

GUIDELINES
FOR THE
ADMINISTRATION OF GENERAL ASSISTANCE

City Welfare Department

Berlin, N.H.

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Introduction

The City Welfare Department is one component of a large and complex welfare system which operates at every level of government. Its relationships with other welfare agencies and programs and the scope of its responsibilities are complicated. Briefly, two basic subsystems of public welfare are in operation in New Hampshire - (1) categorical assistance programs, which are federally funded in part and are administered by a central State agency, and (2) general assistance programs, such as that operated by the City Welfare Department, which are locally funded and administered.

In general, the City Welfare Department provides assistance to needy people who require temporary help whether or not they have a residence as defined under New Hampshire law RSA 165. People are found to be in need when they are poor and unable to support themselves. This is defined by when someone lacks the resources to provide themselves with the basic requirements of life in our society, such as food, shelter, heat and electricity. In the language of the field, welfare provided by the City Welfare Department is known as General Assistance.

The Department's responsibilities are of a dual nature. On one hand, it is responsible to those members of the community who need assistance to see that they receive it. On the other hand, it is responsible to the citizens who pay for that assistance, through taxes, to ensure that it goes only to those who are truly needy. The Department's responsibility is to expend as much money as is necessary on the one hand and to expend as little as is necessary on the other. In effect, the Department succeeds in fulfilling its ethical and legal obligations to the extent that these two interests are made to coincide.

The Department has an additional responsibility to both welfare recipients and the community as a whole to try to overcome the causes of the need for General Assistance to the

point that it is no longer required. The steps needed to help individuals/families reestablish themselves financially vary and different approaches are dictated in different instances. Case management therefore becomes an integral part of assisting families in once again becoming more independent financially. Each applicant/recipient needs are considered. Then recommendations and requirements are made based on the needs.

However, the Department must adhere to practices which ensure that all applications for assistance are treated according to the same objective standards and that the legal and constitutional rights of all applicants and recipients are protected. Therefore, each general assistance office is required to have written guidelines as a standard for determining its decisions. Central to the prescriptions of fairness and equal treatment is the right of all applicants and recipients to appeal any decision of the Department with which they are dissatisfied.

These guidelines for the administration of general assistance by the City Welfare Department delineate responsibilities to be met by the Department and by applicants and recipients in the general assistance process and establish a policy and procedure for hearing appeals of departmental decisions. They are not to be construed as superseding any laws of the State of New Hampshire or the United States.

II. 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 (SNAP)
- 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.

The County unit of government pays a share of assistance provided to people under some of these programs. (More information concerning these programs is set forth in Appendix B.)

General assistance may be provided by a city or town until a person receives public assistance. As stewards of limited public resources the City takes much effort in determining who is eligible for General Assistance based on family resources (refer to section IX) versus basic needs (refer to Section VII). Only in extraordinary circumstances will a person receiving public assistance also be considered eligible for general assistance. If someone receiving public assistance in the form of cash payments is also receiving one or a combination of the following forms of additional public assistance i.e. Food Stamps; Section 8 Vouchers (HUD) or is living in subsidized housing; and/or Medicaid their financial circumstance will not likely be viewed as “extraordinary” as the bulk of their basic needs are being provided for by non-cash public assistance and cash public assistance.

RSA 167:27 (Effective January 1, 2014) I. Except as provided in paragraph II, no person receiving old age assistance or aid to the permanently and totally disabled under this chapter or RSA 161 shall at the same time receive any other relief from the state, or from any political subdivision thereof, except for medical and surgical assistance. II. Notwithstanding paragraph I, a municipality may provide assistance under RSA 165 to a person who is also receiving old

age assistance or aid to the permanently and totally disabled if the guidelines adopted by the governing body under RSA 165:1 authorize assistance to such persons, and the acceptance of such relief shall not operate as a revocation of old age assistance or aid to the permanently and totally disabled.

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 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 transportation in order to return home, may be recovered from his or her community of residence (RSA 165:20.)

III. Application for Assistance

A person may apply for General Assistance by appearing either him/herself or through another party, with proper documentation of authority to do so, at the office of the City Welfare Department in Berlin City Hall during working hours and completing the Department's standard application form. In order for another party to apply on an applicant's behalf proper documentation must be presented to show that the individual whom he or she is applying for is either physically or psychologically incapacitated. The Department is open from 8:30 a.m. to 12:00 noon and from 1:00 p.m. to 4:00 p.m., Monday through Friday. Any changes in hours of operation will be posted.

The application form contains space for the applicant's signature attesting to the accuracy of all information provided and space for his or her signature, or both signatures in the case of a married couple, authorizing verification of information by the Department. The application form states the type of assistance available and also contains a statement of the applicant's right to appeal any decision with which he/she is dissatisfied.

Information given by an applicant for or recipient of general assistance, or information concerning an applicant or recipient, is considered confidential and privileged information. The Department neither releases such information to nor discusses it with any person, organization, or agency without written permission of the applicant or recipient except when disclosure is required by law or is for purposes directly connected with the administration of welfare.

The Administrator of Welfare or other department official will help the applicant complete the application form if the applicant is illiterate or otherwise unable to complete the application unassisted.

At the time application is made for general assistance, the Administrator or other official will inform the applicant of the following:

- The requirement of submitting a written application.
- Eligibility requirements, including general descriptions of guideline amounts and the eligibility formula outlined in Section VII.
- The applicant's right to a review of decisions with which he/she is dissatisfied, and the way in which he can go about making an appeal.
- The applicant's responsibility of reporting all facts necessary to determine eligibility, and of presenting records or documents to support his or her statements.
- The types of verification needed.
- The fact that an investigation will be conducted in an effort to substantiate information provided by the applicant and that this investigation may take place prior to, during, or following the applicant's receiving general assistance
- Any other programs of assistance or services that the official may know of for which it is felt the applicant should apply.
- The requirements of placing a lien on any real property owned by a recipient for any assistance he or she is given and the interest which will accrue after twelve months at a rate of six percent per annum along with conditions for discharging the lien.
- The applicant's continuing responsibility to provide accurate, complete, and current information concerning his or her needs and resources and the whereabouts and circumstances of responsible relatives (RSA 165:19.)
- The applicant's continuing responsibility to notify the Department when a change in needs and/or resources may affect his or her eligibility for assistance.

- The applicant's responsibility, within one week of application, to apply for and utilize any benefits or resources, public or private, that will reduce or eliminate the need for general assistance.
- The responsibility of every recipient and every adult member of his or her household to register with the Department of Employment Security within one week of being granted assistance for the purpose of finding work or gaining skills and of conducting an adequate work search, except for good cause.
- The fact that recovery from an applicant is possible if he or she becomes able to repay the amount of assistance given.
- The requirement of participating in a welfare work program if physically and psychologically able, or to provide a Doctor's note to excuse them from work if physically or psychologically unfit.
- The requirement of reporting to the Welfare Office each week on an assigned day to determine continued eligibility and to keep appointments as scheduled or face losing assistance for those days and/or possible suspension. An applicant shall be denied assistance if he/she fails to fulfill any of these responsibilities without reasonable justification.
- The fact that a recipient's assistance may be suspended for failure to fulfill any of these responsibilities.

IV. Types and Amounts of Assistance

The City Welfare Department provides assistance in the form of a voucher system made out to a particular person, business, or company for the specific monetary value of acquired goods or services (RSA 165:1 (III).) The Department does not provide cash assistance nor is a check issued

directly from the welfare office. Tobacco products, alcohol beverages, gasoline, soda and pet food cannot be purchased with the vouchers.

In addition, the amount shown on the voucher is the amount to be used for payment. The municipality will not pay any amount in excess of the amount listed on the voucher. If there is an unused amount the voucher shall be returned to the municipality for payment of the correct amount listed on the bill or register tape. If the voucher is not returned, with the itemized bill or register tape within 60-days, it is void and will not be paid out to the vendor. Vouchers are not transferable to other individuals and may be used only by the individual named on the voucher and with the specified vendor.

The department does not accept responsibility for any services rendered before application to the City Welfare Department nor for services rendered without issuance of a voucher from this department listing type of service, amount of payment, complete with signatures of recipient and the Welfare Administrator. Vouchers are non-transferable and must be used by the individual to whom it was issued. Payment will not be issued to a vendor who accepts a voucher from someone to whom it was not issued or for services/products not specified on the voucher.

- A. Food- The amount of assistance granted for food is determined in accordance with the most recent standard food stamp allotment as put forth by the Food Stamp Program administered by the New Hampshire Department of Health and Human Services Division of Family Assistance. More of an allowance may be allowed if recipient's physician specifically prescribes a special diet. The Department requires that anyone applying for assistance with food first avail themselves of the food pantries within the City. The Welfare Department may disqualify from receiving further assistance any applicants/recipients who refuse to apply for, and comply with requirements to remain eligible for food stamps, WIC, or to use any other food program available in the community including but not limited

to food pantries and soup kitchens. Food vouchers will not be granted for restaurants, delis or convenience stores.

