

TOWN OF ALTON  
WELFARE GUIDELINES  
for  
GENERAL ASSISTANCE



EFFECTIVE DATE:

JULY 13, 1994

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**SECTION 1. DEFINITIONS**

1.1 **APPLICANT:** A person who expresses a desire to receive general assistance or to have their eligibility for assistance reviewed by a Town Welfare Official. This may be expressed either in person or by an authorized representative of the applicant.

1.2 **APPLICATION (RE-APPLICATION):** Action by which a person or their authorized representative requests assistance from a Welfare Official that indicates to the Welfare Official that a determination must be made as to whether the applicant is actually without sufficient assets or resources as to be eligible for assistance based upon an inability to support themselves or to supply immediate needs.

1.3 **APPLICATION FORM:** A written method by which an application for assistance is made. This process shall be made on a form provided by the Town; (see Forms A1 or A3). The completion of a written application form shall require the Town Welfare Official to respond with a notice of decision.

1.4 **AVAILABLE LIQUID ASSETS:** Material goods, legal tender, negotiables and other property owned by an applicant which is capable of being converted into cash. These items may include, but shall not be limited to the following: cash on hand, bank deposits, credit union accounts, securities, IRA's (Individual Retirement Accounts), 401K accounts, insurance policies with a loan value and non-essential personal property.

1.5 **ASSETS:** All real property, cash, personal property, financial expectancies and future interests owned by the applicant.

1.6 **CASE RECORD:** Official files with forms, correspondence and narrative accounts pertaining to an application and resulting decisions pertaining thereto, to include any determinations of initial or continuing eligibility, reasons for decisions and action by the Welfare Official, and types of assistance given.

1.7 **CLAIMANT:** A person who has requested, either in person or through an authorized representative, a Fair Hearing under Section 12 of these Guidelines.

1.8 **ELIGIBILITY:** Determination by a Welfare Official in accordance with the provisions of these Guidelines, that a person is suffering from a state of poverty resulting in an inability to support themselves, and therefore, there exists proof of a need for general assistance to be administered in accordance with these Guidelines, in accordance with the provisions of Section 7.

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1.9 FAIR HEARING: A quasi-judicial hearing which is held at the request of an applicant to contest a denial, termination or reduction of assistance. The standards for such a hearing are set forth in Section 12 of these Guidelines.

1.10 HOUSEHOLD: Any person residing with an applicant or recipient, whether related or not.

1.11 MINOR: A person under 18 years of age.

1.12 NEED: The basic maintenance and support requirements of an applicant, as determined by a Welfare Official in accordance with the provisions of Section 7 and Section 16 of these Guidelines.

1.13 REAL ESTATE: All land, structures and/or fixtures attached thereto which belong to an applicant as defined by RSA 21:21.

1.14 RECIPIENT: A person who is receiving general assistance from the Town of Alton.

1.15 RESIDENCE: A person's place of abode or domicile that is designated as their principal place of physical presence for the indefinite future to the exclusion of all others. Such residence or residency shall not be interrupted or lost by a temporary absence from it, if there is an intent to return to such residence or residency as the principal place of physical presence.

1.16 VOUCHER SYSTEM: The system whereby the Town of Alton issues payment vouchers directly to a recipient's vendors and creditors rather than making payments to a recipient.

1.17 WELFARE DIRECTOR: The Town Administrator for the Town of Alton. For the purposes of these Guidelines, he/she shall have all of the same duties and responsibilities as the Welfare Officer, except that he/she shall be recognized as the Welfare Official's immediate supervisor. He/She shall also assume the duties and responsibilities as "Overseer of Public Welfare" as defined by RSA 165:1; 41:46 and "Administrator of Town Welfare" as defined by RSA 165:2, subject to the overall fiscal responsibility vested in the Board of Selectmen.

1.18 WELFARE OFFICIAL: The Town Secretary for the Town of Alton. He/She shall perform the function of administering general assistance in accordance with these Guidelines. He/She shall have the authority to process all applications and case records, coordinate work program activities, and to make recommendations to the Welfare Director regarding the eligibility of applicants to receive general assistance under RSA 165.

**SECTION 2. SEVERABILITY**

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

**SECTION 3. CONFIDENTIALITY OF INFORMATION**

3.1 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 shall not be released or discussed with any individual or agency without written permission of the applicant or recipient except when disclosure is required by law, or when necessary to carry out the purposes of RSA 165.

**SECTION 4. MAINTENANCE OF RECORDS**

4.1 The Welfare Officials are required by law to keep complete records of general assistance. In addition to general statistical records concerning the number of persons given assistance and the cost for such support, a separate case record shall be established for each individual or family applying for general assistance (RSA 41:46).

4.2 The purposes for keeping complete records of general assistance are:

- A. To provide a valid basis of accounting for expenditure of the Town of Alton's funds.
- B. To support decisions concerning an applicant's eligibility or lack thereof. Also, to prove that assistance is being granted in a fair and equitable manner.
- C. To assure availability of information if an applicant or recipient seeks a Fair Hearing or some other form of administrative or judicial review of the Welfare Official's decision.
- D. To provide social welfare agencies with accurate statistical information.
- E. To provide a complete history of an applicant's assistance upon request of a municipal, state or federal welfare agency to aid in the determination of eligibility under other programs. Also, to assist in an effort to rehabilitate an applicant, subject to the Guidelines on the confidentiality of such information.

4.3 The Welfare Official shall maintain case records containing copies of all file documents, including applications, notices of decision, Fair Hearing transcripts, work search forms, home visit findings, release forms, doctor's notes, correspondence, tally forms which indicates amount and types of aid, and any other pertinent materials which serve as justification for decision-making in regards to a person seeking general assistance.

4.4 Communications between the Welfare Official and Town Counsel shall be part of the case record, but shall be confidential. All correspondence of a legal nature shall be withheld from applicants and/or recipients.

#### **SECTION 5. THE APPLICATION PROCESS**

5.1 Anyone may apply for general assistance by completing a written application form. If more than one adult resides in a household, they shall both be required to appear at the Welfare Office to apply for assistance. However, the Welfare Official shall not be required to accept an application for general assistance from any person who has previously been denied assistance as a result of fraudulent behavior or from any other person who is under suspension as provided in Section 11.4 of these Guidelines.

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

A. The requirement of submitting a written application.

B. Eligibility requirements, including the Town's responsibility to pursue financial reimbursement from potentially liable relatives.

C. The applicant's right to a Fair Hearing, and the manner in which a review may be obtained.

D. The applicant's responsibility for reporting all facts necessary to determine eligibility, to include the likelihood of home visits by the Welfare Officer to verify the need for general assistance.

E. Joint responsibility of the Welfare Official and applicant for exploring facts concerning eligibility, needs and resources; and the applicant's responsibility for presenting records or documents to support their statements. The Welfare Official may assist the applicant in completing the application.

- F. Types of verification needed.
  - G. The fact that an investigation will be conducted in an effort to substantiate the facts and statements as presented by the applicant and that this investigation may take place prior to, during, or subsequent to the applicant's receipt of general assistance.
  - H. The applicant's responsibility for notifying the Welfare Official of any change in circumstances which may affect eligibility.
  - I. Any other programs of assistance or service that the Welfare Official may know of.
  - J. The requirement that the Town must place a lien on all real property owned by the recipient, to be released when all assistance given has been repaid.
  - K. The fact that an applicant shall be obligated to repay the Town for all assistance received.
  - L. The applicant's right to review these Guidelines.
  - M. The requirement that an applicant make a genuine attempt to secure employment by applying for 5 jobs per day (Sundays and holidays not included) from the day an initial application is completed, unless otherwise determined incapable of working by a doctor.
  - N. The requirement that an applicant must participate in the Town's Work Program to continue eligibility once initial assistance has been provided.
- 5.3 At the time of initial application, and at all times thereafter, the applicant has the following responsibilities:

- A. To provide accurate, complete and current information concerning their needs and resources and the whereabouts and circumstances of relatives who may be responsible for support under RSA 165:19.
- B. To notify the Welfare Official within 72 hours when a change in needs or resources may affect eligibility for continuing assistance.
- C. To apply for and utilize any benefits or resources, public or private, that will reduce or eliminate the need for general assistance.

