

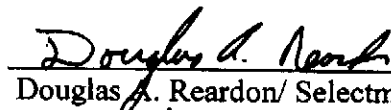
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GENERAL ASSISTANCE
GUIDELINES - 2016



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GENERAL ASSISTANCE GUIDELINES

INTRODUCTION

The local governing body, as defined in RSA 672:6, of every town and city in the state shall adopt written guidelines relative to General Assistance. These guidelines shall include, but not be limited to, the following:

- (a) The process for application for General Assistance
- (b) The criteria for determining eligibility.
- (c) The process for appealing a decision relative to the granting of General Assistance

ROLES OF WELFARE OFFICER AND LOCAL GOVERNING BODY

The appointed Welfare Officer of the Town of Greenville will be vested with the responsibility for the daily administration of the General Assistance Program. The Welfare Officer shall administer the General Assistance Program in accordance with federal legislation, RSA 165, and the Town of Greenville's General Assistance Guidelines. The local governing body (Board of Selectmen) is responsible for the adoption of the guidelines relative to General Assistance. RSA 165:1 (II)

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I. DEFINITIONS

As used in these Guidelines, the following terms have the indicated meaning:

ADVERSE ACTION: a notice of decision documenting suspension, denial or reduction of 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 terminated. This desire may be expressed either directly or through a person having knowledge of his/her circumstances. *Moultonborough v. Tuftonborough*, 43 N.H. 55 (1861). In these Guidelines, the term "Applicant is used to designate one or more persons.

APPLICATION: Action by which a person requests assistance from a Welfare Official; or the action by which a person's representative indicates to the Welfare Official that the applicant is without sufficient assets or resources and for the time being unable to support himself/herself or to supply immediate needs. The completion of a written application form, with any assistance of the welfare Official or the applicant's representative triggers the applicant's right to a notice under Section XII of these guidelines.

APPLICATION FORM: Written conformation that a person has made an application . This application must be made on a form acceptable to the municipality.

ASSETS: All cash, real property, personal property and future interests owned by the applicant including; annuities, insurance awards, tax refunds, retroactive government and insurance payments, expectancies, etc.

AVAILABLE LIQUID ASSETS: assets readily convertible to cash. These include but are not limited to: bank accounts, credit union accounts, stocks, bonds, brokerage accounts, securities, tax refunds, tax sheltered funds (IRA 401K, 403B accounts, etc.), retirement funds, pension funds, insurance policies with a loan value. Non-essential personal property shall be considered as available liquid assets when they have been converted into cash.

BASIC NEEDS: The essential maintenance and support requirements of a person, as determined by a welfare official under the "standard of need" described in the "Determination of eligibility" section of these Guidelines

CASE RECORD: Official files of forms, correspondence and narrative records pertaining to the application, with determination of initial or continuing eligibility, reasons for decisions and actions by the Welfare Officials and kinds of assistance given. The case record may be kept electronically. A hard copy of all signed documents should be kept.

CLAIMANT: a person who has requested, either in person or through a representative, a Fair Hearing under Section XIII of these guidelines.

CLIENT: a person or persons with an open case at Greenville Town Welfare. In these guidelines, the term "Client" is used to designate one or more persons.

CLIENT REAPPLICATION FORM: The form used to provide the welfare official with any and all changes affecting the client's household circumstances since the last time the client was

seen by a welfare official. May be used only when the re-application is filed one (1) month after the application was filed. Any greater time differential requires a new application and verification

COMPLIANCE: fulfilling all official requirements, conditions and adhering to these Guidelines.

DENIAL: A determination made by welfare official that a person does not meet the criteria for assistance.

ELIGIBILITY: Determination by a welfare official, with the assistance of the guidelines, of a person's poverty and inability to support himself/herself, and therefore his/her need for General Assistance under the formula of Section IX.

FAIR HEARING: A hearing in 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 VIII. A hearing will be held before 3 impartial persons (Fair Hearing Officers) having no prior knowledge of the case. Hearings requested by the claimant must be held within seven (7) working days of the receipt of the request. Notice to claimant of time and location of hearing must be given 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.

FAIR HEARING REQUEST FORM: The Town of Greenville Welfare Department form that is to be completed in writing by the claimant and submitted to the welfare official within 5 working days following the date of the Notice of Decision. RSA 165:1-b, III.

FAMILY UNIT: The applicant / client and any related or unrelated person(s) residing with the applicant/client. Family unit includes but is not limited to:

(A) person "in loco parentis" that is one who intentionally accepts the rights and duties of a natural parent with respect to a child not his/her own and who has lived with the child long enough to form a psychological family.

(B) Two unmarried adults who live together and who have produced a child.

HOUSEHOLD:

A. 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

B. The total number of persons living together who share in or benefit from shelter and other expenses and services. The individuals share living quarters, but are *not financially liable for each other unless they request to be treated as such*. Expenses which benefit the household. (rent, utilities, etc) are divided pro rata for the purposes of calculating the applicant's allowed debt, based on the total number of persons in the household. However, total shelter cost must approximate the Rental Allowance Guidelines amount for a household with that number of bedrooms.

For example; 1) three unrelated adults share an apartment with (3) three bedrooms,
2) one adult applies for rental assistance
3) which is determined to be one third of the total rental cost for three people but
3) the total rental cost for all three must approximate the Guideline amounts for a shelter with (3) three bedrooms.

MINOR: A person under 18 years of age.

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

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 recipients' vendors and providers rather than cash to the recipient. RSA 165:1(III).

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, board of alderman, 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.

WELFARE DEPUTY: The person designated in writing by the selectmen to act on an application in the absence of the welfare official.

