



CITY OF LEBANON
HUMAN SERVICES DEPARTMENT
APPLICATION FOR ASSISTANCE

BE SURE TO COMPLETE THIS APPLICATION FULLY AND HAVE ALL DOCUMENTATION LISTED ON THE NEXT PAGE READY FOR REVIEW AT YOUR APPOINTMENT.

WE ARE UNABLE TO ACCOMMODATE WALK-IN APPOINTMENTS. ONCE YOU HAVE COMPLETED THE APPLICATION AND COLLECTED ALL THE DOCUMENTATION, PLEASE CALL TO SCHEDULE AN APPOINTMENT, 448-2944.

MAKE USE OF UPPER VALLEY AGENCIES OFFERING ASSISTANCE AS WELL. YOU CAN FIND A COMPLETE LIST IN THE YELLOW PAGES UNDER SOCIAL AND HUMAN SERVICE AGENCIES. SOME ARE LISTED BELOW:

- TRI-COUNTY CAP – FUEL/ELECTRIC/WEATHERIZATION ASSISTANCE, 443-6100
- LISTEN COMMUNITY SERVICES – FOOD PANTRY, ELECTRIC/FUEL/GASOLINE ASSISTANCE, 448-4553
- LOCAL CHURCHES
- HOMELESS OUTREACH: 8am-5pm call 800-852-3388; 5pm-8am call 603-448-4400 (Headrest Hotline)

**CITY OF LEBANON HUMAN SERVICES APPLICATION
VERIFICATION REQUIRED FROM APPLICANTS**

In order to apply for General Assistance, the following Information MUST be provided at the time of your interview. Failure to provide the required verifications will delay processing of the application.

1. Fully completed Human Services Application for Assistance including all signatures required.
2. Identification for applicants and co-applicants: Picture ID, License, Birth Certificate, Social Security Card, DD214.
3. Proof of Children: Birth Certificates and Social Security Cards.
4. Proof of Residence and Shelter Expenses: Lease, Rental Request Form to be completed by landlord (last page of this packet), recent heating, electric and any other utility bills.
5. Proof of Income: most recent 4 pay checks; Most Recent Tax Return; Income from the last 4 weeks for Court-Ordered Support payments, Worker's Compensation, Social Security benefits, Food Stamps, Unemployment, Temporary Assistance to Needy Families, and any other income from an employer or any other state/federal/local agency (including Churches or other social service agencies that provided assistance).
6. Proof you have applied for the following if eligible: Veteran's benefits, Temporary Assistance to Needy Families; Social Security (retirement, disability or supplemental income), Old Age Assistance (for those over 62 years of age), Worker's Compensation, Unemployment (use the Verification Request, Department of Employment Security form and the NH Employment Security Confidentiality Release form included in this package), Aid to the Permanently and Totally Disabled, TANF-IP-Disabled Parent, Fuel Assistance (through local agencies/churches or Tri-County Cap), Electrical Discount Program (through Tri-County Cap), Electric Assistance (through local agencies/Churches).
7. Proof of personal property (registration or title for vehicles, motorcycle, trailer, home, ATV, etc.).
8. Proof of cash resources/assets: most recent statements for savings, credit union, trusts, checking accounts, retirement/investment plans.
9. Proof laid off from employment (use the Employment Verification Form included in this package to be completed by current/former employer and faxed or mailed directly to Human Services).
10. Proof registered with New Hampshire Employment Office Job Match Program and any other programs available (completed Department of Employment Security Forms outlined in item #5 are acceptable proof).
11. Proof actively seeking work – see the "Looking for a Job" sheet in this packet for resource information and complete the Employment Search Record sheets included in this packet. A copy of the work search reported to Unemployment is acceptable in lieu of the City's Employment Search Record.
12. If unable to work, a physician's statement to that effect is required – the physician may fax or mail the Municipal Human Services Medical Release and Report & Report of Medical Findings forms included in this package.
13. Proof parents, step-parents, spouse, and adult children can or cannot assist financially. Submit completed Liability of Relative form and Financial Statement included in this packet for each individual described above and in accordance with RSA 165:19.
14. Termination of benefits notice from any other city/town Human Services agency or State/Federal assistance program.

