

# TOWN OF WOLFEBORO GENERAL ASSISTANCE GUIDELINES

## Mission Statement

The Town of Wolfeboro Welfare Department's mission is to meet our legal obligations, free of bias, in the most professional, thoughtful and cost effective manner possible. We strive to promote and educate people toward self-sufficiency and financial independence.

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WELFARE GUIDELINES  
TOWN OF WOLFEBORO

APPROVED AND ENACTED ON September 21, 2016

Wolfeboro Board of Selectmen

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Brad Harriman, Chairman

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Luke Freudenberg, Vice- Chairman

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Linda T. Murray, Member

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Q. David Bowers, Member

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David A. Senecal, Member

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## I. DEFINITIONS

As used in these guidelines, the following terms have the indicated meanings:

**AGENCY:** Any health, social service or other entity that provides services to a client. Any such entity to which the welfare official may refer a client for additional resources and/or assistance.

**APPLICANT:** A person who expresses a desire to receive General Assistance or to have his/her eligibility reviewed and whose application has not been withdrawn. This may be expressed either in person, through a person having knowledge of his/her circumstances or by an authorized representative of the applicant.

**APPLICATION (RE-APPLICATION):** Written action by which a person or their authorized representative requests assistance from the Welfare Official; or the action by which a person's representative indicates to the Welfare Official that applicant is found actually without sufficient assets or resources and for the time being unable to support himself/herself or to supply immediate needs. This application must be made on a form provided by the Welfare Official. The completion of a written application form generates the applicant's right to a Notice of Decision under Sections VI (D) and/or XII of these Guidelines.

**ASSETS:** All cash, real estate property, personal property, and future assets owned by the applicant.

**AVAILABLE LIQUID ASSETS:** Amount of liquid assets after exclusions enumerated in Section IX (D). Includes cash on hand, checking accounts, bank deposits, credit union accounts, stocks, bonds, and securities. IRA (Individual Retirement Account), 401k accounts, insurance policies with a loan value, and non-essential personal property shall be considered as available liquid assets which can be converted into cash.

**CASE RECORD:** Official files containing forms, correspondence and narrative records pertaining to the application. Will include determination of eligibility, reasons for decisions, action by the Welfare Official and types of assistance given.

**CLAIMANT:** A recipient or applicant who has requested a fair hearing, either in person or through an authorized representative.

**CLIENT:** An individual who receives services from the Welfare Department. May be a single person or encompass a family.

**ELIGIBILITY:** Determination by the Welfare Official, in accordance with these guidelines, of an applicant's inability to support him/herself, and therefore, the need for General Assistance.

**FAIR HEARING:** A hearing held in accordance with the standards in Section XIII which the applicant may request to contest a denial, termination, or reduction of assistance.

**GENERAL ASSISTANCE:** Financial assistance provided to applicants in accordance with RSA 165 and these guidelines.

**HOUSEHOLD:** A household is defined as:



- The applicant/recipient and persons residing with the applicant/recipient in the relationship of father, mother, stepfather, stepmother, son, daughter, husband, wife, or domestic partner; and/or
- The applicant/recipient and any adult (including an unrelated person) who resides with the applicant/recipient “in loco parentis” (in the role of a substitute parent) to a minor child (a person under 18 years of age). A person “in loco parentis” is one who intentionally accepts the rights and duties of a natural parent with respect to a child not their own and who has lived with the child long enough to form a “psychological family.”

**LIABLE FOR SUPPORT:** The relation of any poor person in the line of father, mother, stepfather, stepmother, son, daughter, husband or wife shall assist or maintain such person when in need of relief. Said relation shall be deemed able to assist such person if his weekly income is more than sufficient to provide a reasonable subsistence compatible with decency and health. The Town may take action in accordance with RSA 165:19 if such relation refuses to render aid when requested to do so by the Town.

**MINOR:** A person under 18 years of age.

**NEED:** The basic maintenance and support requirements of a person as determined by the Welfare Official under the standards of Section IX (E) of these guidelines.

**REAL ESTATE:** Land, structures and fixtures attached to it.

**RECIPIENT:** A person who is receiving General Assistance.

**“RELIEVE AND MAINTAIN”:** The sustaining of basic needs necessary to the health and welfare of the household.

**RESIDENCE:** Residence or residency shall mean a person's place of abode or domicile. The place of abode or domicile is that place designated by a person as his/her 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 temporary absence from it if there is intent to return to such residency as the principal place of physical presence. RSA 165:1 (i); 21:6-a. If another municipality moves a client into the Town of Wolfeboro they should pay for the first 30 days of assistance according to the New Hampshire Local Welfare Administrators Association ethics policy.

**RESIDENTIAL UNIT:** All persons physically residing with the applicant, including persons in the applicant’s household and those not within the household.

**SHELTER:** A temporary housing provider through which the Welfare Official, on behalf of an individual or family, may seek emergency housing until permanent housing can be found.

**UTILITY:** Any service such as electric, gas, oil, water or sewer necessary to maintain the health and welfare of the household.

**VENDOR/PROVIDER:** Any landlord, utility company, store or other business which provides goods or services needed by the applicant/recipient.

**VOUCHER SYSTEM:** The system whereby the Welfare Official issues vouchers directly to the recipient's vendors and creditors rather than cash to the recipient (RSA 165:1 (III)). See Section VIII for additional information.

**WELFARE OFFICIAL:** The Town of Wolfeboro Welfare Director, who performs the function of administering General Assistance and has the authority to make all decisions regarding the granting of assistance under RSA 165, subject to the oversight of the Town Manager and the Board of Selectmen.

**WORKFARE:** Labor performed by welfare recipients at municipal sites or human service agencies as reimbursement for benefits received. RSA 165:31.

## II. SEVERABILITY

If any provision of these Guidelines is held at law to be invalid or inapplicable to any person or circumstances, the remaining provisions will continue in full force and effect.

## III. CONFIDENTIALITY OF INFORMATION

Information given by or about an applicant or recipient of local General Assistance is confidential and privileged, and is not a public record under the provisions of RSA 91-A. Such information will not be released or discussed with any individual or agency without written permission of the applicant or recipient except when disclosure is required by law, or when necessary to carry out the purposes directly connected with the administration of General Assistance per RSA 165:2.

## IV. ROLES: BOARD OF SELECTMEN, TOWN MANAGER AND WELFARE OFFICIAL

The responsibility for the day-to-day administration of Wolfeboro's General Assistance Program is vested in the appointed Welfare Official of the Town of Wolfeboro, under the direction of the Town Manager. The Town Manager shall appoint, supervise, and evaluate the Welfare Official. The Welfare Official shall administer the General Assistance Program in accordance with these written Welfare Guidelines of the Town of Wolfeboro. The Wolfeboro Board of Selectmen is responsible for the adoption of the Welfare Guidelines and approving the budgetary requests necessary to provide General Assistance to the poor of Wolfeboro.

## V. MAINTENANCE OF RECORDS

### A. LEGAL REQUIREMENTS

The Welfare Official is required by law to keep complete records concerning the number of persons given assistance and the cost for such support. Separate case records shall be established for each individual or family applying for General Assistance.

The purposes for keeping such records are:

1. To provide a valid basis of accounting for expenditure of Towns funds.
2. To support decisions concerning the applicant's eligibility.
3. To assure availability of information if the applicant or recipient seeks administrative or judicial review of the Welfare Official's decision.

4. To provide accurate statistical information.
5. To provide a complete history of an applicant's needs for assistance that might aid the Welfare Official in referring the applicant to appropriate agencies for additional services.

**B. CASE RECORDS**

The Welfare Official shall maintain case records containing, at a minimum, the following information:

1. The complete application for assistance, including a signed authorization by the applicant allowing the Welfare Official to release, obtain or verify any pertinent information in the course of assisting the recipient, to include a signed Authorization to Release Information from the New Hampshire Division of Health and Human Services. See Appendix E, Form B.
2. Written grounds for approval or denial of an application contained in a Notice of Decision (See Notice of Decision Form).
3. A narrative history recording the need for assistance, the results of investigations of applicant's circumstances, referrals, changes in status, grounds for release of information and any other pertinent information.
4. A tally sheet that has complete data concerning the type, amounts and date of assistance given.
5. A completed General Assistance Work Program time sheet (if applicable).
6. Fair Hearing request and resolution information (if applicable)
7. Lien information (if applicable)

**VI. APPLICATION PROCESS**

**A. RIGHT TO APPLY**

1. Anyone may apply for General Assistance by appearing in person or through an authorized representative and by completing a written application form. If more than one adult resides in a household, each shall be required to appear at the Welfare office to apply for assistance, unless one is working or otherwise reasonably unavailable. Each adult in the household will sign the release of information form.
2. The Welfare Official shall not be required to accept an application for General Assistance from a person who is subject to a suspension pursuant to RSA 165: 1b; provided that any person who contests a determination of continuing noncompliance with the guidelines may request a fair hearing; and provided further that a recipient who has been suspended for at least six (6) months due to noncompliance may file a new application.

**B. WELFARE OFFICIAL'S RESPONSIBILITIES AT TIME OF APPLICATION**

When application is made for General Assistance, the Welfare Official shall inform the applicant of:

1. The requirement of submitting a written application. The Welfare Official shall assist the applicant in completing the application if necessary (e.g., applicant is physically or mentally unable).
2. Eligibility requirements, including a general description of the guidelines amounts and the eligibility formula.
3. The applicant's right to a fair hearing, and the manner in which a review may be obtained.
4. The applicant's responsibility for reporting all facts necessary to determine eligibility, and presenting records and documents as requested and as reasonably available to support statements.
5. The joint responsibility of the Welfare Official and applicant for exploring facts concerning eligibility, needs and resources.
6. The types of verification needed;
7. The fact that an investigation will be conducted in order to verify facts and statements presented by the applicant;
8. The applicant's responsibility to notify the Welfare Official of any changes in circumstances which may affect eligibility.
9. Other forms of assistance for which the applicant may be eligible.
10. The Welfare Official may make home visits to verify information at his/her discretion and in the least intrusive manner by appointment.
11. The statutory requirement of placing a lien on any real property owned by the recipient, or any settlements, for any assistance given, except for good cause. The applicant will be requested to sign a lien document to demonstrate the applicant's knowledge and understanding of the lien. Such document will be recorded at the Carroll County Registry of Deeds per RSA 165:28. However, neither the absence of signature of the applicant nor the failure to record such lien document shall diminish the validity of the lien. The Town may also place liens on civil judgments per RSA 165:28a.
12. The fact that reimbursement from the applicant will be sought if he/she becomes able to repay the amount of assistance given.
13. The applicant's right to review the guidelines, and his/her responsibilities as set forth in the guidelines.
14. The applicant may be required to participate in the Town of Wolfeboro's Workfare program.

#### C. RESPONSIBILITIES OF EACH APPLICANT AND RECIPIENT

At the time of initial application and at all times thereafter, the applicant/recipient has the following responsibilities:

1. To provide accurate, complete and current information concerning needs and resources and the whereabouts and circumstances of relatives who may be responsible under RSA 165:19.
2. To notify the Welfare Office within 72 hours when there is a change in needs, resources, address, or household size.
3. To apply for immediately, but no later than seven days from initial application, and accept any benefits or resources, public or private, that will reduce or eliminate the need for general assistance. [RSA 165:1-b, I(d)]
4. To keep all appointments as scheduled.
5. To provide records and other pertinent information and access to said records and information when requested.
6. To provide a doctor's statement if claiming an inability to work due to medical/psychological problems prior to, during and following eligibility determination. (Form I)
7. Following a determination of eligibility for assistance, to diligently search for employment and provide verification of work search, contacting at least five places of employment per week (see Employment Search Form). To accept employment when offered and to maintain such employment. If any individual voluntarily quits his/her job, under RSA 165:1d, he/she would not be eligible for General Assistance benefits.
8. Following a determination of eligibility for assistance, to participate in the General Assistance Workfare Program if physically and mentally able per RSA 165:31.
9. To reimburse the Town for any assistance granted if returned to an income status in which such reimbursements can be made without financial hardship, as per RSA 165:20-b.

An applicant shall be denied assistance if he/she fails to fulfill any of these responsibilities without reasonable justification. A recipient's assistance may be terminated or suspended for failure to fulfill any of these responsibilities without reasonable justification.

Any person may be denied or terminated from General Assistance, in accordance with the Town of Wolfeboro General Assistance Guidelines. A person may be prosecuted for a criminal offense, if he/she, by means of intentional false statements or intentional misrepresentation, or by impersonation or other willfully fraudulent act or device, obtains or attempts to obtain any assistance to which he/she is not entitled.

#### D. ACTIONS ON APPLICATIONS

1. **Decision:** Unless an application is withdrawn, the Welfare Official shall make a decision concerning the applicant's eligibility immediately in the case of an emergency, or within five working days **after completion and submission** of the written application. A written Notice of Decision shall be given in hand, delivered or mailed on the same day or next working day following the making of the decision. The Notice of Decision shall state that assistance of a specific kind and amount has been given and the time period of aid, or that the application has been denied, in whole or in part, with reasons for denial. A decision may also be made to suspend an application subject to receipt of specified information from



the applicant. The Notice of Decision shall contain a first notice of conditions for continued assistance and shall notify the applicant of his/her right to a fair hearing if dissatisfied with the Welfare Official's decision.

