

# Town of Antrim

Town Hall  
66 Main St  
Antrim, NH 03440  
603-588-6785

# TOWN OF ANTRIM

## WELFARE ASSISTANCE

### Appointments & Contact Information:

- Call for an appointment. The office is open  
Monday, Tuesday, Wednesday, Thursday  
8:00 AM – 4:00 PM
- Tel: 603-588-6785
- Email:

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## Mission

The Town of Antrim program was established to fill an emergency need until something else happens such as employment, State Aid, Social Security, etc. We are here to assist in a temporary capacity only. We will assist in directing you to other agencies that can better accommodate your particular needs on a longer-term basis. Our assistance is not intended to subsidize rent for someone living beyond one's means.

Each person deserves dedicated time and attention to address individual needs. In order to accomplish this, appointments are required. Please be guided by the times that are available for appointments and be respectful of the need to wait for the appointment and the requirement for the necessary documentation.

If the Town is able to provide financial assistance, reimbursement is expected at a time when it is not a hardship to the client. In the case of homeowners, be mindful that a lien will be placed on your property for the amount of the assistance.

In order to qualify for Town Assistance, there are financial criteria, as well as non-financial requirements. The applicant must stay in compliance with Town Welfare and State Welfare guidelines if assistance is to continue.

It is the responsibility of the applicant to make an appointment every time assistance is requested.

## **APPLYING FOR GENERAL ASSISTANCE**

1. Make an appointment by calling the Town Offices at 588-2969.
2. Pick up an application at the Selectmen's Office at Town Hall.
3. Include the documents necessary to support your application.
4. If married, both husband and wife must attend the appointment unless working. Accommodations can be made if children need to attend.

### **Documents to Include in Application:**

- Social Security numbers of all members of household
- Photo identification of applicant(s)
- Birth certificates for children
- Car registration
- Rental agreement or mortgage statement
- Bank statements, balances (current and prior 2 months)
- Copies of all current bills including rent/mortgage receipts, utilities, telephone, cable, internet, storage unit, doctor or medical expenses, car insurance, car repairs, renters or homeowner insurance.
- Paycheck stubs for the previous 4 weeks
- Documentation for other sources of income, (tax refund, child support, state aid, etc.)
- Documentation from other agencies such as State Welfare, Fuel Assistance, Social Security
- Medical notes, if appropriate

## **Resources available to you:**

### **Resources for Homeless**

1. Department of Health & Human Services  
Nashua office is temporarily closed.  
Call 800-852-3345 X-9700  
(food stamps, Medical, cash assistance)
2. Nashua Soup Kitchen & Shelter  
603-889-7770
3. Monadnock Area Transitional Shelter  
800-529-0025
4. Keene Family Shelter  
Elm St, Keene, NH  
603-357-1654
5. Keene Single Shelter  
Water Street, Keene, NH  
603-357-1654

### **Resources for Pregnant Women**

1. DHHS (Dept. of Health & Human Services) 603-883-7726  
Medical, Food, Cash Assistance
2. WIC – Southern NH Services  
800-322-1073
3. New Generations, Greenland NH  
436-4989
4. Marguerite's Place, Nashua  
598-1582
5. Norwell House, Nashua  
886-2866

### **Resources for Food**

1. Antrim Bennington Food Pantry  
85 Main Street, Antrim NH  
603-588-6614
2. Food Stamps  
603-883-7726  
M-F 8:00 am – 4:30 PM
3. Nashua Soup Kitchen  
889-3440

### **Resources for Housing**

1. NH Housing Authority  
1-800-439-7247 Sect. 8
2. Milford Apartments  
Brookstone Manor  
135 Elm Street, Milford  
(603) 673-0126
3. Mayo Group  
(603) 673-1155
4. SK Management  
(603) 878-2400
5. Heritage Estates  
504 Nashua Street, Suite #206,  
Milford  
(603) 673-4800
6. Stewart Property Management  
[www.stewartproperty.net.html](http://www.stewartproperty.net.html)

## **Utility and Fuel Resources**

### **Energy Assistance Program**

Southern New Hampshire Services Inc.