THE APPLICANT IS HEREBY MADE AWARE OF THE FOLLOWING IN ACCORDANCE WITH THE CITY OF LEBANON HUMAN SERVICES GUIDELINES

THE APPLICANT(S) MUST READ THE FOLLOWING INFORMATION. IF THERE ARE QUESTIONS REGARDING THE INFORMATION, THE APPLICANT MUST ASK FOR CLARIFICATION DURING THE APPLICATION INTERVIEW. THE APPLICANT(S) MUST SIGN THIS DOCUMENT INDICATING THEIR UNDERSTANDING OF THE CONTENTS.

VOLUNTARY QUIT BILL - EFFECTIVE = AUGUST 1995

If an individual ...

HAS RECEIVED LOCAL WELFARE WITHIN THE PAST 365 DAYS, AND

*** HAS BEEN GIVEN NOTICE THAT VOLUNTARY TERMINATION OF EMPLOYMENT WITHOUT GOOD CAUSE COULD RESULT IN DISQUALIFICATION, AND**

*** TERMINATES EMPLOYMENT (OF AT LEAST 20 HOURS PER WEEK) WITHOUT GOOD CAUSE WITHIN 60 DAYS OF AN APPLICATION FOR LOCAL WELFARE, AND**

*** IS NOT RESPONSIBLE FOR SUPPORTING MINOR CHILDREN IN HIS/HER HOUSEHOLD, AND**

*** DID NOT HAVE A MENTAL OR PHYSICAL IMPAIRMENT WHICH CAUSED HIM/HER TO BE UNABLE TO WORK, AND**

THEN , THE INDIVIDUAL MAY BE DISQUALIFIED FROM RECEIVING LOCAL WELFARE ASSISTANCE FOR 90 DAYS FROM DATE OF VOLUNTARY QUIT.

CHAPTER VI. APPLICATION PROCESS

B. Welfare Official's Responsibilities at Time of Application:

When application is made for General Assistance, the Welfare Official shall inform the applicant of:

1. The requirement of submitting an application. The welfare official shall provide assistance to the applicant in completing the application, if necessary (e.g., applicant is physically or mentally unable, or has a language barrier);
2. Eligibility requirements, including a general description of the guideline amounts and the eligibility formula. (*See the City of Lebanon Human Services Guidelines available at the Human Services Department page of www.lebcity.com or request a copy.*)
3. The applicant's right to fair hearing, and the manner in which a review may be obtained. (*See the City of Lebanon Human Services Guidelines available at the Human Services Department page of www.lebcity.com or request a copy. This is also included in the Notice of Decision.*)
4. The applicant's responsibility for reporting all facts necessary to determine eligibility, and presenting records and documents as reasonably available to support statements.
5. The joint responsibility of the Welfare Official and applicant for exploring facts concerning eligibility, needs and resources.
6. The types of verifications needed. (*Outlined in the list of verifications required, as well as any Notice of Decision Pending/Approved issued.*)
7. The fact that an investigation will be conducted in order to substantiate facts and statements presented by the applicant.
8. The applicant's responsibility to notify the Welfare Official of any change in circumstances that may affect eligibility.
9. Other forms of assistance for which the applicant may be eligible.

10. The availability of the welfare official to make home visits by mutually-agreed appointment to take applications and to conduct ongoing case management for applicants who cannot leave their homes;
11. The requirement of placing a lien on any real property owned by the recipient, or any settlements, for any assistance given, except for good cause.
12. The fact that reimbursement from the applicant will be sought if he/she becomes able to repay the amount of assistance given; and
13. The applicant's right to review the Guidelines. (*See the City of Lebanon Human Services Guidelines available at the Human Services Department page of www.lebcity.com or request a copy.*)