- D. To keep all appointments as scheduled.
- E. To notify the Welfare Official within 72 hours of a change of address and any changes in members of household.
- F. To diligently search for employment by applying for five jobs per day (Sundays and holidays not included) beginning the day an initial application is completed, unless otherwise determined incapable of working by a doctor and to provide verification of application for employment whenever general assistance is requested thereafter.
- G. To accept employment when offered.
- H. To provide a doctor's statement if the applicant claims an inability to work due to medical problems, subject to the Town's ability to receive a second opinion at Town expense.
- I. To participate in the Town Work Program subject to the terms and conditions contained in these Guidelines under Section 9.

5.4 An applicant shall be denied assistance if they fail to fulfill any of the responsibilities listed above without reasonable justification.

5.5 Notwithstanding any other provisions under State Law, or the Town's legal obligation to prosecute cases of fraud or misrepresentation; any person who, by means of intentional false statements or intentional misrepresentation or by impersonation or other willfully fraudulent act or device, obtains or attempts to obtain any form of general assistance, shall be immediately thereafter denied all forms of general assistance for as long as they shall live.

5.6 Unless an application is withdrawn, the Welfare Official shall make a decision concerning the applicant's eligibility within 5 working days after completion of the written application form.

5.7 If, at any time the application is received, the applicant demonstrates and verifies that an immediate need exists, because of which the applicant may suffer irreparable harm if aid is withheld until a decision is made within the usual limit specified in these Guidelines, then temporary aid to fulfill such immediate needs may be given immediately, pending a decision on the application.

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5.8 When a decision has been made on an application, the applicant will be informed in writing (within 3 working days after the date of decision) that he/she is eligible for assistance of a stated kind and/or amount, or that the application has been denied, with reasons for denial. In circumstances where required documentation is not available, the Welfare Official may give temporary approval to an application pending receipt of required materials. Temporary status shall not extend beyond 2 weeks. The Welfare Official may waive requirements for documentary verification if such records are totally unavailable.

5.9 An application shall be considered withdrawn if:

A. The applicant has failed to cooperate in completing an application or fails to provide sufficient information for the completion of an application.

B. The applicant dies before assistance is rendered.

C. The applicant avails himself/herself of other resources in place of assistance in amounts so as to disqualify the applicant from eligibility.

D. The applicant requests that the application be withdrawn.

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

5.10 Home Visits:

A. A Welfare Official may perform a home visit to each applicant. The applicant shall be informed that a visit will be made within specified hours. At the applicant's request, a specific appointment may be made if the Welfare Official is available at the requested time and date.

B. The home visit is necessary for the Welfare Official to understand all of the services needed to help the applicant. The Welfare Official will guard against such violations of legal rights and common decencies as entering the home by force without permission, or under false pretenses, making home visits outside working hours, particularly during sleeping hours, and searching in the home (i.e. in rooms, closets, drawers, or papers to seek clues to possible deceptions).

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

D. Refusal to grant home visits, without reasonable justification, shall be grounds for terminating or denying assistance.

5.11 All applications for general assistance shall be subject to verification and investigation in accordance with the following procedures:

A. Any determination or investigation of need for 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.

B. Verification will normally be required of the following:

- (a) applicant's address;
- (b) names and incomes of persons residing with applicant;
- (c) applicant's income and assets;
- (d) applicant's financial obligations;
- (e) applicant's physical and mental condition where relevant;
- (f) any special circumstances claimed by applicant;
- (g) applicant's employment status and availability in the labor market;
- (h) names, addresses, and employment status of potentially liable relatives;
- (i) utility costs;
- (j) housing costs;
- (k) facts relevant to the person's residence.

C. Verification may be made through records provided by the applicant (i.e. birth and marriage certificates, pay stubs, pay checks, rent receipts, bankbooks, etc.) as primary sources. The failure of the applicant to bring such records does not affect the Welfare Official's responsibility to process the application promptly, however, they may jeopardize eligibility. The Welfare Official shall inform the applicant what records are necessary, and the applicant is required to produce records possessed as soon as possible. In certain circumstances, the Welfare Official may waive the requirements on documentary verification if such records are not available.

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

E. When information is sought from such other sources, the Welfare Official should 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. In cases of suspected fraud, however, the Welfare Official may proceed to investigate all such sources and he/she shall carefully record his/her reasons and actions, and before any accusation or confrontation is made, the applicant shall be given an opportunity to explain or clarify the suspicious circumstances.

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

G. The Welfare Official may use home visits solely for verification purposes in accordance with the provisions of these Guidelines.

5.13 Any person who is re-applying for general assistance but has not received any assistance from the Town for a period of 60 days, shall be required to complete a new application form.

**Section 6. DISBURSEMENTS**

6.1 The Town of Alton pays in a voucher system only - no exceptions. The Town shall deal directly with vendors, (e.g. agencies, landlords, stores, etc.) involved.

6.2 Tobacco products, alcoholic beverages, pet food and any other non-food items cannot be purchased with a food voucher. If there is any unspent money, the balance of the voucher shall be returned to the Town and payment to the vendor shall be for the actual amount as listed on an itemized bill or register tape.

6.3 The amount shown on the voucher is the maximum amount to be used for payment. A recipient may not exceed the amount listed on the voucher, nor may he/she change the amount listed. An applicant must sign the voucher to ensure proper usage. The vendor shall return the voucher with an itemized bill or register tape, for payment, to the Welfare Official.

6.4 All payments made through the voucher system shall be disbursed on a weekly basis in order for the recipient to demonstrate continued eligibility and compliance with the responsibilities of these Guidelines. However, landlords shall be required to complete FORM H to furnish the Town with their taxpayer identification number.

**Section 7. DETERMINATION OF ELIGIBILITY**

7.1 An applicant's eligibility for general assistance shall be determined based upon the following:

A. The applicant has met the non-financial eligibility factors as listed in Section 7.4 below, and;

B. The applicant's basic maintenance needs, exceed his/her available income and available liquid assets. If available income and available liquid assets exceed the basic maintenance need (as determined by the Guideline amounts), the person is not eligible for general assistance. If the need exceeds the available income and assets, the amount of assistance shall be the difference between the two amounts, in the absence of circumstances justifying an exception.

7.2 RSA 165:1 states "Whenever a person in any town is poor and unable to support himself, he shall be relieved and maintained by the Overseers of Public Welfare of such town, whether or not he has residence there."

7.3 The Welfare Official shall be available during normal working hours to accept applications, render decisions and perform verifications of general assistance requests. Assistance shall begin as soon as an applicant is determined to be eligible.

7.4 Non-Financial Eligibility Factors:

A. General assistance cannot be denied any person because of the person's age; age is not a factor in determining whether or not a person may receive general assistance. (However, age does make certain persons eligible for other kinds of state or federal assistance e.g. over 65: Old Age Assistance, Social Security; or under 18: AFDC, foster care, etc. Income from those other types of assistance does affect eligibility under the Guidelines).

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

C. Applicants or recipients whom the Welfare Official believes may be eligible for any other form of public assistance must apply for such assistance within 7 working days after being advised to do so by the Welfare Official. Failure to do so will render applicant or recipient ineligible for assistance. Unless and until another form of public assistance is received, an applicant otherwise eligible is entitled to receive general assistance under these Guidelines.

D. A person who is gainfully employed, but whose income and assets are not sufficient to meet necessary family expenses, may be eligible to receive general assistance. However, applicants who, without good cause refuse a job offer or referral to suitable employment are ineligible for general assistance.

E. Applicants who have left their most recent place of employment within 12 months from the initial date of application without good cause shall be considered to have refused a job offer and shall be ineligible for general assistance.