WORKFARE: Labor performed by welfare recipients at municipal sites of 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. JURISDICTION

The Division of Human Services of the New Hampshire Department of Health and Human Services administers several welfare programs under the authority of the laws of the State. Assistance provided under these categorical assistance programs is known as Public Assistance. Programs now administered include:

- Temporary Assistance to Needy Families (TANF)
- Old Age Assistance (OAA)
- Aid to the Needy Blind (ANB)
- Aid to the Permanently and Totally Disabled (APTD)
- Medical Assistance (Medicaid)

The Food Stamp Program

-Programs of social and rehabilitation services which are either provided directly by the Division of Human Services or purchased under the provisions of Title XX of the Social Security Act as amended in 1975.

General Assistance may be provided by a city or town until a person receives Public Assistance. After applying for help from the Town, the applicant has only 7 days to seek help from the State. Failure to do so results in suspension from the Town's Public Assistance. (See Section VI:C3) Only in extraordinary circumstances will a person receiving Public Assistance also be considered eligible for General Assistance. No person receiving **Old Age Assistance** or **Aid to Permanently and Totally Disabled** under RSA 167 or 161 shall at the same time be eligible for General Assistance except for medical and surgical assistance (RSA 167:27).

Any persons residing or temporarily present in a municipality may apply to the welfare official of that municipality for General Assistance.

"Residence or residency shall mean a person's place of abode or domicile. The place of abode or domicile is that designated by a person as his 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 21:6-a)

Minors. The residence of a minor shall be presumed to be the residence of his or her custodial parent or guardian. The minor's intent is not relevant nor does this change if the minor is, himself or herself, the parent of a child. In re: Tammy S., 126 NH 734 (1985) (A "minor" is defined as any person under 18 years of age.) Any minor asking for assistance will be referred to the New Hampshire Department of Children, Youth & Families (DCYF) as the parent or legal guardian is financially and legally responsible for said minor and DCYF has the power to seek support and provide protection to the minor.

Adults. For competent adults, the standard for determining residence shall be the overall intent of the applicant as set forth in the definition of residence above.

Nonresidents: No person shall be refused assistance solely on the basis of residence (RSA 165:1). The application procedure, eligibility standards and standard of

need shall be the same for nonresidents as for residents. At the request of a nonresident applicant, any aid, temporary or otherwise, to which he or she would be otherwise entitled under the standards set forth in these Guidelines, may be used by the welfare official to cause the person to be returned to his or her community of residence (RSA 165:1-c.) Any aid given to a nonresident, including the cost of return home transportation, may be recovered from his or her community of residence (RSA 165:20.)

IV. CONFIDENTIALITY OF INFORMATION

Information given by or about an applicant or recipient of local welfare is confidential and privileged, and is **not a public record** under the provisions of RSA 91-A. Such information will not be released to 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 Chapter 165.

V. 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.

The Welfare Official shall maintain case records containing the following information:

1. The **complete application** for assistance. This includes a signed authorization by the applicant allowing the Welfare Official limited and specific power to release, obtain or verify any pertinent information in the course of assisting the recipient.
2. Copies of the **verifying documents** requested in the application.

3. Written grounds for approval or denial of application, contained in a **Notice of Decision**, include the **Budget Worksheet** that supports the decision.
4. A narrative history recording need for relief, the results of home visits, if any, collateral information, referrals, changes in status, etc.
5. A compilation of **voucher forms** which has complete data concerning the type, amount, vendor name and vendor address and dates of assistance given.
6. Any and all **Fair Hearing** correspondence pertaining to the client.

VI. APPLICATION PROCESS

A. **Right to Apply**

1. Anyone may apply for local welfare assistance by appearing in person or through an authorized representative and by completing a written application form. "The Welfare Official shall not verbally deny assistance or prescreen persons prior to submitting written application or otherwise discourage anyone from submitting a written application for assistance." An applicant shall be informed at the time of initial contact with the Welfare Office that an application form may be picked up, filled out and verifying documentation assembled. After completion of the application, the applicant may call for an appointment with the Welfare official to review the application and determine applicant eligibility. Both the Application and the Notice of Decision form shall notify the applicants of their right to a Fair Hearing if they are dissatisfied with the Welfare Official's decision.

2. If more than one adult resides in the household, they all shall 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 or information forms.

3. The welfare officials 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:a-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 XIV; 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:

4. The requirements of submitting a written application. The Welfare Official shall offer and provide assistance on completing the written application to all persons lacking literacy skills;
5. Eligibility requirements, including a general description of the guidelines amounts and the eligibility formula;
6. The applicant's right to a fair hearing, and the manner in which a review may be obtained;
4. The applicant's responsibility for reporting all facts necessary to determine eligibility, and for presenting records and documents as requested and as reasonably available to support statements;
5. The joint responsibility of the welfare official and applicant for exploring facts concerning eligibility, needs and resources;
6. The kinds of verifications needed;
7. The fact that an investigation will be conducted in order to verify the truth of facts and statements presented by the applicant and that this investigation take place prior to, during, or subsequent to the applicant's receipt of welfare assistance;
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 application and to conduct ongoing case management of applicants who cannot leave their homes;
11. The **requirement** of placing a lien on any real property owned by the recipient, or any civil judgments or property settlements, for any assistance given, except for good cause;
12. The fact that reimbursement from the recipient will be sought if he/she becomes able to repay the amount of assistance given; and

13. The applicant's right to review the guidelines; and
14. The Welfare Official shall notify the applicant, that he/she is entitled to assistance in the full amount by which their past four weeks of basic living expenses exceed his/her past four weeks of income (and resources) not to exceed the Welfare Guidelines. The Town may provide assistance in an amount that represents the person's overall eligibility, but the assistance need not necessarily take the form or the amount requested by the applicant.

C. Responsibility of Each Applicant and Recipient

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

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

8. Following a determination of eligibility for assistance, to participate in the workfare program if physically and mentally able RSA 165:1b, I(b); and
9. To reimburse assistance granted if returned to an income status and if such reimbursement can be made without financial hardship. RSA 165:20-b.

