

Welfare Guidelines

TOWN OF BRISTOL

2005 Edition

Mission Statement

The mission of the Bristol Office of Human Services/Welfare Office shall be: to administer local welfare services in accordance to NH RSA 165 and to facilitate the process of residents' self-sufficiency. The office shall assist all individuals, (whether they can be directly assisted through Town of Bristol General Assistance funds or not) to network to other existing programs, re-employment efforts, and referrals to other agencies in an effort to facilitate an individuals' return to personal independence.

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I. DEFINITIONS

AGENCY: Any health, social service or other entity that provides services to a client or 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a desire to receive general assistance or to have his/her eligibility reviewed and whose application has not been withdrawn.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.

APPLICATION FORM: Written confirmation that a person has made an application. The application must be made on a form acceptable to the Town of Bristol, New Hampshire. Calls made by person wither within or without the geographic boundaries of the Town of Bristol seeking welfare information, or information on the availability of area agencies shall not be considered an application.

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, trusts, 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. A hard copy of all signed documents should be kept.

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 family.

ELIGIBILITY: Determination by a welfare official, in accordance with the guidelines, of an applicant's need for general assistance to maintain basic survival standards as noted 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.

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. Until such time as the State of New Hampshire enacts an emancipated juvenile statute, the residence and legally liable unit of any person under the age of 18 shall be his/her parent or guardian. Failure of a minor to live within the house rules of a parent or legal guardian will result in a formal complaint filed with DCYF, local Juvenile Officer, and the nearest Juvenile Diversion Program.

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.

RESIDENTIAL UNIT: All persons physically residing with the applicant, including persons in the applicant’s household and those not within the household.

SHELTER: A temporary housing provider through which an individual or family may seek emergency housing until permanent housing can be found.

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 selectmen, the 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. UNFUNDED MANDATE

The Town shall not participate in, or provide services for, any State or Federal Programs that are unfunded. (State of New Hampshire Constitution, Article 28:A) Reimbursement programs, i.e., the Interim Assistant Program, ext., must be directly reimbursed to the Town in order to be exempted.

IV. CONFIDENTIALITY OF INFORMATION

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

V. 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).

VI. MAINTENANCE OF RECORDS

A. Legal Requirement

Each welfare official is required by law 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 tally sheet, which has complete data concerning the type, amount and dates of assistance given which may be kept on paper or electronically.

VII. 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. 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 inform the applicant of:

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

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

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 any employment when offered – regardless of wage or type of employment, or hours, (except for documented reasons of good cause (RSA 165:1-d)), and to maintain such employment. RSA 165:1-b, I (c);
8. Following a determination of eligibility for assistance, to participate in the workfare program (workfare) if physically and mentally able. RSA 165:1-b, I (b); and
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.

10. To adjust the management of the house in such a manner that it will either eliminate or lessen, to the maximum degree, the need for General Assistance; and out-go; and/or enlarge the household's income base to accomplish the goals of self-sufficiency and minimum reliance on any General Assistance.

11. To call the health officer and Life Safety 101 inspectors and arrange an appointment time for a housing inspection of their rental until.

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. Unless an application is withdrawn, the welfare official shall make a decision concerning the applicant's eligibility immediately in the case of emergency, or within five working days after submission of the application. A written notice of decision shall be given in hand, delivered or mailed on the same day or next working 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. A decision may also be made to pend an application subject to receipt of specified information from the applicant. 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. Emergency Assistance. If, at the time of initial contact, the applicant demonstrates and verifies that an immediate 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 aid to fill such immediate need shall be given immediately, 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.

3. 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 totally unavailable.

4. 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 appointment at the request of any applicant, only when it is impossible for the applicant or their representative to apply in person.

The home visit shall be conducted in such a manner as to preserve, to the greatest extent possible, the privacy and dignity of the applicant. To this end, the person conducting the visit shall not be in uniform or travel in a law enforcement vehicle, shall be polite and courteous, and shall not knowingly discuss or mention the application within the listening area of someone who is not a member of the household.