Milford Library annex 883-0756

### **Fuel Assistance**

### **Weatherization**

### **Electric Assistance**

### **Neighbor Helping Neighbor**

[www.snhs.org](http://www.snhs.org)

## **Donated Automobiles**

<http://www.freecharitycars.org/>

<http://www.goodnewsgarage.org/Apply/New-Hampshire.aspx>

[http://archive.seacoastonline.com/2000news/9\\_10biz.htm](http://archive.seacoastonline.com/2000news/9_10biz.htm)

### **What is the Electric Assistance program?**

The Electric Assistance Program (EAP) provides qualifying Public Service of NH (PSNH) and NGRID electric customers with a discount of 5% to 70% on their monthly electric bill. Renters, subsidized renters and homeowners who receive an electric bill may apply for the EAP. Eligibility is determined by total household income, the number of household members and available funding. The application can be taken at the same time that you apply for the Fuel Assistance Program. EAP income guidelines are lower than the FAP income guidelines.

Cases may be wait listed due to funding

### **Fuel Assistance Program:**

The fuel Assistance Program (FAP) provides benefits, on a funds available basis, to qualified households in NH to help heat homes or apartments during the heating season. The office of Energy and planning provides money to six local Community Action Programs, who distribute it to qualified households throughout the state.

### **Am I eligible?**

Eligibility and benefits for these programs are determined by Gross household income, number of household members and heating costs. Income is based upon a household's gross monthly income for 30 days prior to the date of application.

### **How do I apply?**

Call your local office at 924-2243 to make an appointment to apply.

**NH Helpline**  
1-800-852-3388

**Services provided by NH Helpline Include:**

Information on social service and non-profit agencies available for emergency assistance.

**Referral** to appropriate agencies for assistance with basic needs such as food, housing, financial assistance, utilities, transportation, and clothing.

**Advocacy** for clients experiencing challenges with obtaining necessary services to meet their basic needs.

**Aid** in crises involving child or elder abuse, homelessness, domestic or sexual violence, and alcohol or drug abuse.

**Coverage** and crisis intervention during after-hours for many social service and non-profit agencies throughout the state.

**Statewide Homeless Hotline**

The Hotline is answered 24 hours a day by trained information and referral specialists. Referrals are provided to individuals or families who are homeless, or in danger of becoming homeless, to such agencies as state and local welfare offices or housing assistance programs. The Hotline also assists in locating emergency shelter and connecting people with Homeless Outreach Workers in their community.

**Unite to Help**

UTH is a security deposit loan program designed to assist people who can afford to pay a monthly rent on an apartment once the security deposit has been secured.

**HICEAS**

The Health Insurance counseling and Education Assistance Service is a statewide program that provides free, confidential health insurance information and counseling for Medicare, Medicare Savings Program, Medicaid, Medigap, Prescription Drug Assistance, and Long Term Insurance Issues.

<http://www.nhhelpline.org>    Email a specialist: [infor@nhhelpline.org](mailto:infor@nhhelpline.org)

## Are you disabled?



What if the doctor tells you that you are not physically or mentally able to go to work at this time? How are you going to pay your bills? There's help in New Hampshire.

What do all these terms mean? Here's a brief description of each of these services.

### **APTD**

APTD stands for Aid to the Permanently and Totally Disabled. It's a serious name for a form of Medicaid, which is administered by the State. This is for adults who have been determined eligible by the Department of Health & Human Services. In order to qualify, an individual must have a disabling condition, documented by a physician. Per State Statute (RSA 167:27), if a person receives APTD, he/she is not eligible for town assistance.

### **DHHS**

DHHS stands for Department of Health & Human Services, which is located at 19 Chestnut Street in Nashua. This is where one would go to apply for Food Stamps, Medicaid, Elderly & Adult Services, as well as other programs. If applying for Town Welfare, it will most likely be a requirement that you also apply for any appropriate services at DHHS.

19 Chestnut Street, Nashua  
603-883-7726

**MEAD**

MEAD is a Medicaid program for someone who has been deemed as disabled, but is still able to work. MEAD is short for Medicaid for Employed Adults with Disabilities. You can collect SSDI, but still earn some money. Consult with your doctor to determine when it would be appropriate for you to return to some kind of job, and what type of employment is best for you. Call 883-7726 for more information, or speak to a representative at Social Security 880-0295.

