



MODEL LOCAL WELFARE

Guidelines

2021



New Hampshire Municipal Association

The New Hampshire Municipal Association (NHMA) and the New Hampshire Local Welfare Administrators Association (NHLWAA) have worked in partnership to develop and update a set of model welfare guidelines that municipalities can use to meet the statutory requirement to have written guidelines for their local welfare programs. NHMA sincerely appreciates the wise counsel provided by the members of the NHLWAA in the development of these Model Local Welfare Guidelines. The NHLWAA is an active group providing numerous training opportunities for those who administer local welfare programs. You can find more information about them on their web site at www.nhlwaa.org.

Copyright © 2021 NH Municipal Association

Please feel free to reproduce forms contained here for municipal use.

TABLE OF CONTENTS

Introduction	5
I. Definitions.....	7
II. Severability	9
III. Confidentiality of Information	9
IV. Roles of Local Governing Body and Welfare Official	9
V. Maintenance of Records	9
VI. Application Process	10
VII. Verification of Information	14
VIII. Disbursements.....	15
IX. Determination of Eligibility and Amount.....	16
X. Non-Residents	25
XI. Municipal Work Programs	26
XII. Burials and Cremations.....	27
XIII. Right to Notice of Adverse Action.....	28
XIV. Fair Hearings.....	30
XV. Liens	32
XVI. Recovery of Assistance.....	33
XVII. Application of Rents Paid by the Municipality	34
Appendix A: Allowable Levels of Assistance Payments.....	36
Appendix B: Explanation for Disqualification for Noncompliance with Guidelines.....	37
Appendix C: Adopted Ethics Resolution on Responsibility for Persons Who Change Their Residence While, or As a Result of, Applying for Local Welfare	39
Appendix D: New Hampshire Welfare Benefit Programs	41
Appendix E: Forms	42
Form A: Application for Assistance	43
Form B: Authorization for the Release of Information – DHHS.....	53
Form C: Notice of Rights of Anyone Receiving Assistance	54
Form D: Applicant’s Authorization to Furnish Information	55
Form E: Applicant’s Authorization to Furnish Information	56
(Specific Agency/Individual)	
Form F: Required Verifications	57
Form G: Intake Form	58
Form H: Municipal Welfare Department Medical Release and Report.....	59

Form I: Employment Verification Form	60
Form J: Rental Verification Form.....	61
Form K: Budget Worksheet	62
Form L: Notice of Decision	63
Form M: Workfare Program Reporting Form	64
Form N: Employment Search Record.....	65
Form O: Fair Hearing Request	66
Form P: Notice of Fair Hearing	67
Form Q: Fair Hearing Decision	68
Form R: Notice of Property Lien	70
Form S: Notice of Property Lien Discharge	71
Form T: Rent Voucher – Landlord Delinquency	72
Form U: Update Application Form	73
Form V: Basic Need Policy	74

INTRODUCTION

Welcome to the *Model Local Welfare Guidelines – 2021 Edition*, developed by the New Hampshire Municipal Association (NHMA) and the New Hampshire Local Welfare Administrators Association (NHLWAA). A close review of this version will reveal that very little has changed since 2012 in the world of local welfare. In this 2021 edition, any necessary updates have been made and some language has clarified.

The basic duty of local welfare is set forth in RSA 165:1 as follows: *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 a residence there.* This is a broad mandate, and there are few clear rules as to what to do and what not to do. This publication contains model guidelines to help each municipality design a program that works and meets its legal obligations.

RSA chapter 165 requires every New Hampshire municipality to adopt guidelines for its general assistance program. The local governing body is responsible for adopting the guidelines under RSA 165:1, II. These model guidelines cannot be adopted “as is” because they must be adapted to meet each municipality’s needs and special characteristics in order to administer assistance fairly.

The guidelines for each municipality must set appropriate assistance levels for that municipality’s location. For example, the assistance level for shelter, maintenance (non-food), and burial expenses must be set in each municipality at an amount which can fairly provide for that service or need in that municipality based on local market conditions. Local guidelines should be regularly reviewed and, if necessary, updated. The local governing body, with input from the welfare official, should make sure that assistance payment amounts remain at adequate levels.

The model guidelines do not answer every question or address every case. No guideline can do that, even those adapted to local needs and characteristics. Local guidelines should be used in the first instance in making eligibility determinations. The welfare official must exercise discretion in interpreting the guidelines and making decisions (i.e.: how much verification to require; whether to require a work program; when it might make sense to assist above the guideline level). All parties, welfare officials and recipients and their advocates, must interpret the guidelines reasonably, keeping in mind the goal of meeting the basic needs of those persons “poor and unable to support themselves.”

Reasonable people may differ in the reasonable interpretation of reasonable guidelines. Reasonable people may also make mistakes. If both sides have reviewed their positions and attempted to negotiate a resolution without success, then a fair hearing should be held. Fair hearing results may be considered to determine if a change in a particular guideline might be needed.

The 2021 edition includes a full text of the model guidelines and model forms for your use in customizing guidelines for your municipality. Please feel free to reproduce forms contained here for municipal use.