III. 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 the 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: The Town of Bristol will ask for written verification from the prescribing physician when assistance is requested for controlled medications. The physician must, prior to approval of the voucher, certify that the prescription is medically necessary and not other reasonable alternatives exist for the medical condition of the applicant. Client seeking assistance for prescription medications will be required to apply for and participate in the medication “bridge” program sponsored by local health care facilities.

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, bankbooks, 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. However, the welfare official shall not insist on documentary verification if such records are not available, but should ask the applicant to suggest alternative means of verification.

C. Other Sources of Verification

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

D. Written Consent of Applicant

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

E. Legally 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.

IX. DISBURSEMENTS

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

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

X. DETERMINATION OF ELIGIBILITY AND AMOUNT

A. Eligibility Formula

An applicant is eligible to receive assistance when:

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

B. Legal Standard and Interpretation

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

1. An applicant cannot be denied assistance because he/she is not a resident. See Section X.
2. "Whenever" means at any or whatever time that person is poor and unable to support him or herself.
 - a. The welfare official, or a person authorized to act on his/her behalf, shall be available during normal business hours.
 - b. The eligibility of any applicant for general assistance shall be determined no later than five (5) working days after the application is submitted. If the applicant has an emergency need, then assistance for such emergency need shall be immediately provided in accordance with Section VI (D)(1), (2).
 - c. Assistance shall begin as soon as the applicant is determined to be eligible.

3. “Poor and unable to support” means that an individual lacks income and available liquid assets to adequately provide for the basic maintenance needs of him/herself or family as determined by the guidelines.

4. “Relieved” means an applicant shall be assisted to meet those basic needs of survival.

5. **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. Until such time as the State of New Hampshire enacts an emancipated juvenile law minors shall remain the responsibility of their parent(s) or legal guardian(s). Should said minor refuse to live within the house rules or the parent or legal guardian be unwilling to exercise their responsibility the welfare official shall contact the local Juvenile Officer, DCYF, and the nearest Diversion Program.

6. **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.

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

8. **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.

9. **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 or home school that is meeting the standard of satisfactory progress as verified and monitored by the local SAU.

c. Unable to work due to illness or mental or physical disability of him/herself or another member of the household, as verified by the welfare official; or

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

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

10. Students. Applicants who are college, technical college, and/or beautician school, and other recognized forms of post secondary education; students that are considered full time by their institution of learning, and not available for or refusing to seek full-time employment are not eligible for general assistance.

11. Non-Citizens. The welfare officer shall not provide general assistance to non-citizens. The only exception may be in cases where there is a need for medication for a life threatening illness.

a. A non-citizen is not:

- A qualified alien under 8 USCA 1641,
- A non-immigrant under the federal Immigration and Nationality Act, or
- An alien paroled into the United States for less than one year under 8 USCA 1182(d)(5) is not eligible for general assistance from the municipality. 8 USCA 1621(a).

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

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

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

d. A non-citizen may also be eligible for general assistance for treatment of an emergency medical condition, 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) and may petition the governing body for an exception beyond that which may be granted by the welfare official.

12. Property Transfers. No applicant who is otherwise eligible shall receive such assistance if he/she has made an assignment, transfer, conveyance of property, or establishing a trust for the

purpose of rendering him/herself eligible for assistance within five years immediately preceding his/her application. RSA 165:2-b.

13. 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.

14. Disqualification for Voluntary Termination of Employment. Any applicant eligible for assistance who voluntarily terminated employment, without good cause, shall be ineligible to receive assistance for 90 days from the date of employment termination, provided the applicant:

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

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

D. Available Assets

1. Available Liquid Assets. Cash on hand, bank deposits, credit union accounts, securities, trusts, and retirement plans (i.e., IRA's, deferred compensation, Keogh's, etc.) where appropriate under NH Laws 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 if appropriate under NH Laws. 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. Car payments and insurance on the car will not be considered justifiable expenses when determining on-going eligibility.

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. Premium payments will not be considered a justifiable expense when determining on-going eligibility.