**MEDICAID**

This is the health care program for the needy in NH. It includes prescription coverage. You need to apply at DHHS. There are a lot of forms and it is income-based, as well as you needing a medical diagnosis. If you are close to qualifying, but have a little more money coming into the household than straight Medicaid allows, you may be required to pay a spend-down each month – kind of like a deductible. Once it is documented that you have paid the spend-down, then you may be eligible for 100% coverage for the remainder of the month. <http://www.dhhs.state.nh.us>

**MEDICARE**

Medicare is a federally administered program. It is for health care for the elderly and disabled. If you are under the age of 65, you still may be eligible for Medicare (in addition to Medicaid in some cases), if you have been deemed as disabled for at least two years. Medicare offers Part A (hospital), Part B (medical), and Part D for prescriptions. If you have questions on bills, you can contact a member of HICEAS by calling 1-800-852-3388.

<http://www.medicare.gov>   <http://www.familiesusa.org>   <http://www.ssa.gov/>

**DISABILITIES RIGHTS CENTER**

18 Low Avenue, Concord NH 03301-4971  
1-800-834-1721  
[www.drcnh.org](http://www.drcnh.org)



**SSDI**

This stands for Social Security Disability Income. The federal government administers this program. You must apply at the local Social Security office. SSDI is a monthly income program. It is set up to help individuals who may not be able to earn an income on their own. In order to receive it, you must have paid into the system, worked a certain amount of quarters, and earned a certain amount of money. The Social Security office has all of the requirements. And if you are eligible, ask the Social Security office how this may affect your retirement amount later on. Applying for SSDI is not quick or easy. There is a lot of paperwork and you will be required to go to doctor's appointments. A decision may be made in your favor (granting approval), or denied – stating you are not eligible to collect. If you are denied, there is an appeals process, which, if you pursue, may take months. Often times, more documentation is needed in order for Social Security to make a decision. It is your responsibility to provide everything that is requested.

175 Amherst Street, Suite 2  
Nashua, NH 03064  
603-880-0295 / 1-800-772-1213  
<http://www.ssa.gov/>

**SSI**

SSI is Supplemental Security Income – a federal program based on income. You must be income-qualified and meet certain criteria in order to be eligible. This is a monthly cash benefit program. It is for someone who is deemed as disabled, but does not qualify for SSDI, or is in addition to their monthly SSDI. It is the same program that may help children of a parent who has died or is disabled.

**WELFARE**

In New Hampshire, there is both state welfare and local welfare. State Welfare is DHHS (Department of Health & Human Services). Local Welfare is based out of Town Hall/City Hall in your local town/city. DHHS is located in Nashua for Antrim residents, and local welfare for Antrim residents is located at Town Hall on Main Street. You may call 588-6785 to make an appointment. Neither state nor town welfare is a quick or easy process. Both require a lot of documentation, and the burden is on you to supply all the necessary paperwork. In order to be eligible, certain requirements will be made. Failure to meet all requirements will result in a denial of assistance.

**VOCATIONAL REHABILITATION**

Even if you have been deemed as disabled, you still may be able to return to work. You may have to take a job that meets accommodations and one that has limitations. "Voc Rehab" may be able to train you for a new line of work.

25 Riverside St # 102  
Nashua, NH 03062  
(603) 889-6844  
1-800-635-9614  
<http://www.ed.state.nh.us/education>

## VERIFICATIONS REQUIRED FROM WELFARE APPLICANTS

The following information must be presented at the time of your appointment. A good-faith effort to obtain any information which is not immediately available may not delay processing. If you cannot obtain requested verifications, alternative means of providing the required proof will be discussed. Failure to make a good-faith effort to obtain required verifications or to complete the application may delay processing of the application or may result in denial of assistance.

