



TOWN OF GRANTHAM NEW HAMPSHIRE

OFFICE OF THE SELECTMEN
300 Route 10 South, Grantham, NH 03753
Phone: 603-863-6021
www.granthamnh.net

Town Assistance Instruction Sheet

1. **Read.** Read these instructions and the application carefully. Answer all questions.
2. **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.
3. **Document emergency.** Town Assistance 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 or mortgage 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.
4. **Relatives must assist when possible.** *New Hampshire State Law provides that in certain cases, close relatives may be liable to provide you support. 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.
5. **Document rent/mortgage expense.** Have your landlord complete the Rental Verification Form completely. This form is part of the application. Homeowners must provide a current mortgage statement. The Town of Grantham will place a lien on real property for assistance granted to property owners See: Title XII, Chapter 165:28 of Revised New Hampshire Statutes Annotated (Liens on Real Property).
6. **Sign and date application.** Sign and date the application where indicated. All applicants must sign this application.
7. **Schedule appointment.** Call the Grantham Selectmen's Office to schedule an appointment, 603 863-6021, or email info@granthamnh.net.
8. **Document income.** Gather documentation on income during the past 30-day period for all members of your household (pay stubs, statement from employer indicating wages, statement of benefits from state/federal sources, etc.). **Bring this documentation to your appointment.**

9. **Document assets.** Gather documentation on assets for all members of your household (checking/savings account statements, cash on hand, child support payments, vehicle registrations, retirement accounts, etc.). Also, gather documentation on any state, local, or federal benefits or programs that you are receiving (fuel assistance, food stamps, WIC, Section 8 housing, or other benefits). **Bring this documentation to your appointment.**

10. **Document basic living expenses.** Gather documentation on basic living expenses for all members of your household during the past 30-day period (electric bills, Rental Verification Form, heating expenses, or other proof of basic living expenses). **Bring this documentation to your appointment.**

11. **Identification.** Gather identification materials for all members of your household (photo identification is preferable for adults, birth certificates or social security cards for children are acceptable). **Bring this documentation to your appointment.**

12. **Medication assistance.** If you are requesting medication assistance, have your medical provider fill out the Medication Expense Verification Form. **Bring this documentation to your appointment.**

13. **Cancellations and other concerns.** Call the number listed above if you cannot keep your appointment so that other applicants can have the opportunity to meet with the Town Welfare Official.

Failure to read these instructions and supply the necessary documentation may cause a delay in processing your application.

Do not turn in the application (or any documentation) until your scheduled appointment.

REQUIRED DOCUMENTS
TO BE COMPLETED BY TOWN WELFARE OFFICIAL

Applicant Name:		Date:	
Social Security No.		D.O.B.	
Address		Phone No.	
Email			

YOUR APPOINTMENT IS SCHEDULED FOR: _____ at _____

You must provide the following verification/documentation at this appointment or assistance may be delayed or denied.

- Completed Application Form
- Rental Verification Form
- Last four week's paystubs or other proof of net wages
- Last four week's receipts or other proof of bills paid or currently due
- Employment verification form from your employer
- Employment termination form from your last employer
- Have you applied for or are you receiving Social Security benefits
- Have you applied for any of the following from Health and Human Services Office:

<input type="checkbox"/>	Emergency Food Stamps	<input type="checkbox"/>	Food Stamps
<input type="checkbox"/>	TANF	<input type="checkbox"/>	Title XX Daycare
<input type="checkbox"/>	APTD/MA	<input type="checkbox"/>	OOA
<input type="checkbox"/>	TANF Emergency Assistance	<input type="checkbox"/>	

- Have you applied for or receiving Fuel Assistance benefits
- Verification of injury or illness
- Have you applied for or receiving Unemployment Compensation
- If available, picture ID (Adults) Birth certificate/SS card (minors)
- Vehicle Registration
- Savings and checking account, liquid asset statements, bankbooks
- Statement child support payments received / Child support court order
- Statement from roommate(s) regarding division of expenses

Other Required Documents:

I understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance and I understand that if approved for assistance I may be required to do a job search and participate in workfare.

Welfare Staff signature

Applicant signature

GENERAL ASSISTANCE PROGRAM NOTICE OF RIGHTS AND RESPONSIBILITIES

As an applicant for General Assistance, you have the following rights:

1. To make a written application for assistance, even if the Welfare Officer tells you that you will not be eligible.
2. To receive a prompt, written decision telling you whether or not you will receive assistance each time you apply for assistance. You have the right to receive this written decision within seven (7) days from the date that your application is complete.
3. To have, in writing, the reason why you have been denied assistance or granted partial assistance.
4. To appeal any assistance decision that you do not agree with. You must appeal within five (5) working days after you receive your decision or five (5) working days after your application is deemed withdrawn.
5. To have a fair hearing to present your- case.
6. To have your assistance continued if you are receiving assistance and you request a fair hearing.
7. To review the information in your file before the fair hearing.
8. To see the guidelines used by the Welfare Official in making the decision on your application.
9. To be given a written "Notice of Conditions" before you can be suspended from receiving assistance for failing to comply with the guidelines.
10. To refuse to work for the Town or find a job if you care for a child under the age of 5, if you are disabled or ill, or if you must take care of a family member who is disabled or ill.

