



GENERAL ASSISTANCE APPLICATION OVERVIEW

Please complete this application to the best of your ability **PRIOR** to your appointment.

Please review the pages entitled **THIS APPLICATION IS A LEGAL DOCUMENT** and **BASIC NEEDS POLICY** to understand your rights and responsibilities when requesting town assistance.

A completed application includes the documentation relevant to your situation. Please see the checklist on the two pages entitled **REQUIRED VERIFICATIONS/DOCUMENTATION FOR GENERAL ASSISTANCE APPLICATION.**

Other local agencies which also may assist you include:

*Listen Community Services, Lebanon, NH: (603) 448-4553
Food Pantry, Electric/Rent/Medication Assistance, Community Dinners,
Clothing, Household & Furniture Store.

*Tri-County CAP, Lebanon, NH: (603) 443-6100
Electric & Heating Assistance, Homeless Outreach, Weatherization

*Upper Valley Haven, White River Junction, VT: (802) 295-6500
Homeless Shelter, Seasonal Shelter, Food Pantry, Service Coordination



REQUIRED VERIFICATIONS/DOCUMENTATION FOR GENERAL ASSISTANCE APPLICATION

1. Completed application with required signatures.
2. Proof of identity:
 - Photo identification for all household members
 - Social Security cards for all household members including minors
3. Proof of residence and shelter expenses:
 - Lease/Mortgage
 - Notice to Quit/Demand for Rent/Eviction Notice
 - Utility bills: electric/oil/gas/phone/cable/internet
 - Complete **PROPERTY OWNER VERIFICATION FORM** in application packet.
4. Proof of all household income and benefits which you and your household members are either currently receiving or have applied for:
 - Previous 4 weeks pay stubs
 - Child or other support payments: please provide court order if applicable.
 - Unemployment Benefits/Worker's Compensation
 - Social Security Income: retirement/disability/supplemental income
 - Other: See a complete list of possible sources of income/benefits on pages 6-7 under section **6. Household Income/Benefits** of application.
5. Proof of Resources/Assets:
 - 30 day activity report of most recent bank statement for all savings/checking/credit union accounts for all household members.
 - Statements of all retirement/investment accounts/pension plans and verification whether funds can be withdrawn from these accounts.
 - Verification of a potential loan from a life insurance policy.
 - Other: See pages 5-6 under section **4. Household Assets** of application.



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REQUIRED VERIFICATIONS/DOCUMENTATION
FOR GENERAL ASSISTANCE APPLICATION

6. Proof of all household expenses for the last 4 weeks:
___ See pages 8-9 under section **7. Household Expenses** of application.
7. Proof of personal property owned by household members:
___ Registrations/titles for all vehicles, motorcycles, trailers, ATVs, etc.
8. Proof of current employment or termination form work:
___ See **EMPLOYMENT VERIFICATION FORM** in application packet.
9. If unemployed, please provide the following:
___ Proof of registration with NH Employment Security
___ Proof of active work search: Complete **EMPLOYMENT CONTACT WORK SEARCH** form in application packet.
10. If unable to work, please complete the form labeled **REQUEST FOR MEDICAL INFORMATION**.
11. Termination of benefits notice from any other city/town/agency or State/Federal assistance program.
12. If applicable, please complete pages 1 & 2 of the **LIABILITY OF RELATIVE FORM**.



TOWN OF HANOVER
 41 S MAIN ST, PO BOX 483
 HANOVER, NH
 (603) 643-4123 fax: (603) 290-5496
 hanovernh.org

Human Resources Department

BASIC NEEDS POLICY

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

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

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

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

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

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

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

I/We have read and reviewed the Basic Needs Policy with my/our General Assistance Coord..