We hope you find these model guidelines helpful. If you have questions along the way, please don’t hesitate to call the NHMA Legal Services attorneys at 603-224-7447 or contact us by email at legalinquiries@nhmunicipal.org. For more information about the NHLWAA, visit the organization website at <http://www.nhlwaa.org>.

With the exception of the forms, which are available for public use, no part of this publication may be reproduced, distributed, or transmitted in any form or by any means, including but not limited to photocopying, recording, posting on a website, or other electronic or mechanical methods, without prior written permission of the New Hampshire Municipal Association, except in the case of quotations that cite the publication as the source or other non-commercial uses permitted by law.

I. DEFINITIONS

AGENCY: Any health, social service or other entity that provides services to a client. Any such entity to which a welfare official may refer a client for additional resources and/or assistance.

APPLICANT: A person who expresses a desire to receive general assistance or to have his/her eligibility reviewed and whose application has not been withdrawn. This may be expressed either in person or by an authorized representative of the applicant.

APPLICATION (RE-APPLICATION): Written action by which a person requests assistance from a welfare official. This application must be made on a form provided by the welfare official. The application form may be written or completed electronically by means of an interview conducted by a welfare official and verified by the applicant's signature.

ASSETS: All cash, real property, personal property and future assets owned by the applicant.

AVAILABLE LIQUID ASSETS: Amount of liquid assets after exclusions enumerated in Section IX (D). Includes cash on hand, checking accounts, bank deposits, credit union accounts, stocks, bonds, and securities. IRA (Individual Retirement Account), 401k accounts, insurance policies with a loan value, and non-essential personal property shall be considered as available liquid assets when they have been converted into cash.

CASE RECORD: Official files containing forms, correspondence and narrative records pertaining to the application, including determination of eligibility, reasons for decisions and actions by the welfare official, and kinds of assistance given. The case record may be kept electronically. Welfare applications and related records must be retained during the active phase of any application plus 7 years.

CLAIMANT: A recipient or applicant who has requested, either in person or through an authorized representative, a fair hearing under Section XIV of these guidelines.

CLIENT: An individual who receives services from the welfare department. May be a single person or encompass a household.

ELIGIBILITY: Determination by a welfare official, in accordance with the guidelines, of an applicant's need for general assistance under the formula provided in Section IX.

FAIR HEARING: A hearing which the applicant or recipient may request to contest a denial, termination or reduction of assistance. The standards for such a hearing are in Section XIV.

GENERAL ASSISTANCE: Financial assistance provided to applicants in accordance with RSA 165 and these guidelines.

HOUSING:

- **Emergency Shelter:** A temporary or non-permanent and non-tenancy housing which is a temporary housing from a housing provider through which an individual or family may seek emergency housing when no other housing is available.
- **Non-Permanent Non-tenancy Housing:** Applicant(s) pay for room(s) in Rooming or Boarding House; Hotels, Motels, Inns or Tourist Home or other dwellings which rent for recreational or vacation use. Room(s) in a single-family home with no lease which is the primary and usual residence of the owner. Other occupancies noted as non-tenancy under RSA 540:1, IV.

- **Permanent Tenancy Housing:** Applicant(s) rent apartment, home or room or real property for the sole purpose of residential and non-transient purposes. Applicants(s) may or may not have lease or contract.
- **Transitional Housing:** A non-permanent and non-tenancy housing which is usually provided by an Assistance Program which can require rules or policies to stay in their housing and programs.
- **Tenant or Tenancy:** Permanent Housing where occupants shall be deemed to rent at will or have a contract or lease in which have protections of eviction as noted in NH RSA chapter 540.

HOUSEHOLD: A household is defined as:

- The applicant/recipient and persons residing with the applicant/recipient in the relationship of father, mother, stepfather, stepmother, son, daughter, husband, wife, or domestic partner; and/or
- The applicant/recipient and any adult (including an unrelated person) who resides with the applicant/recipient “in loco parentis” (in the role of a substitute parent) to a minor child (a person under 18 years of age). A person “in loco parentis” is one who intentionally accepts the rights and duties of a natural parent with respect to a child not their own and who has lived with the child long enough to form a “psychological family.”

MINOR: A person under 18 years of age.

NEED: The basic maintenance and support requirements of an applicant, as determined by a welfare official under the standards of Section IX(E) of these guidelines.

RECIPIENT: A person who is receiving general assistance.

“RELIEVE AND MAINTAIN”: The sustaining of basic needs necessary to the health and welfare of the household.

RESIDENCE: Residence or residency shall mean an applicant’s place of abode or domicile. The place of abode or domicile is that place designated by an applicant as their principal place of physical presence for the indefinite future to the exclusion of all others. Such residence or residency shall not be interrupted or lost by a temporary absence from it, if there is an intent to return to such residence or residency as the principal place of physical presence. RSA 165:1 (I); 21:6-a.

UTILITY: Any service such as electric, gas, oil, water or sewer necessary to maintain the health and welfare of the household.

VENDOR/PROVIDER: Any landlord, utility company, store or other business which provides goods or services needed by the applicant/recipient.

VOUCHER SYSTEM: The system whereby a municipality issues vouchers to the recipient’s vendors and providers rather than cash to the recipient. RSA 165:1(III). See Section VIII.

