



TOWN OF PITTSFIELD

Welfare Department

85 Main Street, Pittsfield NH 03263

btheriault@pittsfieldnh.gov

Telephone (603) 435-6773 Ext. 3 ~ Fax (603) 435-7922

GENERAL ASSISTANCE

NOTICE OF RIGHTS OF ANYONE RECEIVING ASSISTANCE.

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 within seven (7) days 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 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 programs 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.

Any person who is poor and unable to support him/herself is entitled to Assistance providing they meet eligibility requirements set out in the Town's Welfare Guidelines. Guidelines are available for review.

EMPLOYMENT: applicants are not required to be employed as a precondition to obtaining assistance; however, continued assistance may be conditioned on participation in a work program as well as meeting job search requirements. Continuing aid may be denied for failure to accept suitable employment.

APPEAL: If denied assistance in whole or in part you have the right to request a fair hearing within five (5) working days of receipt of the Notice of Decision.

VERIFICATION: An applicant is required to verify factual information. Each applicant receives a list (Page 2) of items which must be verified. A good faith effort to obtain verification documents that are unavailable due to circumstances beyond the control of the applicant will satisfy this requirement and will not result in a delay in the processing of an application. If you are unable to obtain the requested verification, provide a sworn statement signed by you stating this.

Knowingly giving false information or withholding information related to your receipt of assistance may result in prosecution for the crime of Unsworn Falsification (RSA 641:3).

BASIC NEEDS POLICY

PER HUMAN SERVICE GUIDELINES IT IS THE APPLICANT/RECIPIENT'S RESPONSIBILITY TO UTILIZE ANY AVAILABLE BENEFITS OR RESOURCES TO REDUCE THE NEED FOR GENERAL ASSISTANCE.

THE HUMAN SERVICES DEPARTMENT WILL DIRECT THE APPLICANT /RECIPIENT TO APPLY FOR OTHER RESOURCES AND WILL REQUIRE AN APPLICANT/RECIPIENT TO USE FURTHER RESOURCES TO MEET BASIC NEEDS IN ORDER TO REDUCE THE NEED AND DEPENDENCY ON GENERAL ASSISTANCE.

***WHILE WORKING WITH PITTSFIELD WELFARE YOU ARE REQUIRED TO USE YOUR EARNED OR UNEARNED RESOURCES FOR BASIC NEEDS ONLY. BASIC NEEDS ARE: RENT, FOOD, NON-FOOD HYGIENE ITEMS, UTILITIES OR PRESCRIPTIONS.**

***THE COST OF PUBLIC TRANSPORTATION WILL BE ALLOWED IF NEEDED FOR WORK OR MEDICAL APPOINTMENTS OR OTHER APPOINTMENTS NECESSARY TO MEET CONDITIONS OF ASSISTANCE.**

***PAYMENT OF TELEPHONES ARE NOT ALLOWED UNLESS A MEDICAL NOTE FROM A LICENSED PHYSICIAN STATING THAT THE ABSENCE OF A TELEPHONE CREATES AN UNREASONABLE RISK TO HEALTH AND SAFETY.**

***CAR PAYMENTS, INSURANCE PAYMENTS, CREDIT CARD PAYMENTS, BAIL PAYMENT, CABLE, LOAN PAYMENT, REPAYMENT OF PERSONAL LOANS AND OTHER MISCELLANEOUS PAYMENTS WILL NOT BE CONSIDERED ALLOWABLE EXPENSES.**

***AS A CONDITION OF ASSISTANCE, APPLICANTS ARE REQUIRED TO MAKE USE OF ALL AVAILABLE RESOURCES TO MEET BASIC NEEDS.**

***DATED RECEIPTS FOR BASIC NEEDS ARE REQUIRED FOR FURTHER SERVICE OR ASSISTANCE WILL BE REDUCED, DENIED OR A SANCTION MAY BE ISSUED.**

FORM C

**NOTICE OF RIGHTS OF ANYONE RECEIVING ASSISTANCE
FROM THE MUNICIPALITY OF PITTSFIELD, NH**

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.
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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.



Town of Pittsfield
Welfare Department
85 Main Street
Pittsfield, NH 03263
btheriault@pittsfieldnh.gov
Telephone (603) 435-6773 Ext. 3
Fax (603) 435-7922

Client Name: _____

Date: _____

It is the client's responsibility to provide all the required documentation as listed on this sheet. If you have any questions regarding what is being asked of you, please ask for clarification before leaving the Welfare Office. Should you have questions after you do leave the office, you can call 603-435-6773 Ext. 3 and your call will be returned as soon as possible.