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

E. Standard of Need

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

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

a. Shelter Arrearages. Shelter arrearages will be included in the “need” formula if, and only if, such payment is necessary to prevent eviction or foreclosure or to protect the health and safety of the household. However, if the amount of such mortgage or rental arrearage substantially exceeds the cost of alternative, available housing which complies with local health and housing code standards, or if the payment of arrears will not prevent eviction or foreclosure, the welfare official may instead authorize payment of security deposit (only if all other means of securing a deposit are exhausted), 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 or shelters as a housing option.

b. Should alternative housing be the only prudent and immediate means of solving a homeless or near homeless situation and is offered and ultimately refused by the applicant the welfare official shall note said offer and refusal of the means to immediately solve their need and the applicant shall be considered ineligible for further assistance.

c. An applicant seeking assistance with moving to another dwelling must document that the reason for the move is:

1. substandard housing –documented by the appropriate public official
2. homelessness as defined as on the street and no where to go
3. imminent eviction which was unavoidable by the applicant
4. the unavailability of any alternative housing (anywhere in the state)

d. As the Town of Bristol is a member of the Local Welfare Administrators Association an affiliate organization of the Municipal Association of the Local Government Center, the Town of Bristol shall not relocate any applicant/s in another community unless the following conditions exist:

1. the applicant/s is gainfully employed or starting a full time job in that community
2. the applicant/s have other services in place and will not be a burden to the new community
3. the applicant/s have exhausted all reasonable efforts and have not been able to find a landlord in the Bristol area who will rent to them
4. the move will place the applicant/s nearer to their place of employment, medical or psychological service providers
5. there is no available alternative housing open to the applicant/s

The Town of Bristol shall not relocate an applicant into any dwelling situation that they can not afford to maintain after the initial relocation assistance, nor continue to keep an applicant in a dwelling unit that is unaffordable to an applicant under their normal financial circumstances.

e. **Security Deposits.** Security deposits may be included in the ‘need’ formula if the applicant is unable to secure alternative shelter for which no security deposit is required or is unable to secure funds, either him/herself or from alternative sources, for payment of the deposit or work out a payment plan with the landlord for said 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.

f. **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. The Town shall not pay rent to a relative landlord unless the relative landlord has proven his/her inability to assist and this shall be done before any payment for shelter can be made.

g. **Housing Inspections:** Rent shall not be paid on any dwelling unit that does not meet the minimum housing criteria as set forth by the Bristol Health Officer (NH RSA 48:A) and the Bristol Fire Department (Life Safety 101). Welfare official shall not pay rent on any dwelling that has not passed an inspection by the Bristol Health Officer and Fire Department within the

last 12 months, and for a dwelling to be eligible for rental assistance payments it must have no unresolved and/or outstanding complaints against it with either the Health Officer or the Fire Department.

If both inspections can not be done at the same time and the dwelling being considered for rental assistance has passed one of the two inspections, rent will be issued so long as the first inspector feels there are likely to be no issues. If the second inspection does uncover issues that are in violation of NH RSA 48:A or Life Safety 101, rental payments shall cease until such time as the necessary repairs and/or alterations to the dwelling shall be completed. Verification of such completion shall be accomplished by a second inspection /s.

Should a client continue to be eligible for rental assistance and the landlord/owner be actively addressing the repairs and/or alterations necessary to become compliant with NH RSA 48:A and Life Safety 101, vouchers may be pended . Said vouchers shall be released for payment only when the dwelling is in compliance with both NH RSA 48:A and Life Safety 101. If a landlord/owner refuses to make-said repairs and/or alterations for the existing tenant eligible for rental assistance, any rent payments that may have been pended shall be held to be null and void.

If the landlord refuses to make the necessary alterations and/ or repairs within the specified length of time (usually 30 days from the receipt of a certified letter sent from the welfare officer noting the inspection/s and the issues that are not in compliance) the welfare official shall inform the Health Officer and/or the Fire Department and request they go forward with necessary legal action to insurance compliance and/or take appropriate action to condemn the dwelling until such time as it meets the minimum standards set forth in the statutes.