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



THIS APPLICATION IS A LEGAL DOCUMENT

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

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

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

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

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

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

APPLICATION FOR ASSISTANCE

Date of Application _____ Referred By _____

Assistance Requested _____

Reasons for Request _____

1. General Information

Applicant

Name: _____ Date of Birth: _____

Current Address _____

Mailing Address, if different _____

Home Phone _____ Rent or Own? _____ How long at this address? _____

Type of Housing: House Apt Mobile Home Other: _____

Household Composition: # 18 & Over _____ # under 18 _____ # of Bedrooms _____

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

Street _____ Town/City _____ State _____ Dates of Residence _____

Cell Phone: _____ Work Phone: _____ Social Security# _____

E-Mail Address: _____ Marital Status: _____

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

Citizenship: United States Other: _____

Ethnicity: White/Caucasian Other: _____

Special Training/Skills: _____

Currently employed? Full Time Part Time Self Employed Unemployed

Have you applied for local assistance before? Yes No When? _____

where? _____ Under What Name? _____

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

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

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

Other Insurance: _____ EBT Card # _____

Spouse/Co- Applicant

Name: _____ Date of Birth: _____

Cell Phone: _____ Work Phone: _____ Social Security# _____

E-Mail Address: _____ Marital Status: _____

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

Citizenship: United States Other: _____

Ethnicity: white/Caucasian Other: _____

Special Training/Skills: _____

Currently employed? Full Time Part Time Self Employed Unemployed

Have you applied for local assistance before? Yes No When? _____

Where? _____ Under what Name? _____

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

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

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

Other Insurance: _____ EBT Card # _____

Other Household Members: List all persons living in your household

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

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

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

2. Employment History

Applicant

Employer _____ Position _____

Date you started work: _____ Date & Amount of last paycheck: _____

Pay Period Frequency: Daily Weekly Bi-weekly Monthly Quarterly

If you are currently unemployed, state reason: _____

Former Employer _____ Position _____

Date last worked: _____ Date & Amount of last paycheck: _____

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

List two most recent jobs before current:

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

Spouse/Co- Applicant

Employer _____ Position _____

Date you started work: _____ Date & Amount of last paycheck: _____

Pay Period Frequency: Daily Weekly Bi-weekly Monthly Quarterly

If you are currently unemployed, state reason: _____

Former Employer _____ Position _____

Date last worked: _____ Date & Amount of last paycheck: _____

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

List two most recent jobs before current:

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

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

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

3. Housing Information

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

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

Total Rent Owed _____

Do you have a housing subsidy? Yes No If YES, how much? _____

Utilities Included: Heat Electric Gas Water/Sewer Other _____

LANDLORD: Name _____ Telephone _____

Address _____

IF HOME-OWNER:

Mortgage Payment: _____ Date last paid _____ Date Due _____

Bank/Mortgage Co _____ Telephone _____

Address _____

Do you have a foreclosure notice? Yes No

4. Household Assets

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

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

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

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

List Properties and Locations (other than primary residence): _____

Motor vehicles owned by you and all household members:

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

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

IRS Refund:_____ Date Rec:_____ Insurance Claim:_____ Date Rec:_____

Retroactive disability check:_____ Date Rec:_____

Retroactive Unemployment or worker's Compensation check:_____ Date Rec:_____

Inheritance:_____ Date Rec:_____

Other Lump Sum Payment (explain):_____

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

Attorney Name _____ Phone number _____

Address _____

6. Household Income/Benefits

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

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

Income (continued):	Household Member	Amount	Date Last Received
Severance Pay	_____	_____	_____
Social Security (Retirement)	_____	_____	_____
SSDI (SS Disability)	_____	_____	_____
SSI (Supplemental Security)	_____	_____	_____
TANF	_____	_____	_____
Unemployment (DES)	_____	_____	_____
Veteran's Pension	_____	_____	_____
Worker's Compensation	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

Benefits:

Child Care Assistance	_____	_____	_____
Food Stamps	_____	_____	_____
Fuel Assistance	_____	_____	_____
Medicaid	_____	_____	_____
WIC (Women/Infants/Children)	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