REQUIRED VERIFICATIONS

- _____ Completed Rental Verification Form – **Must be completed by your landlord**
- _____ Last four (4) week's pay-stubs or other proof of net wages (**from every household member**)
- _____ Last four (4) week's receipts or other proof of **all** bills paid or currently due
- _____ Employment Verification Form from your current employer – (**if you do not have pay-stubs**)
- _____ Employment Termination Form from your last employer – (**if you are unemployed**)
- _____ Verification you have applied for/receiving Social Security benefits – (**Current statement required**)
- _____ Verification you have applied at the NH DHHS Office for, and benefits you receive from:
 - ☐ Emergency Food Stamps ☐ Food Stamps ☐ TANF
 - ☐ Title XX Daycare ☐ APTD/MA ☐ OAA
 - ☐ TANF Emergency Assistance
- _____ Verification you have applied for/are receiving Fuel Assistance benefits
- _____ Verification of injury or illness – **Must be from current treating physician**
- _____ Verification you have applied for/are receiving Unemployment Compensation
- _____ Photo ID (adults); Birth Certificates & Social Security Cards (adults and minors)
- _____ Vehicle Registration – **All vehicles of the household**
- _____ Savings, Checking, Bank Card account statements (4 months), liquid asset statements, bankbooks, etc. (**showing the details of deposits and debits made during each of the four (4) months required, up to the date you are applying for assistance**)
- _____ Statement of Child Support payments received/Child Support Court Order – (**need to have the amount received in the past four (4) months**)

_____ Statement from roommate(s) regarding division of expenses – (Any person living in the same household as the person/people applying for assistance)

_____ Income Tax Refund Information – (Provide a copy of your refund paperwork or your W-2's for all members of the household)

_____ Work Search Form (Minimum of three (3) searches per day, seven (7) days per week

_____ Covid-19 Stimulus money (date received and amount for entire household).

_____ CAP – Housing Relief Funds (due to Covid-19 impact) amount and date received or update if application is pending.

_____ Other _____

_____ Other _____

I understand that I must provide the following documentation within five (5) business days, to the Pittsfield Welfare Office, so my application for General Assistance can be processed. Failure to provide the required information will result in a denial of assistance. I will be required to wait seven (7) business days to reapply for assistance through the Town of Pittsfield due to the failure to complete the required information in a timely fashion.

Signed: _____
(Client signature)

Date: _____

Signed: _____
(Client signature)

Date: _____

FORM D

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

Authorization to Release Information

Printed Name of Person to Whom the Release of Information Pertains

Case #, RID #, or MID #, if known

I hereby authorize and request:

Name and Address of
Individual or Agency
Providing the Information:

to provide the following information:

to:

Name and Address of
Individual or Agency
Receiving the Information:

Pittsfield Welfare Department
Attn: Bonnie Theriault, Director
85 Main Street
Pittsfield, NH 03263

Email: btheriault@pittsfieldnh.gov
Tel: 603-435-6773 Ext. 10
Fax: 603-435-7922

I grant my permission for the reproduction of the above information to be given to the individual or agency named. Release of confidential information is subject to State and Federal laws. By signing this release, I acknowledge my permission to release the specified information to the individual/agency I have named.

This authorization expires 12-months from the date this form is signed.

Information released cannot be re-released by the receiving individual/agency without additional authorization.

(Signature)

(Date)

(Printed Name)

If the signature above is not that of the person to whom the information pertains, the relationship of the signer to that person must be indicated. In addition, the signature must be witnessed.

(Relationship)

(Witness)

(Date)

FORM A

APPLICATION FOR ASSISTANCE

Date of Application _____ Referred by _____

1. **General Information:**

Name _____ Date of Birth _____

Address _____

Telephone _____ Social Security number _____ US Citizen? _____

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

Spouse/Co-Applicant Name _____ SS# _____

Spouse address (if not same as applicant) _____

Assistance Requested \$ _____

Reason for request _____

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

Where? _____ Under what name? _____

Do you have health insurance: _____ what kind _____

List below all persons living in your household:

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

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

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

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

Number of Bedrooms _____

LANDLORD: Name _____ Telephone _____

Address _____

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

Bank/Mortgage Co _____ Address _____

3. **Education / Training / Employment**

Highest Grade
Attended

G.E.D. or
Diploma

Special Training or Skills

Military
Service

Applicant: _____

Spouse/Co-Applicant: _____

Applicant Work History:

Are you employed now? _____ Employer _____ Position _____

When 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:

<u>Name</u>	<u>Employer</u>	<u>Pay</u>	<u>Weekly/ Biweekly</u>	<u>Employment Dates</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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>Value</u>	<u>Payments</u>	<u>Insurance</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

