



Application for General Assistance
TOWN OF CONWAY, NH

Date of Application: _____

GENERAL INFORMATION:

Applicant Info:

Name: _____

Physical Address: _____

Mailing Address: _____

Home Telephone #: _____ Cell Phone #: _____ e-mail contact _____

Social Security #: _____

List any other name(s) you have used or been known by:

Marital Status: Single Married Divorced Separated Widowed Other _____

Spouse/Co-Applicant Info:

Name: _____

Spouse/Co-Applicant Physical Address: _____

(if not the same as applicant)

List any other name(s) spouse/co-applicant has used or been known by:

Assistance needed: _____

Reason for Request: _____

Have you applied for town assistance before? Yes No

When? _____ Where? _____

If you were denied past assistance please explain why: _____

Are you a U.S. veteran? Yes No If yes, dates of service? _____ Reason for discharge? _____

or a dependent/spouse/surviving spouse of a U.S. Veteran? _____

If you answered yes to the above question(s), are you eligible for benefits through the Veteran's Administration?

Yes No

If yes, what benefits do you receive? _____

List below all persons living in your household: (Use additional sheet if necessary)

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

Are you homeless? Yes No Are you currently staying with relatives or friends: Yes No

Current Housing: Rent Own Other (Please Explain) _____

Rent Amount \$ _____ Per Month Per Week Date Last Paid _____ Due Date _____

How long have you been at this residence? _____

Do you have a lease? Yes No Have you paid a security deposit? Yes No Amount \$ _____

Do you receive rent assistance? Yes No Amount? _____ Agency: _____

Utilities Included: Heat Electric Gas Water/Sewer Other _____

Do you have a current: Eviction Notice Landlord/Tenant Writ* Date to respond

If yes:

Total Rent Owed _____ Payment Arrangements? _____

Landlord/Property Manager Name: _____

Mailing Address: _____

If you are moving or have been evicted from this address, do you have new housing? Yes No

Explain: _____

If you are a home-owner:

Acct#: _____ Mortgage Amount _____ Date Last Paid _____ Taxes _____

Bank/Mortgage Company. _____

Address: _____

EDUCATION/TRAINING/EMPLOYMENT:

Applicant Highest Grade/ Decree Completed: High School Diploma GED Vocational Training

College Degree Other (Please explain) _____

Spouse/Co-Applicant Highest Grade/ Degree Completed: High School Diploma GED Vocational Training

College Degree Other (Please explain) _____

APPLICANT EMPLOYMENT INFORMATION:

Are you currently employed? Yes No

Employer Name and Address _____

Phone: _____ Date Started Work _____ Amount of most recent check: _____

When do you get paid? _____ Pay period: weekly _____ biweekly _____ monthly _____

Benefits received at most recent job: Health Dental Eye Disability Severance Other _____

If Unemployed:

Reason for unemployment: _____

Former Employer: _____

Date last worked _____ Amount of last most recent check: _____ Date of last check: _____

Are you able to work now? Yes No If No, why _____

If you are able to work have you filed for Unemployment Benefits and registered to work? Yes No
If no, why? _____

If you are unable to work, have you filed for SSI SSDI APTD WC? Private Disability Insurance? Yes No
If no, why? _____

PLEASE LIST CURRENT AND LAST THREE EMPLOYERS FOR YOURSELF AND ALL HOUSEHOLD MEMBERS

Employee's Name	Employer	Weekly Wage	Last Date Paid	Dates of Employment	Reason for Leaving
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

HOUSEHOLD ASSETS:

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

<u>Name on Account</u>	<u>Name of Bank/Credit Union</u>	<u>Account Number</u>	<u>Checking/Savings (please specify)</u>	<u>Account Balance</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Cash on Hand (combined household) \$	_____	Trust Funds	\$	_____
Certificates of Deposit (CD's)	\$	Retirement	\$	_____
Savings Bonds	\$	Other Assets (please List)	\$	_____
Mutual Funds	\$		\$	_____
Insurance Policies (cash value)	\$		\$	_____
Property other than primary residence	\$		\$	_____
Other Investments	\$		\$	_____
Motorcycles/Boats/ATV's etc	\$		\$	_____
Annuities	\$		\$	_____
Stocks	\$		\$	_____

