

***TOWN OF BRISTOL NH***

***HUMAN SERVICES/WELFARE DEPARTMENT  
230 LAKE STREET  
BRISTOL NH 03222  
PHONE: (603) 744-2522  
FAX: (603) 744-2521***

***APPLICATION FOR GENERAL ASSISTANCE***

***PLEASE READ CAREFULLY  
ANSWER ALL QUESTIONS  
PLEASE SIGN WHERE REQUESTED***

# **TOWN OF BRISTOL**

230 Lake Street

Bristol, NH 03222

Phone: (603) 744-2522 Fax: (603) 744-2521

## **Bristol Human Services Application**

### **RESPONSIBILITIES OF EACH APPLICANT AND RECIPIENT**

At the time of initial application, and at all times thereafter while receiving assistance, the applicant/recipient has the following responsibilities:

- 1.** To provide accurate, complete and current information concerning needs and resources and the whereabouts and circumstances of relatives who may be responsible under RSA165:19.
- 2.** To notify the Welfare/Human Services Director within 72 hours when a change in needs or resources may affect eligibility for continuing assistance.
- 3.** To keep all appointments as scheduled and to return all information that is needed within the specified time frames so that once assistance is granted, no lapse of benefits such as from other sources occurs.
- 4.** To notify the Welfare/Human Services Director within 72 hours of a change of address and any change in the members of the household.
- 5.** To diligently search for employment and provide verification of application for employment when requested, following a determination of eligibility for assistance.
- 6.** To accept employment when offered, following a determination of eligibility for assistance.
- 7.** To provide a doctor's statement if any work-eligible adult in the household claims an inability to work due to medical problems.
- 8.** To participate in the welfare work program if physically and mentally able, following a determination of eligibility for assistance.
- 9.** To immediately notify the Welfare/Human Services of any new employment or income that would change the amount of assistance

**A RECIPIENT'S ASSISTANCE MAY BE TERMINATED OR SUSPENDED FOR FAILURE TO FULFILL ANY OF THESE**

**RESPONSIBILITIES WITHOUT REASONABLE JUSTIFICATION.**

**Any person may be denied from assistance or prosecuted for a criminal offense (welfare fraud), who, by means of intentionally false statements or intentional misrepresentation or by impersonation or other willfully fraudulent act or device, obtains or attempts to obtain any assistance to which he/she is not entitled.**

These responsibilities have been read and I believe that I understand my responsibilities when applying for assistance.

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**Signature**

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**Date**

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**Signature**

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**Date**

**REVISED 7/21/11**

### ***Instructions/Information***

To apply for any assistance from the Bristol Human Services/Welfare Department, you must **FULLY COMPLETE** the application. All documentation requested is required to complete the process. A decision cannot and will not be made until all documentation requested has been supplied.

**As you complete your request for General Assistance, we ask you to remember that local Welfare is NOT a handout but designed to be a safety net that is NOT automatic, ongoing or indefinite and is solely funded through local taxpayer property tax dollars. The law requires that you cooperate with the Human Services/Welfare Director and take responsibility for your own personal behavior and actions.**

If you are currently not working or not employed full-time, you will be required to complete an extensive job search, defined as a least five (5) job contacts a day and provide signed confirmation from the prospective employer. You may also be required to participate in the Town of Bristol NH Work Fare Program. If you are physically or mentally unable to work, you will need to have medical documentation completed by your physician.

If you recently left employment, you will need to have your previous employer complete the employment form. You will also have to apply for unemployment and have the office form completed, whether you think you are eligible or not. If you are currently working, you will need to provide the last four (4) weeks paycheck stubs or the income verification form completed by your employer.

You will be expected to do everything in your power to live within your income by adjusting your financial situation to eliminate your need for General Assistance. You will be required to provide this office with on-going verification of information requested.