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

Any recipient may be denied or terminated from general assistance, in accordance with Section XIII, or may be prosecuted for a criminal offense, if he/she, by means of intentionally false statements or intentional misrepresentation, or by impersonation or other willfully fraudulent act or device, obtains or attempts to obtain any assistance to which he/she is not entitled. RSA 641:3

D. Actions on Applications and Timeframes for Rendering Decisions

1. **Decision.** Unless an application is withdrawn, the welfare official, or the person designated in writing by the Selectmen to act on an application in the absence of 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

VII. VERIFICATION OF INFORMATION

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

A. Required Verifications

Verification will normally be required of the following:

- 1. Applicant's address;

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

B. Verification of Information

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.

The Welfare Official may use home visits for verification purposes.

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.

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

F. Refusal to Verify Information

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

VIII. DISBURSEMENTS

The municipality pays in a voucher system. RSA 165:1 (III). Vouchers are payable directly to the vendors (utilities, landlords, stores, etc.) involved. Tobacco products, alcoholic beverages and pet foods cannot be purchased with the voucher.

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.

IX. DETERMINATION OF ELIGIBILITY AND AMOUNT

A. Eligibility Formula

An applicant is eligible to receive assistance when:

1. He/she meets the non-financial eligibility factors listed in Section C below; **and**
2. The applicant's basic maintenance need, as determined under Section E below, exceeds his/her available income (Section F below) plus available **liquid** assets

(Section D below). If available income and available liquid assets exceed the basic maintenance need (as determined by the guideline amounts), the applicant is not eligible for general assistance. **If the need exceeds the available income/assets, the amount of assistance granted to the applicant shall be the difference between the two amounts, in the absence of circumstances deemed by the welfare official to justify an exception.**

B. Legal Standard and Interpretation

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

1. An applicant cannot be denied assistance because he/she is not a resident.
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.

C. Non-Financial Eligibility Factors

1. **Age.** General assistance cannot be denied any applicant because of the applicant’s age; age is not a factor in determining whether or not an applicant may receive general assistance. Minor children are assumed to be the responsibility of their parent(s) or legal guardian(s), unless circumstances warrant otherwise.
2. **Support Actions.** No applicant or recipient shall be compelled, as a condition of eligibility or continued receipt of assistance, to take any legal action against any other person. The municipality may pursue recovery against legally liable persons or governmental units. See Section XVI.

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

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

5. Registration with the New Hampshire Department of Employment Security (NHES) and Work Search Requirements. All unemployed recipients and adult members of their households shall, within seven days after having been granted assistance, register with NHES to find work and must conduct a **reasonable and not unduly burdensome**. Eight job searches per week are required for recipients who are directed by the Welfare Official to search for employment. The Board of Selectmen may change the number of job contacts from time to time dependent on economic conditions.

These work search requirements apply unless the applicant or adult member of his family are:

- a. Gainfully employed full-time;
- b. A dependent 18 or under who is regularly attending secondary school;
- c. Unable to work due to illness or mental or physical disability of him/herself or another member of the household, as verified by a physician in writing.; or
- d. Is **solely** responsible for the care of a child under the age of five. RSA 165:31,III. A recipient responsible for the care of a child aged five to twelve **shall not be excused** from work search requirements, but shall be deemed to have good cause to refuse a job requiring work during hours the

child is **not** usually in school, **if** there is no responsible person available to provide care, and it is verified by the welfare official that no other care is available.

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

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

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

a. A non-citizen who is not:

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

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

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

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

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

d. A non-citizen may also be eligible for **general** assistance for treatment of an emergency medical condition, pursuant to Section IX(E)(8)(a) of these guidelines.

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

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

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

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

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

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

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

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

D. Available Assets

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

2. Automobile Ownership. The ownership of one automobile by an applicant/recipient or his/her dependent does not affect eligibility if it is essential for transportation to seek or maintain employment, to procure medical services or rehabilitation services, or if its use is essential to the maintenance of the individual or the family. Car payments shall not be included in "need" when determining eligibility or amount of aid.

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

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

E. Notice of Budgeting Requirements

The Town may provide a warning notice regarding future budgeting requirements and the application of the client's future income to expenses to any applicant who is in need and is assisted by the Town and who has had and will prospectively have income to meet or assist in meeting monthly needs.

The Town may decline to include within the calculation of need and may decline to render assistance for any disallowed expense or for the amount by which any expense exceeds the maximum payment level to any person who receives assistance either continuously or sporadically, i.e., within the prior two budgeting periods. The Town may decline to render assistance to one who **fails to comply with written budget warnings** issued within the past two budgeting periods with respect to the disallowed expenses. **Assistance may be denied only if the individual circumstances of the client's particular case make it likely that he/she would probably be in need of further assistance from the Town within the next two budgeting periods.**

F. 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. RENT. 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.

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

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

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

2. Utilities. Includes electricity, oil natural gas, water and sewage. Excludes: cable, cell phone and internet service, propane tanks or fuel oil. When utility costs are not included in the rental 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: According to P.U.C. 303.08 C 1 d It is not necessary for a municipality to pay the entire amount owed on a back utility bill if the municipality guarantees enough or one month of service and guarantees payment of future bills for as long as the applicant/recipient is eligible. The applicant/ recipient must make a reasonable payment plan on the “arrearage” amount with the utility within seven days of receiving assistance. Recipients must apply to all social service agencies and the State for assistance if it is deemed they may qualify for these programs. Refusal to apply to these programs or to follow through with requirements to meet eligibility for these programs will result in suspension of assistance until compliance is met. Utilities must be in the applicant/ recipient’s name in order to render assistance. As with rent, in cases where utilities are shared with other adults, to whom the applicant/recipient is not married, the amount of assistance will be calculated on a pro rate scale. 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. The applicant must also seek to establish a payment plan with the utility company to pay the past due amount.

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

When electric service has been terminated and restoration is required, arrearages may either be included as set forth in the above paragraph, or may be paid in accordance with a reasonable payment plan entered into by the applicant and the electric company. The welfare official may hold the

recipient accountable for the payment arrangement for as long as the recipient continues to request general assistance on a regular basis. Payment of a payment plan may be a required element of a notice of decision or case plan.

