



GUIDELINES  
FOR THE  
ADMINISTRATION OF GENERAL ASSISTANCE

Jackson Welfare Department  
Jackson, N.H.

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## ***I. INSTRUCTIONS***

To apply for any assistance from the Town of Jackson Welfare Department you must fully complete the following application. All documentation requested is required to complete the process. A decision cannot and will not be made until all documentation requested has been supplied.

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

If you are currently not working or not working full time, you will be required to complete an extensive job search, defined as 3-5 job contacts a day and provide signed confirmation from the prospective employer. If you are physically or mentally unable to work you will need to have medical documentation completed by your physician.

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

You will be expected to do everything in your power to live within your income by adjusting your financial situation to eliminate the need for General Assistance. You will be required to provide this office with ongoing verification of information requested. The purpose of this office is to assist you in becoming self-supporting and self-sufficient.

## ***II. INTRODUCTION***

The Jackson Welfare Department is one component of a large and complex welfare system, which operates at every level of government. Its relationships with other welfare agencies and programs and the scope of its responsibilities are complicated. Briefly, two basic subsystems of public welfare are in operation in New Hampshire - (1) categorical assistance programs, which are federally funded in part and are administered by a central State agency, and (2) General Assistance programs, such as that operated by the Jackson Welfare Department, which are locally funded and administered.

In general, the Jackson Welfare Department provides assistance to needy people who require temporary help whether or not they have a residence as defined under New Hampshire law RSA 165. People are found to be in need when they are poor and unable to support themselves. This is defined by when someone lacks the resources to provide themselves with the basic requirements of life in our society, such as food, shelter, heat and electricity. In the language of the field, welfare provided by the Jackson Welfare Department is known as General Assistance.

The Department's responsibilities are of a dual nature. On one hand, it is responsible to those members of the community who need assistance to see that they receive it. On the other hand, it

is responsible to the citizens who pay for that assistance, through taxes, to ensure that it goes only to those who are truly needy. The Department's responsibility is to expend as much money as is necessary on the one hand and to expend as little as is necessary on the other. In effect, the Department succeeds in fulfilling its ethical and legal obligations when these two interests coincide.

The Department has an additional responsibility to both welfare recipients and the community as a whole to try to overcome the causes of the need for General Assistance to the point that it is no longer required. The steps needed to help individuals/families reestablish themselves financially vary and different approaches are dictated in different instances. Case management therefore becomes an integral part of assisting families in once again becoming more independent financially. Each applicant/recipient needs are considered. Then recommendations and requirements are made based on the needs.

However, the Department must adhere to practices, which ensure that all applications for Assistance are treated according to the same objective standards and that the legal and constitutional rights of all applicants and recipients are protected. Therefore, each General Assistance office is required to have written guidelines as a standard for determining its decisions. Central to the prescriptions of fairness and equal treatment is the right of all applicants and recipients to appeal any decision of the Department with which they are dissatisfied. These guidelines for the administration of General Assistance by the Jackson Welfare Department delineate responsibilities to be met by the Department and by applicants and recipients in the General Assistance process and establish a policy and procedure for hearing appeals of Departmental decisions. They are not to be construed as superseding any laws of the State of New Hampshire or the United States.

### ***III. DEFINITIONS***

**AGENCY:** Any health, social service or other entity that provides services to a client. Any such entity to which a welfare official may refer a client for additional resources and/or assistance.

**APPLICANT:** A person who expresses a desire to receive General Assistance or to have his/her eligibility reviewed and whose application has not been withdrawn. This may be expressed either in person or by an authorized representative of the applicant.

**APPLICATION (RE-APPLICATION):** Written action by which a person requests assistance from a welfare official. This application must be made on a form provided by the welfare official.

**ASSETS:** All cash, real property, personal property and future assets owned by the applicant.

**AVAILABLE LIQUID ASSETS:** Amount of liquid assets after exclusions. Includes cash on hand, checking accounts, bank deposits, credit union accounts, stocks, bonds, and securities. IRA (Individual Retirement Account), 401k accounts, insurance policies with a loan value, and non-essential personal property shall be considered as available liquid assets when they have been converted into cash.

**CASE RECORD:** Official files containing forms, correspondence and narrative records pertaining to the application, including determination of eligibility, reasons for decisions and actions by the welfare official, and kinds of assistance given. The case record may be kept electronically. A hard copy of all signed documents should be kept.

**CLAIMANT:** A recipient or applicant who has requested, either in person or through an authorized representative, a fair hearing.

**CLIENT:** An individual who receives services from the welfare Department. May be a single person or encompass a family.

**DAYS:** Days will be counted based on normal business days that will include Monday through Friday excluding holidays.

**ELIGIBILITY:** Determination by a welfare official, in accordance with the guidelines, of an applicant's need for General Assistance under the formula provided.

**FAIR HEARING:** A hearing which the applicant or recipient may request to contest a denial, termination or reduction of assistance.

**GENERAL ASSISTANCE:** Financial assistance provided to applicants in accordance with RSA 165 and these guidelines.

**HOUSEHOLD:** A household is defined as:

- The applicant/recipient and persons residing with the applicant/recipient in the relationship of father, mother, stepfather, stepmother, son, daughter, husband, wife, or domestic partner; and/or
- The applicant/recipient and any adult (including an unrelated person) who resides with the applicant/recipient "in loco parentis" (in the role of a substitute parent) to a minor child (a person under 18 years of age). A person "in loco parentis" is one who intentionally accepts the rights and duties of a natural parent with respect to a child not their own and who has lived with the child long enough to form a "psychological family."

**MINOR:** A person under 18 years of age.

**NEED:** The basic maintenance and support requirements of an applicant, as determined by a welfare official under the standards of these guidelines.

**RECIPIENT:** A person who is receiving General Assistance.

**"RELIEVE AND MAINTAIN":** The sustaining of basic needs necessary to the health and welfare of the household.

**RESIDENCE:** Residence or residency shall mean an applicant's place of abode or domicile. The place of abode or domicile is that place designated by an applicant as their principal place of

physical presence for the indefinite future to the exclusion of all others. Such residence or residency shall not be interrupted or lost by a temporary absence from it, if there is an intent to return to such residence or residency as the principal place of physical presence. RSA 165:1 (I); 21:6-a.

**RESIDENTIAL UNIT:** All persons physically residing with the applicant, including persons in the applicant's household and those not within the household.

**SHELTER:** A temporary housing provider through which an individual or family may seek emergency housing until permanent housing can be found.

**UTILITY:** Any service such as electric, gas, oil, water or sewer necessary to maintain the health and welfare of the household.

**VENDOR/PROVIDER:** Any landlord, utility company, store or other business which provides goods or services needed by the applicant/recipient.

**VOUCHER SYSTEM:** The system whereby a municipality issues vouchers to the recipient's vendors and providers rather than cash to the recipient. RSA 165:1(III).

**WELFARE OFFICIAL:** The official of the municipality, or designee, who performs the function of administering General Assistance. Such person has the authority to make all decisions regarding the granting of assistance under RSA 165, subject to the overall fiscal responsibility vested in selectmen, board of aldermen, city or town manager, or city or town council. The term includes "overseers of public welfare" (RSA 165:1; 41:46) and "administrator of town or city welfare" RSA 165:2.

#### ***IV. JURISDICTION***

The Division of Human Services of the New Hampshire Department of Health and Human Services administers several welfare programs under the authority of the laws of the State. Assistance provided under these categorical assistance programs is known as Public Assistance. Programs now administered include:

- Temporary Assistance to Needy Families (TANF)
- Old Age Assistance (OAA)
- Aid to the Needy Blind (ANB)
- Aid to the Permanently and Totally Disabled (APTD)
- Medical Assistance (Medicaid)
- The Food Stamp Program (SNAP)

- Programs of social and rehabilitation services, which are either provided directly by the Division of Human Services or purchased under the provisions of Title XX of the Social Security Act as, amended in 1975.

The County unit of government pays a share of assistance provided to people under some of these programs.

General Assistance may be provided by a city or town until a person receives public assistance. Only in extraordinary circumstances will a person receiving public assistance also be considered eligible for General Assistance. No person receiving Old Age Assistance or cash from Aid to Permanently and Totally Disabled under RSA 167 or 161 shall at the same time be eligible for General Assistance except for medical and surgical assistance (RSA 167:27).

Any persons residing or temporarily present in a municipality may apply to the welfare official of that municipality for General Assistance.

