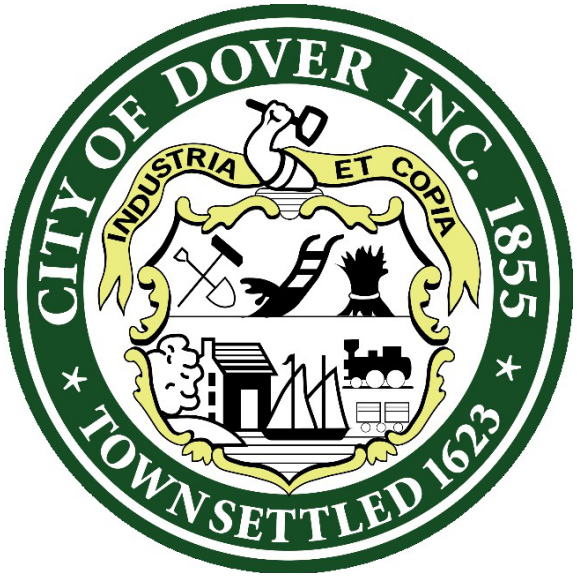


City of Dover, New Hampshire
Welfare Guidelines

REVISED 2026

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INTRODUCTION

The local governing body, as defined in RSA 672:6, of every town and city in the state shall adopt written guidelines relative to general assistance. The guidelines shall include, but not be limited to the following:

A. The process for application for general assistance.
B. The criteria for determining eligibility.
C. The process for appealing a decision relative to the granting of general assistance.
D. The process for the application of rents under RSA 165:4-b, if the municipality used the offset provisions of RSA 165:4-a,
E. A statement that qualified state assistance reductions under RSA 167:82, VIII may be deemed as income, if the local governing body has permitted the welfare administrator to treat a qualified state assistance reduction as deemed income under RSA 165:1-e.

These Guidelines are the City of Dover's Guidelines in the assessment and determination of assistance to be provided through the Welfare Department. These Guidelines include general factors to be considered when determining "need." This is not a guarantee of assistance, or a formula used. The Welfare Department's purpose is to provide temporary emergency assistance to residents of Dover in an attempt to stabilize difficult situations that may arise. The determination of "need" and type of assistance provided, if any, lies within the discretion of the Welfare Officials.

I. DEFINITIONS

AGENCY: Any health, social service or other entity that provides services to a client. Any such entity to which a 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a desire to receive general assistance or to have his/her eligibility reviewed and whose application has not been withdrawn.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 or by an authorized representative of the applicant.

APPLICATION (RE-APPLICATION): Written action by which a person requests assistance from a Welfare Official. This application must be made on a form provided by the Welfare Official. The application form may be written or completed electronically (if available) by means of an interview conducted by a welfare official and verified by the applicant's signature.

ASSETS: All cash, real property, personal property and future assets owned by the applicant in whole or in part.

AVAILABLE LIQUID ASSETS: Amount of assets after exclusions enumerated in Section IX(D). Includes, but not limited to, 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 when they have been converted into cash.

CASE MANAGEMENT: A holistic collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's and/or household's short and long-term emergency needs through communication and available resources to promote safe, cost effective outcome.

CASE RECORD: Official files including, but not limited to, general applications, office forms, correspondence, relevant case notes, determination of eligibility, details provide to client of expectations, reasons for decisions and description of assistance given. The case record may be maintained electronically (if available). A hard copy of all relevant and signed documents should be maintained during the active phase of any applications and 7 years thereafter, in accordance with state law.

CITY MANAGER: The duly authorized City Manager for the City of Dover.

CLAIMANT: A recipient or applicant who has requested, either in person or through an authorized representative, a fair hearing under Section XIV of these guidelines.

CLIENT: An individual who receives services from the welfare department. This may be a single person or encompass a household as defined per welfare guidelines.

ELIGIBILITY: Determination by a Welfare Official, in accordance with the guidelines, of an applicant's need for general assistance under the formula provided in Section IX.

FAIR HEARING: A hearing which the applicant or recipient may request to contest a denial, termination or reduction of assistance. The standards for such a hearing are in Section XIV.

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

HOMELESS SHELTER: A temporary housing provider through which an individual or family may seek emergency housing until permanent housing is obtained.

HOUSING:

- Emergency Shelter: A temporary or non-permanent and non-tenancy housing which is a temporary housing from a housing provider through which an individual or family may seek emergency housing when no other housing is available.
- Non-Permanent Non-Tenancy Housing: Applicant(s) pay for room(s) in Rooming or Boarding House; Hotels, Motels, Inns or Tourist Home or other dwellings which rent for recreational or vacation use. Room(s) in a single-family home with no lease which is the primary and usual residence of the owner. Other occupancies noted as nontenancy under RSA 540:1, IV.
- Permanent Tenancy Housing: Applicant(s) rent apartment, home or room or real property for the sole purpose of residential and non-transient purposes. Applicants(s) may or may not have lease or contract.
- Transitional Housing: A non-permanent and non-tenancy housing which is usually provided by an Assistance Program which can require rules or policies to stay in their housing and programs.
- Tenant or Tenancy: Permanent Housing where occupants shall be deemed to rent at will or have a contract or lease in which have protections of eviction as noted in NH RSA chapter 540.

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 legal 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 lived with the child long enough to form a "psychological family."

INTAKE ASSESSMENT: The initial in person interview at which time the potential applicant's circumstance is reviewed and assessed by a welfare official prior to a formal appointment for eligibility testing.

MINOR: A person under 18 years of age.

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

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/RESIDENCY: Residence or residency shall mean an applicant's place of abode or domicile. The place of abode or domicile is that place designated by the applicant as their principle 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 an intent and/or means to return to such residence or residency as the principal place of physical presences. RSA 165: 1 (l); 21:6-a.

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

UTILITY: Any service such as electric, gas, oil, water or sewer necessary to maintain basic 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 a municipality issues vouchers to the recipient's vendors and providers rather than cash to the recipient. RSA 165:1(Ill). See Section VIII.

WELFARE OFFICIAL: The official of the municipality, or designee, who performs the function of administering general assistance. Such person has the authority to make all decisions regarding the granting of assistance under RSA 165, subject to the overall fiscal responsibility vested in the selectpersons, board of alderpersons, city or town manager, or city or town council. The term includes "overseers of public welfare" (RSA 165:1; 41:46) and "administrator of town or city welfare" RSA 165:2.

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 general assistance is confidential and privileged, and is not a public record under the provisions of RSA 91 -A. Such information will not be published, 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 of RSA 165. RSA 165:2-c. In order to maintain the privacy of applicants and the confidentiality of information provided, the use of video or audio recording devices is prohibited within the public welfare office.

IV. ROLES OF LOCAL GOVERNING BODY AND WELFARE OFFICIAL

The responsibility of the day to day administration of the general assistance program should be vested in the appointed Welfare Official. The Welfare Official shall administer the general assistance program in accordance with the written guidelines of the municipality. The local governing body (city council) is responsible for the adoption of the guidelines relative to general assistance. RSA 165:1 (II).

V. MAINTENANCE OF RECORDS

A. Legal Requirement

Each Welfare Official is required by RSA 41:46 to keep complete paper and/or electronic records concerning the number of applicants given assistance and the cost of such support. Separate case records shall be established for each individual or family applying for general assistance. A paper copy of these records will be kept during the active phase of any application plus 7 years, after which they will be destroyed. The purpose for keeping such records is:

1. To provide a valid basis of accounting for expenditure of the municipality's 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 the Welfare Official with accurate statistical information; and

5. To provide a complete history of an applicant's needs and assistance that might aid the Welfare Official with ongoing or potential future case management and in referring the applicant to appropriate agencies and other support entities.

B. Case Records

The Welfare Official shall maintain case records containing the following information:

1. The complete application, including any authorizations signed by the applicant allowing the Welfare Official to 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.

2. Written grounds for approval or denial of application, contained in a Notice of Decision.

3. A narrative history recording assistance sought, the results of investigations of applicants' circumstances, referrals, changes in status and other relevant communications as determined by the Welfare Official.

4. A Client Account Summary which has complete data regarding the type, amount and dates of assistance given which may be kept on paper or electronically.

VI. APPLICATION PROCESS

A. Right to Apply

INTAKE ASSESSMENT PROCESS: Individuals presenting themselves at the City of Dover Welfare Department will normally utilize an initial intake process, including the completion of an intake form. The welfare official(s) will familiarize themselves with the situation, expedite and prioritize an appointment if necessary and/or refer to other resources to meet their need(s) if reasonably able. A copy of the intake will be provided to the individual indicating the applicant's responsibility to provide specific records and documents needed to verify and determine eligibility at the decision-making appointment and other resources to potentially meet their needs.

1. Anyone may apply for general assistance by appearing in person or through authorized representation (if in person is impossible) and completing a written or available electronic application form. If more than one adult resides in a household, each may be required to appear at the welfare office and apply for assistance, unless one is working at a place of employment or otherwise reasonably unavailable.

   Unrelated adults in the applicant's residential unit may be required to apply separately if they do not meet the definition of household as defined in these guidelines. Each adult in the household may be requested to sign a separate release of information forms.

2. The Welfare Official shall not be required to accept an application for general assistance from a recipient who is subject to a suspension pursuant to Section XIII(C) of these guidelines (RSA 165:1-b, VI); provided that any applicant who contests a determination of continuing noncompliance with the guidelines may request a fair hearing as provided in Section XIII (C)(7); and provided further that a recipient who has been suspended for at least six months due to continued noncompliance may submit a new application.

3. All individual Dover Welfare applicants when being assisted with Emergency Housing in either a Shelter or Motel/Hotel provided or procured by Dover Welfare must be ambulatory and fully able to self-care.

Client must be able to stand on their own, get in and out of bed, use the toilet and shower unassisted, take care of daily hygiene needs, have the ability to procure and prepare the food they will need and feed themselves.

If referral for services are being requested by an outside agency or organization written, dated and signed medical verification from a licensed medical provider must be provided stating that client is able to self-care and will be safe by themselves in the location they will be staying.

B. Welfare Official's Responsibilities at Time of Application

When an application is made for general assistance, the Welfare Official shall inform the applicant of:

1. The requirement of submitting an application and intake form. The Welfare Official shall provide assistance to the applicant in completing the application, if necessary (e.g. applicant is physically or mentally unable to complete the application);

2. Eligibility requirements, including a general description of the guideline amount and the eligibility formula;

3. The applicant's right to a fair hearing and the manner in which a review may be obtained, if sought;

4. The applicant's responsibility for reporting all facts necessary and not withholding applicable information, to determine eligibility and for presenting records and documents as requested and as reasonably available to support statements;

5. The joint responsibility of the Welfare Official and applicant to exploring facts concerning eligibility, needs and potential resources;

6. Verifications needed as listed in Section VII;

7. That an investigation will be conducted in order to verify facts and statements presented by the applicant, including collateral contact to relevant third parties;

8. The applicant's responsibility to notify the Welfare Official of any change in circumstances that may affect eligibility;

9. Other forms of assistance for which the applicant may be eligible if sought;

10. The requirement of placing a lien on any real property owned by the recipient, or any civil judgments or property settlements, for any assistance given, except for good cause;

11. Reimbursement from the recipient will be sought if he/she becomes able to repay the amount of assistance given; and

12. The applicant's right to review the guidelines, if sought.

13. The availability of the Welfare Official to make in person visits by mutually-agreed appointment to take applications and to conduct ongoing case management for applicants who cannot obtain transportation or attend appointments telephonically;

14. The applicant's responsibility not to voluntarily terminate employment without good cause, as required by RSA 165:1-d;

15. The fact that the Child Protection Act requires the Welfare Official, or any other person, who has reason to believe that a child under the age 18 has been abused or neglected, to report that suspicion immediately to NH DHHS Division of Children, Youth and Families (DCYF). RSA 169-C:29-31;

16. The fact that the Adult Protection Law requires the Welfare Official, or any person, who has reason to believe that a venerable adult has been subjected to abuse, neglect, exploitation or self-neglect, to make a report immediately to the NH DHHS Bureau of Elderly & Adult Services (BEAS). RSA 161-F:46; and

17. Any other responsibility the applicant has or will have, as provided in Section VI C.

C. 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 seven (7) days from completed application, and accept any benefits or resources, public or private, that will reduce or eliminate the need for imminent or potential future 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 verifiable 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 a verifiable job search as determined by the Welfare Official, to accept employment when offered (except for documented reasons of good cause (RSA 165: I-d)), and to maintain such employment. RSA 165:1-b (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.