As an applicant for General Assistance, you have the following responsibilities.

1. To truthfully fill out and return a completed application form along with all supporting documentation requested by the Welfare Official. Failure to do so within seven (7) days will result in your request for assistance being deemed withdrawn or denied.
2. To provide accurate, complete and current information concerning the needs and resources of relatives who may be responsible for you under RSA 165:19.
3. To notify the Welfare Official within 72 hours when a change in needs or resources may affect eligibility for continued assistance.
4. To apply for and utilize any benefits or resources, public or private, that will reduce or eliminate the need for General Assistance within seven (7) days of application.
5. To keep all appointments as scheduled.
6. To notify the Welfare Official within 72 hours of a change in address and any change to the members of the household.
7. To diligently search for employment and provide verification of application for employment when requested - following a determination of eligibility for assistance.
8. To accept employment when offered- following a determination of eligibility for assistance.
9. To provide a doctor's statement if you claim to be unable to work due to medical problems.
10. To participate in the welfare work program if you are physically and mentally able - following determination of eligibility for assistance.

APPLICATION FOR ASSISTANCE

Date of Application _____ Referred by _____

1. General Information

Name _____ Date of Birth _____

Address _____

Telephone (H) _____ (W) _____ (C) _____

Social Security No. _____ US Citizen? _____

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

Spouse/Co-Applicant Name _____ SS# _____

Spouse address (if not same as applicant) _____

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

Dates of Residence	Street name & number	Town/City	State

2. Assistance Requested? _____

Reason for request? _____

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

Where? _____ Under what name? _____

3. List below all persons living in your household:

Full Name	Relationship	Date of Birth	Social Security No.

4. Housing Information

Rent Amount	Monthly/wkly?	Date last Paid	Date Due?
Total past due rent?		Do you have a housing subsidy?	
Do you have a current:	<input type="checkbox"/> Demand for Rent	<input type="checkbox"/> Notice to Quit	<input type="checkbox"/> Landlord/Tenant Writ
List all Utilities Included in rent.			
Landlord Name			
Address			
Telephone No and email address.			
If HOMEOWNER, Mortgage Amount	\$	Date last paid	Amount in Arrears?
Bank/Mortgage Co		Telephone No.	
Address			

5. Education/ Training/ Employment

	Highest Grade Attended	G.E.D./Diploma	Special Training Skills	Military Service
Applicant				
Spouse				
Co-Applicant				

6. Applicant Work History

If currently employed provide employer name _____

Date employment began. _____ Title/Position _____

Date and amount of your most recent paycheck? _____

If currently unemployed provide reason. _____

Date last worked _____ Employer _____

Date and amount of last paycheck? _____

Are you able to work now? _____ If not able, why not? _____

List prior employers

Employer	Amount of Pay	Employment Dates	Reason for leaving

7. Co-Applicant Work History

If currently employed, provide employer name _____

Date employment began. _____ Title/Position _____

Date and amount of your most recent paycheck? _____

If currently unemployed, provide reason. _____

Date last worked _____ Employer _____

Date and amount of last paycheck? _____

Are you able to work now? _____ If not able, why not? _____

List prior employers

Employer	Amount of Pay	Employment Dates	Reason for leaving

8. Provide Current and two most recent employment for any other household member aged 18 and older?

Name of household member	Employer	Amount of Pay	Employment Dates	Reason for leaving

9. Household Assets – Bank & Credit Union information held by you and members of household over the age of 18. Attach additional sheet if needed.

Account Holder	Bank/Credit Union Name	Savings Acct. #	Savings Balance	Checking Acct. #	Checking Balance

Provide current value of any assets held by you or household members over age 18.

Total Cash on hand _____ Certificates of Deposit (CD's) _____

Savings Bonds _____ Mutual Funds _____ Annuities _____ Stocks _____

Trust Funds _____ Retirement Accounts _____ Cash Value of Insurance Policies _____

401k _____ Other Assets /Antiques etc. _____

Vehicles/ Motorcycles/ boats/ Snow machine/ATVs owned by you or any household member.