Claims/Settlements/Income due to you or any household member:

IRS Refund	\$	Other (please List)	\$	_____
Retroactive Unemployment	\$		\$	_____
Unemployment	\$		\$	_____
Workers Compensation	\$		\$	_____
Retroactive Disability	\$		\$	_____
Inheritance	\$		\$	_____
Other Lump Sum Payment(s)	\$		\$	_____

LAWSUIT PENDING:

Do you or any member of your household have a lawsuit pending? Yes No

Lawyer's Name: _____

Address: _____

Nature of Lawsuit: _____

MOTOR VEHICLES (owned by applicant and all household members):

<u>Vehicle Owner's Name</u>	<u>Make</u>	<u>Model/Year</u>	<u>Value</u>	<u>Payment</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HOUSEHOLD INCOME/ASSISTANCE/RESOURCES:

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

Assistance	Household Member	Date Applied	Date Last Received	Amount Received
ANB (Aid to the Need Blind)	_____	_____	_____	_____
APTD cash	_____	_____	_____	_____
APTD medical only	_____	_____	_____	_____
Alimony	_____	_____	_____	_____
Charity Assistance	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Disability	_____	_____	_____	_____
Food Pantry	_____	_____	_____	_____
Food Stamps	_____	_____	_____	_____
Fuel/Energy Assistance	_____	_____	_____	_____
Gifts/Loans	_____	_____	_____	_____
Housing Assistance	_____	_____	_____	_____
Maternity Benefits	_____	_____	_____	_____
Medicaid	_____	_____	_____	_____
Medication Bridge	_____	_____	_____	_____
Old Age Assistance	_____	_____	_____	_____
Retirement	_____	_____	_____	_____
Severance Pay	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
SSDI (Social Security Disability)	_____	_____	_____	_____
SSI (Supplemental Security Income) TANF	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Vacation Pay	_____	_____	_____	_____
Veterans Pension	_____	_____	_____	_____
Vocational Rehabilitation	_____	_____	_____	_____
WIC (Women/Infants Children)	_____	_____	_____	_____
Workers Compensation	_____	_____	_____	_____
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____

If you have a Rep Payee, provide name & phone: _____

Are you or any other household member working, volunteering and/or receiving assistance from any other agencies? Yes No

If yes enter info below:

Name: _____ Agency: _____

Name: _____ Agency: _____

HOUSEHOLD EXPENSES (for all household members):

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	\$ _____
Cable	\$ _____	Food	\$ _____
Internet	\$ _____	Fuel Oil	\$ _____
Child Support Paid	\$ _____	Gas-Bottled/Natural	\$ _____
Gasoline	\$ _____	Medical Insurance	\$ _____
Car Insurance	\$ _____	Laundry	\$ _____
Car Payment	\$ _____	Loan	\$ _____
Condo Fee	\$ _____	Lot Rent	\$ _____
Child Care	\$ _____	Rent/Mortgage	\$ _____
Credit Card	\$ _____	Other	\$ _____
Phone/Cell	\$ _____	Other	\$ _____
Diaper	\$ _____	Other	\$ _____

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

Car Inspection	\$ _____	Fines/Court Payment	\$ _____
Car Registration	\$ _____	Home Repairs	\$ _____
Car Repair	\$ _____	Home/Rent Insurance	\$ _____
Dental	\$ _____	Other	\$ _____
Driver's License	\$ _____	Other	\$ _____

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? _____

Details _____

Town/City of Conviction _____ State _____ County _____

Are you or any member of your household presently on parole or probation?