9. To not withhold any requested information.

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 devices, obtains or attempts to obtain any assistance to which he/she is not entitled.

D. Actions on Applications

1. Decision: The Welfare Official uses these guidelines and the general factors contained herein, to determine the eligibility of an applicant/ recipient, while ensuring that each applicant/ recipient receives due process. Unless an application is withdrawn, the Welfare Official shall make a decision concerning the applicant's eligibility immediately in the case of emergency, or within five (5) working days after submission of the application. Business hours are considered to be Monday through Friday during posted operating hours of the municipality. A written notice of decision shall be provided on the same day or next business/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. The notice of decision shall contain a first notice of conditions for assistance and shall notify the applicant of his/her right to a fair hearing if dissatisfied with the Welfare Official's decision.

2. Pending Notice of Decision: A decision may also be made to pend an application subject to receipt of specified information, documentation, or verifications from the applicant within a specific amount of time not to exceed five (5) business days.

3. Emergency Assistance: If, at the time of initial contact, the applicant demonstrates and verifies that an emergency need exists, because of which the applicant may suffer a loss of a basic necessity of living and imminent threat to life or health (such as loss of shelter, utilities, heat, lack of food, or life-saving/sustaining prescriptions) and no reasonable alternative can be found, then temporary aid to fill such immediate need shall be provided to prevent the imminent threat to life or health, 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.

4. Temporary Assistance: In circumstances where required records are not available, the Welfare Official may give temporary limited approval of an application pending receipt of required documents. Temporary status shall not extend beyond two (2) weeks. The Welfare Official shall not insist on documentary verification if such records are totally unavailable.

5. 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;

    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); or

    e. The applicant does not contact the Welfare Official after the initial interview after being requested to do so.

E. In Person Visits

An in-person visit may be made by a mutually agreed appointment, at a location favorable to the applicant, at the request of any applicant, but only when it is impossible for the applicant or their representative to apply at the Welfare Office. In-person visits will be made in pairs (i.e. no Welfare Official shall make an in-person visit alone). If an in-person visit is impossible, as deemed by the Welfare Official, a telephonic or video appointment may occur.

The in-person visit shall be conducted in such a manner as to preserve, to the greatest extent possible, the Welfare Official's health and safety, and the privacy and dignity of the applicant. To this end, the person conducting the visit shall not be in uniform or travel in a marked 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.

VII. VERIFICATION OF INFORMATION

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

A. Required Verifications

Verification will be required of the following:

1. Applicant's address and, when applicable, proof of residency in accordance with sections IX (B) and X;

2. Names of persons in applicant's residential unit;

3. Applicant's and household income and assets;

4. Applicant's and household's financial obligations;

3. The physical and mental condition of household members, only where relevant to their receipt of assistance, such as ability to work at a place of employment, determination of needs or referral to other forms of assistance;

4. Any special circumstances claimed by applicant;

5. Applicant's employment status and availability in the labor market;

6. Names, addresses, and employment status of potentially liable relatives;

10. Current utility costs;

11. Current housing costs;

12. Current prescription costs; and

13. 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, bank statements, relevant police reports, 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 possessed as soon as possible for application consideration. However, the Welfare Official shall not insist on documentary verification if such records are not reasonably available, but shall ask the applicant to provide alternative means of verification.

C. Other Sources of Verification

Verification may also be made through other sources, such as relatives, landlords, employers, former employers, banks, school personnel, and social or government agencies. The cashier of the 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 such other 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 circumstances in question.

E. Legally Liable Relatives

“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 person shall be deemed able to assist such person if his/her income is more than sufficient” to avoid causing a financial hardship. RSA 165:19

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 shall be denied for lack of eligibility verification.

VIII. DISBURSEMENTS

The City of Dover provides assistance and payment in the form of vouchers, checks or by credit card payable directly to the vendors (landlords, utilities, stores, etc.) involved, in accordance with the City’s financial policies. No cash reimbursement is provided to recipients. RSA 165:1(III).

The amount shown on the voucher is the maximum amount to be used for payment. In accordance with the municipality's finance policies, a recipient may be required to sign the voucher to insure proper usage. The vendor returns the voucher with the required documentation for payment to the Welfare Official. After the

initial transaction, if there is any unspent money, the voucher shall be returned to the municipality for payment of the actual amount listed on an itemized bill or register tape. Vouchers altered by the recipient or vendor shall not be honored.

A voucher previously issued, but not yet paid, may be revoked and voided under certain circumstances. If facts are discovered that would negate such issuance or fraud is determined the voucher will be cancelled promptly. If fraud is involved, the facts surrounding the matter will be given to the appropriate law enforcement authorities for action. The revocation of assistance is not meant to replace the suspension process for issues of noncompliance.

IX. DETERMINATION OF ELIGIBILITY AND AMOUNT

A. Eligibility Formula

An applicant is eligible to receive assistance when:

1. He/she meets the non-financial eligibility factors listed in Section C below; and

2. The applicant's basic welfare 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 applicant is not eligible for general assistance. If the need exceeds the available income/assets, the amount of assistance granted to the applicant shall be the difference between the two amounts, in the absence of circumstances deemed by the Welfare Official to justify an exception.

B. Legal Standard and Interpretation

"Whenever a person in any town is poor and unable to support themselves, he or she shall be relieved and maintained by the overseers of public welfare of such town in accordance with RSA 165:1.

1. Eligibility for general assistance may require an applicant to provide proof of residency prior to approval of assistance. If proof of residency is required, acceptable proof be established by:

a.) Documentation. A current lease, car registration, utility bill, or any government or court-issued document with an address matching the stated physical residency dated within the last 60 days; or

b.) An attestation on official agency letterhead which includes the last date of contact and is signed and dated by authorized official of:
   (1) The municipal welfare department,

   (2) State or local law enforcement or fire services;

   (3) A local third-party social services provider having an existing services relationship with the applicant.

The documentation or attestation shall be accepted as proof of residency unless the welfare official identifies specific, substantiated evidence contradicting the documentation or attestation.

2. "Whenever" means at any or whatever time a person is poor and unable to support him/herself and without reasonable alternative options to deem general assistance unnecessary.

a. The Welfare Official, or person authorized to act on his/her behalf, shall be available during normal business hours.

b. The eligibility of any applicant for general assistance shall be determined no later than five (5) business/working days after the application is submitted. If the applicant has an emergency life safety need, then the assistance for such emergency need shall be provided in accordance with Section VI (D)(1), (2); provided an application is submitted.

c. Assistance shall begin as soon as the applicant is determined to be eligible.

3. “Poor and unable to support" means that an individual lacks income, available liquid assets, and resources to adequately provide for the basic welfare maintenance needed of him/herself or family as determined by the guidelines.

4. "Relieved" means an applicant shall be assisted to meet those basic welfare needs described by Dover Welfare guidelines.

5. “Maintained” means that assistance could be continued as long as the applicant is eligible as determined by the guidelines.

C. Non-Financial Eligibility Factors

1. Age: General assistance cannot be denied any applicant because of the applicant's age. Minor applicants shall be referred to Protective Services of the NH Division of Children, Youth and Families for support and case management. Minors have the residence of their parent(s) or legal guardian(s). Minors are the financial responsibility of the parent(s) or legal guardian(s), unless circumstances warrant otherwise.

2. Support Action: 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 municipality 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 (7) 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 basic necessary household expenses, may be eligible to receive general assistance. However, recipients who without good cause refuses a job offer or referral to suitable employment, 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, available transportation, working conditions that might involve unreasonable risks to health or safety, availability of safe and reasonable child care, or any other factors that might make refusing a job reasonable considering the financial situation of the household. Employment requirements shall extend to all adult members of the household.

5. Registration with the New Hampshire Department of Employment Security (NHES) and Employment Search Requirements: All unemployed recipients and adult members of their households shall, within seven days (7) after completing and intake or after having been granted assistance, register

with NHES to attain employment and must conduct a reasonable, verifiable job search as determined by the Welfare Official. Applicants must actively pursue employment positions that correspond directly to their background, skills and qualifications. Each recipient must apply for employment to each employer to whom he/she is referred by the Welfare Official. These employment search requirements apply unless the recipient and each other adult member of the household is:

a. Gainfully employed full-time and permanent employment status;

b. A dependent eighteen (18) years of age or under who is regularly attending secondary school;

c. Unable to work at a place of employment 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. Solely responsible for the care of a child under the age of one. RSA 165:31. A recipient responsible for the care of a child aged one to twelve (12) shall not be excused from employment search requirements, but shall be deemed to have good cause to refuse a job requiring employment during hours the child is not usually in school, if there is no reasonable responsible person available to provide care and it is verified by the Welfare Official that no other care is available.

e. The Welfare Official shall give all reasonably necessary assistance to ensure compliance with registration and employment requirements, including the granting of allowances for transportation and clothes for employment as part of an allowable budget expense. Failure of a recipient to comply with these requirements without good cause will be reason for denial of assistance.

6. Students: Applicants who are post-secondary school students with unreasonable employment availability limitations 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 emergency life-safety needs assistance to non-citizens not otherwise eligible for general assistance.

a. A non-citizen who is not:

i A qualified alien under 8 USCA 1641;
ii A non-immigrant under the federal Immigration and Nationality Act;
iii An alien paroled into the United States for less than one year under 8 USCA 1621 (a).

is not eligible for general assistance from the municipality. 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 emergency medical condition, which is defined as a medical condition (including emergency labor and child 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:

i. Placing the patient's health in serious jeopardy;
ii. Serious impairment to bodily functions; or
iii. 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 any 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 (3) years immediately preceding his/her application. RSA 165:2-b.

9. Employment of Household Members: The employment requirements of these guidelines shall be required for all adults aged eighteen (18) to sixty-five (65) years residing in the same household, except those regularly attending secondary school or employed on a full-time, permanent employment status 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 ninety (90) days from the date of employment termination, provided the applicant:

a. Has received local welfare in the past three hundred sixty-five (365) days;

b. Has been given notice that voluntary termination of employment without good cause could result in disqualification;

c. Has terminated employment of at least twenty (20) hours per week without good cause within sixty (60) days of an application for local welfare;

d. Is not responsible for supporting minor children in his/her household, which caused an inability to maintain employment; or

e. Did not have a verifiable mental or physical impairment, which caused an inability to maintain employment.

Good cause for termination of employment shall include any of the following: discrimination, unreasonable employment 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 employment 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.

11. Residency: Applicants shall provide proof of residency prior to being approved for assistance. Acceptable proof shall include the following documentation or attestation, unless the welfare official identifies specific, substantiated evidence contradicting the documentation or attestation:
    a. A current lease, car registration, utility bill, or any government or court issued document with an address matching the stated physical residency dated within the last 60 days.
    b. Attestation on official agency letterhead, which includes the last date of contact, and is signed and dated by an authorized official listed below:
        i The welfare official.
        ii A state or local law enforcement or fire official.
        iii An emergency medical services provider.
        iv A local third party social services provider having an existing service relationship with the applicant.
    c. Residency disputes shall be referred to the inter-municipal hearing process pursuant to RSA 165:2-a when an applicant is believed to be a resident of another New Hampshire municipality or of a jurisdiction outside New Hampshire.
    d. Non-residents who have left their town of origin due to domestic violence, stalking, sexual assault, or human trafficking shall not be disqualified due to residency.

D. Available Assets

1. Available Liquid Assets: Cash on hand, bank deposits, credit union accounts, securities, retirement plans (i.e.; IRA's deferred compensation, Keogh's etc.), all account types including CD (certificate of deposit), and any other non-essential personal property when converted to cash, excluding credit or loan accounts 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 into cash. The Welfare Official shall allow a reasonable time for such conversion. However, tools of a trade, livestock and farm equipment, and necessary and ordinary household goods are essential items of personal property which shall not be considered as available assets.