“Residence or residency shall mean a person’s place of abode or domicile. The place of abode or domicile is that designated by a person as his principal place of physical presence for the indefinite future to the exclusion of all others. Such residence or residency shall not be interrupted or lost by a temporary absence from it, if there is intent to return to such residence or residency as the principal place of physical presence.” (RSA 21:6-a)

**Minors** - The residence of a minor shall be presumed to be the residence of his or her custodial parent or guardian. The minor’s intent is not relevant nor does this change if the minor is, himself or herself, the parent of a child. In re: Tammy S., 126 NH 734 (1985) (A “minor” is defined as any person under 18 years of age.) Any minor asking for assistance will be referred to the New Hampshire Department of Children, Youth & Families (DCYF) as the parent or legal guardian is financially and legally responsible for said minor and DCYF has the power to seek support and provide protection to the minor.

**Adults** - For competent adults, the standard for determining residence shall be the overall intent of the applicant as set forth in the definition of residence above.

**Nonresidents** - No person shall be refused assistance solely on the basis of residence (RSA 165:1). The application procedure, eligibility standards and standard of need shall be the same for nonresidents as for residents. At the request of a nonresident applicant, any aid, temporary or otherwise, to which he or she would be otherwise entitled under the standards set forth in these Guidelines, may be used by the welfare official to cause the person to be returned to his or her community of residence (RSA 165:1-c.) Any aid given to a nonresident, including the cost of transportation in order to return home, may be recovered from his or her community of residence (RSA 165:20.)

## ***V. APPLICATION FOR ASSISTANCE***

A person may apply for General Assistance by appearing either him/herself or through another party, with proper documentation of authority to do so, at the office of the Jackson Welfare Department in the Jackson Town Office during working hours and completing the Department’s standard application form. In order for another party to apply on an applicant’s behalf, proper

documentation must be presented to show that the individual whom he or she is applying for is either physically or psychologically incapacitated. The Department is open from 8:00 a.m. to 3:00 p.m., Monday through Thursday and 8:00 a.m. to 12:00 p.m. on Friday. Any changes in hours of operation will be posted.

The application form contains space for the applicant's signature attesting to the accuracy of all information provided and space for his or her signature, or both signatures in the case of a married couple, authorizing verification of information by the Department. The application form states the type of assistance available and also contains a statement of the applicant's right to appeal any decision with which he/she is dissatisfied.

Information given by an applicant for or recipient of General Assistance, or information concerning an applicant or recipient, is considered confidential and privileged information. The Department neither releases such information to nor discusses it with any person, organization, or agency without written permission of the applicant or recipient except when disclosure is required by law or is for purposes directly connected with the administration of welfare.

The Administrator of Welfare or other Department official will help the applicant complete the application form if the applicant is illiterate or otherwise unable to complete the application unassisted.

At the time application is made for General Assistance, the Administrator or other official will inform the applicant of the following:

- The requirement of submitting a written application.
- Eligibility requirements, including general descriptions of guideline amounts and the eligibility formula.
- The applicant's right to a review of decisions with which he/she is dissatisfied, and the way in which he can go about making an appeal.
- The applicant's responsibility of reporting all facts necessary to determine eligibility, and of presenting records or documents to support his or her statements.
- The types of verification needed.
- The fact that an investigation will be conducted in an effort to substantiate information provided by the applicant and that this investigation may take place prior to, during, or following the applicant's receiving General Assistance
- Any other programs of assistance or services that the official may know of for which it is felt the applicant should apply.

- The requirements of placing a lien on any real property owned by a recipient for any assistance he or she is given and the interest which will accrue after twelve months at a rate of six percent per annum along with conditions for discharging the lien.
- The applicant's continuing responsibility to provide accurate, complete, and current information concerning his or her needs and resources and the whereabouts and circumstances of responsible relatives (RSA 165:19.)
- The applicant's continuing responsibility to notify the Department when a change in needs and/or resources may affect his or her eligibility for assistance.
- The applicant's responsibility, within one week of application, to apply for and utilize any benefits or resources, public or private, that will reduce or eliminate the need for General Assistance.
- The responsibility of every recipient and every adult member of his or her household to register with the Department of Employment Security within one week of being granted assistance for the purpose of finding work or gaining skills and of conducting an adequate work search, except for good cause. The fact that recovery from an applicant is possible if he or she becomes able to repay the amount of assistance given.
- The requirement of reporting to the Welfare Office each week on an assigned day to determine continued eligibility and to keep appointments as scheduled or face losing assistance for those days and/or possible suspension. An applicant shall be denied assistance if he/she fails to fulfill any of these responsibilities without reasonable justification.
- The fact that a recipient's assistance may be suspended for failure to fulfill any of these responsibilities.

## ***VI. TYPES AND AMOUNTS OF ASSISTANCE***

The Jackson Welfare Department provides assistance in the form of a voucher system made out to a particular person, business, or company for the specific monetary value of acquired goods or services (RSA 165:1 (III).) The Department does not provide cash assistance nor is a check issued directly from the welfare office. Tobacco products, alcohol beverages, gasoline, soda and pet food cannot be purchased with the vouchers.

In addition, the amount shown on the voucher is the amount to be used for payment. The municipality will not pay any amount in excess of the amount listed on the voucher. Vouchers are not transferable to other individuals and may be used only by the individual named on the voucher and with the specified vendor.

The Department does not accept responsibility for any services rendered before application to the Jackson Welfare Department nor for services rendered without issuance of a voucher from this Department listing type of service, amount of payment, complete with signatures of recipient and

the Welfare Administrator. Vouchers are non-transferable and must be used by the individual to whom it was issued. Payment will not be issued to a vendor who accepts a voucher from someone to whom it was not issued or for services/products not specified on the voucher.

***Food***

The amount of assistance granted for food is determined in accordance with the most recent standard food stamp allotment as put forth by the Food Stamp Program administered by the New Hampshire Department of Health and Human Services Division of Family Assistance. More of an allowance may be allowed if recipient’s physician specifically prescribes a special diet. The Department requires that anyone applying for assistance with food first avail themselves of the food pantries within the Town/County. The Welfare Department may disqualify from receiving further assistance any applicants/recipients who refuse to apply for, and comply with requirements to remain eligible for food stamps, WIC, or to use any other food program available in the community including but not limited to food pantries. Food vouchers will not be granted for restaurants, delis or convenience stores.

FAMILY SIZE	ELIGIBLE DAILY AMOUNT	ELIGIBLE WEEKLY AMOUNT
1 - Person	\$6.67	\$46.67
2 - People	\$12.23	\$85.63
3 – People	\$17.53	\$122.71
4 – People	\$22.27	\$155.87
5 – People	\$26.43	\$185.03
6 – People	\$31.73	\$222.13
7 - People	\$35.07	\$245.47
For each additional person add \$5.00 per day or \$35.00 per week		

***Rent***

It is the Department’s policy to assist with only the cost of rent necessary to actually provide shelter. Such costs may be determined by local market factors and the aid of the most recent United States Department of Housing & Urban Development published fair market rents. The Department reserves the right to negotiate with landlords or the landlord’s agent on behalf of the recipient. The Department assists with rent on a weekly basis in most cases. The formula used to determine weekly voucher amounts for rent is the amount of the monthly rent charged by the landlord multiplied by twelve months and then divided by fifty-two weeks. For example: A monthly rent of \$550/month x 12-months/52 weeks=\$126.93 per week. The Department must receive a completed verification of rent form from the landlord or landlord’s agent before rent assistance can be granted. No monies can be released to the landlord until the Town has a signed W-9 on file as rent is taxable income and must be reported to the Federal Government. In the case of an eviction, the landlord or agent will be required to verify in writing on the verification of rent form that eviction proceedings will be terminated while the individual is receiving assistance. The applicant/recipient must be on the lease or rental agreement. In cases where a rental unit is shared with other adults, to whom the applicant/recipient is not married; rent will be calculated on a pro rata scale. Whenever a relative of an applicant is also the landlord, the landlord will be expected to assist his relative pursuant to RSA 165:19. Otherwise, the landlord must prove an inability to assist before any assistance payment for rent is made to him/her.

Under RSA 165:4-a, whenever the owner of property rented to a person receiving General Assistance is in arrears in water or tax payments to the municipality, the municipality may apply the assistance which the property owner would have received in payment on behalf of the assisted person to the property owner's delinquent balances. This is regardless of whether such delinquent balances are in respect to the property occupied by the assisted person. The Town chooses to apply the payments first to taxes, then water. Rent payments will be withheld from landlords who are not in compliance with the towns zoning ordinances, fire ordinances and health ordinances until such time as they come into compliance, at which time payments shall be released. Landlord's may be asked to present proof that they have either a certificate of compliance, an interim certificate of compliance, have applied for a transfer of certificate upon the sale of a property or are otherwise in compliance with requirements of the Building Inspector, Health Officer and Fire Department if they have been notified of a problem. Under state law landlords may not penalize tenants if rent is withheld until such health and safety issues are in compliance.