Family Size	Eligible Amount of Assistance (daily/weekly amounts granted)
1-person	\$6.67 per day /\$46.67 per week
2-people	\$12.23 per day/\$85.63 per week
3-people	\$17.53 per day/\$122.71 per week
4-people	\$22.27 per day/ \$155.87 per week
5-people	\$26.43 per day/\$185.03 per week
6-people	\$31.73 per day/ \$222.13 per week
7-people	\$35.07 per day/ \$245.47 per week
For each additional person add \$5.00/ day or \$35.00 per week.	

- B. Rent- It is the department's policy to assist with only the cost of rent necessary to actually provide shelter. Such costs may be determined by local market factors and the aid of the most recent United States Department of Housing & Urban Development published fair market rents. The Department reserves the right to negotiate with landlords or the landlord's agent on behalf of the recipient. The department assists with rent on a weekly basis in most cases. The formula used to determine weekly voucher amounts for rent is the amount of the monthly rent charged by the landlord multiplied by twelve months and then divided by fifty-two weeks. For example: A monthly rent of \$550/month x 12-months/52 weeks= \$126.93 per week. The Department must receive a completed verification of rent form from the landlord or landlord's agent before rent assistance can be granted. No monies can be released to the landlord until the City has a signed W-9 on file as rent is taxable income and must be reported to the Federal Government. In the case of an eviction the landlord or agent will be required to verify in writing on the verification of rent form that eviction proceedings will be terminated while the individual is receiving assistance. The applicant/recipient must be on the lease or rental agreement. In cases where a rental unit is shared with other adults, to whom the applicant/recipient is not married; rent will

be calculated on a pro rata scale. Whenever a relative of an applicant is also the landlord, the landlord will be expected to assist his relative pursuant to RSA 165:19. Otherwise, the landlord must prove an inability to assist before any assistance payment for rent is made to him/her. Under RSA 165:4-a, whenever the owner of property rented to a person receiving General Assistance 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 on behalf of the assisted person to the property owner's delinquent balances. This is regardless of whether such delinquent balances are in respect to the property occupied by the assisted person. The City chooses to apply the payments first to taxes, then sewer, then water. Rent payments will be withheld from landlords who are not in compliance with the City's housing ordinances, fire ordinances and health ordinances until such time as they come into compliance, at which time payments shall be released. Landlord's may be asked to present proof that they have either a certificate of compliance, an interim certificate of compliance, have applied for a transfer of certificate upon the sale of a property or are otherwise in compliance with requirements of the building inspector, housing inspector, health officer and fire department if they have been notified of a problem. Under state law landlords may not penalize tenants if rent is withheld until such health and safety issues are in compliance. Applicants/recipients must apply with all other agencies that offer assistance with rent and comply with their requirements. Refusal to do so will lead to denial of assistance until compliance is met. 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 City has met its obligation. 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 rent, while receiving said assistance. Assistance with shelter (motel) for those who are homeless will be issued on a daily basis as needed. 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 participating in illegal activities the City will not have further responsibility as it had met its obligation in providing for or arranging for said shelter. The City is not responsible for the housing or maintenance of pets or livestock. 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 shelter offered, whether it be a homeless shelter, or motel room if all other emergency shelter is full, the City has met its obligation by providing for or arranging said accommodations.

The Department will require an apartment search form to be completed. Should no shelter space or motel space be available or if no area rental agencies will rent to the applicant/recipient; the City has fulfilled its obligation and cannot be held responsible for lack of available housing/shelter. 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. All recipients will be required to apply for HUD at the Berlin Housing Authority and follow through with whatever steps are required to become eligible for section 8 vouchers. If the recipients refuses to apply or does not comply with the necessary steps needed to receive or maintain

the voucher once issued the Welfare Office will no longer be responsible for assisting the recipient.

<u>Family Size</u>	<u>Amounts without heat/hw included</u>	<u>Amount w/ heat/hw included</u>
	(According to Berlin Housing Authority)	
1	\$385.00-efficiency	\$550.00
	\$550.00 1-bedroom	\$650.00
2	\$650 1-bedroom	\$650 to \$700
	\$650.00 2-bedroom	\$650 to \$750
3	\$750 2-bedroom	\$750 to \$775
	\$650 3-bedroom	\$650 to \$800
4 or more	\$750 3-bedroom	\$750 to \$900
	\$850house	
	\$850-950house 4-bedroom	\$900 to \$1000

(Amounts may be lower than those listed; a single person may only be considered for a 1 bedroom apartment or efficiency as HUD will not allow more bedrooms. It is the Welfare Department's policy to have all clients in apartments that would be HUD approvable.)

- C. Mortgage payments- The City Welfare Department may be able to assist with interest charges as agreed upon by the mortgage holder and the welfare official as to prevent foreclosure. The applicant/recipient's name must be on the mortgage in order for assistance to be granted. The City Welfare Department under RSA 165:28 reserves the right to place a lien on any real estate owned by an assisted person. The liens are effective until enforced or until discharged by the department; provided that there shall be no enforcement of the lien so long as the real estate is occupied as the sole residence of the assisted person, surviving spouse, or surviving children under age 18 or blind or permanently disabled.

Interest at the rate of six percent per year shall be charged after twelve months on the amount constituting such lien. Assistance would be granted, if eligibility criteria are met, on the property of primary residence only. The lien may be placed on any real property owned in New Hampshire even outside of the City of Berlin. The lien can be placed on any properties purchased within six years of the client having received assistance. If the

recipient refuses to comply with referrals to programs that can help with refinancing, forbearances, deferment, etc. they may make themselves ineligible for further assistance.

- D. Personal or Household Needs or Supplies - Assistance may be granted for personal care and household needs and supplies. These vouchers are to be used for personal cleansing/hygiene items and household cleansing, storage, cooking items not including food, drinks, candles, incense, pet food or care items, electrical appliances and knick-knacks, pre-paid phones or phone cards, etc. Misuse of the voucher may lead to suspension from receiving this type of assistance. These vouchers cannot be used for cable bills, telephone bills, or other utilities.

<u>Family Size</u>	<u>Weekly Amount</u>
1	\$ 6.50
2	\$ 8.00
3	\$ 9.50
4	\$11.00
5	\$12.50
6	\$14.00

\$1.50 per person for each additional person in household

Additional amounts may be added for diapers based on the number of children still in diapers and the cost of a bag of diapers at that time.

- E. Utilities- Includes electricity, oil, natural gas, water, and sewage. Excludes: cable, phone unless documented to be medically necessary (basic local service only), cell phone and internet service. 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 for 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 (as defined by the utility) payment plan on the “back” 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 rata scale. Recipients will be required to apply for the Energy Assistance Program and once on the program to take the necessary steps to remain in compliance with the program, refusing to do so will lead to disqualification from receiving assistance. Under extraordinary circumstances the Department will consider providing assistance or the following:

- F. Medical/Medication - Generally, the department will consider providing for medical, dental, or optical services only if sources of assistance designed to fill such needs have been investigated and have failed to produce. Such sources include State & Federal Programs, local and area clinics, area service organizations, and area hospital programs, including Hill-Burton Act funding. In such instances the Department will pay Medicaid rate only. Further, an applicant must provide written documentation from a doctor, dentist or optometrist indicating the services are absolutely necessary and cannot be postponed without running significant risk and placing the applicant/recipient's well-being in serious jeopardy. 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. Assistance with prescriptions will be granted only if the physician

verifies in writing that the medication is required for the patient so that health does not decline putting the patient at risk for serious medical or physiological damage and placing the patient in the position of being unable to function within his/her "normal" capacity. Naturalistic, Homeopathic, experimental and non-medical treatments or therapies will not be considered a 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 the 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.

- G. Telephone- An applicant/recipient may apply for assistance with the basic service only if absence of a telephone would create an unreasonable risk to the recipient's health or safety verifiable in writing by a physician. 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. Applicant(s) must also apply for the free phone through Safe Link available at the DHHS office. 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. Payments to "bundle" services are not considered.
- H. Clothing- Assistance may be granted for the actual cost of necessary items only and then only if said items are not available at used clothing outlets or through social service

agencies that provide clothing and outerwear free to the public. The Department will assist with the least expensive item in the needed size if the applicant is eligible.

- I. Footwear- Assistance may be granted for the actual cost of necessary items only and then only if said items are not available at used clothing outlets or through social service agencies which provide clothing and outerwear free to the public.

The Department will assist with the least expensive item in the needed size if the applicant is eligible.

- J. Medical Insurance Premiums-Assistance may be granted for the actual cost of the medical insurance premium if it is deemed that to assist would be cost effective.

