



Town of Lisbon New Hampshire

PUBLIC ASSISTANCE GUIDELINES

Adopted January 16, 2023

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Introduction

In accordance with NH RSA Chapter 165, the Town of Lisbon must adopt guidelines for providing public assistance. The local governing body, the Lisbon Select Board, is responsible for adopting the guidelines under RSA 165:1, II. The guidelines within outline the Town's public assistance program.

The Town of Lisbon's public assistance program provides for the general welfare of its residents as well as others, who find they unexpectedly cannot support themselves in the Town of Lisbon. Public assistance benefits are meant to be temporary and assist applicants with their basic needs. Applicants must apply and be found in need of assistance.

The Welfare Officer, will ensure that limits set for various types of assistance, adequately represent Lisbon for the purpose of ensuring those limits meet the basic needs of applicants.

The Town of Lisbon's public assistance guidelines will be used in making eligibility determinations. The Welfare Officer may exercise some discretion in making decisions on eligibility; however, in most cases, the guidelines set clear limits for making such determinations.

These guidelines are meant to guide the Welfare Officer in their work and to provide guidance to applicants who are seeking assistance. These guidelines prohibit discriminatory practices against any persons based on their age, race, gender, religion, ethnicity, disability, sexual orientation, or marital status.

If you have questions, please don't hesitate to call the Lisbon Welfare Office at 603-838-6376 or contact us by email at adminassistant@lisbonnh.org. For more information about public assistance, you can also visit the Town of Lisbon website at www.lisbonnh.org.

I. Definitions

Agency: Any health, social service, or other entity that provides services to which the Welfare Officer may refer an applicant for resources and/or assistance.

Applicant: A person who completes and submits an application for public assistance to the Town of Lisbon, by which requesting to have his/her eligibility reviewed, and whose application has not been withdrawn or already denied.

Applicant File: Official file maintained by the Welfare Officer, which contains the application, forms, associated documentation, correspondence, a narrative pertaining to the application, eligibility review and determination, and assistance provided. Welfare applications and related records are retained for us seven (7) years from the last date of activity.

Application: A form provided by the Town of Lisbon, by which a person may request public assistance. The application must be complete, contain the applicant's original signature, and be submitted with all required documentation. An application may be completed by the applicant or by an authorized representative of the applicant.

Claimant: An applicant who has requested, either in person or through an authorized representative, a fair hearing under Section XIV of these guidelines.

Eligibility: Determination by the Welfare Officer, in accordance with these guidelines, of an applicant's need for public assistance under the formula provided in Section IX.

Fair Hearing: A hearing, which the applicant may request to contest a denial, termination, or reduction in assistance. The standards for such a hearing are in Section XIV.

Household: The applicant and other persons residing with the applicant in the relationship of father, mother, stepfather, stepmother, son, daughter, husband, wife, domestic partner; and/or any other adult (including an unrelated person) who resides with the applicant/recipient.

Housing: Emergency shelter, temporary, transitional, and permanent.

1. Emergency Shelter: A temporary or non-permanent non-tenancy housing at which an individual or family may be placed on an immediate and short-term basis when no other housing is available.
1. Temporary Shelter: Non-permanent non-tenancy housing in rooming or boarding houses; hotels; motels; inns; tourist homes or other dwelling that are for rent on a short-term basis for which no lease is required. RSA 540:1, IV.8 Model Local Welfare Guidelines

2. **Transitional:** A non-permanent housing, usually provided by an Assistance Program which can require rules or policies to stay in their housing and programs.
3. **Permanent:** Permanent Housing where occupants shall be deemed to own, rent at will, or have a contract or lease which has protections of eviction as noted in NH RSA chapter 540.

Physical Assets: Including but not limited to real estate, vehicles, personal property, precious metals, and any other physical assets owned by the applicant.

Public Assistance: Financial assistance provided to eligible applicants in accordance with RSA: 165 and these guidelines.

Liquid Assets: Including but not limited to cash on hand, checking accounts, bank deposits, credit union accounts, cryptocurrency, stocks, bonds, and securities. IRA (Individual Retirement Account), 401K accounts, and insurance policies with a loan value.

Minor: Any person under the age of 18 years.

Need: The basic maintenance and support requirements of an applicant, as determined by a Welfare Administrator under the standards of Section IX(E) of these guidelines.

Residency: The place where a person is physically present in a particular locality for a qualifying period of time. A person is a resident for the purpose of the Lisbon Public Assistance Guidelines after they have lived in the Town for a minimum of thirty (30) days.

Utilities: Services such as electric, gas, oil, water, or sewer.

Vendor/Provider: Any landlord, utility company, store, other business, or entity that provides goods or services.

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; 41:46) and "administrator of town or city welfare". RSA 165:2.

Welfare Officer: The official of the municipality, or designee, who performs the function of administering public assistance. Such a person has the authority to make all decisions regarding the granting of assistance under RSA 165, subject to the overall fiscal responsibility vested in the Selectmen. The term includes "overseers of public welfare" (RSA 165:1; 41:46) and "administrator of town or city welfare" RSA 165:2.

Workfare: Labor performed by recipients of Public Assistance, at municipal sites or human service agencies as reimbursement for benefits received. RSA 165:31. The Town may require workfare in relation to an applicant's determination of eligibility.

II. Severability

If any provision of these guidelines is held at law to be invalid or inapplicable to any person or circumstances, the remaining provisions will continue in full force and effect.

III. Confidentiality of Information

Information given by or about an applicant or recipient of general assistance is confidential and privileged and is not a public record under the provisions of RSA 91-A. Such information will not be published, released, or discussed with any individual or agency without the written permission of the applicant except when disclosure is required by law, or when necessary to carry out the purposes of RSA 165. RSA 165:2

IV. Roles of Local Governing Body and Welfare Administrator

The Board of Selectmen is responsible for the adoption of the written guidelines relative to general assistance. The Welfare Officer is responsible for ensuring the day-to-day administration of the program. The responsibility for the day-to-day administration of the general assistance program in accordance with the written guidelines is assigned to the Welfare Director or his/her designee(s). RSA 165:1 (II)

V. Maintenance of Records

A. Legal Requirement

Every Welfare Officer is required, by law, to keep complete paper and/or electronic records concerning the number of applicants given assistance and the cost of support provided. Separate case records shall be established for each individual or family applying for general assistance. The purposes for keeping such records are as follows:

1. To provide a valid accounting for the expenditure of the Town's funds.
2. To provide the Welfare Officer with accurate statistical information, and to support decisions concerning the applicant's eligibility.
3. To assure the availability of information if the applicant or recipient seeks administrative or judicial review of the Welfare Officer's decision.
4. To provide a complete history of an applicant's needs and assistance that might aid the Welfare Officer in ongoing case management and referral to appropriate agencies for alternative assistance.

B. Case Records

The Welfare Officer as required by law, shall maintain separate paper and/or electronic case records for each applicant containing the following information:

1. The complete application (Form A) including any authorizations signed by the applicant allowing the Welfare Officer to obtain or verify any pertinent information in the course of assisting the recipient, includes a signed Authorization to Release Information from the New Hampshire Division of Health and Human Services. (See Form B).
2. Documentation of approval or denial of an application, as contained in a Notice of Decision. (See Form L)
3. A narrative history of the need for assistance, the results of investigations of applicants' circumstances, referrals, changes in status, etc.
4. A tally sheet, which has complete data concerning the type, amount, and dates of assistance given which may be kept on paper or electronically.

VI. Application Process

A. Right to Apply

1. Anyone may apply for public assistance by completing a written application form. If more than one adult resides in the household, each may be required to appear at the Public Assistance office to apply for public assistance unless reasonably unavailable. Unrelated adults in one residential unit may be required to apply separately. Each adult in the household will be required to sign An Authorization for Release of Information.
2. The Welfare Officer shall not accept an application for public assistance from any recipient who is subject to a suspension pursuant to Section XIII of these guidelines (RSA 165:1-b, VI). Any applicant who contests a determination of non-compliance with the guidelines may request a fair hearing as provided in Section XIII (C) (7). A recipient who has been suspended for at least six (6) months due to non-compliance may file a new application.
3. When emergency services are provided by the Town of Lisbon, a completed application must be provided to the Town of Lisbon by the recipient within 5 business days following the day emergency services were granted. If the applicant does not provide a complete application, all assistance shall cease immediately, and the applicant shall be deemed ineligible for assistance by the Town of Lisbon. All required supporting documentation must be submitted within seven (7) calendar days of the start of assistance. If the applicant does not provide all supporting documentation required in the application within seven days, the applicant could be deemed ineligible for assistance by the Town of Lisbon, and all assistance may cease immediately.
4. In all cases, applicants who are determined to be the residents of another municipality shall be deemed the financial responsibility of the municipality from which they resided last.

