

TOWN OF STRAFFORD

Human Services Department



Application for General Assistance

PLEASE READ CAREFULLY

All questions must be answered and requested forms submitted.
Otherwise, this application will be considered null and void.



TOWN OF STRAFFORD, NEW HAMPSHIRE

HUMAN SERVICES DEPARTMENT

12 Mountain View Drive~ PO Box 23~Center Strafford, NH 03815

(603)664-2192 extension 107 Facsimile: (603)664-7276

NOTICE OF RESPONSIBILITIES AND RIGHTS OF ANYONE RECEIVING ASSISTANCE FROM THE TOWN OF STRAFFORD

Responsibility 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 official promptly when there is a change in needs, resources, address or household size;
3. To apply for immediately, but no later than 7 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 as requested;
6. To provide a doctor's statement if claiming an inability to work due to medical problems;
7. Following a determination of eligibility for assistance, to diligently search for employment and; provide verification of work search (the number of work search contacts to be determined by the welfare official), to accept employment when offered (except for documented reasons of good cause (RSA 165:1-d)), and to maintain such employment. RSA 165:1-b, I (c)
8. To reimburse assistance granted if returned to an income status and if such reimbursement can be made without financial hardship. 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, in accordance with Section XIII(C).

Any recipient may be denied or terminated from general assistance, in accordance with Section XIII, or may be prosecuted for a criminal offense, if he/she, by means of intentionally 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.



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NOTICE OF RIGHTS OF ANYONE RECEIVING ASSISTANCE FROM THE MUNICIPALITY OF STRAFFORD, NEW HAMPSHIRE

You have the following rights:

1. You have a right to make a written application for assistance, even if the welfare officer tells you that you are not eligible.
2. You have a right to receive a prompt written decision telling you whether or not you will receive assistance each time you apply for assistance.
3. You have a right to have in writing the reason why you have been denied assistance or have been given only some of the assistance you requested.
4. You have a right to appeal any decision you do not agree with. You must appeal within five (5) working days after you received your decision.
5. You have a right to have a hearing to present your case.
6. You have a right have your assistance continued if you are already receiving assistance when you request a fair hearing.
7. You have a right to review the information in your file before your hearing.
8. You have a right to see the guidelines used by the welfare officer in making decisions on your application.
9. You have a right to be given a written notice of conditions before you are suspended from receiving assistance for failing to obey the guidelines.
10. You have a right to refuse to conduct a job search if you must care for a child under the age of five (5), if you are disabled or ill, or if you must take care of a member of your family who is disabled or ill.

I have read and understand my rights and responsibilities.

Welfare Applicant

Date



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BASIC NEEDS POLICY

Per the **Town of Strafford** Welfare Guidelines, it is the applicant/recipient's responsibility to utilize any available benefits or resources to reduce the need for general assistance. We 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
- ♦Non-food hygiene products
- ♦Electricity
- ♦Food
- ♦Diapers
- ♦Car payments for working individuals
- ♦Basic telephone service up to \$45/month
- ♦Prescriptions

The following expenses **may be allowed** and are evaluated on a case by case basis:

- ♦Basic Internet

The following are examples of **unallowable** expenses:

- ♦Car payments
- ♦Insurance payments
- ♦Credit Card payments
- ♦Bail payment
- ♦Loan payment
- ♦Repayment of personal loans
- ♦Cable & Internet
- ♦Restaurant/Fast Food
- ♦Miscellaneous payments
- ♦Tobacco/Alcohol Products
- ♦Cell Phone in addition to landline

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 all expenses (allowable and not allowable) 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.

The maximum weekly food & non-food hygiene products allowance for your family size is

\$_____. Dated, unaltered receipts must be provided.

General assistance is granted for current rent payments, current utility bills, food, and other basic necessities. No general assistance is granted for alcohol, tobacco, or pet food.

I have read and reviewed the Basic Needs Policy with my caseworker.