F. The Welfare Official, in his/her sole discretion, shall determine whether there is good cause for such refusal, taking into account the ability, and physical and mental capacity of the person, transportation problems, working conditions that might involve risks to health or safety, or lack of worker's compensation protection, lack of adequate child care, or any other factors that might make refusing a job reasonable.

G. Registration with the N.H. Department of Employment Security is not necessary for initial eligibility for general assistance. However, all recipients and adult members of their families must, within one week after having been granted assistance, register with DES to find work and each applicant must conduct an adequate work search using all means available. Also, each applicant must apply for employment with each employer to whom he/she is referred by a Welfare Official. The Welfare Official shall require proof that a minimum of 5 applications per day have been sought (excluding Sundays and holidays) beginning as of the day of initial application.

H. The only exceptions to work search requirements shall be for the following circumstances only:

- (a) the applicant is under 18 years of age and regularly attending school;
- (b) the applicant is unable to work due to illness or disability of another member of the household (a doctor's note is required);
- (c) the applicant is responsible for the care of his/her dependent child if the child is under 12 months of age or has a disability.

I. A person responsible for the care of a child over 12 months shall not be excused from work search requirements, but shall be deemed to have good cause to refuse a job requiring work during hours the child is not usually in school, if there is no responsible person available to provide care, and no other care is available.

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J. The Welfare Official shall provide all necessary and reasonable assistance to ensure compliance with registration and work requirements, including the temporary granting of vouchers for transportation to work and day care services. The Welfare Official may contact DES to verify the fact that the recipient has registered with DES, and he/she may ask to see the recipient's DES identification card. Merely because DES has determined that a person is not eligible for unemployment compensation does not mean that the recipient will no longer be eligible for general assistance. Failure of the applicant to comply with these requirements without good cause will be reason for denial of assistance.

K. Students over the age of 18 years of age who refuse any reasonable offer of full-time employment shall be ineligible for general assistance.

L. No person who is otherwise eligible shall receive general assistance if he/she made an assignment, transfer or conveyance of property for which the Welfare Official can reasonably determine has been done for the purpose of rendering himself/herself eligible for assistance within the 3 years immediately preceding his/her application.

#### 7.5 Financial Eligibility Factors:

A. All available liquid assets must be converted to cash for an applicant to be eligible for assistance. The Welfare Official shall allow a reasonable time for such conversion. However, tools of a trade, livestock, farm equipment, and necessary and ordinary household goods are essential items of personal property which shall not be considered as available assets.

B. The ownership of one automobile by an applicant or a dependent does not affect eligibility if it is essential for transportation to seek employment, to procure medical services or rehabilitation services, or if its use is essential to the maintenance of the individual or the family.

C. The ownership of life insurance policies, in and of itself, does not affect eligibility. However, when a policy has a cash or loan value, the applicant shall be required to obtain and/or borrow all available funds, which shall then be considered available liquid assets prior to any assistance being provided. Premium payments shall not be considered a basic "need" when determining eligibility or amount of aid (medical insurance excepted).

D. The type and amount of real estate owned by an applicant which serves as the primary residence does not affect eligibility, although rent or other such income from property must be considered as available income. Applicants who own real property, other than that occupied as a home, shall be required to make every reasonable efforts to dispose of it at fair market value prior to being eligible for assistance.

E. The basic financial requirement for general assistance is that a person be poor and unable to support himself/herself. A person shall be considered poor when he/she has insufficient available income and assets to purchase the following items for either himself/herself or dependents:

- (a) The amount to be included as "need" for shelter is the weekly cost of housing necessary to provide shelter. Such cost is determined by the eligibility allowances in Section 16. Applicants shall be apprised of the amounts allowed. No shelter arrearages will be included in the "need" formula, but an effort will be undertaken to prevent eviction. Whenever a relative of an applicant is also the landlord for the applicant, that landlord will be expected to assist his relatives pursuant to RSA 165:19, and must prove an inability to assist before any aid payment for shelter is made. Security deposits are not included in the "need" formula, and therefore the Town shall not make payment for any housing needs other than weekly shelter requirements.
- (b) The Welfare Officer may include fire insurance payments in the "need" formula for some types of housing if the applicant has proof that such insurance is required by the mortgage holder.
- (c) Mortgage payment eligibility shall not exceed the weekly market rates for shelter as set forth under the Town's shelter need formula.

F. Eligible utility costs shall include heat, electricity, water and essential maintenance of the utility systems. Upon proof of eligibility and demonstration of need, the Town shall only pay costs attributable to the most recent outstanding monthly utility bill. Arrearages shall not be included except in severe emergencies which threaten the health and safety of the applicant or dependents. The Town may, at its option, negotiate with utility companies to arrange a partial re-payment plan which restores service, but does not relieve the recipient of his/her obligation to make future payments for arrearages.

G. The amount included as "need" for food purchases shall be in accordance with the maximum amounts as set forth in Section 16 of these Guidelines. Food eligibility allowances shall be established using the most recent standard food stamp program allotment as determined by federally approved standards. A Welfare Official may determine need to exceed the food stamp allotment if a physician has stated in writing that one or more members of the family needs a special diet, the cost of which is greater than can be purchased with the applicant's allotment of food stamps.

H. The following types of expenses may be considered as eligible needs based upon actual costs, subject to the determination of the Welfare Official:

- (a) The Welfare Official may consider medical expenses as eligible for need provided that recipient or applicant can verify that all other potential sources have been investigated and that there is no other 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 programs (including the Hill-Burton Act) designed for such needs. When a person applies for medical service, prescriptions, dental service or eye service to the Welfare Official, he/she must provide written documentation 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 or recipient's well being will be placed in serious jeopardy.

- (b) The Welfare Official may consider such home payments as may be necessary to prevent foreclosure as an eligible need, provided that the recipient owns the home and is otherwise eligible for general assistance.
- (c) Supplementary financial needs may be eligible for assistance under extenuating circumstances to provide maintenance necessities for personal or household supplies where need is demonstrated.
- (d) Telephone expenses may be considered eligible only if the absence of a telephone would create an unreasonable risk to the recipient's health or safety (verifiable in writing by a physician), the lowest available basic monthly rate will be budgeted as "need".
- (e) Day care expenses when such costs are determined to be reasonable and only during such times as the recipient may be actually working.
- (f) Any other genuine emergency expense as determined by the Welfare Official may be an eligible need upon satisfactory proof that the recipient's welfare would otherwise be in jeopardy.

I. Applicants or recipients receiving other forms of assistance must treat these amounts as income for the purposes of determining eligibility under these Guidelines.

7.6 The following items are considered ineligible for financial assistance, subject to any conditions, exclusions, or special circumstances as may be provided for in these Guidelines:

- A. Alimony or court ordered child support
- B. Arrearages on utility expenses or rent
- C. Cable television expenses
- D. Criminal or civil fines, levy's, judgments
- E. Education expenses
- F. Fees for permits or licenses
- G. Home repairs, improvements or renovations
- H. Hospitalization expenses
- I. Insurance payments
- J. Legal expenses
- K. Loan payments, including home equity, auto, etc.
- L. Moving expenses
- M. Out-of-Town living expenses
- N. Security deposits for housing or utilities

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- O. Telephone expenses
- P. Transportation expenses
- Q. Any other item, which, in the opinion of the Welfare Official does not constitute being a basic necessity

7.7 In determining eligibility and the amount of assistance for which an applicant is eligible, the standard of need shall be compared to the available income plus assets. Computation of income shall be based upon the preceding calendar month. Computation of expenses shall be based upon the current level of costs (up to the Town maximum amounts) for eligible items only. The following items shall be included in the computation:

A. Income in cash or in-kind earned by the applicant or any member of his/her family or household through wages, salary, commissions, or profit, whether self-employed or as an employee, must be included as income. Rent income and profits from produce sold are in this category. With respect to self-employment, total profit is arrived at by subtracting legitimate business expenses from gross income in accordance with generally accepted standard accounting principles. When income consists of wages, the amount computed shall be based upon gross wages (before taxes and other deductions).

B. Income or other financial contributions from relatives shall be considered as income only if actually received by the applicant or recipient.