WELFARE OFFICIAL: The official of the municipality, or designee, who performs the function of administering general assistance. Such person has the authority to make all decisions regarding the granting of assistance under RSA 165, subject to the overall fiscal responsibility vested in the select board, board of aldermen, city or town manager, or city

or town council. The term includes “overseers of public welfare,” RSA 165:1; 41:46 and “administrator of town or city welfare,” RSA 165:2.

WORKFARE: Labor performed by welfare recipients at municipal sites or human service agencies as reimbursement for benefits received. RSA 165:31.

II. SEVERABILITY

If any provision of these guidelines is held at law to be invalid or inapplicable to any person or circumstances, the remaining provisions will continue in full force and effect.

III. CONFIDENTIALITY OF INFORMATION

Information given by or about an applicant or recipient of general assistance is confidential and privileged, and is not subject to disclosure 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.

IV. ROLES OF LOCAL GOVERNING BODY AND WELFARE OFFICIAL

The responsibility of the day-to-day administration of the general assistance program should be vested in the elected or appointed welfare official. The welfare official shall administer the general assistance program in accordance with the written guidelines of the municipality. The local governing body (selectmen, board of aldermen, or town or city council) is responsible for the adoption of the guidelines relative to general assistance. RSA 165:1 (II).

V. MAINTENANCE OF RECORDS

A. LEGAL REQUIREMENT

Each welfare official is required by NH RSA 41:46 to keep complete paper and/or electronic records concerning the number of applicants given assistance and the cost for such support. Separate case records shall be established for each individual or family applying for general assistance. The purposes for keeping such records are:

1. To provide a valid basis of accounting for expenditure of the municipality’s funds;
2. To support decisions concerning the applicant’s eligibility;
3. To assure availability of information if the applicant or recipient seeks administrative or judicial review of the welfare official’s decision;
4. To provide the welfare official with accurate statistical information; and
5. To provide a complete history of an applicant’s needs and assistance that might aid the welfare official in ongoing case management and in referring the applicant to appropriate agencies.

B. CASE RECORDS

The welfare official shall maintain case records containing the following information:

1. The complete application including any authorizations signed by the applicant allowing the welfare official to obtain or verify any pertinent information in the course of assisting the recipient, to include a signed Authorization to Release Information from the New Hampshire Division of Health and Human Services. See Appendix E, Form B.
2. Written grounds for approval or denial of an application, contained in a notice of decision. See Appendix E, Form L; see also Appendix B.
3. A narrative history recording need for assistance, the results of investigations of applicants' circumstances, referrals, changes in status, etc.
4. A Client Account Summary, which has complete data concerning the type, amount and dates of assistance given which may be kept on paper or electronically.

C. CASE RECORD RETENTION

Records shall be kept based on the Municipal Record Retention Requirement. Welfare records must be retained during the active phase of any application plus 7 years.

VI. 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 appointments, via telephone or video, or home visits. See section VI: E on 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 Section XIII(C) of 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 in Section XIII(C)(7); 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 provide the applicant with the Notice of Rights, Form C, and shall inform the applicant of:

1. The requirement of submitting an application, Form A, and, at the time of each request for assistance, an intake form, Form G. 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 as listed in Section VII;
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 judgments 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;
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 Section VI 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 Division 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, I (c);
8. Following a determination of eligibility for assistance, to participate in the workfare program 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 XIII(C).

Any recipient may be denied or terminated from general assistance, in accordance with Section XIII, 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.

D. ACTIONS ON APPLICATIONS

1. **Decision.** A welfare official utilizes these Guidelines to determine an applicant's or recipient's eligibility, while ensuring that each applicant/recipient receives due process. Following the submission of a completed application by an applicant or his/her representative, the welfare official shall make a decision concerning the applicant's application eligibility within 5 business days. If the request is determined to be an emergency, Section VI: D(3) Emergency Assistance guideless shall apply.

NOTE: Business hours are generally considered 5 days per week, Monday through Friday during daytime hours. A written Notice of Decision shall be provided on the same day or next business day following the making of the decision. The notice of decision shall state that assistance of a specific kind and amount has been given and the time period of aid, or that the application has been denied, in whole or in part, with reasons for denial.

The Notice of Decision shall contain a first notice of conditions for continued assistance and shall notify the applicant of his/her right to a fair hearing if dissatisfied with the welfare official's decision. RSA 165:1-b, II, III.

- 2. Pending Notice of Decision.** A decision may also be made to pend an application subject to receipt of specified information, documentation or verifications from the applicant within a specific amount of time not to exceed five business days. A Notice of Decision should be provided following the expiration of time on the Pending Notice of Decision.
- 3. Emergency Assistance.** If, at the time of initial contact, the applicant demonstrates and verifies that an emergency need exists, because of which the applicant may suffer a loss of a basic necessity of living or imminent threat to life or health (such as loss of shelter, utilities, heat, or lack of food or prescriptions), then temporary assistance to mitigate such emergency need shall be provided to prevent the imminent threat to life or health, pending a decision on the application. Such emergency assistance shall not obligate the welfare official to provide further assistance after the application process is completed.
- 4. Temporary Assistance.** In circumstances where required records are not available, the welfare official may give temporary approval of an application pending receipt of required documents. Temporary status shall not extend beyond two weeks. The welfare official shall not insist on documentary verification if such records are unavailable.
- 5. Withdrawn Applications.** An application shall be considered withdrawn if:
 - a. The applicant has refused to complete an application or has refused to make a good faith effort to provide required verifications and sufficient information for the completion of an application. If an application is deemed withdrawn for these reasons, the welfare official shall so notify the applicant in a written Notice of Decision;
 - b. The applicant dies before assistance is rendered;
 - c. The applicant avails him/herself of other resources to meet the need in place of assistance;
 - d. The applicant requests that the application be withdrawn (preferably in writing); or
 - e. The applicant does not contact the welfare official after the initial interview after being requested to do so.