Applicant Signature

Date

Co-Applicant Signature

Date



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REQUIRED VERIFICATIONS: To avoid assistance being delayed or denied, you must provide copies of the following verifications/documentation along with your completed application. **(Required verifications apply to all members of the household.)**

Proof of Identification:

- Picture ID
 - NH Driver's License or
 - Passport
- Birth Certificate
- Social Security Card

Divorce Decree or Marriage License

Proof of Children:

- Birth Certificate or Social Security Card
- Court order of Custody

Proof of Residency:

- Current rent receipt or Rental Request Form from Landlord
- Statement from person you are staying with
- Utility bill in your name
- Current Lease or Mortgage information

Residence/Shelter Expenses (last 30 days):

- Rent
- Utilities
- Statement from room-mate(s) regarding division of expenses
- Repairs necessary for Health and Safety to owner occupied property

Proof of Income/Other Assistance (for past 30 days):

- Last four weeks' pay-stubs or other proof of net wages
- Court ordered child support payments or child support payments received
 - Alimony
 - Worker Compensation
 - Social Security benefits
 - TANF (Temporary Assistance for Needy Families) benefits
 - Food Stamps
 - Fuel Assistance benefits
 - Unemployment

Proof of Income/Other Assistance (for past 30 days): cont.

- Banking transaction report for checking and /or savings accounts
- Most recent /current Federal/State Tax Return
- Rental Subsidy

Proof you have applied for the following, if eligible:

- VA benefits
- Social Security or SSI (Supplemental Security Income)
- Fuel Assistance Program
- Unemployment
- TANF or TANF Emergency Assistance*
- OAA (Old Age Assistance) *
- APTD (Aid to the Permanently and Totally Disabled) *
- Food Stamps or Emergency Food Stamps*
- Title XX Daycare*
- Medicaid

Proof of Personal Property:

House, Land, Camp, Car, Trailer, Motorcycle, etc. (Provide a Vehicle registration)

Proof of Liquid Assets:

Savings and checking accounts (bank transaction reports for past 30 days), liquid asset statements, bankbooks, IRA's, Stocks, Life Insurance with cash value, etc.

Proof of Expenses:

Receipts for items allowed under the Basic Needs Guidelines

Proof laid off from or terminated from your last employer

Proof you have registered with employment office if unemployed

Verification of injury or illness if unable to work. (Letter from physician and or Medical Report Form)



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1. General Information: Please answer **all** questions on this application completely

Date of Application: _____ **Referred by:** _____

Name: _____ **Date of Birth:** _____

Including middle initial & maiden name if applicable

Physical Address: _____

If different than physical address

Please check box Other _____ **Email:** _____

Telephone: _____ **Social Security Number:** _____ **US Citizen?** _____

Marital Status: _____ **Rent or Own?** _____ **How long at this address?** _____

Spouse/Co-Applicant Name: _____ **SS#** _____

Spouse address (if not same as applicant) _____

What emergency help do you request ? _____

Why?: _____

Have you applied for local assistance in any city/town before? Yes No **When?** _____

Where? _____ **Under what name?** _____

List below all other persons including Spouse/Co-Applicant living in your home. (Use additional sheet if necessary)

Full Name	Relationship	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all addresses (including current) where you have lived the past 2 years.

Street	Town/City	State	From	To	Reason for moving?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. Housing Information:

Rent amount _____ per (month/week) _____ Date last paid _____ Date due _____

Do you have current: ___ Demand for Rent ___ Notice to Quit ___ Landlord/Tenant Writ

Total rent owed: _____ Do you have Section 8 or Public Housing? ___ Yes ___ No How Much? _____

Utilities Included: ___ Heat ___ Electric ___ Gas ___ Water/Sewer ___ Other ___ None

How many bedrooms? ___ Efficiency ___ 1 Bedroom ___ 2 Bedrooms ___ 3 Bedrooms ___ 4 Bedrooms

LANDLORD: Name: _____ Telephone: _____

Address: _____

IF HOME-OWNER: Mortgage Amount: _____ Date last paid: _____ Owed: _____

Principle & Interest Amount: _____

Bank/Mortgage Co. _____ Address: _____

3. Education / Training / Employment

	Highest Grade <u>Attended</u>	G.E.D. or <u>Diploma</u>	Degrees/Certificates <u>Special Training or Skills</u>	Military <u>Service Dates</u>
Applicant:	_____	_____	_____	_____
Spouse/Co Applicant:	_____	_____	_____	_____