C. Responsibilities of Each Applicant and Recipient:

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

1. To provide accurate, complete and current information concerning needs and resources and the whereabouts and circumstances of relatives who may be responsible under RSA 165:19.
2. To notify the Welfare Official promptly when there is a change in needs, resources, address, or household size.
3. To apply for and utilize immediately, but no later than seven days from initial application, any benefits or resources, public or private, that will reduce or eliminate the need for General Assistance.
4. To keep all appointments as scheduled.
5. To provide records and other pertinent information and access to said records and information when requested.
6. To provide a doctor's statement if claiming an inability to work due to medical problems.
7. Following a determination of eligibility for assistance, to diligently search for employment and provide verification of work search (the number of work search contacts to be determined by the welfare official), to accept employment when offered (except for documented reasons of good cause (RSA 165:1-d)), and to maintain such employment. RSA 165:1-b, I (c);
8. Following a determination of eligibility for assistance, to participate in the workfare program (workfare) if physically and mentally able. RSA 165:1-b, I (b); and
9. To reimburse assistance granted per RSA 165:20.
10. To reimburse assistance granted if returned to an income status and if such reimbursement can be made without financial hardship. RSA 165:20-b.

An applicant shall be denied assistance if he/she fails to fulfill any of these responsibilities without reasonable justification. A recipient's assistance may be terminated or suspended for failure to fulfill any of these responsibilities without reasonable justification, in accordance with Section **(XIII)(c)**.

Any recipient may be denied or terminated from general assistance, in accordance with Section **(XIII)**, or may be prosecuted for a criminal offense, if he/she, by means of intentionally false statements or intentional misrepresentation, or by impersonation or other willfully fraudulent act or device, obtains or attempts to obtain any assistance to which he/she is not entitled.

VII VERIFICATION OF INFORMATION (*See also the Verification Required from Applicants page in the application package*)

A. REQUIRED VERIFICATION:

Verification will normally be required of the following:

1. Applicant's address;
2. Names of persons in applicant's residential unit;
3. Applicant's and household's income and assets;
4. Applicant's and household's financial obligations;
5. The physical and mental condition of household members, only where relevant to their receipt of assistance, such as ability to work, determination of needs, referrals to other forms of assistance;
6. Any special circumstances claimed by applicant;
7. Applicant's employment status and availability in the labor market;
8. Names, addresses, and employment status of potentially liable relatives;
9. Utility costs;
10. Housing costs;
11. Prescription cost; and
12. Facts relevant to the applicant's residence, as set forth in sections **(IX)(b)** and **(X)**;

F. REFUSAL TO VERIFY INFORMATION:

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

ADDITIONAL REQUIREMENTS OF NOTE LISTED WITHIN THE GUIDELINES:

IX DETERMINATION OF ELIGIBILITY AND AMOUNT

3. Eligibility for Other Categorical Assistance: Recipients who are, or may be, eligible for any other form of public assistance must apply for such assistance immediately, but no later than seven days after being advised to do so by the welfare official. Failure to do so may render the recipient ineligible for assistance and subject to action pursuant to Section **(XIII)** of these guidelines. No person receiving Old Age Assistance (OAA) or Aid to the Permanently and Totally Disabled (APTD), under RSA 167 or 161, shall at the same time be eligible for general assistance, except for emergency medical assistance as defined in Section **(IX)(e)(8)(a)** of these guidelines. RSA 167:27.

9. Employment of Household Members: The employment requirements of these Guidelines, or participation in the General Assistance Work Program, shall be required for all adults aged 18 to 65 years residing in the same household, except those regularly attending school or employed on a full-time basis, who are:

- a. members of the recipient's household;
- b. legally liable to contribute to the support of the recipient, and
- c. not prevented from maintaining employment and contributing to the support of the household by reason of physical or mental disability or other justifiable cause as verified by the welfare official.

The Welfare Official may waive this requirement where failure to the other household members to comply is not the fault of the applicant and the Welfare Official decides it would be unreasonable for the applicant to establish a separate household. RSA 165:32.