If yes, who? _____ Court or Jurisdiction _____

Name of parole/probation officer: _____ Phone #: _____

LIABILITY FOR SUPPORT INFORMATION - RSA 165:19

Applicant Information:

Father _____ Address _____ Phone _____

Deceased

Your Mother _____ Address _____ Phone _____

Deceased

Co-Applicant Information:

Father _____ Address _____ Phone _____

Deceased

Mother _____ Address _____ Phone _____

Deceased

Applicant's Adult Children:

Name _____ Address _____ Phone _____

Co-Applicant's Adult Children:

Name _____ Address _____ Phone _____

Other:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

READ AND SIGN IF YOU UNDERSTAND AND AGREE

NOTE: IF YOU NEED A DISABILITY RELATED ACCOMMODATION, PLEASE NOTIFY THIS OFFICE

AGREEMENT TO REPAY

I/We, the undersigned, agree to repay the Town of Conway, NH, for any assistance granted.

VERIFICATION OF INFORMATION

I/We, the undersigned, understand that all information we supply is subject to verification and investigation that may include home visits. Misrepresentation or omission of information may result in denial of all assistance from the Town of Conway, NH. Any change in household circumstances must be reported to the Town of Conway, NH, as they happen. Failure to do so may result in reduction, suspension or denial of assistance.

RIGHT TO FAIR HEARING

I/We understand that we have the right to request a Fair Hearing based on the receipt of an adverse action issued by the General Assistance Officer.

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I/we authorize any of the following to release information concerning my application to the Town of Conway, NH: Any relative, landlord, lawyer, financial institution, school department, child care provider, pharmacy, mental health professional, physician or medical facility, law enforcement official, emergency services official, court official, Health and Human Services official, governmental official or social service agency, religious/charitable or nonprofit organization, or any other person or organization that may be involved in my application for assistance to the Town of Conway, NH, General Assistance Department. Said Authorization is valid for 180 days from the date of this application.

APPLICANT'S RELEASE OF INFORMATION

I/we authorize the Town of Conway, NH, General Assistance Department, to release information concerning my/our circumstances to any relative, landlord, lawyer, financial institution, school department, child care provider, pharmacy, mental health professional, physician or medical facility, law enforcement official, emergency services official, court official, Health and Human Services official, governmental official or social service agency, religious/charitable or nonprofit organization, or any other person or organization that may be involved in my application for assistance. Said Authorization is valid for 180 days from the date of this application.

CASES WILL BE HELD OPEN FOR SIX (6) MONTHS AFTER LAST CONTACT

The Town of Conway, NH, will be holding cases open for six (6) months from the date of last contact with this office. Returning clients must continue to comply with all requirements of prior Notices including, but not limited to, using all income for basic needs. Clients will be expected to provide written verification of all income and dated receipts for expenses for the weeks prior to their return date. Failure to comply may result in a delay or suspension of assistance.

VOLUNTARY QUIT LAW

Pursuant to the provisions of RSA 165:1-d voluntary termination of employment without good cause could lead to disqualification from receiving general assistance in the future.

FALSIFICATION

The Town of Conway, NH, may refer violations of RSA 641:3 to the appropriate authorities, i.e. Conway Police Department, Office of Special Investigations, for prosecution. RSA 641:3 provides:

A Person is guilty of a misdemeanor if:

- I. He makes a written false statement which he does not believe to be true, on or pursuant to a form bearing a notification authorized by law to the effect that false statements made therein are punishable; or
- II. With a purpose to deceive a public servant in performance of his official function he:
 - (a) Makes any written false statement which he does not believe to be true, or
 - (b) Knowingly creates a false impression in a written application for any pecuniary or other benefit of omitting information necessary to present statements therein from being misleading;
 - (c) Submits or invites reliance in writing which he knows to be lacking in authenticity; or
 - (d) Submits or invites reliance on any sample, specimen, map, boundary mark, or other object which he knows to be false.

I/We have read the above statements and certify that I/we fully understand and agree with them and that all responses and information supplied in this application are true and correct.