2. **Emergency Assistance:** If, at the time of initial contact, the applicant demonstrates and verifies that an immediate need exists, because of which the applicant may suffer a loss of a basic necessity of living or imminent threat to life or health (such as loss of shelter, utilities, heat, hot water, or lack of food or prescriptions) then temporary aid to fill such immediate need shall be given ~~as soon as practicable~~ no later than 72 hours from the time of the request\* pending a decision on the application. Such emergency assistance shall not obligate the Welfare Official to provide further assistance after the application process is completed. Recipients who are aware of the Town's General Assistance Policy and Procedures and are determined to have waited until the last minute to apply for assistance are not covered under emergency assistance.

[\*Note: Given that the Town processes accounts payable on Wednesdays and issues checks on Fridays, payments for such emergency assistance will be made the Friday after the Wednesday on which the voucher for emergency assistance is submitted and approved.]

3. **Temporary Assistance:** In circumstances where required records are not available, the Welfare Official may give temporary approval to an applicant pending receipt of required documents. Temporary status shall not extend beyond two weeks.

4. **Withdrawn Applications:** An application shall be considered withdrawn if:

- a. The applicant has refused to complete an application or has refused to make a good-faith effort to provide required verifications and sufficient information for the completion of an application. If an application is deemed withdrawn for these reasons, the Welfare Official shall so notify the applicant in a written Notice of Decision.
- b. The applicant dies before assistance is rendered, or moves to another municipality.
- c. The applicant avails him/herself of other resources to meet the need in place of assistance.
- d. The applicant requests that the application be withdrawn (~~preferably~~ in writing).
- e. The applicant does not contact and follow-up with the Welfare Official after the initial interview after being requested to do so.

#### E. HOME VISITS

A home visit may be made to each applicant only when it is determined to be necessary to help the applicant, as a reasonable accommodation to disabled applicants, or whenever there is a reasonable basis for such home visits.

The home visit shall be conducted in such a manner as to preserve, to the greatest extent possible, the privacy and dignity of the applicant. To this end, the person conducting the visit shall not be in uniform or travel in a law enforcement vehicle, shall be polite and courteous, and shall not knowingly discuss or mention the application within the listening area of someone who is not a member of the household.

All home visits shall be pre-approved and by appointment only, and shall take place between the hours of 8 AM and 12:00 Noon on weekdays, unless the applicant is unavailable and requests otherwise.

During the home visit, the Welfare Official may discuss any noticeable applicable housing code violations with the applicant and may report all violations to proper authorities. The Welfare Official will follow up on all reported violations and may insure that any reprisal actions taken by the landlord are also reported to the proper authorities.

A home visit may, with the consent of the applicant/recipient, be used as an alternative form of verification when other forms are unavailable.

## **VII. VERIFICATION OF INFORMATION**

Any determination or investigation of need or eligibility shall be conducted in a manner that will not violate privacy or personal dignity of the individual or violate his or her individual rights.

### **A. REQUIRED VERIFICATION**

Verification will normally be required of the following:

1. Applicant's address.
2. Facts relevant to the applicant's residence.
3. Names of persons in applicant's household.
4. Positive identification and social security information about dependents.
5. Applicant's and household's income and assets.
6. Copy of applicant's latest income tax return as filed with the IRS
7. Applicant's and household's financial obligations.
8. The physical and mental condition of household members, only where relevant to their receipt of assistance, such as ability to work, determination of needs, or referrals to other forms of assistance.
9. Any special circumstances claimed by applicant.
10. Applicant's employment status and availability in the labor market.
11. Utility costs.
12. Housing costs.
13. Prescription costs
14. Any other costs that the applicant wishes to claim as a necessity.

### **B. VERIFICATION RECORDS**

Verification may be made through records provided by the applicant (for example, birth and marriage certificates, pay stubs, pay checks, rent receipts, bankbooks, etc.) as primary sources. The failure of the applicant to bring such records does not affect the Welfare Official's responsibility to process the application promptly. The Welfare Official shall inform the applicant what records are necessary, and the applicant is required to produce records as soon as possible.

### **C. OTHER SOURCES OF VERIFICATION**

Verification may also be made through other sources, such as relatives, employers, former employers, banks, school personnel, and social or government agencies. The cashier of a national bank or a treasurer of a savings and trust company is authorized by law to furnish information regarding amounts deposited to the credit of an applicant or recipient (RSA 165:4).

### **D. WRITTEN CONSENT OF APPLICANT**

When information is sought from other such sources, the Welfare Official shall explain to the applicant or recipient what information is desired, how it will be used, and the necessity of obtaining it in order to establish eligibility. Before contact is made with any other source, the Welfare Official shall obtain written consent of the applicant or recipient, unless the Welfare Official has reasonable grounds to suspect fraud. In the case of suspected fraud, the Welfare Official shall carefully record his/her reasons and actions, and before any accusation or confrontation is made, the applicant shall be given an opportunity to explain or clarify the suspicious circumstances.

**E. LEGALLY LIABLE RELATIVES**

The Welfare Official may seek notarized statements from the applicant's legally liable relatives regarding their ability to help support the applicant.

**F. REFUSAL TO VERIFY INFORMATION**

Should the applicant or recipient refuse comment and/or indicate an unwillingness to have the Welfare Official seek further information that is necessary, assistance may be denied for lack of eligibility verification.

**VIII. DISBURSEMENTS**

The Town of Wolfeboro pays vouchers directly to vendors or creditors up to the dollar amount designated in the voucher, or for the actual amount listed on an itemized bill or for the actual amount listed on an itemized bill or register tape if less than voucher amount. The Town will not pay any amount in excess of the amount listed on the voucher. Tobacco products, alcoholic beverages and pet food cannot be purchased with the food or maintenance vouchers. It is the responsibility of the applicant to safeguard from theft loss or misuse any voucher he/she receives. No duplicate voucher will be issued if the original is lost, stolen, misplaced, or misused.

**IX. DETERMINATION OF ELIGIBILITY AND AMOUNT**

**A. ELIGIBILITY FORMULA**

A person is eligible to receive assistance when:

1. He/she meets the non-financial eligibility factors in Section C below, and/or
2. When the applicant's basic maintenance need, as determined under Section E below, exceeds his/her available income (Section F below) plus available liquid assets (Section D below) . If available income and available liquid assets exceed the basic maintenance need (as determined by the guideline amounts), the person is not eligible for general assistance. If the need exceeds the available income/assets, the amount of assistance shall be the difference between the two amounts, in the absence of circumstances deemed by the Welfare Official to justify an exception.

**B. LEGAL STANDARDS AND INTERPRETATION**

"Whenever a person in any town is poor and unable to support himself/herself, he/she shall be relieved and maintained by the Overseers of Public General Assistance of such town, whether or not he/she has residence there" (RSA 165: 1).

1. A person cannot be denied assistance solely because he/she is not a resident. See Section X.



2. "Whenever" means at any or whatever time that person is poor and unable to support him/herself.
  - a. The Welfare Official shall be available during normal working hours as posted.
  - b. The eligibility of an applicant for General Assistance shall be determined no later than five (5) working days after the application is completed and submitted. If the applicant has an emergency need, then assistance for such emergency need shall be immediately provided.
  - c. Assistance shall begin as soon as the person is determined eligible.
  - d. During non-working hours as posted, applicant is to call the Wolfeboro Police Department. The Police Department will notify the Welfare Director.
3. "Poor and unable to support" means that an individual lacks income and available liquid assets to adequately provide for the basic maintenance needs of him/herself or family as determined by the guidelines.
4. "Relieved" means a person shall be assisted, as Welfare Official shall determine, to meet those basic needs.

#### C. NON-FINANCIAL ELIGIBILITY FACTORS

1. **Age.**

General assistance cannot be denied any applicant because of the applicant's age; age is not a factor in determining whether or not an applicant may receive general assistance. Minor children are assumed to be the responsibility of their parent(s) or legal guardian(s), unless circumstances warrant otherwise.

2. **Support Actions.**

No applicant or recipient shall be compelled, as a condition of eligibility or continued receipt of assistance, to take any legal action against any other person. The Town may pursue recovery against legally liable persons or governmental units. See Section XVI.

3. **Eligibility for Other Categorical Assistance.**

Recipients who are, or may be, eligible for any other form of public assistance must apply for such assistance immediately, but no later than seven days after being advised to do so by the Welfare Official. Failure to do so may render the recipient ineligible for assistance and subject to action pursuant to Section XIII of these guidelines.

4. **Employment.**

An applicant who is gainfully employed, but whose income and assets are not sufficient to meet necessary household expenses, may be eligible to receive general assistance. However, recipients who without good cause refuse a job offer or referral to suitable employment, participation in the workfare program, or who voluntarily leave a job without good cause may be ineligible for continuing general assistance in accordance with the procedures for suspension outlined in the guidelines. The Welfare Official shall first determine whether there is good cause for such refusal, taking into account the ability and physical and mental capacity of the applicant, transportation problems, working conditions that might involve risks to health or safety, lack of adequate child care, or any other factors that might make

refusing a job reasonable. These employment requirements shall extend to all adult members of the household.

5. **Registration with the New Hampshire Department of Employment Security (NHES) and Work Search Requirements.**

All unemployed recipients and adult members of their households shall, within seven days after having been granted assistance, register with NHES to find work and must conduct a reasonable, verified job search as determined by the welfare official. Each recipient must apply for employment to each employer to whom he/she is referred by the welfare official. These work search requirements apply unless the recipient and each other adult member of the household is:

- a. Gainfully employed full-time;
- b. A dependent 18 or under who is regularly attending secondary school;
- c. Unable to work due to illness or mental or physical disability of him/herself or another member of the household, as verified by the Welfare Official; or
- d. Is solely responsible for the care of a child under the age of five. RSA 165:31,III. A recipient responsible for the care of a child aged five to twelve shall not be excused from work search requirements, but shall be deemed to have good cause to refuse a job requiring work during hours the child is not usually in school, if there is no responsible person available to provide care, and it is verified by the Welfare Official that no other care is available.

The Welfare Official shall give all necessary and reasonable assistance to ensure compliance with registration and work requirements, including the granting of allowances for transportation and work clothes. Failure of a recipient to comply with these requirements without good cause will be reason for denial of assistance.

6. **Students.**

Applicants who are college students not available for or refusing to seek full-time employment are not eligible for general assistance.

7. **Non-Citizens.**

The welfare officer may, in his/her sole discretion, provide limited assistance to non-citizens not otherwise eligible for general assistance.

- a. A non-citizen who is not:
  - A qualified alien under 8 USCA 1641,
  - A non-immigrant under the federal Immigration and Nationality Act, or
  - An alien paroled into the United States for less than one year under 8 USCA 1182(d)(5) is **not** eligible for general assistance from the Town. 8 USCA 1621(a).
- b. Qualified aliens include aliens who are lawfully admitted for permanent residence under the Immigration and Nationality Act (8 USCA 1101 et seq.), aliens who are granted asylum under that act, certain refugees, and certain battered aliens. 8 USCA 1641.

c. A non-citizen who is not eligible for general assistance may be eligible for state assistance with health care items and services that are necessary for the treatment of an emergency medical condition, which is defined as a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part. 8 USCA 1621(b) and 42 USCA 1396(v)(3).

d. A non-citizen may also be eligible for general assistance for treatment of an emergency medical condition, pursuant to Section IX ( E)(8)(a) of these guidelines.

e. Non-citizen applicants for general assistance may be required to provide proof of eligibility. 8 USCA 1625.

#### **8. Property Transfers.**

No applicant who is otherwise eligible shall receive such assistance if he/she has made an assignment, transfer, or conveyance of property for the purpose of rendering him/herself eligible for assistance within three years immediately preceding his/her Application. RSA 165:2-b.

#### **9. Employment of Household Members.**

The employment requirements of these guidelines, or participation in the workfare program, shall be required for all adults aged 18 to 65 years residing in the same household, except those regularly attending secondary school or employed on a full-time basis, who are:

- a. Members of the recipient's household;
- b. Legally liable to contribute to the support of the recipient and/or children of the household; and
- c. Not prevented from maintaining employment and contributing to the support of the household by reason of physical or mental disability or other justifiable cause as verified by the welfare official.

The Welfare Official may waive this requirement where failure of the other household members to comply is not the fault of the recipient and the welfare official decides it would be unreasonable for the recipient to establish a separate household. RSA 165:32.

#### **10. Disqualification for Voluntary Termination of Employment.**

Any applicant eligible for assistance who voluntarily terminated employment shall be ineligible to receive assistance for 90 days from the date of employment termination, provided the applicant:

- a. Has received local welfare within the past 365 days; and
- b. Has been given notice that voluntary termination of employment without good cause could result in disqualification; and
- c. Has terminated employment of at least 20 hours per week without good cause within 60

days of an application for local welfare; and

d. Is not responsible for supporting minor children in his/her household; and

e. Did not have a mental or physical impairment which caused him/her to be unable to work.