B. Welfare Officer's Responsibilities at Time of Application

1. When a request for assistance is made, the Welfare Officer shall provide the applicant with their Notice of Rights (Form C), the application (Form A), a copy of these guidelines if requested, and any other requirements associated with applying for public assistance.
2. Welfare Officer may assist the applicant with completing the application, if necessary (i.e. the applicant is physically or mentally unable, or has a language barrier). In no case shall the Welfare Officer independently complete an application for an applicant.
3. Welfare Officer shall explain the eligibility requirements.
4. The Welfare Officer will explain the applicant's right to a fair hearing and the manner in which a review may be obtained.
5. The Welfare Officer shall explain the applicant's responsibility for reporting all facts necessary to determine eligibility, and for presenting records and documents as requested and as reasonably available to support the applicant's application for assistance.
6. The Welfare Officer will investigate information to verify facts and statements presented by the applicant.
7. The Welfare Officer will inform the applicant of their responsibility to report any change in circumstances that may affect eligibility within three (3) calendar days. If a circumstance is discovered that was not reported by the applicant, the applicant could be deemed ineligible for assistance.
8. The Welfare Officer shall inform the applicant of any other forms of assistance for which the applicant may be eligible.
9. In rare and extenuating circumstances, the Welfare Officer may agree to make a home visit, by mutually agreed appointment, to assist a home-bound applicant to complete an application for assistance and to conduct ongoing case management for such applicants.
10. The Welfare Officer shall be responsible for placing a lien on any real property owned by the recipient, for any assistance given.
11. The Welfare Officer shall advise the applicant that the town may pursue reimbursement, by legal means, from the recipient if he/she becomes able to repay the amount of assistance given.
12. The Welfare Officer shall remind all applicants of their responsibility in voluntarily termination of employment without good cause, as required by RSA

- 165:1-d. Voluntary termination of their employment may result in the applicant being immediately being deemed ineligible for assistance.
13. The Welfare Officer shall inform all applicants that they are mandatory reporters, and as such, shall report any suspicion that a child under the age of 18 has been abused or neglected must report that suspicion immediately to the NH DHHS Division of Children, Youth, and Families (DCYF). RSA 169-C:29-31.
 14. The Welfare Officer is a mandatory reporter, and in such, shall report any suspicion that a vulnerable adult has been subjected to abuse, neglect, exploitation, or self-neglect, and shall report immediately to the NH DHHS Bureau of Elderly & Adult Services (BEAS). RSA 161-F:46.

C. Responsibility of Each Applicant

At the time of initial application, and always thereafter, the applicant has the following responsibilities:

1. To provide accurate, complete, and current information concerning the applicant's basic needs as well as available physical and financial resources; as well as the whereabouts and circumstances of relatives who may be responsible under RSA 165:19.
2. To notify the Town's Welfare Officer within three (3) working days when there is a change in needs, resources, address, or household size.
3. To within seven calendar days of initial contact with the Town's Welfare Officer, apply for, and if offered, accept any benefits or resources, public or private, that will reduce or eliminate the need for public assistance by the Town of Lisbon, RSA 165:1-b, I (d). Refusing benefits, resources, or housing by public or private organizations will immediately deem the applicant ineligible for public assistance by the Town of Lisbon.
4. To keep all appointments as scheduled, which may include check-in appointments with the Welfare Officer.
5. To provide records and other pertinent information and access said records and information when requested.
6. To provide a doctor's statement if claiming an inability to work due to medical conditions, and to sign a release for doctor to provide further information.
7. To persistently, diligently, and honestly search for employment and provide verification of no less than five (5) weekly contacts (except with good cause) with employers who had an advertised job opening that the applicant qualified for. Failure to search for employment will result in immediate termination of public assistance.
8. To accept employment, when offered, and to maintain such employment in accordance with NH RSA 165:1-b, I (c).
9. To agree to and participate in the workfare program, when available, if physically and mentally able per NH RSA 165:1-b, I (b).
10. To reimburse the assistance granted, once financially stable, and if such reimbursement can be made without financial hardship, per NH RSA 165:20-b.

11. An applicant shall be denied assistance if they fail to fulfill any of these responsibilities without reasonable justification. Reasonable justification is at the discretion of the Welfare Officer.
12. Any recipient may be denied or terminated from general assistance in accordance with Section XIII or may be prosecuted for a criminal offense, if they provide intentionally false statements, or intentionally misrepresent their circumstances, or by impersonation or other willfully fraudulent act or device, obtains or attempts to obtain any assistance to which he/she is not entitled to.
13. Assistance for emergency shelter housing may be terminated as a result of damages inflicted by the applicant on emergency shelter property or violations of policies of the emergency shelter property and will result in immediate termination of public assistance.

D. Actions of Decision:

1. Unless the application is withdrawn, the Welfare Officer will utilize these guidelines to determine an applicant's eligibility for public assistance.
2. Following the submission of a completed application the Welfare Officer shall evaluate all information provided, seek any further information needed, and determine eligibility.
3. A final determination of eligibility shall be made within five (5) business days.
4. A written Notice of Decision (Form L) shall be mailed to the applicant or made available to them in person should they present themselves to receive it, within twenty-four (24) hours of the decision.
5. The notice of decision shall outline the specific assistance being offered, the time period of said assistance, the conditions of continued assistance, OR that the application has been denied, in whole or in part, with reasons for the denial.
6. If the applicant is determined to be in an emergency situation, per Section VI:D (3); the Emergency Assistance guidelines shall apply.

Withdrawn Application: An application shall be considered withdrawn if the applicant:

- a. Has refused to complete an application.
- b. Has requested the application be withdrawn.
- c. Has refused to make a good faith effort to provide the required information associated with the application.
- d. Has died before assistance is rendered.
- e. Has availed themselves of resources that now meet their immediate needs.
- f. Has not contacted the Welfare Officer after the initial interview when requested to do so.

Emergency Assistance: If, at the time of initial contact, the applicant demonstrates and the Welfare Officer is able to verify that an immediate need exists, due to an imminent threat to life or health-such as loss of shelter, utilities, heat, or lack of food or lifesaving medications; then temporary aid to **mitigate** such immediate need shall be provided, until a decision can be made regarding the application. Such emergency assistance shall not obligate the Town of Lisbon to provide further assistance after the application is completed.

Temporary Assistance. In circumstances where required documentation related to an application is not readily available AND the Welfare Officer has enough information to believe the applicant will qualify for assistance, the Welfare Officer may give temporary approval of an application, pending receipt of all required documents. Temporary status shall not extend beyond two (2) weeks, after which if the required documentation is not received all assistance will cease and the applicant will be determined ineligible for assistance by the Town of Lisbon.

E. Home Visits

A home visit appointment may be made when the applicant is medically unable to appear in person at the Welfare Office. Any home visit shall be conducted in such a manner as to preserve, to the greatest extent possible, the privacy and dignity of the applicant. For the health and safety of the Welfare Officer they may choose to be accompanied by a public official or public safety officer. Home visits shall be at the discretion of the Welfare Officer.

VII. Verification of Information

The process for determining eligibility shall be conducted in a manner that provides the Town with the information necessary for determining eligibility while providing, to the extent possible, the personal dignity of applicants.

A. Required Verifications

Verification of the following shall be required:

1. Photo ID, if no photo ID is available, the Welfare Officer will require another official form of personal identification.
2. Applicant's physical and mailing address; as well as any evidence relevant to the applicant's residence or domicile as set forth in Sections IX (B) and X.
3. Names of all persons in the applicant's residential unit.
4. Applicant's and household's income, assets, and copies of proof of income, such as pay stubs, social security income verification, and IRS tax returns.
5. Applicant's and household's financial obligations, with evidence of such.
6. The physical and mental condition of household members, when relevant to their receipt of assistance, such as the ability to work, determination of needs, or referrals to other forms of assistance.

7. Any special circumstances claimed by the applicant.
8. Applicant's employment status and availability in the labor market.
9. Names, addresses, and employment status of potentially liable relatives.
10. Utility costs.
11. Housing costs.
12. Prescription costs.
13. Vehicle registration(s)
14. Any other costs that the applicant wishes to claim as a necessity.
15. Any other information that the Welfare Administrator deems necessary to determine eligibility.

B. Verification of Records

The applicant shall be required to fill out and sign Form F and to produce the information required as outlined on Form F. Verification of records provided by the applicant (for example, birth and marriage certificates, pay stubs, paychecks, rent receipts, bank books/statements, etc.) shall be used as primary sources to demonstrate need. The failure to provide such records will not impact or delay the Welfare Officer's responsibility to process the application within the prescribed time frame.

The Welfare Officer shall inform the applicant what records are necessary, and the applicant is required to produce such records as requested.

Verification also may be made through other sources, such as relatives, employers, former employers, banks, school personnel, and social and government agencies. The cashier of a national bank or a treasurer of a savings and trust company is authorized by law to furnish information regarding amounts deposited to the credit of an applicant or recipient. RSA 165:4.

C. Written Consent of Applicant

When information is needed from sources other than the applicant, the Welfare Officer shall obtain from the applicant written consent and shall explain to the applicant the information to be acquired, how it will be used, and the necessity of obtaining it in order to establish eligibility. Refusal to provide written consent may be cause for a determination of ineligibility for public assistance. The Welfare Officer shall not need written consent if there are reasonable grounds to suspect fraud, in the case of suspected fraud, the Welfare Officer shall carefully record his/her reasons and actions, and before any accusation or confrontation is made, the applicant shall be given an opportunity to explain or clarify the suspicious circumstances.

D. Legally Liable Relatives

The Welfare Officer shall seek statements from the applicant's legally liable relatives regarding their ability to help support the applicant. It is the responsibility of the applicant to assist the Welfare Officer in locating any legally liable relatives. Refusal to do so may be cause for a determination of ineligibility for public assistance.

E. Refusal to Verify Information

Should the applicant or recipient refuse comment and/or indicate an unwillingness to have the Welfare Officer seek further information that is necessary, assistance may be denied for lack of eligibility determined.

VIII. Disbursements

The municipality provides assistance for approved applicants in the form of checks, or credit card payments directly to the entity providing services. No cash or reimbursement shall be provided to recipients per RSA 165:1(111). The vendor returns the voucher with the required documentation (receipts) to the Town for payment. After the transaction with the service provider/vendor, if there is any unspent money on the voucher, the town will only make payment of the actual amount listed on an itemized bill or receipt. Vouchers altered by the recipient or vendor will not be honored and could result in the applicant being disapproved for future assistance.

IX. Determination of Eligibility and Amount

A. Eligibility Formula

An applicant is eligible to receive assistance when:

The applicant meets the eligibility factors listed below and the applicant's basic maintenance needs exceed their available income, including available liquid assets.

1. If the applicant's available income and available liquid assets exceeds their basic maintenance needs, the applicant is not eligible for public assistance.
2. If the applicant's basic maintenance need exceeds the available income and assets the amount of assistance granted to the applicant shall be the difference between the two amounts on the Budget Worksheet (Form K), in the absence of circumstances deemed by the welfare administrator to justify an exception.