_____	_____	_____	_____
Applicant's Signature	Date	Co-Applicant's Signature	Date
_____	_____	_____	_____
Spouse's Signature	Date	Co-Applicant's Signature	Date

DO NOT SIGN THE FOLLOWING UNTIL THE CONCLUSION OF INTAKE INTERVIEW

I/we hereby certify that all notes and/or alterations written on my application by the caseworker(s) during this intake process accurately reflect my responses to questions and any additional information I provided. I further agree that all written and verbal information I have provided has been truthful and without omissions to the best of my knowledge.

_____	_____	_____	_____
Applicant's Signature	Date	Co-Applicant's Signature	Date
_____	_____	_____	_____
Spouse's Signature	Date	Co-Applicant's Signature	Date

I hereby certify _____ signed in front of me at the conclusion of the interview.

_____	_____
General Assistance Officer	Date

**Town of Conway
General Assistance Department**

Name: _____ Appointment Date: _____

- Call 447-3811 and dial 6 to schedule an appointment between 9 and 3 pm, M-F.
- Arrange childcare. All adult household members are expected to attend the initial interview.
- The application will be reviewed with you at your appointment.
- Bring documentation from the following list to your appointment.
- Information can be faxed to 603-447-1348; or emailed to bjparker1@conwaynh.org.

WHAT TO BRING

Eligibility is determined based on **verified** information for the **4 weeks prior** to your first appointment. Applicants must verify information for **all household members** and should include all pages of documents requested. Individual circumstances affect verification requirements; however, the list below can be used to get started.

___ **Application form:** Sign and answer all questions completely.

___ **Two forms of identification:** photo ID; social security card, passport
 ___ **Certificates:** Birth, death, marriage, divorce, guardianship, DD-214, vehicle registration/insurance...etc.
 ___ **Court documents:** Restraining orders, probation/parole requirements, parental agreements/child support, bankruptcy...etc.

___ **Proof of all net income, wages, commission, child support...etc.:** for all household members in last 4 weeks such as paystubs, direct deposits, rental income, bonuses, alimony, child support printout, severance pay...
 ___ **Self-employment:** self-employment form, contracts, work order, invoices...
 ___ **Employment verification/termination:** if job began or ended within last 4 weeks
 ___ **Bank statements (all pages):** showing **all transaction history** for **all accounts** in the last 4 weeks: savings, checking, retirement, military accounts...
 ___ **Asset statements:** savings bonds, certificate of deposits, 401k, life insurance, trusts, inheritances, ...etc.
 ___ **Refund/rebates:** Verify amount and date received.

___ **Housing verification:** lease/rental agreement, eviction notice/writ/foreclosure; deed; rental verification form and W-9; rent receipt; mortgage statement, property tax bill, statement from roommate regarding division of expenses
 ___ **Receipts/bills for expenses in last 4 weeks:** rent/mortgage; fuel, utilities, medication, childcare, transportation, insurance...etc.

___ **Notices of Decision/letters/correspondence from:**
 ___ **Social Security:** retirement, SSI/SSDI, Survivor benefits...;
 ___ **Department of Health and Human Services** Cash programs: FANF/TANF/APTD/OAA/ANB, food stamps, Medicaid, DCYF, Childcare, transportation reimbursement, NHEP...;
 ___ **Tri County Community Action Programs** Fuel Assistance, Energy Assistance Program, Weatherization, Project Care, Neighbors Helping Neighbors, Homeless Outreach...;
 ___ **Housing Programs** NH Housing Finance Authority Acknowledgement letter; section 8/subsidized housing; utility allowances; Habitat for Humanity
 ___ **NH Works** Unemployment Compensation, Worker's Compensation, Workforce Investment Act, Department of Adult Learning and Rehabilitation, Veteran Benefits
 ___ **Miscellaneous benefits/programs:** charity programs, WIC, Gifts/loans, Long/short term disability, Free care, Medication Bridge, NHEP, dental/eye...

___ **Verification of Injury or illness:** medical release and report form
 ___ **Proof of special circumstances:** We cannot anticipate every situation. Do your best to provide documentation that verifies your situation. We will review and discuss additional documents needed when you come to your appointment.
 ___ **Signatures:** Be sure to sign all signature lines

I/We understand that failure to provide documentation within 7 days may cause our case to be delayed, denied or suspended.