2. Automobile Ownership: The ownership of one (1) automobile by an applicant/recipient or his/her dependent does not affect eligibility if it is essential for transportation to seek or maintain employment, to procure frequent medical services or rehabilitation services, or if its use is essential to the maintenance of the individual or the family, and if alternative transportation is not available or not cost effective.

3. Life Insurance: The ownership of a life insurance policy(s) does not affect eligibility. However, when a policy has cash or loan value, the recipient will be required to obtain and/or borrow all available funds, which shall then be considered available liquid assets. Payments made for the continuation of life insurance policies may not be considered a needed allowable expense.

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 shall be considered as available to meet needs. Applicants owning real estate property, other than that occupied as their primary residence, 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 of Need

The basic financial requirement for general assistance is that an applicant be poor and unable to support him/herself. An applicant 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. Payment Levels for Allowable Expenses: When adopting these guidelines, the municipal governing body shall establish 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 municipal governing body where market conditions have changed. RSA 165:1 ii.

2. Permanent Housing/Shelter: The amount to be included as "need" for permanent housing/shelter, including tenancy, is the actual cost of rent or mortgage necessary to provide shelter in the City as determined either by the most recent HUD Fair Market Rents, New Hampshire Housing Finance Authority Rental Survey or by minimum reasonable local market rent factors, as chosen by the Welfare Official.

a. Permanent Housing/Shelter Arrearages: Shelter arrearages are not normally included in factoring need. The Welfare Official may assist in the least costly manner, or provide alternate means to accommodate the health and safety of the household unit. The Welfare Official may, in his/her sole discretion, assist with shelter arrearages if, and only if, such payment is necessary to prevent eviction or foreclosure and to protect the health and safety of the household, and if household can verify ability to afford/maintain housing based on present and/or projected verifiable income. 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 first month rent, for such alternative housing if, under the circumstances of the case, it is reasonable to do so and would provide for basic health and safety needs for the applicant household. Other alternative housing may include transitional housing or homeless shelters. Preference will be given to seeking local area transitional housing and homeless shelter options. Special consideration will be given to assisting an applicant/client residing in federally subsidized housing or other substantially below market rent housing to retain such housing. It is not the responsibility of the Welfare Officer to locate permanent housing.

    i. Residents seeking rent or mortgage assistance within the first three (3) months of occupancy may be expected to verify ability to reasonably financially maintain said expenses at time of move in.
    ii. Housing is expected to meet local ordinance and code standards as verified by the local building/ code inspector for consideration of financial housing assistance.

b. Hotel, Motel and Inns: Occupants of hotels, motels, inns and classified as such, are not normally considered "tenants" and are exempt from the legal eviction process defined in RSA 540: I-a. Persons residing in housing exempt from the legal eviction process are not normally considered to be residing in permanent housing under these guidelines.

c. Single Family Home Boarders: Occupants of single-family homes in which the occupant has no lease, which is the primary and usual residence of the owner are not normally considered

"tenants" and are exempt from the legal eviction process defined in RSA 540:1-a. Persons residing in housing exempt from the legal eviction process is not normally considered to be residing in permanent housing under these guidelines.

d. First Month Rent: Assistance with first month's rent will be considered only in the event of a verifiable emergency need, (i.e. inability to financially maintain current housing's basic expenses) homelessness, uninhabitable housing as determined by the local building/code inspector or other appropriate local authority, and the verified ability at the time of application to financially maintain such proposed housing is verified. Applicant is expected to seek first month rental assistance prior to moving into proposed housing, including receiving rental keys from the landlord/owner or moving personal belongings into proposed rental housing.

e. Security Deposits: Security deposits may be included in the "need" formula if, and only if, the applicant is unable to secure alternative housing 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.

f. Relative Landlords: Whenever a relative of a client is also the landlord for the client, that landlord will be presumed able to assist his/her relatives pursuant to RSA 165: 19 and must prove an inability to assist without causing a financial hardship to him/herself before any aid payment for rent is made. A financial analysis will be conducted to determine any potential hardship as per RSA165:19.

g. Emergency Temporary Shelters: The Welfare Official may provide referrals to homeless shelters and/or transitional housing when appropriate or needed to resolve a basic health and safety housing need. Shelter and/or transitional housing recipients are expected to abide by shelter/transitional housing rules and policies. In cases in which an appropriate referral for emergency temporary housing/shelter is provided and the applicant/recipient refuses to accept such a referral, or if a client is involuntarily exited from an emergency shelter for violation of rules/policies City Welfare will not be liable for any alternative housing/shelter but may consider other forms of non-housing assistance to which he/she is otherwise eligible. The applicant must accept the least costly alternative for emergency housing assistance that is deemed suitable by the Welfare Official for the applicant's household. The New Hampshire Division for Children, Youth and Families may be contacted to provide support for families involuntarily exited or voluntarily leaving the provided shelter without a reasonable housing/shelter option for their children/family. RSA 169-C: 29.

3. 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 (service must be in the client's name). Arrearages will not normally be included in "need" except as set forth below.

NOTE: The New Hampshire Public Utilities Commission (PUC) has established comprehensive rules governing the provision of some utility services. Generally speaking, the PUC governs electric, telephone, water and sewer; it does not govern any municipal utilities, propane tanks or fuel oil. With the exception of telephone, the rules are consistent across utilities. These rules and regulations cover the initiation of service, the requirement of deposits, municipal guarantees and guarantees from other third parties. There are special rules as to winter termination. The Welfare Official should be familiar with these rules in order to ensure that needs are properly met at the lowest available cost. The PUC has a toll-free consumer assistance number: 1-800-852-3793.

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, arrearage for electric service need not be paid if the Welfare Official notifies the electric company that the municipality guarantees payment of average 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 safe alternative housing is not available or feasible, arrearages will be included in "need" when restoration of service is negotiated 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.

c. 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 electric company. 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.

d. Deposits: Utility service deposits will be considered as “need” if, and only if, the applicant is not able to secure the funds for the payment of the deposit and is unable to secure utility services without a deposit. Such deposit shall, however, be the property of the municipality.

4. Food: The Federal Supplemental Nutrition Program amount included as “need" for food purchases will be in accordance with the most recent standard allotment, as determined under the Federal Supplemental Nutrition Program administrated 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 require a special diet, as verified by the Welfare Official, the documented cost of which is greater than can be purchased with the family's allotment for food. Food vouchers may not be used for alcohol, tobacco, or pet food. Referrals to food pantries and feeding programs/meal centers may be given to meet applicant’s basic emergency food needs.

5. Household Maintenance Allowance: Applicants may include, in calculating “need" the cost of providing personal and household necessities determined by the Welfare Official and used consistently for individuals and families. Need allowance for diapers shall be calculated based on usage.

6. 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.”

7. 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 cost effective alternative means, such as public transportation or volunteer drivers, a reasonable amount for car payment, required insurance, necessary repairs (limited to the minimum repairs required to ensure safe mechanical operation), registration, and fuel should be included as part of “need" when determining eligibility or amount of aid.

8. Maintenance of Medical Insurance: In the event that the Welfare Official determines that the self-maintenance of medical insurance is essential, an applicant may include as "need" the reasonable cost of such premiums, especially in the event that insurance payments are less than the cost of prescriptions.

9. 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 non-hospital related medical service, life-saving/sustaining prescriptions, including dental service to treat infection or eye service, the local 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 health will be placed in serious jeopardy. This office will consider only those medications that are considered life-saving/sustaining and the New Hampshire Division of Health and Human Services Medicaid program would consider reimbursable. Generic medications must be used unless specified otherwise by a licensed medical provider. The City of Dover Welfare Department will not normally authorize assistance for medications which would not meet the criteria of treating a diagnosed life-threatening medical condition.

b. Legal Expenses: Except for those specifically required by statute, no legal expenses, including fines/citations will be included in "need."

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 groups) the expense of reasonably meeting that emergency clothing need will be included in "need."

d. Miscellaneous: Normally, cost to prevent repossession of any kind, moving expenses, storage charges, household items, and any other nonessential expenses as determined by the Welfare Official shall not be considered allowable expenses.

10. 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)(3) of these guidelines. Any such determination and the reasons therefore, shall be stated in writing in the applicant's case record.

11. Shared Expenses: If the applicant/recipient household shares shelter, utility or other expenses with a non-applicant/recipient (i.e. is part of the residential unit), then need should be determined on a pro rata share, based on the 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 a household of three adults).

F. Income

In determining eligibility and the amount of assistance, the standard of need shall be compared to the available income/assets. Computation of income and expenses will be by the 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, net income is calculated by subtracting business expenses from total profit 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 cost and employment related clothing costs have been deducted from income. Wages that are trusteed 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 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. See Section IX(E)(IO) 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. Federal Supplemental Nutrition Program (SNAP) allotments 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 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 fourteen (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 is 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 determination 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 the city of Dover but is not a resident of the city shall be eligible for temporary emergency assistance when necessary to relieve a basic needs emergency in accordance with RSA 165.

Temporary emergency assistance shall be provided for up to six (6) days for purposes including obtaining proof of residency, completing an application to the applicant’s municipality of origin, or coordinating assistance with that municipality, or facilitating return transportation to applicants agreed municipality of residence.

If an intermunicipal hearing is initiated pursuant to RSA 165:2-a to determine residency or municipal responsibility, temporary emergency assistance shall be extended until a final decision is rendered, provided the applicant remains in compliance with these guidelines.

The provision of temporary emergency assistance shall not establish residency in the city of Dover for purposes of local welfare.

Non-residents of the City who have left their town or city of origin due to domestic violence, stalking, sexual assault, or human trafficking shall not be disqualified from general assistance due to residency.

B. Standards

Non-resident applicants shall be subject to the applicable application procedures, eligibility standards, and standards of need contained in these guidelines, except as otherwise provided for temporary emergency assistance or residency determination under RSA 165 and this section.

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 municipality of residence. Verification of residency shall be made in accordance with Section IX(B)(1) of these guidelines and RSA 165.

D. Temporary Housing or Emergency Aid

Emergency needs of nonresident applicants shall be addressed in accordance with the emergency assistance provisions of these guidelines. Temporary emergency assistance for nonresidents shall be provided in accordance with Section X(A) and RSA 165.

1. In addition to emergency housing governed by RSA 126-A:30, a person does not change his or her residency status while in a hospital, a correctional facility, a treatment program center, or a hotel or motel paid for by a municipality or other service provider, except as provided in this section.
2. A person who leaves emergency housing of their own free will and remains in a situation of homelessness or is removed from emergency housing for non-compliance or policy violations of emergency housing or local welfare regulations, shall not be considered to have changed his or her residency status for 30 days.
3. A person assisted by a municipality, or other assistance providers, with emergency housing assistance in a hotel or motel in another municipality, who then self pays for a consecutive 30 days without municipal or other provider assistance shall, for local welfare purposes, transition residency to the new municipality.
4. Temporary urgent assistance may need to be provided to meet basic needs of transient individuals or residents of other municipalities. Municipalities shall communicate and coordinate assistance options with each other, including reimbursements from municipalities of origin pursuant to RSA 165:2-a.
5. Caution should be applied when communicating and coordinating regarding reimbursements when domestic violence is reported to have occurred in the municipality of origin. Strict confidentiality of current residing location and flexibility of sought information from the municipality of origin should be practiced.

E. Determination of Residence

1. Minors: The residence of a minor applicant shall be presumed to be the residence of his/her custodial parent or guardian.
2. Adults: For adults, residency shall be determined based upon the applicant's physical residency and proof of residency in accordance with Section IX (B)(1) of these guidelines. When the available information does not reasonably establish residency in Dover or another municipality, the applicants stated intent regarding his or her residence or intent of the applicant, as set forth in the section I definition of "residence". The statement of an applicant over 18 (18) as to his/hers/their residence or intent to establish residence shall be accepted in the absence of strongly inconsistent evidence or behavior.
3. Special residency circumstances. A person does not change his or her or their residency status while in a hospital, a correctional facility, a treatment center or a hotel/motel pad for by another municipality or other service provider, except as otherwise provided in RSA 165:1-c.