***THE PURPOSE OF THIS OFFICE IS TO ASSIST YOU IN  
BECOMING SELF-SUPPORTING AND SELF-SUFFICIENT.***

**NOTICE OF RIGHTS OF ANYONE RECEIVING ASSISTANCE FROM THE  
TOWN OF BRISTOL, NEW HAMPSHIRE 03222**

You have the following rights:

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

## VERIFICATIONS REQUIRED FROM APPLICANTS FOR ASSISTANCE

You will need to bring the following documentation with you for your appointment. ***A decision will not be made until all documentation requested has been supplied.***

- 1. PROOF OF IDENTIFICATION FOR EACH HOUSEHOLD MEMBER.** This can be a birth certificate, social security card or pictured identification.
- 2. PROOF OF RESIDENCE.** The attached rental form must be completed by the landlord.
- 3. PROOF OF INCOME.** You need to verify in writing all income received in the household during the past 4 weeks. This is done by paycheck stubs, Social Security Grant letters, State Welfare decision letters, Workman's Compensation check stubs, unemployment check stubs, child support, pension grant letter, etc.
- 4. UTILITY VERIFICATION.** Bring in your current month electric, gas, home fuel (oil, propane) and water/sewer bill.
- 5. VERIFICATION OF PENDING AID.** Proof of your application to State Welfare, Social Security, Workman's Compensation, Unemployment, Fuel Assistance, Short-term Disability, etc.
- 6. PROOF OF PERSONAL PROPERTY.** This would be vehicle registrations, house deed, trailer deed, stocks, bonds, any other assets.
- 7. PROOF OF CASH RESOURCES.** Current savings and checking account statements for all household members, including children.
- 8. DISABILITY VERIFICATION.** If you are unable to work, you will need to prove this by having the medical form completed by your physician.
- 9. RSA 165:19.** You need to provide a statement from your parents/family that they cannot afford to assist you with your financial need at this time.
- 10. OTHER ASSISTANCE.** If you have received other assistance from a food pantry or the CAP office, or a local church or winnings from Bingo, or lotteries, or loans from friends or family, or school loans, or monies or payments from charitable groups, you need to supply the name of the group and the amount of or type of assistance.
- 10. TAX RETURN/PAPERWORK (PAST YEAR).** You must provide a copy of your most recent tax return/paperwork. A list/proof of how the money was spent if you got a return should be available.



**If at your current address less than 12 months, please list all residences in the last year:**

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

**2. Housing Information:**

Rent Amount \_\_\_\_\_ per Month/Week Date Last Paid \_\_\_\_\_ Date Due \_\_\_\_\_

Do you have a **current** \_\_\_ Demand for Rent \_\_\_ Notice to Quit \_\_\_ Landlord/Tenant Writ

Total Rent Owed \_\_\_\_\_ Do you have a housing subsidy \_\_\_\_\_

Utilities Included: \_\_\_ Heat \_\_\_ Electric \_\_\_ Gas \_\_\_ Water/Sewer \_\_\_ Other

**LANDLORD:** Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**IF HOMEOWNER:** Mortgage Amount \_\_\_\_\_ Date Last Paid \_\_\_\_\_

Owed \_\_\_\_\_ Bank/Mortgage Co. \_\_\_\_\_

Phone \_\_\_\_\_ Address: \_\_\_\_\_

**3. Education/Training/Employment:**

| Highest Grade Attended             | G.E.D. or Diploma | Special Training Or Skills | Military Service |
|------------------------------------|-------------------|----------------------------|------------------|
| Applicant _____                    | _____             | _____                      | _____            |
| Co-Applicant _____                 | _____             | _____                      | _____            |
| Other Member(s) Of Household _____ | _____             | _____                      | _____            |

**Applicant Work History:**

Are you employed now? \_\_\_\_\_ Employer \_\_\_\_\_ Position \_\_\_\_\_

Start Date \_\_\_\_\_ Date/Amount of last check \_\_\_\_\_

Are you unemployed now? \_\_\_\_\_ Reason \_\_\_\_\_

Date last worked \_\_\_\_\_ Employer \_\_\_\_\_ Date/Amount of last check \_\_\_\_\_