Applicant Work History:

Are you employed now? ___ Yes ___ No Employer: _____ Position: _____

When began work: _____ Date/Amount of most recent check: _____

Are you *unemployed* now? ___ Yes ___ No Reason: _____

Date last worked: _____ Employer: _____ Date/Amount last check: _____

Are you able to work now? ___ Yes ___ No If not able, why not? _____

If not, do you have medical documentation? ___ Yes ___ No

Co Applicant Work History:

Are you employed now? ___ Yes ___ No Employer: _____ Position: _____

When began work: _____ Date/Amount of most recent check: _____

Are you unemployed now? ___ Yes ___ No Reason _____

Date last worked: _____ Employer: _____ Date/Amount last check: _____

Are you able to work now? ___ Yes ___ No If not able, why not? _____

If not, do you have medical documentation? ___ Yes ___ No

Other Household Members 18 & older Work History:

Are you employed now? ___ Yes ___ No Employer: _____ Position: _____

When began work: _____ Date/Amount of most recent check: _____

Are you unemployed now? ___ Yes ___ No Reason: _____

Date last worked: _____ Employer: _____ Date/Amount last check: _____

Are you able to work now? ___ Yes ___ No If not able, why not? _____

If not, do you have medical documentation? ___ Yes ___ No

Have you or any member of your household aged 18 and over worked in the past 2 years?

___ Yes ___ No If yes, please provide work history below.

<u>Name</u>	<u>Employer</u>	<u>Pay</u>	<u>Weekly/ Biweekly</u>	<u>Employment Dates</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. Military Service Records:

Have you ever served in the military? ___ Yes ___ No Veteran? ___ Yes ___ No

Are you receiving benefits? ___ Yes ___ No How much? _____ Dates served: _____

Branch: _____ Do you have an Honorable Discharge? ___ Yes ___ No

5. Household Assets:

Bank Accounts? ___ Yes ___ No If yes, provide information regarding accounts held by you and all household members:

<u>Name</u>	<u>Bank/Credit Union</u>	<u>Savings Acct.#</u>	<u>Savings Balance</u>	<u>Checking Acct.#</u>	<u>Checking Balance</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are there any current value of assets held by you and all household members? ___ Yes ___ No

Cash on hand: (all household combined) _____ Certificates of Deposit (CD's): _____

Savings Bonds: _____ Mutual Funds: _____ Annuities: _____ Stocks: _____

Trust Funds: _____ Retirement Funds: _____ Insurance Policies: (cash value) _____

401K: _____ Property other than primary residence: _____ Location: _____

Other Investments: _____

Motorcycles/Boats/Snowmobiles/ATV's/RV's: _____

Other Assets: (please list) _____

Are there any Gambling Winnings in last 30 days? Bingo ___ Yes ___ No Lottery ___ Yes ___ No
Scratch tickets ___ Yes ___ No

If yes, how much? _____

Are there any claims/settlements/income due to you or any household member? ___ Yes ___ No

IRS Refund: _____ Insurance Claim: _____ Retroactive disability check: _____

Retroactive Unemployment or Worker's Compensation Check: _____ Inheritance: _____

Other Lump Sum Payment:(explain) _____

Have you or any household member consulted a lawyer regarding a possible lawsuit? ___ Yes ___ No

Lawyer: Name/Address: _____

Reason: _____

Do you or any household member have a lawsuit pending? ___ Yes ___ No If Yes, Which member? _____

Please give details: _____

Lawyer: Name/Address: _____

Do you have or any other household members of your household own a vehicle(s)? ___ Yes ___ No

If yes, please provide information below.