Good cause for terminating employment shall include any of the following: discrimination, unreasonable work demands or unsuitable employment, retirement, leaving a job in order to accept a bona-fide job offer, migrant farm labor or seasonal construction, and lack of transportation or child care. An applicant shall be considered to have voluntarily terminated employment if the applicant fails to report for work without good cause. An applicant who is fired or resigns from a job at the request of the employer due to applicant's inability to maintain the employer's normal work productivity standard shall not be considered to have voluntarily terminated employment. RSA 165:1-d.

#### D. AVAILABLE ASSETS

1. **Available Liquid Assets:**

Cash on hand, bank deposits, credit union accounts, and securities are available liquid assets. Insurance policies with a loan value, and nonessential personal property may be considered as available liquid assets when they have been converted to cash. The Welfare Official shall allow a reasonable time for such conversion. However, tools of a trade, livestock, farm equipment, and necessary and ordinary household goods are essential items of personal property that shall not be considered as available assets.

2. **Automobile Ownership:**

The ownership of one automobile by an applicant or his/her dependent does not affect eligibility if it is essential for transportation to seek or maintain employment, to procure medical services or rehabilitation services, or if its use is essential to the maintenance of the individual or the family. However, the Blue Book value of any vehicle that exceeds \$15,000 shall be considered a liquid asset.

3. **Insurance:**

The ownership of insurance policies does not affect eligibility. However, when a policy has cash or loan value, the applicant will be required to obtain and/or borrow available funds, which shall then be considered available assets.

4. **Real Estate:**

The type and amount of real estate owned by an applicant does not affect eligibility, although rent or other such income from property should be considered as available to meet need. Applicants owning real estate property, other than that occupied as a home, shall be expected to make reasonable efforts to dispose of it at fair market value. Applicants shall be informed that a lien covering the amount of any General Assistance they receive shall be placed against any real estate they own (RSA 165:28).

#### E. STANDARD OR NEED

The basic financial requirement for General Assistance is that a person be poor and unable to support him/herself. A person shall be considered poor when he/she has insufficient available income/assets to purchase either for him/herself or dependents any of the following.

1. **Shelter.**

The amount to be included as “need” for shelter is the actual cost of rent or mortgage necessary to provide shelter in that municipality. Such cost shall be determined in accordance with subparagraph 11 below. See Appendix A.

- a. **Shelter Arrearages.** Shelter arrearages are normally not included, but may be included in the “need” formula if, and only if, such payment is necessary to prevent eviction or foreclosure or to protect the health and safety of the household. However, if the amount of such mortgage or rental arrearage substantially exceeds the cost of alternative, available housing which complies with local health and housing code standards, or if the payment of arrears will not prevent eviction or foreclosure, the welfare official may instead authorize payment of security deposit, rent, and/or reasonable relocation expenses for such alternative housing if, under the circumstances of the case, it is reasonable to do so and would not cause undue hardship to the applicant household. Alternative housing may include transitional housing as an option.
- b. **Security Deposits.** Security deposits may be included in the ‘need’ formula if, and only if, the applicant is unable to secure alternative shelter for which no security deposit is required or is unable to secure funds, either him/herself or from alternative sources, for payment of the deposit. Any security deposit provided by the general assistance program which is returned under RSA 540-A: 7 shall be returned to the municipality, not the recipient. The Town will not release a check for a security deposit unless the landlord has signed the Security Deposit Agreement (Form Y U).
- c. **Relative Landlords.** Whenever a relative of an applicant is also the landlord for the applicant, a financial analysis shall be made in accordance with RSA 165:19.
- d. **Homeless Applicants.** In the case of homeless applicants, or those facing eviction, it is not the Welfare Official’s responsibility to find permanent housing. If a homeless applicant /recipient refuses to apply to a shelter or go to a shelter when room is available, they will be denied shelter assistance, as the Town has met its obligation.
- e. **Hotels, Motels and Inns:** Occupants of hotels, motels and inns and classified as such, are not normally considered “tenants” and are exempt from legal eviction process defined in RSA 530/RSA 540:1-a. Persons residing in housing exempt from the legal eviction process are not normally considered to be residing in permanent housing under these guidelines.
- f. **Single Family Home Boarders:** Occupants of single-family homes in which the occupants of single-family homes in which the occupant has no lease, which is primary and usual residence of the owner are not normally considered “tenants” and are exempt from the legal eviction process defined in RSA 540. RSA 540:1. RSA 540:1-a. Persons residing in housing exempt from the legal eviction process are not normally considered to be residing in permanent housing under these guidelines.
- g. **Mortgage Payments.** The Welfare Official may assist with mortgage payments and related interest charges to prevent foreclosure. The applicant/recipient’s name must be on the mortgage in order for this assistance to be granted. Assistance will be granted, if eligibility criteria are met, on



the property of primary residence only.

2. **Utilities.**

When utility costs are not included in the shelter expense, the most recent outstanding monthly utility bill will be included as part of “need” by the welfare official. Arrearages will not normally be included in “need” except as set forth below.

a. Arrearages. Arrearages will not be included except when necessary to ensure the health and safety of the applicant household or to prevent termination of utility service where no other resources or referrals can be utilized. In accordance with the rules of the PUC relating to electric utilities, arrearages for electric service need not be paid if the Welfare Official notifies the electric company that the municipality guarantees payment of current electric bills as long as the recipient remains eligible for general assistance.

b. Restoration of Service. When utility service has been terminated and the Welfare Official has determined that alternative utility service is not available and alternative shelter is not feasible, arrearages will be included in “need” when restoration of service is necessary to ensure the health and safety of the applicant household. The Welfare Official may negotiate with the utility for payment of less than the full amount of the arrears and/or may attempt to arrange a repayment plan to obtain restoration of service.

When electric service has been terminated and restoration is required, arrearages may either be included as set forth in the above paragraph, or may be paid in accordance with a reasonable payment plan entered into by the applicant and the Tax Collector’s Office. The Welfare Official may hold the recipient accountable for the payment arrangement for as long as the recipient continues to request general assistance on a regular basis. Payment of a payment plan may be a required element of a notice of decision or case plan.

c. Deposits. Utility security deposits will be considered as “need” if, and only if, the applicant is unable to secure funds for the payment of the deposit and is unable to secure utility service without a deposit. Such deposits shall, however, be the property of the municipality.

3. **Food.**

The amount included as “need” for food purchases will be in accordance with the most recent standard food stamp allotment, as determined under the food stamp program administered by the New Hampshire Department of Health and Human Services. An amount in excess of the standard food allotment may be granted if one or more members of the household needs a special diet, as verified by the applicant’s physician. Food vouchers may not be used for alcohol, tobacco or pet food. Food vouchers will not be issued to applicant’s residing in shelters where food is provided or readily available through L.I.F.E. Ministries Food Pantry (or other available food pantries).

4. **Household Maintenance Allowance.**

Applicants may include, in calculating “need,” the cost of providing personal and household necessities in an amount not to exceed these guidelines, as determined in accordance with subparagraph 11 below. (See Appendix A.) Need allowance for diapers shall be calculated based on usage.

5. **Telephone.**

If the absence of a telephone would create an unreasonable risk to the applicant's health or safety (as verified by the welfare official), or for other good cause as determined by the welfare official, the lowest available basic monthly rate will be budgeted as "need." While payments will not be made for telephone bills, under exceptional circumstances where no other source of assistance is available payments may be made to maintain basic telephone service.

**6. Transportation.**

If the Welfare Official determines that transportation is necessary (e.g., for health or medical reasons, to maintain employment, or to comply with conditions of assistance) "need" should include the costs of public transportation, where available. If, and only if, the transportation need cannot be reasonably provided by alternative means, such as public transportation or volunteer drivers, a reasonable amount (not to exceed \$200 per month) for car payments and gasoline (on a single vehicle only) should be included as part of "need" when determining eligibility or amount of aid.

**7. Maintenance of Insurance.**

In the event that the Welfare Official determines that the maintenance of medical insurance is essential, an applicant may include as "need" the reasonable cost of such premiums. The payments for such premiums by the Town of Wolfeboro shall only be considered if the fiscal benefit for the Town of Wolfeboro is greater than the cost of insurance.

**8. Emergency and Other Expenses.**

In the event that the applicant has the following current expenses, the actual cost shall be included as emergency and other expenses to determine eligibility and amount of assistance:

- a. Medical Expenses. The Welfare Official shall not consider including amounts for medical, dental or eye services unless the applicant can verify that all other potential sources have been investigated and that there is no source of assistance other than local welfare. Other sources to be considered shall include state and federal programs, local and area clinics, area service organizations and area hospital indigent programs designed for such needs. When an applicant requests medical service, prescriptions, dental service or eye service, the Welfare Official may require verification from a doctor, dentist or person licensed to practice optometry in the area, indicating that these services are absolutely necessary and cannot be postponed without creating a significant risk that the applicant's well being will be placed in serious jeopardy.
- b. Legal Expenses. Except for those specifically required by statute, no legal expenses will be included.
- c. Clothing. If the applicant has an emergency clothing need which cannot be met in a timely fashion by other community resources (i.e.: Salvation Army, Red Cross, church group), the expense of reasonably meeting that emergency clothing need will be included.

**9. Unusual Needs Not Otherwise Provided For in These Guidelines.**

If the Welfare Official determines that the strict application of the standard of need criteria will result in unnecessary or undue hardship (e.g. needed services are inaccessible to the applicant), such official may make minor adjustments in the criteria, or may make allowances using the emergency need standards stated in Section VI(D)(2) of these guidelines. Any such determination, and the reasons therefore, shall be stated in writing in the applicant's case record.

10. **Shared Expenses.**

If the applicant/recipient household shares shelter, utility, or other expenses with a non-applicant/recipient (i.e.: is part of a residential unit), then need should be determined on a pro rata share, based on the total number of adults in the residential unit (e.g.: three adults in residential unit, but only one applies for assistance—shelter need is 1/3 of shelter allowance for household of three adults).

11. **Payment Levels for Allowable Expenses.**

When adopting these guidelines, the municipal governing body shall establish payment levels for various allowable expenses which shall be based on actual local market conditions and costs. The payment levels shall be reviewed by the Welfare Official annually and modifications presented to the Board of Selectmen where market conditions have changed. RSA 165:1, II.

F. INCOME

In determining eligibility and the amount of assistance, the applicant's standard of need shall be compared to the available income/assets. Computation of income and expenses will be by week or month. The following items will be included in the computation:

1. **Earned Income.**

Income in cash or in-kind earned by the applicant or any member of the household through wages, salary, commissions, or profit, whether self-employed or as an employee, is to be included as income. Rental income and profits from items sold are considered earned income. With respect to self-employment, total profit is arrived at by subtracting business expenses from gross income in accordance with standard accounting principles. When income consists of wages, the amount computed should be that available after income taxes, social security and other payroll deductions required by state, federal, or local law, court ordered support payments and child care costs, and work related clothing costs have been deducted from income. Wages that are trusted, or income similarly unavailable to the applicant or applicant's dependents, should not be included.

2. **Income or Support from Other Persons.**

Contributions from relatives or other household members shall be considered as income only if actually available and received by the applicant or recipient. The income of non-household members of the applicant's residential unit shall not be counted as income. (Expenses shared with non-household members may affect the level of need, however. See Section IX(E)(10) regarding determination of need in cases of non-household residential units.)

3. **Income from Other Assistance or Social Insurance Programs.**

- a. State categorical assistance benefits, OASDI payments, Social Security Payments, VA benefits, unemployment insurance benefits, and payment from other government sources shall be considered income.
- b. Food Stamps cannot be counted as income pursuant to federal law. (7 USC 2017(b))
- c. Fuel assistance cannot be counted as income pursuant to federal law. (42 USC 8624(f)(1))

4. **Court-Ordered Support Payments.**

Alimony and child support payments shall be considered income only if actually received by the applicant or recipient.



5. **Income from Other Sources.**

Payment from pension, trust funds, and similar programs shall be considered income.

6. **Earnings of a Child.**

No inquiry shall be made into the earnings of a child 14 years of age or less unless that child makes a regular and substantial contribution to the family.

7. **Option to Treat a Qualified State Assistance Reduction as Deemed Income.**

The Welfare Official may deem as income all or any portion of any qualified state assistance reduction pursuant to RSA 167:82, VIII. The following criteria shall apply to any action to deem income under this section. RSA 165:1-e.

a. The authority to deem income under this section shall terminate when the Qualified State Assistance Reduction no longer is in effect.

b. Applicants for general assistance may be required to cooperate in obtaining information from the Department of Health and Human Services as to the existence and amount of any Qualified State Assistance Reduction. No applicant for general assistance may be considered to be subject to a Qualified State Assistance Reduction unless the existence and amount has been confirmed by the Department of Health and Human Services.

c. The Welfare Official shall provide the applicant with a written decision which sets forth the amount of any deemed income used to determine eligibility for general assistance.

d. Whenever necessary to prevent an immediate threat to the health and safety of children in the household, the Welfare Official shall waive that portion, if any, of the Qualified State Assistance Reduction as necessary.