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

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

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

5. Telephone. If the absence of a telephone would create an unreasonable risk to the applicant’s health or safety (as verified in writing by a physician), 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. The recipient must apply for the “link up” discount offered to individuals receiving any type of public assistance. Refusal to do so may lead to disqualification until such time as the recipient is in compliance. Cell phones are not included in this category and are not considered a basic need nor is long distance service or any optional services the telephone or long distance provider may offer. Charges for services before applying will not be considered.

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

7. Maintenance of Insurance. In the event that the welfare official determines that the maintenance of medical insurance is essential, an applicant may include as “need” the reasonable cost of such premiums. The applicant must apply for all programs that provide free or discounted medical/medication services.

Property Insurance. Assistance may be granted only if necessary to prevent foreclosure on property which is the sole residence of the applicant/recipient.

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. The Department will pay Medicaid rate only.

Any services received before application to this department and without prior approval of this department will not be paid for or reimbursed. If a prescription is not current (older than 5 days) it will not be filled. A new prescription will need to be obtained and brought to the Welfare Department. Only up to a thirty day supply will be issued at any one time. A prescription will not be filled more than once in a thirty day period unless the dosage or quantity to be taken has been changed by a physician in writing.

Naturalistic, Homeopathic, experimental and non-medical treatments or therapies will not be considered as basic need.

Should a recipient be eligible for free medical services and /or prescriptions through the Veteran’s Association, free clinic service or any other public or non-profit agency or assistance group and refuse to apply for such services, or make use of such services if available. The Welfare Department may disqualify said recipient from receiving further medical assistance until they are in compliance with guidelines. If the applicant/recipient has health insurance which requires a co-pay for prescriptions they may apply with the Welfare Department to meet this need.

- 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.

d. Household Goods – Assistance may be granted for the actual cost of items such as mattresses, kitchen table and chairs, stove and refrigerator. Washing machines and dryers will not be considered as there are public laundry facilities available. Used items are the first choice of the department. Rental plans and charge accounts are excluded. Applicant/recipients must contact agencies such as St. Vincent De Paul Society which give free household goods to families when such items are available.

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. The payment levels shall be reviewed by the welfare official annually and modifications presented to the municipal governing body where market conditions have changed. RSA 165:1, II.

12. Disallowed types of Assistance

- ◆ Automobiles or other vehicle payments or and expenses such as repairs.
- ◆ Payments for furniture and appliances
- ◆ Life Insurance premiums
- ◆ Moving Expenses except the expenses of returning a person to his residence at his request pursuant to RSA 165:1-c
- ◆ Security deposits on utilities and, under most circumstances, security deposit on rental units.
- ◆ College expenses such as tuition, books, etc.
- ◆ Daycare costs. (Title XX is available for free and reduced day care cost for those who qualify through the State.)

- ◆ Business expenses
- ◆ Credit Cards, loans

G. Income

In determining eligibility and the amount of assistance, the standard of need (Allowed Debt) shall be compared to the available income/assets (Allowed Income). Computation of income and expenses will be by the last 4 weeks. The following items will be included in the computation:

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.

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

3. Income from Other Assistance or Social Insurance Programs.

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

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

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

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

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

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

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

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

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

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

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

H. Available Assets include but are not limited to:

- Cash on hand
- Bank Deposits
- Credit union Accounts
- Securities
- Individual Retirement Accounts
- Insurance policies with a loan value.
- Real estate other than that occupied as a home.
- More than one automobile
- A second home or other property
- Recreational vehicle (boats, snowmobiles, trail bikes, campers.)

The Department will allow time for an applicant or recipient to convert non-liquid available assets into cash and such property will not be considered part of a person's resources for purposes of determining need for assistance until it has been converted into cash.

Available assets do NOT include:

- A home and the lot which it occupies if primary residence
- One automobile or similar vehicle required for ordinary use
- Tools of a trade
- Livestock and farm equipment
- Equipment used for the production of income
- Necessary and ordinary household goods.

I. 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.

I. Homeless or Facing Eviction

In the case of homeless applicants or those facing eviction, it is not the Department's responsibility to find permanent housing. If a homeless applicant/recipient refuses to allow the department to contact shelters or the homeless outreach workers, or if an applicant/recipient refuses to go to a shelter when room is available, they will be denied rental/shelter assistance as the Town has met its obligation.

- a. If no shelter room is available, temporary emergency shelter may be afforded in a motel. Efforts need to be made daily by recipient to find shelter space, or a rental, while receiving emergency assistance. Assistance with emergency shelter (motel) will be issued on a daily basis as needed.
- b. If the applicant/recipient is housed temporarily in a shelter or motel and is asked to leave for not following rules or for acting in a disruptive or disrespectful manner or for participation in illegal activities, the Town will not have further responsibility as it has met its obligation in providing for or arranging for said shelter.
- c. The Town is not responsible for the housing or maintenance of pets or livestock.
- d. If minors are a part of the family make-up in a homeless situation the Welfare Official will be forced to make a report to the department of Children, Youth and Families as required by law (RSA 169:C). If the recipient/applicant refuses the emergency shelter offered, whether it is a

homeless shelter, or motel room if all other emergency shelters are full, The Town has met it's obligation by providing for or arranging said accommodations

- e. The applicant must take the first available housing/rental unit that fits their income level, family size, and meets health and safety standards. Refusal to do so will lead to denial of assistance until compliance is met.

X. Non-Residents

A. Eligibility

No applicant shall be refused assistance solely on the basis of residence. RSA 165:1.

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.

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 following criteria shall aid the Welfare Official in determining the applicant’s residence:

- i.Does the person have, or immediately intend to establish, a dwelling place within the community.
- ii.Does the person have property, an established dwelling place or employment in any other municipality, to which he/she intends to return.
- iii.Does the person have a present intent to leave the municipality at some specific future time?
- iv.Has the person evidenced his domiciliary intent in some manner, such as registering a vehicle, paying a residence tax, registering to vote, opening local bank accounts, etc., or does he/she intend to do so in the immediate future?