5. Household Income

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

	Name	Date Applied	Date Last Received	Monthly Amount
Employment Income	_____	_____	_____	_____
Employment Income	_____	_____	_____	_____
APTD	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Disability (Employer)	_____	_____	_____	_____
Food Stamps	_____	_____	_____	_____
Fuel Assistance	_____	_____	_____	_____
Gifts/Loans	_____	_____	_____	_____
Maternity Benefits	_____	_____	_____	_____
Medicaid	_____	_____	_____	_____
OAA (Old Age Assistance)	_____	_____	_____	_____
Retirement	_____	_____	_____	_____
Severance Pay	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
SSDI (SS Disability)	_____	_____	_____	_____
SSI (Supplemental Security)	_____	_____	_____	_____
TANF	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Vacation Pay	_____	_____	_____	_____
Veteran's Pension	_____	_____	_____	_____
Vocational Rehabilitation	_____	_____	_____	_____
WIC(Women/Infants/Children)	_____	_____	_____	_____
Worker's Compensation	_____	_____	_____	_____
Other: []	_____	_____	_____	_____

Are you or any other household member working, volunteering, and/or receiving assistance from any other agencies?

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

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

Car Inspection _____	Drivers License _____	Medical _____
Car registration _____	Fines/Court Payments _____	Sewer/Water _____
Car repair _____	Home 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, who? _____ When? _____

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

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

If yes, who? _____ Court or jurisdiction? _____

Name & phone number of parole/probation officer _____

8. Liability for Support Information

Please provide following details:

Your father _____ Address _____

Your mother _____ Address _____

Co-applicant father _____ Address _____

Co-applicant mother _____ Address _____

Your or co-applicant's adult children _____

9. Certifications and Signatures

I understand that if I receive assistance from the municipality I may be required to participate in the welfare work ("workfare") program. (RSA 165:31)

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

I understand 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). If I am assisted the Town will place a lien on any real estate owned by me. (RSA 165:28)

I here by 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)

I understand that the Town of Pittsfield Welfare Department can inspect my household for compliance with the Welfare Guidelines and to verify the information contained in this application.

I understand that I must notify immediately, the town of Pitts field of any changes in my household status (financial, employment, marital, welfare, etc.)

Applicant Signature

Date

Co-Applicant or Spouse Signature

Date

Signature of person completing form (if not applicant)

Date

REIMBURSEMENT AGREEMENT

Under RSA 165, welfare assistance is subject to reimbursement to the municipality. I agree to reimburse the Pittsfield Welfare for welfare assistance, if possible, at some future date. Such recovery of these expenses will be through a program of repayment that is discussed and mutually agreeable.

Applicant's signature

Spouse or co-applicant's signature

If you have a lawsuit, worker's compensation claim or aid from any other social service agency now pending disposition, please list the name, address and phone number of your attorney, insurance company or any other agency which may be handling this claim on your behalf.

Name: _____

Address: _____

Telephone: _____

RELEASE OF INFORMATION

I, _____, authorize the Pittsfield Welfare to obtain information from any relative, business agency, service physician, lawyer, employer or other, as needed, who having knowledge of any circumstances that enable the Human Services staff to actively pursue appropriate assistance and services on my behalf.

Applicant's signature

Spouse or co-applicant's signature

MISREPRESENTATION

I understand that any misrepresentation or misinformation given verbally or in writing at any time during this and future contacts with the welfare department would cancel all aid from the Pittsfield Welfare and may result in court action for recovery. I also understand if I am dissatisfied with the action taken on this application, I have the right to request a Fair Hearing within 7 days and this process has been explained to me.

Applicant's signature

Spouse or co-applicant's signature

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

FORM N

PITTSFIELD 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								

(I understand that the Welfare official may verify this information, and that falsification may be grounds for termination of assistance.)

Signature of Applicant _____

FAIR HEARING REQUEST

I, _____ hereby request a fair hearing to review the decision dated _____ regarding my application for general assistance. I ☐ want / ☐ do not want my current assistance to continue until my appeal has been decided. I understand that if I lose my appeal, I will be obligated to repay the assistance provided to me during the time the appeal is being decided.

(applicant signature)

(date)

In order to be eligible for a fair hearing, this form must be completed and returned to the Welfare Office within five (5) working days of your receiving your notice of decision. Within seven (7) working days of receipt of this notice by the Welfare Official a hearing will be scheduled. You will be notified in writing of the place, date and time of the hearing.

PITTSFIELD WELFARE
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: _____

* **Number of Bedrooms:** _____

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)

* **Does tenant pay rent in:** Cash _____ Personal Check _____ Bank Check/Money Order _____

How much does the tenant currently owe you _____

For IRS reporting, landlord's Tax ID or Social Security # must be provided (fax to me directly at 603-435-7922 or email me at: btheriault@pittsfieldnh.gov if you are not comfortable writing it on this form)

Tax ID #: _____ OR Social Security #: _____

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

Landlord or Company Name

Telephone/Cell / Fax Numbers

Address

Name of Manager or other Representative

Landlord/Manager Signature

Date

Before Me: _____

Notary Public _____
Signature

My Commission expires: _____

Notary Public _____
Printed Name