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

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

7. Household Expenses

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

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

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

8. Extended Payment Arrangements

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

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

9. Other Assistance

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

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

10. Criminal Information

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

If YES, complete the following:

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

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

If YES, complete the following:

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

11. Liability for Support Information

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

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

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

Adult Children:

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

12. Certifications and Signatures

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

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

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

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

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

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

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

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

Authorization to Release or Exchange Information *

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

Applicant

Co- Applicant

Print Name

Print Name

Signature:_____

Signature:_____

Date:_____

Date:_____

Signature of person completing form
(if not the applicant)

Print Name

Date

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



TOWN OF HANOVER
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Human Resources Department

PROPERTY OWNER VERIFICATION FORM

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

Name(s) on Lease: _____

All other household Members: _____

Address of Rental: _____

Rental Amount: \$ _____ Per: Month Week Bi-weekly Date Due: _____

Security Amount: \$ _____

Paid By: Check Cash Money Order Sec Dep Loan Program

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

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

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

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

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

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

Room Apt Home Other # of bedrooms: _____

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

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

Property Owner(s) Name: _____

Address: _____ Phone: _____

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

Business/Agency Name: _____

Address: _____ Phone: _____

Contact Name: _____ Fax: _____

Tax ID Number or Property Owner's Social Security Number must be supplied to the Municipality.
****YOU DO NOT HAVE TO GIVE YOUR TENANT THIS INFORMATION****
 Checks will be made payable to the person(s) as listed on line 1 of the W9; if checks are to be payable to a business/agency, complete line 2 of the W9 (leave line 1 blank). Checks will be mailed to the address entered on the W9.
****THIS FORM AND THE W9 MAY BE FAXED TO OUR OFFICE****

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

Signature of Property Owner/Authorized Agent _____ Date _____ Phone _____

E-mail Address (Optional): _____



TOWN OF HANOVER
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Human Resources Department

EMPLOYMENT VERIFICATION FORM

I, _____, authorize the release of information regarding my employment to the TOWN OF HANOVER.

Signature: _____ Date: _____

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

Name of Employee: _____ SS#: _____-____-____

Employer Name: _____

Address: _____

Phone: _____ Fax: _____

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

Type of Position: Full-Time Part-Time Temporary

Please indicate time frame expected to work: _____

Frequency of Pay: Weekly Bi-Weekly Other: _____

Paid By: Check Direct Deposit

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

Date: _____ Amount: \$ _____

Employment Status: Still Employed Terminated/Separated

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

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

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

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

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

 Authorized Company Signature

 Print Name

 Phone #

 E-mail

 Date



TOWN OF HANOVER
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Human Resources Department

REQUEST FOR MEDICAL INFORMATION

I, _____, hereby authorize and request my physician to furnish such medical information concerning my circumstances to the TOWN OF HANOVER.

Signature: _____ Date: _____

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

APPLICANT/PATIENT INFORMATION

PHYSICIAN INFORMATION

Name: _____

Name: _____

Address: _____

Address: _____

Birth Date: _____

Telephone: _____

Diagnosis: _____

Prognosis: _____

Is patient able to work? Yes No Period of Disability: _____

Yes, with the following limitations: _____

Does patient have another appointment scheduled? _____ Date & Time: _____

Signature of Physician _____

Date _____

OFFICIAL USE ONLY _____

Date: _____



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Human Resources Department

LIABILITY OF RELATIVE FORM

This form and the attached Financial Statement must be completed by each relative as outlined in RSA 165:19 below.