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).

XI. Municipal Work Programs

A. Participation

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

B. Reimbursement Rate

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

C. Continuing Financial Liability

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

D. Allowance for Work Search

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

E. Workfare Program Attendance

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

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

require participants to provide documentation of their attendance at a conflicting interview or appointment.

F. Workfare Hours

Workfare hours are subject to approval of the supervisor and the welfare official. Failure of the participant to adhere to the agreed workfare hours (except for the reasons listed above) will prompt review of the recipient's eligibility for general assistance, and may result in a suspension or termination of assistance. See Section XIII (C)(2)(b).

G. Workers Compensation

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

XII. Burials & Cremations

The welfare official shall provide for proper burial or cremation, at municipal expense, of persons found in the municipality at time of death, regardless of whether the deceased person ever applied for or received general assistance from any municipality. In such cases, assistance may be applied for on behalf of the deceased person, however the application should be made **before** any burial or cremation expenses are incurred. The expense may be recovered from the deceased person's municipality of residence, or from a liable relative pursuant to RSA 165:3, II. If relatives, other private persons, the state or other sources are unable to cover the entire burial/cremation expense, the municipality will pay up to **\$750.00** for burial/cremation. RSA 165:3 and RSA 165:1-b; see also RSA 165:27 and 165:27-a.

However, the Town does NOT pay any portion of the costs if:

1. The recipient has a prepaid burial contract, regardless of the amount of the contract, or if paid in full by any State or Federal agency;
2. The total cost is covered by the recipient's personal property resources, an insurance policy in which the funeral director providing the funeral is beneficiary;
3. The funeral director receives outside contributions which cover the entire cost of the funeral and burial, such as a death benefit and /or payments from friends or relatives.

If the recipient owned, at the time of death, any personal property resources such as, but not limited to, savings, or checking accounts, cash, stocks or bonds, these resources and

any outside contributions **must be applied first** toward the cost of the funeral and burial before the Town makes any payment.

XIII Right to Notice of Adverse Action

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, granted only in part, terminated or reduced.

A. Right to a Written Decision

1. 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.
2. Whenever a decision is made to deny assistance or to refuse to grant the full amount of assistance requested, a notice of the decision shall be given or mailed to the applicant either the same day or next work day following the making of the decision or within five working days from the time the application is filled out and submitted, whichever occurs first.
3. 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

B. Contents of Notice

Where the application is granted, the notice shall state the type of assistance and the time period of aid. Where the application is denied completely or denied in part (i.e., the Official grants assistance in an amount which is less than the full amount requested) or the Official proposes to terminate or reduce assistance, the notice shall contain:

1. A clear statement of the reasons for the denial or proposed termination or reduction. If the denial, termination or reduction is due to the person's failure to comply with these Guidelines, the notice shall list the guidelines with which the person presently does not comply, those specific actions which are deemed necessary to meet these obligations, and a statement of the consequences of non-compliance.
2. Whenever an applicant is not granted the full amount of assistance requested for the stated reason that he or she has "sufficient income," the

Town shall supply the applicant with a copy of the budget worksheet, together with a signed copy of the notice of decision.

3. Whenever an applicant is granted less than the full amount of assistance requested, even if partial assistance is granted, the Town shall supply the applicant with a notice of decision and budget worksheet, if applicable, listing the reason for refusing to grant the full amount of assistance requested.
4. A statement advising the individual of his right to a fair hearing, and that any request for a fair hearing must be made in writing within five (5) days.
5. A form on which the individual may request a fair hearing.
6. A statement advising the individual of the time limits which must be met in order to receive a fair hearing.
7. 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.

A copy of the Notice of Decision shall be given or mailed to the applicant *either the same day or next work day following the making of the decision or within five (5) working days after the application has been filled out and submitted, whichever occurs first*, with a copy placed in the case file. In an emergency request situation, 72 hours is allowed for the making of the decision.

C. Suspension for Noncompliance with the Guidelines

This procedure is an attempt to create a clear process for suspension of assistance for willful noncompliance with Greenville's guidelines, under RSA 165:1-b. Although not specifically mandated, the following create a legally sound procedure.

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

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

- a. Disclose and provide verification of income, resources or other material financial data, as set out in Sections VI(C) and VII of these guidelines, including any changes in this information;
- b. Participate in the work program under Section VI(C), to the extent assigned by the welfare official;
- c. Comply with the work search requirements imposed by the welfare official under Section VI(C); and
- e. Apply for other public assistance, as required by the welfare official under Section VI(C).

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

4. Noncompliance.

- a. If a recipient willfully and without good cause fails to come into compliance during the seven day period, or willfully falls into noncompliance within 30 days from receipt of a first notice, the welfare official shall give the recipient a suspension notice, as set forth in paragraph 5. B.
- b. If a recipient falls into noncompliance for the first time more than 30 days after receipt of a first notice, the welfare official shall give the recipient a new first notice with a new seven day period to comply (See Form L) before giving the recipient the suspension notice. RSA 165:1-b, III.

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

- a. A list of the guidelines with which the recipient is not in compliance and a description of those actions necessary for compliance;
- b. The period of suspension (See paragraph 6 below);
- c. Notice of the right to a fair hearing on the issue of willful noncompliance and that such request must be made in writing within five days of receipt of the suspension notice;

d. A statement that assistance may continue in accordance with the prior eligibility determination until the fair hearing decision is made if the recipient so requests on the request form for the fair hearing, however, if the recipient fails to prevail at the hearing: 1) the suspension will start after the decision, and 2) such aid must be repaid by the recipient; and

e. A form on which the individual may request a fair hearing and the continuance of assistance pending the outcome.

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

a. Either seven days, or 14 days if the recipient has had a prior suspension which ended within the past six months, and

b. Until the recipient complies with the guidelines if the recipient, upon the expiration of the seven or 14-day suspension period, continues to fail to carry out the specific actions set forth in the notice.

c. Notwithstanding paragraph C(6)(b) above, a recipient who has been suspended for noncompliance for at least six months may file a new application for assistance without coming back into compliance.