Owner	Make	Model	Year	Value	Payments	Insurance

Property other than primary residence _____

Location/Address _____

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? _____

If Yes Provide Name of Lawyer and address _____

Reason _____

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

Please give details _____

Lawyer Name/Address _____

List Unplanned, emergency, or irregular periodic expenses during the past 30 days.		
Car Inspection	Driver's License	Medical
Car Registration	Fines/Court Payments	Sewer/Water
Car Repair	Home Repairs	Tax (Income/Property)
Dental	Home/Renters Insurance	Other

13. 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. _____

14. Liability for Support Information

Father's name _____ Address & Telephone _____

Mother's name _____ Address & Telephone _____

Co-Appl. Father _____ Address & Telephone _____

Co-Appl. Mother _____ Address & Telephone _____

Your or co-Appl. Adult children contact information. _____

15. Certifications and Signatures

I understand that if I receive assistance from the Town of Grantham, 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 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 Town of Grantham may place a lien against any property settlement or civil judgement for personal injuries, which I receive within six years of receiving Town of Grantham 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 Un-sworn Falsification (RSA 641:3).

I understand that if I obtain a job after the Town of Grantham assists me, 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 on-behalf-of Applicant

Date

**APPENDIX A
EMPLOYMENT VERIFICATION FORM**

To Employer _____ Date _____

Address _____

Phone _____

I _____ authorize the above employer to release information regarding past/present employment.

Applicant Signature

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

[Name of employee]

Date of Hire _____ Starting date _____ Hourly rate _____

Full/Part time _____ Hours/week _____ Paid weekly /biweekly / Other _____

Date of most recent paycheck _____ Net Amount _____

If _____ is no longer employed by your company:

Date of termination/separation _____ Date/Net of last paycheck _____

Reason for termination/separation _____

Signature and Title of Immediate Supervisor _____ Date _____

**Appendix B
RENTAL VERIFICATION FORM**

This form MUST be completed and signed by the PROPERTY OWNER/MANAGER.

Tenant's Name: _____ Date _____

Address: _____

Number of Household Members _____

List Names of Household Members _____

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

Rent amount _____ Paid monthly weekly other _____

If subsidized rent, please list tenant portion: \$ _____ No. 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 or utilities are owed, please attach accounting of last 12 months which includes date and amount paid.

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

Tax ID #: _____ OR Social Security #: _____

Payments can only be made to owner listed on lease or town records.

Property Owner Name _____

Address: _____

Telephone No. _____

Property Owner Signature _____ Date _____

Property Manager Name _____

Address: _____

Telephone No. _____

Property Manager Signature _____ Date _____

Appendix C
Applicant AUTHORIZATION TO RELEASE INFORMATION

I, _____ of the town of Grantham, New Hampshire, County of Sullivan, being an applicant for Town Assistance under the laws of the State of New Hampshire, RSA 165 *et seq.*, hereby authorize and request any relative, health care provider, banker, financial firm or organization, fiscal officer, police officer, parole officer, employer, utility company, fraternal order, Social Security Office, Church, minister, priest, State or local welfare department or human services department, local or regional community action program (CAP), shelter program, or any other person, firm, association, or organization having any information concerning my circumstances as they may relate to eligibility for Town Assistance to furnish such information to the *Welfare Official* of Grantham, New Hampshire.

I also authorize the *Welfare Official* of Grantham, New Hampshire 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) approved this authorization.

Applicant Signature	_____	Date	_____
Social Security Number	_____	Date of Birth	_____
Address	_____		
Grantham Welfare Official	_____	Date	_____

Appendix C
CO-Applicant AUTHORIZATION TO RELEASE INFORMATION

I, _____ of the town of Grantham, New Hampshire, County of Sullivan, being an applicant for Town Assistance under the laws of the State of New Hampshire, RSA 165 *et seq.*, hereby authorize and request any relative, health care provider, banker, financial firm or organization, fiscal officer, police officer, parole officer, employer, utility company, fraternal order, Social Security Office, Church, minister, priest, State or local welfare department or human services department, local or regional community action program (CAP), shelter program, or any other person, firm, association, or organization having any information concerning my circumstances as they may relate to eligibility for Town Assistance to furnish such information to the *Welfare Official* of Grantham, New Hampshire.

I also authorize the *Welfare Official* of Grantham, New Hampshire 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) approved this authorization.

