

FORM Q SUSPENSION (example)



CITY OF BERLIN

168 MAIN STREET

BERLIN, NH 03570

(603)752-2120

berlinnh.gov

fax: (603)752-5238

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