The applicant/recipient must also apply for all programs that provide free or discounted medical/medication services.

- K. Property Insurance Premiums- Assistance may be granted only if necessary to prevent foreclosure on property which is the sole residence of the applicant/recipient and only if the mortgage holder will not provide said insurance as part of the escrow package.

- L. 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.

Applicants/recipients must contact agencies such as St. Vincent De Paul Society which give free household goods to families when such items are available.

- M. Past Due Utilities- Assistance will be granted only if necessary to prevent imminent termination of services. Only the amount for one month of service will be issued along with guarantee of future bills for as long as applicant/recipient is eligible as is required per

P.U.C. 303.08 (c) (1) (d). Applicant/recipient must apply to social service agencies which assist with cutoffs or the State if applicable.

- N. Past Due Rent- Assistance may be granted for the actual amount needed if necessary to prevent imminent eviction and only when adequate alternative housing or funding is not available. The applicant/recipient must apply with all other social service, State or Federal agencies that assist with past-due rent. The Department reserves the right to negotiate on applicant/recipient's behalf with landlord or their agents to stop evictions or to make payment arrangements.
- O. Cremation/Burial Expenses- Under RSA 165:3 assistance may be granted for burial or cremation. No assistance can be granted or reimbursed for services rendered prior to approval from the Welfare Office. The City of Berlin has agreed upon a rate of up to \$750.00 for burial or cremation, whichever is most cost effective. This rate is one set by the State of New Hampshire and surrounding Municipalities. If some payment has been made to the funeral home, only the difference between that payment and \$750.00 will be considered. It is the responsibility of the surviving relatives to make contact with a funeral home after having applied for the assistance with City Welfare and to let them know of the financial status of the deceased and surviving relatives. The exception is unclaimed bodies. RSA 611-B:25 states that if a dead body is unidentified or unclaimed for a period of not less than 48hours following the view thereof, the medical examiner shall deliver the body to the overseer of the public welfare in the town or the county commissioner, who shall decently bury the same or the body may be sent to the medical department of Dartmouth College, to be used for the advancement of the science of anatomy and surgery, as provided for by law. Assistance is granted only when the individual does not have liquid assets to cover the expense of burial or cremation or where relatives, other people, the State, or other sources

will not cover the entire expense of burial or cremation, and only if costs do not exceed \$750.00. The Welfare Department is not responsible for providing for prearranged services, special services, religious ceremonies, flowers, grave markers or cremation urns. The City is not responsible for both cremation and burial. Assistance may be given with either cremation or burial, not both. Assistance will be based on whichever is most cost effective.

- P. Home Repairs- Assistance is granted only in cases where the repairs are essential to health and safety. Only the actual cost of the repair will be granted. Welfare is not responsible for bills for repairs before assistance was granted or for contracts signed prior to approval from the Welfare Department. The home in question must be the primary residence owned and resided in by the applicant.
- Q. Property Taxes- Only the actual amount owed would be considered for assistance and only for the recipient's home, and then only if necessary to prevent foreclosure or issuance of tax deed. In the case of foreclosure taxes would only be paid if the mortgage holder will not provide for the taxes themselves as generally taxes can be added to the loan agreement. The applicant's name must be on the deed. All other financial possibilities must have been sought out. If the property is held jointly each party is responsible for a pro rata share and only this amount will be considered. A welfare lien would be placed upon the property and interest would accrue after the first year at 6% per year as per RSA 165:28.

V. Disallowed Types of Assistance

There are certain types of assistance which the Department will not provide. Some common examples are:

- Automobile or other vehicle payments and/or expenses such as repairs. Public transportation is available in Berlin and Gorham for \$2.00 a day through the trolley system, a \$3.00 per trip pick-up bus transportation system and through a fee for service taxi.
- Cable television charges, cell phone, internet or satellite dish payments.
- Payments for furniture and appliances, including weekly rental amounts for furniture and appliances.
- Life insurance premiums or auto insurance premiums
- Moving expenses, including storage unit rental fees, except the expenses of returning a person to his residence at his/her request pursuant to RSA 165:1-c.
- Security deposits on utilities and under most circumstances security deposit on rental units as other resources exist in the community which can be used for this purpose.
- Legal expenses except those specifically required by statute.
- 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
- Gasoline for vehicles
- Credit Cards, loans, etc.

VI. TIMING OF DECISIONS

Unless an application is withdrawn, the Department will reach a decision on each application within five working days following the completion of the written application form. In the event of urgent need, a decision will be made as soon as possible. However, it is important to

note that while most individuals who apply for general assistance feel they are in urgent circumstances, an appointment is necessary to review the application with a welfare official before a decision can be rendered. Those whose applications are denied will be notified of the decision in writing. The notice will include the reason for denial and a statement of the applicant's right to appeal the decision and will outline the steps he or she must take to do so.

An application shall be considered withdrawn if:

- The Welfare Official cannot complete the interview because the applicant has failed to cooperate in fulfilling his/her responsibilities under these guidelines.
- The applicant avails him/herself of other resources in place of assistance.
- The applicant requests that the application be withdrawn.
- The applicant does not contact the Welfare Official following the initial interview after being requested to do so.
- The applicant dies before assistance is rendered.
- The applicant refuses to complete any section of the application.

VII. BASIS OF DECISION

In general, the department decides on an application on the basis of a comparison of an applicant's basic needs and his or her resources. Needs which the Department will consider are outlined in Section IV. Resources include income from all sources and available assets, and are outlined in Section IX.

A person is considered poor and unable to support him/herself when he/she lacks sufficient money or material possessions to meet his/her and the family's basic needs. This means that, as a rule, General Assistance will be provided to the extent that the needs exceed resources (income plus available assets), and that if needs do not exceed resources, general assistance will not be provided. In the case of unusual needs not covered in these Guidelines or "emergency" situations in which delay may cause unnecessary or undue hardship the Welfare Official may make allowances considering the emergency. Any such determination and the reasons therefore, shall be stated in writing in the applicant's case record.

If the applicant or recipient shares expenses of shelter and utilities with a non-applicant or recipient, then need will be determined on a pro rata share based on the total number of persons in the residential unit. A receipt for rent and utilities paid on a pro rata share by the non-applicant must be provided before assistance on a pro rata share is issued to a recipient.

College students refusing full time employment are not eligible for General Assistance.

No person who is otherwise eligible for assistance under these guidelines shall receive such assistance if he or she has made an assignment, transfer or conveyance of property for the purpose of rendering himself or herself eligible for such assistance within 3 years immediately preceding his or her application for such assistance. (RSA 165: 2-b).

Any person eligible for assistance who voluntarily terminates employment within the 60-day period before filing an application for assistance, shall be ineligible to receive assistance for 90 days from the date of employment termination, provided the conditions in RSA 165: 1-d are met. Also, if a "suitable" job, for example one within traveling distance and within one's physical capabilities is refused, aid may be discontinued. If the recipient is able to complete work searches and/or work on the Work Program, but refuses, aid will be discontinued until the conditions are met. The City also has the right to require the applicant to apply for any programs and/or public

assistance that could help with the immediate and/or long term needs. The City can also negotiate on the applicant's behalf to arrange for a payment arrangement for basic needs that would allow the applicant to cover their own basic needs with their current income/assets. If assistance can be found through other sources or through the negotiation of an affordable payment plan that fits within the applicant's basic needs versus income/assets formula the need will have been found to be met.

VIII. Home Visits

A home visit may be made to each applicant. The applicant shall be informed that a visit will be made within specified hours. At the applicant's request a specific appointment may be made if the Welfare Official is available at the requested time and date.

A home visit may be necessary for the Welfare Official to understand all the services needed to help the applicant.

IX. Resources

Resources include available income, deemed income under RSA 165:1-e, and available assets.

Income is defined as all income actually received from every source, including but not limited to:

- Earned income: Income in cash or in-kind earned by the applicant or recipient and any member of his or her household, including wages, salaries, tips, commissions, or profits, whether self-employed or as an employee. The amount computed is that remaining after all income taxes, social security, and other mandated payroll deductions are taken out.

Court-ordered support payments, child care costs, and work-related clothing costs will also

be deducted. Income from underage individuals living in the household will be included in the available household income, as well as any saving accounts.

- Income or support from relatives or other people.
- Court-ordered support payments.
- Income from any and all other assistance or social insurance programs, including state welfare benefits, OASDI payments, Social Security payments, VA benefits, Unemployment Insurance benefits, Worker' Compensation benefits, and Public or General Assistance benefits for any household member.
- Rent income.
- Pension and trust fund payments, 401k and other retirement accounts.
- Interests, dividends, or inheritance, any amount in bank or credit union accounts.
- Tax refunds or rebates.
- Illegally derived income.
- Gambling winnings.
- Gifts
- Loans.
- Annuities or settlement payments

Deemed Income for any qualified State assistance reduction made pursuant to RSA 167:82,

VIII. The City treats a qualified State assistance reduction as deemed income under RSA 165:1-e.

As such, the amount of any reduction will be considered as if it were actually received by the applicant/recipient.