C. Income and other assistance from state or federal social insurance programs, including but not limited to state categorical assistance benefits, OAA/ANB payments, Social Security payments, VA benefits, food stamp benefits, unemployment insurance benefits, and payments from other government sources must be considered income.

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

E. Payments from pension and trust funds and the like, shall be considered income. Any income actually available to the applicant or recipient from members of their household shall be considered as income.

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

**Section 8. NON-RESIDENTS**

8.1 No person shall be refused assistance solely on the basis of residence. RSA 165:1.

8.2 The application procedure, eligibility standards and standard of need shall be the same for non-residents as for residents.

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

8.4 If a home visit to a residence outside the Town of Alton is impractical, applicable decisions may be made on the basis of other sources of verification.

8.5 The standards for the fulfilling of immediate or emergency needs of non-residents, and for temporary assistance pending final decision shall be the same as for residents, as set forth in Section 16.

8.6 At the request of a non-resident applicant, any aid, temporary or otherwise, to which he/she would be otherwise entitled under the standards set forth in these Guidelines, may be used by the Welfare Official to cause the person to be returned to his/her community of residence.

8.7 The residence of a minor shall be presumed to be the residence of his/her custodial parent or guardian.

8.8 The standard for determining intended residency of a non-resident shall be as follows:

- A. location of intended dwelling place and employment
- B. location of previous dwelling place and employment
- C. location of property or real estate owned
- D. intended length of stay in Town
- E. evidence of domiciliary intent through taxes, vehicular registrations or voter registration.

**Section 9. TOWN WORK PROGRAM**

9.1 Every recipient of general assistance shall be required to work at any available bona fide job that is within his/her capacity as determined by the Welfare Official (RSA 165:31).

9.2 Participation in the Town Work Program shall not relieve an applicant of his/her responsibility to seek 5 jobs per day, except for what may be reasonably excused while actually working for the Town.

9.3 Applicants shall be encouraged to apply for any available positions which the Town of Alton may have openings for which they are qualified.

9.4 Participants in the Town Work Program shall be credited for all hours actually worked in the amount of \$6.00 per hour. All wages attributable to such employment shall be used to reimburse the Town for current and/or previous assistance given. No recipient shall be required to work more hours than necessary to reimburse for aid rendered. Employment eligibility under this Section must continue for as long as it takes for the recipient to fully reimburse the Town for all general assistance that was received.

9.5 If, due to lack of available Town work or other good cause, a recipient does not work a sufficient number of hours to fully compensate the Town for the amount of his/her aid, the full amount of aid for which he/she is eligible under these Guidelines must still be paid.

9.6 The Town shall provide reasonable time during working hours for a recipient to secure work in the labor market.

9.7 An applicant who fails to report to work, upon 24 hour notice by the Town, shall be deemed to have refused to work and shall be ineligible for general assistance for a minimum period of 30 days. The only exceptions shall be for the following reasons:

- A. Applicant has a scheduled job interview.
- B. Applicant has a conflicting interview at a service or welfare agency.
- C. Applicant has a medical appointment or illness for himself/herself/dependent, to be verified by a physician.
- D. Applicant must care for a child/children under the age of 12 months or with a permanent disability.
- E. Applicant has been unable to find suitable day care for a dependent between the ages of 12 months and 12 years.

9.8 The Town shall provide worker's compensation insurance for all Work Program participants in such amounts as required by law.

**Section 10. BURIALS**

10.1 The Welfare Official shall provide for a decent and proper burial, at Town expense, of assisted persons found in the Town of Alton at time of death. The expense may be recovered from the deceased person's municipality of residence, or from a liable relative. If relatives, other private persons, the state or other sources will not cover the entire burial expenses, the municipality shall pay all necessary expenses (RSA 165:3).

**Section 11. RIGHT TO NOTICE OF ADVERSE ACTION**

11.1 All persons have a constitutional right to be free of unfair, arbitrary or unreasonable action taken by any government agency. This includes applicants for and recipients of general assistance whose aid has been denied, terminated or reduced.

11.2 Every applicant and recipient shall be given a written notice of every decision regarding assistance (see Form B). The Welfare Official should make every effort to ensure that the applicant understands the decision.

11.3 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, within 8 working days from the time the decision is made (The actual decision must be made within 5 working days and the Town then has 3 working days to forward this decision to the applicant).

11.4 A notice of decision to terminate, deny or reduce assistance shall contain the following:

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

B.. If the denial, termination or reduction is due to the person's failure to comply with these Guidelines, the notice shall cite the section with which the person did not comply.

C. If the denial, termination or reduction is based upon a decision by the Welfare Official that an applicant or recipient has made a deliberate attempt to obtain general assistance while knowingly failing to comply with these Guidelines, the notice shall state a period of suspension is to be in effect for a specified length of time. In most cases the suspension shall be for a period of 14 days (minimum) to 6 months (maximum) or until such time as the non-compliance is no longer in effect or forever in cases of fraud or misrepresentation (see Section 5.5).

D. A statement advising the individual of his/her right to a Fair Hearing, and that any request for a Fair Hearing must be made in writing within 5 working days of receipt of the decision.

11.5 A recipient who has been subject to a suspension may re-apply for general assistance after the suspension period has been completed if he/she is eligible and in need. A new application form shall be required.

## Section 12. FAIR HEARINGS

12.1 A request for a Fair Hearing is a written expression, by the applicant or recipient, or any person acting on his/her behalf with the consent of the aggrieved, to the effect that he/she is dissatisfied with a decision of the Welfare Official and that he/she wants an opportunity to present his/her case to a higher authority.

12.2 Fair Hearings requested by claimants must be held within 10 days of the receipt of the request. The Welfare Official shall give notice to the claimant setting forth time and location of the hearing. This notice should be given to the individual at least 48 hours in advance of the hearing, or mailed to the individual at least 72 hours in advance of the hearing.

12.3 Procedures at the Fair Hearing:

A. The Board of Selectmen shall designate a Fair Hearing Officer who shall be a person known to them as being sufficiently skilled in interviewing, capable of evaluating evidence in a fair and impartial manner, and have no prior knowledge of the case to be heard.

B. A claimant or his/her duly authorized representative has the right to examine, prior to the Fair Hearing, all records, papers and documents from the claimant's case file (except legal correspondence with Town Counsel) 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 Town may not introduce any record, paper or document which the claimant has not had an opportunity to examine prior to the Fair Hearing.

C. The claimant may introduce any such documents, papers or records into evidence which he/she believes to be pertinent to the Welfare Official's decision.

D. All Fair Hearings shall be recorded and a verbatim transcript shall be made available to the Fair Hearing Officer, the claimant and a copy shall be placed into the applicant's case records.

E. All Fair Hearings shall be conducted in such a manner as to ensure due process of law. Fair Hearings need not be conducted according to strict rules of legal procedure and strict rules of evidence. However, in order to protect the right of cross-examination, the Fair Hearing official shall not rely upon any hearsay evidence in making his/her decision if any party objects to its introduction.

F. The burden of proof shall be on the claimant, who shall be required to establish his/her case by a preponderance of the evidence.

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

H. Both parties shall be given the opportunity to offer evidence and explain their positions as fully and completely as they wish.

I. The claimant or his/her representative and the Welfare Official shall have the opportunity to examine all records and documents used at the Fair Hearing. The claimant shall have the opportunity to present his/her case for himself/herself or, at his/her option, with the aid of others, 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.

J. The decision of the Fair Hearing Officer should be rendered on the basis of only those facts as presented during the Fair Hearing. The sole factors considered should be the testimony and evidence presented. The Fair Hearing Officer should not review the case record or other materials not introduced into evidence, but he/she may inquire with follow-up questions to any subject matter that has been introduced.

K. The parties may stipulate to any facts.

L. A decision must be rendered within 7 working days of the Fair Hearing's conclusion. Decisions must be dated, be in writing and copies shall be forwarded to the claimant and to the Town within 10 working days from the completion of the Fair Hearing.