1. **Identification** – Proof of identification such as picture ID, license, birth certificate, social security card.
2. **Marital Status** – Proof of marriage, divorce, or separation.
3. **Children** – Birth or baptismal certificate, and Social Security Cards.
4. **Residency** – Mortgage information, lease, rent receipt, or statement from person with whom you are staying or from whom you are renting. Include Mailing address and Telephone number of Landlord or Mortgage Company. (Welfare Official is responsible for obtaining a Rental Verification form.)
5. **Expenses** – Bills from electric, gas, oil, propane, telephone, cable, storage unit, credit cards, medical facilities, cell phone, internet access, insurance, car payment, car repair, child support payments, Insurance etc. Documentation of all expenses (showing where money has been spent) for household members for the 4 weeks prior to appointment.
6. **Income** – Recent paycheck stubs, dating back to 4 weeks prior to appointment. (If necessary, a Wage Verification form will be used by the Welfare Official.) Documentation on any court ordered support payments, child support, Workers' Compensation, Social Security benefits, Unemployment, gifts/loans from family/friends, etc., and any other income received by the household for all adults and children.
7. **State Aid** – Documentation on State Assistance – TANF, Food Stamps, Health benefits, Child Care, etc. or Termination Notice from State Welfare office.
8. **Property** – Proof of real or personal property, such as registrations or deeds for all motor vehicles, trailers, boats, RVs, ATVs, motorcycles, snowmobiles, ownership of houses and/or land whether or not you're living there, etc.
9. **Cash Resources** – Bank statements showing balances and transactions for all savings, checking, credit union, 401K accounts, stocks, bonds, trusts, etc. If children have stocks or bonds, must provide proof that neither they nor you have access to funds.
10. **Unemployment** – Termination notice from previous employer (or Verification of Termination of Employment form may be used by Welfare Official). Documentation of Unemployment appointments and job searches.
11. **Medical** – If unable to work due to medical reason, a note from a physician is required stating medical condition and how it affects ability to be employed. Receipts for any prescriptions and medical supplies.

## **NOTICE OF RIGHTS OF ANYONE RECEIVING ASSISTANCE FROM THE TOWN OF ANTRIM**

You have the following rights:

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

**Town of Antrim APPLICATION  
FOR ASSISTANCE**

Date of Application\_\_\_\_\_ Referred by\_\_\_\_\_

**1. General Information:**

Name\_\_\_\_\_ Date of Birth\_\_\_\_\_

Address\_\_\_\_\_

Telephone\_\_\_\_\_ SS #\_\_\_\_\_ US Citizen?\_\_\_\_\_

Marital Status\_\_\_\_\_ Rent or Own?\_\_\_\_\_ How long at this address?\_\_\_\_\_

Spouse/Co-Applicant Name\_\_\_\_\_ SS#\_\_\_\_\_

Spouse address (if not same as applicant)\_\_\_\_\_

**Assistance Requested**\_\_\_\_\_

Reason for request\_\_\_\_\_

Have you applied for local assistance before? (Town, State, Outreach program)

Yes ☐ No ☐ When?\_\_\_\_\_

Where?\_\_\_\_\_ Under what name?\_\_\_\_\_

**List below all persons living in your household:**

<u>Full Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>SS #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Street</u>	<u>Town/State</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**2. Housing Information:**

Rent amount \$\_\_\_\_\_ per (Wk/Month)\_\_\_\_\_ Date last paid\_\_\_\_\_ Date due\_\_\_\_\_

Do you have a current: ☐ Demand for Rent ☐ Notice to Quit ☐ Landlord/Tenant Writ

Total rent owed\_\_\_\_\_ Do you have a housing subsidy?\_\_\_\_\_

Utilities Included: ☐ Heat ☐ Electric ☐ Gas ☐ Water/Sewer ☐ Other

LANDLORD: Name\_\_\_\_\_ Telephone\_\_\_\_\_

Address\_\_\_\_\_

If Home Owner: Monthly Mortgage \$\_\_\_\_\_ Date last paid\_\_\_\_\_ Due date\_\_\_\_\_

Bank/Mortgage Co\_\_\_\_\_ Address\_\_\_\_\_

Bank/Mortgage Co Tel #\_\_\_\_\_ Loan ID #\_\_\_\_\_

**3. Education / Training / Employment:**

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

**Applicant Work History:**

Are you employed now?\_\_\_\_\_ Employer\_\_\_\_\_ Position\_\_\_\_\_

When began work\_\_\_\_\_ Date/Amount of most recent check\_\_\_\_\_

Are you unemployed now?\_\_\_\_\_ Reason\_\_\_\_\_

Date last worked\_\_\_\_\_ Employer\_\_\_\_\_ Date/Amount last check\_\_\_\_\_

Are you able to work now?\_\_\_\_\_ If not able, why not?\_\_\_\_\_

**Current and two most recent jobs:** applicant & household members aged 18 & older:

Employer	Dates of employment	Reason for leaving	Net Pay amount	Weekly/ bi-weekly

**Household Assets:**

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

<u>Name on Account</u>	<u>Bank Name or Credit Union Name</u>	<u>Acct. #</u>	<u>Balance</u>	<u>Checking or Savings?</u>