Are you able to work now? \_\_\_\_\_ If not able, why not \_\_\_\_\_

Military Service Record: Branch \_\_\_\_\_ Dates Served \_\_\_\_\_

Veteran? \_\_\_\_\_ Benefits \_\_\_\_\_

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

Name \_\_\_\_\_

Employer \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Weekly \_\_\_\_\_ Biweekly \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name \_\_\_\_\_

Employer \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Weekly \_\_\_\_\_ Biweekly \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name \_\_\_\_\_

Employer \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Weekly \_\_\_\_\_ Biweekly \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name \_\_\_\_\_

Employer \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Weekly \_\_\_\_\_ Biweekly \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

***Please note: The State of New Hampshire passed a voluntary quit bill that went into effect in 1995 which states that any person eligible for public assistance who voluntarily terminated employment within the 60 day period before filing an application for assistance, shall be ineligible to receive assistance for 90 days from the date of employment termination.***

**4. Household Assets:**

**Provide information regarding accounts held by yourself and all household members:**

Name \_\_\_\_\_

Bank/Credit Union \_\_\_\_\_

Savings Account # \_\_\_\_\_ Balance \_\_\_\_\_

Checking Account # \_\_\_\_\_ Balance \_\_\_\_\_

Name \_\_\_\_\_

Bank/Credit Union \_\_\_\_\_

Savings Account # \_\_\_\_\_ Balance \_\_\_\_\_

Checking Account # \_\_\_\_\_ Balance \_\_\_\_\_

Name \_\_\_\_\_

Bank/Credit Union \_\_\_\_\_

Savings Account # \_\_\_\_\_ Balance \_\_\_\_\_

Checking Account # \_\_\_\_\_ Balance \_\_\_\_\_

Name \_\_\_\_\_

Bank/Credit Union \_\_\_\_\_

Saving Account # \_\_\_\_\_ Balance \_\_\_\_\_

Checking Account # \_\_\_\_\_ Balance \_\_\_\_\_

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

Cash on hand (all household combined) \_\_\_\_\_ Certificates of Deposit \_\_\_\_\_

Savings Bonds \_\_\_\_\_ Mutual Funds \_\_\_\_\_ Annuities \_\_\_\_\_ Stocks \_\_\_\_\_

Trust Funds \_\_\_\_\_ Retirement Accounts \_\_\_\_\_ Insurance Policies (cash value) \_\_\_\_\_

401K \_\_\_\_\_ Property other than primary residence \_\_\_\_\_ Location \_\_\_\_\_

Motorcycles/Boats/Snowmobiles/ATVs/RVs \_\_\_\_\_

Other Assets (please list) \_\_\_\_\_

**Claims/Settlements/income due to your or any household member:**

IRS Refund \_\_\_\_\_ Insurance Claim \_\_\_\_\_ Retroactive Disability Check \_\_\_\_\_