Applicants/recipients must apply with all other agencies that offer assistance with rent and comply with their requirements. Refusal to do so will lead to denial of assistance until compliance is met.

In the case of homeless applicants, or those facing eviction, it is not the Department's responsibility to find permanent housing. If a homeless applicant/recipient refuses to allow the Department to contact shelters or the homeless outreach workers, or if an applicant/recipient refuses to go to a shelter when room is available, they will be denied rental/shelter assistance as the Town has met its obligation. If no shelter room is available, temporary emergency shelter may be afforded in a motel. Efforts need to be made daily by recipient to find shelter space, or a rent, while receiving said assistance. Assistance with shelter (motel) for those who are homeless will be issued on a daily basis as needed. If the applicant/recipient is housed temporarily in a shelter or motel and is asked to leave for not following rules or for acting in a disruptive or disrespectful manner or for participating in illegal activities the Town will not have further responsibility as it had met its obligation in providing for or arranging for said shelter. The Town is not responsible for the housing or maintenance of pets or livestock. If minors are a part of the family make-up in a homeless situation the Welfare Official will be forced to make a report to the Department of Children, Youth and Families as required by law (RSA 169:C). If the recipient/applicant refuses the shelter offered, whether it be a homeless shelter, or motel room if all other emergency shelter is full, the Town has met its obligation by providing for or arranging said accommodations.

The Department will require an apartment search form to be completed. Should no shelter space or motel space be available or if no area rental agencies will rent to the applicant/recipient; the Town has fulfilled its obligation and cannot be held responsible for lack of available housing/shelter. The applicant must take the first available housing/rental unit that fits their income level, family size, and meets health and safety standards. Refusal to do so will lead to denial of assistance until compliance is met. All recipients will be required to apply for HUD at the nearest Housing Authority and follow through with whatever steps are required to become eligible for section 8 vouchers. If the recipients refuse to apply or does not comply with the necessary steps needed to receive or maintain the voucher once issued the Welfare Office will no longer be responsible for assisting the recipient.

FAMILY SIZE	TYPE	AMOUNTS (w/o heat & hot water)	AMOUNTS (with heat & hot water)
1 - Person	Efficiency	\$385.00	\$450.00
1 - Person	1 Bedroom	\$475.00	\$550.00
2 – People	1 Bedroom	\$475.00	\$575.00
2 – People	2 Bedroom	\$575.00	\$600.00
3 – People	2 Bedroom	\$575.00	\$600.00
3 – People	3 Bedroom	\$625.00	\$750.00
4 people or more	3 Bedroom	\$650.00	\$800.00
4 people or more	House	\$800.00	\$850.00

### ***Mortgage payments***

The Jackson Welfare Department may be able to assist with interest charges as agreed upon by the mortgage holder and the Welfare Official as to prevent foreclosure. The applicant/recipient's name must be on the mortgage in order for assistance to be granted. The Jackson Welfare Department under RSA 165:28 reserves the right to place a lien on any real estate owned by an assisted person. The liens are effective until enforced or until discharged by the Department; provided that there shall be no enforcement of the lien so long as the real estate is occupied as the sole residence of the assisted person, surviving spouse, or surviving children under age 18 or blind or permanently disabled. Interest at the rate of six percent per year shall be charged after twelve months on the amount constituting such lien. Assistance would be granted, if eligibility criteria are met, on the property of primary residence only. The lien may be placed on any real property owned in New Hampshire even outside of the Town of Jackson. The lien can be placed on any properties purchased within six years of the client having received assistance. If the recipient refuses to comply with referrals to programs that can help with refinancing, forbearances, deferment, etc. they may make themselves ineligible for further assistance.

### ***Personal or Household Needs or Supplies***

Assistance may be granted for personal care and household needs and supplies. These vouchers are to be used for personal cleansing/hygiene items and household cleansing, storage, cooking items not including food, drinks, candles, incense, pet food or care items, electrical appliances and knick-knacks, pre-paid phones or phone cards, etc. Misuse of the voucher may lead to suspension from receiving this type of assistance. These vouchers cannot be used for cable bills, telephone bills, or other utilities.

FAMILY SIZE	ELIGIBLE WEEKLY AMOUNT
1 - Person	\$6.50
2 - People	\$8.00
3 – People	\$9.50
4 – People	\$11.00
5 – People	\$12.50
6 – People	\$14.00
\$1.50 per person for each additional person in household	

Additional amounts may be added for diapers based on the number of children still in diapers and the cost of a bag of diapers at that time.

### ***Utilities***

Includes electricity, oil, natural gas, and water. Excludes: cable, phone unless documented to be medically necessary (basic local service only), cell phone and internet service. According to P.U.C. 303.08 (C) (1) (d) it is not necessary for a municipality to pay the entire amount owed on a back utility bill if the municipality guarantees enough for one month of service and guarantees payment of future bills for as long as the applicant/recipient is eligible. The applicant/recipient must make a reasonable (as defined by the utility) payment plan on the “back” amount with the utility within seven days of receiving assistance. Recipients must apply to all social service agencies and the State for assistance if it is deemed they may qualify for these programs. Refusal to apply to these programs or to follow through with requirements to meet eligibility for these programs will result in suspension of assistance until compliance is met. Utilities must be in the applicant/recipient’s name in order to render assistance. As with rent, in cases where utilities are shared with other adults, to whom the applicant/recipient is not married, the amount of assistance will be calculated on a pro rata scale. Recipients will be required to apply for the Energy Assistance Program and once on the program must take the necessary steps to remain in compliance with the program, refusing to do so will lead to disqualification from receiving assistance.

**Under extraordinary circumstances, the Department will consider providing assistance for the following:**

### ***Medical/Medication***

Generally, the Department will consider providing for medical, dental, or optical services only if sources of assistance designed to fill such needs have been investigated and have failed to produce. Such sources include State & Federal Programs, local and area clinics, area service organizations, and area hospital programs. In such instances, the Department will pay Medicaid rate only. Further, an applicant must provide written documentation from a doctor, dentist or optometrist indicating the services are absolutely necessary and cannot be postponed without running significant risk and placing the applicant/recipient’s well-being in serious jeopardy. Any services received before application to this Department and without prior approval of this Department will not be paid for or reimbursed. If a prescription is not current (older than 5-days) it will not be filled. A new prescription will need to be obtained and brought to the Welfare Department. Only up to a thirty-day supply will be issued at any one time. A prescription will not be filled more than once in a thirty-day period unless the dosage or quantity to be taken has been changed by a physician in writing. Assistance with prescriptions will be granted only if the physician verifies in writing that the medication is required for the patient so that health does not decline putting the patient at risk for serious medical or physiological damage and placing the patient in the position of being unable to function within his/her “normal” capacity. Naturalistic, Homeopathic, experimental and non-medical treatments or therapies will not be considered a basic need. Should a recipient be eligible for free medical services and/or prescriptions through the Veteran’s Association, free clinic service or any other public or nonprofit agency or

assistance group and refuse to apply for such services, or make use of such services if available, the Welfare Department may disqualify said recipient from receiving further medical assistance until they are in compliance with the guidelines. If the applicant/recipient has health insurance which requires a co-pay for prescriptions they may apply with the Welfare Department to meet this need.

### ***Telephone***

An applicant/recipient may apply for assistance with the basic service only if absence of a telephone would create an unreasonable risk to the recipient's health or safety verifiable in writing by a physician. The recipient must apply for the "link up" discount offered to individuals receiving any type of public assistance. Refusal to do so may lead to disqualification until such time as the recipient is in compliance. Cell phones are not included in this category and are not considered a basic need nor is long distance service or any "optional" services the telephone or long distance provider may offer. Charges for services before applying will not be considered. Payments to "bundle" services are not considered.

### ***Clothing***

Assistance may be granted for the actual cost of necessary items only and then only if said items are not available at used clothing outlets or through social service agencies that provide clothing and outerwear free to the public. The Department will assist with the least expensive item in the needed size if the applicant is eligible.

### ***Footwear***

Assistance may be granted for the actual cost of necessary items only and then only if said items are not available at used clothing outlets or through social service agencies which provide clothing and outerwear free to the public. The Department will assist with the least expensive item in the needed size if the applicant is eligible.

### ***Medical Insurance Premiums***

Assistance may be granted for the actual cost of the medical insurance premium if it is deemed that to assist would be cost effective. The applicant/recipient must also apply for all programs that provide free or discounted medical/medication services.