M. In the event the decision is in favor of the claimant, the relief awarded should be appropriate under the terms of these Guidelines and made retroactive to the date of the action being appealed.

N. 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.

**Section 13. LIENS**

13.1 The law requires the Town to place a lien for welfare aid received on any real estate owned by persons receiving general assistance in all cases except for just cause (RSA 165:28). The Welfare Officer shall file a Notice of Lien with the Belknap County Registry of Deeds, complete with the owner's name and a description of the property sufficient for identification purposes. The lien shall remain in effect until the amount of welfare assistance is fully repaid to the Town. Upon repayment of a lien, the Town shall file written notice of the discontinuance of the lien with the Belknap County Registry of Deeds.

13.2 Copies of all lien notices shall be forwarded to the recipient.

13.3 Liens on Civil Judgment (RSA 165:28-a):

A. The Town shall be entitled to a lien upon property passing under the terms of a will or by intestate succession, a property settlement, or a civil judgment for personal injuries (except worker's compensation) awarded any person granted assistance by the Town for the amount of assistance granted by the Town.

B. The Town shall be entitled to the lien only if the assistance was granted no more than 6 years before the receipt of the inheritance or the award of the property settlement or civil judgment, provided that this Section shall not apply to inheritances, property settlements, or civil judgments awarded before August 28, 1981.

13.4 All Town welfare liens shall take precedence over all other claims as may be permitted by law.

**Section 14. PROCEDURES FOR THE TOWN TO RECOVER DISBURSEMENTS OF GENERAL ASSISTANCE:**

14.1 The amount of money spent by the Town to support a person who has a residence in another municipality or has a father, mother, stepfather, stepmother, husband, wife or child (who is no longer a minor) of sufficient ability to also support the assisted person, may be recovered from the municipality of residence or the liable relative. However, written notice of money spent in support of an assisted person must be given to the liable relative. The Welfare Official shall make reasonable efforts to give such written notice prior to the giving of aid, but aid to which an applicant is entitled under these Guidelines, shall not be delayed due to inability to contact possibly liable relatives. Any legal action to recover shall be filed in a court within 6 years after the expenditure (RSA 165:19, 20 and 25).

14.2 The Welfare Official shall seek reimbursement for the full amount of money spent by the Town to support a person who has made initial application for Social Security Insurance payments. Said amounts shall be recovered through the Social Security Administration and the Department of Health and Human Services and recipients shall not be entitled to make any claims against these funds.

14.3 The Welfare Official shall make every effort to seek full reimbursement of all assistance provided from potentially liable relatives under the provisions of RSA 165:19.

14.4 There shall be no delay, refusal to assist, reduction or termination of assistance while the Welfare Official is pursuing the statutory remedies to secure reimbursement from responsible relatives.

14.5 If a recipient's economic status, after aid has ceased, improves to a point where repayment can be made without financial hardship, then the Town shall initiate appropriate action, including legal claims, to recover the full amount of aid.

**Section 15. APPLICATION OF RENTS PAID BY THE TOWN TO LANDLORDS WHO ARE DELINQUENT ON TAX PAYMENTS:**

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

15.2 A tax payment shall be considered a delinquent balance if interest has begun to accrue pursuant to RSA 76:13.

15.3 The procedure to implement this Section shall be for the Welfare Official to issue a voucher to the Tax Collector on behalf of the landlord in an amount equal to the housing assistance for which the tenant is eligible. Upon receipt of payment by the Tax Collector, the Welfare Official shall notify the landlord that payment has been made on the delinquent taxes with the amount listed as a voucher for rent payment in the name of the welfare recipient.

**Section 16. ELIGIBILITY ALLOWANCES**

16.1 Applicants shall be entitled to a determination of eligibility based upon their actual costs or the maximum allowance amounts per basic need, whichever is less.

16.2 These amounts shall be reviewed by the Welfare Director annually and a report with recommendations shall be submitted to the Board of Selectmen who shall then act, within 30 days, upon the recommendations in whatever manner they see fit.

16.3 Food allowances shall be based upon family size with eligibility calculated up to the following maximum amounts:

- 1 person = \$26.05 per week (\$112.00 per month)
- 2 people = \$47.91 per week (\$206.00 per month)
- 3 people = \$68.61 per week (\$295.00 per month)
- 4 people = \$87.21 per week (\$375.00 per month)
- 5 people = \$103.73 per week (\$446.00 per month)
- 6 people = \$124.42 per week (\$535.00 per month)
- 7 people = \$137.44 per week (\$591.00 per month)
- 8 people = \$157.21 per week (\$676.00 per month)
- 9 people = \$176.98 per week (\$761.00 per month)
- 10 or more people = \$196.75 per week (\$846.00 per month)

16.4 Housing allowances shall be based upon family size with eligibility calculated up to the following maximum amounts:

- 1 - 2 people = \$75.58 per week (\$325.00 per month)
- 3 - 4 people = \$93.02 per week (\$400.00 per month)
- 5 - 6 people = \$116.30 per week (\$500.00 per month)
- 7 or more people = \$133.72 per week (\$575.00 per month)

16.5 Under no circumstances shall the telephone allowance (if eligible) exceed \$15 per month.

**Section 17. CORRESPONDENCE**

17.1 The Welfare Official shall send all correspondence to applicants using certified mail via the US Post Office.

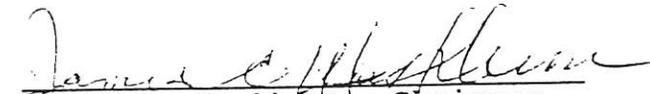
**Section 18. REPEAL OF PREVIOUS GUIDELINES**

18.1 These Guidelines shall supercede and replace the General Assistance Guidelines adopted by the Board of Selectmen on July 17, 1989.

APPENDIX CONTENTS (the following forms have been approved as part of these Guidelines and are incorporated herein):

- FORM A1 - APPLICATION FORM
- FORM A2 - ELIGIBILITY ALLOWANCE DETERMINATION WORKSHEET
- FORM A3 - SUPPLEMENTAL APPLICATION FORM
- FORM B - NOTICE OF DECISION
- FORM C - WORK SEARCH DOCUMENTATION
- FORM D - WORK PROGRAM DOCUMENTATION
- FORM E - GENERAL ASSISTANCE TALLY SHEET
- FORM F1 - LIEN NOTICE
- FORM F2 - RELEASE OF LIEN NOTICE
- FORM G - NOTICE TO POTENTIALLY LIABLE RELATIVES
- FORM H - REQUEST FOR A LANDLORD'S TAXPAYER IDENTIFICATION NUMBER
- FORM I - FAIR HEARING NOTIFICATION FORM
- FORM J - GENERAL ASSISTANCE DISBURSEMENT VOUCHER

WITNESSETH, This Town of Alton Welfare Guidelines for General Assistance has been approved and adopted by the Alton Board of Selectmen, on this the 13th day of JULY, 1994. As testimony hereto, we have affixed our signatures below:

  
James C. Washburn, Chairman

  
Reuben L. Wentworth, Selectman

  
David G. Tuttle, Selectman

UNDER SEAL OF THE TOWN, these Guidelines have been received and recorded on this the 13th day of July, 1994, by:

  
Gwendolyn M. Jones, Town Clerk

**FORM A1 - GENERAL ASSISTANCE APPLICATION FORM**

- 1. TODAY'S DATE \_\_\_\_\_ YOUR DATE OF BIRTH \_\_\_\_\_
- 2. APPLICANT'S NAME \_\_\_\_\_
- 3. CURRENT RESIDENTIAL ADDRESS \_\_\_\_\_
- 4. CURRENT MAILING ADDRESS \_\_\_\_\_
- 5. PREVIOUS RESIDENTIAL ADDRESS \_\_\_\_\_
- 6. PREVIOUS MAILING ADDRESS \_\_\_\_\_
- 7. SOCIAL SECURITY NUMBER \_\_\_\_\_
- 8. TELEPHONE NUMBER WHERE YOU CAN BE REACHED \_\_\_\_\_
- 9. MARITAL STATUS     Single     Married     Separated  
                           Divorced     Widowed     Cohabiting
- 10. HOUSEHOLD INFORMATION  
(list all household residents except yourself)

