

TOWN ASSISTANCE INSTRUCTION SHEET

1. **Application.** Fill out application completely. If information does not apply to your situation, indicate this by writing “n/a” in the appropriate spaces on the application form.
2. **Document emergency.** This is an **emergency assistance program** and you must document the emergency you are facing. For example, you must provide a shut-off notice (for electricity), a foreclosure notice, notice to quit, or demand for rent (for rental assistance) to qualify for assistance under this program. Some emergency situations are difficult to document (such as the need for food, a family or individual facing homelessness, or fuel for heat) and are handled on a case-by-case basis.
3. **Relatives must assist, if possible.** New Hampshire State Law provides that *in certain cases, close relatives may be liable to help support you.* See, Title XII, Chapter 165:19 of Revised New Hampshire Statutes Annotated (“Liability for Support”). Be certain to provide information about your relatives on the application.
4. **Document rent/mortgage expense.** Have your landlord fill out the rental verification form completely. This form is part of the application. **Homeowners:** provide a current mortgage statement. New Hampshire State Law provides that Towns *may place a lien on real property for assistance granted to property owners.* Title XII, Chapter 165:28 of Revised New Hampshire Statutes Annotated (“Liens on Real Property”).
5. **Sign and date application.** Sign and date the application where it is indicated to so do. If you are married, your spouse must also sign.
6. **Schedule an appointment.** Call the following number for your town to make an appointment to process the application:

Newport, Lempster & Unity:	(603) 863-9529
Sunapee:	(603) 763-2212
Charlestown:	(603) 826-5266 or (800) 894-8400
7. **Document income.** Gather documentation on income during the last 4 weeks for all members of your household (pay stubs, statement from employer regarding wages, statement of benefits from State/Federal government(s), etc.). *Bring this documentation to the appointment.*
8. **Document assets.** Gather documentation on assets for all members of your household (checking/savings account statements, cash on hand, child support payments, vehicle registration, retirement accounts, etc.). Also, gather documentation on any State, Local, or Federal benefits or programs you receive (fuel assistance, food stamps, WIC, section 8 housing, or other benefits). *Bring this documentation to the appointment.*
9. **Document basic living expenses.** Gather documentation on basic living expenses for applicants during the last 4 weeks (electric bills, rental verification form, heating expenses, or other proof of basic living expenses). *Bring this documentation to the appointment.*
10. **Identification.** Gather identification materials for all members of your household (photo identification for adults is preferable; birth certificates and social security cards for children are acceptable). *Bring this documentation to the appointment.*
11. **Medication assistance:** If you are requesting medication assistance, have your medical provider fill out the Medication Expense Verification form. *Bring this documentation to the appointment.*
12. **Cancellations and other concerns.** Call the appropriate phone number for your town if you cannot keep your appointment so that other clients can have an opportunity to meet with the Town Welfare Administrator in your absence. **Failure to read these instructions and supply the needed documentation may cause a delay in processing your application.**

NOTE: Do **not** turn in this application (or **any** documentation) before your scheduled appointment.

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

You have the following rights:

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

By signing below, I, _____, an applicant for Town Assistance, indicate that: (1) I have read the above-listed rights; (2) I have been given a copy of these rights; and (3) that I understand the above-listed rights.

Signature of applicant

Date

TOWN OF NEWPORT, NEW HAMPSHIRE

APPLICATION FOR ASSISTANCE

Date of Application _____ Referred by _____

1. General Information:

Name _____ Date of Birth _____

Address _____

Telephone _____ Social Security number _____ US Citizen? _____

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

Spouse/Co-Applicant Name _____ SS# _____

Spouse address (if not same as applicant) _____

Assistance Requested _____

Reason for request _____

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

Where? _____ Under what name? _____

List below all persons living in your household:

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

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

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

6. Household Expenses:

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

Bank Fees _____	Diapers _____	Mortgage _____
Bus/Cab _____	Electric _____	Prescriptions _____
Cable/Internet _____	Food _____	Rent _____
Child Support Paid _____	Fuel Oil _____	Rent-To-Own _____
Car Gasoline _____	Gas, Bottled _____	School Loan _____
Car Insurance _____	Gas, Natural _____	Storage _____
Car Payment _____	Health Insurance _____	Telephone _____
Condo Fee _____	Laundry _____	Other _____
Child Care _____	Loan _____	Other _____
Credit Card _____	Lot Rent _____	Other _____

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

Car Inspection _____	Drivers License _____	Medical _____
Car registration _____	Fines/Court Payments _____	Sewer/Water _____
Car repair _____	Home Reparis _____	Tax (Income/Property) _____
Dental _____	Home/Rent Insurance _____	Other _____

