

NOTICE TO APPLICANTS FOR HAVERHILL WELFARE ASSISTANCE

THE FOLLOWING MUST BE DONE:

- You must fill out the attached application completely and submit it to the Town Welfare Office.

AND

- You must register with the Department of Employment Security if you are able and work ready. You must provide all of the required documentation as shown in the list on pages 2-3. However, if you cannot provide any of the required documents, you should write the reason it is not included beside each missing document.

If you do not provide a required document(s) or a written reason for the absence of any document(s), your application will be considered incomplete and a decision may not be made until the document(s) or an acceptable reason is provided.

To protect your right to confidentiality, we cannot discuss your case or your application in the Reception Area.

DOCUMENTS REQUIRED FOR A COMPLETE APPLICATION

	Documents	Attached or you will provide at your scheduled appointment? (Circle Yes or No)	If NO, why not?	Town Use Only
1	Picture Identification—for example, driver's license, DMV ID, passport, alien registration card or Town Office photo	YES NO		
2	Proof of Residency—for example, current rent receipt, lease, or rental agreement, Rental Verification Form (see page 17 of this package), electric/telephone bill	YES NO		
3	Signed Authorization for Release of Information (page 15 of package)	YES NO		
4	Proof of Cash Resources: bank and credit union statements or cards, copy of IRS Income Tax Return	YES NO		
5	Title or registration if you own or lease any vehicles such as car, truck, motorcycle, recreational vehicle or boat	YES NO		
6	Proof of Wages from all employers. Pay stubs covering the four (4) weeks prior to the date of this application are required.	YES NO		
7	Employment Verification Form (page 16 of package) completed and signed by your current or last employer	YES NO		
8	If you are unable to work because of illness or disability, you must complete the Medical Release form (page 18) or provide other acceptable documentation about the extent and duration of your illness or disability, and ability to work	YES NO		
9	If you are unemployed and able to work, proof of registration at local Employment Security Office	YES NO		
10	Proof of Assistance from All Public and Private Agencies (or submission of application)—for example, food stamps, WIC, Medicaid, TANF, APTD, Social Security, veterans benefits, unemployment benefits, workers' compensation, fuel assistance, housing	YES NO		

	Documents	Attached or you will provide at your scheduled appointment? (Circle Yes or No)	If NO, why not?	Town Use Only
11	If you receive child support or alimony payments, any legal document that shows the amount you are supposed to receive	YES NO		
12	Any receipts or bills for necessities that you are requesting be paid by the Town	YES NO		

Signature of Applicant

Signature of Spouse/Co-Applicant

Date

NOTICE OF RIGHTS & RESPONSIBILITIES FOR APPLICANTS/RECIPIENTS OF TOWN OF HAVERHILL ASSISTANCE

You have the following RIGHTS:

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

At the time of initial application, and at all times thereafter, you have the following RESPONSIBILITIES:

1. To provide accurate, complete and current information concerning needs and resources and the whereabouts and circumstances of relatives who may be responsible according to state law.
2. To notify the welfare official within three (3) working days when there is a change in needs, resources, address or household size.
3. To apply for immediately, but no later than seven (7) days from initial application, and accept any benefits or resources, public or private, that will reduce or eliminate the need for general assistance.
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), and to maintain such employment.

8. To reimburse assistance granted if returned to an income status and if such reimbursement can be made without financial hardship.
9. To accept that you may be denied, suspended from, or terminated from assistance, if you fail to fulfill any of these responsibilities without reasonable justification.
10. To accept that you may be denied or terminated from general assistance in accordance with the law, or you may be prosecuted for a criminal offense, if you, by means of intentionally false statements or intentional misrepresentation, or by impersonation or other willfully fraudulent act or device, obtain or attempt to obtain any assistance to which you may not be eligible.