Date: _____ Applicant Signature: _____
 Date: _____ Co-Applicant Signature: _____
 Date: _____ General Assistance Officer: _____

**NOTICE OF RIGHTS OF ANYONE RECEIVING ASSISTANCE
FROM THE TOWN OF CONWAY**

You have the following rights:

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

DISQUALIFICATION FOR VOLUNTARY TERMINATION OF EMPLOYMENT

Generally, 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 then the individual may be disqualified from receiving local welfare assistance for 90 days from the date of the voluntary quit if he terminates employment (at least 20 hours per week) without good cause within 60 days of application for local welfare and is not responsible for minor children in the household and did not have a mental or physical impairment which caused him/her to be unable to work.

FOR EXAMPLE

IF YOU QUIT A JOB JANUARY 5 AND APPLY FOR ASSISTANCE JANUARY 31, THEN YOU CAN BE DENIED ASSISTANCE THROUGH APRIL 5.

I certify that I have received a copy of and understand my rights.

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

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 General Assistance Officer 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 General Assistance Officer 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

Date

General Assistance Officer's Responsibilities at Time of Application

When application is made for General Assistance, the General Assistance Officer should provide the applicant with a Notice of Rights and 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;
3. The applicant's right to a fair hearing, and the manner in which a review may be obtained;
4. The applicant's responsibility for reporting all facts necessary to determine eligibility, and for presenting records and documents as requested and 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 kinds of verifications needed;
7. The fact that an investigation will be conducted in order to verify facts and statements presented by the applicant and that this investigation may take place prior to, during, or subsequent to the applicant's receipt of General Assistance.
8. The applicant's responsibility to notify the welfare official of any change in circumstances that could affect eligibility. Failure by the applicant to notify the General Assistance Officer of any change in circumstances within 3 days could 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 civil judgements or property settlements, for any assistance given, except for good cause;
12. The fact that reimbursement from the recipient 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.

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

Responsibility 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 General Assistance Officer within 3 days when a change in needs, or resources, household size or address may affect eligibility for continuing assistance;
3. To apply for and utilize immediately, but no later than 7 days from initial application, any public or private benefits or resources that will reduce or eliminate the need for General Assistance. RSA 165:1-b, I (d);
4. To keep all appointments as scheduled;
5. To provide a doctor's statement detailing work ability or limitations if the applicant/recipient claims an inability to work due to a physical condition or mental incapacity.
6. To provide records and other pertinent information and access to said records and information within timeframe of 7 days or timeframe approved by the General Assistance Officer, when requested;
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 general assistance officer), 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 if physically and mentally able. RSA 165:1-b, (b); and
9. 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 Town of Conway guidelines.

Any recipient may be denied or terminated from General Assistance, in accordance with Town of Conway guidelines, 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.

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

I, _____ the undersigned, understand that from time to time, the local welfare administrator for _____ may require certain information about

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

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

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

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

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

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

Signature Date

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

Relationship to You Witness Date



TOWN OF CONWAY

1634 EAST MAIN ST. • CTR. CONWAY, NEW HAMPSHIRE 03813

(603) 447-3811
FAX (603) 447-1348
WWW.CONWAYNH.ORG

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

- I/We, _____, authorize any relative, physician, pharmacist, lawyer, banker, employer, insurance company, landlord (which shall include owner/manager of hotel, motel or other temporary housing), mental health professional, school official, utility company, church group, or other person or organization having information concerning my/our circumstances to furnish such information to the Municipal General Assistance 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, Division of Child Support, New Hampshire Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Veteran's Administration, Fuel Assistance, Homeless Outreach, Tri-County Cap, local or state police, or any non-profit agency to release information from their files to the Municipal Welfare Department.
- I hereby authorize the Town of Conway General Assistance Officer to receive information from the above-mentioned persons or agencies either by telephone, email, post office mail or fax, and to give information to them, if requested, to assist the Town in its determination of my eligibility for general assistance.
- This authorization shall remain effective for one year from the date given below unless otherwise indicated in the comments.