### ***Property Insurance Premiums***

Assistance may be granted only if necessary to prevent foreclosure on property which is the sole residence of the applicant/recipient and only if the mortgage holder will not provide said insurance as part of the escrow package.

### ***Household Goods***

Assistance may be granted for the actual cost of items such as mattresses, kitchen table and chairs, stove and refrigerator. Washing machines and dryers will not be considered, as there are public laundry facilities available. Used items are the first choice of the Department. Rental plans and charge accounts are excluded.

### ***Past Due Utilities***

Assistance will be granted only if necessary to prevent imminent termination of services. Only the amount for one month of service will be issued along with guarantee of future bills for as long as applicant/recipient is eligible as is required per P.U.C. 303.08 (c) (1) (d).

Applicant/recipient must apply to social service agencies which assist with cutoffs or the State if applicable.

### ***Past Due Rent***

Assistance may be granted for the actual amount needed if necessary to prevent imminent eviction and only when adequate alternative housing or funding is not available. The applicant/recipient must apply with all other social service, State or Federal agencies that assist with past-due rent. The Department reserves the right to negotiate on applicant/recipient's behalf with landlord or their agents to stop evictions or to make payment arrangements.

### ***Cremation/Burial Expenses***

Under RSA 165:3 Assistance may be granted for burial or cremation. No assistance can be granted or reimbursed for services rendered prior to approval from the Welfare Office. The Town of Jackson has agreed upon a rate of up to \$2,000.00 for burial or cremation, whichever is most cost effective. This rate is one set by the State of New Hampshire and surrounding Municipalities. If some payment has been made to the funeral home, only the difference between that payment and \$2,000.00 will be considered. It is the responsibility of the surviving relatives to make contact with a funeral home after having applied for the assistance with Town Welfare and to let them know of the financial status of the deceased and surviving relatives. The exception is unclaimed bodies. RSA 611-B:25 states that if a dead body is unidentified or unclaimed for a period of not less than 48hours following the view thereof, the medical examiner shall deliver the body to the overseer of the public welfare in the town or the county commissioner, who shall decently bury the same or the body may be sent to the medical Department of Dartmouth College, to be used for the advancement of the science of anatomy and surgery, as provided for by law. Assistance is granted only when the individual does not have liquid assets to cover the expense of burial or cremation or where relatives, other people, the State, or other sources will not cover the entire expense of burial or cremation, and only if costs do not exceed \$2,000.00. The Welfare Department is not responsible for providing for prearranged services, special services, religious ceremonies, flowers, grave markers or cremation urns. The Town is not responsible for both cremation and burial. Assistance may be given with either cremation or burial, not both. Assistance will be based on whichever is most cost effective.

### ***Home Repairs***

Assistance is granted only in cases where the repairs are essential to health and safety. Only the actual cost of the repair will be granted. Welfare is not responsible for bills for repairs before assistance was granted or for contracts signed prior to approval from the Welfare Department. The home in question must be the primary residence owned and resided in by the applicant.

### ***Property Taxes***

Only the actual amount owed would be considered for assistance and only for the recipient's home, and then only if necessary to prevent foreclosure or issuance of tax deed. In the case of foreclosure taxes would only be paid if the mortgage holder will not provide for the taxes

themselves as generally taxes can be added to the loan agreement. The applicant's name must be on the deed. All other financial possibilities must have been sought out. If the property is held jointly each party is responsible for a pro rata share and only this amount will be considered. A welfare lien would be placed upon the property and interest would accrue after the first year at 6% per year as per RSA 165:28.

### ***Disallowed Types of Assistance***

There are certain types of assistance, which the Department will not provide. Some common examples are:

- Automobile or other vehicle payments and/or expenses such as repairs.
- Cable television charges, cell phone, internet or satellite dish payments.
- Payments for furniture and appliances, including weekly rental amounts for furniture and appliances.
- Life insurance premiums or auto insurance premiums
- Moving expenses, including storage unit rental fees, except the expenses of returning a person to his residence at his/her request pursuant to RSA 165:1-c.
- Security deposits on utilities and under most circumstances security deposit on rental units as other resources exist in the community, which can be used for this purpose.
- Legal expenses except those specifically required by statute.
- College expenses such as tuition, books, etc.
- Daycare costs (Title XX is available for free and reduced day care cost for those who qualify through the State)
- Business expenses
- Gasoline for vehicles
- Credit Cards, loans, etc.

## ***VII. TIMING OF DECISIONS***

Unless an application is withdrawn, the Department will reach a decision on each application within five working days following the completion of the written application form. In the event of urgent need, a decision will be made as soon as possible. However, it is important to note that while most individuals who apply for General Assistance feel they are in urgent circumstances, an appointment is necessary to review the application with a welfare official before a decision can be rendered. Those whose applications are denied will be notified of the decision in writing. The notice will include the reason for denial and a statement of the applicant's right to appeal the decision and will outline the steps he or she must take to do so.

### **An application shall be considered withdrawn if:**

- The Welfare Official cannot complete the interview because the applicant has failed to cooperate in fulfilling his/her responsibilities under these guidelines.
- The applicant avails him/herself of other resources in place of assistance.
- The applicant requests that the application be withdrawn.
- The applicant does not contact the Welfare Official following the initial interview after being requested to do so.
- The applicant dies before assistance is rendered.
- The applicant refuses to complete any section of the application.

## ***VIII. BASIS OF DECISION***

In general, the Department decides on an application on the basis of a comparison of an applicant's basic needs and his or her resources. Resources include income from all sources and available assets. A person is considered poor and unable to support him/herself when he/she lacks sufficient money or material possessions to meet his/her and the family's basic needs. This means that, as a rule, General Assistance will be provided to the extent that the needs exceed resources (income plus available assets), and that if needs do not exceed resources, General Assistance will not be provided. In the case of unusual needs not covered in these Guidelines or "emergency" situations in which delay may cause unnecessary or undue hardship the Welfare Official may make allowances considering the emergency. Any such determination and the reasons therefore, shall be stated in writing in the applicant's case record. If the applicant or recipient shares expenses of shelter and utilities with a non-applicant or recipient, then need will be determined on a pro rata share based on the total number of persons in the residential unit. A receipt for rent and utilities paid on a pro rata share by the non-applicant must be provided before assistance on a pro rata share is issued to a recipient. College students refusing full time employment are not eligible for General Assistance. No person who is otherwise eligible for assistance under these guidelines shall receive such assistance if he or she has made an assignment, transfer or conveyance of property for the purpose of rendering himself or herself eligible for such assistance within 3 years immediately preceding his or her application for such assistance. (RSA 165: 2-b). Any person eligible for assistance who voluntarily terminates employment within the 60- day period before filing an application for assistance, shall be ineligible to receive assistance for 90 days from the date of employment termination, provided the conditions in RSA 165: 1-d are met. Also, if a "suitable" job, for example one within traveling distance and within one's physical capabilities is refused, aid may be discontinued. If the recipient is able to complete work searches, but refuses a job offer, aid will be discontinued until conditions are met.

## ***IX. HOME VISITS***

A home visit may be made to each applicant. The applicant shall be informed that a visit will be made within specified hours. At the applicant's request, a specific appointment may be made if the Welfare Official is available at the requested time and date. A home visit may be necessary for the Welfare Official to understand all the services needed to help the applicant.

## ***X. RESOURCES***

Resources include available income, deemed income under RSA 165:1-e, and available assets. Income is defined as all income actually received from every source, including but not limited to:

### **Earned income**

- Income in cash or in-kind earned by the applicant or recipient and any member of his or her household, including wages, salaries, tips, commissions, or profits, whether self-employed or as an employee. The amount computed is that remaining after all income taxes, social security, and other mandated payroll deductions are taken out. Court-ordered support payments, child care costs, and work-related clothing costs will also be deducted.

Income from underage individuals living in the household will be included in the available household income, as well as any saving accounts.

- Income or support from relatives or other people.
- Court-ordered support payments.
- Income from any and all other assistance or social insurance programs, including state welfare benefits, OASDI payments, Social Security payments, VA benefits, Unemployment Insurance benefits, Worker' Compensation benefits, and Public or General Assistance benefits for any household member.
- Rent income.
- Pension and trust fund payments, 401k and other retirement accounts.
- Interests, dividends, or inheritance, any amount in bank or credit union accounts.
- Tax refunds or rebates.
- Illegally derived income.
- Gambling winnings.
- Gifts
- Loans.
- Annuities or settlement payments

**Deemed Income** for any qualified State assistance reduction made pursuant to RSA 167:82, VIII. The Town treats a qualified State assistance reduction as deemed income under RSA 165:1-e. As such, the amount of any reduction will be considered as if it were actually received by the applicant/recipient.