E. HOME VISITS

A home visit may be made by a mutually agreed appointment at the request of any applicant, only when it is impossible for the applicant or their authorized representative to apply in person. At the Welfare Official's discretion, a telephone or video interview by appointment

may be an alternative to a home visit for the welfare official's and applicant's health and safety. The home visit or telephone or video appointment shall be conducted in such a manner as to preserve, to the greatest extent possible, the privacy and dignity of the applicant. The person conducting the visit shall not be in uniform or travel in a law enforcement marked vehicle and shall not knowingly discuss or mention the application within the hearing area of someone who is not a member of the household.

VII. VERIFICATION OF INFORMATION

Any determination or investigation of need or eligibility shall be conducted in a manner that will not violate the privacy or personal dignity of the individual or harass or violate his or her individual rights.

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 sections IX(B) and X;
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 Form F and to produce the information required by Form F. 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. Although RSA 165:4 permits the cashier of a national bank or a treasurer of a savings and trust company to furnish information regarding amounts deposited to the credit of an applicant or recipient, it would be the better practice to have any verification of bank deposits only be obtained through a proper release of information form signed by the applicant.

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. The applicant may be required to provide any or all of the written consents set forth in Forms B, D, E, H, I and J. Before contact is made with any other source, the welfare official shall obtain written consent of the applicant or recipient, unless the welfare official has reasonable grounds to suspect fraud. In the case of suspected fraud, the welfare official shall carefully record his/her reasons and actions, and before any accusation or confrontation is made, the applicant shall be given an opportunity to explain or clarify the suspicious circumstances.

E. LEGALLY LIABLE RELATIVES

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

F. REFUSAL TO VERIFY INFORMATION

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

VIII. 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(III).

The amount shown on the voucher is the maximum amount to be used for payment. In accordance with the municipality's finance policies, 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.

IX. DETERMINATION OF ELIGIBILITY AND AMOUNT

A. ELIGIBILITY FORMULA

An applicant is eligible to receive assistance when:

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

B. LEGAL STANDARD AND INTERPRETATION

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

1. An applicant cannot be denied assistance because he/she is not a resident. See Section X.
2. "Whenever" means at any or whatever time that person is poor and unable to support him or herself.
 - a. The welfare official, or a person authorized to act on his/her behalf, shall be available during normal business hours.
 - b. The eligibility of any applicant for general assistance shall be determined no later than five (5) business days after the application is submitted. If the applicant has an emergency need, then assistance for such emergency need shall be provided in accordance with Section VI (D)(3), (4).
 - 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 Municipality's Welfare Guidelines.
4. "Relieved" means an applicant shall be assisted to meet the basic needs as determined by the Municipality's Welfare Guidelines.
5. "Maintained" means that assistance could be continued as long as the applicant is eligible as determined by the Municipality'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 XVI.
- 3. Eligibility for Other Categorical Assistance.** Recipients who are, or may be, eligible for any other form of public assistance must apply for such assistance immediately, but no later than seven days after being advised to do so by the welfare official. Failure to do so may render the recipient ineligible for assistance and subject to action pursuant to Section XIII of these guidelines.
- 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. 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, pursuant to Section IX(E)(8)(a) of these guidelines.
 - 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/debit card 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. The payment levels established as part of these guidelines are set forth in Appendix A.
2. **Housing.** The amount to be included as “need” for housing is the actual cost of rent or mortgage necessary to provide shelter or housing 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. (See Appendix A.) 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 stated in Section VI(D)(2) of these guidelines. 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 trusteed, or income similarly unavailable to the applicant or applicant's dependents, should not be included.
2. Income or Support from Other Persons. Contributions from relatives or other household members shall be considered as income only if actually available and received by the applicant or recipient. The income of non-household members of the applicant's residential unit shall not be counted as income. (Expenses shared with non-household members may affect the level of need, however. See Section IX (E)(10) regarding determination of need in cases of non-household residential units.)
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 8624(f)(1).
4. Court-Ordered Support Payments. Alimony and child support payments shall be considered income only if actually received by the applicant or recipient.
 5. Income from Other Sources. Payment from pension, trust funds, and similar programs shall be considered income.
 6. Earnings of a Child. No inquiry shall be made into the earnings of a child 14 years of age or less unless that child makes a regular and substantial contribution to the family.
 7. Option to Treat a Qualified State Assistance Reduction as Deemed Income.

The welfare official may deem as income all or any portion of any qualified state assistance reduction pursuant to RSA 167:82, VIII. The following criteria shall apply to any action to deem income under this section. RSA 165:1-e.