Available Assets include but are not limited to:

- Cash on hand.
- Bank deposits including CDs.

- Credit Union accounts.
- Securities (stock and bonds).
- Individual retirement accounts (IRA, 401-k plans or pension plans with a cash out or loan value.)
- Insurance policies with a loan value.
- Real estate other than that occupied as a home.
- More than one automobile or similar vehicle.
- A second home or other property.
- Recreational vehicles (i.e., snowmobiles, boats, trail bikes, campers).
- Other non-essential personal property.

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.

X. Lien on Real Property & Civil Judgments

As required by law (RSA 165:28), the City will place a lien on any real property owned by a recipient of General Assistance except for just cause. Such a lien will remain in effect during the

recipient's lifetime or until the amount of General Assistance provided by the City Welfare Department is repaid. Interest will accrue at 6% per annum after the first twelve months. The property does not need to be a primary residence of the recipient or located in Berlin for the City to place a lien on it.

The City is also entitled to a lien for the amount of assistance granted to a recipient of General Assistance upon property passing under the terms of a will or by intestate succession, a property settlement or a civil judgment awarded for personal injuries. The City is entitled to the lien only if the assistance was granted no more than 6 years before the receipt of the inheritance or award (RSA 165:28-a).

XI. Work Program

The City Welfare Department may require a recipient of general assistance to participate in the City's Work Program for all or any portion of assistance it provides, at a job that is within his or her capacity, as a condition of continued eligibility for assistance. The person will not be paid cash wages for such work, but rather will work off the cash value of assistance given at the rate of exchange equivalent to the prevailing wage for the kind of work performed in the City as determined by the municipality's pay schedules prevailing at the time of application for assistance. The amount an assisted person may be required to reimburse the City for aid received shall be reduced by the credits received from participation in the Work Program (RSA 165: 31).

The Work Program will be structured so as to allow the person time to look for work, to schedule interviews for possible employment, and to make and keep appointments with other service or welfare agencies. The Welfare Official may require recipients to provide documentation of their attendance at a conflicting interview or appointment.

A recipient working on the Work Program will be expected to abide by the Work Program rules as given in writing and acknowledged by the recipient. Failure to abide by the rules will mean suspension of assistance for seven days and fourteen days if the recipient has had a prior suspension within the past six months. Sanctions will remain in place until such time as the recipient has completed the work program hours.

A recipient of General Assistance cannot refuse to work for the City unless he/she:

- Has a conflicting interview for a job possibility that could be scheduled for no other time than the hours scheduled on the Work Program.
- Has a conflicting interview at a service, employment, or welfare agency.
- Lacks adequate means of transportation to the job site if not within walking distance and the City fails to provide transportation.
- Lacks adequate means of child care and the City fails to provide it.
- Has a medical appointment that could not be scheduled or rescheduled to accommodate the Work Program Schedule.
- Is ill as verified in writing by a physician.
- Must care for their minor children not in school when no other care provider is available or must remain at home because of illness or disability to another member of the household verified in writing by a physician.
- Doesn't have the tools or materials required to do the job and the City fails to provide them.

XII(a). Grounds for Denial, Termination, Reduction,
or Suspension of Assistance

A person's application for assistance may be denied or a recipient's assistance may be terminated, reduced, or suspended for the following reasons:

- Failure to complete an application or to provide requested verification of information.
- Determination by the Department that resources are equal to or exceed need.
- An applicant or recipient obtains or attempts to obtain assistance by means of an intentionally false statement or intentional misrepresentation, or by impersonation or other willfully fraudulent act or device.
- An applicant or recipient fails to report all income or available assets at any time.
- An applicant or recipient fails to notify the Department of any change in needs and/or resources which may affect eligibility for continuation of assistance.
- An applicant or recipient fails to apply for another form of assistance within one week of having been advised to do so by the Department.
- An applicant or recipient refuses a job offer or referral to suitable employment without good cause or who voluntarily terminates employment without good cause.

Factors to be considered in determining whether there is good cause for such refusal include the person's ability and physical and mental capacity, transportation problems, lack of adequate child care, and unsafe working conditions.
- A recipient or any adult members of his or her household fail to register with the Department of Employment Security for the purpose of finding work or gaining skills that will enable them to find work within one week after being granted assistance. Exceptions to this registration requirement are: a person who is gainfully employed for thirty-five hours a week or more; a dependent 16 years of age or over who is regularly attending school, if not attending school or training program they will be required to complete job

search; a person who is unable to work due to illness or disability; a person who is required to be home because of illness or disability of another member of the household; a single person who is responsible for the care of a child under age five (if no other adult is present in the household to care for the child or if free child care cannot be found.) (RSA 165:31)

- A recipient fails to make reasonable efforts to convert available assets into cash.
- A recipient fails to participate in a City work program or fails to comply with the Work Program rules given to and acknowledged by the recipient.
- A recipient, who is unable to work on the Work Program, fails to comply with his treatment plan for alcoholism and drug addiction as referred by his physician.
- An applicant or recipient refuses to allow the Department to seek or verify information, leaving the Department unable to substantiate eligibility or refuses to provide requested information/documentation.
- A recipient refuses to grant home visits without reasonable justification.
- A recipient refuses to pay certain expenses and/or show proof of said expenses as requested while the Welfare Department is assisting with certain other expenses.
- A recipient or any adult member of their household refuses to complete a work search.
- A recipient who is homeless fails to make a documented apartment search; fails to contact homeless outreach or emergency shelters.
- A recipient who does not report on a weekly basis or does not keep scheduled appointments.
- A recipient misuses a voucher. Such as, giving the voucher to someone else to use, exchanging the voucher for cash, changing the amount on the voucher, etc.

- A recipient who knowingly falsifies his or her application in order to receive assistance that he or she is not entitled to will be ineligible for assistance until the amount of the previously granted assistance is restituted according to terms arranged for by the Welfare Official. The Welfare Official also has the option to have the recipient prosecuted for a criminal offense through the Courts.

XII.(b). Procedure for Suspension for Noncompliance with Guidelines

Procedure according to RSA 165:1-b will be followed if a recipient fails to comply with Guidelines relating to: (1) disclosure of income, resources, or other material financial data; (2) participation in the work program; (3) reasonable work search; or (4) application with other public assistance agencies.

A written first notice shall be given at the time of the granting of assistance stating the requirements in order to be eligible for assistance for the following week. Each recipient will be given a 7- day period within which to comply after receiving such a notice.

If a recipient does not comply with the requirements within the 7 days, he or she will be issued a written suspension notice. The suspension notice will state the requirements with which the recipient is not in compliance, the specific actions necessary for compliance, and the opportunity to request a hearing within 5 days of receipt of suspension notice.

The period of ineligibility or suspension shall be 7 days or 14 days if the recipient has had a prior suspension within the past six months. If upon the expiration of the 7-day or 14-day disqualification period, the recipient continues to fail to carry out the specific actions set forth in the suspension notice, the disqualification shall continue until the person complies.

The Welfare Official shall not be required to accept an application for general assistance from a person who is subject to disqualification or suspension under this section (RSA 165:1-b).

In the event such disqualification or suspension continues beyond the 7 or 14-day period due to continued non-compliance and there is a dispute over a contention by such person that he/she has satisfactorily complied with the requirements set forth in the suspension notice, such person shall be given an opportunity to request a hearing to determine that issue but the opportunity to continue to receive assistance pending the outcome of this hearing shall not apply.

XIII. Right to Appeal Adverse Decision

All persons have a constitutional right to be free of unfair, arbitrary, or unreasonable action taken by government at any level. This includes applicants for and recipients of general assistance, whose aid has been denied, terminated, suspended, or reduced. Any applicant for or recipient of general assistance who receives a decision denying, reducing, suspending, or terminating such assistance will be informed of the action in writing within three working days of the time the decision is made. This notice will contain:

- A statement of the reasons for the decision.
- A statement advising the person of his or her right to appeal the decision by requesting, in writing, a fair hearing.
- A form on which the person may request a fair hearing.
- A statement advising the person of the time limits which must be met in order to receive a fair hearing.

The person will have five days from the mailing date of the notice of the decision to return the form requesting a hearing (RSA 165:1-b (III).)

XIV. Fair Hearing Committee

There shall be a fair hearing committee for the City of Berlin which shall hear and decide appeals of decisions rendered by the City Welfare Department. The fair hearing committee shall be made up of the City Manager, the Administrative Assistant and the City Clerk.