**Available Assets include but are not limited to:**

- Cash on hand.
- Bank deposits including CDs.
- Credit Union accounts.
- Securities (stock and bonds).
- Individual retirement accounts (IRA, 401-k plans or pension plans with a cash out or loan value.)
- Insurance policies with a loan value.
- Real estate other than that occupied as a home.
- More than one automobile or similar vehicle.
- A second home or other property.
- Recreational vehicles (i.e., snowmobiles, boats, trail bikes, campers).
- Other non-essential personal property.

The Department will allow time for an applicant or recipient to convert non-liquid available assets into cash and such property will not be considered part of a person's resources for purposes of determining need for assistance until it has been converted into cash.

**Available assets do not include:**

- A home and the lot which it occupies, if primary residence.
- One automobile or similar vehicle required for ordinary use.
- Tools of a trade.

- Livestock and farm equipment.
- Equipment used for the production of income.
- Necessary and ordinary household goods.

## ***XI. LIEN ON REAL PROPERTY & CIVIL JUDGEMENTS***

As required by law (RSA 165:28), the Town will place a lien on any real property owned by a recipient of General Assistance except for just cause. Such a lien will remain in effect during the recipient's lifetime or until the amount of General Assistance provided by the Town Welfare Department is repaid. Interest will accrue at 6% per annum after the first twelve months. The property does not need to be a primary residence of the recipient or located in Jackson for the Town to place a lien on it. The Town is also entitled to a lien for the amount of assistance granted to a recipient of General Assistance upon property passing under the terms of a will or by intestate succession, a property settlement or a civil judgment awarded for personal injuries. The Town is entitled to the lien only if the assistance was granted no more than 6 years before the receipt of the inheritance or award (RSA 165:28-a).

## ***XII. GROUNDS FOR DENIAL, TERMINATION, REDUCTIUON OR SUSPENSION OF ASSISTANCE***

A person's application for assistance may be denied or a recipient's assistance may be terminated, reduced, or suspended for the following reasons:

- Failure to complete an application or to provide requested verification of information.
- Determination by the Department that resources are equal to or exceed need.
- An applicant or recipient obtains or attempts to obtain assistance by means of an intentionally false statement or intentional misrepresentation, or by impersonation or other willfully fraudulent act or device.
- An applicant or recipient fails to report all income or available assets at any time.
- An applicant or recipient fails to notify the Department of any change in needs and/or resources, which may affect eligibility for continuation of assistance.
- An applicant or recipient fails to apply for another form of assistance within one week of having been advised to do so by the Department.
- An applicant or recipient refuses a job offer or referral to suitable employment without good cause or who voluntarily terminates employment without good cause. Factors to be considered in determining whether there is good cause for such refusal include the person's ability and physical and mental capacity, transportation problems, lack of adequate child care, and unsafe working conditions.
- A recipient or any adult members of his or her household fail to register with the Department of Employment Security for the purpose of finding work or gaining skills that will enable them to find work within one week after being granted assistance.
  - \* Exceptions to this registration requirement are:
    - a person who is gainfully employed for thirty-five hours a week or more
    - a dependent 16 years of age or over who is regularly attending school, if not attending school or training program they will be required to complete job search
    - a person who is unable to work due to illness or disability

- a person who is required to be home because of illness or disability of another member of the household;
- a single person who is responsible for the care of a child under age five (if no other adult is present in the household to care for the child or if free child care cannot be found.) (RSA 165:31)
- A recipient fails to make reasonable efforts to convert available assets into cash.
- An applicant or recipient refuses to allow the Department to seek or verify information, leaving the Department unable to substantiate eligibility or refuses to provide requested information/documentation.
- A recipient refuses to grant home visits without reasonable justification.
- A recipient refuses to pay certain expenses and/or show proof of said expenses as requested while the Welfare Department is assisting with certain other expenses.
- A recipient or any adult member of their household refuses to complete a work search.
- A recipient who is homeless fails to make a documented apartment search; fails to contact homeless outreach or emergency shelters.
- A recipient who does not report on a weekly basis or does not keep scheduled appointments.
- A recipient misuses a voucher. Such as, giving the voucher to someone else to use, exchanging the voucher for cash, changing the amount on the voucher, etc.
- A recipient who knowingly falsifies his or her application in order to receive assistance that he or she is not entitled to will be ineligible for assistance until the amount of the previously granted assistance is restituted according to terms arranged for by the Welfare Official. The Welfare Official also has the option to have the recipient prosecuted for a criminal offense through the Courts.

### ***XIII. PROCEDURE FOR SUSPENSION FOR NONCOMPLIANCE WITH GUIDELINES***

Procedure according to RSA 165:1-b will be followed if a recipient fails to comply with Guidelines relating to: (1) disclosure of income, resources, or other material financial data; (2) reasonable work search; or (3) application with other public assistance agencies. A written first notice shall be given at the time of the granting of assistance stating the requirements in order to be eligible for assistance for the following week. Each recipient will be given a 7- day period within which to comply after receiving such a notice. If a recipient does not comply with the requirements within the 7 days, he or she will be issued a written suspension notice. The suspension notice will state the requirements with which the recipient is not in compliance, the specific actions necessary for compliance, and the opportunity to request a hearing within 5 days of receipt of suspension notice. The period of ineligibility or suspension shall be 7 days or 14 days if the recipient has had a prior suspension within the past six months. If upon the expiration of the 7- day or 14-day disqualification period, the recipient continues to fail to carry out the specific actions set forth in the suspension notice, the disqualification shall continue until the person complies. The Welfare Official shall not be required to accept an application for General Assistance from a person who is subject to disqualification or suspension under this section (RSA 165:1-b). In the event such disqualification or suspension continues beyond the 7 or 14-day period due to continued non-compliance and there is a dispute over a contention by such person that he/she has satisfactorily complied with the requirements set forth in the suspension

notice, such person shall be given an opportunity to request a hearing to determine that issue but the opportunity to continue to receive assistance pending the outcome of this hearing shall not apply.

#### ***XIV. RIGHT TO APPEAL ADVERSE DECISION***

All persons have a constitutional right to be free of unfair, arbitrary, or unreasonable action taken by government at any level. This includes applicants for and recipients of General Assistance, whose aid has been denied, terminated, suspended, or reduced. Any applicant for or recipient of General Assistance who receives a decision denying, reducing, suspending, or terminating such assistance will be informed of the action in writing within three working days of the time the decision is made. This notice will contain:

- A statement of the reasons for the decision.
- A statement advising the person of his or her right to appeal the decision by requesting, in writing, a fair hearing.
- A form on which the person may request a fair hearing.
- A statement advising the person of the time limits which must be met in order to receive a fair hearing.

The person will have five days from the mailing date of the notice of the decision to return the form requesting a hearing (RSA 165:1-b (III).)

#### ***XV. FAIR HEARING COMMITTEE***

There shall be a fair hearing committee for the Town of Jackson, which shall hear and decide appeals of decisions rendered by the Town Welfare Department. The fair hearing committee shall be made up of the two Selectmen that have not assisted with the case in addition to the Town Treasurer.

#### ***XVI. FAIR HEARINGS***

All hearings requested by applicants or recipients will be held within five working days of the receipt of the request. The Department will notify the person requesting the hearing of the time and place of hearing. The client will be contacted at least 72 hours in advance of the hearing. One postponement of a scheduled fair hearing will be granted if the claimant has a valid reason for not being able to attend. Otherwise, if the claimant does not appear at the second scheduled hearing, the claimant will lose his or her right to a fair hearing. Fair hearings are not subject to formal requirements or rules of courts of law. However, they shall be conducted in such a manner as to ensure that the claimant has the opportunity to be fully heard and to maximize the fairness of all proceedings and all decisions arising out of such proceedings. The appellant may designate counsel or another person to represent him or her. The appellant or his or her representative has the right to examine all materials in the appellant's case file and any materials relevant to the Department's decision prior to the fair hearing.

The Administrator of Welfare or his/her authorized representative has the right to examine all materials and documents on which the appellant plans to rely prior to the hearing. The Administrator will attend the hearing and testify as to his or her actions and the reasons for them

The burden of proof is on the party challenging the status quo. Both parties may present witnesses in their behalf. Both parties have the right to cross-examine all witnesses. The fair hearing committee will reach their decision solely on the basis of the evidence presented to it at the hearing. The fair hearing committee will not examine the record of a case prior to hearing it. The fair hearing committee has the right to adjust the amount of assistance. Fair hearing decisions are rendered in writing within seven working days of the hearing. The fair hearing committee will set forth the reasons for their decision and the facts relied on. A copy will be mailed or delivered to the appellant and to the Town Welfare Department. Fair hearing decisions are rendered on the basis of the fair hearing committee's findings of fact, these guidelines, and state and federal law. Each decision will set forth an award or denial of appropriate relief. Fair hearings in no way limit any right of an appellant to seek subsequent court action to review or challenge a Welfare Department decision. A recipient may continue to receive assistance until the fair hearing if he/she so requests it.