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

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 current 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 shall 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

1. Any utility bill in the name of someone other than the adult applicant/s will not be considered for payment.

2. The welfare official shall require the applicant/s to within 7 days of contact with the office make an appointment with the local CAP office for the electric discount program and/or Fuel Assistance. If the applicant/s fail to attend the original scheduled appointment and/or complete the application process for the electric discount and/or Fuel Assistance, they will be considered non-compliant and shall be sanctioned for 7 days or until such time as they complete the application process.

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

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

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

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

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

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

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

To be eligible for assistance for prescription/s, a client must have the Town of Bristol Controlled Substance Statement completed by their Physician before the welfare official can authorize payment for said prescription/s. The Town of Bristol shall not replace any ‘lost or stolen’ prescription(s) and shall only authorize payment for other than the generic version of a prescription, if no other option is available.

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

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

9. Unusual Needs Not Otherwise Provided For in These Guidelines. If the welfare official determines that the strict application of the standard of need criteria will result in unnecessary or undue hardship (e.g. needed services are inaccessible to the applicant), such official may make minor adjustments in the criteria, or may make allowances using the emergency need standards 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.

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

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

12. Court fines and restitution for illegal activities, or violation of any existing court order/s shall not be considered legitimate expenses, as the Town shall not be asked to subsidize infractions of law. 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:

13. Earned Income. Income in cash or in-kind earned by the applicant or any member of the household through wages, salary, commissions, or profit, whether self-employed or as an employee, is to be included as income. Rental income and profits from items sold are considered earned income. With respect to self-employment, total profit is arrived at by subtracting business expenses from gross income in accordance with standard accounting principles. When income consists of wages, the amount computed should be that available after income taxes, social security and other payroll deductions required by state, federal, or local law, court ordered support payments and child care costs, and work related clothing costs have been deducted from income. Wages that are trusted, or income similarly unavailable to the applicant or applicant's dependents, should not be included, but the applicant/recipient shall be ordered to access said trusts, where appropriate by NH Laws, making that income available to them to eliminate and/or reduce their dependence on General Assistance.

14. 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 and must be disclosed to the welfare official. 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.)

15. Income from Other Assistance or Social Insurance Programs.

- a. State categorical assistance benefits, OASDI payments, Social Security Payments, VA benefits, unemployment insurance benefits, and payment from other government sources shall be considered income.
- b. Food Stamps cannot be counted as income pursuant to federal law. (7 USC 2017(b))
- c. Fuel assistance cannot be counted as income pursuant to federal law. (42 USC 8624(f)(1))

16. Court-Ordered Support Payments. Alimony and child support payments shall be considered income only if actually received by the applicant or recipient, and shall be considered legitimate out-go if actually paid.

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

18. 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.

19. Option to Treat a Qualified State Assistance Reduction as Deemed Income. The welfare official shall 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.

XI. 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 below), or if the welfare official has reason to believe the applicant is a resident of another New Hampshire municipality from which recovery can be made under RSA 165:20.

1. Minors. The residence of a minor applicant shall be presumed to be the residence of his/her custodial parent or guardian.

2. Adults. For competent adults, the standard for determining residence shall be the overall intent of the applicant, as set forth in the Section I definition of “residence.” The statement of an applicant over 18 as to his/her residence or intent to establish residence shall be accepted in the absence of strongly inconsistent evidence or behavior.

F. Return Home Transportation

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

G. Recovery

Any aid given to a nonresident, including the costs of return home transportation, may be recovered from his/her municipality of residence using the procedures of Section XVI (B).

XII. MUNICIPAL WORK PROGRAMS

A. Participation

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

B. Reimbursement Rate

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

C. Continuing Financial Liability

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

D. Allowance for Work Search

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

E. Workfare Program Attendance

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

1. Has a conflicting interview at a service or welfare agency;
2. Has a medical appointment or illness;
3. Has a conflicting job interview;
4. As a parent or person “in loco parentis,” must care for a child under the age of five. A recipient responsible for a child age five but under 12 shall not be required to work during hours the child is not in school, if there is no responsible person available to provide care, and no other care is available;
5. Is unable to work due to mental or physical disability, as verified by the welfare official;
6. Must remain at home because of illness or disability to another member of the household, as verified by the welfare official; or
7. Does not possess the materials or tools required to perform the task and the municipality fails to provide them. However, the workfare participant should attempt to schedule appointments 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 the 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 provision of the workers compensation laws not applicable to workfare program participants. RSA 281-A:2, VII(B)