XV. Fair Hearings

All hearings requested by applicants or recipients will be held within five working days of the receipt of the request. The Department will notify the person requesting the hearing of the time and place of hearing. The client will be contacted at least 72 hours in advance of the hearing.

One postponement of a scheduled fair hearing will be granted if the claimant has a valid reason for not being able to attend. Otherwise, if the claimant does not appear at the second scheduled hearing, the claimant will lose his or her right to a fair hearing.

Fair hearings are not subject to formal requirements or rules of courts of law. However, they shall be conducted in such a manner as to ensure that the claimant has the opportunity to be fully heard and to maximize the fairness of all proceedings and all decisions arising out of such proceedings.

The appellant may designate counsel or another person to represent him or her. The appellant or his or her representative has the right to examine all materials in the appellant's case file and any materials relevant to the Department's decision prior to the fair hearing.

The Administrator of Welfare or his/her authorized representative has the right to examine all materials and documents on which the appellant plans to rely prior to the hearing. The Administrator will attend the hearing and testify as to his or her actions and the reasons for them

The burden of proof is on the party challenging the status quo. Both parties may present witnesses in their behalf. Both parties have the right to cross-examine all witnesses.

The fair hearing committee will reach their decision solely on the basis of the evidence presented to it at the hearing. The fair hearing committee will not examine the record of a case prior to hearing it. The fair hearing committee has the right to adjust the amount of assistance.

Fair hearing decisions are rendered in writing within seven working days of the hearing. The fair hearing committee will set forth the reasons for their decision and the facts relied on. A copy will be mailed or delivered to the appellant and to the City Welfare Department.

Fair hearing decisions are rendered on the basis of the fair hearing committee's findings of fact, these guidelines, and state and federal law. Each decision will set forth an award or denial of appropriate relief.

Fair hearings in no way limit any right of an appellant to seek subsequent court action to review or challenge a Welfare Department decision. A recipient may continue to receive assistance until the fair hearing if he/she so requests it.

XVI. Procedure for Billing and Recovering from Governmental Unit of Residence or Liable Relatives

The amount of money spent by the City to support a person who has a residence in another municipality or has a father, mother, stepfather, stepmother, husband, wife or child (who is no longer a minor) of sufficient ability to also support the assisted person, may be recovered from the municipality of residence or 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. Written notice of money spent in support of an assisted person will be given to the liable relative. The Welfare Official shall make reasonable efforts to give such a 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 possible liable relatives. Should a relation refuse to render such aid when requested to do so by an overseer of public welfare, such person or persons shall upon complaint of the official be summoned to appear in court. If, after a 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 him/herself in a position where he/she is unable to comply, he/she 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 City shall be liable for his support. (RSA 165:19 and 20).

The amount of money spent by the City to support a person, who has made an initial application for SSI and has signed an Interim Assistance Program Reimbursement Form, shall be recovered through the Social Security Administration and the Department of Human Services. Any amount not recouped from the Social Security Administration or the Department of Health and Human Services (through Medicaid reimbursement) will still be the responsibility of the recipient.

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

**APPENDIX A
TABLE OF FORMS**

Form A	Application for Assistance
Form B	Request for Additional Assistance
Form C	Requirements of General Assistance Applicants
Form D	Notice of Decision
Form E	Recipient's Permission to Release Information
Form F	Eligibility of Assistance Work Sheet
Form G	Work Program Schedule
Form H	Work Program Rules
Form I	Job Search Form
Form J	Weekly Reporting Form
Form K	Reporting Schedule for Work Program
Form L	Notice of Lien
Form M	Discharge of Lien
Form N	Fair Hearing Notice
Form O	Notice of Fair Hearing Decision
Form P	Apartment Search
Form Q	Refusal of Application
Form R	Suspension/Sanction from Assistance
Form S	Personal/Household Need Checklist and Acknowledgement



CITY OF BERLIN NEW HAMPSHIRE

General Assistance Application

An application is not considered to be completed unless all parts are completed and all required documentation is presented so it may be verified as allowed by law. If you are under suspension the office is not required to accept an application until you come into compliance.

You must have an appointment to apply for assistance. Please contact the office at 603-752-2120.

The following items will be needed in order to determine eligibility:

1. Proof of income for all members of the household. Income includes child support, earned income from every household member, Social Security Disability from all household members, self-employment, and retirement income.
2. Proof of any assets including recreational vehicles, land owned in other towns/cities, trusts.
3. Current (within the last 3 days) bank balances, checking account balances, credit union account balances.
4. Proof of basic need expenses (rent receipts, electric bills, oil expense if paying your own heat, etc.) proof is considered to be a receipt with company name and billed amount, a bill or a lease type document.
5. State Benefits letter
6. If you have an eviction notice or disconnect you will need to bring it in.
7. Doctor's note if unable to work on the work program or do a job search, should include explaining limitations if any.
8. Anything recently received from Social Security, HUD, Fuel Assistance, Electric Discount Program or the State of New Hampshire.

All abled bodied individuals who receive assistance will be required to work on the work program (any exceptions will be discussed when you meet) to repay the assistance unless you own a property in the State of New Hampshire. If you are a property owner the City elects to instead place a lien on said properties until such time as the amount of assistance and interest is repaid. Said lien accrues interest at a rate of 6% after the first year and is recorded with the Registrar of Deeds.

Notice of Rights of Recipients

You have the following rights as a recipient of general assistance:

1. You have the right to make a written application for assistance even if you are told you may not be 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. How much assistance you will receive and why you have been denied or given only a partial amount of the assistance you requested.
3. You have the right to ask for a Fair Hearing within five working days from the receipt of the Notice of Decision.
4. You have the right to have, in writing, the reason you were denied assistance.

5. You have the right to a fair hearing if you are denied the assistance you applied for or if you are suspended for non-compliance.
6. If you are receiving assistance currently and are suspended for non-compliance you have the right to ask that your assistance be continued until fair hearing decision is ruled on. However, if the Fair Hearing Officers uphold the suspension you will owe the entire amount issued during that period.
7. You have the right to review your file before a Fair Hearing.
8. You have the right to see the written guidelines.
9. You have a right to a written notice of conditions prior to being suspended for non-compliance with the guidelines.
10. If you own property in the state of New Hampshire you have the right to be informed that the City will be filing a lien against the property with the registrar of deeds and be informed that said lien accrues interest at a rate of 6% after the first year.
11. You have the right to refuse to work on the work program or to conduct a job search if you must care for a child under the age of 5 who is not in a school program if you are a single parent without childcare options, if you are disabled or ill and can provide a doctor's note stating your limitations or the fact you are unable to work, or if you must provide care for a family member who is disabled or ill. (The work program is not voluntary community service but is a required, scheduled program of the City as allowed under the law).

You have the right to be notified the first time you receive assistance that you can be disqualified from receiving general assistance if you voluntarily quit your employment for 90 days from the time of the voluntary quit.

Please Initial to show you read this portion and understand your rights: _____

Please list your address and phone number: _____

MEMBERS OF THE HOUSEHOLD

(A person is considered a member of the household if they spend the night more than twice a week, adult children, unless mentally incapacitated must apply on their own)

<u>NAME</u>	<u>SS NUMBER</u>	<u>DOB</u>	<u>AGE</u>	<u>RELATIONSHIP TO THE PERSON(S) APPLYING</u>

If you are homeless where were you living when you last paid rent; room and board or for a hotel?

When was this? _____

Parents of those seeking assistance (List name, address, phone number and source of income):

Adult children living outside of the household (List name, address, phone number and source of income):

The city asks this information in order to determine whether or not your relative maybe in a position to help you financially beyond what they are currently assisting with. By asking source of income we may be able to have a better understanding of their ability or inability to assist financially. In addition, the city may ask that the relative fill out a financial affidavit form. In addition if you rent from a relative the city will ask for this financial affidavit to prove financial hardship would be caused if rent is not received as government entities do not normally pay rent to relatives.

A synopsis of NH RSA 165:19 is that relatives in the line of mother, father, step-parents, son, daughter, husband or wife shall assist or maintain a poor person when in need of relief. Said person is deemed able to assist if their income is sufficient to provide a reasonable substance compatible with decency and health. Should the relation refuse to render such aid when requested to do so by the overseer of the poor, selectmen or county commissioner, said person shall upon complaint of one of these officials be summoned to court. If after a hearing it is found that the alleged poor person is in need of assistance and 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 to be furnished. If the person refuses to comply with the decree he shall be in contempt and shall be imprisoned for not more than 90 days nor fewer than 60 days.

Marital Status: _____

Is this the person you are applying with? _____

If not, when was the last time you resided with your spouse? _____

Are you legally separated (have a signed court order)? _____

Have you served in the military? _____

If yes were you honorably discharged? _____

Have you applied for benefits? _____

[illegible]

Are you under sanction with DHHS (receiving less than your full TANF grant due to non-compliance)?