G. **Residents of Shelters for Victims of Domestic Violence and Their Children**

An applicant residing in a shelter for victims of domestic violence and their children who has income, and owns resources jointly with the abusive member of the applicant's household, shall be required to cooperate with the normal procedures for purposes of verification. Such resources and income may be excluded from eligibility determinations unless the applicant has safe access to joint resources at the time of application. The verification process may be completed through an authorized representative of the shelter of residence. The normal procedures taken in accordance with these guidelines to recover assistance granted shall not delay such assistance.

X. **NON-RESIDENTS**

A. **ELIGIBILITY:** Applicants who are temporarily in a municipality which is not their municipality of residence and who do not intend to make a residence there are nonetheless eligible to receive general assistance, provided they are poor and unable to support themselves. RSA 165:1-c. No applicant shall be refused assistance solely on the basis of residence. RSA 165:1.

B. **STANDARDS:** The application procedure, eligibility standards and standard of need shall be the same for non-residence as for residents.

C. VERIFICATION: Verification records shall not be considered unavailable, nor the applicant's responsibility for providing such records relaxed, solely because they are located in the applicant's community of residence.

D. TEMPORARY OR EMERGENCY AID: The standards for the fulfilling of immediate or emergency needs of non-residents and for temporary assistance pending final decision shall be the same as for residents.

E. DETERMINATION OF RESIDENCE: Determination of residence shall be made if the applicant requests return home transportation (See paragraph F below), or if the Welfare Official has reason to believe the applicant is a resident of another New Hampshire municipality from which recovery can be made under RSA 165:20.

1. Minors: The residence of a minor shall be presumed to be the residence of his/her custodial parent or guardian.
2. Adults: For competent adults, the standard for determining residence shall be the overall intent of the applicant, as set forth in the Section I definition of "residence." The statement of an applicant over 18 as to his/her residence or intent to establish residence shall be accepted in the absence of strongly inconsistent evidence or behavior.

F. RETURN HOME TRANSPORTATION. At the request of a non-resident applicant, any aid, temporary or otherwise, to which he/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/her community of residence per RSA 165:1c.

G. RECOVERY: Any aid given to a non-resident, including the costs of return home transportation, may be recovered from his/her community of residence.

## **XI. GENERAL ASSISTANCE WORK PROGRAM**

### **A. PARTICIPATION**

Any recipient of general assistance who is able and not gainfully employed may be required to work for the Town or an appropriate local human service agency at any available bona fide job that is within his/her capacity (RSA 165:31) for the purpose of reimbursement of benefits received. Participants in the workfare program are not considered employees of the Town, and any work performed by workfare participants does not give rise to any employee-employer relationship between the recipient/workfare participant and the Town of Wolfeboro.

### **B. REIMBURSEMENT RATE**

The workfare participant shall be allotted the prevailing municipal wage for work performed, but in no case less than the minimum wage. No cash compensation shall be paid for workfare participation; the wage value of all hours worked shall be used to reimburse the municipality for assistance given. No workfare participant shall be required to work more hours than necessary to reimburse aid rendered.

### **C. CONTINUING FINANCIAL LIABILITY**

If, due to lack of available municipal work or other good cause, a recipient does not work a sufficient

number of hours to fully reimburse the municipality for the amount of his/her aid, the amount of aid received less the value of workfare hours completed shall still be owed to the Town.

#### D. ALLOWANCE FOR WORK SEARCH

The Town shall provide reasonable time during working hours for the workfare participant to conduct a documented employment search. (Form E)

#### E. WORKFARE PROGRAM ATTENDANCE

With prior notice to the Welfare Official, a recipient may be excused from workfare participation if he/she:

1. Has a conflicting job interview;
2. Has a conflicting interview at a service or welfare agency;
3. Has a medical appointment or illness;
4. As a parent or person "in loco parentis," must care for a child under the age of five. A recipient responsible for a child age five but under 12 shall not be required to work during hours the child is not in school, if there is no responsible person available to provide care, and no other care is available;
5. Is unable to work due to mental or physical disability, as verified by the welfare official;
6. Must remain at home because of illness or disability to another member of the household, as verified by the Welfare Official; or
7. Does not possess the materials or tools required to perform the task and the Town fails to provide them. However, the workfare participant should attempt to schedule appointments so as not to conflict with the workfare program and must notify his/her supervisor in advance of the appointment. The Welfare Official may require participants to provide documentation of their attendance at a conflicting interview or appointment.

#### F. WORKFARE HOURS

Workfare hours are subject to approval of the supervisor and the Welfare Official. Failure of the participant to adhere to the agreed workfare hours (except for the reasons listed above) will prompt review of the recipient's eligibility for general assistance, and may result in a suspension or termination of assistance.

#### G. WORKERS COMPENSATION

The Town shall provide workers compensation coverage to participants in workfare programs in the same manner such coverage is provided to other Town employees, unless the local governing body of the Town has voted to adopt a guideline making the provisions of the workers compensation laws not applicable to workfare program participants. RSA 281-A:2, VII(b).

### **XII. BURIALS & CREMATIONS**

The Welfare Official shall provide for proper burial or cremation, at Town expense, of persons found in the Town at time of death, regardless of whether the deceased person ever applied for or received general assistance

from any municipality. In such cases, assistance may be applied for on behalf of the deceased person, however the application should be made before any burial or cremation expenses are incurred. The expense may be recovered from the deceased person's municipality of residence, or from a liable relative pursuant to RSA 165:3, II. If relatives, other private persons, the state or other sources are unable to cover the entire burial/cremation expense, the municipality will pay up to \$1,000 for burial/cremation. RSA 165:3 and RSA 165:1-b; see also RSA 165:27 and 165:27-a.

### **XIII. NOTICE OF ADVERSE ACTION**

All persons have a constitutional right to be free of unfair, arbitrary or unreasonable action taken by local government. This includes applicants for and recipients of General Assistance, whose aid has been denied, terminated or reduced. Every applicant and recipient shall be given written notice of every decision regarding assistance. The Welfare Official will make every effort to insure that the applicant understands the decision.

#### **A. ACTION TAKEN FOR REASONS OTHER THAN NONCOMPLIANCE WITH THE GUIDELINES**

1. Whenever a decision is made to deny assistance or to refuse to grant the full amount of assistance requested, a notice of the decision shall be given to the applicant immediately or within five working days from the time application is filled out and submitted.
2. The notice required by paragraph 1 above shall contain:
  - a. A clear statement of the reasons for the denial or proposed termination or reduction.
  - b. A statement advising the individual of his/her right to a fair hearing, and that any request for a fair hearing must be made in writing within five (5) days.
  - c. A form on which the individual may request a fair hearing.
  - d. A statement advising the individual of the time limit that must be met in order to receive a fair hearing.
  - e. A statement that assistance may continue, if there was an initial eligibility, until the date of hearing, if requested by the claimant. Aid must be repaid if the claimant fails to prevail at the hearing.

#### **B. SANCTION FOR NONCOMPLIANCE WITH GUIDELINES**

1. **Non-Cooperation**. An applicant/recipient who fails to cooperate fully and completely in answering all questions asked and in providing all documentation required by the Welfare Official may have the request for assistance denied. Verbally abusing or threatening the Welfare Official will be considered non-cooperation.
2. **Misrepresentation/Omission**. Misrepresentation/omission of information by an applicant/recipient is grounds for denial or termination of all assistance from the Town for up to 6 months and may result in prosecution and court action to have any funds provided to be returned to the Town.
3. **Due Process**. Recipients must comply with these Guidelines and the reasonable requests of Welfare Official. The Welfare Official must enforce the Guidelines while ensuring that all recipients and

applicants receive due process. Recipients should be given reasonable notice of the conditions and requirements of eligibility and continuing eligibility and notice that noncompliance may result in termination or suspension.

4. **Conditions:** Any person otherwise eligible for assistance shall become ineligible under RSA 165:1b if he/she willfully fails to comply with the requirements of these Guidelines relating to the obligation to:

- a. Disclose and provide verification of income, resources or other material financial data, including any changes in this information.
- b. Participate in the General Assistance Work Program as assigned by the Welfare Official;
- c. Comply with the work search requirements imposed by the Welfare Official;
- d. Apply for other public assistance that would alleviate the need for General Assistance, as requested by the Welfare Official.

5. **First Notice:** No recipient otherwise eligible shall be suspended for noncompliance with conditions unless he/she has been given a written notice of the actions required in order to remain eligible, and a seven day period within which to comply. The first notice shall be given at the time of the notice of decision and thereafter as the condition changes. Additional notice of actions required should also be given, as eligibility is re-determined, but without an additional seven day period unless new actions are required.

6. **Non-Compliance:** If a recipient willfully fails to come into compliance during the seven day period, or willfully falls into non-compliance within thirty days from receipt of a first notice, the Welfare Official shall give the recipient a suspension notice. If a recipient falls into non-compliance for the first time more than thirty days after receipt of a first notice, the Welfare Official must give the recipient a new first notice with a new seven-day period to comply before giving the recipient the suspension notice.

7. **Suspension Notice:** Written notice to a recipient that he/she is suspended from assistance due to failure to comply with the conditions required in a first notice shall include:

- a. A list of the guidelines with which the recipient is not in compliance and a description of those actions necessary for compliance;
- b. The period of suspension;
- c. Notice of the right to a fair hearing on the issue of willful non-compliance and that such request must be made in writing within five days of receipt of the suspension notice;
- d. A statement that assistance may continue until the fair hearing decision is made if the recipient so requests on the request form for the fair hearing. However, if the recipient fails to prevail at the hearing the suspension will start after the decision and such aid must be repaid by the recipient; and
- e. A form on which the individual may request a fair hearing and the continuance of assistance pending the outcome.



8. **Suspension Period.** The suspension period for failure to comply with these guidelines shall last:
- a. Either seven days, or 14 days if the recipient has had a prior suspension which ended within the past six months, and
  - b. Until the recipient complies with the guidelines if the recipient, upon the expiration of the seven or 14-day suspension period, continues to fail to carry out the specific actions set forth in the notice.
  - c. Notwithstanding the above paragraph, a recipient who has been suspended for non-compliance for at least six months may file a new application for assistance without coming back into compliance.
9. **Fair Hearing on Continuing Non-compliance:** A recipient who has been suspended until he/she complies with the Guidelines may request a fair hearing to resolve a dispute over whether or not he/she has satisfactorily complied with the required Guidelines; however, no assistance shall be available under paragraph C (5) (d).
10. **Compliance After Suspension:** A recipient who has been subject to a Suspension and who has come back into compliance shall have his/her assistance resumed, provided he/she is still otherwise eligible. The notice of decision stating that assistance has been resumed should again set forth the actions required to remain eligible for assistance, but need not provide a seven day period for compliance unless new conditions have been imposed.

#### **XIV. FAIR HEARINGS**

##### **A. REQUESTS**

A request for a fair hearing is a written expression, by the applicant or recipient, or any person acting for him/her, to the effect that he/she wants an opportunity to present his/her case to a higher authority. When a request for assistance is denied or when an applicant desires to challenge a decision made by the Welfare Official relative to the receipt of assistance, the applicant must present a request for a fair hearing to the Welfare Official within five (5) working days of receipt of the notice of decision at issue. RSA 165:1-b, III. (Form D)

##### **B. TIME LIMITS FOR HEARINGS**

Hearings requested by claimants must be held within seven (7) working days of the receipt of the request. The Welfare Official shall give notice to the claimant setting the time and location of the hearing. This notice must be given to the claimant at least forty-eight (48) hours in advance of the hearing, or mailed to the claimant at least seventy-two (72) hours in advance of the hearing.

##### **C. FAIR HEARING OFFICER**

The Fair Hearing Officer(s) shall be appointed by the Town Manager. The person(s) serving as Fair Hearing Officer(s) must:

1. Not have participated in the decision causing dissatisfaction.
2. Be impartial.
3. Be sufficiently skilled in interviewing to be able to obtain evidence and facts necessary for a fair determination.

4. Be capable of evaluating all evidence fairly and realistically, to explain to the claimant the laws and regulation under which the Welfare Official operated, and to interpret to Welfare Officials any evidence of unsound, unclear or inequitable policies, practices or action.

#### D. FAIR HEARING PROCEDURES

1. All fair hearings shall be conducted in such a manner as to ensure due process of law. Fair hearings shall not be conducted according to strict rules of evidence. The burden of proof shall be on the claimant, who shall be required to establish his/her case by a preponderance of the evidence.

2. The Welfare Official responsible for the disputed decision shall attend the hearing and testify about his/her actions and the reasons therefore.

3. Both parties shall be given the opportunity to offer evidence and explain their positions as fully and completely as they wish. The claimant shall have the opportunity to present his/her own case or, at the claimant's option, with the aid of others, and to bring witnesses, to establish all pertinent facts, to advance any arguments without undue interference, to question or refute testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

4. A claimant or his/her duly authorized representative has the right to examine, prior to a fair hearing, all records, papers and documents from the claimant's case file which either party may wish to introduce at the fair hearing, as well as any available documents not contained in the case file but relevant to the Welfare Official's action of which the claimant complains. The claimant may introduce any such documents, papers or records into evidence. No record, paper or document, which the claimant has requested to review but has not been allowed to examine prior to the hearing, shall be introduced at the hearing or become part of the record.