10. Disqualification for Voluntary Termination of Employment: Any applicant eligible for assistance who voluntarily terminated employment shall be ineligible to receive assistance for 90 days from the date of employment termination, provided the applicant:

- a. has received local welfare within the past 365 days; and

- b.** has been given notice that voluntary termination of employment without good cause could result in disqualification; and
- c.** has terminated employment of at least 20 hours per week without good cause within 60 days of an application for local welfare; and
- d.** is not responsible for supporting minor children in his/her household; and
- e.** did not have a mental or physical impairment which caused him/her to be unable to work.

Good cause for terminating employment shall include any of the following: discrimination, unreasonable work demands or unsuitable employment, retirement, leaving a job in order to accept a bona-fide job offer, migrant farm labor or seasonal construction, and lack of transportation or child care. An applicant shall be considered to have voluntarily terminated employment if the applicant fails to report for work without good cause. An applicant who is fired or resigns from a job at the request of the employer due to applicant's inability to maintain the employer's normal work productivity standard shall not be considered to have voluntarily terminated employment. RSA 165:1-d.

VI APPLICATION PROCESS

D. Actions on Applications:

4. Withdrawn Applications: An application shall be considered withdrawn if:

- a.** The applicant has refused to complete an application or has refused to make a good faith effort to provide required verifications and sufficient information for the completion of an application. If an application is deemed withdrawn for these reasons, the Welfare Official shall so notify the applicant in a written Notice of Decision;
- b.** The applicant dies before assistance is rendered;
- c.** The applicant avails himself/herself of other resources to meet the need in place of assistance;
- d.** The applicant requests that the application be withdrawn (preferably writing).
- e.** The applicant does not contact the Welfare Official after the initial interview after being requested to do so.

Applicant Signature

Date

Printed Name

Co-Applicant Signature

Date

Printed Name



**City of Lebanon
Human Services Department**

**Shannon Hastings Fox
Human Services Director**

**Physical Address: 103 Hanover Street, #5
Mailing Address: 51 North Park Street
Lebanon, NH 03766**

**Telephone: 603-448-2944
Fax: 603-448-0698**

APPLICATION FOR ASSISTANCE

Date of Application _____ Referred by _____

1. General Information:

Name _____ Date of Birth _____

Are you known by any other name? (maiden, etc.)? _____

Mailing Address _____

Physical Address _____

Telephone: Home _____ Cell _____ Message _____

Social Security #: _____ US Citizen? _____ Veteran? _____

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

2. Housing Information:

Rent amount _____ per (month/week) _____ Date last paid _____ Date due _____

Utilities Included: Heat Electric Gas Water/Sewer Other

Do you have a current: Demand For Rent Notice to Quit Writ of Possession

Total rent owed _____ Do you have a housing subsidy (Section 8, etc.)? _____

LANDLORD: Name _____ Telephone _____

Address _____

IF HOME-OWNER: Mortgage Amount _____ Date last paid _____ Owed _____

Bank/Mortgage Co _____ Address _____

3. Education / Training / Employment

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

Applicant Work History:

Are you employed now? _____ Employer _____

Position _____ Employer Telephone _____

Date began work _____ Date/Amount of most recent check _____

Are you unemployed now? _____ Reason _____

Date last worked _____ Employer _____

Date/Amount last check _____ Are you able to work now? _____

If not able, why not? _____

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

Name _____ Employer _____
Position _____ Start/End Dates _____
Pay per hour _____ Hours per Week _____ Weekly/BiWeekly Take Home Pay: _____
Employment Start/End Dates _____
Reason for Leaving _____

Name _____ Employer _____
Position _____ Start/End Dates _____
Pay per hour _____ Hours per Week _____ Weekly/BiWeekly Take Home Pay: _____
Employment Start/End Dates _____
Reason for Leaving _____

Name _____ Employer _____
Position _____ Start/End Dates _____
Pay per hour _____ Hours per Week _____ Weekly/BiWeekly Take Home Pay: _____
Employment Start/End Dates _____
Reason for Leaving _____

Name _____ Employer _____
Position _____ Start/End Dates _____
Pay per hour _____ Hours per Week _____ Weekly/BiWeekly Take Home Pay: _____
Employment Start/End Dates _____
Reason for Leaving _____