<i>Owner</i>	<i>Auto Make</i>	<i>Model</i>	<i>Year</i>	<i>Value</i>	<i>Payments/ Pay off date</i>	<i>Insurance</i>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

6. Do you or any household member have Unearned Income? ___ Yes ___ No

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

	Name & Household Members Name	Date Applied	Date Last Received	Monthly Amount
ANB (Aid to the Needy Blind)	_____	_____	_____	_____
APTD (Aid to the Permanent & Total Disabled)	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Disability (Employer-short or long term)	_____	_____	_____	_____
Food Stamps	_____	_____	_____	_____
Fuel Assistance	_____	_____	_____	_____
Gifts/Loans	_____	_____	_____	_____
Maternity Benefits	_____	_____	_____	_____
Medicaid	_____	_____	_____	_____
OAA (Old Age Assistance)	_____	_____	_____	_____
Retirement	_____	_____	_____	_____
Rent Subsidy	_____	_____	_____	_____
Severance Pay	_____	_____	_____	_____

Social Security (Retirement) _____

SS (Survivors benefit) _____

SSDI (SS Disability) _____

SSI (Supplemental Security) _____

TANF _____

Unemployment _____

Vacation Pay _____

Veteran's Pension _____

Vocational Rehabilitation _____

WIC (Women/Infants/Children) _____

Worker's Compensation _____

Other: _____

Does any minor child receive any form of Social Security Income? ___ Yes ___ No How Much? _____

Are you or any other household members working, volunteering, and/or receiving assistance from any other agencies? ___ Yes ___ No

<u>Name</u>	<u>Agency Name</u>	<u>Contact Person</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Do you have Household Expenses? ___ Yes ___ No

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

You must indicate amounts. Ex: Food (\$100.00/wk.)

Bank Fees _____ Diapers _____ Mortgage _____

Bus/Cab _____ Electric _____ Private School _____

Cable _____ Food _____ Prescriptions _____

Child Support Paid _____ Fuel Oil _____ Rent _____

Car Gasoline _____ Gas/Bottled _____ Rent-To-Own _____

Car Insurance _____ Gas, Natural _____ School Loan(s) _____
 Car Payment _____ Health Insurance _____ Storage _____
 Condo Fee _____ Internet _____ Telephone _____
 Child Care _____ Laundry _____ Tobacco Products _____
 Credit Card(s) _____ Loan _____ Other _____
 Cell Phone _____ Lot Rent _____ Other _____

List unplanned, emergency or irregular periodic expenses during the past 30 days:

Car Inspection _____ Driver's License _____ Medical _____
 Car registration _____ Fines/Court Payments _____ Sewer/Water _____
 Car repair _____ Home Repairs _____ Tax (Income/Property) _____
 Dental _____ Home/Rent Insurance _____ Lawyer Fees _____

8. Criminal Information:

Have you or any member of your household ever been convicted of a felony which has not been annulled?

___ Yes ___ No If yes, who? _____ When? _____

Town/City & State of conviction _____ Details of conviction: _____

Are you or any member of your household presently on parole or probation? ___ Yes ___ No

If yes, who? _____ Court or Jurisdiction? _____

Name & phone number of parole/probation officer: _____

Are you required by law to register as a sex offender? ___ Yes ___ No Where? _____

9. Liability for Support Information

(Must complete this section do not leave blank)

Please provide following details: (Please see State Law RSA 165:19 on page 7)

Your father/Step _____ Address _____ phone# _____

Deceased

Your mother/Step _____ Address _____ phone# _____

Deceased

Co-applicant father/Step _____ Address _____ phone# _____

Deceased

Co-applicant mother/Step _____ Address _____ phone# _____

Deceased

Are your or Co-applicant's adult children living in OR out of the home? ___ **In** ___ **Out** ___ **No adult children**

10. Certifications /Signatures/ Release of Information:

I understand I may be required to provide financial information to determine family member’s ability to assist or maintain my needs, in the line of father, mother, stepfather, stepmother, son, daughter, husband or wife, whether or not they reside in my household. Should a relation refuse to render such financial information when requested, such person or persons could be summoned to appear in court for determination of ability to assist. RSA 165:19

I understand that I may be required to repay any assistance provided, if I am returned to an income status, and/or receive available financial resources, including income tax refund(s), which enables me to reimburse without financial hardship. RSA 165:20-b.