You will be required to apply to any assistance program that the city feels would be beneficial to apply to in order to meet long term needs. Should you refuse to apply or fail to follow through with the necessary requirements to keep said assistance you will be sanctioned until such time as you make yourself eligible.

[illegible]

Name, address and phone number of landlord:

Date rent was last paid: _____ Date rent is due: _____

What type of assistance are you requesting (rental, shelter, food, diapers, cremation, water disconnect, oil, electric, medication co-pay, personal/household needs (soap, shampoo, etc.)?)

Reason for the request (Were you laid off? Fired?):

What steps have you taken to find financial relief or to change said circumstance or to prevent it from happening in the future if possible?

NOTE: Your landlord needs to complete the verification section for rent. If the landlord has not worked with the City Welfare office in the past as a vendor they will need to complete a W-9 as rent is taxable income and the City reports it to the IRS. Landlords or agents may mail the verification section and W-9 to:

City of Berlin Welfare

168 Main St

Berlin, NH 03570

Or fax to: 603-752-5238

Completing the verification does not mean that the applicant(s) are going to receive rent assistance. It is done so that if they applicant(s) qualify for this type of assistance the paperwork needed will be on file. If a landlord or his/her agent refuses to complete the required paperwork including a W-9 the Welfare Office will allow the tenant to submit the application and will give them a Notice of Decision stating what they would have qualified for had the landlord complied.

A W-9 may be printed directly from the IRS website.

Rent need is calculated as follows: Cost of rent x 12 months / 52 weeks/ number of adults

The City pays vouchers twice a month on the week of the first Monday and week of the third Monday. All rent and other general assistance is issued by voucher and then is paid directly to the vendors on these weeks. A voucher will be issued to the recipient to provide to the vendor for the vendors records.

City of Berlin, NH General Assistance Rental Verification Form

Name of Tenant: _____

Address: _____

Date of Occupancy: _____ Security Deposit Amount: _____

Was Security Paid? _____

If not are you willing to take a payment plan? _____

Rent Includes? _____

(Such as heat, hot water, electric)

Number of Bedrooms? _____ Is HUD accepted? _____

Number of people living in the apartment? _____

Names of those residing in the apartment? _____

Have you filed for eviction in court? _____

Is there any government subsidy received for the rent on behalf of the tenant? _____

I will not charge late fees to the client while the City is assisting them with current rent _____

Initial

If this tenant qualifies for assistance I am willing to take welfare vouchers on their behalf for the current rent: _____

Initial

If the tenant is in the process of being evicted or about to be evicted for non-payment of rent, the landlord agrees to stop action for as long as the client remains eligible for assistance with the City to pay on the current rent and the tenant make every effort to make payments on back rent and/or to apply for any other programs they may be eligible for assistance through. This agreement only applies to non-payment of rent not any other issues that may arise between the landlord and tenant: _____

Initial

I would be willing to accept a payment arrangement on back rent in the amount of: _____ per month.

Who shall payment be issued to:

Name

Address

Phone Number

I verify that all the information I provided is accurate to the best of my knowledge. I understand that a W-9 must be provided in order for a check to be released if I have not received payment from the City before. I understand that the City releases checks only twice a month.

Signature

Date

The Work Program is a required activity that is scheduled by the Welfare office. In order to fulfill this requirement the following information is needed. Please understand that if you do not show up or show up late to scheduled hours you will be suspended from receiving additional assistance until compliance is met.

Please list any allergies or medical issues that we may need to know about if you were to become ill while working on the work program and not be able to communicate such things to emergency responders:

Are you a registered sex offender? _____ Are you a Felon? _____ if yes please explain the nature of the crime as it may impact where you can be placed for the work program:

Please list an emergency contact: _____

Please indicate the name of the applicant and co-applicant (if there is one; a spouse is automatically a co-applicant. If you are not married you may choose to either apply on the same application as co-applicants or each may fill out their own application, however, if you apply together on the same application and one individual does not comply with requirements both individuals will be suspended and will be unable to receive future assistance until such time as you come into compliance; this includes if you are not disabled when you first received assistance and become disabled in the future as you were made aware from the time you first applied and received assistance what the requirements were and had opportunity to correct the circumstance and come into compliance) Please print:

Applicant

Co-applicant

I/We understand that I should repay the City of Berlin for any assistance I am given when I am able to unless I have worked off the assistance on the work program. I hereby affirm that all the information stated herein is true to the best of my knowledge and belief and that all the information I have provided in response to questions asked by the City official is also true and complete to the best of my knowledge and belief. I understand that I may have to provide additional documents and/or other forms of verification to prove the information on this application. 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 criminal offense. I understand that acceptance of any assistance over the amount of \$500 total issued under false pretense is considered a felony action.

Signature

Date

Signature

Date

Authorization to furnish information and exchange information

I authorize and request any relative, physician, lawyer, banker, credit bureau, mortgage holder, employer, insurance company, trustee, guardian, power of attorney, or any other person or organization having information concerning my eligibility for General Assistance to furnish such information to the Welfare Official. I hereby acknowledge the right of the City of Berlin to conduct an investigation in an effort to substantiate the facts surrounding my eligibility, determine my actual needs, assets and income. I understand and give consent to this investigation which may take prior to, during and subsequent to my receipt of welfare assistance. I authorize City Welfare to release only what information is necessary to another assistance source as to provide added support to my application for assistance to that agency so that they may determine eligibility. I am limiting the welfare office to release information to only the listed organizations or individuals listed herein (this does not limit who the city can ask for verification of information concerning my eligibility)

_____. A photo-copy of this signed release may be used in place of an original.

I hereby authorize the City of Berlin Welfare Office to verify with my landlord whether I am in compliance, have kept my appointments and am receiving vouchers _____

Initial

I understand that the City of Berlin has the right to any payments I receive from court settlements, back Social Security, or donations given to me (i.e. Go fund me money, memorial donation, etc.) in the amount equal to that which they assisted me (minus any hours worked on the work program or other types of reimbursement). _____

Initial

I understand that City Council has determined that if I own property in the state of NH a lien will be filed and recorded in lieu of the work program to reimburse the city for the assistance as is allowed by law. _____

Initial

I understand that if the City official suspects child or elder abuse they are required under law to report said suspicion and supporting information to the authorities as they are required to report any criminal activity. _____

Initial

I understand that in order to assist it may be necessary for others in the city's employ to process information that has identifying information, such as to process payments for bills for which I am requesting assistance. This identifying information will be as limited as possible and struck out or hidden if not absolutely necessary to fulfill the need for which I am applying. I understand that in all other cases, those indicated above or below, all information is kept under strict confidentiality as required by law and that only what information is needed to perform a requested service, determine eligibility or help me qualify for another program will be exchanged.

Signature

Date

Signature

Date

Authorization for the Release of Information from NH DHHS

I/We, _____ the undersigned, understand that from time to time the local welfare administrator for the City of Berlin, NH may require certain information about assistance I am applying for or receiving from the NH 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 purpose 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 remove the sanction

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

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

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

I acknowledge that a fax or photocopy of this signed release may be used in place of an original.

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

Signature

Date

Signature

Date

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

Signature

Witness Signature

Date

FORM B

WELFARE DEPARTMENT

City of Berlin, N.H.

REQUEST FOR ADDITIONAL ASSISTANCE

Date of Request:_____ Date of Original Application:

Name:_____ Address:_____

MEMBERS OF HOUSEHOLD

Name S.S. # D.O.B. Age Relationship

Assistance Available: Food, rent, utilities, personal needs, medical (if necessary).

Assistance Presently Receiving: _____

Additional Assistance Requested: _____

Reason for Request:

Duration of Assistance:

I understand I should repay the City of Berlin for any assistance I am given when I am able to.

ANY CHANGE IN INCOME, RESOURCES, FINANCIAL OR LIVING ARRANGEMENTS MUST BE REPORTED TO THE WELFARE OFFICE AT ONCE. FAILURE TO DO SO MAY AFFECT ELIGIBILITY FOR CONTINUANCE OF ASSISTANCE.

Welfare Official's Signature

Applicant's Signature

Applicant's Signature

■ NOTICE —

- Any applicant or recipient, who is aggrieved by any decision relative to his/her claim for assistance, has the right to have their situation reviewed by the Fair Hearing Committee. Application Form will be provided upon request.

FORM C

WELFARE DEPARTMENT

CITY OF BERLIN, NH

REQUIREMENTS OF GENERAL ASSISTANCE APPLICANTS

In order to apply for Welfare from the City of Berlin, the following checked (/) information must be brought in at the time of your interview. Failure to bring in the required verification may delay processing of your new application.