Name _____ Employer _____
Position _____ Start/End Dates _____
Pay per hour _____ Hours per Week _____ Weekly/BiWeekly Take Home Pay: _____
Employment Start/End Dates _____
Reason for Leaving _____

Name _____ Employer _____
Position _____ Start/End Dates _____
Pay per hour _____ Hours per Week _____ Weekly/BiWeekly Take Home Pay: _____
Employment Start/End Dates _____
Reason for Leaving _____

Name _____ Employer _____
Position _____ Start/End Dates _____
Pay per hour _____ Hours per Week _____ Weekly/BiWeekly Take Home Pay: _____
Employment Start/End Dates _____
Reason for Leaving _____

Name _____ Employer _____
Position _____ Start/End Dates _____
Pay per hour _____ Hours per Week _____ Weekly/BiWeekly Take Home Pay: _____
Employment Start/End Dates _____
Reason for Leaving _____

4. Household Assets:

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

<u>Name</u>	<u>Bank/Credit Union</u>	<u>Savings</u> <u>Acct. #</u>	<u>Savings</u> <u>Balance</u>	<u>Checking</u> <u>Acct. #</u>	<u>Checking</u> <u>Balance</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

Cash on hand (all household combined) _____ Certificates of Deposit (CD's) _____
 Savings Bonds _____ Mutual Funds _____ Annuities _____ Stocks _____
 Trust Funds _____ Retirement Accounts _____ Insurance Policies (cash value) _____
 401k _____ Property other than primary residence _____ Location _____
 Other Investments _____ Motorcycles/Boats/Snowmobiles/ATV's/RV's _____
 Other Assets (please list) _____

Claims/settlements/income due to you or any household member

IRS Refund _____ Insurance Claim _____ Retroactive disability check _____
 Retroactive Unemployment or Worker's Compensation check _____ Inheritance _____
 Other Lump Sum Payment (explain) _____

Have you or any household member consulted a lawyer regarding a possible lawsuit?

Lawyer Name/Address _____

Reason _____

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

Please give details _____

Lawyer Name/Address _____

Motor vehicles owned by you and all household members:

<u>Owner</u>	<u>Auto Make</u>	<u>Model</u>	<u>Year</u>	<u>Amt . Owed</u>	<u>Payments</u>	<u>Insurance</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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 _____	Electric _____	Lot Rent _____
Bus/Cab _____	Electric (heat) _____	Mortgage _____
Cable/Satellite _____	Food _____	Prescriptions _____
Child Support Paid _____	Non-Food Items (Personal/Household/Hygiene) _____	
Car Gasoline _____	Health Insurance _____	Rent _____
Car Insurance _____	Heating Fuel Oil _____	Rent (heat included) _____
Car Payment _____	Heating Fuel Propane _____	Rent to Own _____
Condo Fee _____	Health Insurance _____	School Loan _____
Child Care _____	Internet _____	Storage _____
Credit Card _____	Laundry _____	Telephone _____
Diapers _____	Loan _____	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 Repairs _____	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, give details below (use back of page if needed):

Who _____ When _____

Town/City & State of conviction(s) _____

Offense (s)-list all _____

Details of Sentencing (sentence, facility, etc). _____

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



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 Human Services Office. I/We also authorize any federal/state/county agency, including but not limited to: 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 Human Services (Welfare) Department, homeless or other type of shelter, Department of Employment Security, Veteran's Administration and Fuel/Electric Assistance agency, fraternal order, or any other entity (non-profit, social service or otherwise) having information concerning my/our circumstances, to release and furnish such information from their files to the Lebanon Human Services Office. In addition, I/we authorize the City of Lebanon Human Services Department to release information from their files to the agencies/entities listed above.

Applicant Signature

Date

Printed Name

Spouse or Co-applicant Signature

Date

Printed Name

Signature of person completing form (if not applicant)

Date

Relationship to applicant: _____

Printed Name



AUTHORIZATION FOR THE RELEASE OF INFORMATION State of New Hampshire, Department of Health and Human Services

I, _____, the undersigned, understand that from time to time,

Print Your Name

the local human services administrator for the City of Lebanon, Human Services Office 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



RENTAL REQUEST VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY THE LANDLORD OR AUTHORIZED AGENT

Please print legibly.