5. The Welfare Official (or a duly authorized representative) shall have the right to examine at the fair hearing all documents on which the claimant plans to rely at the fair hearing and may request a 24-hour continuance if such documents contain evidence not previously provided or disclosed by the claimant. Should the applicant have new documentation relevant to the disputed decision, he/she may reapply for assistance and file a written withdrawal of the fair hearing request.

6. The decision of the fair hearing officer(s) must be based solely on the record, in light of these guidelines. Evidence, both written and oral, which is admitted at the hearing shall be the sole contents of the record. The fair hearing officer shall not review the case record or other materials prior to introduction at the hearing.

7. The parties may stipulate to any facts.

8. All fair hearings may be tape-recorded and retained for six (6) months.

#### E. DECISIONS

1. Fair Hearing decisions shall be rendered within seven (7) working days of the hearing. Decisions shall be in writing, setting forth the reasons for decisions and the facts on which the Fair Hearing Officer relied in researching his/her decision. A copy of the decision shall be mailed or delivered in to the claimant and to the Welfare Official.

2. Fair Hearing decisions will be rendered on the basis of the officer's findings of fact, these Guidelines and state and federal law. The Fair Hearing decision shall set forth appropriate relief.
3. The decision shall be dated. In the case of a hearing to review a denial of aid, the decision is retroactive to the date of the action being appealed. If a claimant fails to prevail at the hearing, the assistance given pending the hearing shall be debt owed by the individual to the Town.
4. The Welfare Official shall keep all fair hearing decisions on file in chronological order.
5. None of the procedures specified herein shall limit any right of the applicant or recipient to subsequent court action to review or challenge the adverse decision.

## **XV. LIENS**

### **A. REAL ESTATE (RSA 165:28).**

The law requires the Town of Wolfeboro to place a lien for General Assistance aid received on any real estate owned by an assisted person in all cases except for just cause. Interest at the rate of six (6) percent per year shall be charged on the amount of money constituting such lien commencing one year after the date of the filing of the lien unless a majority of the selectmen in the Town vote to waive such interest. The Welfare Official shall file a Notice of Lien (Form J) with the County Registry of Deeds, complete with the owner's name and a description of the property sufficient to identify it. The lien shall not be enforced so long as the real estate is occupied as the sole residence of the assisted person, his/her surviving spouse, or his/her surviving children who are under age 18 or blind or permanently and totally disabled. At such time as the lien may become enforceable, the Welfare Official shall attempt to contact the attorney handling the real estate or estate before enforcing the lien. Upon repayment of a lien, the Town must file written notice of the release of the lien (Form K) with the County Registry of Deeds.

### **B. CIVIL JUDGMENTS (RSA 165:28-a).**

1. The Town of Wolfeboro shall be entitled to a lien upon property passing under the terms of a will or an intestate succession, a property settlement, or civil judgment for personal injuries (except Workers Compensation) awarded any person granted assistance by the Town for the amount of assistance granted by the Town. (Form L)
2. The Town of Wolfeboro shall be entitled to the lien only if the assistance was granted no more than six (6) years before the receipt of the inheritance or award of the property settlement or civil judgment. When the Welfare Official becomes aware of such a claim against a civil judgment, he/she shall contact the attorney representing the recipient.
3. The lien shall take precedence over all other claims.

## **XVI. RECOVERY OF ASSISTANCE**

The Welfare Official shall seek to recover money expended to assist eligible applicants. There shall be no delay, refusal to assist, reduction or termination of assistance while the Welfare Official is pursuing the procedural or statutory avenues to secure reimbursement. Any legal action to recover must be filed in a court within six (6) years after the expenditure. RSA 165:25.

### **A. RECOVERY FROM RESPONSIBLE RELATIVES**



The amount of money spent by a municipality to assist a recipient who has a father, mother, stepfather, stepmother, husband, wife or child (who is no longer a minor) of sufficient ability to also support the recipient, may be recovered from 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. The Welfare Official may determine that "in kind" assistance or the provision of products/services to the client is acceptable as a relative's response to liability for support. Written notice of money spent in support of a recipient must be given to the liable relative. The Welfare Official shall make reasonable efforts to give such 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 possibly liable relatives. RSA 165:19.

#### B. RECOVERY FROM THE MUNICIPALITY OF RESIDENCE

The Welfare Official shall seek to recover from the municipality of residence the amount of money spent by the municipality to assist a recipient who has a residence in another municipality. Written notice of money spent in support of a recipient must be given to the Welfare Official of the municipality of residence. In any civil action for recovery brought under RSA 165:20, the court shall award costs to the prevailing party. RSA 165:19 and 20. (See RSA 165:20-a providing for arbitration of such disputes between communities.) RSA 165:20.

#### C. RECOVERY FROM A FORMER RECIPIENT'S INCOME

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

#### D. RECOVERY FROM STATE AND FEDERAL SOURCES

The amount of money spent by a municipality to support a recipient who has made initial application for SSI and has signed HHS FORM 151 "AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE" shall be recovered through the SSA and the New Hampshire Department of Health and Human Services. Prescription expenses paid by the municipality for applicants who have applied for Medicaid shall be recovered through the New Hampshire Department of Health and Human Services if and when the applicant is approved for medical coverage.

#### E. DELAYED STATE CLAIMS

For those recipients of general assistance deemed eligible for state assistance, New Hampshire Department of Health and Human Services shall reimburse a municipality the amount of general assistance as a result of delays in processing within the federally mandated time periods. Any claims for reimbursement shall be held until the end of the fiscal year and may be reimbursed on a pro-rated basis dependent upon the total claims filed per year. RSA 165:20-c. A Form 340 "REQUEST FOR STATE REIMBURSEMENT" may be obtained from the New Hampshire Department of Health and Human Services for this purpose.

### **XVII. APPLICATION OF RENTS PAID BY THE TOWN OF WOLFEBORO**

Whenever the owner of property rented to a person receiving Assistance from the Town of Wolfeboro is in arrears in sewer, water, electric, or tax payments to the Town, the Town may apply the assistance which the property owner would have received in payment of rent on behalf of such assisted person to the property owner's delinquent balances, regardless of whether such delinquent balances are in respect of property occupied by the assisted person. (RSA 165:4-a).

A payment shall be considered in arrears if more than thirty days have elapsed since the mailing of the bill, or in the case of real estate taxes, if interest has begun to accrue pursuant to RSA 76:13(RSA 165:4-a).

Delinquent Property Tax balances will be first priority, followed by delinquent Sewer/Water and electric balances.

**Procedure for payments.**

1. The Welfare Officer will issue a voucher on behalf of the tenant to the landlord for allowed amount of rent. The voucher will indicate any amount to be applied to a delinquent balance owed by the landlord, specifying which delinquency and referring to the authority of RSA 165:4-a. (Form O)
2. The Welfare Officer will issue a duplicate voucher to the appropriate department (i.e., tax collector, water department), which shall forward the voucher to the Treasurer or Finance Director for payment, and the department will issue a receipt of payment to the delinquent landlord. (Form O)

## APPENDIX A

### ALLOWABLE LEVELS OF ASSISTANCE PAYMENTS FOR THE TOWN OF WOLFEBORO

FOOD/NON-FOOD					
0	MONTHLY	MONTHLY	WEEKLY	WEEKLY	DAILY
SIZE	FOOD	NON-FOOD	FOOD	NON-FOOD	FOOD
1	175	75	40	17	5.75
2	300	100	70	23	10.00
3	425	125	98	29	14.00
4	550	150	127	35	18.14
5	675	175	155.75	40	22.25
6	800	200	184.60	46	26.37
7	925	225	213.46	52	30.49
8	1,050	250	242.30	58	34.61
(add each)	125	25	28.85	6	4.12

#### MONTHLY SHELTER ALLOWANCE

HOUSEHOLD SIZE	AMOUNT
1-2 persons	750
3-4 persons	900
5-6 persons	1,050
7-8 persons	1,200

**Heat** - Allowance based upon need and circumstances of individual clients.

BURIAL ALLOWANCE: \$1,000

TELEPHONE ALLOWANCE: \$45

OTHER (SPECIFY): \_\_\_\_\_

**TOWN OF WOLFEBORO**  
**Welfare Department**  
**Application for Assistance**

**REQUIRED DOCUMENTATION CHECKLIST: All information necessary is required to complete the application process.**

- ☐ Picture ID (adults) Birth Certificate/Social Security cards (children)
- ☐ Vehicle registration(s)
- ☐ Form A- Application for Assistance completed and signed
- ☐ Form B- Authorized for Release of Information from DHHS (if applicable)
- ☐ Proof of ALL household income in the past 30 days, from the date of application. Pay stubs or other proof of net wages for last 30 days.
- ☐ Bank statements for all checking and savings accounts and statements for any other liquid asset accounts.
- ☐ Form D –Applicant’s Authorization to Furnish Information (all applicants)
- ☐ Receipts or other proof of bills/expenses paid in the last 30 days.
- ☐ Form H- Employment verification from your employer if applicable.
- ☐ Written Agency Verification of any of the following programs: WIC FS TANF/EAP MA/APTD  
TITLXXX HUD FAP WC HEALTHLINK/COMMCARE SS/SSI MEDICATION CONNECTION CAP 2-1-  
1 other \_\_\_\_\_
- ☐ Form G-Medical Release and/or Report (if applicable)
- ☐ Physician’s statement of inability to work such as verification of injury of illness (if applicable)
- ☐ Documentation of application to the Department of Employment Security for the following: Work  
registration\_\_\_\_\_ Unemployment Compensation\_\_\_\_\_ Potential benefit amount  
\$ \_\_\_\_\_
- ☐ Eviction paperwork (if applicable)
- ☐ Lease/Rental Agreement (signed by the tenant(s) and landlord(s) or property manager
- ☐ Mortgage statement/agreement
- ☐ Form T Social Security Administration Consent for Release of Information
- ☐ Form U Unemployment Compensation and Release form
- ☐ Form V Child Support Release Form
- ☐ Form W Client Self-Declaration of Off Jobs or Other Undocumented Self Employment
- ☐ Copy of latest IRS Income Tax Return or signed Form 4506-T-Request of Transcript of Tax Return



**TOWN OF WOLFEBORO**  
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Welfare

## BASIC NEEDS POLICY

Per the TOWN OF WOLFEBORO Welfare guidelines, it is the applicant/recipient's responsibility to utilize any available benefits or resources to reduce the need for general assistance. This department will direct the applicant/recipient to apply for all other resources and also will require the applicant/recipient to use current resources to meet basic needs in order to reduce the need for general assistance.

While working with this department, you will be required to use your earned or unearned resources for basic needs only. These are:

Rent/Mortgage	Diapers
Food	Utilities
Non-food hygiene products	Prescriptions

The cost of public transportation will be allowed if needed for work or medical appointments or other appointments made in order to meet conditions of assistance.

Following are examples of what may be UNALLOWABLE expenses in determining eligibility:

Telephone	Insurance Payments
Credit Card Payments	Bail Payments
Loan Payments	Repayment of personal loans
Cable & Internet	Restaurant/Fast Food
Miscellaneous Payments	Tobacco/Alcohol Products

As a condition of assistance, you will be required to first use all available resources, as directed, to meet your basic needs. Unaltered, dated receipts for these expenses are required. Should you choose to use your resources for other than basic needs as outlined above and/or in your written decision from this department, those amounts will be considered available to you, and assistance will be reduced accordingly, a sanction or denial may be issued.

I/We have read and reviewed the Basic Needs Policy with my/our Welfare Director.

Applicant:	Co-Applicant:
_____	_____
Signature: _____	Signature: _____
Date: _____	Date: _____



**THIS APPLICATION IS A LEGAL DOCUMENT**

Please read carefully before completing this application for assistance. Once submitted to the department for consideration, the application and related material become the property of the TOWN OF WOLFEBORO and shall be considered confidential.

It shall be the right of any individual regardless of race, age, gender, sexual orientation, religious or political affiliation to apply for local welfare assistance.

Each application will be reviewed with the applicant in order to make a determination regarding the applicant's eligibility for assistance. If the applicant does not agree with the decision of the Welfare Director regarding the determination of eligibility based on the current Welfare Guidelines of the TOWN OF WOLFEBORO, the applicant may request a Fair Hearing within five (5) days of the date of such written decision.

YOU, THE APPLICANT, ARE RESPONSIBLE AT EACH APPOINTMENT FOR PROVIDING FULL AND ACCURATE INFORMATION REGARDING YOUR HOUSEHOLD INCOME AND EXPENSES, HOUSEHOLD MEMBERS, CURRENT ADDRESS, DETAILS OF YOUR CURRENT SITUATION AND ANY CHANGES IN REGARDS TO THIS INFORMATION.

All questions must be answered fully. Failure to complete any part of this application may delay processing the request for assistance. Blank spaces will be considered an omission of information. Applicants must comply with any requests for information by the Welfare Director necessary for determination and investigation of applicant's eligibility for assistance. Failure to comply with requests may result in withdrawal of the application for assistance, denial of assistance requested, or suspension pursuant to RSA 165:1-b.

\* If a question on this form is unclear to you, discuss it with the welfare official.