- a. The authority to deem income under this section shall terminate when the Qualified State Assistance Reduction no longer is in effect.
- b. Applicants for general assistance may be required to cooperate in obtaining information from the Department of Health and Human Services as to the existence and amount of any Qualified State Assistance Reduction. No applicant for general assistance may be considered to be subject to a Qualified State Assistance Reduction unless the existence and amount has been confirmed by the Department of Health and Human Services.
- c. The welfare official shall provide the applicant with a written decision which sets forth the amount of any deemed income used to determine eligibility for general assistance.
- d. Whenever necessary to prevent an immediate threat to the health and safety of children in the household, the welfare official shall waive that portion, if any, of the Qualified State Assistance Reduction as necessary.

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.

X. 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, as set forth in Section VI (D)(2).

E. DETERMINATION OF RESIDENCE

Determination of residence shall be made if the applicant requests return home transportation (See paragraph F on the next page), 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 as provided by law. See Section XVI (B).

XI. 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 for the purpose of reimbursement of benefits received. RSA 165:31 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. See Section XIII (C)(2)(b).

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).

XII. 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 \$2,000 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 the amount set forth in Appendix A 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.

XIII. 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 (See Section VI(D) for notice where application is granted.) 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 under the standards for eligibility or for reasons other than noncompliance with the guidelines, the official shall send notice at least seven days in advance of the effective date of the decision to the recipient stating the intended action.
3. The notice required by paragraphs 1 and 2 above shall contain:
 - a. A clear statement of the reasons for the denial or proposed termination or reduction.
 - b. A statement advising the recipient of his/her right to a fair hearing and that any request for a fair hearing must be made in writing within five working days.
 - c. A form on which the recipient may request a fair hearing.
 - d. A statement advising the recipient of the time limits which must be met in order to receive a fair hearing.
 - e. A statement that assistance may continue, if there was initial eligibility, until the date of hearing, if requested by the claimant. Aid must be repaid if the claimant fails to prevail at the hearing.

C. SUSPENSION FOR NONCOMPLIANCE WITH THE GUIDELINES

NOTE: This procedure has been developed by 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 mandated by RSA 165:1-b, but are NHMA's attempt to create a legally sound compromise. See also Appendix B.

- 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, as set out in Sections VI(C) and VII of these guidelines, including any changes in this information;
 - b. Participate in the work program under Section VI(C), to the extent assigned by the welfare official;
 - c. Comply with the work search requirements imposed by the welfare official under Section VI(C); and
 - d. Apply for other public assistance, as required by the welfare official under Section VI(C).
- 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. (See Form L.) 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. See Form L; see Appendix B.
 - 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.

XIV. 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. See Form O.

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 municipality's policies or procedures. 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.

XV. LIENS

A. REAL ESTATE – RSA165:28

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 select board, 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. A sample notice of lien is included in Appendix E as Form R.

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 intestate 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.

XVI. RECOVERY OF ASSISTANCE

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

A. RECOVERY FROM RESPONSIBLE RELATIVES

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

B. RECOVERY FROM THE MUNICIPALITY OF RESIDENCE

The welfare official 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 signed HHS FORM 151 "AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE" shall be recovered through the SSA and the New Hampshire Department of Health and Human Services. Prescription expenses paid by the municipality for applicants who have applied for Medicaid shall be recovered through the New

Hampshire Department of Health and Human Services if and when the applicant is approved for medical coverage.

E. DELAYED STATE CLAIMS

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

XVII. APPLICATION OF RENTS PAID BY THE MUNICIPALITY

Whenever the owner of property rented to a person receiving general assistance from the municipality is in arrears in sewer, water, electricity, or tax payments to the municipality, the municipality may apply the assistance which the property owner would have received in payment of rent on behalf of such assisted person to the property owner’s delinquent balances, regardless of whether such delinquent balances are in respect of property occupied by the assisted person. RSA 165:4-a.

A. PAYMENT ARREARS

A payment shall be considered in arrears if more than thirty (30) days have elapsed since the mailing of the bill, or in the case of real estate taxes, if interest has begun to accrue pursuant to RSA 76:13. RSA 165:4-a.

B. ORDER OF PRIORITY

Delinquent balances will be offset in order of the following priority: 1) _____, 2)_____, 3)_____ and 4)_____.

[Each municipality should determine priority among taxes, water, sewer and electricity.]

C. PROCEDURE

1. The welfare official will issue a voucher on behalf of the tenant to the landlord for the allowed amount of rent. The voucher will indicate any amount to be applied to a delinquent balance owed by the landlord, specifying which delinquency and referring to the authority of RSA 165:4-a.
2. The welfare official will issue a duplicate voucher to the appropriate department (i.e.: tax collector, sewer department, water precinct, municipal electric facility), which shall forward the voucher to the treasurer or finance director for payment. Upon receipt of payment, the department will issue a receipt of payment to the delinquent landlord.