_____	_____	_____
Applicant Signature	Print Name	Date

_____	_____	_____
Spouse/Co-Applicant Signature	Print Name	Date

TOWN OF HAVERHILL APPLICATION FOR ASSISTANCE

Assistance you are requesting (check all that apply):

Rent for month(s) of _____
 Food
 Oil/Gas Heat
 Electricity
 Emergency Shelter (homeless)
 Other _____
Describe

1. General Information

APPLICANT	CO-APPLICANT
Name	Name
Social Security No.	Social Security No.
U.S. Citizen? (circle one) Yes No	U.S. Citizen? (circle one) Yes No
Marital Status (circle one)	Marital Status (circle one)
Single Married Divorced Separated	Single Married Divorced Separated
Relationship to Co-Applicant	Relationship to Applicant
Current Address	Current Address (if different)
Length of Time at this address years months	Length of Time at this address years months
Telephone:	Cell Phone:

Including yourself, list the names of all persons living in your household:

Full Name	Relationship	Date of Birth	Social Security No.
	Self		

If at your current address less than 12 months, complete the table for all addresses where you have lived within the past 12 months:

Applicant:

Street Address	Town/City and State	From	To

Spouse/Co-Applicant:

Street Address	Town/City and State	From	To

2. Housing Information

Applicant Name _____

Renter:

Rent Amount: \$ _____ per Month/Week **Last Date Rent Paid** _____ **Date Due** _____

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

Total Rent You Owe \$ _____ **Do you have a Housing Subsidy?** ____ Yes
 ____ No

Check all that are included in Rent: Heat Electric Gas Water/Sewer

Landlord/Owner Name _____ **Telephone No.** _____

Landlord/Owner Address _____

Homeowner:

Mortgage Amount: \$ _____ per Month **Last Date Paid** _____ **Date Due** _____

Bank/Mortgage Co. _____ **Address** _____

3. Education/Training

	Highest Grade Attended	G.E.D. or Diploma	Special Training or Skills	Military Service Branch/Dates
Applicant				
Spouse/Co-Applicant				

4. Work History

Applicant

Current Employer _____ **Position** _____

Date Began Work _____ **Amount Last Paycheck \$** _____ **Date Last Paycheck** _____

Last Employer _____ **Reason Left** _____

Date last worked _____ **Amount of Last Check \$** _____ **Date of Last Check** _____

Are you able to work now? ____ Yes ____ No **Why not?** _____

Provide the following information for the current and two (2) most recent jobs for applicant, spouse/co-applicant and all household members who are age 18 and older:

Household Member's Name	Employer Name/Location	Dates Employed	Pay Rate	Number Hrs./Week	Reason for Leaving

5. Household Assets

Applicant Name _____

Provide information regarding all accounts held by you and all members of your household

Household Member Name	Bank/Credit Union	Savings Account Number	Savings Balance	Checking Account Number	Checking Balance

Provide information about all motor vehicles owned by you and all members of your household

Owner	Make	Model	Year	Value	Payments/Month	Insurance

Provide the current value of any other assets held by you and all members of your household

Asset Type	Value/Amount	Asset Type	Value/Amount	Asset Type	Value/Amount
Cash (all household members combined)		Certificates of Deposit		Savings Bonds	
Mutual Funds		Annuities		Stocks	
Trust Funds		Retirement Accounts		Insurance Policies (Cash Value)	
401k Account		Real Property (except primary residence)	Location: _____		
Motorcycles, Boats, Snowmobiles, ATVs, RVs					
Other Assets (List)					

6. Claims/settlements/income due to you or any member of your household

Description	Value/Amount	Description	Value/Amount	Description	Value/Amount
IRS Refund	\$	Insurance Claim	\$	Retroactive Disability Check	\$
Retroactive Unemployment	\$	Retroactive Workers Comp.	\$	Inheritance	\$
Other Lump Sum Payment (Describe)					\$

Have you or any member of your household consulted a lawyer about a possible lawsuit?

Yes
 No

If yes, provide following information:

Reason _____

Lawyer's Name & Address _____

Do you or any member of your household have a lawsuit pending? **Yes** **No**

Provide Details _____

7. Household Income

Applicant Name _____

Provide the following information about any benefits or income you or any member of your household receive or have applied for

Description	Name of Household Member	Date Applied	Date Last Received	Monthly Amount
Alimony				
ANB (Aid to Needy Blind)				
APTD (Aid to Permanent & Temporary Disabled)				
Child Support				
Disability from Employer				
Gifts/Loans				
Maternity Benefits				
Medicaid				
OAA (Old Age Assistance)				
Retirement/Pension				
Severance Pay				
Social Security Retirement				
SSDI (Social Security Disability)				
SSI (Supplemental Social Security)				
TANF (Temporary Aid for Needy Families)				
Unemployment Comp.				
Vacation Pay				
Veteran's Pension or Disability				
Vocational Rehabilitation				
WIC (Women/Infants/Children)				
Worker's Compensation				
Other Income and IRS Income Tax Return				