B. Legal Standard and Interpretation

"Whenever a person in any town is impoverished and unable to support themselves, they shall be relieved and maintained by the overseers of public welfare of the town, whether or not he has a residence there" RSA 165:1.

1. An applicant cannot be denied assistance solely because they are not a resident.
2. The Welfare Officer, or a person authorized to act on his/her behalf, shall be available during the normal business hours of the Welfare Office.
3. The eligibility of any applicant for general assistance shall be determined no later than five (5) working days after the application is submitted.
4. If the applicant has an emergency need, then assistance for such emergency need shall be provided, in accordance with Section VI, D, with the exception of after office hours, the applicant must contact 211 for such emergency assistance.
5. Assistance shall begin as soon as the applicant is determined to be eligible.
6. "Relieved" means an applicant shall be assisted to meet their basic needs if deemed eligible for assistance.
7. "Maintained" means that assistance may continue for as long as the applicant is eligible, as determined by the Municipality's Welfare Guidelines.

C. Non-Financial Eligibility Factors

1. **Age, Race, Gender, Religion, Ethnicity, Disability, Sexual Orientation, or Marital Status.** General assistance cannot be denied because of the applicant's age; unless the person is a minor child. Minor children are assumed to be the responsibility of their parent(s) or legal guardian(s) unless circumstances warrant otherwise. These guidelines prohibit discriminatory practices against any persons based on their age, race, gender, religion, ethnicity, disability, sexual orientation, or marital status.
2. **Support Actions.** No applicant or recipient shall be required, as a condition of eligibility or continued receipt of assistance, to take any legal action against any other person. The municipality may pursue recovery against legally liable persons or governmental units. See section XVI.
3. **Eligibility for Categorical Assistance.** Recipients who are, or may be, eligible for any other form of public assistance (not through the Town) must apply for such assistance immediately, but no later than five (5) calendar days after submitting their application for general assistance. Failure to do so may render the recipient ineligible for general assistance and subject to an action pursuant to Section XIII of the guidelines. Any person receiving Old Age Assistance (OAA or Aid to Permanently and Totally Disable (APTD), under RSA 167 or 161 may at the same time be eligible for general assistance from the Town, except for emergency medical assistance as defined in Section IX (E)(8)(a) of these guidelines per RSA 167:27.

4. Employment. An applicant who is gainfully employed, but whose income and assets are not sufficient to meet basic maintenance needs, may be eligible to receive temporary general assistance. However, it will be expected that the applicant continues to either seek employment that will earn enough to meet their basic maintenance needs OR will be expected to modify their expenses to ensure their income can meet their basic maintenance needs. Recipients who, without good cause, refuse to follow up on a suitable job referral, refuse a job offer for employment, participate in the workfare program, or who voluntarily leave a job without good cause, may be ineligible for continued general assistance in accordance with the procedures for suspension outlined in these guidelines. These employment requirements shall extend to all members, aged 18-65 years, within the household. It is expected that applicants and household members be, become, and remain gainfully employed.

5. Registration with the New Hampshire Department of Employment Security (NHES) and Work Search Requirements. All unemployed recipients and adult members of their households shall, within seven (7) calendar days after having been granted assistance, register with NHES to find work and must conduct a reasonable, verified job search as determined by the Welfare Officer. Each recipient must apply for employment with each employer to whom they are referred by the Welfare Officer.

Availability of employment opportunities, as well as employer contacts, may be verified by the Welfare Officer. The following work search requirements apply for the recipient and all other adult members of the household unless:

- a. Remain gainfully employed full-time.
- b. Applicant or household member is unable to work due to illness or mental or physical disability, or responsible for the care of a household member with a physical or mental disability as verified by the welfare administrator.
- c. Is solely responsible for the care of a child under the age of five and the child is not enrolled in a childcare program as per RSA 165:31,III.

Failure of a recipient to comply with these requirements without good cause will be a reason for denial of assistance.

6. Students. Applicants enrolled in college, technical school, or any other secondary education program and not able to seek full-time employment are not eligible for general assistance.

- 7. Non-Citizens.** An applicant who is not a citizen of the United State or a legally qualified alien shall not be considered eligible for general assistance.
1. A non-citizen is someone who has not qualified as a legal alien under 8 USC 1641.
 2. Qualified aliens include aliens who are lawfully admitted for permanent residence under the Immigration and Nationality Act (8 USCA 11-1 et seq.), aliens who are granted asylum under the Act, certain refugees, and certain battered aliens. 8 USCA 1641.
 3. A non-citizen who is not eligible for general assistance may be eligible for state assistance with health care items and services that are necessary for the treatment of an emergency medical condition, which is defined as a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:
 - a) Placing the patient's health in serious jeopardy;
 - b) Serious impairment to bodily functions; or
 - c) Serious dysfunction of any bodily organ or part. * USCA 1621(b) and 42 USCA 1396(v)(3).
 - d) A non-citizen also may be eligible for assistance for treatment of an emergency medical condition, pursuant to Section IX (E)(8)(a) of these guidelines.
 - e) Non-citizen applicants for assistance may be required to provide proof of eligibility. 9 USCA 1625.
- 8. Property Transfers.** No applicant who is otherwise eligible shall receive assistance if he/she has made an assignment, transfer, or conveyance of property for the purpose of rendering him/herself eligible for assistance within three (3) years immediately preceding his/her application, per RSA 165:2-b.
- 9. Employment of Household Members.** The employment requirements of these guidelines shall be required for all adults aged 18 to 65 years residing in the same household, except those regularly attending school or employed on a full-time basis, who are:
- a) Members of the recipient's household;
 - b) Legally liable to contribute to the support of the recipient and/or children of the household; and
 - c) Not prevented from maintaining employment and contributing to the support of the household by reason of physical or mental disability or other justifiable cause as verified by the Welfare Administrator.

The Welfare Officer may waive this requirement where the failure of the other household members to comply is not the fault of the recipient and the Welfare Officer decides it would be unreasonable for the recipient to establish a separate household. RSA 165:32

10. Disqualification for Voluntary Termination of Employment. Any applicant who otherwise would be found eligible for assistance, but who voluntarily terminated employment, shall be ineligible to receive assistance for ninety (90) days from the date of employment termination; except when one or more of the following is verified as the reason for voluntary termination:

- a) Applicant unexpectedly became solely responsible for the care of their own minor children and unable to secure childcare.
- b) Applicant loses their mode of transportation or childcare.
- c) Applicant is diagnosed with a mental or physical impairment that caused him/her to be unable to work.
- d) Applicant experienced debilitating discrimination or harassment.
- e) Applicant experiencing unreasonable work demands.
- f) Applicant left to accept a job offer that would better support the applicant's basic needs.

The applicant shall be considered to have voluntarily terminated employment if the applicant fails to report for work without good cause. An applicant who is fired or resigns from a job at the request of the employer due to the applicant's inability to maintain the employer's normal work productivity standards shall not be considered to have voluntarily terminated employment per RSA 165:1-d.

D. Available Assets

- 1. Available Liquid Assets.** Cash on hand, bank deposits, credit union accounts, cryptocurrency, securities, and retirement plans (i.e., IRA's, deferred compensation, Keogh's, etc.) are available liquid assets. Insurance policies with a loan value and non-essential personal property may be considered as available liquid assets when they have been converted into cash. The Welfare Officer shall allow a reasonable time for such conversion. However, tools of the trade, livestock, farm equipment, and necessary and ordinary household goods are essential items of personal property, which shall not be considered available assets.
- 2. Automobile Ownership.** The ownership of one automobile by an applicant/recipient or his/her dependent does not affect eligibility if it is essential for transportation to seek or maintain employment, to procure medical services or rehabilitation services, or if its use is essential to the maintenance of the individual or the family. The ownership of more than one vehicle could affect eligibility, as subsequent vehicles could be considered liquid assets. Motorcycles, ATVs, Snowmobiles, Boats, and Campers could be considered to be liquid assets based on their fair market value.
- 3. Insurance.** The ownership of insurance policies does not affect eligibility. However, when a policy has cash or loan value, the recipient will be required to obtain and/or borrow all available funds, which shall then be considered available liquid assets.

4. **Real Estate.** The type and amount of real estate owned by an applicant do not affect eligibility, although rent or other such income from property shall be considered as available to meet needs. Applicants owning real estate property, other than that occupied as their principal residence, shall be expected to make reasonable efforts to dispose of it at fair market value. Applicants shall be informed that a lien covering the amount of any general assistance they receive shall be placed against any real estate they own. RSA 165:28

E. Basic Standard of Needs:

The basic financial requirement for general assistance is that the applicant is impoverished and unable to support themselves. An applicant shall be considered in need when they have insufficient available income/assets to provide for themselves and their dependents shelter, heat, electricity, water, food, and as well as other necessities at the discretion of the Welfare Officer.

1. **Shelter** - The amount to be included as "need" for housing is the actual cost of rent or mortgage necessary to provide shelter or housing in the municipality.
 - a) **Permanent Tenancy Housing Arrearages:** Housing arrearages will be included in the "need" formula if, and only if, such payment is necessary to prevent eviction or foreclosure or to protect the health and safety of the household. However, if the amount of such mortgage or rental arrearage substantially exceeds the cost of the alternative, available housing which complies with local health and housing code standards, or if the payment of arrears will not prevent eviction or foreclosure, the Welfare Officer may instead authorize payment of security deposit, rent, and/or reasonable relocation expenses for such alternative housing if, under the circumstances of the case, it is reasonable to do so and would not cause undue hardship to the applicant household. Alternative housing may include transitional housing as an option. It is not the responsibility of the Municipal Welfare Office to locate permanent housing.
 - b) **Security Deposits:** Security deposits may be included in the 'need' formula if, and only if, the applicant is unable to secure alternative housing or shelter for which no security deposit is required or is unable to secure funds, either him/herself or from alternative sources, for payment of the deposit. Any security deposit provided by the general assistance program which is returned under RSA 540-A:7 "shall be returned to the municipality, not the recipient."
 - c) **Relative Landlords:** Whenever a relative of an applicant is also the landlord for the applicant, a financial analysis shall be made in accordance with RSA 165:19.

d) **Emergency Shelter:** In cases in which the municipality has made an appropriate referral for an emergency, temporary shelter and the applicant refuses to accept such a referral, or if the applicant does not abide by the rules of the emergency housing/shelter, or destroys the property of the emergency shelter housing, the Welfare Officer may suspend the applicant by refusing to pay for alternative emergency shelter, but may not deny the applicant other forms of assistance to which he/she is otherwise entitled. The applicant must accept the least costly alternative for emergency housing assistance that is deemed suitable by the Welfare Officer for the applicant's household.