<u>NAME</u>	<u>DOB</u>	<u>SS#</u>	<u>RELATIONSHIP</u>

- 11. APPLICANT'S MILITARY SERVICE  
 none     yes; branch \_\_\_\_\_ dates \_\_\_\_\_
- 12. SPOUSE/MATE'S MILITARY SERVICE  
 none     yes; branch \_\_\_\_\_ dates \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

13 APPLICANT'S DISABILITY STATUS  
[ ] none [ ] yes; nature of disability \_\_\_\_\_

14. SPOUSE/MATE'S DISABILITY STATUS  
[ ] none [ ] yes; nature of disability \_\_\_\_\_

15. POTENTIALLY LIABLE RELATIVES  
(list all names and addresses of living family members as applicable)

APPLICANT'S MOTHER \_\_\_\_\_

HER EMPLOYER'S NAME & ADDRESS \_\_\_\_\_

APPLICANT'S FATHER \_\_\_\_\_

HIS EMPLOYER'S NAME & ADDRESS \_\_\_\_\_

SPOUSE/MATE'S MOTHER \_\_\_\_\_

HER EMPLOYER'S NAME & ADDRESS \_\_\_\_\_

SPOUSE/MATE'S FATHER \_\_\_\_\_

HIS EMPLOYER'S NAME & ADDRESS \_\_\_\_\_

CHILDREN OF APPLICANT OR SPOUSE/MATE THAT ARE NOT HOUSEHOLD RESIDENTS:

NAME & ADDRESS OF CHILD \_\_\_\_\_

EMPLOYER'S NAME & ADDRESS \_\_\_\_\_

NAME & ADDRESS OF CHILD \_\_\_\_\_

EMPLOYER'S NAME AND ADDRESS \_\_\_\_\_

NAME & ADDRESS OF CHILD \_\_\_\_\_

EMPLOYER'S NAME AND ADDRESS \_\_\_\_\_

NAME & ADDRESS OF CHILD \_\_\_\_\_

EMPLOYER'S NAME AND ADDRESS \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

16. HAVE ANY OF THE ABOVE LISTED POTENTIALLY LIABLE RELATIVES EVER PROVIDED YOU OR YOUR SPOUSE/MATE WITH FINANCIAL ASSISTANCE ? \_\_\_\_\_

IF YES, LIST RELATIVE'S NAME, DATES OF ASSISTANCE, TYPES AND AMOUNTS:

17. EMPLOYMENT INFORMATION FOR APPLICANT (list all work places for the last three years)

COMPANY NAME	ADDRESS	SUPERVISOR'S NAME	PHONE #	DATES WORKED

WHY DID YOU LEAVE YOUR MOST RECENT JOB ? \_\_\_\_\_

HAVE YOU APPLIED FOR EMPLOYMENT BENEFITS THROUGH THE NEW HAMPSHIRE DEPARTMENT OF EMPLOYMENT SECURITY ?  no  yes; date \_\_\_\_\_

WHAT TYPE OF WORK ARE YOU BEST SUITED FOR ? \_\_\_\_\_

HAVE YOU APPLIED FOR A JOB IN THE LAST 10 DAYS ?  no  yes

IF YES, WHERE: \_\_\_\_\_

18. EMPLOYMENT INFORMATION FOR APPLICANT'S SPOUSE/MATE (list all work places for the last three years)

COMPANY NAME	ADDRESS	SUPERVISOR'S NAME	PHONE #	DATES WORKED

WHY DID HE/SHE LEAVE THEIR MOST RECENT JOB ? \_\_\_\_\_

HAS HE/SHE APPLIED FOR EMPLOYMENT BENEFITS THROUGH THE NEW HAMPSHIRE DEPARTMENT OF EMPLOYMENT SECURITY ?  no  yes; date \_\_\_\_\_

WHAT TYPE OF WORK IS HE/SHE BEST SUITED FOR ? \_\_\_\_\_

HAS HE/SHE APPLIED FOR A JOB IN THE LAST 10 DAYS ?  no  yes

IF YES, WHERE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

19. INDICATE YES OR NO TO THE TYPES OF ASSISTANCE YOU HAVE APPLIED FOR WITHIN THE PAST 30 DAYS:

		<u>not</u> <u>approved</u>	<u>approved</u>	<u>monthly</u> <u>amount</u>
<u>State Programs</u>				
<input type="checkbox"/>	Aid to Permanently and Totally Disabled	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	Old Age Assistance	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	Aid to Needy Blind	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	Aid to Families with Dependent Children	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	Medicare	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	Fuel Assistance	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Federal Programs</u>				
<input type="checkbox"/>	Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	Supplemental Security Income	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	Veteran's Assistance	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Others</u>				
<input type="checkbox"/>	Court Ordered Child Support	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	Pension Fund (IRA) or Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	Trust Fund	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	Personal Loan from bank, relative, insurance policy, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	Another City/Town Welfare Program [_____]	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

APPLICANT'S NAME: \_\_\_\_\_

20. APPLICANT'S HOUSEHOLD INCOME (list all types of income that have been received within the last 30 days):

<u>RECIPIENT'S NAME</u>	<u>SOURCE</u>	<u>AMOUNT</u>
-------------------------	---------------	---------------

WAGES: \_\_\_\_\_

\_\_\_\_\_

OTHER INCOME: \_\_\_\_\_

\_\_\_\_\_

GOVERNMENTAL ASSISTANCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL OF ALL INCOME: \_\_\_\_\_

APPLICANT'S ANNUAL INCOME FROM PREVIOUS YEAR'S FEDERAL INCOME TAX RETURN: \_\_\_\_\_ [] check here if joint income

SPOUSE/MATE'S ANNUAL INCOME FROM PREVIOUS YEAR'S FEDERAL INCOME TAX RETURN: \_\_\_\_\_

21. APPLICANT'S HOUSEHOLD RESOURCES/ASSETS (this information must include totals for all household members):

CURRENT CHECKING ACCOUNT BALANCE \_\_\_\_\_ NAME OF BANK \_\_\_\_\_

CURRENT SAVINGS ACCOUNT BALANCE \_\_\_\_\_ NAME OF BANK \_\_\_\_\_

CASH ON HAND \_\_\_\_\_

PRIMARY HOME ASSESSED VALUE \_\_\_\_\_ MORTGAGE BALANCE \_\_\_\_\_

MORTGAGE HOLDER \_\_\_\_\_ MONTHLY PAYMENTS \_\_\_\_\_

INCOME PROPERTY ASSESSED VALUE \_\_\_\_\_

AUTOMOBILE(S) \_\_\_\_\_ AMOUNT OWED \_\_\_\_\_

AUTO LOAN COMPANY \_\_\_\_\_ MONTHLY PAYMENTS \_\_\_\_\_

OTHER LIQUID ASSETS \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

22. TYPES OF ASSISTANCE BEING REQUESTED:

HOUSING AMOUNT NEEDED \_\_\_\_\_ PER \_\_\_\_\_  
NAME & ADDRESS OF  
LANDLORD/MORTGAGE HOLDER \_\_\_\_\_

FOOD AMOUNTS NEEDED \_\_\_\_\_ PER \_\_\_\_\_  
NAME & ADDRESS OF  
PREFERRED VENDOR \_\_\_\_\_

ELECTRICITY AMOUNT NEEDED \_\_\_\_\_ PER \_\_\_\_\_  
NAME & ADDRESS OF  
ELECTRIC COMPANY \_\_\_\_\_

HEATING FUEL AMOUNT NEEDED \_\_\_\_\_ PER \_\_\_\_\_  
NAME & ADDRESS OF  
HEATING FUEL COMPANY \_\_\_\_\_

DOCTOR'S AMOUNT NEEDED \_\_\_\_\_  
NAME & ADDRESS OF DOCTOR \_\_\_\_\_

PRESCRIPTION DRUG AMOUNTS NEEDED \_\_\_\_\_  
NAME & ADDRESS OF PHARMACY \_\_\_\_\_

OTHER \_\_\_\_\_

\*\*\*\*\*  
I certify all of the above information is true and correct to the best of my knowledge. I understand that my ability to receive general assistance may depend on providing verification for all of the information contained in this application and I agree to cooperate fully to assist the Alton Welfare Officials in documenting all of the above statements. Furthermore, I give my permission for the Alton Welfare Officials to conduct investigations into the information contained in this application, in accordance with the Welfare Guidelines.