APPENDICES

APPENDIX A

ALLOWABLE LEVELS OF ASSISTANCE PAYMENTS FOR THE MUNICIPALITY OF

Established by vote of the Governing Body, date: _____

HOUSEHOLD SIZE	FOOD/NON-FOOD				
	MONTHLY FOOD	MONTHLY NON-FOOD	WEEKLY FOOD	WEEKLY NON-FOOD	DAILY FOOD
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
(add each)	_____	_____	_____	_____	_____

	MONTHLY SHELTER ALLOWANCES				
	0 BR	1 BR	2 BR	3 BR	4 BR
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>Heat</u>	_____	_____	_____	_____	_____
Electric	_____	_____	_____	_____	_____
Oil	_____	_____	_____	_____	_____
Nat. Gas	_____	_____	_____	_____	_____
Bottled Gas	_____	_____	_____	_____	_____

(Top row is allowance for heated shelter. If unheated, add amounts indicated in “heat” columns to basic shelter cost in top row. Allowances MUST reflect actual housing market.)

BURIAL ALLOWANCE: _____ TELEPHONE ALLOWANCE: _____

OTHER (SPECIFY): _____

NOTE: It is recommended that the governing body review and update these amounts annually to reflect current market value.

APPENDIX B

EXPLANATION FOR DISQUALIFICATION FOR NONCOMPLIANCE WITH GUIDELINES

NH RSA 165:1-B

The following is written to help explain and standardize the process of “Disqualification for Noncompliance with Guidelines,” RSA 165:1-b. Please refer to **FORM L - NOTICE OF DECISION** which may be used by your local welfare office.

Once you determine that an applicant is eligible and you provide assistance, you can impose conditions on the person’s continued receipt of assistance. The conditions may require the recipient to comply with written guidelines relating to:

- 1) Disclosure of income and resources,
- 2) Participation in a work program,
- 3) Conducting an adequate work search, and/or
- 4) Applying for public assistance through other agencies as outlined in the Model Guidelines.

Willful failure to comply with the conditions imposed can lead to the suspension of a recipient’s assistance, but there is a process which must be followed. Prior to suspension, a recipient must be given written notice from the local welfare office of the specific actions which must be taken and the recipient must be given at least seven (7) days in which to comply prior to suspension. There can be no exception.

The **Notice of Decision** form may be used to grant an assistance application and *simultaneously* give notice of the conditions imposed on the recipient’s continued receipt of assistance. The **Notice of Decision** form may also be used to give notice of the conditions that must be complied with, if that notice was not given at the time assistance was granted or if the conditions to be complied with have changed.

If a recipient does not comply with the conditions in the time period allowed, he/she can be “sanctioned” and his/her assistance suspended. How long the suspension lasts depends on whether there have been other suspensions within the previous 6 months and whether there are actions the recipient can take to come into compliance. A written decision (the **Notice of Decision** form can be used) must be given notifying the recipient of the term of the suspension, the specific reason(s) for the suspension citing the guidelines, any action(s) which must be taken to come back into compliance, and notice of the right to request a fair hearing within 5 days of receipt of the notice.

If this is a first sanction, assistance may be suspended for seven (7) days. If it is possible for the recipient to take action(s) to come into compliance, then assistance can remain suspended after the seven (7) day period *and until* such time as the recipient takes the action(s) required to come into compliance (e.g. recipient only made 3 work search contacts instead of 10-the recipient must complete 7 more work search contacts; e.g. the recipient failed to apply for food stamps-if the recipient applies within the initial 7 day suspension, then the suspension ends after 7 days, otherwise, the suspension continues until the recipient applies). After the 7 day suspension period, the sanction must be lifted upon compliance with the condition.

If this is the second sanction (or more) for the recipient within a 6 month period, assistance may be suspended for fourteen (14) days. The reason for the sanction need not relate to previous sanctions to extend

the suspension period to 14 days. If it is possible for the recipient to take action to come into compliance, then assistance can remain suspended after the 14 day period and until compliance, as described above.

If more than six months elapses between the first and second sanctions, follow the procedures for a first sanction.

All notices of decision telling a recipient that he/she has been suspended must provide an opportunity for the recipient to request a fair hearing. If the recipient timely requests a hearing, the welfare officer must provide the recipient with the option of continuing to receive assistance consistent with any prior eligibility determination until the fair hearing decision is made. If there is a dispute over whether the recipient has taken the actions required to come back into compliance, the recipient must be provided the opportunity for a fair hearing on that issue, but there shall be no assistance provided pending the outcome of that hearing.

The welfare officer is not required to accept applications for assistance during a period of suspension.

APPENDIX C

ADOPTED ETHICS RESOLUTION ON RESPONSIBILITY FOR PERSONS WHO CHANGE THEIR RESIDENCE WHILE, OR AS A RESULT OF, APPLYING FOR LOCAL WELFARE

(New Hampshire Local Welfare Administrators Association)

- I. “Dumping” is hereby declared to be an unethical practice. For purposes of this resolution, “dumping” consists of attempting to end, or avoid acquiring, a local welfare financial responsibility by encouraging, persuading or pressuring a client:
 - A. not to establish, or to discontinue, a residence in the town which he/she has applied for assistance, or
 - B. to establish a residence in another town.