2. **Utilities:** When utility costs are not included in the shelter expense, the most recent outstanding monthly utility bill will be included as part of the "need" by the Welfare Administrator. The utility(ies) account(s) must be in the name of the applicant or co-applicant in order to be included as part of the "need" by the Welfare Administrator. Arrearages will not normally be included in the "need" except as set forth below.

a) **Arrearages:** Arrearages will not be included except when necessary to prevent termination of utility service where no other resources are available. In accordance with the rules of the PUC relating to electric utilities, arrearages for electric service need not be paid if the Welfare Administrator notifies the electric company that the municipality guarantees payment of current electric bills as long as the recipient remains eligible for general assistance.

b) **Restoration of Service:** When utility service has been terminated and the Welfare Officer has determined that alternative utility service is not available and alternative shelter is not feasible, arrearages will be included in "need" when restoration of service is necessary to ensure the health and safety of the applicant household. The Welfare Officer may negotiate with the utility for payment of less than the full amount of the arrears and/or may attempt to arrange a payment plan to obtain restoration of service. When utility service has been terminated and restoration is required, arrearages may either be included as set forth in the above paragraph or may be paid in accordance with a reasonable payment plan entered into by the applicant and the utility company. The Welfare Officer may hold the recipient accountable for the payment arrangement for as long as the recipient continues to request general assistance on a regular basis. On-time payment according to a payment plan may be a required element of a notice of decision or case plan. An applicant who is gainfully employed may receive only partial assistance with a necessary expense if they are deemed by the Welfare Officer to be able to contribute partial payment of the utility.

- c) **Deposits:** Utility security deposits will be considered as "need" if, and only if, the applicant is unable to secure funds for the payment of the deposit and is unable to secure utility service without a deposit. Such deposits shall, however, be the property of the municipality, and "shall be returned to the municipality, not the recipient."

The New Hampshire Public Utilities Commission (PUC) has established comprehensive rules governing the provision of some utility services. The PUC governs electric, telephone, water, and sewer; it does not govern any municipal utilities, propane tanks, or fuel oil. With the exception of the telephone, the rules are consistent across utilities. These rules and regulations cover the initiation of service, payment arrangements, termination of service, the terms of restoration of service, the requirement of deposits, municipal guarantees, and guarantees from other third parties. There are special rules as to winter termination. The Welfare Officer is familiar with these rules in order to ensure that needs are properly met at the lowest available cost.

3. **Food:** When an applicant is awarded assistance for food it will be in accordance with the most recent standard food stamp allotment, as determined under the food stamp program administered by the New Hampshire Department of Health and Human Services and approved by the Board of Selectmen. An amount in excess of the standard food allotment may be granted if one or more members of the household need a special diet, as verified by the Welfare Officer, the documented cost of which is greater than can be purchased with the family's food allotment. Food vouchers shall not be used for alcohol, tobacco, pet products, flowers, cards, or any other non-food item except for the following essential personal care items; toilet paper, soap, shampoo, diapers, baby wipes, and feminine hygiene products. These items will be specifically allowed as noted on the voucher.
4. **Telephone:** The applicant may be awarded assistance for a landline phone when the absence of a telephone would create an unreasonable risk to the applicant's health or safety or for other good cause as determined by the Welfare Officer, the lowest available basic monthly rate may be allowed. The amount included for telephone service shall not exceed the lowest basic monthly rate for a landline installed in the applicant or recipient's home that is available from the local telephone carrier. Such service does not include long-distance charges, cellular services, internet, or other optional phone services. Arrearages will not be allowed except when the absence of a telephone would create an unreasonable risk to the applicant's health or safety (as verified by the Welfare Officer), or for other good cause as determined by the Welfare Officer.

- 5. Transportation:** The applicant may be awarded limited assistance with transportation when the Welfare Officer determines that transportation is necessary (e.g., for health or medical reasons, to maintain employment, or to comply with conditions of assistance). Transportation assistance may include assistance with making a car payment, purchase of gasoline, or the costs of public transportation, where available and the need cannot be reasonably provided by alternate means. Under no circumstances shall transportation assistance be continuous or repetitive. All applicants are held reasonably responsible for arranging for their own transportation when possible, and mileage will be calculated to and from work or medical appointments to correspond with assistance provided.
- 6. Other Expenses:** In the event that the applicant has the following expenses, the actual cost, when allowed, shall be included as "other expenses" to determine eligibility and amount of assistance:
- a) **Medical Expenses.** The Welfare Officer shall not consider including amounts for medical, dental, or eye services unless the applicant can verify that all other potential sources have been investigated and that there is no source of assistance other than local welfare. Other sources to be considered include state and federal programs, local and area clinics, area service organizations, private companies and foundations, local churches, and area hospital indigent programs designed for such needs. When an applicant requests medical services, prescriptions, dental services, or eye services, the local Welfare Officer may require verification from a doctor, dentist, or person licensed to practice optometry in the area, indicating that these services are absolutely necessary and cannot be postponed without creating a significant risk that the applicant's well-being may be placed in serious jeopardy.
 - b) **Legal Expenses.** Except for those specifically required by statute, no legal services will be included.
 - c) **Clothing.** If the applicant has an emergency clothing need that cannot be met in a timely fashion by other community resources (i.e., Salvation Army, Red Cross, church group, etc.), the expense of reasonably meeting that emergency clothing need will be included.
 - d) **Moving Expense.** No moving expenses shall be included in "need" except the expense of returning a person to their municipality of residence pursuant to RSA 165:1-c.
 - e) **Household Maintenance:** The Welfare Officer may include basic household maintenance costs, such as for diapers, personal hygiene products, soap, and other necessities when calculating need.

f) **Unusual Needs Not Otherwise Provided for in These Guidelines.** If the Welfare Officer determines that the strict application of the standard of need criteria will result in an unnecessary or undue hardship (e.g., needed services are inaccessible to the applicant), such official may make a minor adjustment in the criteria or may make allowances using the emergency need standards stated in Section VI(D) of these guidelines. Any such determination and the reasons, therefore, shall be stated in writing in the applicant's case record.

7. **Shared Expenses:** If the applicant/recipient household shares shelter, utility, or other expenses with a non-applicant/recipient(s) (i.e., is part of a residential unit), then need should be determined on a pro-rated share, based on the total number of adults in the residential unit. For example, if there are three adults in the residential unit, but only one applies for assistance, the shelter need is 1/3 of the shelter allowance for a household of three adults.)

8. **Payment Levels for Allowance Expenses:** When adopting these guidelines, the Board of Selectmen shall establish payment levels for various allowable expenses which shall be based on actual local market conditions and costs. The payment levels including suggested modifications to the payment levels where market conditions have changed shall be reviewed periodically by the Select Board per RSA 165:1, II.

F. Income:

In determining eligibility and the amount of assistance, the standard of need shall be compared to the available income/assets. Computation of income and expenses will be by the week or month. The following items will be included in the computation:

1. **Earned Income.** Income in cash or in-kind earned by the applicant or any member of the household through wages, salary, commissions, or profit, whether self-employed or as an employee, is to be included as income. Rental income and profits from items sold are considered earned income. With respect to self-employment, total profit is arrived at by subtracting business expenses from gross income in accordance with standard accounting principles. When income consists of wages, the amount computed should be that available after income taxes, social security, and other payroll deductions required by state, federal, or local law, court-ordered support payments and childcare costs, and work-related clothing costs have been deducted from income. Wages that are trusteed, or income similarly unavailable to the applicant or applicant's dependents, should not be included.
2. **Income or Support from Other Persons.** Contributions from relatives or other household members shall be considered as income only if actually available and received by the applicant or recipient. The income of non-household members of the applicant's residential unit shall not be counted as income. (Expenses shared with non-household members may affect the level of need, however. See Section IX(E)(7) regarding the determination of need in cases of non-household residential units.)

- 3. Income from Other Assistance or Social Insurance Programs.**
- a. State categorical assistance benefits, OASDI payments (Old Age Survivors Disability Insurance), Social Security Payments, VA benefits, unemployment insurance benefits, and payments from other government sources shall be considered income.
 - b. Supplement Nutrition Assistance Program (SNAP) (also known as Food Stamps) cannot be counted as income pursuant to federal law. 7 USC 2017(b).
 - c. Low Income Heating and Energy Assistance Program (LIHEAP) (Also known as Fuel Assistance) cannot be counted as income pursuant to federal law. 42 USC 8624(f)(1).
- 4. Court-Ordered Support Payments.** Alimony and child support payments shall be considered income only if actually received by the applicant or recipient.
- 5. Income from Other Sources.** Payment from a pension, trust funds, and similar programs shall be considered income.
- 6. Earnings of a Child.** No inquiry shall be made into the earnings of a child 14 years of age or less unless that child makes a regular and substantial contribution to the family.
- 7. Option to Treat a Qualified State Assistance Reduction as Deemed Income.** The Welfare Officer may deem as income all or any portion of any qualified state assistance reduction pursuant to RSA 167:82, VIII. The following criteria shall apply to any action to deem income under this section. RSA 165:1-e.
- a. The authority to deem income under this section shall terminate when the Qualified State Assistance Reduction no longer is in effect.
 - b. Applicants for general assistance may be required to cooperate in obtaining information from the Department of Health and Human Services as to the existence and amount of any Qualified State Assistance Reduction. No applicant for general assistance may be considered to be subject to a Qualified State Assistance Reduction unless the existence and amount have been confirmed by the Department of Health and Human Services.
 - c. The Welfare Officer shall provide the applicant with a written decision that sets forth the amount of any deemed income used to determine eligibility for general assistance.
 - d. Whenever necessary to prevent an immediate threat to the health and safety of children in the household, the Welfare Officer shall waive that portion, if any, of the Qualified State Assistance Reduction as necessary.
- 8. Residents of Shelters for Victims of Domestic Violence and Their Children.** An applicant residing in a shelter for victims of domestic violence and their children who have income and own resources jointly with the abusive member of the applicant's household shall be required to cooperate with the normal procedures for purposes of verification. Such resources and income may be excluded from eligibility determinations unless the applicant has safe access to joint resources at the time of application. The verification process may be completed through an authorized representative of the shelter of residence. The normal procedures taken in accordance with these guidelines to recover assistance granted shall not delay such assistance.