   A person who leaves emergency housing of his or her or their own free will and remains in a situation of homelessness or is removed rom emergency housing for non-compliance or policy violations of emergency housing or local welfare regulations, shall not be considered to have changed his or her or their residency status for 30 days.

A person assisted by a municipality or other assistance provider with emergency housing assistance in a hotel or motel in another municipality, who then self-pays for 30 consecutive days without municipal or other provider assistance shall, for local welfare purposes, transition residency to the new municipality.

Municipalities shall communicate and coordinate assistance options regarding transient individuals or residents of other municipalities in accordance with RSA 165:1-c and RSA 165:2-a.

F. Return Home Transportation

At the request of a nonresident applicant, any aid, temporary or otherwise, to which he/she/they would be otherwise entitled under the standard set forth in these guidelines may be used at the Welfare Official's discretion to facilitate the applicant's voluntary return transportation to his/her/they municipality of residence then such transportation reasonably assists in resolving the applicant's immediate need per RSA 165:1-c.

G. Recovery

When the municipality provides assistance to an individual believed to be a resident of another New Hampshire municipality or outside of New Hampshire, the welfare official shall, as appropriate, contact the welfare official of the alleged municipality of residence to seek reimbursement for the costs of relieving and maintaining the applicant, request that the municipality of residency undertake ongoing relief and maintenance of the applicant pursuant to that municipalities welfare guidelines, or request an intermunicipal residency hearing in accordance with paragraph H below. Recovery shall also be subject to section XVI(B) of these guidelines.

H. Intermunicipal Residency Hearings

When a material dispute regarding an applicant's residency or municipal financial responsibility cannot reasonably be resolved through communication, coordination and available information between the municipalities, the welfare official should request an intermunicipal hearing pursuance to RSA 165:2-a. Any intermunicipal hearing shall be conducted in accordance with RSA 165:2-a, including applicable requirements regarding selection of the hearing officer, hearing procedures and determination of municipal financial responsibility.

XII. Burial & Cremations

The Welfare Official shall provide for required burial or cremation of eligible persons found in the municipality at time of death. In such cases where the deceased, at the time of death, has a residence in another city, town or state the next of kin or other responsible party will be referred to contact the appropriate agency. If the deceased was a resident of municipality at the time of death, 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 ll. If there are liquid assets at death from the deceased person's bank accounts, there shall be an automatic assignment to the funeral director or the person who paid for the funeral and burial or cremation of the deceased to the extent of funeral and burial or cremation costs up to $2,000

pursuant to RSA 165:27-a. If the Welfare Official verifies relatives or other private persons, the state or other sources are unable to cover the entire burial/cremation expense, the municipality will pay up to $1000 for burial/cremation, the total burial/cremation expense is not to exceed $2000. RSA 165-3, RSA 165:1-b, RSA 165:27 and 165:27-a.

Special religious rites, beyond the maximum amount the municipality will pay, will not be paid for at the public expense.

The municipality will not pay burial and/or cremation benefits in the instance of past funeral charges. The request should be made prior to the burial and/or cremation, in a timely manner, immediately following the time of death.

Unclaimed Body. Per RSA 611-B:25 the medical examiner shall release a dead body if unclaimed for a period of not less than 48 hours following completion of the death investigation to the overseer of public welfare in the town or, in the case of an unincorporated place, to a county commissioner, who shall decently bury or cremate the body, or, with the consent of the commissioners or the overseer, it may be sent to the medical department of a medical school or university, to be used for the advancement of the science of anatomy and surgery.

XIII. Right to Notice of Adverse Action

A. Right to a Written Decision

All persons have a constitutional right to be free of unfair, arbitrary, or unreasonable action taken by 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 a written notice of every decision regarding assistance (Section VI(D) for notice where application is granted). The Welfare Official will make every reasonable effort to ensure that the applicant understands the decision.

B. 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 or mailed to the applicant either the same day or next business/work day following the making of the decision or within five (5) business/work day from the time the application is completed and submitted, whichever occurs first.

2. In any case where the Welfare Official decides to terminate or reduce assistance for reasons other than noncompliance with the guidelines, the Official shall send notice at least seven (7) days in advance of the effective date of the decision to the recipient stating the intended action.

3. The notice required by paragraphs 1 and 2 above shall contain:

   a. A clear statement of the reasons for the denial or proposed termination or reduction.

   b. A statement advising the recipient of his/her right to a fair hearing and that any request for a fair hearing must be made in writing within five (5) business/work days.

   c. A form on which the recipient may request a fair hearing, if such a hearing is sought.

d. A statement advising the recipient of the time limits which must be met in order to receive a fair hearing;

e. In accordance with Section XIV fair hearing guidelines, a statement that assistance may continue, if there was 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.

C. Suspension for Noncompliance with the Guidelines

1. Due Process: Recipients must comply with these guidelines and the reasonable requests of Welfare Officials. Welfare Officials 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.

2. Conditions: Any applicant/recipient otherwise eligible for assistance shall become ineligible under RSA 165: I-b if he/she willfully and without good cause 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, as set out in Section VI(C) and VII of these guidelines, including any changes in this information;

   b. Comply with the employment search requirements imposed by the Welfare Official under Section VI(C); and

   c. Within seven (7) days, apply for other public assistance, as required by the Welfare Official under Section VI(C).

3. 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 (7) day period within which to comply. The first notice should be given at the time of the notice of decision and thereafter as conditions change. Additional notice of action required should also be given, as eligibility, is redetermined, but without an additional seven (7) day period unless new actions are required. RSA: 165-b, ll.

4. Noncompliance:

   a. If a recipient willfully and without good cause fails to come into compliance during the seven (7) day period, or willfully falls into non-compliance within thirty (30) days from receipt of a first notice, the Welfare Official shall give the recipient a suspension notice, as set forth in Paragraph 5.

   b. If a recipient falls into noncompliance for the first time more than thirty (30) days after receipt of a first notice, the Welfare Official shall give the recipient a new first notice with a new seven (7) day period to comply before giving the recipient the suspension notice. RSA 165:1-b, (III).

5. 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 (See paragraph 6 below);

c. Notice of the right to a fair hearing on the issue of willful noncompliance and that such request must be made in writing within five (5) days of receipt of the suspension notice;

d. A statement that assistance may continue in accordance with the prior eligibility determination 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:

i. the suspension will start after the decision; and

ii. such aid must be repaid by the recipient.

e. A form on which the individual may request a fair hearing and the continuance of assistance pending the outcome.

6. Suspension Period: The suspension period for failure to comply with the guidelines shall last:

a. Seven (7) days, unless the recipient has a prior suspension which ended within the past six months, in which case the suspension shall last fourteen (14) days.

b. If the recipient, upon the expiration of the seven (7) or fourteen (14) day suspension period, continues to fail to carry out the specific actions set forth in the notice, the suspension shall last until the recipient complies with the guidelines.

c. Notwithstanding paragraph C(6)(b) above, a recipient who has been suspended for continued noncompliance for at least one (1) calendar year may file a new application for assistance without coming back into compliance.

7. Fair Hearing on Continuing Noncompliance: A recipient who has been suspended until he/she complies with the guidelines may request a fair hearing to resolve a dispute over whether he/she has satisfactorily complied with the required guidelines; however, no assistance shall be available under paragraph C(5)(d) above.

8. 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 (7) day period for compliance unless new conditions have been imposed.

9. Misrepresentation: Misrepresentation of information by a client is grounds for denial and suspension of City Welfare assistance and may result in prosecution for the crimes, including but not limited to Unsworn Falsification, RSA 641:3, Theft by Deception RSA 637:4, and/or Identity Fraud RSA 638:27.

10. The Welfare Official is not required to accept further applications for assistance during a period of suspension.

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) business/working days of receipt of the notice of decision at issue. RSA 165:1-b, (III).

B. Time Limits for Hearings

Hearings requested by claimants must be held within seven (7) business/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. Requests for Postponements

A claimant who has verifiable good cause to request a postponement of a scheduled fair hearing shall contact the Welfare Official at the earliest possible time prior to the fair hearing. Upon receiving documentation deemed by the Welfare Official to be verifiable good cause, the fair hearing will be rescheduled at next the earliest available date. A claimant shall provide documentation of such verifiable emergency circumstances to the Welfare Official within three (3) business/working days of the date that the request for postponement has been made. Claimants are entitled to only one (1) such postponement per fair hearing request.

1. Verifiable Good Cause: The claimant shall include, but not be limited to, verified medical emergency or other verified unforeseen emergency circumstances, which precludes the claimant from attending the scheduled fair hearing.

2. Request for Postponement Prior to Three (3) Days of the Fair Hearing: If a claimant requests a postponement earlier than three (3) business/working days of the fair hearing date and documentation deemed by the Welfare Official to be verifiable good cause is not provided to the Welfare Official within the three (3) business/working days, the scheduled fair hearing date will be honored.

   If the claimant provides documentation deemed by the Welfare Official to be verifiable good cause within the three (3) business/working days the fair hearing will be rescheduled at the next earliest available date.

3. Requests for Postponement Within Three (3) Days of the Fair Hearing Date: If a claimant makes a request for postponement within three (3) business/working days of a fair hearing date, the scheduled fair hearing will be held in abeyance pending receipt of documentation deemed to be verifiable good cause by the Welfare Official. The documentation must be provided to the Welfare Official within three (3) business/working days of the date of the request for postponement.

   If the claimant provides documentation deemed by the Welfare Official to be verifiable good cause within the three (3) business/working days, the fair hearing will be rescheduled at the earliest available date. If the claimant does not provide documentation deemed by the Welfare Official to be verifiable good cause within the three (3) business/working days, the fair hearing

will not be rescheduled and the request for the fair hearing shall be deemed to be withdrawn by the claimant. The notice of adverse action at issue will be upheld.

D. The Fair Hearing Officer(s)

The fair hearing officer(s) shall be chosen by the Welfare Director. The person(s) serving as the fair hearing authority 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; and

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

E. 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 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 unless the claimant consents.

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 on at the fair hearing and may request a twenty-four (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 dispute, 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. Such stipulations shall be noted in the Record.

8. All fair hearings shall be electronically recorded and retained for six (6) months.

F. Decisions

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

2. Fair hearing decisions will be rendered on the basis of the officer's findings of facts, these guidelines and state and federal law. The fair hearing decision shall set forth any required 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 a debt owed by the individual to the municipality.

4. The Welfare Official shall keep all fair hearing decisions on file in chronological order, consistent with applicable law and retention policies.

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 municipality to place a lien for welfare aid received on any real estate owned by an assisted person in all cases except for just cause. This section does not authorize the placement of a lien on the real estate of legally liable relatives, as defined by RSA 1.65:19. The Welfare Official shall be authorized by the City Council to file a Notice of Lien with the County Registry of Deeds, complete with the owner's name and a description of the property sufficient to identify it. Interest at the rate of six percent (6%) per year shall be charged on the amount of money constituting the lien commencing one (1) year after the date the lien is filed, unless waived by the municipality. The lien remains in effect until enforced or released or until the amount of the lien is repaid to the municipality. 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 eighteen (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 managing the real estate or estate before enforcing the lien. Upon repayment of a lien, the municipality must file written notice of the discharge of the lien with the County Register of Deeds. RSA 165:28.

B. Civil Judgments — RSA 165:28-a.

1. A municipality shall be entitled to a lien upon property passing under the terms of a will or by in testate succession, a property settlement or a civil judgment for personal injuries (except Workers

Compensation) awarded any person granted assistance by the municipality for the amount of assistance granted by the municipality.

2. The municipality 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 the 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. This 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 court within six (6) years after the expenditure. RSA 165:25.

A. Recovery from Responsible Relatives

1. 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 income is more than sufficient to provide a reasonable subsistence compatible with decency and health.

2. 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.