- II. In order to avoid “dumping” the following standards should be observed:

A welfare administrator should not encourage, direct, or knowingly allow a client who has applied for assistance in his/her town to apply for assistance in another town without making a good faith effort to contact the welfare administrator in that other town to explain why the person is coming to the other town. This applies whether or not the welfare administrator has accepted initial financial responsibility for the person (i.e. treat him/her as a resident) unless:

- A. he/she has an established place of abode (specific address, place to sleep) in another town which he/she intends to return to (even for just one night – i.e., hasn’t moved out of yet), or
- B. he/she has NO established place of abode ANYWHERE, (i.e., any prior specific address was in some other town and has been abandoned) AND has a specific intent to go somewhere else rather than staying in the town for any time.

(Even when an applicant falls into A. or B. above, some temporary, non-resident assistance may be necessary, depending on the circumstances, in order to send the person on his/her way.)

- III. Where a town has accepted initial financial responsibility under paragraph II above, the welfare administrator should not grant any assistance which he/she knows will be used so as to help establish the recipient’s residence in another town, unless:
 - A. a good faith effort is made to explore local resources, after which it is discovered that none within reason is available, or
 - B. unless the client has indicated an intent to move to another town for some non-welfare-related reason.

In either case the welfare administrator who has accepted initial financial responsibility should contact the official of the other town and offer to pay up to one month’s assistance following the move if necessary.

Towns must avoid “special” treatment. If a town never pays security deposits, the town must not pay security deposits in special instances to establish a client’s residence elsewhere. The sending town should pay actual allowable shelter costs as determined by the receiving town’s guidelines.

IV. Residency

According to RSA 126-A:30, persons receiving emergency housing (shelter) shall continue to maintain their legal residence as it existed at the time of entering the emergency housing facility. When a person leaves the originating shelter of their own free will, the liability no longer remains the responsibility of the original town. A person does not gain or lose residency while in a shelter, hospital or treatment center.

Persons who are sanctioned by local welfare, and arrive in another community, are not the liability of the community where the sanction originated. However, arrangements may be made between the two communities to have the sanction resolved, including resolving sanctions from another municipality if determined reasonable by the welfare official of the receiving municipality.

APPENDIX D

BENEFIT PROGRAM	PERSONS ELIGIBLE	SOURCE OF FUNDS	GOVERNMENT WHICH ADMINISTERS	GOVERNMENT WHICH SETS STANDARDS
TOWN				
1. Municipal Welfare RSA 165:1, I	Poor and in need	Local Property Tax	Town/City	Town/City
STATE				
2. APTD Aid to the Permanently & Totally Disabled RSA 167:6, VI	Low income Adults 18-64 Permanently & Totally Disabled	County & State	State	State
3. OAA Old Age Assistance RSA 167:6, I	Low Income Adults, 65 and over	County & State	State	State
4. ANB Aid to Needy Blind RSA 167:6, IV	Low Income Blind Adults	State	State	State
5. TANF Temporary Assistance to Needy Families 42 USC §601 RSA 167:6, V	Low Income Families with Dependent Children	State & Federal	State	State & Federal
FEDERAL				
6. SNAP* 7 USC §2011	Lower Income	Federal Households	State	Federal
7. SSI Supplemental Security Income 42 USC §1381	Low Income	Federal	Federal	Federal

*Supplemental Nutrition Assistance Program (A/K/A Food Stamps)

APPENDIX E

FORMS

These forms are offered as tools or guides to administer local assistance programs. Use of these forms is recommended but not mandatory. You can find downloadable, editable word versions of these forms (except Form B, which is a downloadable pdf) at <https://www.nhmunicipal.org/model-welfare-guidelines-forms>

- A. APPLICATION FOR ASSISTANCE
- B. HHS RELEASE
- C. NOTICE OF RIGHTS
- D. APPLICANT'S GENERIC AUTHORIZATION
- E. APPLICANT'S SPECIFIC AUTHORIZATION
- F. REQUIRED VERIFICATIONS
- G. INTAKE FORM
- H. MEDICAL RELEASE AND REPORT
- I. EMPLOYMENT VERIFICATION FORM
- J. RENTAL VERIFICATION
- K. BUDGET WORKSHEET
- L. NOTICE OF DECISION
- M. WORKFARE PROGRAM REPORTING FORM
- N. EMPLOYMENT SEARCH RECORD
- O. FAIR HEARING REQUEST
- P. NOTICE OF FAIR HEARING
- Q. FAIR HEARING DECISION
- R. NOTICE OF PROPERTY LIEN
- S. NOTICE OF PROPERTY LIEN DISCHARGE
- T. RENT VOUCHER – LANDLORD DELINQUENCY
- U. UPDATED APPLICATION FORM
- V. BASIC NEED POLICY

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: _____ SSN # _____

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? No Yes 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 (Circle one): Medicare or Medicaid? ID Number: _____

Other Insurance: _____ EBT Card # _____

Spouse/Co-Applicant

Name: _____ Date of Birth: _____

Cell Phone: _____ Work Phone: _____ SSN # _____

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? No Yes 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 (Circle one): Medicare or Medicaid? 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 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 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	_____	_____

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	_____	_____	_____
Severance Pay	_____	_____	_____
Social Security (Retirement)	_____	_____	_____
SSDI (Social Security Disability)	_____	_____	_____
SSI (Supplemental Security)	_____	_____	_____
TANF (Temporary Assistance for Needy Families-State Welfare)	_____	_____	_____

Income (Continued)