X. Non-Residents:

Applicants who are temporarily in a municipality, which is not their municipality of residence, and who do not intend to make a residence there are nonetheless able to receive general assistance; provided they are determined to be eligible per these guidelines. No applicant shall be refused assistance solely based on their residence in accordance with RSA 165:1.

- A. **Standards**: The application procedure, eligibility standards, and standard of need shall be the same for non-residents as for residents.
- B. **Verification**: Requirements related to the production of records shall be the same for non-residents as for residents.
- C. **Temporary or Emergency Aid**: The standards related to the emergency needs of non-residents and for temporary assistance pending a final decision of eligibility shall be the same for non-residents as for residents as set forth in Section VI(D).
- D. **Determination of Residence**: Determination of residence shall be made for anyone who applies for assistance or requests "return home" transportation, but who cannot provide proof of residency within the municipality. When the Welfare Officer has reason to believe the applicant is a resident of another New Hampshire municipality they shall make every effort to determine residency in order to file for recovery of costs under RSA 165:20.
 - a. **Minors**: The residence of a minor applicant shall be presumed to be the residence of his/her custodial parent or guardian.
 - b. **Adults**: For competent adults, the Welfare Officer shall determine residence based upon proof of such, using a picture ID with an address listed, utility bill with the applicant's name listed, or any other way the Welfare Officer deems necessary to determine residence.
- E. **Return Home Transportation**: At the request of a non-resident applicant, any aid, temporary or otherwise, to which they would be otherwise entitled under the standards set forth in these guidelines, may be used by the Welfare Officer to provide transportation for the applicant to return to their municipality of residence per RSA 165:1-c. However, the Welfare Officer shall make every effort to secure the least expensive mode of transportation to do so.
- F. **Recovery**: Any aid given to a non-resident, including the costs of "return home" transportation, may be recovered from the applicant's municipality of residence as provided in Section XVI (B). The Welfare Officer shall take every action necessary to secure reimbursement by an applicant's municipality of residence for all costs incurred for assistance to non-residents.

XI. Burials & Cremations

- A. The Welfare Officer shall provide for required burial or cremation, at the municipal expense, of persons found in the municipality at the time of death, regardless of whether the deceased person ever applied for or received general assistance from any municipality. In such cases, assistance may be applied for on behalf of the deceased person by another party. The application should be made immediately following the time of death and before expenses are incurred. The municipality shall only pay for services for those deemed eligible (see Section C below). The municipality shall not pay expenses for any services beyond the municipal maximum allowance of \$750.00 for charges required for burial or cremation. RSA 165:3, RSA 165:1-b, RSA 165:27, and RSA 165:27-a.
- B. Expenses paid by the municipality may be recovered from the deceased person's last municipality of residence or from a liable relative pursuant to RSA 165:3, II.
- C. If there are liquid assets at death in the deceased person's estate, the estate of the deceased shall make payment directly to the funeral director or other party who may have already paid for the estate, including the Town, for the burial or cremation pursuant to RSA 165:27-a.

XII. Right to Notice of Adverse Action

A. Right to a Written Decision

All persons have a constitutional right to fair and reasonable actions by the government. This includes applicants for, and recipients of, general assistance. Every applicant and recipient shall be given written notice of decision regarding their application for assistance. The Welfare Officer will make every effort to ensure that the applicant understands the decision.

B. Action Taken for Reasons Other Than Non-compliance with the Guidelines

- 1. Whenever a decision is made to deny assistance, refuse to grant the full amount of assistance requested, or terminate assistance, a Notice of Decision (Form L) shall be mailed to the applicant or made available to them in person, should they present themselves to receive it, within twenty-four (24) hours of the decision.
- 2. When the Welfare Officer determines that the applicant's eligibility has changed and in turn, there shall be a termination of assistance or a reduction of assistance, for reasons other than non-compliance with the guidelines, the Welfare Officer shall mail a Notice of Decision at least seven (7) calendar days in advance of the effective date of the decision to the recipient stating the intended action.
- 3. The Notice of Decision shall contain:

- a. A clear statement of the reason(s) for the denial, termination, or reduction.
- b. A statement advising the applicant/recipient of their right to a fair hearing and that any request for a fair hearing must be submitted to the Welfare Administrator in writing within five (5) working days.
- c. A form (Form O) to request a fair hearing.

C. Suspension for Non-compliance with the Guidelines

Applicants and recipients are expected to be compliant, honest, forthcoming, and cooperative with the Welfare Officer. The procedure outlined in this section provides the process by which suspension or termination of assistance for willful non-compliance with guidelines shall be handled, in accordance with RSA 165:1-b.

1. **Due Process:** Recipients must comply with these guidelines and any reasonable request made by Welfare Officer. The Welfare Officer must enforce the guidelines while ensuring that all recipients receive due process. Recipients shall be given reasonable notice of the conditions and requirements of eligibility, continued eligibility, and notice that non-compliance may result in termination or suspension of assistance.
2. **Conditions:** Any recipient eligible for assistance may become ineligible under RSA 165:1-b if they willfully fail to comply with the requirements of these guidelines, including but not limited to the failure to:
 - a. Apply for other public assistance, as required. (Section VI,C)
 - b. Disclose and provide verification of income, resources, or other financial data. (Section VI,C and VII)
 - c. Comply with the work search requirements. (Section VI,C)
 - d. Comply with housing search requirements.
 - e. Immediately disclose any changes to the information originally provided to determine eligibility.
 - f. Fail to apply for any other forms of public assistance as required by the Welfare Officer. (Section VI,C)
3. **Warning Notice:** Should the Welfare Officer determine that the recipient is at risk of losing benefits due to potential non-compliance with the guidelines a written Warning Notice shall be issued. The Warning Notice shall include the following:
 - a. List of potential non-compliance concerns, and description of actions to be taken to become compliant.
 - b. List of information needed to assist the Welfare Officer with further evaluation of potential non-compliance.
 - c. List of specific action(s) to be taken by the Welfare Officer should the recipient be deemed non-compliant or if they do not respond to the Warning Notice, including the potential period of suspension.

- d. Date to comply, which shall be no more than seven (7) days from the date of the Warning Notice.
 - e. A statement that reminds the recipient that it is their responsibility to adhere to the guidelines and keep the Welfare Officer informed of any and all changes to their circumstances and that time is of the essence. Failure to submit or resubmit required documentation will be deemed an act of non-compliance with these guidelines and could result in suspension or termination of assistance.
4. **Fair Hearing on Non-compliance:** A recipient whose eligibility for assistance has been terminated due to a determination by the Welfare Officer of non-compliance, may request a fair hearing before the Select Board to have the decision reconsidered. However, no assistance shall be provided while the recipient is waiting for the fair hearing and/or the decision of the Select Board after a fair hearing.
5. **Reapplication for Assistance after Suspension or Termination:** A recipient who has had their assistance suspended and who has come back into compliance may have their assistance resumed providing they remain compliant. A recipient who has had their assistance terminated due to non-compliance may reapply for assistance after six (6) months, however, no support shall be provided retroactively.

XIII. Fair Hearings

XIV. Requests:

A written request for a fair hearing before the Lisbon Board of Selectmen may be made by the applicant or recipient, or any person acting on their behalf, whenever an applicant has been denied assistance or when their assistance has been terminated. The request must outline specifically what the applicant or recipient is challenging and what they are requesting. The applicant or recipient must submit a written request for a fair hearing to the Welfare Officer within five (5) working days of receipt of the Notice of Decision per RSA 165:1-b.

XV. Time Limits for Hearings:

Hearings must be held within seven (7) working days of receipt of the request. The Welfare Officer shall provide notice to the claimant of the date, time, and location of the hearing. This notice must be given to the claimant at least forty-eight (48) hours in advance of the hearing or mailed to the claimant at least five (5) days in advance of the hearing. Should the claimant not attend the hearing the request shall be deemed denied in whole irrevocably.

XVI. The Fair Hearing Officers:

The fair hearing officers shall be the Board of Selectmen, or a majority thereto.

XVII. Fair Hearing Procedures:

- a. All fair hearings shall be warned as non-public sessions of the Select Board.
- b. All fair hearings shall be conducted in a manner to ensure due process.