Date of Interview _____ Time _____

_____ COMPLETED APPLICATION FOR ASSISTANCE form.

_____ PROOF OF INCOME FROM ANY SOURCE and current pay stubs for the FOUR weeks immediately prior to application.

_____ RESIDENCE! SHELTER EXPENSES (Current rent receipt and utility bills.)

_____ COMPLETED LANDLORD'S VERIFICATION OF RENT form.

_____ PROOF OF PERSONAL OR REAL PROPERTY— Car, truck, motorcycle, Trailer, and etc. (Registration)

_____ PROOF OF CASH RESOURCES (Savings book, checkbook, credit union Statement and etc.)

_____ DOCTOR'S STATEMENT if unable to work. (Extent of disability and duration.)

_____ OTHER

REQUIREMENTS OF GENERAL ASSISTANCE RECIPIENTS

_____ You must register for work with the local Employment Security Office WITHIN
7 DAYS.

_____ You must complete Job Work Search Verification Sheet WITHIN 7 DAYS in order to continue to be eligible for assistance.

_____ You must participate in the Welfare Work Program as scheduled.

_____ You must apply WITHIN 7 DAYS for:

_____ Food Stamps Fuel Assistance _____ Unemployment Compensation _____ TANF _____ Medicaid _____ APTD _____
SS SSI VA _____ Subsidized housing at the Housing Authority located on Cole St. _____ Electric Discount
Program _____ WIC

I UNDERSTAND THAT FAILURE TO COMPLY WITH APPROPRIATE REQUIREMENTS CHECKED ABOVE WILL
RESULT IN DENIAL OF CONTINUED ASSISTANCE.

Date

Signature of Applicant

**FORM D NOTICE OF DECISION
(THIS IS INDIVIDUALIZED TO EACH RECIPIENT)**



CITY OF BERLIN
168 MAIN STREET
BERLIN, NH 03570
(603)752-2120 fax: (603)752-5238
berlinnh.gov

Welfare Department

December 7, 2016

NOTICE OF DECISION

Applicant: TEST TEST
123 123 TEST
BERLIN, NH 03570

Co-Applicant:

Coverage Period: Monthly

YOUR APPLICATION FOR ASSISTANCE HAS BEEN APPROVED.

Reason(s) for Decision:

ELIGIBLE FOR GENERAL ASSISTANCE

Applicant approved for general assistance based on Municipality's General Assistance Guidelines.

Assistance Provided	Amount	Voucher #	Provider
RENT - M.H. LOT RENT	600.00	6409	CITY WELFARE

I/we understand that if I/we do not comply with the conditions set forth, my/our assistance may be suspended for seven (7) or fourteen (14) days AND until I/we am/are in compliance with said conditions.

I understand that if I am currently employed or become employed and have received local welfare assistance within the past 365 days and voluntarily quit my job or am terminated for due cause, I may be ineligible for assistance for ninety (90) days from the date of last employment (RSA 165:1-d).

I understand that if I do not participate in scheduled work program hours I must contact the Welfare office at 752-2120 before 9:00a.m. and if ill must provide a doctor's note stating I am to be excused and for how long. I understand that the Work Program is not volunterring, it is a state law and as such I must complete the hours as scheduled unless I have been excused for a urgent, unavoidable reason by the Welfare office (medical emergency, unexpected court, job interview).

Unless this is one time assistance I am to report in 7 days from today before 3:30p.m. with the items requested or as indicated in the requirements.

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

Applicant: Date

Co-Applicant: Date

Dir. of Health & Welfare Date

FORM E

AUTHORIZATION FOR THE RELEASE AND EXCHANGE OF INFORMATION

I/We, _____, the undersigned, understand that the local Welfare Administrator may require certain information about assistance I have received, am receiving or have applied for with _____

Name of Agencies

and to verify information provided by me/my family for determining eligibility for local welfare assistance. In order to better assist me it is necessary for these agencies to release and exchange information with the Welfare Office and for the Welfare Office to release and exchange information with them. This authorization shall expire 180 days from the date signed.

Signature

Date

Signature

Date

FORM F ELIGIBILITY WORKSHEET

Case#:	1498	Budget Work Sheet	Interview Date:	12/15/2016
Applicant:	TEST TEST	Monthly Budget	Normalized to Monthly	
Co-Applicant:				
Earned Income				
Name	Employer	Amount	Period	Available
TEST TEST	no name	50.00	Weekly	216.67
Total Earned Income				216.67
Other Income				
Name	Income Type	Amount	Period	Available
TEST TEST	SSI	720.00	Monthly	720.00
Total Other Income				720.00
Assets				
Name	Asset Type	Amount		Available
Total Assets		0.00		
Non-Cash Assistance				
Name	Assist Type	Amount	Period	Available
TEST TEST	FOOD STAMP (SNAP)	76.00	Monthly	76.00
Total Non-Cash Assistance		76.00		76.00
Allowable Expenses				
Description	Actual / Period	Monthly Allowable		
Clothing	25.00 Monthly	25.00		
Electric Utility Payment	90.00 Monthly	90.00		
Food (Edible Items Only)	200.00 Monthly	200.00		
Medical/Doctor/Hospital	50.00 Monthly	50.00		
Personal/Household Non-Food Items	28.00 Monthly	28.00		
RENT - Mobile Home Park Lot Rent	600.00 Monthly	600.00		
* Denotes Assistance Requested				
Total Expenses	991.00	991.00		
Summary				
Available Funds	936.67	936.67		
+ Non-Cash	76.00	76.00		
- Total Expenses	991.00	991.00		
Difference	21.67	21.67		


FORM G (example)

WORK PROGRAM SCHEDULE
(DATE/TIME, LOCATION, REPORT TO, TASK WILL BE INDIVIDUAL TO EACH RECIPIENT)

Report Preview

File View Zoom

Page: Across: Down: Zoom: Copies: Print pages: 1-1



CITY OF BERLIN
168 MAIN STREET
BERLIN, NH 03570
(603)752-2120 fax: (603)752-5238
berlinnh.gov

Welfare Department

WORK SCHEDULE

TEST TEST

Date	Start/End	Location/Task	Report To	Supervisor	Sup. Initials
12/08/2016	9:00AM 2:00PM	City Hall Assignment	Helen or Angela		<input type="text"/>
				Hours Worked: _____	
12/09/2016	9:00AM 2:00PM	City Hall Assignment	Helen or Angela		<input type="text"/>
				Hours Worked: _____	
12/12/2016	9:00AM 2:00PM	City Hall Assignment	Helen or Angela		<input type="text"/>
				Hours Worked: _____	

FORM H

**WELFARE DEPARTMENT
CITY OF BERLIN, NH
WELFARE WORK PROGRAM RULES**

Workers are expected to report to work on time and be dressed appropriately for the job.

Workers are expected to perform the tasks assigned to them by the Supervisor and do a good job.

Workers must report to work sober and physically able to perform the tasks assigned by the Supervisor.

Workers are expected to complete the hours as per their work schedule and report to the Supervisor before leaving. For Departments who use time cards workers must punch in at the start and punch out at the end of the work period.

Workers should not leave the job site without authorization from the Supervisor.

If workers take only a 20 minute lunch break, no work time will be added.

If for a valid reason, workers are unable to report to work as scheduled, they must call the Welfare Office at 752-2120 between the hours of 8:30 a.m. to 12:00 noon.

Workers must provide documentation of their attendance to a conflicting interview or appointment in order to be rescheduled by the Welfare Secretary.

Absences for medical reasons must be documented by a doctor and a note from the doctor must be brought in to the Welfare Office to be excused. The recipient will owe whatever hours were not worked and will be rescheduled upon being deemed able to return to work by the physician.

FAILURE TO ABIDE BY THE ABOVE RULES WILL MEAN SUSPENSION OF ASSISTANCE FOR SEVEN DAYS AND FOURTEEN DAYS THEREAFTER IF REPEATED WITHIN SIX MONTHS. WORKERS MUST ALSO MAKE UP THE HOURS NOT WORKED BEFORE THE END OF THE SUSPENSION PERIOD IN ORDER TO BE IN COMPLIANCE TO RECEIVE CONTINUED ASSISTANCE.

I acknowledge that I have received a copy of the City of Berlin Welfare Work Program Rules.

Date

Signature

FORM I**Job Search**

Note:

1. An application must be submitted for a recipient to count as part of their job search.
2. Employers will be called at random to verify that an actual completed application was submitted on the listed date.

Business Name	Phone #	Signature of Interviewer	Date Application submitted (an application must have been submitted for you to sign this form)	Is there a job available?
1.				
2.				
3.				
4.				

Recipient's Signature

Date submitted to Welfare Dept.