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

8. Compliance After Suspension. A recipient who has been subject to a suspension and who has come back into compliance shall have his/her assistance resumed, provided he/she is still otherwise eligible. The notice of decision stating that assistance has been resumed should again set forth the actions required to remain eligible for assistance, but need not provide a seven-day period for compliance unless new conditions have been imposed.

XIV. FAIR HEARINGS.

A. Requests and Time Limits for Hearings.

1. A client may only request a Fair Hearing based on the receipt of an adverse action on a Notice of Decision. An adverse action includes not only a denial of assistance but also, when the client is dissatisfied with the amount of assistance granted.
 - i. a client must use the Fair Hearing Request form

- ii. the request must be received by the welfare official or deputy welfare official within five (5) days starting with the date of the Notice of Decision at issue.
2. Fair 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 forth time and location of the hearing. The notice must be given to the claimant at least forty-eight (48) hours in advance of the hearing or mailed to the claimant's last known address at least seventy-two (72) hours in advance of the hearing.

B. Fair Hearing on Continuing Noncompliance

1. A client who is under suspension for continuing noncompliance with the notice of adverse action may request a fair hearing to determine whether or not he/she has satisfactorily complied. No assistance shall be available under 165;1-bVI. The burden of proof lies with the claimant to show that he/she has complied with the requirements set forth in the notices of adverse action.

C. The Fair Hearing Officers

1. The Fair Hearing officer or officers shall be chosen by the Chairman of the Board of Selectmen or the Town Administrator. The person (s) serving as the Allenstown Fair Hearing authority must
 - i. Not have participated in the decision which caused dissatisfaction.
 - ii. Be impartial.
 - iii. Be sufficiently skilled in interviewing to be able to obtain evidence and facts necessary for a fair determination.
 - iv. 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 Welfare Officials any evidence of unsound, unclear or inequitable policies, practices or action.
 - v. Have passed a criminal background check.
 - vi. Be sworn into office by the Town Clerk

D. Fair Hearing Procedure

Fair Hearings Officer or Officer(s) shall be appointed to review the case record or other material relating to the appeal. The decision of the Fair Hearing Officer (s) must be based on the case record, R 165, and these

Guidelines. Evidence, both written and oral, which is admitted at the hearing shall be limited to facts pertaining to the claimant's appeal.

Note -The Fair Hearing Officer(s) shall not review the case record or other materials prior to their introduction at the Fair Hearing.

1. All Fair Hearings shall be conducted in such a manner as to ensure that both parties are treated impartially. 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 claimant may be represented by another at the Fair Hearing, if he or she desires.
3. The welfare official responsible for the disputed decision and /or duly authorized representative(s) shall attend the Fair Hearing and testify to the reasons his/her actions were taken.
4. The parties may stipulate to any facts.
5. A claimant (or his/her duly authorized representative) has the right to examine, **prior** to the Fair Hearing **by appointment only**, all records, papers and documents from the claimant's case record related to the adverse action pertaining to the Fair Hearing request.
6. The Welfare Official and/or duly authorized representative(s) shall have the right to examine prior to the Fair Hearing all records, papers and documents on which the claimant and/or his/her duly authorized representative(s) plan(s) to rely on at the Fair Hearing.
7. Both parties must disclose all new evidence which is to be introduced at the Fair Hearing that is not contained in the case record, no later than one (1) working day before the scheduled Fair Hearing. Failure to adhere to this time frame will prohibit the introduction of such evidence.
8. The decision of the fair hearing officers 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 officers shall not review the case record or other materials prior to introduction at the hearing.
9. Both parties shall be given the opportunity to offer evidence and explain their positions fully and completely. The claimant shall have the option, with the aid of others, to bring witnesses, to establish all

pertinent facts, to advance any arguments without undo interference, to question or refute testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses. The welfare official and/or his/her duly authorized representative shall have the same rights as those enumerated above for the claimant.

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

REQUESTS FOR WITHDRAWAL

11. Any claimant may **withdraw** his/her request for a Fair Hearing at any time up to the time of the Fair Hearing in writing using the department's Fair Hearing Request Withdrawal Form.

REQUESTS FOR POSTPONEMENTS

12. A claimant who has verifiable good cause to request a postponement of a scheduled Fair Hearing shall contact the welfare official at the earliest possible time prior to the Fair Hearing. Upon receiving documentation deemed by the welfare official to be verifiable. Good cause, the Fair Hearing will be rescheduled at the earliest available date. A claimant shall provide documentation of such verifiable emergency circumstances to the welfare official within three (3) working days of the date that the request for postponement has been made. Claimants are entitled to only one (1) such postponement per Fair Hearing request.

VERIFIABLE GOOD CAUSE

Shall include, but not be limited to, a verified medical emergency, or other verified unforeseen emergency circumstances, which precludes the claimant from attending the Fair Hearing.

REQUESTS FOR POSTONEMENT PRIOR TO THREE (3) DAYS OF THE FAIR HEARING DATE.

If a claimant requests a postponement earlier than three (3) working days of the Fair Hearing date and documentation deemed by the welfare official to be verifiable good cause is not provided within the three (3) working days, the scheduled Fair Hearing date will be honored.

If the claimant provides documentation deemed by the welfare official to be verifiable good cause within the three (3) working days, the Fair Hearing will be rescheduled at the earliest available date.

REQUESTS FOR POSTPONEMENT WITHIN THREE (3) DAYS OF THE FAIR HEARING DATE

If a claimant makes a request for postponement within three (3) working days of a Fair Hearing date, the scheduled Fair Hearing will be held in abeyance pending receipt of documentation deemed to be verifiable good cause the welfare official. The documentation must be provided to the welfare official within three (3) working days of the date of the request for postponement.