- c. The burden of proof shall be on the claimant, who shall be required to establish their case by a preponderance of the evidence.
- d. The Welfare Officer responsible for the disputed decision shall attend the hearing and testify about his/her actions.
- e. Both parties shall be given the opportunity to explain their positions fully and completely, present evidence, and provide witness testimony.
- f. The claimant shall have the opportunity to present his/her own case and may request to bring someone to assist them with presenting their case.
- g. Both parties shall be afforded the right to present without interference by the other party.
- h. Both parties shall be allowed to question or refute testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.
- i. The claimant has the right to examine, prior to a fair hearing, all records, papers, and documents from the claimant's case file that either party may wish to introduce at the fair hearing, as well as any available documents not contained in the case file but relevant to the Welfare Officer's action of which the claimant complains. The claimant may introduce any such documents, papers, or records into evidence. No record, paper, or document, that the claimant has requested to review but has not been allowed to examine prior to the hearing, shall be introduced at the hearing or become part of the record.
- j. The Welfare Officer (or a duly authorized representative) shall have the right to examine at the fair hearing all documents on which the claimant plans to rely upon at the fair hearing and may request a 24-hour continuance if such documents contain evidence not previously provided or disclosed by the claimant.
- k. Should the claimant have new documentation relevant to the disputed decision, he/she may reapply for assistance after filing a written withdrawal of the fair hearing request.
- l. The decision of the fair hearing officers must be based solely upon the information presented at the fair hearing and in accordance with these guidelines. Evidence, both written and oral, which is admitted during the fair hearing shall be the sole contents of the record to be considered by the fair hearing officers. The fair hearing officers shall not review the case record or other materials prior to introduction at the hearing.
- m. All fair hearings shall be tape-recorded, and the recording retained for six (6) months.

E. Decisions

- 1. Fair hearing decisions shall be rendered within seven (7) working days of the hearing. Decisions shall be in writing setting forth the reasons for the decision and the facts on which the fair hearing officers relied in reaching their decision.

A copy of the decision shall be mailed or delivered to the claimant and to the Welfare Officer.

2. Fair hearing decisions will be rendered on the basis of fact, these guidelines, as well as state and federal law.
3. The decision shall be dated, and in the case of a hearing to review a denial of assistance, the decision is retroactive to the date of the action being appealed.
4. If a claimant fails to prevail at the hearing, any assistance given between the date of Notice of Decision to the date of the hearing shall be a debt owed by the individual to the municipality.
5. The Welfare Officer shall keep all fair hearing decisions on file in chronological order.
6. None of the procedures specified herein shall limit any right of the applicant or recipient to subsequent court action to review or challenge the adverse decision.

XIV. Liens

A. Real Estate

The law requires the municipality to place a lien for welfare aid received on any real estate owned by an assisted person in all cases except for just cause. (This section does not authorize the placement of a lien on the real estate of legally liable relatives, as defined by RSA 165:19.) The Selectmen shall file a Notice of Lien with the County Registry of Deeds, complete with the owner's name and a description of the property sufficient to identify it. Interest at the rate of 6% per year shall be charged on the amount of money constituting the lien commencing one year after the date the lien is filed unless waived by the municipality. The lien remains in effect until enforced or released or until the amount of the lien is repaid to the municipality. The lien shall not be enforced so long as the real estate is occupied as the sole residence of the assisted persons, his/her surviving spouse, or his/her surviving children who are under age 18 or blind or permanently and totally disabled. At such time as the lien may become enforceable, the welfare officer shall attempt to contact the attorney handling the real estate or estate before enforcing the lien. Upon repayment of a lien, the municipality must file written notice of the discharge of the lien with the County Registry of Deeds. RSA 165:28.

B. Civil Judgment – RSA 165:28-a.

1. A municipality shall be entitled to a lien upon property passing under the terms of a will or by intestate succession, a property settlement, or a civil judgment for personal injuries (except Workers Compensation) awarded to any person granted assistance by the municipality for the amount of assistance granted by the municipality.
2. The municipality shall be entitled to the lien only if the assistance was granted no more than 6 years before the receipt of the inheritance or the award of the property settlement or civil judgment. When the welfare officer becomes aware of such a

claim against a civil judgment, he/she shall contact the attorney representing the recipient.

3. This lien shall take precedence over all other claims.

XV. Recovery of Assistance

The Welfare Officer shall seek to recover money expended to assist eligible applicants. There shall be no delay, refusal to assist, reduction, or termination of assistance while the Welfare Officer is pursuing the procedural or statutory avenues to secure reimbursement. Any legal action to recover must be filed in a court within six (6) years after the expenditure. RSA 165:25.

A. Recovery from Responsible Relatives

The amount of money spent by a municipality to assist a recipient who has a father, mother, stepfather, stepmother, husband, wife, or child (who is no longer a minor) of sufficient ability to also support the recipient, may be recovered from 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. The Welfare Officer may determine that "in-kind" assistance or the provisions of products/services to the client is acceptable as a relative's response to liability for support. Written notice of money spent in support of a recipient must be given to the liable relative. The Welfare Officer shall make reasonable efforts to give such 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 the inability to contact possibly liable relatives. RSA 165:19.

B. Recovery from the Municipality of Residence

The Welfare Officer shall seek to recover from the municipality of residence the amount of money spent by the municipality to assist a recipient who has a residence in another municipality. Written notice of money spent in support of a recipient must be given to the Welfare Officer of the municipality of residence. In any civil action for recovery brought under RSA 165:20, the court shall award costs to the prevailing party. RSA 165:19 and 20.

C. Recovery from Former Recipient's Income

A former recipient who is returned to an income status after receiving assistance may be required to reimburse the municipality for the assistance provided, if such reimbursement can be made without financial hardship. RSA 165:20-b.

D. Recovery from State and Federal Sources

The amount of money spent by a municipality to support a recipient who has made an initial application for SSI and has signed HHS FORM 151 "AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE" shall be recovered through the SSA and the New Hampshire Department of Health and Human Services. Prescription expenses paid by the municipality for applicants who have applied for Medicaid shall be recovered through the New Hampshire

Department of Health and Human Services if and when the applicant is approved for medical coverage.

E. Delayed State Claims

For those recipients of general assistance deemed eligible for state assistance, the New Hampshire Department of Health and Human Services shall reimburse a municipality the amount of general assistance as a result of delays in processing within the federally mandated time periods. Any claims for reimbursement shall be held until the end of the fiscal year and may be reimbursed on a pro-rated basis dependent upon the total claims filed per year. RSA 165:20-c.

XVII. Application of Rents Paid by the Municipality

Whenever the owner of property rented to a person receiving general assistance from the municipality is in arrears in a sewer, water, electricity, or tax payments to the municipality, the municipality may apply for the assistance that the property owner would have received in payment of rent on behalf of such assisted person to the property owner's delinquent balances, regardless of whether such delinquent balances are in respect of property occupied by the assisted person. RSA 165:4-a.

A. Payment Arrears

Payment shall be considered in arrears if more than thirty (30) days have elapsed since the mailing of the bill, or in the case of real estate taxes, if interest has begun to accrue pursuant to RSA 76:13. RSA 165:4-a.

B. Order of Priority

Delinquent balances will be offset in order of the following priority: 1) Property taxes; 2) sewer fees.

C. Procedure

1. The Welfare Officer will issue a voucher on behalf of the tenant to the landlord for the allowed amount of rent. The voucher will indicate any amount to be applied to a delinquent balance owed by the landlord, specifying which delinquency, and referring to the authority of RSA 165:4-a.
2. The Welfare Officer will issue a duplicate voucher to the appropriate department (i.e.: tax collector, sewer department, water precinct, municipal electric facility), which shall forward the voucher to the treasurer or finance director for payment. Upon receipt of payment, the department will issue a receipt of payment to the delinquent landlord.

TITLE XII
PUBLIC SAFETY AND WELFARE
CHAPTER 165
AID TO ASSISTED PERSONS
Liability for Support, and Recovery Over
Section 165:19

165:19 Liability for Support. – The relation of any poor person in the line of father, mother, stepfather, stepmother, son, daughter, husband, or wife shall assist or maintain such person when in need of relief. Said relation shall be deemed able to assist such person if his weekly income is more than sufficient to provide a reasonable subsistence compatible with decency and health. Should a relation refuse to render such aid when requested to do so by a county commissioner, selectman, or overseer of public welfare, such person or persons shall upon complaint of one of these officials be summoned to appear in court. If, after hearing, it is found that the alleged poor person is in need of assistance, and that the relation is able to render such assistance, the court shall enter a decree accordingly and shall fix the amount and character of the assistance which the relation shall furnish. If the relation neglects or refuses to comply with the court order without good cause, as determined by the court at a hearing, or by refusing to work or otherwise voluntarily places himself in a position where he is unable to comply, he shall be deemed to be in contempt of court and shall be imprisoned not more than 90 nor fewer than 60 days. If a poor person has no relation of sufficient ability, the town or city in which he resides shall be liable for his support.

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

FORM A

Town of Lisbon

**Notice to Applicants for
General Welfare Assistance**

THE FOLLOWING MUST BE DONE:

- You must fill out the attached application completely and submit it to the Town Welfare Office.
- You must provide ALL the required documentation shown in the list on pages 2-3.
- If you do not provide required documents your application will be considered incomplete, and a decision may be made to deny assistance.
- Read the **“Requirements for General Assistance”** carefully, as compliance with all stipulations is necessary to be considered for assistance
- To protect your right to confidentiality you must make an appointment to discuss your application with the Welfare Administrator.

Requirements for General Welfare Assistance

For the Town of Lisbon Welfare Office to accept your application and make a determination regarding your case, you (applicant and co-applicant, if any) **MUST**:

1. Sign and date the Requirements for General Assistance below.
2. Date and sign Documents Required for a complete application.
3. Sign and date the Notice of Rights and Responsibilities for Applicants/Recipients of General Assistance.
4. Complete, sign and date this Application for Assistance.
5. Sign and date the Authorization to Release Information.
6. You must provide proof of your identity.
7. You must provide **PROOF OF RESIDENCY** (Lisbon or last Town of residence, if homeless).
8. If you are unemployed and able to work, you must register with the local Employment Security Office within seven (7) calendar days of the date of this application.
9. If you are unemployed and able to work, you must complete, and submit, one (1) Job Search Form for every week you are eligible for assistance.
10. If you are homeless, you must complete and submit one (1) Apartment Search Form (and not for just Lisbon but surrounding towns) for every week you are eligible for assistance.
11. If you are disabled and unable to work, you must provide a signed and dated Medical Release & Report Form or an acceptable statement from a licensed physician, within seven (7) calendar days of the date of this application.
12. You must apply for all the following for which you may be eligible within seven (7) calendar days of the date of this application, and provide documentation that you have applied:

Fuel Assistance (CAP)

Medicaid (NHH&HS)

Food Stamps (NHH&HS)

TANF (NHH&HS)

APTD (NHH&HS)

Social Security Disability

Workers Compensation

Veterans Administration

Unemployment

13. You must provide **ALL** other documents shown in Documents Required for a complete application (pages 2-3 of this package) or an explanation if you cannot provide documents, sign, and date the page.
14. You must keep scheduled appointment(s) with the Town Welfare Office and any agency to which you apply for assistance.