7. Criminal Information:

Have you or any member of your household ever been convicted of a felony which has not been annulled? (yes/no) _____ If yes, who? _____ When? _____

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

Are you or any member of your household presently on parole or probation? (yes/no) _____

If yes, who? _____ Court or jurisdiction? _____

Name & phone number of parole/probation officer _____

8. Liability for Support Information:

Please provide following details:

Your father _____ Address _____

Your mother _____ Address _____

Co-applicant father _____ Address _____

Co-applicant mother _____ Address _____

Your or co-applicant's adult children _____

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

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

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

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

Signature of person completing form
(if not applicant)

Date

AUTHORIZATION TO RELEASE INFORMATION

I, _____ of the town of
Name
_____, New Hampshire, County of Sullivan,
Town

being an applicant for Town Assistance, hereby authorize and request any relative, health care provider, banker, financial firm, financial organization, employer, insurance company, fraternal order, Social Security Office, Church, minister, priest, welfare department, local or regional community action program (CAP), or any other person, firm, association, or organization having any information concerning my circumstances to furnish such information to the Welfare Official in the town of Newport. I also authorize the Welfare Official in the town of Newport to release information to other Welfare and Social Service agencies, or any other person, firm, association, or organization involved in the servicing of my case. A photocopy or facsimile of this release may be used in place of the original.

By signing below, I, _____, indicate that I have: (1) read this authorization; and (2) approve this authorization.

Signature

Date

AUTHORIZATION FOR THE RELEASE OF INFORMATION – DHHS

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

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

Type of Information	Purpose for Requesting this Information
Date of DFA application(s), type(s) of assistance applied for, date of eligibility determination, expected date of benefit issuance, amount of cash grant (if applicable) and/or the reason my case closed or my application was denied	Basic administration of my local welfare assistance case including verification of information provided by me for determining eligibility for local welfare assistance
Date my Medicaid case opened and my Medicaid Identification Number(s)	Processing of Medicaid reimbursements if/when, during the time my Medicaid application was pending, the local welfare administrator makes an expenditure on my behalf for an item covered by Medicaid
Date of any sanction of my cash assistance grant	Determining countable household income also called “deeming”
Reason for any sanction of my cash assistance grant	Helping me to remove the sanction

I understand that I have the option to provide any or all of the requested information myself.

I understand that any use of the above information inconsistent with these purposes is forbidden.

I understand that the local welfare administrator may not release information provided under this authorization to any other person without my written permission.

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

 Signature

 Date

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

 Relationship to You

 Witness

 Date

TOWN OF NEWPORT, NEW HAMPSHIRE

RENTAL VERIFICATION FORM

This form MUST be completed and signed by the property owner or manager.

Tenant's Name: _____ Date: _____

Address: _____

(Number/Street)

(Apt. #)

(City)

(State)

Number of Household Members: _____

List of Household Members: _____

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

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

If subsidized rent, please list tenant portion: \$ _____ **NUMBER OF BEDROOMS:** _____

Rent Includes: All utilities No Utilities Hot Water Heat Electric

Type of Heat: Electric Oil Gas Other _____

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

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

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

Tax ID #: _____ OR Social Security #: _____

Property Owner Name: _____

Address: _____

Telephone: _____

Property Owner Signature: _____ Date: _____

Property Manager Name: _____

Address: _____

Telephone: _____

Property Manager Signature: _____ Date: _____

ALL CHECKS WILL BE PAYABLE AND SENT TO THE PROPERTY OWNER OF RECORD ON FILE IN THE NEWPORT TAX OFFICE.

MEDICATION EXPENSE VERIFICATION FORM

The below named applicant has applied to the Town Welfare Office for assistance with medication. This form is needed to verify medication information.

Name of applicant: _____

Date of Birth of applicant: _____

Below, please list medications, dosage, and purpose of medication:

	<u>Name of medication*</u>	<u>dosage</u>	<u>purpose of medication</u>
1.			
2.			
3.			
4.			
5.			

I, _____, *Health Care Provider*, certify that the above-referenced medication is absolutely necessary for the above-named patient and that if the above-named patient went without the above-referenced medication it will create a significant risk that the above-named patient's well-being will be placed in serious jeopardy.

*Are "generic" medications available for this patient? Yes No
*If so, please prescribe the generic equivalent.

Has the patient been referred to the Medication Bridges Program? Yes No

Are pharmaceutical samples available to the patient? Yes No

Signature of Health Care Provider

Please provide Health Care Provider Contact Information (Print!):

Thank you for your assistance in this matter. If you have further questions, please contact Sandra Hale Town Welfare Administrator at the following telephone number:

Newport (603) 863-4765