XIII. BURIALS AND CREMATIONS

The welfare official shall provide for proper burial or cremation, at municipal expense, of persons found in the municipality at time of death, regardless of whether the deceased person ever applied for or received general assistance from any municipality. In such cases, assistance may be applied for on behalf of the deceased person; however the application should be made before any burial cremation expenses are incurred. The expense may be recovered from the deceased person's municipality of residence, or from a liable relative pursuant to RSA 165:3 II. If relatives, other private persons, the state or other sources are unable to cover the entire burial/cremation expense, the municipality will pay up to \$800.00 for burial/cremation. (See Appendix A.) RSA165:3 and RSA165:1-b; see also RSA 165:27 and 165:277-a.

XIV. 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 the next work day following the making of the decision or within five working days from the time the application is filled out and submitted, whichever occurs first.
2. In any case where the welfare official decides to terminate or reduce assistance for reasons other than noncompliance with the guidelines, the official shall send notice at least seven days in advance of the effective date of the decision to the recipient stating the intended action.
3. The notice required by paragraph 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 such a fair hearing.
 - d. A statement advising 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

1. Due Process. Recipients must comply with these guidelines and the reasonable request 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 VII(C), and VIII of these guidelines, including any changes in this information;
- b. Participate in the work program under Section VII(C), to the extent assigned by the welfare official;
- c. Comply with the work requirements imposed by the welfare official under Section VII(C); and
- d. Apply for other public assistance, as required by the welfare official under Section VII(C).

3. First Notice. No recipient otherwise eligible shall be suspended for noncompliance with conditions unless he/she has been given 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.

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.

- a. 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 be 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, and2) 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.

XV. FAIR HEARINGS

A. Requests

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

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

D. Fair Hearing Procedures

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

contents of the record. The fair hearing officer shall not review the case record or other materials prior to introduction at the hearing.

7. The parties may stipulate to any facts.

8. All fair hearings may be tape-recorded and retained for six (6) months.

E. Decisions

1. Fair hearing decisions shall be rendered within seven (7) working days of the hearing. Decisions shall be in writing setting forth the reasons for decision and the facts on which the fair hearing officer relied in reaching the decision. A copy of the decision shall be mailed or delivered to the claimant and to the welfare official.

2. Fair hearing decisions will be rendered on the basis of the officer's findings of fact, these guidelines and state and federal law. The fair hearing decision shall set forth appropriate relief.

3. The decision shall be dated. In the case of a hearing to review a denial of aid, the decision is retroactive to the date of the action being appealed. If a claimant fails to prevail at the hearing, the assistance given pending the hearing shall be a debt owed by the individual to the municipality.

4. The welfare official shall keep all fair hearing decisions on file in chronological order.

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

XVI. LIENS

A. Real Estate

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

XVII. RECOVERY OF ASSISTANCE

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

A. Recovery from Responsible Relatives

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

B. Recovery from the Municipality of Residence

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

C. Recovery from Former Recipient's Income

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

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.

XVIII. 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) taxes, 2) sewer, and 3) water.

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.

XIV. FORMS & PAYMENT STANDARDS

The Director shall determine what forms required to implement these standards and shall attach them as appendages to these guidelines. Forms and current payment standards for all standards of need calculations shall be available in the Human Service/Welfare Office.

XV. EFFECTIVE DATES AND AMENDMENTS

These guidelines shall apply to determinations of General Assistance after their adoption by the Bristol Board of Selectmen. Amendments to these guidelines may be made by the Board of Selectmen at any proper meeting and by the Director as permitted by these guidelines.

Adopted by the Bristol Board of Selectmen: _____ 2005

APPENDIX A

ALLOWABLE LEVELS OF ASSISTANCE PAYMENTS FOR THE MUNICIPALITY OF

Town of Bristol

Established by vote of the Governing Body, date: _____

FOOD/NON-FOOD

HOUSEHOLD SIZE	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
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Heat

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.

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 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.