3. 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 as applicant is entitled under these guidelines, shall not be delayed due to inability to contact possible liable relatives. RSA 165:19.

B. Recovery from the Municipality of Residence

The Welfare Official may 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. Recovery and any dispute regarding residency or municipal financial responsibility shall be addressed in accordance with section X(G) and (H) of these guidelines and RSA 165. In any civil action for recovery brought under RSA 165: 20, the court shall award costs to prevailing party. RSA 165:19 and 20. (See RSA 165:20-a providing for arbitration of such disputes between communities.) RSA 165:20.t

C. Recovery from 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 an initial application for SSI and has signed HHS FORM 151 "AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE" shall be recovered through the SSA and New Hampshire Department of Health and Human Services. Prescription expenses paid by the municipality for applicants who have applied for Medicaid shall 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 depending 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 Municipality

Whenever the owner of property rented to a person receiving general assistance from the municipality is in arrears in sewer, water, or tax payments to the municipality, the municipality may apply the assistance which the property owner would have received in payment of rent on behalf of such assisted persons 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-b.

A. Payment Arrears

A payment shall be considered in arrears if more than thirty (30) 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.

B. Order of Priority

Delinquent balances will be offset in order of the following priority: 1) taxes, 2) water, 3) sewer.

C. Procedure

1. The Welfare Official shall issue a voucher on behalf of the tenant to the landlord for the 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. A copy of this Voucher is then sent to the Finance office for processing who notifies the landlord of the payment being used for delinquent balances that are owed.

2. The Finance office shall make payment to the appropriate department (i.e. tax collector, sewer department, water department, or municipal electric facility), which shall forward the voucher to the treasurer or finance director for payment. Upon receipt of payment, the Finance department will issue a receipt of payment to the delinquent landlord.

XVIII. Department Threat Policy

To assure safety and healthy working conditions, applicants/clients who make threatening statements and/or actions against welfare staff/personnel may be prohibited from returning to the Welfare Department Office. In such cases, applicants/clients may be required to conduct the application process with appropriate safety measures to ensure the safety of welfare personnel. Threats shall be reported to appropriate authorities.

XIX. Child Protection Act

RSA 169-C:29 Persons Required to Report. Any physician, surgeon, county medical examiner, psychiatrist, resident, intern, dentist osteopath, optometrist, chiropractor, psychologist, therapist, registered nurse, hospital personnel (engaged in admission, examination, care and treatment of persons), Christian Science practitioner, teacher, school official, school nurse, school counselor, social worker, child care worker, any other child or foster care worker, law enforcement official, priest, minister or rabbi, or any other person having reason to suspect that a child has been abused or neglected shall report the same in accordance with this chapter.

APPENDIX A

ALLOWABLE LEVEL OF ASSISTANCE PAYMENTS FOR THE CITY OF DOVER:
Schedule of General Assistance

The following are values for various allowable expenses. The values are based on actual local market conditions and costs.

I. Housing _____

Housing costs shall be determined by using the latest New Hampshire Housing Costs Survey for Strafford County.

A. Rental Properties (Rent amounts may be adjusted to reflect actual cost of rents)

Only the last four weeks of rent will be considered as "need". Rent arrears will 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. An applicant's name must be on the lease in order for rental assistance to be rendered. Rents will not be paid to non-landlords such as friends and relatives.

B. Owner Occupied Properties

Calculation of "need" shall include an amount for mortgage minus any property taxes included in the mortgage. Home repairs **may** be considered as "need" if they are necessary for health and/or safety. When an applicant owns a home and is otherwise eligible for assistance, payment for taxes not included in the mortgage and insurance may be included in the calculation of "need" by the Welfare Department to prevent foreclosure. As stated in the Application for General Assistance through the City of Dover and in accordance with State of New Hampshire law, all applicants who own real estate will have a lien, in the amount of assistance provided, placed on their property.

II. Food _____

The amount included as "need" for food purchases will be in accordance with the most recent standard SNAP allotment as determined under the Food Stamp Program administered by the New Hampshire Department of Health and Human Services. Food vouchers may not be used for alcohol, tobacco or pet food.

III. Maintenance/Personal Items _____

Applicants may include, in calculating "need," the cost of providing personal and household necessities in an amount not to exceed:

Household Size	Maximum Allotment Level
1	$50.00
Each additional member, add:	$25.00

IV. Heating and Cooking Fuel _____

Only one hundred (100) gallons maximum per month allowed. This is available only during the heating season, as determined by the Welfare Official. Usually this is no earlier than October fifteenth (15) and ends April fifteenth (15). These dates can be dependent on the weather and temperature.

Fuel for Hot Water will be provided on a case by case basis as determined by the Welfare Official.

V. 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), approved benefits **may**, at the sole discretion of the Welfare Official, include cost of transportation (e.g., bus passes, donated gas card, volunteer driver, etc.), fuel costs up to two hundred dollars ($200) for the past thirty (30) days based on mileage submitted to the Welfare Official car payments {up to four hundred fifty dollars ($400)}, necessary insurance payments up to one hundred fifty dollars a month ($150), repairs necessary for safe operation of the vehicle, registration and inspection costs.{ Receipts for all expenses are required.}

VI. Utilities _____

When utility costs are not included in the housing expense, the most recent outstanding monthly utility bill will be included as part of "need" by the Welfare Department. Arrears 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.

1. A disconnect notice must be provided as proof of "need".
2. Utility Bill must be in applicant's name.
3. Utility security deposits shall 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 City of Dover.
4. Basic local telephone service shall be allotted a maximum of $60.00/month in the "need" formula.
5. Cable television costs shall not be considered as "need".
6. Internet service may be considered as "need" at the discretion or the Welfare Official.

VII. Medical Expenses and Prescription's _____

The Welfare Department shall not consider including amounts for prescription costs, medical, dental or eye services as "need" 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 local 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 health and/or well-being will be placed in serious jeopardy.

VIII. Clothing _____

Donated consignment vouchers and/or referrals may be given out for clothing to provide necessary protection from the elements. The Welfare Official **may** consider reasonable laundry expenses in calculating "need."

IX. Child/Dependent Care _____

Allowed as "need" on a case by case basis only if applicant has to purchase care for dependent or child so the applicant can be employed or seek employment, to fulfill conditions of welfare application or other official agency requirements. As solely determined by the welfare official.

X. Burial Allowance _____

If applicable, the City of Dover will pay **up to** one thousand dollars ($1000) towards a funeral or cremation. The entire cost the family pays for the funeral or cremation cannot exceed two thousand dollars ($2000).

XI. 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" shall be determined on a pro rata share, based on the total number of adults in the residential unit (e.g.: three adults live in a residential unit, but only one applies for assistance/shelter, "need" is 1/3 of the shelter allowance for a household of three adults).

XII. Exceptions _____

All applicants for aid will be reviewed on their individual merits. Necessity of other expenses **can** be considered on a case by case basis, as solely determined by the welfare official, and must be necessary for safety or health. Referrals will be made to appropriate agencies where such action is indicated. If need dictates, the limits established in this document may be increased at the discretion of the Welfare Official.

APPENDIX B

Towards maximum self-sufficiency…

NEW HAMPSHIRE LOCAL WELFARE ADMINISTRATORS ASSOCIATION ETHICS RESOLUTION

PURPOSE: The purpose of this ethics resolution is to acknowledge the varying dynamics of municipalities across the state, including proximity to assistance services, and to establish a fair and equitable agreement on residency in relation to permanent and emergency temporary housing placement outside of a municipality of origin. This resolution will provide increased collaboration and consistent liability expectations, further establish general assistance best practices, and foster increased municipal support for temporary emergency assistance by clarifying municipal liability due to temporary emergency housing placements.

The following standards should be observed when communicating with a current or potential applicant for general assistance and collaborating with any municipality:

I. A welfare official should not attempt to end, or avoid acquiring, local welfare financial responsibility by encouraging, persuading or pressuring a person:

A. not to apply for assistance, or to discontinue residence in the municipality in which they currently reside, or

B. to establish a residence in another municipality.

II. A welfare official should make a good faith effort to contact the welfare official of another municipality when a person is being directed to them and explain why the person may be inquiring and/or applying to their municipality. This applies whether or not the welfare official has accepted initial financial responsibility for the person. Applicable state confidentially statutes shall apply. Temporary, non-resident assistance may be necessary to provide for a person even if that person is being directed to another municipality, depending on the circumstances, including transportation and timing of need for assistance (165:1-c Nonresidents.)

III. Welfare officials should not grant any assistance that he/she knows will be used to relocate or help establish the recipient's residence in another municipality, unless:

A. a good faith effort is made to explore local resources, after which it is discovered that none are reasonably available.

B. the person has indicated a need and/or intent to move to another municipality for nonlocal welfare-related reasons.

C. an assessment of financial sustainability for proposed first month's rental assistance into new housing has been completed by the municipality of origin.

IV. When a recipient of general assistance decides of their own volition to relocate to another municipality, the welfare official from the municipality of origin should contact the welfare official of the other municipality in advance of the move and pay up to one month's eligible assistance following the move, if necessary, due to known or unanticipated circumstances. The municipality of origin should work with the receiving municipality and pay reasonable housing costs.

A. Persons who are sanctioned by municipal welfare and arrive in another community are not the liability of the community where the sanction originated. However, arrangements may be made between the two communities to have the sanction resolved.

B. When a person contacts a welfare official in a municipality in which they do not currently reside, or appears in a municipality, for the sole purpose of applying for assistance to avoid applying for or pursuing assistance in their municipality of origin, the welfare official may contact the official in the municipality of

origin to determine a proper course of action. This may include establishing an appointment with the municipality of origin, the municipality of origin accepting 30-day local welfare liability, or other agreed upon courses of action.

V. According to RSA 126-A:30, persons receiving short-term emergency housing (e.g. shelter or motel) shall continue to maintain their legal residence in the municipality of origin, for local welfare purposes, as it existed at the time of entering the emergency housing. Therefore, the New Hampshire Local Welfare Administrators' Association supports and encourages the following municipal local welfare best practices:

A. A person does not gain or lose residency while in emergency housing, hospital or treatment program center until such a time said person has acquired more permanent residence (i.e.: apartment).

B. A person that leaves emergency housing of their own free will and remains in a situation of homelessness, or is exited from emergency housing for non-compliance or policy violations, for local welfare purposes, remains a resident of the municipality of origin for thirty (30) days.

C. A person assisted by a municipality, or other assistance providers, with emergency housing assistance in a motel in another municipality, who then self pays for a consecutive thirty (30) days without municipal or other provider assistance should, for local welfare purposes, transition residency to the new municipality.

D. Temporary urgent assistance may need to be provided to meet basic needs of transient individuals or residents of other municipalities. Municipalities should communicate and coordinate assistance options with each other, including reimbursements from municipalities of origin (RSA 165:20-a), when it is determined unreasonable for the person to physically return to the municipality of origin due to transportation, timing of need for assistance or residency is unclear.

V. If good faith efforts to abide to any parts of this resolution agreement are unsuccessful, applicable state statutes shall prevail.

APPENDIX C

EXPLENATION FOR DISQUALIFICATION FOR NONCOMPLIANCEWITH GUIDELINES

NH RSA165:1-B

The following is written to help explain and standardize the process of "Disqualification for Noncompliance with Guidelines," RSA 165:1-b. Please refer to **FORM L - NOTICE OF DECISION** which may be used by your local welfare office.

Once you determine that an applicant is eligible and you provide assistance, you can impose conditions on the person's continued receipt of assistance. The conditions may require the recipient to comply with written guidelines relating to:

1) Disclosure of income and resources,
2) Participation in a work program,
3) Conducting an adequate work search, and/or
4) Applying for public assistance through other agencies as outlined in the Model Guidelines.

Willful failure to comply with the conditions imposed can lead to the suspension of a recipient's assistance, but there is a process which must be followed. Prior to suspension, a recipient must be given written notice from the local welfare office of the specific actions which must be taken and the recipient must be given at least seven (7) days in which to comply prior to suspension. There can be no exception.