Co-Applicant Signature _____ Date _____

Social Security Number _____ Date of Birth _____

Address _____

Grantham Welfare Official _____ Date _____

Appendix D
MEDICAL RELEASE AND REPORT

APPLICANT NAME _____ **SS#:** _____ **DOB:** _____

I hereby request the release by a doctor, hospital or clinic to the Municipal Welfare Department or its authorized representative, any information regarding my medical diagnosis, medical history, treatment plan or hospitalization. A photocopy of this signed release may be used in place of an original, in effect for six months from date of my signature below:

APPLICANT SIGNATURE

DATE

TO THE PHYSICIAN OR CLINIC

The individual named above has indicated that he/she is currently in treatment with you. New Hampshire General Assistance laws require able-bodied welfare applicants to seek and retain work as a condition of continued assistance, with the goal of minimizing the period of assistance necessary. The Municipality also may require welfare recipients to work in any capacity that the recipient is able in exchange for assistance. For these reasons, will you please briefly respond to these questions:

What is the condition(s) for which you are treating this person? _____

What is the nature and extent of this individual's limitations? _____

Is this person disabled? Yes No
 Temporarily Permanently Partially Totally

Date incapacity began? _____ Expected end date: _____

When will individual be capable of returning to work? _____

What type of work would be suitable for this individual? _____

Please describe any limitations. _____

Medications Prescribed

Physician's Printed Name	_____	Phone No.	_____
Physician's Signature	_____	Date	_____
Physician's Address	_____		_____

Appendix E MEDICATION EXPENSE VERIFICATION FORM

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

Name of applicant _____

Applicant Date of Birth _____

Please list medications, dosage, and purpose of medication.

*If "generic" medications are available for this patient please prescribe the generic equivalent.

Medication Name	Dosage	Purpose

Has the Applicant been referred to the Medication Bridges Program?

Are pharmaceutical samples available to the Applicant?

Is the Medication(s) above absolutely necessary for the above-named Applicant and if the above-named Applicant went without the above-referenced medication it will create a significant risk that the above-named Applicant's well-being will be placed in serious jeopardy?

Healthcare Provider		
Printed Name	_____	Phone No. _____
Healthcare Provider		
Signature	_____	Date _____
Healthcare Provider		
Address	_____	

**Appendix F
Reimbursement Agreement**

I agree to reimburse the Town of Grantham for Welfare assistance if possible, at some future date. Such recovery of these expenses will be through a program of repayment per RSA 165:20B.

I agree that if I have a lawsuit or receive aid from any other social service agency now pending disposition I will list the name, address and phone number of my insurance company for any other agency which may be handling this claim on my behalf. I further agree to notify the Welfare Official immediately upon the receipt of any money or upon the settlement of such claims.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Address

Address

**Appendix G
Welfare Liens**

Real Estate (RSA 165:28)

The law requires the Town to place a lien for welfare aid received on any real estate owned by an assisted resident in all cases except for just cause. (This section does not authorize the placement of a lien on the real estate of legally liable relatives, as defined by RSA 165:19). The selectmen shall file a "Notice of Lien" with the County Registry of Deeds, complete with the owner's name and description of the property sufficient to identify it. Interest at the rate of six percent (6%) per year shall be charged on the amount of money constituting the lien, commencing one year after the date the lien is filed, unless waived by the municipality. The lien remains in effect until enforced or released, or until the amount of the lien is prepaid to the sole residence of the assisted resident, his/her surviving spouse, or his/her surviving children who are under the age of eighteen, blind or permanently and totally disabled. Upon repayment of a lien, the municipality must file written notice of the discontinuance of the lien with the County Registry of Deeds.

Civil Judgement (RSA 165:28-a)

A town or city shall be entitled to a lien upon property passing under the terms of a will or by estate succession, a property settlement, or a civil judgement for personal injuries (except workers compensation) awarded any person granted assistance by the town or city for the amount of assistance granted by the town or city.

The town or city shall be entitled to the lien only if the assistance was granted no more than six (6) years before the recipient of the inheritance or the award of the property settlement of civil judgement.

This lien shall take precedence over all other claims.

Liens may be enforced by the filing of a bill in equity.

I understand that by accepting assistance from the Town of Grantham, I will have a lien placed upon the property I own located at _____, Grantham, NH 03753. This lien shall be discharged after I have repaid the Town of Grantham for this assistance.

Applicant's Signature

Date

Co-Applicant's Signature

Date

**TITLE XII
PUBLIC SAFETY AND WELFARE**

**CHAPTER 165
AID TO ASSISTED PERSONS**

Liability for Support, and Recovery Over

Section 165:19

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.

Source. RS 66:8. CS 70:8. GS 74:8. GL 82:8. PS 84:12. 1925, 112:1. PL 106:22. 1933, 65:1. RL 124:18. RSA 165:19. 1973, 115:1. 1985, 380:11, eff. Jan. 1, 1986.

Relatives are responsible for your assistance -- before the town.

Applicants can be asked to justify what support relatives are supplying, and/or justify why assistance is not being provided.

This may require financial information from relatives.