If the claimant provides documentation deemed by the welfare official to be verifiable good cause within the three (3) working days, the Fair Hearing will not be rescheduled and the request for the Fair Hearing shall be deemed to be withdrawn by the claimant. The notice of adverse action at issue will be upheld.

13. A claimant who fails to appear for any scheduled Fair Hearing shall be deemed to have lost his/her appeal by default.
12. A Claimant and/or his/her authorized representative who fails to appear for any scheduled air Hearing within 15 minutes after its scheduled starting time without verifiable good cause shall be deemed to have lost his/her appeal by default and shall be notified of such default judgment in writing by the fair Hearing Officer
13. None of the Fair Hearing procedure specified herein shall limit any right of the claimant to subsequent court action to review or challenge an adverse Fair Hearing decision.

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 the decision. Fair Hearing decisions will be rendered on findings of fact, RSA 165 and these guidelines. A copy of the decision shall be mailed or delivered to the claimant and to the welfare official.
2. The Fair Hearing Decision will determine which party prevails. If the claimant prevails, the welfare official shall set forth the appropriate relief based on the Fair Hearing decision. If the Welfare Department prevails at the Fair Hearing, the assistance given pending the Fair Hearing shall be a debt owed by the individual(s) to the City of Allentown.
3. The Welfare Department shall keep all Fair Hearing Decisions on file in chronological order.

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

XVI. Recovery of Assistance

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

A. Recovery from Responsible Relatives

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

B. Recovery from the Municipality of Residence

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

C. Recovery from Former Recipient's Income

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

D. Recovery from State and Federal Sources

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

E. Delayed State Claims

For those recipients of general assistance deemed eligible for state assistance, New Hampshire Department of Health and Human Services shall reimburse a municipality the amount of general assistance as a result of delays in processing within the federally

mandated time periods. Any claims for reimbursement shall be held until the end of the fiscal year and may be reimbursed on a pro-rated basis dependent upon the total claims filed per year. RSA 165:20-c. A Form 340 "REQUEST FOR STATE REIMBURSEMENT" may be obtained from the New Hampshire Department of Health and Human Services for this purpose.

XVII. Application of Rents Paid by the Municipality

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

A. Payment Arrears

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

B. Order of Priority

Delinquent balances will be offset in order of the following priority: 1) sewer, 2) taxes, 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.

Appendix A
GREENVILLE WELFARE GUIDELINES

ALLOWABLE LEVELS OF ASSISTANCE PAYMENTS FOR THE TOWN OF GREENVILLE

People in Household	Monthly Maintenance Non Food	Monthly Food
1	35	200.00
2	40	367.00
3	45	526.00
4	50	668.00
5	50	793.00
6	55	952.00
7	60	1,052.00
8	65	1,202.00
each additional person		\$ 150.00

Monthly Shelter Allowances

Rental Size	Rental Allowance
Efficiency	732.50
1 Bedroom	763.00
2 Bedroom	978.50
3 Bedroom	1,304.50
4 Bedroom	1,579.00

Heat and Electric allowances are based on actual payment for the previous month or an average monthly payment based on actual bills.

Burial Allowance	\$750.00
Telephone Allowance	\$40.00
Medication:	life sustaining only

NOTES: Allowances taken from USDA Food & Nutrition Service website, effective FY 2012
Rental limits are an average of Hillsborough and Cheshire County "fair market rent rates" from HUD website

Appendix B

FORMS

- A. APPLICATION FOR ASSISTANCE
- B. HHS RELEASE
- C. LIABILITY FOR SUPPORT
- D. APPLICANT'S GENERIC AUTHORIZATION
- E. APPLICANT'S SPECIFIC AUTHORIZATION
- F. REQUIRED VERIFICATIONS
- G. INTAKE FORM
- H. MEDICAL RELEASE AND REPORT
- I. EMPLOYMENT VERIFICATION
- 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 BVOUCHER LANDLORD DELINQUENCY

FORM A

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 previous 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

Highest Grade
Attended

G.E.D. or Diploma

Special Training or Skills

Military Service

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 not? _____

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

[illegible]

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

AUTHORIZATION FOR THE RELEASE OF INFORMATION - DHHS

the local welfare administrator for **Town of Greenville** 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.

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.

Date _____

Office of the Selectmen
TOWN OF GREENVILLE NH
P.O. Box 343
Greenville, NH 03048-0343
Phone: (603) 878-2084

Date: _____

Name: _____

Address: _____

Re: _____

Dear _____

In keeping with the following New Hampshire State Law, the Town of Greenville is requesting that you contact the Welfare Department at the number listed above to discuss assistance requested by _____. This individual is believed to be a relation to you as described in the following statute. As you know, the taxpayers of the town are obligated by law to provide assistance to those who meet the criteria for welfare assistance. It is expected that relatives of the applicant provide any assistance that is within their financial ability.

165:19 Liability for Support. – *The relation of any poor person in the line of father, mother, stepfather, stepmother, son, daughter, husband, or wife shall assist or maintain such person when in need of relief. Said relation shall be deemed able to assist such person if his weekly income is more than sufficient to provide a reasonable subsistence compatible with decency and health. Should a relation refuse to render such aid when requested to do so by a county commissioner, selectman, or overseer of public welfare, such person or persons shall upon complaint of one of these officials be summoned to appear in court. If, after hearing, it is found that the alleged poor person is in need of assistance, and that the relation is able to render such assistance, the court shall enter a decree accordingly and shall fix the amount and character of the assistance which the relation shall furnish. If the relation neglects or refuses to comply with the court order without good cause, as determined by the court at a hearing, or by refusing to work or otherwise voluntarily places himself in a position where he is unable to comply, he shall be deemed to be in contempt of court and shall be imprisoned not more than 90 nor fewer than 60 days. If a poor person has no relation of sufficient ability, the town or city in which he resides shall be liable for his support.*

Sincerely,

Kelley A. Collins
Welfare Officer

FORM D

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

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

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

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

Date

FORM E

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

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

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

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

Applicant

Date

Welfare Official

FORM F

REQUIRED VERIFICATIONS

Applicant Name: _____

Date: _____

Social Security Number: _____

D.O.B.: _____

Address: _____

Phone: _____

YOUR APPOINTMENT IS SCHEDULED FOR: _____

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

_____ Completed Application Form

_____ 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

_____ Statement signed by your parents, and/or spouse, and/or children that financial assistance is not
currently available for you.