### ***XVII. PROCEDURE FOR BILLING AND RECOVERING FROM GOVERNMENTAL UNIT OF RESIDENCE OR LIABLE RELATIVES***

The amount of money spent by the Town to support a person who has a residence in another municipality or has a father, mother, stepfather, stepmother, husband, wife or child (who is no longer a minor) of sufficient ability to also support the assisted person, may be recovered from the municipality of residence or the liable relative. Sufficient ability shall be deemed to exist when the relative's weekly income is more than sufficient to provide a reasonable subsistence compatible with decency and health. Written notice of money spent in support of an assisted person will be given to the liable relative. The Welfare Official shall make reasonable efforts to give such a written notice prior to the giving of aid, but aid to which an applicant is entitled under these guidelines, shall not be delayed due to inability to contact possible liable relatives. Should a relation refuse to render such aid when requested to do so by an overseer of public welfare, such person or persons shall upon complaint of the official be summoned to appear in court. If, after a 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 him/herself in a position where he/she is unable to comply, he/she 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 shall be liable for his support. (RSA 165:19 and 20). The amount of money spent by the Town to support a person, who has made an initial application for SSI and has signed an Interim Assistance Program Reimbursement Form, shall be recovered through the Social Security Administration and the Department of Human Services. Any amount not recouped from the Social Security Administration or the Department of Health and Human Services (through Medicaid reimbursement) will still be the responsibility of the recipient. A former recipient who is returned to an income status after receiving assistance may be required to reimburse the Town for the assistance provided, if such reimbursement can be made without financial hardship. (RSA 165:20-b).

***XVIII. APPENDIX A - TABLE OF FORMS***

- Form A - Application for Assistance
- Form B - Request for Additional Assistance
- Form C - Requirements of General Assistance Applicants
- Form D - Notice of Decision
- Form E – Authorization for the Release and Exchange of Information
- Form F - Eligibility of Assistance Work Sheet
- Form G - Landlord's Verification of Rent
- Form H - First Notice as per RSA 165:1-b
- Form I - Suspension Notice as per RSA 165:1-b
- Form J – Employment Search Record
- Form K - Weekly Reporting of Financial Resources
- Form L - Applicant's Promise to Reimburse
- Form M - Notice of Lien
- Form N - Discharge of Lien
- Form O - Fair Hearing Notice
- Form P - Notice of Fair Hearing Decision
- Form Q - Apartment Search Form
- Form R - Refusal of Application Form
- Form S - Acknowledgement of Personal Needs Voucher Usage



# TOWN OF JACKSON

OFFICE OF THE SELECTMEN

## ***FORM A - APPLICATION FOR ASSISTANCE***

ASSISTANCE AVAILABLE:

FOOD, RENT, UTILITIES, PERSONAL NEEDS, MEDICAL (IF EMERGENCY)

Assistance Requested: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Expected Duration of Assistance: \_\_\_\_\_

APPLICANT GENERAL INFORMATION

Telephone #: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Referred By: \_\_\_\_\_

Name: \_\_\_\_\_ SS #: \_\_\_\_\_

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

Birth Place: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status : Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

If Married, When: Date: \_\_\_\_\_ Place: \_\_\_\_\_

If Divorced, When: Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ SS #: \_\_\_\_\_

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

Birth Place: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

MEMBERS OF HOUSEHOLD

Name	S.S. Number	D.O.B .	Age	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PRESENT AND PREVIOUS ADDRESS FOR THE PAST 3 YEARS:

Town or City	Street	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT PARENTS:

Father _____	Mother _____
Address _____	Address _____
Employment _____	Employment _____

SPOUSES PARENTS:

Father _____	Mother _____
Address _____	Address _____
Employment _____	Employment _____

APPLICANT'S OTHER CHILDREN OUTSIDE OF HOUSEHOLD

Name	Address	Age	Status	# of children	Employment
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SPOUSE'S OTHER CHILDREN OUTSIDE OF HOUSEHOLD

Name            Address            Age    Status            # of children            Employment

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SERVICE RECORD

Veteran \_\_\_\_\_ Branch Dates Served \_\_\_\_\_

Honorable Discharge \_\_\_\_\_ Types of Benefits \_\_\_\_\_ Claim # \_\_\_\_\_

EDUCATION

School Address                            Dates Attended                            Last Grade Completed

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Other schooling or job training: \_\_\_\_\_

APPLICANT'S WORK RECORD

Employer    From /To                            Type of work                            Termination                            Earnings

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Amount of Last Wages: \_\_\_\_\_ Date Received \_\_\_\_\_

SPOUSE'S WORK RECORD

Employer    From /To                            Type of work                            Termination                            Earnings

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Amount of Last Wages: \_\_\_\_\_ Date Received \_\_\_\_\_

***OTHER SOURCES OF INCOME***

	Yes	No	Amount	Remark
TANF, APTD, OAA				
SSI				
Social Security				
Pension (Specify)				
Workers Compensation				
Annuity or Trust Fund				
Income from Relatives or Boarders				
Unemployment Compensation				
Child Support				
Veterans Benefits				
Income Tax Refund or Rebate				
Other				

Have you ever received any kind of public assistance?

Source \_\_\_\_\_

When \_\_\_\_\_

Are you currently receiving food stamps? \_\_\_\_\_ If, yes, how much? \_\_\_\_\_

***AVAILABLE ASSETS***

Cash on Hand	Amount	
Checking Account	Bank	
Savings Account	Bank	
CD or IRA Accounts	Bank	

Motor Vehicle: Year \_\_\_\_\_ Make \_\_\_\_\_ (Amount of Payment) \_\_\_\_\_

Motor Vehicle: Year \_\_\_\_\_ Make \_\_\_\_\_ (Amount of Payment) \_\_\_\_\_

Recreational Vehicles \_\_\_\_\_

Property Other than Dwelling \_\_\_\_\_

Other \_\_\_\_\_

**APPLICANT'S HOUSEHOLD EXPENSES**

Rent/Mortgage Payment	Monthly Amount	
Food/Personal Needs	Monthly Amount	
Electricity	Monthly Amount	
Fuel Oil	Monthly Amount	
Telephone	Monthly Amount	
Health Insurance	Monthly Amount	
Car Insurance	Monthly Amount	
Car Gasoline	Monthly Amount	
Child Care	Monthly Amount	
Credit Cards	Monthly Amount	
Other		
Other		
Other		
Other		

Name of Landlord: \_\_\_\_\_

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

Date Rent Due: \_\_\_\_\_ Date Rent Last Paid: \_\_\_\_\_

Outstanding Bills: \_\_\_\_\_

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

**APPLICANT'S 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 \_\_\_\_\_

I understand that I should repay the Town of Jackson for any assistance am given when am able to. I hereby affirm that all the information stated herein is true to the best of my knowledge and belief, and that all information I have provided in response to questions asked by the Welfare Official is also true and complete to the best of my knowledge and belief. I understand that I may have to provide documents and/or other forms of verification to prove the information asked on this application. 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 a criminal offense.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_  
(if not applicant)

#### APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I authorize and request any relative, physician, lawyer, banker, credit bureau, employer, insurance company, fraternal order, or any other person or organization having information concerning my eligibility for General Assistance to furnish such information to the Welfare

Official. I hereby acknowledge the right of the Town of Jackson to conduct an investigation in an effort to substantiate the facts surrounding my eligibility for welfare assistance. I understand and give consent to this investigation, which may take place prior to, during, or subsequent to my receipt of welfare assistance. A photocopy of this signed release may be used in place of an original.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_  
(if not applicant)

--NOTICE--

Any applicant or recipient, who is aggrieved by any decision relative to his/her claim for assistance, has the right to have their situation reviewed by the Fair Hearing Committee. You may do so at any time. An Application Form will be provided upon request. As required by law (RSA 165:28), the Town will place a lien on any real property owned by a recipient of General Assistance except for just cause. Such a lien will remain in effect during the recipient's lifetime or until the amount of General Assistance provided by the Town Welfare Department is repaid. Interest will accrue at 6% per annum after the first twelve months. The property does not need to be a primary residence of the recipient or located in Jackson for the Town to place a lien on it. The Town is also entitled to a lien for the amount of assistance granted to a recipient of General Assistance upon property passing under the terms of a will or by intestate succession, a property settlement or a civil judgment awarded for personal injuries. The Town is entitled to the lien only if the assistance was granted no more than 6 years before the receipt of the inheritance or award (RSA 165:28-a).