Retroactive Unemployment or Workman's Compensation Check \_\_\_\_\_

Inheritance \_\_\_\_\_ Other Lump Sum Payment (explain) \_\_\_\_\_

**Have you or any household member consulted a lawyer regarding a possible lawsuit?  
If so:**

Lawyer's Name and Address \_\_\_\_\_

Reason \_\_\_\_\_

**Do you or any household member have a lawsuit pending? If so:**

Who? \_\_\_\_\_

Please give details \_\_\_\_\_

Lawyer's Name and Address \_\_\_\_\_

**Motor vehicles owned by you and all household members:**

Owner \_\_\_\_\_

Auto Make/Model and Year \_\_\_\_\_

Value \_\_\_\_\_ Payments \_\_\_\_\_ Insurance \_\_\_\_\_

Owner \_\_\_\_\_

Auto Make/Model and Year \_\_\_\_\_

Value \_\_\_\_\_ Payments \_\_\_\_\_ Insurance \_\_\_\_\_

***Please list in this space any further vehicle information***

**5. Household Income:**

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

|                        | Date of Application | Monthly Amount | Date of Last Check |
|------------------------|---------------------|----------------|--------------------|
| Aid to the Needy Blind | _____               | _____          | _____              |
| APTD                   | _____               | _____          | _____              |
| Child Support          | _____               | _____          | _____              |
| Disability (Employer)  | _____               | _____          | _____              |
| Food Stamps            | _____               | _____          | _____              |
| Fuel Assistance        | _____               | _____          | _____              |
| Gift/Loans             | _____               | _____          | _____              |
| Maternity Benefits     | _____               | _____          | _____              |
| Medicaid               | _____               | _____          | _____              |
| Old Age Assistance     | _____               | _____          | _____              |
| Retirement             | _____               | _____          | _____              |
| Severance Pay          | _____               | _____          | _____              |
| Social Security        | _____               | _____          | _____              |
| SSDI                   | _____               | _____          | _____              |
| SSI                    | _____               | _____          | _____              |
| TANF                   | _____               | _____          | _____              |
| Unemployment           | _____               | _____          | _____              |
| Vacation Pay           | _____               | _____          | _____              |
| Veteran's Pension      | _____               | _____          | _____              |
| WIC                    | _____               | _____          | _____              |
| Workman's Comp.        | _____               | _____          | _____              |
| Other(Specify)         | _____               | _____          | _____              |

**Are you or any other household member working, volunteering, and/or receiving assistance from any other agencies (i.e. Bristol Community Services, churches, Salvation Army etc.)**

| Name  | Agency Name | Contact Person |
|-------|-------------|----------------|
| _____ | _____       | _____          |
| _____ | _____       | _____          |

**6. Household Expenses:**

Bank Fees \_\_\_\_\_ Diapers \_\_\_\_\_ Mortgage \_\_\_\_\_  
Bus/Cab \_\_\_\_\_ Electric \_\_\_\_\_ Prescriptions \_\_\_\_\_  
Cable/Internet \_\_\_\_\_ Food \_\_\_\_\_ Rent \_\_\_\_\_  
Child Support Paid \_\_\_\_\_ Fuel Oil \_\_\_\_\_ Rent-to-Own \_\_\_\_\_  
Car Gasoline \_\_\_\_\_ Propane (Bottled Gas) \_\_\_\_\_ School Loan \_\_\_\_\_  
Car Insurance \_\_\_\_\_ Car Payment \_\_\_\_\_ Storage \_\_\_\_\_  
Health Insurance \_\_\_\_\_ Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Condo Fee \_\_\_\_\_ Laundry \_\_\_\_\_ Other \_\_\_\_\_  
Child Care \_\_\_\_\_ Loan(s) \_\_\_\_\_ Other \_\_\_\_\_  
Credit Card(s) \_\_\_\_\_ Lot Rent \_\_\_\_\_ Other \_\_\_\_\_

**List irregular, periodic expenses, unplanned or emergency expenses:**

Car Inspection \_\_\_\_\_ Car Registration \_\_\_\_\_ Car Repaid \_\_\_\_\_  
Dental \_\_\_\_\_ Driver's License \_\_\_\_\_ Fines/Court Payments \_\_\_\_\_  
Home Repairs \_\_\_\_\_ Home/Rental Insurance \_\_\_\_\_ Medical \_\_\_\_\_  
Sewer/Water \_\_\_\_\_ Tax (Income/Property) \_\_\_\_\_ Other \_\_\_\_\_

***Please use this space to indicate payment plans with utilities, creditors, collection agencies etc.***

**7. Criminal Information**

Have you or any member of your household ever been convicted of 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 so, who?\_\_\_\_\_Court or jurisdiction\_\_\_\_\_  
Name and phone number of parole/probation officer\_\_\_\_\_

**8. Liability for Support Information:**

Please provide the following details:

Your father\_\_\_\_\_Address\_\_\_\_\_

Your mother\_\_\_\_\_Address\_\_\_\_\_

Co-Applicant father\_\_\_\_\_Address\_\_\_\_\_

Co-Applicant mother\_\_\_\_\_Address\_\_\_\_\_

Your or co-applicant's adult children:

