____	_____	_____
TOTAL HOURS WORKED					_____

Supervisor signature _____ Date _____

Recipient/workfare participant certification:

I understand that failure to fully comply with the workfare program, without just cause, may result in denial of further assistance. I further understand that workfare is for the purpose of working off hours in exchange for assistance granted and that no actual wages will be paid to me.

Recipient/workfare participant signature _____ Date _____

FORM N

EMPLOYMENT SEARCH RECORD

NAME: _____

[In order to remain eligible for assistance you are required to complete a job search of 3-5 contacts daily. Use this form to list each employer you contact.]

DATE	EMPLOYER	PHONE NUMBER/EMAIL	JOB OR TYPE OF WORK	TYPE OF CONTACT Visit/Phone/ Mail/Online	PERSON CONTACTED/WEBSITE	TIME OF DAY	RESULTS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

FORM O

FAIR HEARING REQUEST

You have the right to request a Fair Hearing within five (5) business days of receipt of the Notice of Decision of denial or suspension of benefits, or a decision which you do not believe is consistent with the Municipal Welfare Guidelines or State Laws. To review this decision the Fair Hearing will be conducted by an impartial hearings officer. You will have an opportunity to review the content of your welfare file prior to your hearing and present your case to the hearing officer, who will render a decision within seven (7) business days from the hearing.

I/We, _____ hereby request a Fair Hearing to review the decision dated _____ regarding my application for general assistance.

I/We want / do not want my current assistance to continue until my hearing has been decided. I understand that if

I lose my hearing, I will be obligated to repay the assistance provided to me during the time the appeal is being decided.

Applicant Signature Date Co-Applicant Signature Date

Address of Applicant(s)

Within seven (7) business 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.

FORM

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.

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

Sincerely,

Welfare Official

FORM R

NOTICE OF PROPERTY LIEN

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 Town of Marlow

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
Town of Marlow_ in the
County of Cheshire, State of New Hampshire

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

STATE OF NEW HAMPSHIRE

CITY/TOWN OF _____, ss.
(County)

BY: _____ **DATE:** _____
Director of Welfare/Human Services

Subscribed and sworn to before me: _____
My commission expires: _____
(Notary Public)

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

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 Times New Roman 12 pitch which is acceptable).

FORMS

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: Town of Marlow _____ being Assessor's Map(s) And Lot(s) No. and/or Volume and Page No. _____

RECIPIENT: _____ of the
Town of Marlow _____ in the
County of Cheshire _____ State of New Hampshire

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

BY: _____ DATE: _____
Director of Welfare/Human Services

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).

FORM T

RENT VOUCHER – LANDLORD DELINQUENCY

The municipality of ___ Marlow _____ 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

FORM U

UPDATE APPLICATION FORM

(Needs to be reviewed and updated for changes from first application at each time of request of assistance.)

DATE: _____ NAME: _____
Last First Middle

ADDRESS: _____
Street / # / Apartment Town Zipcode

TELEPHONE: _____

WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING AT THIS TIME? _____

CHANGES OF ALL HOUSEHOLD MEMBERS: _____

LIST ALL CHANGES OF SOURCES AND AMOUNTS OF HOUSEHOLD'S EARNED AND UNEARNED INCOME.
THIS INCLUDES CASH, SAVINGS AND CHECKING/BANK ACCOUNTS: _____

INDICATE ANY UPDATES OR CHANGES IN YOUR ASSISTANCE OR APPLICATIONS FOR FOOD STAMPS,
CASH ASSISTANCE, SOCIAL SECURITY, FUEL ASSISTANCE, UNEMPLOYMENT, ETC. _____

INDICATE ANY CHANGES IN YOUR PERSONAL SITUATION SINCE YOUR LAST REQUEST. _____

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

FORM V

BASIC NEEDS POLICY

Per Municipality Welfare Guidelines, it is the applicant/recipient's responsibility to utilize any available benefits or resources to reduce the need for Municipal General Assistance. The Welfare Department will direct the applicant/recipient to apply for all other resources and also will require the applicant/recipient to use current resources to meet basic needs in order to reduce the need for Municipal General Assistance.

Under continuing Municipal General Assistance or in applying in the future, you will be required to use your earned or unearned resources for allowable basic need expenses only. ALLOWABLE EXPENSES are:

Rent/Mortgage	Diapers
Food	Electric/Heating Bills
Non-food hygiene products	Prescriptions

These costs are allowed for certain conditions:

Public Transportation for work, medical or assistance program appointments.
Telephone basic service to find or keep employment.

The following are UNALLOWABLE expenses in determining eligibility:

Telephone beyond basic service for 1 per household.	Bail payments.
Credit Card Payments	Repayment of Personal Loans
Loan Payments	Restaurant/Fast Food
Cable & Internet	Tobacco/Alcohol products
Insurance Payments	Entertainment/Movie Services

As a Condition of Assistance, you will be required to first use all available resources, as directed, to meet your basic needs. Unaltered, dated receipts for these expenses may be required. Should you choose to use your resources for other than basic expense needs as outlined above and/or in your written decision from the Welfare Department, those amounts will be considered available to you and your assistance will be reduced accordingly and a sanction or denial may be issued.

I/We have read and reviewed the Basic Needs Policy with the Welfare Administrator.

Applicant Signature _____

Co-Applicant Signature _____

Date _____

Date _____

Please note: This is an example form. Your Municipal Welfare Guidelines may have different allowance basic need expenses. You will need to adjust this form to your Municipality Welfare Guidelines that reflect your municipality expenses and allowances.