


FORM D NOTICE OF DECISION (Example)
(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 #
RENT - M.H. LOT RENT	600.00	6409
Provider		
CITY WELFARE		
<p>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.</p> <p>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).</p> <p>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).</p> <p>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.</p> <p>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.</p>		
<hr/> Applicant: _____		<hr/> Co-Applicant: _____
Date		Date
<hr/> Dir. of Health & Welfare _____		
Date		