FORM J

WELFARE DEPARTMENT

City of Berlin, NH

**WEEKLY REPORTING OF FINANCIAL RESOURCES & LIVING ARRANGEMENT FOR THE WEEK
OF _____**

Any income in cash or in-kind earned this week by you or any other member of the household? ☐ Yes ☐ No

Any income received this week by you or any other member of the household from other programs such as Unemployment Compensation, Workers Compensation, State Welfare benefits, Social Security and SSI benefits, Veterans benefits, Child Support payments ☐ Yes ☐ No

Any income received this week by you or any other member of the household derived illegally or from gambling? ☐ Yes ☐ No

Any income received this week by you or any other member of the household as a gift or loan? ☐ Yes ☐ No

Any income received this week by you or any other member of the household from a tax refund or rebate? ☐ Yes ☐ No

Is there a change in your living arrangement? Has anyone moved in with you that is not listed on your Application for Assistance? ☐ Yes ☐ No

I hereby affirm that all responses to questions are true 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 a criminal offense.

Date

Recipient's Signature

FORM K NOTICE OF LIEN

TO: Register of Deeds for the County of Coos

RE: Lien on real property pursuant to RSA 165:28 (Supp.) for aid given by the City of Berlin, Coos County, New Hampshire.

RECIPIENT: _____ of _____ Berlin, County of Coos, New Hampshire.

DESCRIPTION OF PROPERTY: Land and buildings located at No-_____ Street, Berlin, New Hampshire being Assessor's Lot (s) number _____ map number recorded at the Coos County Registry of Deeds in Volume _____ Page _____

Be it known that the City of Berlin has expended funds for and in behalf of the above captioned recipient for which funds the City of Berlin is entitled to a lien pursuant to RSA 165:28 (Supp.).

Date

Administrator of Welfare

CC: Tax Collector, City Assessor

FORM L

DISCHARGE OF LIEN

TO: Register of Deeds for the County of Coos

RE: Lien on real property pursuant to RSA 165:28 (Supp.) For aid given by the City of Berlin, Coos County. New Hampshire

RECIPIENT: _____ of _____ Street, Berlin, County of Coos, New Hampshire.

DESCRIPTION OF PROPERTY: Land and buildings located at No. _____ Street, Berlin, New Hampshire being Assessor's Lot(s) number — _____ map number _____

Be it known that the City of Berlin does hereby release and discharge the lien taken under RSA 165 28 and recorded at book__page dated____ on the above captioned recipient and description of property.

Date

Administrator of Welfare

CC: Tax Collector, City Assessor

Form M

WELFARE DEPARTMENT

City of Berlin, N.H.

FAIR HEARING NOTICE

(Date)

NAME: _____ ADDRESS: _____

Your request for a Fair Hearing to review a decision of this Department concerning your claim for assistance has been received.

Your Hearing has been scheduled as follows:

TIME: _____

DATE: _____

PLACE: _____

1. If you are unavailable for the time set for the hearing because of a valid reason that can be verified, please advise this office immediately.
2. The hearing shall be:
 - a. Before an impartial, higher authority, not involved in the initial decision regarding your application.
 - b. You have the right to:
 - 1) Confront and cross-examine witnesses against you.
 - 2) Present witnesses in your own behalf.
 - 3) Be represented by counsel or other spokesman. If you are eligible, Legal Assistance can offer you free representation.
3. The decision at the hearing will be based on the evidence presented at the hearing.
4. You will be advised of the decision and the reasons for it by the Fair Hearing Committee in writing.

Welfare Official

FORM N

WELFARE DEPARTMENT

City of Berlin, N.H.

NOTICE OF FAIR HEARING DECISION

In a Fair Hearing conducted on _____ requested by _____ to
review the decision made

on _____ the following was determined:

1. Issue:

2. Relevant Facts Brought Out at Hearing:

3. Decision by Fair Hearing Board:

4. Reasons for Decision:

5. Statute or Central Assistance Policy Supporting Decision:

You have the right to appeal this decision to Superior Court.

Fair Hearing Officer

Fair Hearing Officer

Fair Hearing Officer

FORM O

APARTMENT SEARCH

DATE	PROSPECTIVE LANDLORD	TEL. NUMBER	APARTMENT AVAILABLE		DATE AVAILABLE	LANDLORD'S SIGNATURE
			YES	NO		
	BROOKSIDE PARK					

DATE

SIGNATURE

FORM P

REFUSAL OF APPLICATION FORM

I, _____, do not wish to apply for assistance at City Welfare at this time.

Signature

Date

FORM Q SUSPENSION



CITY OF BERLIN

168 MAIN STREET
BERLIN, NH 03570

(603)752-2120

fax: (603)752-5238

berlinnh.gov

Welfare Department

December 7, 2016

NOTICE OF DECISION

Applicant: TEST TEST
123 123 TEST
BERLIN, NH 03570

Co-Applicant:

Coverage Period: Monthly

YOUR ASSISTANCE HAS BEEN SUSPENDED

Reason(s) for Decision:

14 DAY SUSPENSION ISSUED

Assistance has been suspended for 14 days AND until compliance with all requirements, in accordance with the Municipality's General Assistance Guidelines.

7 DAY SUSPENSION ISSUED

Assistance is suspended for 7 days AND until compliance with all requirements, in accordance with the Municipality's General Assistance Guidelines.

UNTIL COMPLIANCE

Your assistance has been suspended until you have complied with the following:

I/we understand that if I/we do not comply with the conditions set forth, my/our assistance may be suspended for seven (7) or fourteen (14) days AND until I/we am/are in compliance with said conditions.

I understand that if I am currently employed or become employed and have received local welfare assistance within the past 365 days and voluntarily quit my job or am terminated for due cause, I may be ineligible for assistance for ninety (90) days from the date of last employment (RSA 165:1-d).

I understand that if I do not participate in scheduled work program hours I must contact the Welfare office at 752-2120 before 9:00a.m. and if ill must provide a doctor's note stating I am to be excused and for how long. I understand that the Work Program is not volunterring, it is a state law and as such I must complete the hours as scheduled unless I have been excused for a urgent, unavoidable reason by the Welfare office (medical emergency, unexpected court, job interview).

Unless this is one time assistance I am to report in 7 days from today before 3:30p.m. with the items requested or as indicated in the requirements.

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

Applicant:

Date

Co-Applicant:

Date

Form R

As a household size of :

Amount you can receive each week:

1	\$6.50
2	\$8.00
3	\$9.50
4	\$11.00
5	\$12.50
6	\$14.00

Households with more than 6 persons \$1.50 a week more per

Please check the items that you would wish to receive for this week totaling to the amount you are eligible for a week. Prices are listed next to the items.

If you have a child in diapers and you need the diapers please indicate the size your child wears _____.

The welfare office will keep a running total of what is owed for the week for these items.

_____ Soap \$.34 a bar	_____ Plastic wrap \$1.00	_____ Denture Cream \$1.00
_____ Tin foil \$1.00	_____ Dish Cloths \$1.00	_____ Denture Cleaner \$1.00
_____ Toilet paper \$.54 a roll	_____ Trash bags \$1.00	_____ Bleach \$1.00
_____ Razor \$.13	_____ Shave Cream \$1.00	_____ Pot holder \$1.00
_____ Dish Soap \$1.00	_____ Laundry Detergent \$1.00	_____ Dish Drying Mat \$1.00
_____ Tampons \$1.53 for 17	_____ Dryer sheets \$1.00	_____ Laundry Basket \$1.00
_____ Maxi pads \$1.00 for 10	_____ Deodorant \$1.00	
_____ All-purpose Cleaner refill \$1.00	_____ Comb \$.02	
_____ Mop \$1.00	_____ Hair brush \$.43	
_____ Broom \$1.00	_____ Toothbrush \$1.00	
_____ Steel wool pads \$1.00	_____ Dustpan \$1.00	
_____ Quart bags \$1.00	_____ Scrub Brush (bathroom) \$1.00	
_____ Tissues \$1.00	_____ Sandwich Bags \$1.00	
_____ Bucket \$1.00	_____ Dish Wiping Cloths \$1.00	
_____ Floor Cleaner liquid \$1.00	_____ Shampoo w/ conditioner	
_____ Shower curtain \$1.00	_____ Toilet brush \$1.00	
_____ Toilet bowl cleaning liquid \$1.00	_____ All-purpose cleaner (1x) \$1.00	
_____ Toothpaste \$1.00	_____ Baby Wipes \$1.00	
_____ Dental Floss \$1.00	_____ Band Aides \$1.00	

Items are to be used as intended and as directed on the product. The City is not responsible for illness, injury or damage done by misuse of a product. Your household is accepting and using items of your own free will and accept responsibility as such. If you sell, or barter for other items, any of these items it would be considered welfare fraud under rules and regulations of the state of New Hampshire.

Signature

APPENDIX B
LOCAL RESOURCES AND SOCIAL SERVICE AGENCIES

(See Welfare Office for the section on Local Resources and Social Service Agencies)