Are you or any other member of your household working, volunteering, and/or receiving assistance from any other agency/organization(s)? ___Yes ___No If yes, provide the following information:

Name of Household Member	Agency Name	Agency Contact Person

8. Household Expenses

Applicant Name _____

List the actual or estimated regular monthly expense amounts for yourself and all members of your household:

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

List the amount of any unplanned, emergency or irregular periodic expenses during the past thirty (30) days for yourself and all members of your household. Provide copies of receipts.

Car Inspection	Driver's License	Medical
Car Registration	Fines/Court Payments	Sewer/Water
Car Repair	Home Repair(s)	Taxes (Income/Property)
Dental	Home/Renter's Insurance	Other (Describe)

9. Criminal History

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 _____ 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 _____

10. Liability for Support – Please provide the following information:

	Applicant	Spouse or Co-Applicant
Father's Name and Address		
Mother's Name and Address		
Name(s) of Adult Children/Addresses		

Certifications and Signatures

Applicant Name _____

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

I understand that the Welfare Office may notify my mother, father, stepmother, stepfather, adult son, adult daughter, husband or wife either verbally or in writing to request that he/she assist you if their weekly income is more than sufficient to provide for your reasonable subsistence compatible with decency and health. Such request will be made prior to approving assistance. However, if it is not practicable to give prior notice and obtain a response before making a decision in your case, then written notice with a request for reimbursement may be sent to the liable relative(s) after the decision has been made and the funds spent. (RSA 165:19 and 20)

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 Town Welfare Official immediately upon receipt of any money from or upon the settlement of such claim. I understand that if I am assisted, the Town may place a lien against any property settlement or civil judgment for personal injuries (except any workers compensation settlement) which I receive within six (6) years of receiving Town assistance. (RSA 165:28-a)

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 that 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 Town Welfare Official(s) 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 have a job or if I get a job after I am assisted by the Town, and I later quit the job without good cause, I may not be eligible for local assistance from the Town of Haverhill and any other New Hampshire municipality for a period of up to ninety (90) days. (RSA 641:1-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 Town Welfare Office may, under certain circumstances, disregard this decrease in my income. (RSA 165:1-e)

Applicant's Signature

Date

Spouse or Co-Applicant's Signature

Date

Signature of Person Completing Form

Print Name/Relationship

Date

**TOWN OF HAVERHILL WELFARE DEPARTMENT
MEDICAL RELEASE AND REPORT**

Applicant Name

Social Security No.

Date of Birth

I hereby request the release by a doctor, hospital or clinic to the Town of Haverhill Welfare Department or its authorized representative, any information regarding my medical diagnosis, medical history, treatment plan and/or hospitalization. A photocopy or facsimile of this signed release may be used in place of an original. This release shall be in effect for six months from the date of my signature below.

Applicant Signature

Date

TO THE PHYSICIAN, CLINIC OR MEDICAL FACILITY

The person named above has indicated that he/she is currently unable to work and is being treated by 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 necessary assistance. The Town of Haverhill also requires welfare recipients to work in any capacity that the recipient is able in exchange for assistance. For these reasons, 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 _____ Date Expected to End _____

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

Medications Prescribed _____

Signature of Physician

Print Name of Physician

Date

***Thank you for taking the time to complete this form. If you have any questions,
please contact Town of Haverhill Welfare Office at (603) 787-6514.***

TOWN OF HAVERHILL WELFARE OFFICE EMPLOYMENT SEARCH RECORD

NAME: _____

Week Ending Date _____

Use this form to list each employer you contact and the results.

In order to remain eligible for assistance, you are required to do a job search of at least 5 contacts each week.

If an employer/employer's representative will not sign this form, you may write "refused" in the space.

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

List any other activities you did this week to find employment.

I certify all information provided on this form regarding my work search efforts is true and accurate. I understand that there are penalties for willfully providing false information.

Signature

Date