**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:43-h, 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.

APPENDIX D

NEW HAMPSHIRE WELFARE BENEFIT PROGRAMS

BENEFIT	PERSONS PROGRAM STANDARDS	SOURCE ELIGIBLE	GOV'T WHICH OF FUNDS	GOV'T WHICH SETS ADMINISTERS
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TOWN

1. Town Welfare RSA 165:1, I	Poor and in need	Local Property Tax	Town	Town
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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
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4. ANB Aid to Needy Blind RSA 167:6, IV	Low Income Blind Adults	State	State	State
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5. TANF Temporary Assistance to Needy Families 42 USC §601 RSA 167:6, V	Low Income Families with Dependent Children	State & Federal	State	Federal & State
-----------------------------------------------------------------------------------------	---------------------------------------------	-----------------	-------	-----------------

FEDERAL

6. Food Stamps 7 USC §2011	Lower Income	Federal Households	State	Federal
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7. SSI Supplemental Security Income 42 USC §1831	Low Income	Federal	Federal	Federal
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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.

- 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 SLIP
- 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

Refer to NH MAPS forms available in that program.

APPLICATION FOR ASSISTANCE

Date of Application _____ Referred by _____

1. General Information:

Name _____ Date of Birth _____

Address _____

Telephone _____ Social Security number _____ US Citizen? _____

Marital Status _____ Rent or Own? _____ How long at this address? _____

Spouse/Co-Applicant Name _____ SS# _____

Spouse address (if not same as applicant) _____

Assistance Requested _____

Reason for request _____

Have you applied for local assistance before? _____ When? _____

Where? _____ Under what name? _____

List below all persons living in your household:

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

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

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

2. Housing Information:

Rent amount _____ per (month/week) _____ Date last paid _____ Date due _____

Do you have a current: Demand For Rent Notice to Quit Landlord/Tenant Writ

Total rent owed _____ Do you have a housing subsidy? _____

Utilities Included: Heat Electric Gas Water/Sewer Other

LANDLORD: Name _____ Telephone _____

Address _____

IF HOME-OWNER: Mortgage Amount _____ Date last paid _____ Owed _____

Bank/Mortgage Co _____ Address _____

3. Education / Training / Employment

	<u>Highest Grade Attended</u>	<u>G.E.D. or Diploma</u>	<u>Special Training or Skills</u>	<u>Military Service</u>
Applicant:	_____	_____	_____	_____
Spouse/Co-Applicant:	_____	_____	_____	_____

Applicant Work History:

Are you employed now? _____ Employer _____ Position _____

When began work _____ Date/Amount of most recent check _____

Are you unemployed now? _____ Reason _____

Date last worked _____ Employer _____ Date/Amount last check _____

Are you able to work now? _____ If not able, why? _____

Current and two most recent jobs of yourself and all household members aged 18 & older:

<u>Name</u>	<u>Employer</u>	<u>Pay</u>	<u>Weekly/ Biweekly</u>	<u>Employment Dates</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. Household Assets:

Provide information regarding accounts held by you and all household members:

<u>Name</u>	<u>Bank/Credit Union</u>	<u>Savings</u> <u>Acct. #</u>	<u>Savings</u> <u>Balance</u>	<u>Checking</u> <u>Acct. #</u>	<u>Checking</u> <u>Balance</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Provide current value of any assets held by you and all household members:

Cash on hand (all household combined) _____ Certificates of Deposit (CD's) _____
Savings Bonds _____ Mutual Funds _____ Annuities _____ Stocks _____
Trust Funds _____ Retirement Accounts _____ Insurance Policies (cash value) _____
401k _____ Property other than primary residence _____ Location _____
Other Investments _____ Motorcycles/Boats/Snowmobiles/ATV's/RV's _____
Other Assets (please list) _____

Claims/settlements/income due to you or any household member

IRS Refund _____ Insurance Claim _____ Retroactive disability check _____
Retroactive Unemployment or Worker's Compensation check _____ Inheritance _____
Other Lump Sum Payment (explain) _____

Have you or any household member consulted a lawyer regarding a possible lawsuit?:

Lawyer Name/Address _____
Reason _____

Do you or any household member have a lawsuit pending? _____ Who? _____

Please give details _____
Lawyer Name/Address _____

Motor vehicles owned by you and all household members:

<u>Owner</u>	<u>Auto Make</u>	<u>Model</u>	<u>Year</u>	<u>Value</u>	<u>Payments</u>	<u>Insurance</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

5. Household Income

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

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

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

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

6. Household Expenses

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

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

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

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

7. Criminal Information

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

Town/City & State of conviction _____ Details of conviction: _____

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

If yes, who? _____ Court or jurisdiction? _____

Name & phone number of parole/probation officer _____

8. Liability for Support Information

Please provide following details:

Your father _____ Address _____

Your mother _____ Address _____

Co-applicant father _____ Address _____

Co-applicant mother _____ Address _____

Your or co-applicant's adult children _____

9. Certifications and Signatures

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

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

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

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

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

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

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

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

Signature of person completing form
(if not applicant)

Date

FORM B

AUTHORIZATION FOR THE RELEASE OF INFORMATION – DHHS

I, _____, the undersigned, understand that from time to time,
Print Your Name

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

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

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

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

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

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

Signature

Date

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

Relationship to You

Witness

Date

FORM C

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

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

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

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

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

Date

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

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

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

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

Applicant

Date

Welfare Official

REQUIRED VERIFICATIONS

Applicant Name: _____

Date: _____

Social Security Number: _____

D.O.B.: _____

Address: _____

Phone: _____

YOUR APPOINTMENT IS SCHEDULED FOR: _____

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

_____ Completed Application Form

_____ Rental Verification Form

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

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

_____ Employment verification form from your employer

_____ Employment termination form from your last employer

_____ You have applied for / are receiving Social Security benefits

_____ You have applied at the HHS District Office for:

Emergency Food Stamps

Food Stamps

TANF

Title XX Daycare

APTD/MA

OAA

TANF Emergency Assistance

_____ You have applied for / are receiving Fuel Assistance benefits

_____ Verification of injury or illness

_____ You have applied for / are receiving Unemployment Compensation

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

_____ Vehicle registration

_____ Savings and checking account, liquid asset statements, bankbooks

_____ Statement child support payments received / Child support court order

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

Other: _____

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

Welfare Staff signature

Applicant signature

INTAKE FORM

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

DATE: _____

NAME: _____
 Last First Middle Maiden

ADDRESS: _____
 Street / # / Apartment Town

HOW LONG AT THIS ADDRESS? _____ TELEPHONE: _____

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

NAMES AND AGES OF ALL HOUSEHOLD MEMBERS: _____

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

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

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

SIGNATURE DATE

**MUNICIPAL WELFARE DEPARTMENT
MEDICAL RELEASE AND REPORT**

APPLICANT NAME _____

SS#: _____ **dob:** _____

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

APPLICANT SIGNATURE

DATE

TO THE PHYSICIAN OR CLINIC:

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

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

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

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

Date incapacity began: _____ Expected to end: _____

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

Medications Prescribed: _____

Physician Name / Signature

Date

EMPLOYMENT VERIFICATION FORM

To Employer _____ Date _____

Address _____

Phone _____

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

[name of employee]

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

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

Date of first/most recent paycheck _____ Net amount _____

=====

If _____ **is no longer employed by your company:**

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

Reason for termination/separation _____

Signature and Title of immediate supervisor or person completing form

Date

RENTAL VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY THE LANDLORD

Tenant's Name: _____ Date: _____

Address: _____

(Number/Street)

(Apt. #)

(City)

(State)

Number of Household Members: _____ List of Household Members: _____

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

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

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

Rent Includes: All utilities No Utilities Hot Water Heat Electric

Type of Heat: Electric Oil Gas Other _____

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

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

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

Tax ID #: _____ **OR** Social Security #: _____

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

Landlord's Name Telephone / Fax Numbers

Landlord Address

Name of Manager or other Representative

Landlord Signature

Date

BUDGET WORKSHEET

Name _____

Date _____

A. Available assets and income:

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

A. Total available income:

B. Allowable Expenses:

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

B. Total Allowed Expenses:

C. Eligibility: [A. Income (-) B. Expenses]: _____

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

Assistance will be provided as follows:

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

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

NOTICE OF DECISION

Name _____

Date _____

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

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

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

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

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

=====

Your next appointment is on _____ at _____ am/pm.