Name\_\_\_\_\_Address\_\_\_\_\_

Name\_\_\_\_\_Address\_\_\_\_\_

Name\_\_\_\_\_Address\_\_\_\_\_

Name\_\_\_\_\_Address\_\_\_\_\_

## Certifications and Signatures

I/we understand that if I/we receive assistance from the Town of Bristol NH, I may be required to participate in the welfare work (Work Fare) program. (RSA 165:31)

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

I/we understand that if I/we receive assistance, the Town of Bristol NH may place a lien against any real property which I own. (RSA 165:28)

I/we hereby certify that if I/we have a lawsuit, workman's compensation claim, or aid from any other social service agency now pending, I/we have listed these in this application. I/we further agree to notify the Human Services/Welfare Director immediately upon receipt of any money from or upon the settlement of such claim. I/we understand that if I/we are assisted, the Town of Bristol NH may place a lien against any property settlement or civil judgment for personal injuries which I/we receive within six (6) years of receiving assistance of the Town of Bristol NH. (RSA 165:28a)

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

I/we understand that if I/we obtain a job after I am assisted by the Town of Bristol NH, and I later quit the job without good cause, I/we may be ineligible for assistance from the Town of Bristol NH and any other New Hampshire municipality for a period of up to ninety days. (RSA 161:1-d)

I/we understand that if I am a recipient of Temporary Assistance for Needy Families (TANF) cash benefits and I/we fail to comply with TANF regulations, leading to a sanction and loss of income, the Town of Bristol NH, 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 application  
(if not applicant)

\_\_\_\_\_  
Date

## **BASIC NEEDS**

Now that you have applied to the Town of Bristol for general assistance with your basic monthly living needs, you agree to the following:

You are to spend any monies that you receive in your household for basic living needs ONLY. Basic Living Needs are:  
RENT/FOOD/NON-FOOD HYGIENE ITEMS/UTILITIES OR  
PRESCRIPTIONS.

You agree to provide dated and signed receipts for these expenses.

You realize that by spending your monies on items and services other than basic living needs, that you will be disqualifying yourself from assistance for these needs.

---

**Signature**

---

**Date**

---

Signature

---

Date

Bristol Human Services  
230 Lake Street, Bristol, NH 03222  
Phone: 603-744-2522 / Fax: 603-744-2521

## RENTAL VERIFICATION FORM

*THIS FORM MUST BE COMPLETED BY THE LANDLORD*

Tenant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

(Number/Street)

(Apt. #)

(City)

(State)

Number of Household Members: \_\_\_\_\_ List of Household Members: \_\_\_\_\_

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

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

If subsidized rent, please list tenant portion: \$ \_\_\_\_\_

Rent Includes:  All utilities  No Utilities  Hot Water  Heat  Electric

Type of Heat:  Electric  Oil  Gas  Other \_\_\_\_\_

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

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

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

Tax ID #: \_\_\_\_\_ OR Social Security #: \_\_\_\_\_

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

\_\_\_\_\_  
Landlord's Name

\_\_\_\_\_  
Telephone / Fax Numbers

\_\_\_\_\_  
Landlord Address

\_\_\_\_\_  
Name of Manager or other Representative

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

**EMPLOYMENT VERIFICATION FORM**

To Employer \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**For the purpose of administration of municipal assistance, the following information is required for:**

\_\_\_\_\_  
[name of employee]

Date of Hire \_\_\_\_\_ Date starting/started work \_\_\_\_\_ Hourly Pay Rate \_\_\_\_\_

Full/part time \_\_\_\_\_ Hours per week \_\_\_\_\_ Paid  weekly  biweekly  other \_\_\_\_\_

Date of first/most recent paycheck \_\_\_\_\_ Net amount \_\_\_\_\_

=====

If \_\_\_\_\_ is no longer employed by your company:

Date of termination/separation \_\_\_\_\_ Date/net amount of last paycheck \_\_\_\_\_

Reason for termination/separation \_\_\_\_\_

\_\_\_\_\_  
Signature and Title of immediate supervisor or person completing form \_\_\_\_\_ Date \_\_\_\_\_

TOWN OF BRISTOL  
HUMAN SERVICES/WELFARE  
230 Lake Street  
Bristol, NH 03222  
(603) 744-2522

## INCOME TAX REFUND

Please be advised that if you are requesting assistance from this office, all income tax refunds will be considered income and must be used for allowable expenses such as rent (including arrears), utilities, medications, medical bills, and child care. Budgets in this office will include all income, and assistance will be determined from the household budget.

