

FORM D

WELFARE DEPARTMENT
CITY OF BERLIN, NH
NOTICE OF DECISION

NAME: _____

ADDRESS: _____ WELFARE OFFICIAL: _____

DATE: _____

Your application for General Assistance has been granted and you will receive:

-NOTICE-

You have the right to request a fair hearing within 7 days from date of this notice to review this decision. Application form will be provided upon request. Voluntary termination of employment without good cause could lead to disqualification from receiving General Assistance in the future.

REQUIREMENTS FOR CONTINUED ASSISTANCE

You are required to report to the City Welfare Office EACH WEEK on an assigned day to determine continued eligibility. Your reporting day is _____ of each week.

You are required to report any change in income, resources, financial or living arrangement to the City Welfare Office EACH WEEK.

You must register for work with local employment Security Office EACH WEEK.

You must participate in a Work Search. Four different employers or places of business must be contacted EACH WEEK.

You must complete all your Work Program hours as scheduled before assistance CAN BE CONTINUED. If, for a good reason, you are unable to report to work on the Work Program as scheduled, you must call the Welfare Office at 752-2120 between the hours of 8:30 to 12:00.

You must provide a doctor's statement if unable to work AS REQUIRED.

Other: _____

I UNDERSTAND THAT FAILURE TO COMPLY WITH REQUIREMENTS STATED ABOVE COULD RESULT IN DENIAL OF CONTINUED ASSISTANCE.

Date

Signature of Recipient