

**Form H**

WELFARE DEPARTMENT

City OF Berlin, NH

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WELFARE OFFICIAL: \_\_\_\_\_

DATE: \_\_\_\_\_

This notice is to inform you of the decision that your application for General Assistance has been GRANTED and you are receiving: \_\_\_\_\_

FIRST NOTICE AS PER RSA 165:1-b

Effective \_\_\_\_\_ your assistance will be SUSPENDED and you are ineligible for assistance for \_\_\_\_\_ days and until all REQUIREMENTS are met.

The above decision is being made for the following reasons:

- / / Failure to disclose income, resources or other material financial data
- / / Failure to participate in work program and to comply with work program rules
- / / Failure to do a reasonable work search
- / / Failure to apply with other public assistance agencies

Please note, in order to avoid suspension a doctor's note needs to be provided to excuse you for any work program hours missed.

REQUIREMENTS: \_\_\_\_\_

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I UNDERSTAND THAT FAILURE TO COMPLY WITH THE ABOVE REQUIREMENTS WILL RESULT IN SUSPENSION OF ASSISTANCE.

Date: \_\_\_\_\_ Recipient's Signature \_\_\_\_\_