## APPLICATION FOR ASSISTANCE

Date of Application \_\_\_\_\_ Referred By \_\_\_\_\_

Assistance Requested \_\_\_\_\_

Reasons for Request \_\_\_\_\_

### 1. General Information

#### Applicant

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address \_\_\_\_\_

Mailing Address, if different \_\_\_\_\_

Home Phone \_\_\_\_\_ Rent or Own? \_\_\_\_ How long at this address? \_\_\_\_\_

Type of Housing: \_ House \_ Apt \_ Mobile Home Other: \_\_\_\_\_

Household Composition: # 18 & Over \_\_\_\_ # under 18 \_\_\_\_ # of Bedrooms \_\_\_\_

If at current address less than 12 months, list past 12 month's addresses:

Street \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Dates of Residence \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Social Security# \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Education: \_ High School Diploma \_ Less than HS Diploma \_ GED \_ Some College  
\_ 2 Year Associates \_ 4 Year Bachelor \_ Graduate Studies

Citizenship: \_ United States \_ Other: \_\_\_\_\_

Ethnicity: \_ White/Caucasian \_ Other: \_\_\_\_\_

Special Training/Skills: \_\_\_\_\_

Currently employed? \_ Full Time \_ Part Time \_ Self Employed \_ Unemployed

Have you applied for local assistance before? \_ Yes \_ No When? \_\_\_\_\_

where? \_\_\_\_\_ Under what Name? \_\_\_\_\_

Actively serving in the U.S. Military? \_ Yes \_ No If YES, Branch \_\_\_\_\_

U.S. Veteran? \_ Yes \_ No Discharge Date: Month \_\_\_\_ Year \_\_\_\_  
Discharge Status: \_ Honorable \_ Dishonorable \_ Other

Do you have Medicare or Medicaid? (circle one) ID Number: \_\_\_\_\_

Other Insurance: \_\_\_\_\_ EBT Card # \_\_\_\_\_



## Spouse/Co- Applicant

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Social Security# \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Education: ☐ High School Diploma ☐ Less than HS Diploma ☐ GED ☐ Some College  
☐ 2 Year Associates ☐ 4 Year Bachelor ☐ Graduate Studies

Citizenship: ☐ United States ☐ Other: \_\_\_\_\_

Ethnicity: ☐ White/Caucasian ☐ Other: \_\_\_\_\_

Special Training/Skills: \_\_\_\_\_

Currently employed? ☐ Full Time ☐ Part Time ☐ Self Employed ☐ Unemployed

Have you applied for local assistance before? ☐ Yes ☐ No When? \_\_\_\_\_

Where? \_\_\_\_\_ Under What Name? \_\_\_\_\_

Actively serving in the U.S. Military? ☐ Yes ☐ No If YES, Branch \_\_\_\_\_

U.S. Veteran? ☐ Yes ☐ No Discharge Date: Month \_\_\_\_\_ Year \_\_\_\_\_  
Discharge Status: ☐ Honorable ☐ Dishonorable ☐ Other

Do you have Medicare or Medicaid? (circle one) ID Number: \_\_\_\_\_

Other Insurance: \_\_\_\_\_ EBT Card # \_\_\_\_\_

### **Other Household Members: List all persons living in your household**

Full Name	Relation	Birth Date	Social Security #	Health Insurance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If children listed have a biological parent not residing with you, list information on each child's biological parent. (Do not list yourself under Parent's Name)

Parent's Full Name	Relationship	Birth Date	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



## 2. Employment History

### Applicant

Employer \_\_\_\_\_ Position \_\_\_\_\_

Date you started work: \_\_\_\_\_ Date & Amount of last paycheck: \_\_\_\_\_

Pay Period Frequency: ☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Quarterly

If you are currently unemployed, state reason: \_\_\_\_\_

Former Employer \_\_\_\_\_ Position \_\_\_\_\_

Date last worked: \_\_\_\_\_ Date & Amount of last paycheck: \_\_\_\_\_

Are you able to work now? ☐ Yes ☐ No If NO, why not? \_\_\_\_\_

List two most recent jobs before current:

Employer	Pay	Employment Dates	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____

### Spouse/Co- Applicant

Employer \_\_\_\_\_ Position \_\_\_\_\_

Date you started work: \_\_\_\_\_ Date & Amount of last paycheck: \_\_\_\_\_

Pay Period Frequency: ☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Quarterly

If you are currently unemployed, state reason: \_\_\_\_\_

Former Employer \_\_\_\_\_ Position \_\_\_\_\_

Date last worked: \_\_\_\_\_ Date & Amount of last paycheck: \_\_\_\_\_

Are you able to work now? ☐ Yes ☐ No If NO, why not? \_\_\_\_\_

List two most recent jobs before current:

Employer	Pay	Employment Dates	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____

### Work History for Other Household Members over 18: List two most recent jobs

Name	Employer	Pay	Employment Dates	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### 3. Housing Information

Rent \$ \_\_\_\_\_ per (month/week) Date last paid \_\_\_\_\_ Date Due \_\_\_\_\_

Currently have: ☐ Demand for Rent/Notice to Quit ☐ Landlord/Tenant Writ

Total Rent Owed \_\_\_\_\_

Do you have a housing subsidy? ☐ Yes ☐ No If YES, how much? \_\_\_\_\_

Utilities Included: ☐ Heat ☐ Electric ☐ Gas ☐ Water/Sewer ☐ Other \_\_\_\_\_

LANDLORD: Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

IF HOME-OWNER:

Mortgage Payment: \_\_\_\_\_ Date last paid \_\_\_\_\_ Date Due \_\_\_\_\_

Bank/Mortgage Co \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Do you have a foreclosure notice? ☐ Yes ☐ No

### 4. Household Assets

Provide account information & current balances held by all household members:

Household Member	Bank/Credit Union	Savings Acct. #	Savings Balance	Checking Acct. #	Checking Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Provide current value of the following assets held by all household members:

Asset	Value	Household Member
Cash on Hand (household combined)	_____	_____
Certificates of Deposit (CDs)	_____	_____
Retirement	_____	_____
401K	_____	_____
Life Insurance (Cash Value)	_____	_____
Investments	_____	_____
Time Share	_____	_____
Real Estate	_____	_____

List Properties and Locations (other than primary residence): \_\_\_\_\_

Motor vehicles owned by you and all household members:

Owner	Auto Make/Model	Year	Value	Payments	Insurance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### **5. Claims/Settlements/Income due to you or any household member**

IRS Refund:\_\_\_\_\_ Date Rec:\_\_\_\_\_ Insurance Claim:\_\_\_\_\_ Date Rec:\_\_\_\_\_

Retroactive disability check:\_\_\_\_\_ Date Rec:\_\_\_\_\_

Retroactive Unemployment or Worker's Compensation check:\_\_\_\_\_ Date Rec:\_\_\_\_\_

Inheritance:\_\_\_\_\_ Date Rec:\_\_\_\_\_

Other Lump Sum Payment (explain):\_\_\_\_\_

Do you currently have an attorney pursuing any civil suit, workers compensation claim, a social security denial, etc? \_ Yes \_ No If YES, complete the following, and briefly explain the details of the situation:

Attorney Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

### **6. Household Income/Benefits**

Indicate any income or benefits received or applied for by you or any household member:

Income:	Household Member	Amount	Date Last Received
ANB (Aid to the Needy Blind)	_____	_____	_____
APTD (Aid to Perm/Totally Disabled)	_____	_____	_____
Child Support	_____	_____	_____
Charities/Churches	_____	_____	_____
Disability (STDA/LTDA - Work)	_____	_____	_____
Gifts/Loans	_____	_____	_____
Income Tax Refund	_____	_____	_____
Maternity Pay/Benefits	_____	_____	_____
OAA (Old Age Assistance)	_____	_____	_____
Retirement Benefit	_____	_____	_____

Income (continued):	Household Member	Amount	Date Last Received
Severance Pay	_____	_____	_____
Social Security (Retirement)	_____	_____	_____
SSDI (SS Disability)	_____	_____	_____
SSI (Supplemental Security)	_____	_____	_____
TANF	_____	_____	_____
Unemployment (DES)	_____	_____	_____
Veteran's Pension	_____	_____	_____
Worker's Compensation	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Benefits:			
Child Care Assistance	_____	_____	_____
Food Stamps	_____	_____	_____
Fuel Assistance	_____	_____	_____
Medicaid	_____	_____	_____
WIC (Women/Infants/Children)	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

Are you or any other household member working, volunteering, and/or receiving assistance from any other agencies?

Name	Agency Name and Phone#	Contact Person
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 7. Household Expenses

List actual or estimated regular expenses. (Not all expenses are allowable to be included in your eligibility determination, but all should be listed to show your financial situation.)

Expense	Monthly Expense	Any Amounts Past Due	Comments
Auto Fuel			
Auto Insurance			
Auto Loan			
Auto Registration/Inspection			
Auto Repairs			
Bank Fees			
Condo Assoc Fee			
Child Care			
Child Support Paid			
Credit Card			
Dental Care			
Diapers/Wipes			
Driver's License			
Electric			
Food			
Legal Fees/Fines			
Loan (Used for _____)			
Oil Heat			
Propane (Used for _____)			
Natural Gas (Used for _____)			
Health Insurance			
Home Repairs			
Home/Renter Insurance			
Laundry			
Medical Expenses			
Mortgage			
Prescriptions			
Rent (Including _____)			

Expense (Continued)	Monthly Expense	Any Amounts Past Due	Comments
Rent - Option to Own	_____	_____	_____
Rent - MH Lot	_____	_____	_____
Storage Unit	_____	_____	_____
Taxes (Income/Property)	_____	_____	_____
Telephone (Landline/Cell)	_____	_____	_____
Telephone (Cable/Internet)	_____	_____	_____
Transportation (Bus/Cab)	_____	_____	_____
Water/Sewer Bill	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

### **8. Extended Payment Arrangements**

Do you or any household members currently have an EXTENDED PAYMENT ARRANGEMENT with an electric or fuel company? \_ Yes \_ No If YES, complete the following:

Utility Company Name	Amount			
_____	\$_____	(Circle one)	weekly	biweekly
_____	\$_____	(Circle one)	weekly	biweekly
_____	\$_____	(Circle one)	weekly	biweekly
_____	\$_____	(Circle one)	weekly	biweekly

### **9. Other Assistance**

Has any other organization(s) or individual helped you pay any of your bills in the last four (4) weeks? \_ Yes \_ No If YES, complete the following:

Organization/Individual's Name	Bill Paid	Amount	Date Assisted
_____	_____	\$_____	_____
_____	_____	\$_____	_____
_____	_____	\$_____	_____
_____	_____	\$_____	_____
_____	_____	\$_____	_____



## **10. Criminal Information**

Have you or any member of your household ever been convicted of a felony or misdemeanor which has not been annulled?    ☐ Yes    ☐ No

If YES, complete the following:

Name	Date	Town/City/State	Detail of Conviction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you or household member presently on parole or probation?    ☐ Yes    ☐ No

If YES, complete the following:

Name	Court	Parole/Probation Officer Name & Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **11. Liability for Support Information**

Parents/step-parents, spouse or grown children may be called upon to assist in time of need. Provide the following information:

APPLICANT:	Name	Address	Phone #
Father	_____	_____	_____
Mother	_____	_____	_____
Spouse, if not living with you:	_____	_____	_____

CO-APPLICANT:	Name	Address	Phone #
Father	_____	_____	_____
Mother	_____	_____	_____
Spouse, if not living with you:	_____	_____	_____

Adult Children:

List name, address and phone # of any adult children not living with you:

\_\_\_\_\_  
\_\_\_\_\_

## 12. Certifications and Signatures

I understand that if I receive assistance from the municipality I may be required to participate in the welfare work ("workfare") program. (RSA 165:31)

I understand that I may be required to repay any assistance provided, after deduction of the value of workfare hours I have completed, if I am returned to an income status which enables me to reimburse without financial hardship. (RSA 165:20- b)

I understand that if I am assisted the municipality may place a lien against any real property which I own. (RSA 165:28)

I hereby certify that if I have a lawsuit, worker's compensation claim, or aid from any other social service agency now pending, I have listed these in this application. I further agree to notify the Welfare Official immediately upon receipt of any money from or upon the settlement of such claim. I understand that if I am assisted, the municipality may place a lien against any property settlement or civil judgment for personal injuries which I receive within six years of receiving municipal assistance. (RSA 165- 28a)

I understand that if I obtain a job after I am assisted by the municipality, and I later quit the job without good cause, I may be ineligible for local assistance from the municipality and any other New Hampshire municipality for a period of up to ninety days. (RSA 165:1- d)

I understand that if I am a recipient of Temporary Assistance for Needy Families (TANF) cash benefits and I fail to comply with TANF regulations, leading to a sanction and loss of income, the municipality may, under certain circumstances, disregard this decrease in my income. (RSA 165:1- e)

I understand that my parents/step- parents, spouse or grown children may be called upon to assist me when in need of relief if they can do so without financial hardship to themselves. (RSA 165:19)

I hereby certify that the information I have provided on this application is complete to the best of my knowledge and belief and provides a true summary of my income, assets and needs. I understand I may be required to provide documents and/or other forms of verification to prove the information requested on this application. I hereby certify that all information I will provide in response to questions asked by the welfare official is true and complete 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 the crime of Unsworn Falsification (RSA 641:3) and/or Theft by Deception. (RSA 637)

### Authorization to Release or Exchange Information \*

I/ We authorize any relative, physician, attorney, banker, employer, insurance company, landlord/shelter staff or any other person(s) or organization(s) having information concerning my circumstances to furnish such information to the TOWN OF WOLFEBORO Welfare Director. The Social Security Administration, the Division of Health & Human Services and the Department of Employment Security may release information in their files to this office. I/ we authorize the TOWN OF WOLFEBORO Welfare to release information as requested to the Division of Health & Human Services, Social Security Administration, Department of Employment Security, school personnel, attorney, physician, landlord, other town welfare offices, or any agencies providing supportive services regarding medical, housing/shelter, or financial assistance.