The **Notice of Decision** form may be used to grant an assistance application and *simultaneously* give notice of the conditions imposed on the recipient's continued receipt of assistance. The **Notice of Decision** form may also be used to give notice of the conditions that must be complied with, if that notice was not given at the time assistance was granted or if the conditions to be complied with have changed.

If a recipient does not comply with the conditions in the time period allowed, he/she can be "sanctioned" and his/her assistance suspended. How long the suspension lasts depends on whether there have been other suspensions within the previous 6 months and whether there are actions the recipient can take to come into compliance. A written decision (the **Notice of Decision** form can be used) must be given notifying the recipient of the term of the suspension, the specific reason(s) for the suspension citing the guidelines, any action(s) which must be taken to come back into compliance, and notice of the right to request a fair hearing within 5 days of receipt of the notice.

If this is a first sanction, assistance may be suspended for seven (7) days. If it is possible for the recipient to take action(s) to come into compliance, then assistance can remain suspended after the seven (7) day period *and until* such time as the recipient takes the action(s) required to come into compliance (e.g. recipient only made 3 work search contacts instead of 10-the recipient must complete 7 more work search contacts; e.g. the recipient failed to apply for food stamps-if the recipient applies within the initial 7 day suspension, then the suspension ends after 7 days, otherwise, the suspension continues until the recipient applies). After the 7-day suspension period, the sanction must be lifted upon compliance with the condition.

If this is the second sanction (or more) for the recipient within a 6-month period, assistance may be suspended for fourteen (14) days. The reason for the sanction need not relate to previous sanctions to extend the suspension

period to 14 days. If it is possible for the recipient to take action to come into compliance, then assistance can remain suspended after the 14-day period and until compliance, as described above.

If more than six months elapses between the first and second sanctions, follow the procedures for a first sanction.

All notices of decision telling a recipient that he/she has been suspended must provide an opportunity for the recipient to request a fair hearing. If the recipient timely requests a hearing, the welfare officer must provide the recipient with the option of continuing to receive assistance consistent with any prior eligibility determination until the fair hearing decision is made. If there is a dispute over whether the recipient has taken the actions required to come back into compliance, the recipient must be provided the opportunity for a fair hearing on that issue, but there shall be no assistance provided pending the outcome of that hearing.

The Welfare Officer is not required to accept applications for assistance during a period of suspension.

APPENDIX D

FORMS

These forms are offered as tools or guides to administer local assistance programs. Use of these forms is recommended but not mandatory.

A. APPLICATION FOR ASSISTANCE

B. NOTICE OF RIGHTS AND RESPONCIBILITIES

C. HHS RELEASE

D. COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY RELEASE FORM

E. APPLICANT'S GENERIC AUTHORIZATION

F. APPLICANTS SPECIFIC AUTHORIZATION

G. BASIC NEED POLICY

H. REQUIRED VERIFICATIONS

I. INTAKE FORM

J. MEDICAL RELEASE AND REPORT

K. EMPLOYMENT VERIFICATION FORM

L. RENTAL VERIFICATION

M. BUDGET WORKSHEET

N. NOTICE OF DECISION

O. EMPLOYMENT SEARCH RECORD

P. FAIR HEARING REQUEST

Q. NOTICE OF FAIR HEARING

R. FAIR HEARING DECISION

S. NOTICE OF PROPERTY LIEN

T. NOTICE OF PROPERTY LIEN DISCHARGE

U. RENT VOUCHER – LANDLORD DELINQUENCY

V. APPLICATION UPDATE FORM

W. Reimbursement Invoice Decision Guide

FORM A

CITY OF DOVER WELFARE DEPARTMENT

APPLICATION FOR GENERAL ASSISTANCE

(PLEASE ANSWER ALL QUESTIONS)

Date of Application_____ Social Security #_____
Referred by:

1. General Information:

Name_____ Date of Birth _____

Address_____

Mailing Address if Different:

How long at this address? _____ Telephone _____

Phone:_____ Work Phone:_____

Email_____ US Citizen? ☐ Yes ☐ No

Type of Housing: ☐House ☐Apt ☐ Mobil Home ☐Other

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Spouse/Co-Applicant Name_____ SS#_____

Date of Birth_____ Telephone_____

Spouse address (if not same as applicant)_____

Assistance Requested_____

Reason for request_____

Have you applied for local assistance before? _____ When?_____

Where?_____ Under what name?_____

List below all persons living in your household:

Full Name	Relationship	Date of Birth	Social Security #

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

Street	Town/City	State	Dates of Residence

2. Housing Information:

Rent amount _____ per (month/week)_____ Date last paid_____ Date due_____

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

Total rent owed _____ Do you have a housing subsidy?_____

Utilities Included: ☐ Heat ☐ Electric ☐ Gas ☐ Water/Sewer ☐ Other_____

LANDLORD INFO: Name_____Telephone_____

Address_____

IF HOME-OWNER: Mortgage Amount _____ Date last paid_____Owed _____

Bank/Mortgage Co_____ Address_____

3. Education / Training / Employment

	Highest Grade Attended	G.E.D. or Diploma	Special Training or Skills	Military Service
Applicant:				
Spouse/Co-Applicant:				

Applicant Work History:

Are you employed now?_____ Employer_____ Position_____

When work began _____ Date/Amount of most recent check_____

Are you unemployed now?_____ Reason_____

Date last worked_____ Employer_____ Date/Amount last check_____

Are you able to work now?_____ If not able, why not?_____

Current and two most recent jobs of yourself and all household members aged 18 & older:

Name	Employer	Pay	Weekly/ Biweekly	Employment Dates	Reason for Leaving

4. Household Assets:

Provide information regarding accounts held by you and all household members:

Name	Bank/Credit Union	Savings Acct. #	Savings Balance	Checking Acct. #	Checking Balance

Provide current value of any assets held by you and all household members:

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

Savings Bonds_____ Mutual Funds_____ Annuities_____ Stocks_____

Trust Funds_____ Retirement Accounts_____ Insurance Policies (cash value)_____

401k_____ Property other than primary residence_____ Location_____

Other Investments_____ Motorcycles/Boats/Snowmobiles/ATV's/RV's_____

Other Assets (please list)_____

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.?

Lawyer Name/Address_____

Reason_____

Do you or any household member have a lawsuit pending?_____ Who?_____

Please give details_____

Lawyer Name/Address_____

Motor vehicles owned by you and all household members:

Owner	Auto Make	Model	Year	Value	Payments	Insurance

5. Household Income

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

	Name	Date Applied	Date Last Received	Monthly Amount
ANB (Aid to the Needy Blind)				
APTD				
Child Support				
Disability (Employer)				
Food Stamps				
Fuel Assistance				
Gifts/Loans				
Maternity Benefits				
Medicaid				
OAA (Old Age Assistance)				
Retirement				
Severance Pay				
Social Security				
SSDI (SS Disability)				
SSI (Supplemental Security)				
TANF/FAP				
Unemployment				
Vacation Pay				
Veteran's Pension				
Worker's Compensation				
Income Tax Refund				
IRS Stimulus Payment				
Other: **[** **]**				

6. Household Expenses

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

Expense	Monthly Expense	Any Amounts	Comments

		Past Due	
Auto Fuel ……	_____	_____	_____
Auto Insurance ……	_____	_____	_____
Auto Loan ……	_____	_____	_____
Auto Registration/Inspection …	_____	_____	_____
Auto Repairs ……	_____	_____	_____
Bank Fees …….	_____	_____	_____
Condo Assoc Fee ……	_____	_____	_____
Child Care ……	_____	_____	_____
Child Support Paid ……	_____	_____	_____
Credit Card ……	_____	_____	_____
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 _____)	_____	_____	_____
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: _____	_____	_____	_____

EXTENDED PAYMENT ARRANGEMENTS

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

Utility Company or Landlord Name	Amount				
_____	_____	(Circle one)	weekly	biweekly	monthly
_____	_____	(Circle one)	weekly	biweekly	monthly
_____	_____	(Circle one)	weekly	biweekly	monthly
_____	_____	(Circle one)	weekly	biweekly	monthly

7. <u>Other Assistance</u>

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

8. <u>Criminal Information</u> (This information used to assist with referrals Including housing and other programs)

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_____

9. <u>Liability for Support Information</u>

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

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:

Name	Address	Phone #

10. <u>Certifications and Signatures</u>

Applicant **Co-Applicant**

Print Name: _____ Print Name: _____

I understand that I may be required to repay any assistance provided 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 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)

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)

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 City of Dover Welfare Administrator. 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 City of Dover Welfare Department 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 city or town welfare offices, or any agencies providing supportive services regarding medical, house/shelter, or financial assistance.

_____ _____

Applicant Signature Date

_____ _____

Spouse or Co-applicant Signature

Date

_____ _____

Signature of person completing form (if not applicant) Date

** The above authorization to release or receive information is in effect for as long as the applicant is currently seeking assistance from the City of Dover Welfare Administrator or up to six (6) months after assistance has ended.*

FORM B

NOTICE OF RIGHTS AND RESPONCIBILITIES OF ANYONE RECEIVING ASSISTANCE FROM THE CITY OF DOVER

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 participate in municipal workfare program if you must care for a child under the age of five (5), or to conduct a job search if you must care for a child under the age of one year (1), if you are disabled or ill, or if you must take care of a member of your family who is disabled or ill.

You have 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 seven (7) days from completed application, and accept any benefits or resources, public or private, that will reduce or eliminate the need for imminent or potential future 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 verifiable 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 a verifiable job search as determined by the Welfare Official, to accept employment when offered (except for documented reasons of good cause (RSA 165: I-d)), and to maintain such employment. RSA 165:1-b (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.

9. To not voluntarily terminate employment without good case as determined by the Welfare Officer. If you voluntarily terminate employment, you shall be ineligible to receive assistance for ninety (90) days from the date of employment termination.

Once the Welfare Officer makes a decision, a written notice of decision shall be provided on the same day or next business/working day. 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. The notice of decision shall contain a first notice of conditions for assistance and shall notify the applicant of his/her right to a fair hearing if dissatisfied with the Welfare Official's decision.

I/We have read and reviewed the Welfare Rights and Responsibilities with the Welfare Administrator.

_____ _____

Applicant Signature Co-Applicant Signature

_____ _____

Date Date

FORM C

NH Department of Health & Human Services (DHHS)
Bureau of Family Assistance (BFA)

BFA Form 11
10/19

Authorization to Release Information

Printed Name of Person to Whom the Release of Information Pertains

Case #, RID #, or MID #, if known

I hereby authorize and request:

Name and Address of Individual or Agency Providing the Information:

to provide the following information:

to:

Name and Address of Individual or Agency Receiving the Information:

I grant my permission for the reproduction of the above information to be given to the individual or agency named. Release of confidential information is subject to State and Federal laws. By signing this release, I acknowledge my permission to release the specified information to the individual/agency I have named.

This authorization expires 12-months from the date this form is signed.

Information released cannot be re-released by the receiving individual/agency without additional authorization.

(Signature)

(Date)

(Printed Name)

If the signature above is not that of the person to whom the information pertains, the relationship of the signer to that person must be indicated. In addition, the signature must be witnessed.

(Relationship)

(Witness)

(Date)

BFA SR 19-29
(3YC)

FORM D

Community Action Partnership of Strafford County
Release Form

Case #_____

I, (please print full name clearly) _____ grant Community Action Partnership of Strafford County permission to release information to the following organization and/or any third party as stated below related to the case deemed by the client.