# TOWN OF JACKSON

## OFFICE OF THE SELECTMEN

### FORM B - REQUEST FOR ADDITIONAL ASSISTANCE

Date of Request: \_\_\_\_\_

Date of Original Application: \_\_\_\_\_

Name: \_\_\_\_\_

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

ASSISTANCE AVAILABLE:

FOOD, RENT, UTILITIES, PERSONAL NEEDS, MEDICAL (IF EMERGENCY)

Assistance Presently Receiving: \_\_\_\_\_

Additional Assistance Requested: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Expected Duration of Assistance: \_\_\_\_\_

MEMBERS OF HOUSEHOLD

Name	S.S. Number	D.O.B .	Age	Relationship

I understand I should repay the Town of Jackson for any assistance I am given when I am able to.

**ANY CHANGE IN INCOME, RESOURCES, FINANCIAL OR LIVING ARRANGEMENTS MUST BE REPORTED TO THE WELFARE OFFICE AT ONCE.**

**FAILURE TO DO SO MAY AFFECT ELIGIBILITY FOR CONTINUANCE OF ASSISTANCE.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_  
(if not applicant)

-----

Welfare Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**--NOTICE--**

Any applicant or recipient, who is aggrieved by any decision relative to his/her claim for assistance, has the right to have their situation reviewed by the Fair Hearing Committee. Application Form will be provided upon request.



# TOWN OF JACKSON

## OFFICE OF THE SELECTMEN

### FORM C - REQUIREMENTS OF GENERAL ASSISTANCE APPLICANTS

In order to apply for Welfare from the Town of Jackson, the following checked (/) information must be brought in at the time of your interview. Failure to bring in the required verification may delay processing of your new application.

Date of Interview \_\_\_\_\_ Time \_\_\_\_\_

- Completed Application for Assistance Form (Form A)
- Proof of Identity (picture ID, birth certificate, social security card)
- Proof of Income from any source and current pay stubs for the four weeks immediately prior to the application
- Current rent receipt and utility bills
- Completed Landlord's Verification of Rent Form (Form G)
- Proof of Personal or Real Property (car, truck, motorcycle, trailer, etc. - Registration)
- Proof of Cash Resources (savings book, checkbook, bank/credit union statements, etc.)
- Doctor's Statement if unable to work (extent of disability and duration)
- Child Support Payment (received or made)
- Other \_\_\_\_\_

### REQUIREMENTS OF GENERAL ASSISTANCE RECIPIENTS

**Within Seven Days from the Date of Application, You Must:**

- Register for work with the local Employment Security Office
- Complete Job Work Search Verification Sheet(s) in order to continue to be eligible for assistance

- Apply For:
  - ✓ Food Stamps
  - ✓ Fuel Assistance
  - ✓ Unemployment Compensation
  - ✓ TANF (Temporary Assistance for Needy Families)
  - ✓ Medicaid
  - ✓ APTD (Aid to the Permanently and Totally Disabled)
  - ✓ SS SSI VA (Social Security / Social Security Disability / Veteran's Affairs)
  - ✓ Subsidized housing at the Housing Authority
  - ✓ Electric Discount Program
  - ✓ WIC (Women, Infants and Children Nutrition Program)

**I UNDERSTAND THAT FAILURE TO COMPLY WITH APPROPRIATE REQUIREMENTS CHECKED ABOVE WILL RESULT IN DENIAL OF CONTINUED ASSISTANCE.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_  
(if not applicant)



# TOWN OF JACKSON

## OFFICE OF THE SELECTMEN

### FORM D - NOTICE OF DECISION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WELFARE OFFICIAL: \_\_\_\_\_

DATE: \_\_\_\_\_

- Your application for General Assistance has been granted and you will receive: \_\_\_\_\_

--NOTICE--

You have the right to request a fair hearing within 7 days from date of this notice to review this decision. Application form will be provided upon request. Voluntary termination of employment without good cause could lead to disqualification from receiving General Assistance in the future.

### REQUIREMENTS FOR CONTINUED ASSISTANCE

- You are required to report to the Town Welfare Office each week on an assigned day to determine continued eligibility.
- Your reporting day is \_\_\_\_\_ of each week.
- You are required to report any change in income, resources, financial or living arrangement to the Town Welfare Office each week.
- You must register for work with local employment Security Office each week.
- You must participate in a Work Search. Three different employers or places of business must be contacted daily (Monday through Friday).

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I UNDERSTAND THAT FAILURE TO COMPLY WITH REQUIREMENTS STATED ABOVE COULD RESULT IN DENIAL OF CONTINUED ASSISTANCE.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_  
(if not applicant)



# TOWN OF JACKSON

OFFICE OF THE SELECTMEN

## FORM E - AUTHORIZATION FOR THE RELEASE AND EXCHANGE OF INFORMATION

I/We, \_\_\_\_\_, the undersigned, understand that the local Welfare Administrator may require certain information about assistance I have received, am receiving, or have applied for with:

(Name of Agencies)

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and to verify information provided by me/my family for determining eligibility for local welfare assistance. In order to better assist me it is necessary for these agencies to release and exchange information with the Welfare Office and for the Welfare Office to release and exchange information with them. This authorization shall expire 180 days from the date signed.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_  
(if not applicant)



# TOWN OF JACKSON

## OFFICE OF THE SELECTMEN

### FORM F - ELIGIBILITY OF ASSISTANCE WORK SHEET

- ALLOWABLE EXPENSES:

(Enter actual expenses or maximum from schedule whichever is less)

Rent/mortgage/board	\$	
Groceries	\$	
Household & Personal Needs	\$	
Telephone (if allowed)	\$	
Medication (as needed)	\$	
Utilities Current	\$	
Utilities Back	\$	
Other	\$	
<b>Total Expenses</b>		

- TOTAL RESOURCES:

Income (week/month)	\$	
Assets: _____	\$	
Assets: _____	\$	
Assets: _____	\$	
Assets: _____	\$	
<b>Total Resources</b>		

- Total Expenses – Total Resources = \_\_\_\_\_

(If total resources are greater than total expenses – Applicant is ineligible)

- Area in which Assistance will be Rendered and Amount: \_\_\_\_\_

\_\_\_\_\_



# TOWN OF JACKSON

OFFICE OF THE SELECTMEN

## FORM G - LANDLORDS VERIFICATION OF RENT

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

Tenant's Address: \_\_\_\_\_

Street Apt # \_\_\_\_\_

Date of Occupancy: \_\_\_\_\_

Security Deposit: \_\_\_\_\_

Cost of Rent (week/month) \$ \_\_\_\_\_

Rent Includes: \_\_\_\_\_

(such as heat, hot water, electricity, and furnishings)

Number of Bedrooms \_\_\_\_\_

Number of Persons Living in House/Apartment \_\_\_\_\_

Is tenant currently under legal eviction? \_\_\_\_\_

Is there any government subsidy received on the client's behalf? (Yes or No) \_\_\_\_\_

- I understand that weekly rent is based on the monthly rental amount x 12months divided by 52 weeks. Example: rent of 400/month=\$92.30 per week.
- I will not charge late fees to the client while Town Welfare is helping them.
- If this tenant qualifies for assistance I am willing to take welfare vouchers on their behalf for the current rent. Yes \_\_\_\_\_ No \_\_\_\_\_
- If the tenant is in the process of being evicted or about to be evicted the landlord agrees to stop action for as long as the client remains eligible for assistance with Town Welfare to pay on current rent and makes whatever efforts possible to either find payment or make payment on back rent no further efforts will be made to evict said tenant.
  - Initial \_\_\_\_\_

Landlord's Signature \_\_\_\_\_ Date: \_\_\_\_\_

If rental assistance is approved, please indicate to whom payment is to be mailed to:

Name: \_\_\_\_\_

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

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

Social Security # or tax I.D. \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# TOWN OF JACKSON

## OFFICE OF THE SELECTMEN

### FORM H - FIRST NOTICE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WELFARE OFFICIAL: \_\_\_\_\_

DATE: \_\_\_\_\_

This notice is to inform you of the decision that your application for General Assistance has been GRANTED and you are receiving: \_\_\_\_\_  
\_\_\_\_\_

### FIRST NOTICE AS PER RSA 165:1-b

Effective \_\_\_\_\_ your assistance will be suspended and you are ineligible for assistance for \_\_\_\_\_ days and until all requirements are met.