Comments: _____

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

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

Date: _____

TITLE LXII CRIMINAL CODE

CHAPTER 641 FALSIFICATION IN OFFICIAL MATTERS

Section 641:3

641:3 Unsworn Falsification. – A person is guilty of a misdemeanor if:

I. He or she makes a written or electronic false statement which he or she does not believe to be true, on or pursuant to a form bearing a notification authorized by law to the effect that false statements made therein are punishable; or

II. With a purpose to deceive a public servant in the performance of his or her official function, he or she:

(a) Makes any written or electronic false statement which he or she does not believe to be true; or

(b) Knowingly creates a false impression in a written application for any pecuniary or other benefit by omitting information necessary to prevent statements therein from being misleading; or

(c) Submits or invites reliance on any writing which he or she knows to be lacking in authenticity; or

(d) Submits or invites reliance on any sample, specimen, map, boundary mark, or other object which he or she knows to be false.

III. No person shall be guilty under this section if he or she retracts the falsification before it becomes manifest that the falsification was or would be exposed.

Source. 1971, 518:1. 2003, 158:2, eff. June 17, 2003.

I/We, _____, have received a copy of this statement. I understand that the Town of Conway General Assistance Officer or person acting on behalf of the General Assistance Officer may refer cases to Conway Police Department for further investigation after giving the applicant/recipient the opportunity to verify and explain suspicious information.

Date: _____

Signature: _____

Date: _____

Signature: _____

Referral Information:

Referred by: _____

Referred to Town of: _____

Information and Referral

- 211 NH: Statewide organization. (211 / 1-866-444-4211)
- Vaughan Community Service (603-356-2324)
- Servicelink info & referral for seniors & adults living with disabilities (1-866-634-9412) or (603-323-9394)
- Brain Injury Association (1-800-773-8400)
- New Horizons (603- 356-6921) (Developmental Disabilities)

Employment, Education and Career Development and Networking Opportunities

- NH Works (447-5924)
 - Department of Adult Learning and Rehabilitation
 - Veteran's Administration Representative
 - Job Search
 - Workforce Investment Act (Must be eligible for Food Stamps)
 - Food Stamp Orientation
 - NH Employment Program (TANF recipients)
 - Resume/cover letters/Interviewing and job search skills
- MWV Leadership and Young Professionals (356-5701)
- UNH Cooperative Extension (1-800-322-4166)
- Rural Development (47-3318)
- Woman's Rural Entrepreneurial Network or WREN (869-9736)
- Microcredit (1-800-769-3482)
- SCORE (603-447-4388 or www.score641.org)
- National Able Network Senior Community Service Emp. Program (1-312-782-3335 or www.nationalable.org)

Cash Assistance Programs

- Department of Health and Human Services (603-447-3841)
 - Temporary Assistance to Needy Families (Emergency Assistance, Unemployed Parent, Incapacitated Parent...etc.)
 - Aid to the Permanently and Totally Disabled (Cash, Medicaid and Medicaid for Employed Adults with Disabilities)
 - Family Assistance Program
 - Old Age Assistance (65 or older)
 - Aid to the Needy Blind
 - Working Futures (603) 447-3687)
- Social Security (1-800-772-1213 / 444-2945)
 - Social Security Disability Income
 - Supplemental Security Assistance

- NH Works (603-447-5924)**
 - Unemployment Compensation
 - Workman's Compensation
 - Veteran's compensation service or non-service connected disability
- Long or short term disability (payments through employer)

Shelter

- Bureau of Homeless & Housing Svs Homeless Hotline (1-800-852-3388)
- Homeless Outreach Program (603-323-7400 or 723-6118)
 - Temporary shelter search
 - Transportation
 - Funding for temporary shelter
 - Utilities
 - First month's rent loan
 - Security Deposit Guarantee
 - Re-entering community after institutionalization (incarceration, hospital, shelter, nursing home... etc.)
 - Matching Funds