I am aware that there are many obligations and responsibilities that I must meet to be eligible for general assistance and that failure to meet all of these may result in my being ineligible for general assistance. Most importantly, I understand that I am obligated to re-pay the Town of Alton for all assistance given in accordance with the Guidelines.

I am also aware that my eligibility shall depend on the needs of my entire household based upon the Welfare Guidelines and my spouse/mate has applied with me (if applicable) and agrees with these statements.

I have had an opportunity to review the Alton Welfare Guidelines and I submit this application knowingly and of my own free will.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF SPOUSE/MATE: \_\_\_\_\_ DATE: \_\_\_\_\_

TOWN OF ALTON - WELFARE OFFICE

**FORM A2 - ELIGIBILITY ALLOWANCE DETERMINATION WORKSHEET**

\*\*\*\*\* to be completed by Welfare Official only \*\*\*\*\*

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

WELFARE OFFICIAL'S NAME : \_\_\_\_\_

MAXIMUM MONTHLY ALLOWANCE AMOUNTS (enter actual amounts or maximum amounts from Section 16 of the Guidelines, whichever is less):

HOUSING \_\_\_\_\_  
FOOD \_\_\_\_\_  
ELECTRICITY \_\_\_\_\_  
FUEL \_\_\_\_\_  
WATER \_\_\_\_\_  
MEDICAL \_\_\_\_\_  
OTHER \_\_\_\_\_  
  
TOTAL \_\_\_\_\_

SUBTRACT PREVIOUS MONTHS INCOME  
(ITEM 20 FROM APPLICATION FORM) \_\_\_\_\_

TOTAL AMOUNT OF ELIGIBLE  
ASSISTANCE PER MONTH \_\_\_\_\_

DIVIDE BY 4.3 FOR WEEKLY AMOUNT \_\_\_\_\_

VERIFICATION PERFORMED (copies to be attached):

	<u>YES</u>	<u>NO</u>
1040/1040A/1040EZ FORMS	[ ]	[ ]
AGENCY APPLICATION FORMS	[ ]	[ ]
APPLICATION IS COMPLETE	[ ]	[ ]
BANK STATEMENTS	[ ]	[ ]
CANCELED CHECKS	[ ]	[ ]
DOCTOR'S NOTE	[ ]	[ ]
EVICTON NOTICE	[ ]	[ ]
FORECLOSURE NOTICE	[ ]	[ ]
HOME VISIT	[ ]	[ ]
IDENTIFICATION	[ ]	[ ]
LETTERS	[ ]	[ ]
MEDICAL BILLS	[ ]	[ ]
MORTGAGE STATEMENT	[ ]	[ ]
NH DES CARD	[ ]	[ ]
PAY CHECK STUBS	[ ]	[ ]
RENT RECEIPTS	[ ]	[ ]
TAX BILLS	[ ]	[ ]
UTILITY BILLS	[ ]	[ ]
UTILITY SHUT-OFF NOTICE	[ ]	[ ]
W-2 FORMS	[ ]	[ ]
WORK SEARCH DOCUMENTATION	[ ]	[ ]

**FORM A3 - SUPPLEMENTAL APPLICATION FOR GENERAL ASSISTANCE**

TODAY'S DATE \_\_\_\_\_ YOUR DATE OF BIRTH \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

TO THE ALTON WELFARE OFFICIAL (check application type I or II):

I. THE FOLLOWING INFORMATION REFLECTS A CHANGE IN CONDITIONS FROM MY INITIAL APPLICATION FOR GENERAL ASSISTANCE:

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II. THERE IS NO CHANGE IN MY FINANCIAL STATUS SINCE MY INITIAL APPLICATION FOR GENERAL ASSISTANCE.

PLEASE ACCEPT THIS SUPPLEMENTAL APPLICATION AS A REQUEST FOR ADDITIONAL GENERAL ASSISTANCE IN THE FOLLOWING AMOUNTS FOR THE REASONS LISTED:

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APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TOWN OF ALTON - WELFARE OFFICE

FORM B - NOTICE OF DECISION

TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I. Your application for general assistance from the Town of Alton has been **APPROVED**. You are eligible to receive: \_\_\_\_\_

You must sign this form and return it to the Welfare Office to receive your assistance. Future assistance will only be provided subject to the following terms and conditions:

1. You must come to the Welfare Office and make a request.
2. You must participate in the Town of Alton Work Program.
3. You must provide proof that you have sought employment with at least five agencies per day (use the enclosed Form C).
4. You must provide proof that you have applied for other forms of assistance.
5. You must continue to meet the eligibility requirements.
6. Other: \_\_\_\_\_

"I agree to meet all of the terms and conditions imposed by the Town of Alton to be eligible for the assistance listed above."

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

II. Your application for general assistance from the Town of Alton has been **DENIED** for the following reason(s): \_\_\_\_\_

III. You have been **SUSPENDED** from the Town of Alton general assistance program for the following reason(s): \_\_\_\_\_

This suspension is for a period of \_\_\_\_\_ days. You may re-apply for assistance on \_\_\_\_\_ (date).

Note: You have the right to appeal any decision of the Welfare Official by requesting a Fair Hearing. To do so, you must notify the Welfare Director in writing of your request within 5 working days of receipt of this notice.

\_\_\_\_\_  
Signature of Welfare Department Official Date

Name and Title: \_\_\_\_\_

**FORM C - WORK SEARCH DOCUMENTATION**

APPLICANT'S NAME: \_\_\_\_\_

This form is to certify to the Alton Welfare Office that the above listed applicant has applied for 5 jobs per day in accordance with the Welfare Guidelines to be eligible for continued assistance:

List all work search locations:

COMPANY NAME	ADDRESS	CONTACT'S NAME	PHONE #	DATE APPLIED
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.	_____	_____	_____	_____
26.	_____	_____	_____	_____
27.	_____	_____	_____	_____
28.	_____	_____	_____	_____
29.	_____	_____	_____	_____
30.	_____	_____	_____	_____
31.	_____	_____	_____	_____
32.	_____	_____	_____	_____
33.	_____	_____	_____	_____
34.	_____	_____	_____	_____
35.	_____	_____	_____	_____

NOTE: THE WELFARE OFFICIAL SHALL CONTACT EVERY NAME & LOCATION LISTED

**FORM D - WORK PROGRAM DOCUMENTATION**

APPLICANT'S NAME: \_\_\_\_\_

This form is to inform the welfare recipient listed above that he/she is directed to report to work in accordance with the Welfare Guidelines to be eligible for continued assistance. You must bring this form with you to the work site. You must also bring this form with you to the Welfare Office whenever you are requesting general assistance.

WORK PROGRAM ASSIGNMENT:

LOCATION: \_\_\_\_\_

REPORT TO: \_\_\_\_\_

SCHEDULE: \_\_\_\_\_

NATURE OF WORK: \_\_\_\_\_

\*\*\*\*\* to be completed by Department Head \*\*\*\*\*

DATE	HOURS WORKED	AMOUNT EARNED (\$6p/h)	INITIALS/COMMENTS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

[ ] NOTE TO WELFARE OFFICIAL: THE ABOVE LISTED WELFARE WORK PROGRAM PARTICIPANT FAILED TO REPORT TO WORK ON \_\_\_\_\_ (DATE) WITHOUT GOOD CAUSE. I RECOMMEND THAT HE/SHE BE DENIED FUTURE ASSISTANCE.