Other: _____

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

Welfare Official

Applicant signature

FORM G

INTAKE FORM

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

DATE: _____

NAME: _____
Last First Middle Maiden

ADDRESS: _____
Street / # / Apartment Town

HOW LONG AT THIS ADDRESS? _____ TELEPHONE: _____

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

NAMES AND AGES OF ALL HOUSEHOLD MEMBERS: _____

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

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

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

SIGNATURE

FORM H

**MUNICIPAL WELFARE DEPARTMENT
MEDICAL RELEASE AND REPORT**

APPLICANT NAME/SS#: _____ dob: _____

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

APPLICANT SIGNATURE

DATE

TO THE PHYSICIAN OR CLINIC:

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

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

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

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

Date incapacity began: _____ Expected to end: _____

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

Medications Prescribed: _____

Physician Name / Signature

Date

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

FORM I

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

FORM J

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

**TOWN OF GREENVILLE
HUMAN SERVICES DEPARTMENT
BUDGET WORK SHEET**

NAME: _____ DATE: _____

A. AVAILABLE ASSETS & INCOME:

SOURCES: _____ \$ _____ MO/WK
 _____ \$ _____ MO/WK
 _____ \$ _____ MO/WK

TOTAL AVAILABLE INCOME \$ _____

B. ALLOWABLE EXPENSES:

(ENTER ACTUAL EXPENSES OR MAXIMUM FROM SCHEDULE WHICHEVER IS LESS)

	ACTUAL EXPENSES		ALLOWED EXPENSE
RENT/BOARD	\$ _____ MO/WK		\$ _____ MO/WK
ELECTRIC	\$ _____ MO/WK		\$ _____ MO/WK
HEAT	\$ _____ MO/WK		\$ _____ MO/WK
WATER/SEWER	\$ _____ MO/WK		\$ _____ MO/WK
COOKING FUEL	\$ _____ MO/WK		\$ _____ MO/WK
FOOD	\$ _____ MO/WK		\$ _____ MO/WK
MAINT. ALLOW. CONSIDERED	\$ _____ MO/WK		\$ _____ MO/WK
MEDICAL (life sustaining ONLY)	\$ _____ MO/WK		\$ _____ MO/WK
TRANSPORTATION	\$ _____ MO/WK		\$ _____ MO/WK
OTHER _____	\$ _____ MO/WK		\$ _____ MO/WK
OTHER _____	\$ _____ MO/WK		\$ _____ MO/WK
TOTAL EXPENSES			\$ _____

C. ELIGIBILITY:

A. TOTAL ALLOWABLE EXPENSE \$ _____
 B. TOTAL AVAILABLE INCOME \$ _____

IF B IS GREATER THAN A, APPLICANT IS INELIGIBLE.

IF B IS LESS THAN A, APPLICANT IS ELIGIBLE.

D. AREA IN WHICH ASSISTANCE WILL BE RENDERED AND AMOUNT.

_____	\$ _____ MO/WK
_____	\$ _____ MO/WK
_____	\$ _____ MO/WK

**TOWN OF GREENVILLE
WELFARE DEPARTMENT
CLIENT'S NOTICE OF DECISION**

NAME: _____ DATE: _____

ADDRESS: _____

WELFARE OFFICER: _____

1. YOUR APPLICATION FOR GENERAL ASSISTANCE HAS BEEN GRANTED AND YOU WILL RECEIVE:

CONDITIONS TO BE MET: _____

2. YOUR APPLICATION FOR GENERAL ASSISTANCE HAS BEEN DENIED FOR THE FOLLOWING
REASON(S):

_____ SUFFICIENT INCOME
_____ INSUFFICIENT WORK SEARCH
_____ MISREPRESENTATION OF FACTS, SPECIFICALLY

_____ REFUSAL TO PARTICIPATE IN WORK PROGRAM
_____ OTHER _____

APPLICANT SIGNATURE

CO-APPLICANT

FORM M

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.]

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							

REQUEST FOR FAIR HEARING

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's Signature

Date

Co-Applicant's Signature

Date

If you have been receiving assistance, your aid will be continued until the hearing, only if you request it above.

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

FAIR HEARING DECISION

Represented by

Town of Greenville

Date of Hearing _____ Hearing Officer(s) _____

*(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** _____

Form R
NOTICE OF PROPERTY LIEN

TO: Register of Deeds for the County of **Hillsborough**
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 **Greenville**

DESCRIPTION Land and Building(s) located at No. _____

OF PROPERTY: City/Town of **Greenville** being Assessor's Map ____ and Lot ____

RECIPIENT: _____ of the City/Town of **Greenville** in the
County of **Hillsborough**, State of New Hampshire.

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

TOWN OF GREENVILLE, STATE OF NEW HAMPSHIRE

Hillsborough, ss.
(County)

BY: _____ **DATE:** _____
Kelley A. Collins/Welfare Officer

Subscribed and sworn to before me:

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

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

Form S

NOTICE OF PROPERTY LIEN DISCHARGE

TO: Register of Deeds for the County of **Hillsborough**
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 **Greenville**

DESCRIPTION OF PROPERTY: Land and Building(s) located at _____,
Greenville, NH, being Assessor's Map(s) _____ and Lot(s) _____
and/or Volume and Page No. _____

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

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

BY: _____
Welfare Officer

DATE: _____

FORM T

RENT VOUCHER – LANDLORD DELINQUENCY

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

NOTICE OF APPLICATION OF RENT PAYMENTS TO DELINQUENCIES

TO: _____
[landlord]

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

Welfare Official

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