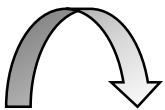
I understand that if I quit a job without good cause, after the municipality assists me; I may be ineligible for local assistance from this or any New Hampshire municipality for a period of up to ninety days. RSA 165:1-d.

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 if I am assisted, the municipality may place a lien against any property settlement or civil judgment for personal injuries (except any worker’s compensation settlement), which I receive within six years of receiving municipal assistance. RSA 165:28-a.

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 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 crimes of Unsworn Falsification RSA 641:3, Theft by Deception RSA 637:4 and/or Identity Fraud RSA 638:27, which can result in imprisonment.



Applicant Signature

Date

Signature of person completing form
(If not applicant)



Co-applicant Signature

Date

Relationship



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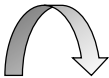
Release of Information

I/We _____ authorize any relative, physician, lawyer, banker, landlord, insurance company, mental health professional, school official or other person or organization having information concerning my/our circumstances to furnish such information to Strafford, NH Welfare.

I/We also authorize the IRS, Social Security Administration, any State or County Division of Health & Human Services, Division of Children Youth and Families, Division of Adult & Elderly, NH Legal Assistance, City/Town Welfare Department, Homeless Shelter, Department of Employment Security, Veteran's Administration and Fuel Assistance, or any non-profit agency to release information from their files to Strafford, NH Welfare.

I also authorize any employer to verify employment status or application for employment to the extent necessary to further my application for or compliance with Strafford, NH Welfare.

I also waive my right to privacy and confidentiality contained in my file and/or any information received by Strafford, NH Welfare and authorize to release such information to other agencies to the extent that such release is made to further my application for, or receipt of, assistance from that agency.

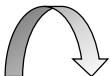


This authorization shall expire 180 days from the date it is signed.

Applicant Signature

Date

Signature of person completing form
(If not applicant)



Co-applicant Signature

Date

Relationship



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RENTAL VERIFICATION FORM

Must be filled out by Landlord

Tenant's Name: _____ Date: _____

Address: _____

(Number/Street)

(Apt. #)

(City)

(State)

Number of Household Members: _____ List of Household Members: _____

Occupancy date: _____ Security Deposit: Amount: \$ _____ Date paid: _____

Rent amount: \$ _____; paid θ monthly θ weekly θ other _____

If subsidized rent, please list tenant portion: \$ _____ # of Bedrooms: _____

Rent Includes: All utilities No Utilities Hot Water Heat Electric

Type of Heat: Electric Oil Gas Other _____

Date last rent was paid: _____ Amount Paid: \$ _____ Back rent owed: \$ _____

(if back rent is owed, please attach accounting of months and amounts)

For IRS reporting, landlord's Tax ID or Social Security # must be provided.

Tax ID #: _____ OR Social Security #: _____

CHECK IS TO BE MADE PAYABLE TO: (PLEASE PRINT)

Landlord's Name

Telephone / Fax Numbers

Landlord Address

Landlord Signature

Date



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PLEASE READ AND SIGN

RSA 165:19 Liability 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 to assist such person if his weekly income is more than sufficient to provide a reasonable subsistence compatible with decency and health.

RSA 165:20 Recovery of Expense – If a town spends any sum for the support, return to his home, or burial of an assisted person having relations able to support him under Section 19 of this chapter, such sum may be recovered from the relation so chargeable.

***I have read RSA 165:19 and RSA 165:20 above and understand that I am liable to assist now or that The Town of Strafford can bill me and recover assistance given to:**

Applicant Signature

Date

Relative Signature

Date

Relative Signature

Date

TOWN OF STRAFFORD, NEW HAMPSHIRE
AUTHORIZATION FOR THE RELEASE OF INFORMATION – DHHS

I, _____, the undersigned, understand that from time to time,
Print Your Name

the local welfare administrator for Strafford, New Hampshire may require certain information about assistance I am applying for or receiving from the New Hampshire Department of Health and Human Services, Division of Family Assistance (DFA). When information cannot be provided by me personally, I hereby authorize DFA to release the following information to the local welfare administrator for the specific 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.

Signature

Date

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

Relationship to You

Witness

Date