Owner's Social Security Number or IRS/TIN Number: _____

Owner's Name: _____ Agent's Name: _____

Address: _____ Address: _____

Phone/Fax: _____ Phone/Fax: _____

Name/Address check to be made payable to and mailed: _____

Is owner current with Property Taxes? Yes ____ / No ____ Water/Sewer Bill? Yes ____ / No ____

Tenant's Name: _____ Household members: Adults: ____ / Children ____

List of Household Members: _____

Rental Address: _____

(Number/Street) (Apt. #) (City) (State)

Is rental unit a: Room Apartment Single-Family Home _____ Number of Bedrooms

Rent Includes: All utilities No Utilities Hot Water Heat Electric

Type of Heat: Electric Oil Propane Other _____

Appliances Included: Stove Refrigerator Dishwasher Washer/Dryer Microwave

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

Is property subsidized? If yes, list actual monthly rent collected: : \$ _____ Tenant portion: \$ _____

Date rent is due: _____ Time period for which rent was last paid: From _____ to _____

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

Comments: _____

(if back rent is owed, please attach accounting of accrued rent or other charges as well as payments)

Signature of Owner or Agent _____ Date _____

Signature of Renter _____ Date _____

Payments are made directly to the landlord. This is not an authorization for payment. Failure to notify the Human Services Official within 72 hours of a change of household size could jeopardize payment of rent.



EMPLOYMENT SEARCH RECORD

NAME: _____

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

	DATE	EMPLOYER	PHONE NUMBER	JOB OR TYPE OF WORK	TYPE OF CONTACT Visit/Phone/ Mail/Resume	PERSON CONTACTED	TIME OF DAY	RESULTS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

LOOKING FOR A JOB ?

1. REGISTER WITH THE NEW HAMPSHIRE DIVISION OF EMPLOYMENT SECURITY JOB MATCH PROGRAM EITHER ONLINE AT: <http://www.nh.gov/nhes/> OR IN PERSON AT 85 MECHANIC STREET, RIVERDALE COMPLEX, LEBANON, NH. 603-448-6340. OFFICE HOURS ARE MONDAY THROUGH FRIDAY, 8AM – NOON AND 1PM – 4:30PM.
 - a. Search the Job Match system as often as possible (at least 2 – 3 times per week). When searching for jobs through the Job Match system, search for any all positions you “can” do, not just positions you have had experience with in the past.
2. THE NEW HAMPSHIRE EMPLOYMENT SECURITY OFFICES OFFER MANY OTHER RESOURCES:
 - a. FREE INTERNET ACCESS TO SEARCH FOR JOBS
 - b. HELP WANTED JOB POSTING AREA AND LOCAL/REGIONAL/STATE NEWSPAPERS
 - c. SERVICE REPRESENTATIVES SPECIFICALLY FOR VETERANS
 - d. EMPLOYMENT COUNSELING
 - e. JOB SEARCH WORKSHOP CLASSES ONCE PER WEEK, SUCH TOPICS TO INCLUDE:
 - i. RESUME & COVER LETTER WRITING; THE JOB APPLICATION; THE INTERVIEW; INTERVIEWING SKILLS & TECHNIQUES, USING THE INTERNET AS A JOB SEARCH TOOL; NETWORKING AND EXPLORING OTHER LEADS AND THE ENTIRE JOB SEARCH PROCESS
3. REGISTER WITH THE VERMONT DEPARTMENT OF LABOR JOB LINK PROGRAM EITHER ONLINE AT: <http://www.vermontjoblink.com/> OR IN PERSON AT THEIR OFFICES ON HOLIDAY INN DRIVE, WHITE RIVER JUNCTION, VT. 802-295-8805.
 - a. Search the Job Link system as often as possible (at least 2 – 3 times per week). When searching for jobs through the Job Link system, search for any all positions you “can” do, not just positions you have had experience with in the past.
4. KEEP AN EYE OUT FOR HELP WANTED SIGNS POSTED AT BUSINESS LOCATIONS, NOT EVERYONE ADVERTISES IN THE PAPER.
5. CHECK NEWSPAPERS DAILY (ESPECIALLY SUNDAYS) AND APPLY FOR ANY AND ALL JOBS AVAILABLE. YOU CAN BROWSE THE NEWSPAPERS FREE AT THE LOCAL LIBRARY OR AT THE NEW HAMPSHIRE EMPLOYMENT SECURITY OFFICES.
6. SEARCH ONLINE FOR JOBS BY CHECKING THE FOLLOWING SITES: www.jobsinnh.com, www.jobsinvt.com, AND SEARCH UNDER LOCAL BUSINESS NAMES, TOWNS/CITIES/STATES, MEDICAL AND EDUCATIONAL INSTITUTIONS, (SCHOOLS/COLLEGES/HOSPITALS). INTERNET ACCESS IS FREE AT THE LOCAL LIBRARY AND AT THE NH EMPLOYMENT SECURITY OFFICES.
7. REGISTER WITH LOCAL EMPLOYMENT AGENCIES SUCH AS:
 - a. TECHNICAL NEEDS, 85 MECHANIC SREET, LEBANON, 448-9900 OR www.techneeds.com
 - b. WESTAFF, 30 AIRPORT ROAD, WEST LEBANON, 298-6997 OR www.westaffvt.com
 - c. LEDDY GROUP, 115 ETNA ROAD, BUILDING 3, LEBANON, 727-0102 OR www.leddygroup.com
 - d. AIRS, 58 FOGG FARM ROAD, HARTFORD, VT, 802-295-4695
 - e. EMPLOYMOMS, 800-671-0018 www.employmoms.com
 - f. T.P.I. EMPLOYMENT 169 CHARLESTOWN ROAD, CLAREMONT, NH 03743 www.tpistaffing.net
8. ATTEND JOB FAIRS. THESE ARE ADVERTISED IN LOCAL NEWSPAPERS, RADIO ADVERTISEMENTS AND AT THE STATE WEB SITE AT: http://www.nh.gov/nhes/news/jobfairs_expos.htm