You are required to provide with a copy of your Income Tax Return/Refund paperwork. You must immediately notify this office of any refund payment. Not doing so will be considered fraud and will be prosecuted accordingly.

I have read and understand the above. I will provide a copy of my income tax within 7 days of when I file. I will keep receipts of what the money has been spent on to provide to the Town of Bristol in the event that I need assistance again in the future.

---

Name Date

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Co-Applicant Name Date

FORM B

**AUTHORIZATION FOR THE RELEASE OF INFORMATION – DHHS**

I, \_\_\_\_\_, the undersigned, understand that from time to time,  
Print Your Name  
 the local welfare administrator for \_\_\_\_\_ may require certain information about  
Town/City

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

**NOTICE OF RIGHTS OF ANYONE RECEIVING ASSISTANCE  
FROM THE MUNICIPALITY OF \_\_\_\_\_**

You have the following rights:

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

**APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION**

I/We, \_\_\_\_\_, authorize any relative, physician, lawyer, banker, employer, insurance company, mental health professional, school official or other person or organization having information concerning my/our circumstances to furnish such information to the Municipal Welfare Department. I/We also authorize the Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, New Hampshire Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Veteran's Administration and Fuel Assistance, or any non-profit agency to release information from their files to the Municipal Welfare Department.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Co-applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing form (if not applicant); Relationship to applicant

\_\_\_\_\_  
Date

**APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION**  
(specific agency/individual)

I understand that as part of the administration of the general assistance program, a municipal welfare official may verify information I have provided on my application for assistance and any other information that would affect my eligibility. My signature below authorizes \_\_\_\_\_, town/city of \_\_\_\_\_ welfare official, to obtain information from \_\_\_\_\_ regarding factors relevant to my application for general assistance benefits.

This authorization shall expire one year from the date it is signed.

A photocopy of this signed authorization may be used in place of an original.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Welfare Official

## EMPLOYMENT

### ONE MUST NOT VOLUNTARILY LEAVE A JOB WITHOUT GOOD CAUSE

Public assistance applicants, who voluntarily leave a job without good cause, within sixty days of applying for local welfare and having received local assistance within the past 365 days, may be disqualified from receiving assistance for 90 days from the date of voluntary quit. Such sanction shall not affect applicants who are responsible for supporting minor children within their household or those mentally or physically unable to work.

Any sanctioned applicant must have received prior notice that a voluntary job quit without good cause may result in a temporary eligibility cut-off. Likewise, they must receive a written application and notice of decision. RSA 165:1-d.

I understand that quitting a job voluntarily, or not reporting to work without good cause, leading to employment termination, may result in a potential 90-day period of local public assistance ineligibility.

\_\_\_\_\_  
Applicant # 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant # 2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant # 3 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Welfare Director's Signature

\_\_\_\_\_  
Date

**BRISTOL HUMAN SERVICES**  
230 LAKE STREET, BRISTOL NH 03222  
PHONE: 603-744-2522 ~ CELL PHONE: 603-455-6850 ~ FAX: 603-744-2521

### **HUMAN SERVICE FRAUD**

It is very important that applicants are aware of the laws regarding welfare fraud and therefore understands and expects that the Town of Bristol will pursue all criminal remedies including prosecution to the full extent of the law as well as:

**ANY PERSON MAY BE DENIED OR TERMINATED FROM GENERAL ASSISTANCE AND OR PROSECUTED FOR ANY CRIMINAL OFFENSE, WHO BY MEANS OF INTENTIONALLY MAKING FALSE STATEMENTS OR INTENTIONAL MISREPRESENTATION OR BY IMPERSONATION OR THE WILLFULLY FRAUDULENT ACT OR DEVICE OBTAINS OR ATTEMPTS TO OBTAIN ANY ASSISTANCE TO WHICH HE/SHE IS NOT LEGALLY ENTITLED.**

The above responsibilities and list of verifications have been read and I believe fully when completing this application for the Town Human Services / General Assistance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PUBLIC ASSISTANCE REPAYMENT AGREEMENT

I understand I should repay the TOWN OF BRISTOL for any assistance I am given, if I am able.