This NH state law only applies when an individual is seeking municipal assistance (welfare). Relatives of such applicants hold a certain liability and this form is designed for relatives to identify what assistance they can provide, or not provide based on their current financial situation. The law is as follows:

165:19 Liability for Support - The relation of any poor person in the line of father, mother, stepfather, stepmother, son, daughter, husband, or wife shall assist or maintain such person when in need of relief. Said relation shall be deemed able to assist such person if his weekly income is more than sufficient to provide a reasonable subsistence compatible with decency and health. Should a relation refuse to render such aid when requested to do so by the county commissioner, selectman, or overseer of public welfare, such person or persons shall upon complaint of one of these officials be summoned to appear in the court. If, after hearing, it is found that the alleged poor person is in need of assistance, and that the relation is able to render such assistance, the court shall enter a decree accordingly and shall fix the amount and character of the assistance which the relation shall furnish. If the relation neglects or refuses to comply with the court order without good cause, as determined by the court at a hearing, or by refusing to work or otherwise voluntarily places himself in a position where he is unable to comply, he shall be deemed to be in contempt of court and shall be imprisoned not more than 90 nor fewer than 60 days. If a poor person has no relation of sufficient ability, the town or city in which he resides shall be liable for his support.

If you can provide assistance to this family, complete the following and return it to the address above. In order to be in compliance with the above statute, I am providing or will now begin to provide (check one) the following assistance to: _____.

(Fill in the dollar amounts for each category where applicable)

Rent \$ _____	Electric \$ _____	Fuel \$ _____	Car Gas \$ _____
Phone \$ _____	Other Utility \$ _____	Food \$ _____	Insurance \$ _____
Diapers \$ _____	Personal/Household \$ _____	Car Pmt(s) \$ _____	Other \$ _____

If you are unable to provide financial assistance, please complete the statement below and the attached Relative Financial Statement and return both to the address above.

I, _____, do hereby declare that I am
 (Parent, Step-parent, son, daughter, husband, wife)

unable to provide support to the Applicant, _____,

for the reasons specifically cited below*. I attest to the validity of my statements, and recognize that I am bound to support the above named individual under state law when able to do so.

Please briefly describe any financial hardship which might preclude your ability to comply with the above (such as reduced work hours, illness, injury, etc.):

* _____

Signed: _____ Date: _____

Witness: _____

PLEASE COMPLETE THE ABOVE INFORMATION AND RETURN TO THE ADDRESS ABOVE. FAILURE TO PROVIDE THIS DOCUMENT MAY DELAY PROCESSING THE APPLICATION.



TOWN OF HANOVER
 41 S MAIN ST, PO BOX 483
 HANOVER, NH
 (603) 643-4123 fax: (603) 290-5496
 hanovernh.org

Human Resources Department

LIABILITY OF RELATIVE FORM

RELATIVE FINANCIAL STATEMENT TO BE COMPLETED WITH LIABILITY OF RELATIVE FORM

ELATIONSHIP TO APPLICANT (circle one)

Father Mother Step-Father Step-Mother Son Daughter Husband wife

Your Name: _____ Employer: _____

Spouse: _____ Employer: _____

Address: _____

DEPENDENTS:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

HOUSEHOLD INCOME AND ASSETS:

Gross Monthly Income \$ _____ Net Monthly Income \$ _____

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

Savings Account Balance \$ _____ Checking Account Balance \$ _____

Stocks, Bonds, CDs \$ _____ Other \$ _____

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

child support \$ _____ per ___week ___bi-weekly ___monthly (check one)

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

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

Car Insurance \$ _____ Car Payment \$ _____ Child Care \$ _____

Credit Card \$ _____ Electric \$ _____ Food \$ _____

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

Life Insurance \$ _____ Loan \$ _____ Lot Rent \$ _____

Mortgage \$ _____ Prescriptions \$ _____ Rent \$ _____

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

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

Other \$ _____

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

TOTAL MONTHLY INCOME \$ _____

TOTAL MONTHLY EXPENSES \$ _____

Signature _____

Date _____

Signature _____

Date _____



FAIR HEARING REQUEST

FAIR HEARING REQUEST PROCEDURE

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

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

FAIR HEARING REQUEST

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

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

from the TOWN OF HANOVER.

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

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

 Applicant Signature

 Co-Applicant Signature

 Address

 Date