1. _____
2. _____
3. _____
4. _____

I grant permission for the following specific information from my record at Community Action Partnership of Strafford County to be released to the above named individuals:

[ ] Attend appointment on my behalf
[ ] Energy Program Assistance benefit status and amount
[ ] Status of application, including discussing missing information
[ ] Household financials for each individual
[ ] All aspects of the Weatherization Program
[ ] All aspects of housing and personal welfare
[ ] Other: _____

This Release Form is good for 1 year from date of signature below

_____ _____
Client Signature Date

_____
Client Printed Name

_____ _____
Client Signature Date

_____
Client Printed name

FORM E

Applicants Authorization to Furnish Information

I (WE) AUTHORIZE AND REQUEST ANY RELATIVE, PHYSICIAN, PHARMACIST, LAWYER, BANKER, EMPLOYER, INSURANCE CO., LANDLORD (WHICH SHALL INCLUDE OWNER/MANAGER OF HOTEL/MOTEL OR OTHER TEMPORARY HOUSING), SHELTER, SOBER LIVING FACILITY, LOCAL WELFARE OFFICE, HOSPITAL, MEDICAL PROVIDER, MENTAL HEALTH PROFESSIONAL, CHURCH GROUP, SOCIAL WORKER, OR ANY OTHER ORGANIZATION OR PERSON HAVING INFORMATION CONCERNING MY/OUR ELIGIBILITY FOR ASSISTANCE TO FURNISH SUCH INFORMATION TO THE DOVER WELFARE DEPARTMENT. I/WE ALSO AUTHORIZE THE SOCIAL SECURITY OFFICE, NEW HAMPSHIRE LEGAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES (IN ALL OF ITS DIVISIONS), LOCAL OR STATE POLICE, DEPARTMENT OF EMPLOYMENT SECURITY, VETERANS ADMINISTRATION, SCHOOL PERSONNEL, COMMUNITY ACTION PROGRAM, OR ANY PERSON, NON-PROFIT ORGANIZATION, OR OTHER ORGANIZATION TO SUPPLY ANY INFORMATION NEEDED IN ORDER TO CONDUCT WELFARE INQUIRIES AND FOR DOVER WELFARE TO SHARE SUCH INFORMATION AS NECESSARY SO AS TO DETERMINE MY/OUR ELIGABILITY FOR GENERAL ASSISTANCE.

THIS INFORMATION MAY BE TRANSMITTED BY PHONE, FAX, EMAIL, US MAIL OR IN PERSON.

THIS AUTHORIZATION SHALL REMAIN EFFECTIVE FOR ONE YEAR FROM THE DATE GIVEN BELOW.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

FORM F

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I understand that as part of the administration of the general assistance program, a municipal welfare official may verify information I have provided on my application for assistance and any other information that would affect my eligibility. My signature below authorizes _____, City of Dover Welfare Official, to obtain information from _____ *(specific agency/individual)* regarding factors relevant to my application for general assistance benefits. This authorization shall expire one year from the date it is signed. A photocopy of this signed authorization may be used in place of an original.

_____ _____

Applicant Signature Date

_____

Welfare Official

FORM G

BASIC NEEDS POLICY

Per City of Dover Welfare Guidelines, it is the applicant/recipient's responsibility to utilize any available benefits or resources to reduce the need for Municipal General Assistance. The Welfare 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 Municipal General Assistance.

Under continuing Municipal General Assistance or in applying in the future, you will be required to use your earned or unearned resources for allowable basic need expenses only. ALLOWABLE EXPENSES are:

[ ] Rent/Mortgage
[ ] Food
[ ] Non-food hygiene products
[ ] Diapers
[ ] Current Utility Bills
[ ] Prescriptions

These costs are allowed for certain conditions:

[ ] Transportation costs for work, medical or assistance program appointments
[ ] Telephone basic service to find or keep employment
[ ] Medical expenses
[ ] Child/ dependent care
[ ] Laundry
[ ] Internet for school and employment search

The following are examples UNALLOWABLE expenses in determining eligibility:

[ ] Telephone beyond basic service for 1 per household.
[ ] Credit Card Payments
[ ] Loan Payments
[ ] Cable
[ ] Insurance Payments
[ ] Bail payments.
[ ] Repayment of Personal Loans
[ ] Restaurant/Fast Food
[ ] Tobacco/Alcohol products
[ ] Entertainment/Movie Services

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 may be required. Should you choose to use your resources for other than basic expense needs as outlined above and/or in your written decision from the Welfare Department, those amounts will be considered available to you and your assistance will be reduced accordingly and a sanction or denial may be issued.

I/We have read and reviewed the Basic Needs Policy with the Welfare Administrator.

_____ Applicant Signature

_____ Date

_____ Co-Applicant Signature

_____ Date

Please note: This is an example form. Your Municipal Welfare Guidelines may have different allowance basic need expenses. You will need to adjust this form to your Municipality Welfare Guidelines that reflect your municipality expenses and allowances.

FORM H

DOVER PUBLIC WELFARE REQUIRED VERIFICATIONS

Phone: 603-516-6500 Fax: 603-519-6508
d.balian@dover.nh.gov or s.gaston@dover.nh.gov or j.carnes@dover.nh.gov

Name: _____ Date/Time: _____
Address: _____ Phone: _____
Social Security Number: _____ DOB: _____
in household: _____ Assistance Requested: _____
Email: _____

YOUR APPOINTMENT IS SCHEDULED FOR: _____

You must provide the following verification/documentation at this appointment or assistance may be delayed or denied:

_____ Application Form **If this is not filled out for your appointment we will need to reschedule**
_____ Rental Verification Form **If this is not completed by your landlord we will need to reschedule**
_____ Last four weeks pay-stubs or other proof of net wages. Self Emp. – Profit/Loss for last 30 days
_____ Last four week's receipts or other proof of bills paid or currently due.
_____ Employment verification Form from your employer (blue form)
_____ Employment termination Form I from your last employer
_____ You have applied for / are receiving Social Security or Veterans benefits
_____ You have applied at DHHS: 150 Wakefield St., Rochester 332-9120 www.nheasy.nh.gov
☐ Emergency Food Stamps ☐ SNAP (Food Stamps) ☐ TANF/Other ☐ Childcare ☐ APTD/MA
_____ You have applied for / are receiving Fuel Assistance benefits through CAP 460-4237
_____ You have applied for Dover Housing Authority
_____ Verification of injury or illness (green medical form)
_____ You have applied for/are receiving Unemployment Compensation 742-3600 www.nhes.nh.gov
_____ Picture ID (Adults); Birth certificate/SS card (minors)
_____ Vehicle registration
_____ Savings and checking account, liquid asset statements, bank/debit card (Last 30-day printout of all account activity)
_____ Proof of Income tax refund and Stimulus Refund (Documentation/proof of where refund was spent)
_____ Employment Search Record (Showing 3-5 job searches per day required)
_____ Statement child support payments received / Child support court-ordered payments made
_____ Statement from room-mate(s) regarding division of expenses
Other: _____

I understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance, and I understand that if approved for assistance I may be required to do a job search.

_____ _____
Welfare Staff signature Applicant signature

FORM I

CITY OF DOVER WELFARE INTAKE

COMPLETE {Insert Phone #}
SECTION I: DATE: _____ **Appt. Date /Time: _____**

Name: _____
Last / other names used **First** **Middle**

Physical Address: _____
Street **Town or City** **How long at this address?**

Date of Birth: _____ **Social Security# _____**

Please list all other household members with ages: _____
Income Amount & Source: _____
What type of emergency assistance are you **requesting** at this time? _____
Have you **received** prior assistance from this office? ☐ Yes ☐ No If yes, when? _____
PHONE#: _____ CELL PHONE #: _____

_____ _____
Applicant Signature/Date **Signature of person completing form** (if not applicant)

********** **BELOW FOR OFFICE USE ONLY**: **********
Notes

DO NOT COMPLETE

SECTION II*:* PROVIDE THE FOLLOWING **ITEMS CHECKED** AND/OR REQUESTED BELOW FOR YOUR APPOINTMENT **OR POTENTIAL ASSISTANCE COULD BE DELAYED.**

☐ Application Form – (Completed)
☐ Picture ID
☐ Last 4 Weeks RECEIPTS / BILLS
☐ **VERIFICATION YOU HAVE APPLIED TO THE FOLLOWING DHHS RESOURCES:**
☐ FOOD STAMPS ☐ TANF ☐ MEDICAID ☐ APTD
☐ Fuel Assistance Application/Appointment
☐ Rental Verification form completed by the Landlord & **COPY OF YOUR LEASE**
☐ Rochester Housing Authority /NH Housing Authority
☐ Employment Verification form ☐ Employment Termination Request form
☐ Verification of injury or illness (Medical Form)
☐ Verification of application for Unemployment Compensation
☐ You may be REQUIRED to provide documented JOB SEARCHES

VERIFICATION OF THE FOLLOWING RESOURCES:

☐ Child Support
☐ Unemployment Compensation
☐ SS / SSI / SSD
☐ TANF/APTD/OAA
☐ Last 4 weeks proof of income
☐ Checking Account/Debit Card (Statement)
☐ Savings Account (Bank Statement)

FORM J

MUNICIPAL WELFARE DEPARTMENT
MEDICAL RELEASE AND REPORT

APPLICANT NAME/SS#: _____
Date of Birth: _____

I hereby request the release by a doctor, hospital or clinic to the Municipal Welfare Department, or its authorized representative, any information regarding my medical diagnosis, medical history, treatment plan or hospitalization. A photocopy of this signed release may be used in place of an original, in effect for six months from date of my signature below:

_____ _____
APPLICANT SIGNATURE **DATE**

TO THE PHYSICIAN OR CLINIC:

The person named above has indicated that he/she is currently unable to work and is in treatment with you. New Hampshire General Assistance laws require able-bodied welfare applicants to seek and retain work as a condition of continued assistance, with the goal of minimizing the period of assistance necessary. The Municipality also may require welfare recipients to work in any capacity that the recipient is able in exchange for assistance. For these reasons, will you please briefly respond to these questions:

What is the condition(s) for which you are treating this person? _____

What is the nature and extent of this individual's limitations? _____

Is this person disabled? ☐ No ☐ Yes *(If yes, please clarify below)*
☐ Temporarily ☐ Permanently ☐ Partially ☐ Totally

Date incapacity began: _____ Expected to end: _____

When will this individual be capable of returning to work? What type of work would be suitable for this individual? Please describe any limitations: _____
_____
_____
_____

Medications Prescribed: _____

_____ _____
Physician Name / Signature **Date**

Thank you for taking the time to complete this form.
Please contact the Municipal Welfare Department if you have any questions.

FORM K

EMPLOYMENT VERIFICATION FORM

I, _____, authorize the release of information regarding my employment to the City of Dover.

Signature of Employee: _____ Date _____

Full Name of Employee: (print) _____

This form must be completed by the employer/former employer in order to be valid documentation for the purpose of administration of municipal assistance.

Employer _____ Phone_____

Address: _____

Employee Name: _____

Date of Hire _____ Date starting/started work _____ Hourly Pay Rate_____

Full/part time _____ Hours per week _____ Paid: ☐ weekly ☐ biweekly ☐ Other _____

Pay Period Ending	**Actual Date of Payment**	**Gross Pay**	**Net Pay**	**Check/Direct Deposit**

==========

If _____ **is no longer employed by your company:**

Date of termination/separation_____ Date/net amount of last paycheck _____

Reason for termination/separation _____

_____

_____ _____

Authorized Signature and Title Date

_____ _____

Print Name Phone # or Email

61 Locust Street, Suite 334
Dover, New Hampshire 03820-3704
(603) 516-6500
Fax: (603) 516-6508
Dover-PublicWelfare@dover.nh.gov

City of Dover, New Hampshire
PUBLIC WELFARE DEPARTMENT
RENTAL VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY THE OWNER OR AUTHORIZED AGENT ONLY:
This is for information only and does not constitute agreement for payment.