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

Cash on hand (all household combined)\_\_\_\_\_ Certificates of Deposit (CDs)\_\_\_\_\_

Savings Bonds\_\_\_\_\_ Mutual Funds\_\_\_\_\_ Annuities\_\_\_\_\_ Stocks\_\_\_\_\_

Trust Funds\_\_\_\_\_ Retirement Accounts\_\_\_\_\_ Ins Policy(s) (cash value)\_\_\_\_\_

401K\_\_\_\_\_ Property other than primary residence\_\_\_\_\_ Location\_\_\_\_\_

Other Investments\_\_\_\_\_ Motorcycles/Boats/Snowmobiles/ATVs/RVs\_\_\_\_\_

Other Assets (please list) \_\_\_\_\_

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

IRS Refund\_\_\_\_\_ Insurance Claim\_\_\_\_\_ Retroactive disability check\_\_\_\_\_

Retroactive Unemployment or Worker's Compensation check\_\_\_\_\_

Inheritance\_\_\_\_\_

Other Lump Sum Payment (explain)\_\_\_\_\_

**Legal:**

Have you or any household member consulted a lawyer regarding a possible lawsuit or have a lawsuit pending?    Yes ☐    No ☐    If yes, please give details

Lawyer Name/Address \_\_\_\_\_

Reason \_\_\_\_\_

**Vehicles**

Motor vehicles, Boats, RV's, Snow Mobile, Motorcycle(s) owned by you and all household members:

Asset	Model	Year	Value	Mo Pmt	Owner

#### 4. Household Income

**Benefits or income received or applied for by you or any household member:**

	<u>Amt/month</u>	<u>Date Applied</u>	<u>Date Last Received</u>
ANB (Aid to the Needy Blind)	_____	_____	_____
APTD	_____	_____	_____
Child Support	_____	_____	_____
Disability (Employer)	_____	_____	_____
Food Stamps	_____	_____	_____
Fuel Assistance	_____	_____	_____
Gifts/Loans	_____	_____	_____
Maternity Benefits	_____	_____	_____
Medicaid	_____	_____	_____
OAA (Old Age Assistance)	_____	_____	_____
Retirement	_____	_____	_____
Severance Pay	_____	_____	_____
Social Security	_____	_____	_____
SSDI (SS Disability)	_____	_____	_____
SSI (Supplemental Security)	_____	_____	_____
TANF	_____	_____	_____
Unemployment	_____	_____	_____
Vacation Pay	_____	_____	_____
Veteran's Pension	_____	_____	_____
Vocational Rehabilitation	_____	_____	_____
WIC (Women/Infants/Children)	_____	_____	_____
Worker's Compensation	_____	_____	_____
Other: [ _____ ]	_____	_____	_____



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

<u>Name</u>	<u>Agency Name</u>	<u>Contact</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 5. Household Expenses

**List actual or estimated regular monthly expenses.** (Not all expenses will be included in your eligibility determination, but all should be listed to show your financial situation.)

Bank Fees _____	Diapers _____	Mortgage _____
Bus/Cab _____	Electric _____	Prescriptions _____
Cable/Internet _____	Food _____	Rent _____
Child Support Paid _____	Fuel Oil _____	Rent-To-Own _____
Car Gasoline _____	Gas, Bottled _____	School Loan _____
Car Insurance _____	Gas, Natural _____	Storage _____
Car Payment _____	Health Insurance _____	Telephone _____
Cell Phone _____	Cigarettes _____	Other _____
Condo Fee _____	Laundry _____	Other _____
Child Care _____	Loan _____	Other _____
Credit Card _____	Lot Rent _____	Other _____

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

Car Inspection _____	Driver's License _____	Medical _____
Car Registration _____	Fines/Court Payments _____	Sewer/Water _____
Car repair _____	Home Repairs _____	Tax (Income/Property) _____
Dental _____	Home/Rent Insurance _____	Other _____

**6. 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 \_\_\_\_\_

**7. Liability for Support Information**

Please provide following details:

Your parent \_\_\_\_\_ Address \_\_\_\_\_

Your parent \_\_\_\_\_ Address \_\_\_\_\_

Co-applicant parent \_\_\_\_\_ Address \_\_\_\_\_

Co-applicant parent \_\_\_\_\_ Address \_\_\_\_\_

Your or co-applicant's adult children \_\_\_\_\_

## 9. Certifications and Signatures

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

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

I understand that if I am assisted, the municipality may place a lien against any real property which I own. (RSA 165:28)