NEW HAMPSHIRE DEPARTMENT OF EMPLOYMENT SECURITY/NHWORKS

AND/OR

VERMONT DEPARTMENT OF LABOR

VERIFICATION REQUEST

In order to determine assistance, it is necessary to have the following information completed by the appropriate state agency as determined by where the applicant has filed for unemployment compensation and/or job search assistance.

I, _____ Social Security # _____
(Name of Applicant)

authorize the NH Department of Employment Security/NH WORKS and/or the Vermont Department of Labor to release any information needed by the City of Lebanon Human Services Office in order to determine my eligibility for assistance.

Type of Registration: _____, _____, _____
(Unemployment) (Work Registration) (Other)

Date of Registration: _____ Amount of benefits expected: \$_____ per month.

When benefits are expected to Begin: _____ End: _____

Was claim denied: _____ Reason denied: _____

Has he/she registered for any programs available through your office? _____ If so, what program(s):
_____ Entry Date: _____

Was he/she referred to any other agency(s)? _____ If so, what agency(s)? _____

Signature of Person Completing Form Printed Name Date

Title Agency (NH WORKS-DES/VT DOL)

New Hampshire Employment Security

Confidentiality Release

This form will authorize the person you designate to review your claim records (including medical records or information), to act as your interpreter, and/or to communicate with this Department on your behalf, for a period of 30 days from the date signed.

Please complete the following information, sign and date the form, and return to this Department as soon as possible. You must designate a specific individual and supply their complete name. A company or agency name is not acceptable.

I, _____, Social Security Number _____
(claimant - full name) (claimant SSN)

hereby authorize _____, my _____
(designee - full name) (relationship to claimant)

to review confidential claim and medical records pertaining to me that are currently in possession of the NH Employment Security office; to assist me as an interpreter; and/or to speak on my behalf regarding my claim or claim processes.

(claimant - signature)

(date)

Your signature must be witnessed by an authorized representative of NH Employment Security, or notarized by a Justice of the Peace or Notary.