### Applicant

Print Name \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Co- Applicant

Print Name \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of person completing form  
(if not the applicant) \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

*\* The above authorization to release or receive information is in effect for as long as the applicant is currently seeking assistance from the TOWN OF WOLFEBORO Welfare Director or up to six (6) months after assistance has ended.*



**TOWN OF WOLFEBORO**  
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welfaredirector@wolfeboroh.us

Welfare

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I/We, the undersigned, understand that from time to time, the local Welfare Director of the TOWN OF WOLFEBORO 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 Director for the specific purposes 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 to remove the sanction.

I understand that I have the option to provide any or all of the requested information myself. I understand that any use of the above information inconsistent with these purposes is forbidden. I understand that the local welfare administrator may not release information provided under this authorization to any other person without my written permission.

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

Applicant: _____	Co-Applicant: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

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

\_\_\_\_\_  
Relationship to You

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



**TOWN OF WOLFEBORO**  
PO BOX 629  
WOLFEBORO, NH 03894  
(603) 569-8151 fax: (603) 569-8167  
welfaredirector@wolfeboronh.us

Welfare

## FAIR HEARING REQUEST

### FAIR HEARING REQUEST PROCEDURE

You have the right to request a fair hearing within five (5) working days of receipt of a notice of denial or suspension of benefits, or a decision which you wish to challenge. To review this decision, the fair hearing will be conducted by an impartial hearings officer. You will have an opportunity to review the contents of your welfare file prior to your hearing and present your case to the hearings officer, who will render a decision within seven (7) working days of the hearing. You may request that your assistance continue until the decision has been rendered.

Please complete and sign the form below to request a fair hearing, and return the form to the municipal office.

### FAIR HEARING REQUEST

I/We, \_\_\_\_\_, request a Fair Hearing to  
(Print your Name or Names of Co-Applicants)

review the decision of \_\_\_\_\_ concerning the request for assistance  
(Date of Decision)

from the TOWN OF WOLFEBORO.

I/We \_\_\_ want / \_\_\_ do not want (check one) assistance to continue until the hearing decision.

I/We understand that if I/we lose the hearing, I/we will owe the amount of assistance granted to me/us from the date of the disputed decision to the date of the Fair Hearing decision. I/We have received and read the 'Fair Hearings' section of the General Assistance Guidelines.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date



## EMPLOYMENT CONTACT WORK SEARCH

---

**\*\* TYPE OF CONTACT:** i.e. Visit, Telephone, Mail, Electronic  
(If applying electronically, you must provide proof of submission.)

Under New Hampshire Law RSA 165:1-b and the TOWN OF WOLFEBORO Welfare Guidelines, applicants for general assistance are required to diligently search for employment and accept said employment when offered. You are required to provide the TOWN OF WOLFEBORO Welfare with an accurate and complete record of 5 employment opportunities by --/--/----. All sections of this form must be completed (see example above). Incomplete or illegible Contact Work Search forms will not be accepted as valid. The Welfare has the authorization to contact potential employers listed on this sheet for verification purposes. Providing false information shall result in suspension of assistance under RSA 165:1-b and may result in criminal charges.

Signature of this document signifies understanding of and consent to the above referenced laws/requirements.

Signature of Applicant

Date



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## EMPLOYMENT VERIFICATION FORM

I, \_\_\_\_\_, authorize the release of information regarding my employment to the TOWN OF WOLFEBORO.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This form is to be completed by the employer / former employer or it shall not be accepted as valid.*

Name of Employee: \_\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Starting Date of Employment: \_\_\_\_\_ Hourly Pay Rate: \$\_\_\_\_\_

Type of Position: \_\_\_\_ Full-Time \_\_\_\_ Part-Time \_\_\_\_ Temporary

Please indicate time frame expected to work: \_\_\_\_\_

Frequency of Pay: \_\_\_\_ Weekly \_\_\_\_ Bi-Weekly \_\_\_\_ Other: \_\_\_\_\_

Paid By: \_\_\_\_ Check \_\_\_\_ Direct Deposit

Please list the last four (4) Pay Periods and Amounts of Pay:

Date: \_\_\_\_\_ Amount: \$\_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$\_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$\_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$\_\_\_\_\_

Employment Status: \_\_\_\_ Still Employed \_\_\_\_ Terminated/Separated

If termination/separation, please indicate date of last employment: \_\_\_\_\_

If termination/separation, please indicate reason for termination/separation:

\_\_\_\_ Layoff \_\_\_\_ Temporary Leave (Medical or other personal leave)  
\_\_\_\_ Voluntary Resignation \_\_\_\_ Retired  
\_\_\_\_ Dismissed with Cause \_\_\_\_ Other: \_\_\_\_\_

Does this employee receive any of the following through his/her employment:

\_\_\_\_ Credit Union Acct. \_\_\_\_ Retirement Plan (i.e.: 401K, IRA, etc.)  
\_\_\_\_ Medical Insurance \_\_\_\_ Short-Term Disability  
\_\_\_\_ Life Insurance \_\_\_\_ Long-Term Disability  
\_\_\_\_ Sick Pay \_\_\_\_ Other: \_\_\_\_\_

Authorized Company Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Date \_\_\_\_\_





## LIABILITY OF RELATIVE FORM

Page 1 of 2



TOWN OF WOLFEBORO  
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Welfare

## LIABILITY OF RELATIVE FORM

### RELATIVE FINANCIAL STATEMENT TO BE COMPLETED WITH LIABILITY OF RELATIVE FORM

RELATIONSHIP TO APPLICANT (circle one)

Father Mother Step-Father Step-Mother Son Daughter Husband Wife

Your Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

#### DEPENDENTS:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

#### HOUSEHOLD INCOME AND ASSETS:

Gross Monthly Income \$ \_\_\_\_\_ Net Monthly Income \$ \_\_\_\_\_

Total Income Last Year \$ \_\_\_\_\_ Sources(s): \_\_\_\_\_

Savings Account Balance \$ \_\_\_\_\_ Checking Account Balance \$ \_\_\_\_\_

Stocks, Bonds, CDs \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Real or Personal Property \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_ per \_\_\_\_\_ week \_\_\_\_\_ bi-weekly \_\_\_\_\_ monthly (check one)

#### MONTHLY HOUSEHOLD EXPENSES (Please list out of pocket expenses only):

Cable/Internet \$ \_\_\_\_\_ Child Support Paid \$ \_\_\_\_\_ Car Gas \$ \_\_\_\_\_

Car Insurance \$ \_\_\_\_\_ Car Payment \$ \_\_\_\_\_ Child Care \$ \_\_\_\_\_

Credit Card \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ Food \$ \_\_\_\_\_

Fuel Oil \$ \_\_\_\_\_ Natural Gas/Propane \$ \_\_\_\_\_ Health Insurance \$ \_\_\_\_\_

Life Insurance \$ \_\_\_\_\_ Loan \$ \_\_\_\_\_ Lot Rent \$ \_\_\_\_\_

Mortgage \$ \_\_\_\_\_ Prescriptions \$ \_\_\_\_\_ Rent \$ \_\_\_\_\_

Student Loans \$ \_\_\_\_\_ Telephone \$ \_\_\_\_\_ Home/Renter Ins. \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_ Property Tax \$ \_\_\_\_\_ Water/Sewer \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

I have read and understand the Liability of Relative Form attached including the requirements of RSA 165:19.

TOTAL MONTHLY INCOME \$ \_\_\_\_\_

TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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Welfare

## INTAKE FORM

Request Date: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc.Sec.# \_\_\_\_\_ Cell Phone \_\_\_\_\_ Employed? Full/Part/Self/No \_\_\_\_\_  
Applicant: \_\_\_\_\_  
Co-Applicant: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Household Makeup: \_\_\_\_\_  
Prior Address if less than 30 days at current address: \_\_\_\_\_ Homeless: ☐ Yes ☐ No

**ASSISTANCE NEEDED:** \_\_\_\_\_

**REASON FOR SEEKING ASSISTANCE:** \_\_\_\_\_

Number of Household Members \_\_\_\_\_

# of Adults \_\_\_\_\_ # of Children \_\_\_\_\_

Available Cash the Household has now: \$ \_\_\_\_\_

**Complete the following if you are renting:**

**Complete the following if you own a home:**

Rent Payment \$ \_\_\_\_\_ Monthly \_\_\_\_\_ Weekly \_\_\_\_\_  
Do you have a Notice to Quit/Demand for Rent? ☐ Yes ☐ No  
Do you have a Writ of Possession from the Court? ☐ Yes ☐ No  
Landlord/Property Manager Name and Telephone: \_\_\_\_\_

Mortgage Payment \$ \_\_\_\_\_ Monthly \_\_\_\_\_ Bi-Monthly \_\_\_\_\_  
Do you have a foreclosure notice? ☐ Yes ☐ No  
Check Type of Home: ☐ House ☐ Condo ☐ Mobile Home  
Lending Institution/Mortgage Holder & Account Number: \_\_\_\_\_

**Has anyone in household applied to this office before?**

**If working, indicate TAKE HOME (NET) Pay**

**If NOT working, is it due to illness and/or injury?**

**If no longer working, list date of last employment:**

**List benefits received by any household member:**

**List Health Insurance Benefits for all household member:**

Medicaid Ins# \_\_\_\_\_

Medicare Ins# \_\_\_\_\_

Other Ins Names and Numbers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EBT Card # \_\_\_\_\_

Head of Household		Other Household Members	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly \$ _____		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly \$ _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date _____		Date _____	
APTD Cash \$ _____		APTD Cash \$ _____	
TANF \$ _____		TANF \$ _____	
SSA \$ _____		SSA \$ _____	
SSDI \$ _____		SSDI \$ _____	
SSI \$ _____		SSI \$ _____	
Workers Comp \$ _____		Workers Comp \$ _____	
Child Support \$ _____		Child Support \$ _____	
Unemployment \$ _____		Unemployment \$ _____	
Food Stamps \$ _____		Food Stamps \$ _____	
Other \$ _____		Other \$ _____	

RELEASE OF INFORMATION: I do hereby authorize and request any relative, physician, lawyer, banker, insurance company, or any other person or organization having information concerning my circumstances, to furnish such information to the TOWN OF WOLFEBORO Welfare. I also waive my right to privacy and confidentiality contained in my file and/or any information received by the TOWN OF WOLFEBORO Welfare and authorize the TOWN OF WOLFEBORO Welfare to release such information to other agencies to the extent that such release is made to further my request for, or receipt of, assistance from that agency. This authorization shall expire 180 days from the date it is signed.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If you are completing this request in the absence of the applicant, assisting or representing the applicant, please provide the information below.

Your Name: \_\_\_\_\_

Contact #: \_\_\_\_\_

Agency or Relationship: \_\_\_\_\_

Case Technician: ACapone

Your Next Appointment is: \_\_\_\_\_ at \_\_\_\_\_



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Welfare

REQUEST FOR MEDICAL INFORMATION

I, \_\_\_\_\_, hereby authorize and request my physician to furnish such medical information concerning my circumstances to the TOWN OF WOLFEBORO.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This form is to be completed by the physician or it shall not be accepted as valid.*

APPLICANT/PATIENT INFORMATION

PHYSICIAN INFORMATION

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Prognosis: \_\_\_\_\_

Is patient able to work? ☐ Yes ☐ No Period of Disability: \_\_\_\_\_

☐ Yes, with the following limitations: \_\_\_\_\_

Does patient have another appointment scheduled? \_\_\_\_\_ Date & Time: \_\_\_\_\_

Signature of Physician \_\_\_\_\_

Date \_\_\_\_\_

OFFICIAL USE ONLY

Date: \_\_\_\_\_



---

**TOWN OF WOLFEBORO**

PO BOX 629

WOLFEBORO, NH 03894

(603) 569-8151 fax: (603) 569-8167

welfaredirector@wolfeboronh.us

Welfare

---

**NOTICE OF PROPERTY LIEN**

BE IT KNOWN that the TOWN OF WOLFEBORO, COUNTY OF CARROLL, New Hampshire (Grantee) pursuant to RSA 165:28 and any and all acts in Amendment thereof, has expended funds on behalf of \_\_\_\_\_ and is entitled to and hereby asserts a Lien upon Real Property owned by \_\_\_\_\_.