I hereby certify that if I have a lawsuit, worker's compensation claim, or aid from any other social service agency now pending, I have listed these in this application. I further agree to notify the Welfare Official immediately upon receipt of any money from or upon the settlement of such claim. I understand that if I am assisted, the municipality may place a lien against any property, settlement, or civil judgment for personal injuries, which I receive within six years of receiving municipal assistance. (RSA 165-28a)

I hereby certify that the information I have provided on this application is complete to the best of my knowledge and belief and provides a true summary of my income, assets and needs. I understand I may be required to provide documents and/or other forms of verification to prove the information requested on this application. I hereby certify that all information I will provide in response to questions asked by the welfare official is true and complete to the best of my knowledge and belief. **I understand that if I knowingly give false information or withhold information related to my receipt of assistance, now or in the future, I may be prosecuted for the crime of Unsworn Falsification (RSA 641:3)**

I understand that if I obtain a job after I am assisted by the municipality, and I later quit the job without good cause, I may be ineligible for local assistance from the municipality and any other New Hampshire municipality for a period of up to ninety days. (RSA 165:1-d)

I understand that if I am a recipient of Temporary Assistance for Needy Families (TANF) cash benefits and I fail to comply with TANF regulations, leading to a sanction and loss of income, the municipality may, under certain circumstances, disregard this decrease in my income. (RSA 165:1-e)

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Applicant Signature

---

Date

---

Spouse or Co-applicant Signature

---

Date

---

Signature of person completing form  
(If not applicant)

---

Date

## REQUIRED VERIFICATIONS

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### YOUR APPOINTMENT IS SCHEDULED FOR:

\_\_\_\_\_

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

- \_\_\_\_\_ Completed Application Form
- \_\_\_\_\_ Rental Verification Form
- \_\_\_\_\_ Last four week pay-stubs or other proof of net wages
- \_\_\_\_\_ Last four week's receipts or other proof of bills paid or currently due
- \_\_\_\_\_ Employment verification form from your employer
- \_\_\_\_\_ Employment termination form from your last employer
- \_\_\_\_\_ You have applied for / are receiving Social Security benefits
- \_\_\_\_\_ You have applied at the HHS District Office for:
  - ☐ Emergency Food Stamps      ☐ Food Stamps      ☐ TANF
  - ☐ Title XX Daycare      ☐ APTD/MA      ☐ OAA
  - ☐ TANF Emergency Assistance
- \_\_\_\_\_ You have applied for / are receiving Fuel Assistance benefits
- \_\_\_\_\_ Verification of injury or illness
- \_\_\_\_\_ You have applied for / are receiving Unemployment Compensation
- \_\_\_\_\_ If available, picture ID (Adults); Birth certificate/SS card (minors)
- \_\_\_\_\_ Vehicle registration
- \_\_\_\_\_ Savings and checking account, liquid asset statements, bankbooks
- \_\_\_\_\_ Statement child support payments received / Child support court order
- \_\_\_\_\_ Statement from room-mate(s) regarding division of expenses
- Other: \_\_\_\_\_

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

\_\_\_\_\_  
Applicant signature

## TOWN OF ANTRIM, NEW HAMPSHIRE

### AUTHORIZATION FOR THE RELEASE OF INFORMATION – From Dept of Health & Human Services (DHHS)

I, \_\_\_\_\_, the undersigned, understand that from time to time, the Local welfare administrator for **Antrim**, NH, may require information about assistance I am applying for or receiving from the New Hampshire Department of Health and Human Services, Division of Family Assistance (DFA). When information cannot be provided by me personally, I hereby authorize DFA to release the following information to the local welfare administrator for the specific purposes outlined below:

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

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Witness relationship to you

\_\_\_\_\_  
Date

**Applicant's Authorization to Furnish Information**  
(Specific agency/individual)

I understand that as part of the administration of the general assistance program, a municipal welfare official may verify information I have provided on my application for assistance and any other information that would affect my eligibility. My signature below authorizes

\_\_\_\_\_ Town/City of Antrim welfare official, to obtain information from

\_\_\_\_\_ regarding factors relevant to my application for general assistance benefits.

This authorization shall expire one year from the date it is signed.

A photocopy of this signed authorization may be used in place of an original.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Welfare administrator