- NH Housing Finance Authority (1-800-439-7247) (www.nhhfa.org)**
 - Housing Choice Voucher Application (Waitlisted-years)
 - Emergency Housing Program (Need Notice of Decision for Town)
- Foxfire Management (603-356-3770)**
 - Family
 - Disabled/Elderly
- Sonata Housing (603-447-6827)**
- North Country Independent Living (603-356-0283)**
- Habitat for Humanity (603-356-3832)**
- Starting Point for victims of domestic violence (603-447-2494)**

Heat and Utilities

- Payment arrangements:** Contact utility company and ask for a payment arrangement. Sometimes credit supervisors can offer better arrangements than the first counselor you speak to. Do not make an arrangement you cannot keep. Broken arrangements make it harder to negotiate later. Tell them the situation that caused you to be in the situation you are in. They want to know!
- NH Electric Cooperative (1-800-698-2007)**
- Public Service of New Hampshire (1-800-562-3190)**
- Verizon for Link Up or Lifeline (1-800-585-4466)**
- Tri-County Cap (323-7400 / 1-888-842-3835)**
 - Fuel Assistance (Pays landlord if heat is included)
 - Energy Assistance Program (Saves a percentage off electric bill)
 - Weatherization Program (window/doors, insulation...)
 - Neighbors Helping Neighbor. (Public Service of NH customers)
 - Project Care (NH Electric Cooperative customers)
 - Homeless Outreach Program can sometimes help with utilities
- Special Fuel Funds** (providers will refer if traditional programs cannot meet need)
- Citizen's Energy www.citizensenergy.com** (potential to receive 100 free gallons of fuel)

Other: _____

Food Select one pantry.

- Emergency and Ongoing Food Stamps (447-3841)
- Vaughan Food Pantry (356-2324)
- Conway Congregational Church ("Brown Church") Food Pantry (447-3851)
- Agape (603-539-4456) (Located in Ctr. Ossipee; Serves anyone)
- River Church (447-6633) (4-7 pm on second and third Tuesday of the month)
- White Mountain Community Health Center (447-8900)
- Free Fruits and Vegetables at Baptist Church in Center Conway (Sat. 9-1)
- Dinner Bells (Time and places vary depending on season. Conway Daily Sun often publishes times and dates in the Calendar of Events section.)
 - Conway Congregational Church is on Monday's from 5-6 pm
 - Fryeburg St. Elizabeth Seton Church is on Wednesday's from 5-6 pm
 - Tamworth St. Andrews Church is on Sundays from 5-5:30 pm
 - Conway United Methodist Church Simple Soup for the Soul Wed. 12-1pm
 - Other _____
 - Other _____
- Gibson Center Meals on Wheels (603-356-3231)
- Bread Discount Store in Conway
- SERVE (603) 723-6030 or www.servenewengland.org
- WIC (1-800-942-4321)
- Holiday Basket: _____
- Food cards from various programs: _____
- Other: _____

Health and Wellness: Tell your medical provider about your financial situation. Ask for samples and discuss whether generic medication is an option for you.

White Mountain Community Health Center (447-8900)

P = patient only; GP = General Public.

- GP Primary Care for all ages
 - P Medication Bridge (3 mo.-maintenance medication for \$6-10 if covered)
 - GP Food Pantry
 - P Counseling
 - P Social Work Assistance
 - GP Healthy Kids application assistance
 - GP Partners in Health (Elig. families w/ chronically ill children in Carroll Cty)
 - GP Teen Clinic
 - GP Family Planning
 - GP Dental care for children
 - GP Childcare resource and referral
 - GP Fee Scale
 - P Smoking Cessation
 - GP Nutrition
- North Conway Memorial Hospital (356-5461)

- Medication Bridge (3 mo.-maintenance medication for \$6-10 if covered)
- Emergency Department
- Free Care
- Other _____