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 _____)	_____	_____	_____
Rent – Option to Own	_____	_____	_____
Rent – MH Lot	_____	_____	_____
Storage Unit	_____	_____	_____
Taxes (Income/Property)	_____	_____	_____
Telephone (Landline/Cell)	_____	_____	_____
Telephone (Cable/Internet)	_____	_____	_____
Transportation (Bus/Cab)	_____	_____	_____

Expense (continued)	Monthly Expense	Any Amounts Past Due	Comments
Water/Sewer Bill	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

8. EXTENDED PAYMENT ARRANGEMENTS

Do you or any household members currently have an EXTENDED PAYMENT ARRANGEMENT with an electric or fuel company? ____ Yes ____ No If YES, complete the following:

Utility Company Name	Amount				
_____	_____	(Circle one)	weekly	biweekly	monthly
_____	_____	(Circle one)	weekly	biweekly	monthly
_____	_____	(Circle one)	weekly	biweekly	monthly
_____	_____	(Circle one)	weekly	biweekly	monthly

9. OTHER ASSISTANCE

Has any other organization(s) or individual helped you pay any of your bills in the last four (4) weeks? ____ Yes ____ No If YES, complete the following:

Organization/Individual's Name	Bill Paid	Amount	Date Assisted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Applicant

Co-Applicant

Print Name: _____ Print Name: _____

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 crim 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

Co-Applicant

Signature: _____

Signature: _____

Date: _____

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)

FORM C

NOTICE OF RIGHTS OF ANYONE RECEIVING ASSISTANCE FROM THE MUNICIPALITY OF _____

You have the following rights:

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

Date

Welfare Official

FORM F

REQUIRED VERIFICATIONS

Applicant Name: _____ Date: _____

Social Security Number: _____

Date of Birth.: _____

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:
 - Emergency Food Stamps SNAP (Food Stamps) TANF
 - Title XX Daycare APTD/MA OAA
 - TANF Emergency Assistance 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

{INSERT MUNICIPAL NAME} WELFARE INTAKE

COMPLETE

{Insert Phone #}

SECTION I: DATE: _____ Appt. Date /Time: _____

Name: _____

Last / other names used

First

Middle

Physical Address: _____

Street

Town or City

How long at this address?

Date of Birth: _____

Social Security# _____

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**
- Rochester 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
- Unemployment Compensation
- SS / SSI / SSD
- TANF/APTD/OAA
- Last 4 weeks proof of income
- Checking Account/Debit Card (Statement)
- Savings Account (Bank Statement)

FORM H

MUNICIPAL WELFARE DEPARTMENT MEDICAL RELEASE AND REPORT

APPLICANT NAME/SS#: _____

Date of Birth: _____

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

DATE

TO THE PHYSICIAN OR CLINIC:

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

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

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

Is this person disabled? No Yes (*If yes, please clarify below*)
 Temporarily Permanently Partially Totally

Date incapacity began: _____ Expected to end: _____

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

Medications Prescribed: _____

Physician Name / Signature

Date

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

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 K

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 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.

Date	Weekday	# Hours Assigned	# Hours 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 P

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

RECIPIENT: _____ of the City/Town of _____ in the County of _____, State of New Hampshire

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

STATE OF NEW HAMPSHIRE

CITY/TOWN OF _____, **ss.**
(County)

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

Subscribed and sworn to before me:

(Notary Public) **My commission expires:** _____

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

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).

FORM S

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

RECIPIENT: _____ of the City/Town of _____ in the County of _____, State of New Hampshire

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

BY: _____ 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 _____ hereby authorizes payment to _____ on behalf of _____ of _____ in the amount of \$ _____ 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 Zip

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

Food

Non-food hygiene products

Diapers

Electric/Heating Bills

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 examples UNALLOWABLE expenses in determining eligibility:

Telephone beyond basic service for 1 per household.

Credit Card Payments

Loan Payments

Cable & Internet

Insurance Payments

Bail payments.

Repayment of Personal Loans

Restaurant/Fast Food

Tobacco/Alcohol products

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.

NEW HAMPSHIRE MUNICIPAL ASSOCIATION

The New Hampshire Municipal Association (NHMA) provides legislative advocacy, a legal advice hotline, and training programs for member municipalities. Originally formed by local officials in 1941 to represent municipal policy concerns before the state legislature, NHMA has more than 75 years of continuous service to the state's municipalities. As the service and action arm of local governments throughout New Hampshire, NHMA staff respond to thousands of legal inquiries from members every year, and track hundreds of bills every legislative session, actively working to advance member-adopted policies.

NHMA also provides significant training and educational opportunities for local officials and employees from member municipalities. We know local government!

Learn more at www.nhmunicipal.org.

No part of this publication may be reproduced, distributed, or transmitted in any form or by any means, including but not limited to photocopying, recording, posting on a website, or other electronic or mechanical methods, without prior written permission of the New Hampshire Municipal Association, except in the case of quotations that cite the publication as the source or other non-commercial uses permitted by law.

OUR MISSION

Through the collective power of cities and towns, NHMA promotes effective municipal government by providing education, training, advocacy and legal services.



25 Triangle Park Drive, Concord, NH 03301 • Phone: 603.224.7447

www.nhmunicipal.org