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

Welfare Applicant Date

Welfare Official Date

**WORKFARE PROGRAM
REPORTING SLIP**

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.

<u>Date</u>	<u>Weekday</u>	<u># Hours Assigned</u>	<u># Hours Time In</u>	<u>Time Out</u>	<u>Worked</u>	<u>Supervisor Initials</u>
_____	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

EMPLOYMENT SEARCH RECORD

NAME: _____

[In order to remain eligible for assistance, you are required to do a job search of 3-5 contacts daily. Use this form to list each employer you contact Calls will be made to employers listed as follow up/verification.]

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

FAIR HEARING REQUEST

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

(applicant signature)

(date)

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

NOTICE OF FAIR HEARING

DATE: _____

TO: _____

ADDRESS: _____

Your Fair Hearing has been scheduled for:

Date: _____

Time: _____

Place: _____

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

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

Sincerely,

Welfare Official

Date

FAIR HEARING DECISION

Client Name

Represented by

VS

Municipality

Date of Hearing _____ Hearing Officer(s) _____

ADJUDICATION

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

Date _____ **Hearing Officer/Board Chair** _____

NOTICE OF PROPERTY LIEN

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

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

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

BE IT KNOWN: that the 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.

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

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

Subscribed and sworn to before me:

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

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

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).

NOTICE OF PROPERTY LIEN DISCHARGE

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

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

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

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

BY: _____
Director of Welfare/Human Services

DATE: _____

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

RENT VOUCHER – LANDLORD DELINQUENCY

The municipality of _____ hereby authorizes payment to

[landlord] on behalf of _____ of
[tenant]
_____ in the amount of \$ _____
[tenant address]

for rent due and owing for the period _____ to _____

NOTICE OF APPLICATION OF RENT PAYMENTS TO DELINQUENCIES

TO: _____
[landlord]

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

Welfare Official

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



Town of Bristol
Department of Human Services
230 Lake Street
Bristol, NH 03222

Department of Human Services – Client Assistance
Controlled Substance Statement

Dear Attending Physician:

According to the Welfare Guidelines adopted by the Town of Bristol, written verification is needed before a voucher can be issued to any client who is seeking prescription assistance for controlled medications.

For the benefit of the client, we would appreciate your cooperation in this matter by completing the attached verification form and returning it to our office so that the prescription can be obtained by the client in a timely manner.

Any further questions or information can be obtained from the Welfare Administrator via phone at 744-2522 or via fax at 744-2521.

Please be aware that we strive to maintain strict confidentiality for our clients at all times. We have included a signed release of information from your patient to allow us this verification.

Thank you for your prompt attention,

M. Marie Mahoney
Welfare Administrator
Town of Bristol

Town of Bristol – Human Services
Controlled Substance Verification by Attending Physician:

Name of Physician: _____

Name of Practice: _____

Mailing
Address _____

Phone: _____ Fax: _____

I hereby certify that _____ is a patient under my medical care and further attest a controlled medication has been prescribed by me for their treatment. No other options are available and it is considered medically necessary for this patient and his/her diagnosis.

X _____ (signature of physician) _____ (date)

If form is returned via fax, please mail the hard copy to our office and retain a copy for your files.

Thank you.

Town of Bristol – Human Services

Controlled Substance Verification – Authorization for release of information:

I, _____ am seeking prescription/medical assistance from the Town of Bristol and hereby authorize my physician to release information to the Town of Bristol Welfare Administrator.

The information is only for the verification that the prescription for a controlled medication is considered medically necessary and no other reasonable alternatives are available in the treatment of my condition. It has been explained to me by the Welfare Administrator that verification is needed from my attending physician before a voucher for can be granted for a controlled medication, according to the Bristol Welfare Guidelines.

(signature of client)

(date)

(signature of Welfare Administrator)

(date)