This real estate lien includes, but is not limited to, the following described property: Any Land and Building(s) located at \_\_\_\_\_, and known as Assessor's Map/Lot Number \_\_\_\_\_.

*This Notice of Lien is intended to provide the TOWN OF WOLFEBORO with the full protection of RSA 165:28, and is intended to secure all sums expended by said municipality, whether expended prior or subsequent to the recording of this Notice of Lien, as well as interest or costs provided by law until fully paid.*

TOWN OF WOLFEBORO, STATE OF NEW HAMPSHIRE    COUNTY OF CARROLL, ss.

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



---

**TOWN OF WOLFEBORO**

PO BOX 629

WOLFEBORO, NH 03894

(603) 569-8151 fax: (603) 569-8167

welfaredirector@wolfeboronh.us

Welfare

---

**NOTICE OF PROPERTY LIEN DISCHARGE**

The Lien established by the TOWN OF WOLFEBORO, COUNTY OF CARROLL, New Hampshire upon any and all real estate owned by \_\_\_\_\_, including the premises described below, pursuant to RSA 165:28 and any and all acts in Amendment thereof, and recorded in Volume \_\_\_\_\_, Page \_\_\_\_\_ of the \_\_\_\_\_ County Registry of Deeds is hereby discharged.

Real estate named in the lien included any Land and Building(s) located at \_\_\_\_\_, and known as Assessor's Map/Lot Number \_\_\_\_\_.

TOWN OF WOLFEBORO, STATE OF NEW HAMPSHIRE      COUNTY OF CARROLL, ss.

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





TOWN OF WOLFEBORO  
PO BOX 629  
WOLFEBORO, NH 03894  
(603) 569-8151 fax: (603) 569-8167  
welfaredirector@wolfeboronh.us

Welfare

September 1, 2016

-----  
-----  
-----  
-----, -- -----

RE: -----

DOB:

Dear Atty -----,

I am writing on behalf of the TOWN OF WOLFEBORO. ----- is receiving assistance from the TOWN OF WOLFEBORO Welfare and has informed us that you are pursuing a claim on their behalf.

According to RSA 165:28- A I, the TOWN OF WOLFEBORO is entitled to a lien on any settlement awarded to -----.

*"A Town shall be entitled to a lien upon property passing under the terms of a will or by interstate succession, a property settlement, or a civil judgement for personal injuries awarded any person granted assistance by a town under RSA 165 for amount of assistance granted by the town."*

Please notify us when such settlement is made so we may receive reimbursement for assistance provided to -----.

Please feel free to contact us if you have any questions.

Sincerely,

-----

CC: -----  
-----



**TOWN OF WOLFEBORO**  
PO BOX 629  
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(603) 569-8151 fax: (603) 569-8167  
welfaredirector@wolfeboronh.us

Welfare

**PROPERTY OWNER VERIFICATION FORM**

*This form must be completed by the property owner or agent in its entirety or it will not be accepted as valid.*

Name(s) on Lease: \_\_\_\_\_

All other household Members: \_\_\_\_\_

Address of Rental: \_\_\_\_\_

Rental Amount: \$\_\_\_\_\_ Per: ☐ Month ☐ Week ☐ Bi-Weekly Date Due: \_\_\_\_\_

Security Amount: \$\_\_\_\_\_

Paid By: ☐ Check ☐ Cash ☐ Money Order ☐ Sec Dep Loan Program

Does tenant pay full amount of rent? Yes ☐ No ☐ (circle one) If NO, please specify:

Rental subsidy from \_\_\_\_\_ for \$\_\_\_\_\_ Tenant's Share: \$\_\_\_\_\_

Date of Occupancy: \_\_\_\_\_ Date Rent Last Paid: \_\_\_\_\_ Amount Paid: \$\_\_\_\_\_

Current Rent Due: \$\_\_\_\_\_ Indicate any utilities included in rental amount

Past Rent Due: \$\_\_\_\_\_ ☐ Heat ☐ Gas ☐ Electric ☐ Hot Water Only ☐ Water

Damage/Late/Legal Fees: \$\_\_\_\_\_ Unit Type:

☐ Room ☐ Apt ☐ Home ☐ Other # of bedrooms: \_\_\_\_\_

Total Due: \$\_\_\_\_\_ Is tenant currently under eviction? Yes ☐ No ☐ (circle one)

Number of Notices to Quit/Demands for Rent issued in the last 12 months: \_\_\_\_\_

Property Owner(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

OR....If this property is managed by an authorized Business or Agency,  
please complete the following:

Business/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

**Tax ID Number or Property Owner's Social Security Number must be supplied to the Municipality.**

**\*\*YOU DO NOT HAVE TO GIVE YOUR TENANT THIS INFORMATION\*\***

**Checks will be made payable to the person(s) as listed on line 1 of the W9; if checks are to be payable to a business/agency, complete line 2 of the W9 (leave line 1 blank). Checks will be mailed to the address entered on the W9.**

**\*\*THIS FORM AND THE W9 MAY BE FAXED TO OUR OFFICE\*\***

I certify that the information I have provided on this form is true and accurate to the best of my knowledge.

Signature of Property Owner/Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address (Optional): \_\_\_\_\_



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Welfare

## SHELTER SPONSORSHIP AGREEMENT

The TOWN OF WOLFEBORO Welfare has agreed to provide Shelter Sponsorship for you. By accepting this Shelter Sponsorship, you agree to the following:

- o Completed and signed Welfare application/forms
- o Attend monthly shelter sponsorship appointments
- o Comply with Notice of Decision and Shelter Addendum
- o Participate in case plan with shelter case manager
- o Comply with shelter rules

Any violations of the terms of this agreement, breaking of Shelter Rules, and/or eviction from the Shelter will result in immediate suspension of housing services and assistance rendered by the TOWN OF WOLFEBORO Welfare.

I/We have read the above and have had it explained to me/us by a member of the Welfare staff. I/We understand the content and agree to the terms. I/We recognize that willful non-compliance with any of the above could result in denial of further assistance from the TOWN OF WOLFEBORO Welfare.

<b>Applicant:</b>  _____  <b>Signature:</b> _____ <b>Date:</b> _____	<b>Co-Applicant:</b>  _____  <b>Signature:</b> _____ <b>Date:</b> _____
---	--

Official Use Only    Approval: _____    Date: _____
---

**RENT VOUCHER – LANDLORD DELINQUENCY**

The Municipality of Wolfeboro hereby authorized payments to \_\_\_\_\_  
(landlord)  
on behalf of \_\_\_\_\_ of \_\_\_\_\_  
(tenant) (tenant physical address)  
In the amount of \$ \_\_\_\_\_ for rent due and owing for the period \_\_\_\_\_  
to \_\_\_\_\_.

**NOTICE OF APPLICATION OF RENT PAYMENTS TO DELINQUENCIES**

**TO:** \_\_\_\_\_  
(landlord)

You are hereby notified that, pursuant to RSA 165:4-a, \$ \_\_\_\_\_ of the above-authorized payment will be applied to your delinquent ☐ TAX ☐ SEWER ☐ WATER ☐ ELECTRIC bill owed to the municipality for your property located at \_\_\_\_\_  
(address of property with delinquency). You are also notified that, pursuant to RSA 540:9-a, any application by a municipality of amounts owed to it by a landlord pursuant to RSA 165:4-a, shall constitute payment by the tenant of the amount applied by the municipality to delinquent balances of the landlord.

\_\_\_\_\_  
Welfare Official

- ☐ Landlord copy
- ☐ Town copy (tax, sewer, water, electric)  
Note: send lower portion only
- ☐ Welfare copy

FORM T  
Form Approval  
OMB No.0960-0566

**Social Security Administration**  
Consent for Release of Information

**TO:** Social Security Administration

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

I authorize the Social Security Administration to release information or records about me to:

NAME

ADDRESS

Town of Wolfeboro Welfare Department

P.O. Box 629, Wolfeboro, NH 03894

Tel. # (603) 569-8151~Fax # (603) 569-8167

I want this information released because: I am applying for Municipal Welfare benefits.

\_\_\_\_\_  
(There may be a charge for releasing information.)

Please release the following information:

- \_\_\_\_ Social Security Number
- \_\_\_\_ Identifying information (includes date and place of birth, parents' names)
- \_\_\_\_ Monthly Social Security benefit amount
- \_\_\_\_ Monthly Supplemental Security Income payment amount
- \_\_\_\_ Information about benefits/payments I received from \_\_\_\_\_ to \_\_\_\_\_
- \_\_\_\_ Information about my Medicare claim/coverage from \_\_\_\_\_ to \_\_\_\_\_  
(specify) \_\_\_\_\_
- \_\_\_\_ Medical records
- \_\_\_\_ Record(s) from my file (specify) \_\_\_\_\_
- \_\_\_\_ Other (specify) \_\_\_\_\_

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: \_\_\_\_\_  
(Show signature, names, and addresses of two people if signed by mark.)

Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

FORM UQ

TOWN OF WOLFEBORO  
WELFARE DEPARTMENT  
P.O. Box 629, Wolfeboro, NH 03894  
Telephone: (603) 569-8151 Fax: (603) 569-8167

**UNEMPLOYMENT COMPENSATION INFORMATION AND RELEASE FORM**

Applicant's Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

I have applied for unemployment compensation in the State of \_\_\_\_\_

☐ Benefits have been approved, but I have not yet received any payments

(Attach copy of determination letter.)

Not eligible for benefits because (check one)

☐ Insufficient wages earned

☐ Part time/seasonal employee

☐ Self-employed/Subcontractor

☐ Injured at work/receiving worker's compensation/disability

☐ Voluntary quit, misconduct, not able & available, etc.

☐ Vacation/severance pay, wages/partial wages paid

I have received/am receiving unemployment compensation benefits (attach copies of stubs or printout)

AUTHORIZE THE DEPARTMENT OF EMPLOYMENT SECURITY TO RELEASE THE INFORMATION REQUESTED BELOW.

Signature of Applicant filing DES claim \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

**DEPARTMENT OF EMPLOYMENT SECURITY TO PROVIDE THE FOLLOWING INFORMATION:**

Use list below any payments made to the person named above during the stated documentation period. Please complete this form even if no benefits were paid.

Documentation period: \_\_\_\_\_ TO \_\_\_\_\_

DATE ISSUED				
WEEKLY AMOUNT				
WAGES EARNED				

TOTAL PAID DURING DOCUMENTATION PERIOD \$ \_\_\_\_\_

Completed by \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO TOWN OF WOLFEBORO WELFARE DEPARTMENT AT ABOVE ADDRESS OR FAX TO (603) 569-8167. THANK YOU FOR YOUR COOPERATION.



Form **4506-T**

(Rev. January 2010)

Department of the Treasury  
Internal Revenue Service**Request for Transcript of Tax Return**

► Request may be rejected if the form is incomplete or illegible.

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

- 6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ►
- a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐
- b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . . . ☐
- c **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . . ☐
- 7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☐
- 8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . ☐

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

- 9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received **within 120 days of signature date**.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 37667N

Form **4506-T** (Rev. 1-2010)

Form T

FORM Y-U

**SECURITY DEPOSIT AGREEMENT**

NOW COME the Town of Wolfeboro, of P.O. Box 629, 84 South Main Street, Wolfeboro, New Hampshire 03894 ("Town") \_\_\_\_\_ of \_\_\_\_\_ ("Landlord"), and \_\_\_\_\_ of \_\_\_\_\_ (Tenant") and hereby stipulate and agree as follows:

1. Landlord has agreed to rent to Tenant the premises located at \_\_\_\_\_ Apartment No. \_\_\_\_\_, provided that Tenant pays Landlord a security deposit in the amount of \$ \_\_\_\_\_.
2. Tenant has applied for welfare assistance from the Town; and the Town has determined that Tenant qualifies for such assistance.
3. As part of the assistance which will be provided to the Tenant, the Town is willing to pay all of a portion of the Tenant's security deposit to the Landlord, in the amount of \$ \_\_\_\_\_.
4. Within 30 days from the termination of the Tenant's tenancy, Landlord shall return the security deposit to the Town and pay any interest due. Pursuant to RSA 540-A:7, I, if there are any damages to the premises, excluding reasonable wear and tear, the Landlord may deduct the cost of repair from the security deposit. In such case, the Landlord shall provide the Tenant and the Town with a written, itemized list of any damages for which the Landlord claims the Tenant is liable, which shall indicate with particularity the nature of any repair necessary to correct any damage and satisfactory evidence that repair necessary to correct such damages has been or will be completed.
5. In the event that the Landlord deducts the cost of repair from the security deposit, Tenant shall be responsible to reimburse the Town for the amount deducted, in addition to other amounts for welfare assistance that Tenant may be obligated to reimburse the Town.
6. Should the Landlord fail to pay the Town the amount of the security deposit plus any interest due, minus legitimate cost of repair, then Landlord shall be liable to the Town for same.

TOWN OF WOLFEBORO

\_\_\_\_\_  
Date

\_\_\_\_\_

LANDLORD

\_\_\_\_\_  
Date

\_\_\_\_\_

TENANT

\_\_\_\_\_  
Date

\_\_\_\_\_