LESSEE & OCCUPANCY INFORMATION

LESSEE 1): _____ LESSEE 2): _____ LESSEE 3): _____ LESSEE 4): _____

Address: _____ Apt. #: _____
(Number/Street, City, State) (Apt. #)

# of Bedrooms: _____ Occupancy Date: _____ Rent amount after any housing assistance: $_____

Security Deposit: $ _____ Date Paid: _____

Rent Cycle: ☐ Monthly ☐ Weekly ☐ Other

Household Members_____

ELIGIBILITY & UTILITIES

IF TENANTS ARE APPLYING FOR 1ST MONTH'S RENT AND/OR SECURITY DEPOSIT, HAS CURRENT FINANCIAL ABILITY TO MAINTAIN PROPOSED RENT BEEN VERIFIED? ☐ **YES** ☐ **NO**

Rent Includes:

☐ All utilities ☐ Hot Water ☐ Heat
☐ No Utilities ☐ Electric ☐ Other

FINANCIAL STATUS & RENTAL HISTORY

Date Last Rent Paid: _____ Rent Owed to Date: $_____

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

Amount paid by lessee 1: $ _____ Amount paid by lessee 2: $ _____

Amount paid by lessee 3: $ _____ Amount paid by lessee 4: $ _____

LANDLORD INFORMATION & IRS REPORTING

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

Tax ID #: _____ OR Social Security #: _____
(Match W-9)

CHECK IS TO BE MADE PAYABLE TO: _____

Property Owner Name: _____

Telephone #: _____ Full Address of Owner: _____
Email: _____ Fax #: _____

Agent Phone: _____ Agent's Name: _____

Signature of Property Owner: _____ Date: _____

Signature of Agent: _____ Date: _____

FORM M

BUDGET WORKSHEET

Name: _____ Date: _____

A. Available assets and income:

_____ _____ mo/wk
_____ _____ mo/wk
_____ _____ mo/wk
_____ _____ mo/wk

A. Total available income: _____

B. Allowable Expenses:

	Actual Expenses	Allowed Expenses	Ineligible Expenses
Rent/Board/Mortgage	_____ mo/wk	_____ mo/wk	_____
Electric	_____ mo/wk	_____ mo/wk	_____
Gas	_____ mo/wk	_____ mo/wk	_____
Fuel Oil	_____ mo/wk	_____ mo/wk	_____
Water/sewer	_____ mo/wk	_____ mo/wk	_____
Cooking fuel	_____ mo/wk	_____ mo/wk	_____
Telephone	_____ mo/wk	_____ mo/wk	_____
Food	_____ mo/wk	_____ mo/wk	_____
Personal & Household	_____ mo/wk	_____ mo/wk	_____
Medical/Prescription	_____ mo/wk	_____ mo/wk	_____
Transportation	_____ mo/wk	_____ mo/wk	_____
Childcare/Daycare	_____ mo/wk	_____ mo/wk	_____
Car payment	_____ mo/wk	_____ mo/wk	_____
Gasoline	_____ mo/wk	_____ mo/wk	_____
Other	_____ mo/wk	_____ mo/wk	_____
Other	_____ mo/wk	_____ mo/wk	_____
Other	_____ mo/wk	_____ mo/wk	_____
Other	_____ mo/wk	_____ mo/wk	_____

B. Total Allowed Expenses: _____

C. Eligibility: [A. Income (-) B. Expenses**]:** _____

(If A is greater than B, applicant is ineligible. If A is less than B, applicant is eligible.)

Assistance will be provided as follows:

_____ $_____
_____ $_____
_____ $_____

Note: This form should accompany a Notice of Decision. The welfare official should use discretion in accepting actual expenses relative to employment, work search, medical needs, etc.

FORM N

NOTICE OF DECISION

Name: _____ Date:_____

☐ Your application for general assistance is **GRANTED**. You will receive:

_____

_____

☐ You must COMPLY with the following conditions in order to be eligible to continue to receive assistance. You must comply within 7 days of receipt of this notice, unless another time period is indicated. Willful failure to comply with these conditions may result in a suspension of assistance.

_____

_____

_____

_____

☐ Your application for general assistance is **DENIED** for the following reason(s).

☐ Do Not Meet Standard of Need

☐ Other, specifically:_____

☐ Your assistance is **SUSPENDED** from _____ to _____ for the following reason(s):

☐ Failure to complete required work search

☐ Failure to apply for other forms of assistance, specifically_____

☐ Misrepresentation of material facts, specifically _____

☐ Other, specifically: _____

☐ You are also suspended until you comply with the conditions imposed by taking the following actions: _____

==========

☐ **Your next appointment is_____.**

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

_____ _____

Welfare Applicant Date Welfare Official Date

FORM O

Employment Search Record

NAME: _____

[In order to remain eligible for assistance you are required to complete a job search of 3-5 contacts daily. Use this form to list each employer you contact.]

	DATE	EMPLOYER	PHONE NUMBER/ E-MAIL	JOB OR TYPE OF WORK	TYPE OF CONTACT Visit/Phone/ Mail/Online	PERSON CONTACTED/ WEBSITE	TIME OF DAY	RESULTS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

FORM P

FAIR HEARING REQUEST

You have the right to request a Fair Hearing within five (5) business days of receipt of the Notice of Decision of denial or suspension of benefits, or a decision which you do not believe is consistent with the Municipal Welfare Guidelines or State Laws. To review this decision the Fair Hearing will be conducted by an impartial hearings officer. You will have an opportunity to review the content of your welfare file prior to your hearing and present your case to the hearing officer, who will render a decision within seven (7) business days from the hearing.

I/We, _____ hereby request a Fair Hearing to review the decision dated _____ regarding my application for general assistance.

I/We ☐ want / ☐ do not want my current assistance to continue until my hearing has been decided. I understand that if I lose my hearing, I will be obligated to repay the assistance provided to me during the time the appeal is being decided.

_____ _____

Applicant Signature Date Co-Applicant Signature Date

_____

Address of Applicant(s)

Within seven (7) working days of receipt of this notice by the Welfare Official a hearing will be scheduled. You will be notified in writing of the place, date and time of the hearing.

FORM Q

NOTICE OF FAIR HEARING

DATE: _____

TO: _____
ADDRESS: _____
_____
_____

☐ Your Fair Hearing has been scheduled for:
Date: _____
Time: _____
Place: _____

If you are unable to appear at this time, please contact the Welfare Official immediately. Failure to appear may result in the denial of your Fair Hearing request.

☐ Your request for a Fair Hearing has been denied for the following reason (s):
_____
_____
_____

Sincerely,

_____
Welfare Official

FORM R

FAIR HEARING DECISION

_____ _____

Client Name Represented by

VS

_____

Municipality

Date of Hearing _____ Hearing Officer(s)

_____

_____

_____

_____

ADJUDICATION

(Include Guidelines, facts relied upon, reasons for decision and any relief ordered.
Use extra paper if necessary, or attach written decision to this signed form)

Date _____ **Hearing Officer** _____

FORM S

NOTICE OF PROPERTY LIEN

TO: Register of Deeds for the County of Strafford

RE: Lien on Real Property pursuant to RSA 165:28 and any and all acts in Amendment thereof for aid given by the City of Dover.

DESCRIPTION Land and Building(s) located at No. _____ Street,
OF PROPERTY: City/Town of _____ being Assessor's Map(s) And Lot(s) No. and/or Volume and Page No. _____

RECIPIENT: _____ of the
City/Town of _____ in the
County of _____, State of New Hampshire

BE IT KNOWN: that the City of Dover has expended funds for and on behalf of the above-named recipient for which funds the City/Town is entitled to a Lien and hereby asserts a Lien pursuant to RSA 165:28 and any and all acts in amendment thereof.

STATE OF NEW HAMPSHIRE

CITY/TOWN OF_____ _____**, ss.**
(County)

BY OF_____ **DATE:** _____
Director of Welfare/Human Services

Subscribed and sworn to before me:

_____ **My commission expires:** _____
(Notary Public)

NOTE: Lien is valid even without acknowledgement/Signature of recipient.

NOTE: County Register of Deeds requires 1-3" top margin with 1" all other margins (margins displayed are not in conformity) – no less than 10 pitch in Times New Roman or Arial (Sample is Times New Roman 12 pitch which is acceptable).

FORM T

NOTICE OF PROPERTY LIEN DISCHARGE

TO: Register of Deeds for the County of Strafford

RE: Lien on Real Property pursuant to RSA 165:28 and any and all acts in Amendment thereof for aid given by the City of Dover.

DESCRIPTION Land and Building(s) located at No. _____ Street,
OF PROPERTY: City/Town of _____ being Assessor's Map(s) And
Lot(s) No. and/or Volume and Page No. _____

RECIPIENT: _____ of the
City/Town of _____ in the
County of _____, State of New Hampshire

BE IT KNOWN: that the above-referenced property lien is hereby satisfied and discharged.

STATE OF NEW HAMPSHIRE

CITY/TOWN OF_____ _____**, ss.**
(County)

BY OF_____ **DATE:** _____
Director of Welfare/Human Services

Subscribed and sworn to before me:

_____ **My commission expires:** _____
(Notary Public)

NOTE: County Register of Deeds requires 1-3" top margin with 1" all other margins (margins displayed are not in conformity) – no less than 10 pitch in Times New Roman or Arial (Sample is Times New Roman 12 pitch which is acceptable).

FORM U

RENT VOUCHER – LANDLORD DELINQUENCY

The municipality of _____ hereby authorizes payment to _____ on behalf of _____ of
[landlord] *[tenant]*
_____ in the amount of $_____
[tenant address]
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/City copy (tax, sewer, water, electric)
Note: send lower portion only

☐ Welfare copy

FORM V

APPLICATION UPDATE FORM

(Needs to be reviewed and updated for changes from first application at each time of request of assistance.)

DATE: _____ NAME: _____
Last First Middle

ADDRESS: _____
Street / # / Apartment Town Zip

TELEPHONE: _____

WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING AT THIS TIME? _____
_____
_____

CHANGES OF ALL HOUSEHOLD MEMBERS: _____
_____
_____

LIST ALL CHANGES OF SOURCES AND AMOUNTS OF HOUSEHOLD'S EARNED AND UNEARNED INCOME. THIS INCLUDES CASH, SAVINGS AND CHECKING/BANK ACCOUNTS:

_____
_____

INDICATE ANY UPDATES OR CHANGES IN YOUR ASSISTANCE OR APPICATIONS FOR FOOD STAMPS, CASH ASSISTANCE, SOCIAL SECURITY, FUEL ASSISTANCE, UNEMPLOYMENT, ETC.

_____
_____

INDICATE ANY CHANGES IN YOUR PERSONAL SITUATION SINCE YOUR LAST REQUEST.

_____
_____

I understand that if I knowingly give false information or withhold information related to my receipt of assistance, now or in the future, I may be prosecuted for a crime.

_____
SIGNATURE

FORM W

Reimbursement Invoice Decision Guide

REIMBURSEMENT INVOICE
DATE:

FROM:
City of Dover Public Welfare
61 Locust Street
Dover, NH 03820
603-516-6500

TO:
Municipality
Street Address
City, ST ZIP Code
Phone: Phone Fax: Fax

REIMBURSEMENT INVOICE DECISION GUIDE:

- I have knowledge or reasons to believe the person, with a different municipality of origin, has been staying in a hospital, a correctional facility, a treatment program center, or a hotel or motel paid for by a municipality or other service provider in my municipality pursuant to RSA 165:1-c,II.
  [Yes or No]
- I have knowledge or reasons to believe a person from a different municipality of origin left emergency housing of their own free will and remained in a situation of homelessness or was removed from emergency housing for non-compliance or policy violations from emergency housing or local welfare regulations within 30 days, pursuant to RSA 165:1-c,III.
  [Yes or No]
- I have attempted to communicate and coordinate assistance options with the municipality of origin, pursuant to RSA 165:1-c,V.
  [Yes or No]
- I have communicated and coordinated assistance options with the municipality of origin, including reimbursements from the municipality of origin pursuant to RSA 165:1-c,V.
  [Yes or No]
- Temporary urgent assistance was needed and provided to meet basic needs of a transient individual or resident of a different municipality pursuant to RSA 165:1-c,V.
  [Yes or No]
- A person's municipality of origin has agreed to reimburse for type and amount of assistance indicated below.
  [Yes or No]
- Domestic Violence, including stalking has been reported occurring in the municipally of origin and the person wants name and current location confidential from the municipality or origin.
  [Yes or No]

Chapter 165 AID TO ASSISTED PERSONS (state.nh.us)

DATE	DESCRIPTION OF ASSISTANCE PROVIDED	TOTAL
	TOTAL REIMBURSEMENT	

Make all checks payable to City of Dover Name.] If you have any questions concerning this reimbursement invoice contact this office at above number.