The above decision is being made for the following reasons:

- Failure to disclose income, resources or other material financial data
- Failure to do a reasonable work search
- Failure to apply with other public assistance agencies
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUIREMENTS: \_\_\_\_\_  
\_\_\_\_\_

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I UNDERSTAND THAT FAILURE TO COMPLY WITH THE ABOVE  
REQUIREMENTS WILL RESULT IN SUSPENSION OF ASSISTANCE

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_  
(if not applicant)



# TOWN OF JACKSON

## OFFICE OF THE SELECTMEN

### Form I - SUSPENSION NOTICE AS PER RSA 165:1-B

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WELFARE OFFICIAL: \_\_\_\_\_

DATE: \_\_\_\_\_

Your application for General Assistance had been granted and you were receiving: \_\_\_\_\_ Effective \_\_\_\_\_ your assistance is suspended and you are ineligible for assistance for \_\_\_\_\_ days and until all requirements are met.

The above decision is being made for the following reasons:

- Failure to disclose income, resources or other material financial data
- Failure to do a reasonable work search
- Failure to apply with other public assistance agencies
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REQUIREMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

--NOTICE--

You have the right to request a fair hearing within 5 days of receipt of this notice to review this decision. If you are receiving assistance, your assistance may be continued until the hearing, only if you request it.

FAIR HEARING

(Deliver this form to Welfare Office)

I/We \_\_\_\_\_ request a fair hearing to review the decision concerning my claim for General Assistance.

- I want my assistance continued until the hearing. I understand that if I lose the hearing, I will owe the amount of my assistance from \_\_\_\_\_ until the hearing decision.

Or

- I do not want my assistance continued until the hearing. I understand that if I lose the hearing, I will owe the amount of my assistance from \_\_\_\_\_ until the hearing decision.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

(if not applicant)



# TOWN OF JACKSON

OFFICE OF THE SELECTMEN

**Form J - EMPLOYMENT SEARCH RECORD**

NAME: \_\_\_\_\_

- In order to remain eligible for assistance, you are required to do a job search of 3-5 contacts daily.
- This form must be filled out by the prospective employer when applicable.

Business Name	Phone Number	Signature of Interviewer	Date Application Submitted **	Is there a job Available?

\*\* an application must have been submitted for you to sign this form

Recipient's Signature \_\_\_\_\_

Date Submitted to Welfare Office \_\_\_\_\_



# TOWN OF JACKSON

OFFICE OF THE SELECTMEN

**FORM K - WEEKLY REPORTING OF FINANCIAL RESOURCES & LIVING  
ARRANGEMENT FOR THE WEEK OF \_\_\_\_\_**

- Has there been any income in cash or in-kind earned this week by you or any other member of the household? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Has there been any income received this week by you or any other member of the household from other programs such as Unemployment Compensation, Workers Compensation, State Welfare benefits, Social Security and SSI benefits, Veterans benefits, or Child Support payments? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Has there been any income received this week by you or any other member of the household derived illegally or from gambling? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Has there been any income received this week by you or any other member of the household as a gift or loan? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Has there been any income received this week by you or any other member of the household from a tax refund or rebate? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Has there been a change in your living arrangement? Has anyone moved in with you that is not listed on your Application for Assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

I hereby affirm that all responses to questions are true 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 a criminal offense.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

(if not applicant)



# TOWN OF JACKSON

OFFICE OF THE SELECTMEN

**FORM L - APPLICANT'S PROMISE TO REIMBURSE**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ASSISTANCE GIVEN: \_\_\_\_\_

The above mentioned welfare recipient agrees to reimburse the Town Welfare Department for all aid given.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

(if not applicant)

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Signed in the presence of:

Witnesses Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# TOWN OF JACKSON

OFFICE OF THE SELECTMEN

**FORM M - NOTICE OF LIEN**

TO: Register of Deeds for the County of Carroll

RE: Lien on real property pursuant to RSA 165:28 (Supp.) for aid given by the Town of Jackson, Carroll County, New Hampshire.

RECIPIENT: \_\_\_\_\_ of  
\_\_\_\_\_ Town of Jackson, Carroll County, New Hampshire.

DESCRIPTION OF PROPERTY: Land and buildings located at No-\_\_\_\_\_ Street, Jackson, New Hampshire being Assessor's Lot (s) number map number recorded at the Carroll County Registry of Deeds in Book\_\_\_\_ Page\_\_\_\_\_

Be it known that the Town of Jackson has expended funds for and in behalf of the above captioned recipient for which funds the Town of Jackson is entitled to a lien pursuant to RSA 165:28 (Supp.).

Welfare Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CC: Tax Collector, Town Assessor



# TOWN OF JACKSON

OFFICE OF THE SELECTMEN

**FORM N - DISCHARGE OF LIEN**

TO: Register of Deeds for the County of Carroll

RE: Lien on real property pursuant to RSA 165:28 (Supp.) for aid given by the Town of Jackson, Carroll County, New Hampshire.

RECIPIENT: \_\_\_\_\_ of  
\_\_\_\_\_ Town of Jackson, Carroll County, New Hampshire.

DESCRIPTION OF PROPERTY: Land and buildings located at No-\_\_\_\_\_ Street, Jackson, New Hampshire being Assessor's Lot (s) number map number recorded at the Carroll County Registry of Deeds in Book\_\_\_\_ Page\_\_\_\_\_

Be it known that the Town of Jackson does hereby release and discharge the lien taken under RSA 165 28 and recorded at book \_\_\_\_\_page \_\_\_\_\_dated \_\_\_\_\_on the above captioned recipient and description of property.

Welfare Official's Signature: \_\_\_\_\_Date: \_\_\_\_\_

CC: Tax Collector, City Assessor



# TOWN OF JACKSON

## OFFICE OF THE SELECTMEN

### FORM O - FAIR HEARING NOTICE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Your request for a Fair Hearing to review a decision of this Department concerning your claim for assistance has been received.

Your Hearing has been scheduled as follows:

TIME: \_\_\_\_\_

DATE: \_\_\_\_\_

PLACE: \_\_\_\_\_

- If you are unavailable for the time set for the hearing because of a valid reason that can be verified, please advise this office immediately.
- The hearing shall be:
  - Before an impartial, higher authority, not involved in the initial decision regarding your application.
  - You have the right to:
    - \* Confront and cross-examine witnesses against you
    - \* Present witnesses in your own behalf
    - \* Be represented by counsel or other spokesman. If you are eligible, Legal Assistance can offer you free representation.
    - \* The decision at the hearing will be based on the evidence presented at the hearing.
    - \* You will be advised of the decision and the reasons for it by the Fair Hearing Committee in writing.

Welfare Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# TOWN OF JACKSON

## OFFICE OF THE SELECTMEN

### FORM P - NOTICE OF FAIR HEARING DECISION

In a Fair Hearing conducted on \_\_\_\_\_  
requested by \_\_\_\_\_ to review the decision made  
on \_\_\_\_\_ the following was determined:

**Issue:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Relevant Facts Brought Out at Hearing:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Decision by Fair Hearing Board:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reasons for Decision:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Statute or Central Assistance Policy Supporting Decision**

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You have the right to appeal this decision to Superior Court

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

Fair Hearing Officer

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

Fair Hearing Officer

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

Fair Hearing Officer





# TOWN OF JACKSON

OFFICE OF THE SELECTMEN

## FORM R - REFUSAL OF APPLICATION FORM

I, \_\_\_\_\_, do not wish to apply for assistance at The Jackson Town Welfare Office at this time.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_  
(if not applicant)



# TOWN OF JACKSON

OFFICE OF THE SELECTMEN

## FORM S - ACKNOWLEDGEMENT OF PERSONAL NEEDS VOUCHER USAGE

I, \_\_\_\_\_, am aware that personal/household need vouchers are to be used for personal cleansing/hygiene items and household cleansing/storage/cooking items not including food, drinks, candles, or incense. For example, Items for laundry such as laundry soap, laundry baskets, clothes pins, softeners, racks are acceptable. Towels, plates, utensils, pots and pans are okay. As are shower curtains, regular window curtains or shades. I have been made aware that electronic items cannot be purchased with this voucher, nor can gifts for other people, jewelry or “knick-knack”/”bric-a-brac” items. Diet pills and homeopathic cures/herbs are not to be purchased either.

The Town Welfare Office will specifically name any other item and it’s cost on my voucher such as for items like diapers, shoes, clothing, cough medication and the like. I am not allowed to return items purchased with vouchers for cash and the store will not give me a receipt when I use a voucher. No one else is to use my voucher. I understand that misuse of the voucher may lead to suspension from receiving this type of assistance. I understand that the store has a right to refuse me service if they believe I am misusing a voucher and will direct me to the Welfare Department. I am also aware that the store may report to The Town of Jackson Welfare Office if I try to use my voucher for purposes for which it was not intended.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_