In witness whereof I have hereunto set my hand and seal (notary) on the day and the year above written.

Notary Public - Justice of the Peace
Or Authorized representative of the Commissioner, NHES

(date)

If, at any time, you wish to cancel this release, you must inform this Department in writing.

Please return this form to the nearest NH local office or mail to:
NHES, PO Box 9506, Manchester, NH 03108-9506



CITY OF LEBANON HUMAN SERVICES DEPARTMENT
 51 North Park Street, Lebanon, NH 03766
 (603) 448-2944 Fax: (603) 448-0698
 Email: shannon.hastingsfox@lebcity.com
 www.lebcity.com

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

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

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

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

(Check categories and fill in dollar amounts where known)

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

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

I, _____, do hereby declare that I am unable to provide support to,
 (Parent, step-parent, son, daughter, husband, wife)

_____, for the reasons specifically cited above. I attest to the validity of my
 (Welfare Applicant)

statements, and recognize that I am bound to support the above named individual under state law when able to do so.

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

Signed: _____ Human Service Staff: _____
 Witness: _____
 Date: _____

PLEASE COMPLETE THE ABOVE INFORMATION AND RETURN TO THE ADDRESS ABOVE. NO ASSISTANCE WILL BE RENDERED UNTIL THIS FORM IS RECEIVED



CITY OF LEBANON HUMAN SERVICES DEPARTMENT
 51 North Park Street, Lebanon, NH 03766
 (603) 448-2944 Fax: (603) 448-0698
[email: shannon.hastingsfox@lebcity.com](mailto:shannon.hastingsfox@lebcity.com)
www.lebcity.com

RELATIVE FINANCIAL STATEMENT TO BE COMPLETED WITH LIABILITY OF RELATIVE FORM

RELATIONSHIP TO APPLICANT (circle one):

FATHER MOTHER STEPFATHER STEPMOTHER SON DAUGHTER HUSBAND WIFE

YOUR NAME: _____ EMPLOYER: _____

SPOUSE: _____ EMPLOYER: _____

ADDRESS _____

DEPENDENTS:

NAME: _____ AGE: _____ NAME: _____ AGE: _____

NAME: _____ AGE: _____ NAME: _____ AGE: _____

NAME: _____ AGE: _____ NAME: _____ AGE: _____

HOUSEHOLD INCOME AND ASSETS:

GROSS MONTHLY INCOME: \$ _____ NET MONTHLY INCOME: \$ _____

TOTAL INCOME LAST YEAR: \$ _____ SOURCE(S): _____

SAVINGS ACCOUNT BAL: \$ _____ CHECKING ACCOUNT BAL: \$ _____

STOCKS, BONDS, CD: \$ _____ OTHER: \$ _____

REAL OR PERSONAL PROPERTY: \$ _____

FOOD STAMPS: \$ _____ CHILD SUPPORT: \$ _____ PER: (CIRCLE ONE) WEEK/BI-WEEK/MO

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

CABLE/INTERNET: \$ _____ CHILD SUPPORT PAID: \$ _____ CAR GAS: \$ _____

CAR INSURANCE: \$ _____ CAR PAYMENT: \$ _____ CHILD CARE: \$ _____

CREDIT CARD: \$ _____ ELECTRIC: \$ _____ FOOD: \$ _____

FUEL OIL: \$ _____ GAS, PROPANE: \$ _____ HEALTH INS: \$ _____

LIFE INS: \$ _____ LOAN: \$ _____ LOT RENT: \$ _____

MORTGAGE: \$ _____ PRESCRIPTIONS: \$ _____ RENT: \$ _____

STUDENT LOAN: \$ _____ TELEPHONE: \$ _____ HOME/RENTER INSUR: \$ _____

MEDICAL: \$ _____ PROPERTY TAX: \$ _____ WATER/SEWER: \$ _____

OTHER: \$ _____

TOTAL MONTHLY INCOME: \$ _____ TOTAL MONTHLY EXPENSES: \$ _____

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

Signature Date

Signature Date