SIGNED: \_\_\_\_\_



TOWN OF ALTON - WELFARE OFFICE

**FORM F1 - LIEN NOTICE**

TO: BELKNAP COUNTY REGISTRY OF DEEDS

FROM: THE TOWN OF ALTON

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

RE: REAL ESTATE LIEN PURSUANT TO RSA 165:28

This is to inform you that the Town of Alton hereby asserts a lien on all of the land, buildings and real property owned by:

WELFARE RECIPIENT'S NAME: \_\_\_\_\_

Said property is more particularly described as follows:

Map # \_\_\_\_\_, Lot # \_\_\_\_\_, and consists of:

(land and/or buildings) \_\_\_\_\_.

Also referenced in the Belknap County Registry of Deeds,

Book # \_\_\_\_\_, Page # \_\_\_\_\_.

Be it known by all persons present that said lien has been lawfully executed as a result of the aforementioned welfare recipient having been granted general assistance for which public funds have been expended by the Town of Alton.

This lien shall be in effect until the Town of Alton provides written notice of a release, duly authorized by the Town Administrator, acting in his/her capacity as the Welfare Director.

Executed by: \_\_\_\_\_  
(Signature of Town Administrator/Welfare Director)

STATE OF NEW HAMPSHIRE  
COUNTY OF BELKNAP

Personally appeared before me, the person signing the above lien execution and swore that the above listed welfare recipient did receive general assistance and that this information is true to the best of his/her knowledge.

DATED: \_\_\_\_\_,

\_\_\_\_\_  
Justice of the Peace/Notary Public  
stamp:

TOWN OF ALTON - WELFARE OFFICE

**FORM F2 - RELEASE OF LIEN NOTICE**

TO: BELKNAP COUNTY REGISTRY OF DEEDS  
FROM: THE TOWN OF ALTON  
DATE: \_\_\_\_\_  
RE: REAL ESTATE LIEN PURSUANT TO RSA 165:28

This is to inform you that the Town of Alton hereby releases a lien on all of the land, buildings and real property owned by:

WELFARE RECIPIENT'S NAME: \_\_\_\_\_

Said property is more particularly described as follows:

Map # \_\_\_\_\_, Lot # \_\_\_\_\_, and consists of:  
(land and/or buildings) \_\_\_\_\_.

Also referenced in the Belknap County Registry of Deeds,

Book # \_\_\_\_\_, Page # \_\_\_\_\_.

With the original Notice of Lien referenced in the Belknap County Registry of Deeds,

Book # \_\_\_\_\_, Page # \_\_\_\_\_.

Be it known by all persons present that said lien has been released as a result of the aforementioned welfare recipient having fully re paid the Town of Alton for all forms of general assistance for which public funds were expended by said Town.

Executed by: \_\_\_\_\_  
(Signature of Town Administrator/Welfare Director)

STATE OF NEW HAMPSHIRE  
COUNTY OF BELKNAP

Personally appeared before me, the person signing the above lien execution and swore that the above listed welfare recipient has repaid the Town of Alton for general assistance received and that this information is true to the best of his/her knowledge.

DATED: \_\_\_\_\_,

\_\_\_\_\_  
Justice of the Peace/Notary Public  
stamp:

**FORM G - NOTICE TO POTENTIALLY LIABLE RELATIVES**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
FROM: THE TOWN OF ALTON, WELFARE OFFICE  
DATE: \_\_\_\_\_  
REFERENCE: \_\_\_\_\_  
(Welfare Recipient's Name)

Please be advised of the following:

The above named welfare recipient has applied for and/or received general assistance from the Town of Alton.

Under New Hampshire State Law (RSA 165:19), you may be liable for their support and the Town may issue a complaint against you whereby you could receive a court summons if you are able to render support and refuse to do so.

In order for the Town to determine if you have the ability and legal responsibility to reimburse the Town for any or all assistance given, we respectfully request that you submit the following information within 30 days:

- (a) A copy of your previous year's federal income tax return form.
- (b) A copy of your 4 most recent paychecks.
- (c) A list of all unearned income, rental income, or monies received from trust funds, pension funds, stocks, annuities, dividends, etc., for the past 6 months.

If you fail to comply with this request, you may be subject to legal action by the Town.

We regret the need for us to send this type of letter but the state law is explicit about liability for support of poor persons by certain relatives.

Your cooperation will be greatly appreciated.

Sincerely,

\_\_\_\_\_  
Signature of Welfare Official

**FORM H - REQUEST FOR A LANDLORD'S TAXPAYER IDENTIFICATION NUMBER**  
(IRS APPROVED W-9 SUBSTITUTE FORM)

As a landlord of a Town of Alton welfare recipient, please be advised of your legal obligations as follows:

Pursuant to Internal Revenue Service Regulations, you must furnish your Taxpayer Identification Number (TIN) to the Town of Alton. If this number is not provided, you may be subject to a 31% withholding on each payment. To avoid this 31% withholding and to insure that accurate tax information is reported to the Internal Revenue Service, please use this form to provide the requested information.

YOUR NAME \_\_\_\_\_

LEGAL BUSINESS NAME  
(if different from above) \_\_\_\_\_

ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE # \_\_\_\_\_

9 DIGIT TAXPAYER  
IDENTIFICATION NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

FEDERAL EMPLOYER  
IDENTIFICATION NUMBER \_\_\_\_\_

BUSINESS DESIGNATION (you may select more than one):

- |  |   |
|--|---|
| <input type="checkbox"/> INDIVIDUAL          | <input type="checkbox"/> SOLE PROPRIETORSHIP          |
| <input type="checkbox"/> PARTNERSHIP         | <input type="checkbox"/> ESTATE/TRUST                 |
| <input type="checkbox"/> CORPORATION         | <input type="checkbox"/> PERSONAL SERVICE CORPORATION |
| <input type="checkbox"/> GOVERNMENTAL ENTITY | <input type="checkbox"/> NON-PROFIT ORGANIZATION      |

DESCRIBE YOUR PRINCIPAL BUSINESS ACTIVITY OR LIST THE TYPE OF SERVICE/PRODUCTS YOU PROVIDE \_\_\_\_\_  
\_\_\_\_\_

UNDER PENALTIES OF PERJURY, I DECLARE THAT THE INFORMATION PROVIDED IS TRUE, CORRECT, AND COMPLETE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME AND TITLE (print or type) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RETURN FORM TO THE ALTON TOWN HALL, PO BOX 659, ALTON, N.H. 03809

FORM I - FAIR HEARING NOTIFICATION FORM

CLAIMANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

This is to advise you that your request for a Fair Hearing to appeal a decision of the Alton Welfare Office was received on: \_\_\_\_\_ (date).

The Fair Hearing will be held at \_\_\_\_\_, in the Conference Room on the first floor of the Town Hall.

You have the right to review your entire case records and files prior to the Fair Hearing. Because the Town may use all of this information to justify its decision at the Fair Hearing, you are strongly encouraged to examine the file contents prior to your Fair Hearing.

Please call for an appointment ahead of time, otherwise, we shall see you at the Hearing.

Sincerely,

\_\_\_\_\_  
Signature of Welfare Official

FORM J - GENERAL ASSISTANCE DISBURSEMENT VOUCHER

This form is an authorization for a welfare recipient to purchase only food or the other basic supplies as listed.

As a vendor, we request your cooperation to ask for proper identification and to ensure only the correct products/services are obtained.

The Town of Alton assumes full responsibility to pay for these items upon invoice with this form to be included.

RECIPIENT'S NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

VENDOR'S NAME: \_\_\_\_\_

VENDOR'S ADDRESS: \_\_\_\_\_

ITEM/SERVICES TO BE  
PURCHASED: \_\_\_\_\_

MAXIMUM AMOUNT OF  
PURCHASE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_  
(30 days from issuance)

SIGNATURE OF RECIPIENT: \_\_\_\_\_  
(must be signed while vendor is able to witness)

SIGNATURE OF  
WELFARE OFFICIAL: \_\_\_\_\_