\_\_\_\_\_  
Applicant # 1 Signature

\_\_\_\_\_  
Applicant # 2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

I, the undersigned \_\_\_\_\_ resident of the Town of Bristol, NH (hereinafter "applicant", hereby agree with the Town that the full amount of any public welfare payments made at my request, to me or on my behalf in the form of direct payment to creditors, will be repaid in the following manner:

1. By work performed for and at the direction of any entity or Department of the Town, including its Schools, Library, and Parks, such work to be performed as the Town may direct. Until the applicant shall be regularly employed such work shall be performed on such days (including Saturdays) as the Town may direct, (excepting only, days of illness for which a doctor's certificate is furnished to the Town), and will be compensated by crediting any debt incurred hereunder at the statutory minimum rate for each hour actually worked; if applicant shall become regularly employed during the normal work week, the Town may require such work to be performed on Saturdays thereafter until the debt is repaid in full.
2. By payment over to the Town, unless the Town shall wave such right, any refund of federal income tax for the year, to the extent of repayment still owed to the Town.
3. By repayment of any remaining balance in cash as soon as applicant shall secure regular or seasonal employment, at the rate of \$20.00 per week or otherwise in accordance with a payment schedule to be agreed at the time with the Town.

Applicant hereby acknowledges that any failure to perform as agreed herein shall relieve the Town of Bristol of any further obligation for welfare assistance.

\_\_\_\_\_  
Applicant # 1 Signature

\_\_\_\_\_  
Applicant # 2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Welfare Director's Signature

\_\_\_\_\_  
Date

TOWN OF BRISTOL  
OFFICE OF HUMAN SERVICES

RSA 165: 1-b

As a recipient of General Assistance, you are required by New Hampshire state law (RSA 165:1-b) to apply for and utilize any benefits or resources, public or private, that will reduce or eliminate your need for General Assistance.

This means that if you are eligible to receive AFDC, APTD, OAA or subsidized rent you must apply within seven days of your application for General Assistance. You must follow the requirements and fulfill your responsibilities of these programs. This means you must keep your appointments with your Case Worker and complete all the forms and submit all verifications your worker has requested within her time frame.

If you are having difficulties fulfilling your responsibilities, immediately contact your Case Worker and advise him/her of this. She may be able to find another way for you to get the information she needs.

My responsibilities to apply for and to utilize other kinds of public assistance as stated above have been discussed with me. I understand that failure to fulfill these responsibilities will cause me to be denied General Assistance. I have also read the information on the Voluntary Quit legislation and have discussed any questions I might have with the Welfare Director.

\_\_\_\_\_  
Applicant # 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant # 2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant # 3 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Welfare Director's Signature

\_\_\_\_\_  
Date

**TOWN OF BRISTOL**  
**Office of Human Services**  
230 Lake Street  
Bristol, New Hampshire 03222  
(603)744-2522 FAX: (603)744-2521

Please read and sign the following information:

Under NH RSA 165:28 the town has the right to place a lien on any real estate owned by the assisted person/s. The lien is non-interest bearing for the first year. After the first year, the lien accrues interest of 6% a year. This lien will never be called-in, but when the assisted person/s die, or sells the property the lien will be repaid with any appropriate interest. The lien can be diminished by the act of work fare, which includes (but not limited to) community service and family enrichment activities, small cash payment made to the Town of Bristol and /or the balance paid in full at such time as the property is sold.

I have read the above and understand that any assistance from the Town of Bristol will facilitate a lien on my/our property.

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

Applicant/s signature:

\_\_\_\_\_  
\_\_\_\_\_