- Pharmacy Prescription Programs (check with your local pharmacist)
- Dental Program at Tri-County Cap (323-7645/1-888-662-2006)
- DHS Healthy Kids Program (1-877-464-2447 or www.nhhealthykids.com)
- Veteran's Administration (NH Works; Saco River Medical Group; Legion)
- Social Security Disability Income Program (Must have received for 2 years before Medicare is provided. Medicare pays for skilled rehabilitation (rehabilitation with nursing care).
- Jen's Friends (www.jensfriends.org)
- Visiting Nurses Association (603-356-7006) Provides skilled nursing in the home.
- CC Home Health Care (603-539-4171)
Nurse case managers, personal care, and homemaking.
- Servicelink (323-2043) Provides information and support for older adults living with disabilities and chronic illnesses.

Substance Abuse Treatment The following places may be able to assist you or provide information to you about treatment options:

- Northern Human Services (447-2111)
- NC Memorial Hospital (356-5461)
- Tri-County Cap (323-7400)
- MWV Addiction Treatment Solutions (356-0020)
- In patient Rehabilitation Program _____

Mental and Developmental Health The following places may be able to assist you or provide information to you about treatment options:

- Northern Human Services (603-447-2111)
- New Horizons (603-356-6921)
- Alternative Life Center (603-447-1765)
- National Association for Mentally Ill (NAMI) (1-800-242-6264 or 225-5359)
- National Suicide Prevention (1-800-273-8255)
- In patient Rehabilitation Program _____

Protection, Safety and Mandated Reporting

- Division of Children, Youth and Families
 - Local office – (603-447-3841)
 - Abuse & Neglect Central Intake- (603-271-6556 / NH 1-800-894-5533)
- Bureau of Elderly and Adult Services
 - Local office – (603-447-3841)
 - Abuse & Neglect Central Intake- 1-800-949-0470
- Starting Point (~~603-356-7993~~) 7.24.14
- Conway Police Department non emergency (603-356-5715)

Conway District Court for ex-parte petitions (603-356-7710)

Transportation Check with social service programs you are involved with to see if there is funding available for transportation reimbursement.

- RSVP Transportation to medical appointments; Agency referral needed.
- Carroll County Transit (June 10)
- DHS reimbursement
- NHEP reimbursement
- FS program reimbursement
- Veteran's Administration
- Other: _____

Volunteer Opportunities The following places may or may not have openings but may be able to offer suggestions or help you network with others.

- Volunteer NH (1-800-780-8058) www.volunteernh.org
- RSVP Transportation to medical appointments (603-356-9331)
- North Conway Memorial Hospital (603-356-5461)
- Other: _____
- Other: _____
- Other: _____
- Other: _____

Legal Resources

- Lawyer Referral Service (229-0002 or www.nhbar.org)
- LawLine (1-800-868-1212) Volunteers answer legal questions on 2nd Wed. of month
- Senior Citizen Law Project (1-888-353-9944) Free advice for seniors 60 and over.
- DOVE-Free legal representation for qualifying survivors of domestic violence at final restraining order hearings
 - Domestic Violence Hotline (1-866-644-3574)
 - Sexual Assault Hotline (1-800-277-5570)

Other

- Conway Public Library for computers and GA application (603-447-5552)
- Vaughan's Clothing Depot (603-356-2324)
- Gifts from the Heart for: _____
- Name of church _____ for: _____
- Rotary
- Masons
- Kiwanis
- Lyons (www.nhlyons.org)
- Elks
- Knights of Columbus
- Salvation Army (603-356-9331)
- Angels and Elves (Holiday season)
- Saco River Ranger Station
- Gibson Center for Seniors (603-356-3231)

Gift of Life Charities

I, _____ confirm that I received the information and forms checked as indicated in the attached form. I had the opportunity to ask questions and have them answered. I understand that failure to submit required documents to the General Assistance Office may result in delay or denial of my request. I understand that misrepresentation may result in a referral to the Conway Police Department for further investigation and cause my request to be delayed or denied.

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Witness: _____