I understand that failure to comply with the requirements listed above may result in a denial of assistance.

Print Name of Applicant

Signature of Applicant

Date

Print Name of Spouse/Co-Applicant

Signature of Spouse/Co-Applicant

Date

DOCUMENTS REQUIRED FOR A COMPLETE APPLICATION

| | Documents | Attached (Circle Yes or No) | If NO, why not? | Town Use Only |
|----|---|-----------------------------------|-----------------|---------------------|
| 1 | Picture Identification—for example, driver's license, non-driver ID, passport, alien registration card | YES NO | | |
| 2 | Proof of Residency—for example, current lease, or rental agreement, Rental Verification Form, electric or telephone bill with your name on it | YES NO | | |
| 3 | Signed Authorization for Release of Information | YES NO | | |
| 4 | Proof of cash resources, three (3) months bank and/or credit union statements; if no bank account, receipts that evidence the expenditure of any and all cash resources | YES NO | | |
| 5 | Copy of latest IRS Income Tax Return | YES NO | | |
| 6 | Title or registration of any vehicles (owned or leased) such as car, truck, motorcycle, recreational vehicle, boat etc., | YES NO | | |
| 7 | Proof of wages from all employers. Pay stubs covering four (4) weeks prior to the date of this application are required | YES NO | | |
| 8 | Employment Verification Form completed and signed by your current or last employer | YES NO | | |
| 9 | If you are unable to work because of illness or disability, you must complete the Medical Release form or provide other acceptable documentation about the extent and duration of your illness or disability, and ability to work | YES NO | | |
| 10 | If you are unemployed and able to work, proof of registration at local Employment Security Office | YES NO | | |
| 11 | Proof of Assistance from all Public and Private Agencies (or proof of submission of application) for example, food stamps, WIC, Medicaid, TANF, APTD, Social Security, veterans' benefits, unemployment benefits, workers' compensation, fuel assistance, housing | YES NO | | |
| 12 | If you receive child support or alimony payments, any legal document that shows the amount you are supposed to receive | YES NO | | |
| 13 | Bills, receipts, and other documentation evidencing activity (amount due / amounts paid) for the past three (3) months related to any basic needs you are requesting be paid by the Town | YES NO | | |

Applicant Signature

Print Name

Date

Spouse/Co-Applicant Signature

Print Name

Date

NOTICE OF RIGHTS & RESPONSIBILITIES FOR APPLICANTS

You have the following RIGHTS:

1. You have the right to apply for General Welfare Assistance.
2. You have the right to receive a prompt written decision telling you whether you will receive assistance each time you apply for assistance.
3. You have the right to see the guidelines used by the Welfare Officer in making decisions related to your application.
4. You have the right to have in writing the reason why you have been denied assistance or have been given only some of the assistance you requested.
5. You have the right to appeal any decision you do not agree with.
6. You must appeal in writing within five (5) working days after you receive your decision.
7. If you appeal in a timely manner, you have the right to a hearing to present your case.
8. You have the right to have your assistance continue, if you are already receiving assistance, until your hearing.
9. You have the right to review the information in your file before your hearing.

At the time of initial application, and always thereafter, you have the following RESPONSIBILITIES:

1. To provide accurate, complete, and current information concerning needs, and resources.
2. To provide the whereabouts and circumstances of relatives who may be responsible according to state law.
3. To notify the welfare official within three (3) working days when there is a change in needs, resources, address, or household size.
4. To apply immediately for, but no later than seven (7) days from initial application, and accept any benefits or resources, public or private, that will reduce or eliminate the need for general welfare assistance.
5. To keep all appointments as scheduled.
6. To provide records and access to said records and information when requested.
7. To seek alternate living arrangements if you are unable to afford your current arrangement.
8. To diligently search for employment and provide verification of work search.
9. To seek, accept, and maintain employment that can support your basic needs.
10. To reimburse assistance granted, once employed and such reimbursement can be made without financial hardship.
11. To accept that you may be denied, suspended from, or terminated from assistance, if you fail to fulfill any of these responsibilities.
12. To accept that you may be denied or terminated from general assistance in accordance with the law, or you may be prosecuted for a criminal offense, if you, by means of intentionally false statements or intentional misrepresentation, or by impersonation or other willfully fraudulent act or device, obtain or attempt to obtain any assistance to which you may not be eligible.

Applicant Signature

Print Name

Date

Spouse/Co-Applicant Signature

Print Name

Date

TOWN OF LISBON

APPLICATION FOR GENERAL WELFARE ASSISTANCE

Assistance you are requesting (check all that apply):

☐ Rent for month of _____
 ☐ Food
 ☐ Oil/Gas Heat
 ☐ Electricity
☐ Emergency Shelter (homeless)
 ☐ Other _____ Describe _____

1. General Information

| APPLICANT | CO-APPLICANT |
|--|--|
| Name _____ | Name _____ |
| U.S. Citizen? (circle one) Yes No | U.S. Citizen? (circle one) Yes No |
| Marital Status (circle one) Single Married Divorced Separated | Marital Status (circle one) Single Married Divorced Separated |
| Relationship to Co-Applicant _____ | Relationship to Applicant _____ |
| Current Address: _____ _____ | Current Address: _____ _____ |
| Length of Time at this address years months | Length of Time at this address years months |
| Phone: _____ | Phone: _____ |
| Email: _____ | Email: _____ |

Including yourself, list the names of all persons living in your household:

| Full Name | Relationship | Date of Birth | Social Security No. |
|-----------|--------------|---------------|---------------------|
| | Self | | |
| | | | |
| | | | |
| | | | |

Provide all addresses where you have lived within the past 12 months:

Applicant:

| Street Address | Town/City and State | From | To |
|----------------|---------------------|------|----|
| | | | |
| | | | |

Co-Applicant:

| Street Address | Town/City and State | From | To |
|----------------|---------------------|------|----|
| | | | |
| | | | |

2. Housing Information

RENTER:

Rent Amount \$ _____ per Month/Week Last Date Rent Paid _____ Date Due _____

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

Total Rent You Owe \$ _____ Do you have a Housing Subsidy? Yes No

Check all that are included in rent ☐ Heat ☐ Electric ☐ Gas ☐ Water/Sewer

Landlord/Owner Name _____ Telephone No. _____

Landlord/Owner Address _____

HOMEOWNER:

Mortgage Amount: \$ _____ per Month Last Date Paid _____ Date Due _____

Bank/Mortgage Co. _____ Address _____

3. Education/Training

| | Highest Grade Attended | G.E.D. or Diploma | Special Training or Skills | Military Service Branch/Dates |
|--------------|------------------------|-------------------|----------------------------|-------------------------------|
| Applicant | | | | |
| Co-Applicant | | | | |

4. Employment History

Provide employment history for your current job and jobs held in the past two (2) years.

Applicant:

| Employer Name/Location | Dates Employed | Pay Rate | Number Hrs./Week | Reason for Leaving |
|------------------------|----------------|----------|------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Co-Applicant:

| Employer Name/Location | Dates Employed | Pay Rate | Number Hrs./Week | Reason for Leaving |
|------------------------|----------------|----------|------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

5. Household Assets

Provide information regarding all accounts held by you and all members of your household

| Household Member Name | Bank/Credit Union | Savings Account Number | Savings Balance | Checking Account Number | Checking Balance |
|-----------------------|-------------------|------------------------|-----------------|-------------------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Provide information about all motor vehicles owned by you and all members of your household

| Owner | Make | Model | Year | Value | Payments/Month | Insurance |
|-------|------|-------|------|-------|----------------|-----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Provide the current value of any other assets held by you and all members of your household

| Asset Type | Value/Amount | Asset Type | Value/Amount | Asset Type | Value/Amount |
|--|--------------|--|--------------|---------------------------------|--------------|
| Cash (all household members combined) | | Certificates of Deposit | | Savings Bonds | |
| Mutual Funds | | Annuities | | Stocks | |
| Trust Funds | | Retirement Accounts | | Insurance Policies (Cash Value) | |
| 401k Account | | Real Property (except primary residence) | Location: | | |
| Motorcycles, Boats, Snowmobiles, ATVs, RVs | | | | | |
| Other Assets (List) | | | | | |

6. Claims/settlements/income due to you or any member of your household

| Description | Value/Amount | Description | Value/Amount | Description | Value/Amount |
|-----------------------------------|--------------|---------------------------|--------------|------------------------------|--------------|
| IRS Refund | \$ | Insurance Claim | \$ | Retroactive Disability Check | \$ |
| Retroactive Unemployment | \$ | Retroactive Workers Comp. | \$ | Inheritance | \$ |
| Other Lump Sum Payment (Describe) | | | | | \$ |

Have you or any member of your household consulted a lawyer about a possible lawsuit?
___ Yes ___ No

If yes, provide following information:

Reason _____

Lawyer's Name & Address _____

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

Provide Details _____

7. Household Income

Provide the following information about any benefits or income you or any member of your household receive or have applied for

| Description | Name of Household Member | Date Applied | Date Last Received | Monthly Amount |
|--|--------------------------|--------------|--------------------|----------------|
| Alimony | | | | |
| ANB (Aid to Needy Blind) | | | | |
| APTD (Aid to Permanent & Temporary Disabled) | | | | |
| Child Support | | | | |
| Disability from Employer | | | | |
| Gifts/Loans | | | | |
| Maternity Benefits | | | | |
| Medicaid | | | | |
| OAA (Old Age Assistance) | | | | |
| Retirement/Pension | | | | |
| Severance Pay | | | | |
| Social Security Retirement | | | | |
| SSDI (Social Security Disability) | | | | |
| SSI (Supplemental Social Security) | | | | |
| TANF (Temporary Aid for Needy Families) | | | | |
| Unemployment Comp. | | | | |

| | | | | |
|--|--|--|--|--|
| Vacation Pay | | | | |
| Veteran's Pension or Disability | | | | |
| Vocational Rehabilitation | | | | |
| WIC(Women/Infants/Children) | | | | |
| Worker's Compensation | | | | |
| Other Income and IRS Income Tax Return | | | | |

Are you or any other member of your household working, volunteering, and/or receiving assistance from any other agency/organization(s)? ☐ Yes ☐ No If yes, provide the following information:

| Name of Household Member | Agency Name | Agency Contact Person |
|--------------------------|-------------|-----------------------|
| | | |
| | | |

8. Household Expenses

List the actual or estimated regular monthly expense amounts for yourself and all members of your household:

| | | |
|---------------------------------|------------------|------------------|
| Bank Fees | Diapers | Mortgage |
| Bus/Cab | Electricity | Prescriptions |
| Cable/Internet | Food | Rent |
| Child Support Paid | Fuel Oil | Rent-to-Own |
| Car Gasoline | Gas, Bottled | School Loan |
| Car Insurance | Gas, Natural | Storage Fees |
| Car Payment | Health Insurance | Telephone |
| Condo/Homeowner Association Fee | Laundry | Other (Describe) |
| Child Care | Loan Payment | Other (Describe) |
| Credit Card Payment | Lot Rent | Other (Describe) |

List the amount of any unplanned, emergency or irregular periodic expenses during the past thirty (30) days for yourself and all members of your household. Provide copies of receipts.

| | | |
|------------------|-------------------------|----------------------------|
| Car Inspection | Driver's License | Medical |
| Car Registration | Fines/Court Payments | Sewer/Water |
| Car Repair | Home Repair(s) | Taxes (Income/Property) |
| Dental | Home/Renter's Insurance | Other (Describe) |

9. Criminal History

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 _____ 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 _____

10. Liability for Support – Please provide the following information:

| | Applicant | Spouse or Co-Applicant |
|-------------------------------------|-----------|------------------------|
| Father's Name and Address | | |
| Mother's Name and Address | | |
| Name(s) of Adult Children/Addresses | | |
| | | |
| | | |

Certifications and Signatures

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

I understand that the Welfare Office may notify my mother, father, stepmother, stepfather, adult son, adult daughter, husband or wife either verbally or in writing to request that he/she assist you if their weekly income is more than sufficient to provide for your reasonable subsistence compatible with decency and health. Such request will be made prior to approving assistance. However, if it is not practicable to give prior notice and obtain a response before making a decision in your case, then written notice with a request for reimbursement may be sent to the liable relative(s) after the decision has been made and the funds spent. (RSA 165:19 and 20)

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 Town Welfare Official immediately upon receipt of any money from or upon the settlement of such claim. I understand that if I am assisted, the Town may place a lien against any property settlement or civil judgment for personal injuries (except any workers compensation settlement) which I receive within six (6) years of receiving Town assistance. (RSA 165:28-a)

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 that 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 Town Welfare Official(s) 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 have a job or if I get a job after I am assisted by the Town, and I later quit the job without good cause, I may not be eligible for local assistance from the Town of Lisbon and any other New Hampshire municipality for a period of up to ninety (90) days. (RSA 641:1-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 Town Welfare Office may, under certain circumstances, disregard this decrease in my income. (RSA 165:1-e)

Applicant's Signature

Date

Spouse or Co-Applicant's Signature

Date

Signature of Person Completing Form

Print Name/Relationship

Date

FORM B

**Town of Lisbon Welfare Department
Authorization for the Release of
Information**

I/We, _____ and _____
Print Applicant Name Print Spouse/Co-Applicant Name

Do authorize any relative, physician, lawyer, banker, employer, insurance company, mental health professional, school official or other person or organization having information about my/our circumstances to furnish such information to the Town of Lisbon Welfare Department. I/We also authorize public and private agencies/organizations, including but not limited to the following, to release information from their files about me/us to the Town of Lisbon Welfare Department: Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children, Youth and Families, Division of Adult and Elderly, New Hampshire Legal Assistance, and City/Town Welfare Department, shelter, Department of Employment Security, Veterans Administration and Fuel Assistance, and any non-profit agency/organization.

Applicant's Signature

Date

Spouse or Co-Applicant's Signature

Date

Signature of Person Completing
This Form (if not Applicant)

Print Name/Relationship
to Applicant

Date

FORM I
**TOWN OF LISBON WELFARE DEPARTMENT
EMPLOYMENT VERIFICATION FORM**

(THIS FORM MUST BE COMPLETED BY CURRENT OR LAST EMPLOYER)

For the purpose of administration of Town assistance, the following information is requested for

Employee Name _____ Social Security Number _____

Employer Name _____ Employer Phone Number _____

Employer Address _____ City _____ State _____ Zip _____

Date of Hire _____ Date Starting/Started Work _____

Full or Part-Time _____ Scheduled No. Hours/Week _____ Pay Rate \$ _____ per Hour
(including any shift differential)

Date of Most Recent Pay Check _____ NET Amount \$ _____

Circle Payroll Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

Day of Week Pay Checks are Distributed: _____ after _____ a.m. / p.m.

Does Employee have Direct Deposit? _____ Yes _____ No

If above employee is no longer employed by your company,

Separation/Termination Date _____ Reason _____

Date of Last Paycheck _____ NET Amount \$ _____

Signature Immediate Supervisor or Other _____ Title _____ Date _____
Authorized Person Completing This Form

FORM J
TOWN OF LISBON WELFARE DEPARTMENT
RENTAL VERIFICATION FORM
(THIS FORM MUST BE COMPLETED BY THE LANDLORD)

Tenant(s) Name(s) on Lease _____

Address _____
Number, Street, Apt. No. _____ City _____ State _____

Occupancy Date _____ No. Bedrooms: _____ No. in Household _____

Please List All Members of Household:

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Security Deposit Amount \$ _____ Date Paid _____

Rent Amount \$ _____ per _____ Month _____ Week _____ Other _____

If rent is subsidized, what is Tenant's portion? \$ _____

Rent Includes: _____ All Utilities _____ No Utilities _____ Hot Water _____ Heat _____ Electricity

Type of Heat: _____ Electric _____ Oil _____ Gas _____ Other

Date Rent Last Paid _____ Amount Paid \$ _____ Total Arrears \$ _____

If back rent is owed, please attach an accounting for each month of amounts paid and past due.

For IRS reporting by the Town for payments (if assistance is approved), landlord's Tax ID or Social Security number **MUST** be provided:

Tax ID No. _____ OR Social Security No. _____

If assistance is approved, CHECK IS TO BE MADE PAYABLE TO: (Please Print)

Landlord/Owner Name Telephone & Fax Numbers

Landlord/Owner Mailing Address

Signature of Landlord/Owner or Authorized Representative Date

Print Name Title

FORM H
TOWN OF LISBON WELFARE DEPARTMENT
MEDICAL RELEASE AND REPORT

Applicant Name

Social Security No.

Date of Birth

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

Applicant Signature

Date

TO BE COMPLETED BY CURRENT PHYSICIAN, CLINIC OR MEDICAL FACILITY

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

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

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

Is this person disabled? ☐ No ☐ Yes (If yes, please clarify below)

☐ Temporarily ☐ Permanently ☐ Partially ☐ Totally

Date incapacity began _____ Date Expected to End _____

When will this person be capable of returning to work? What type of work would be suitable for this individual? Please describe any limitations. _____

Medications Prescribed _____

Signature of Physician

Print Name of Physician

Date

Thank you for taking the time to complete this form. If you have any questions, please contact Town of Lisbon Welfare Office at (603) 838-6376.

FORM N
TOWN OF LISBON WELFARE OFFICE
EMPLOYMENT SEARCH RECORD

NAME: _____ **Week Ending Date** _____

Use this form to list each employer you contact and the results.

In order to remain eligible for assistance, you are required to do a job search of at least 5 contacts each week.

If an employer/employer's representative will not sign this form, you may write "refused" in the space.

| DATE | EMPLOYER NAME | PHONE NUMBER | JOB OR TYPE OF WORK | TYPE OF CONTACT Visit/Phone/ Mail/Resume/ Interview | PERSON CONTACTED | TIME OF DAY | RESULTS |
|------|------------------|-----------------|------------------------|---|---------------------|-------------------|---------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

List any other activities you did this week to find employment.

I certify all information provided on this form regarding my work search efforts is true and accurate. I understand that there are penalties for willfully providing false information.

Signature _____ Date _____

FORM M
TOWN OF LISBON WELFARE OFFICE
RENTAL SEARCH RECORD

NAME: _____ Week Ending Date _____

Use this form to list each rental property owner you contact and the results.

In order to remain eligible for assistance, you are required to do a rental search of at least 5 contacts each week.

If a rental property owner or their representative will not sign this form, you may write "refused" in the space.

| DATE | RENTAL PROPERTY OWNER NAME | PHONE NUMBER | RENTAL UNIT ADDRESS | RESULTS |
|------|-------------------------------|-----------------|---------------------|---------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

List any other activities you did this week to find a rental unit.

I certify all information provided on this form regarding my rental search efforts is true and accurate. I understand that there are penalties for willfully providing false information.

Signature _____

Date _____

FORM C
NOTICE OF RIGHTS OF ANYONE RECEIVING ASSISTANCE
FROM THE MUNICIPALITY OF THE TOWN OF LISBON, NH

You have the following rights:

1. You have a right to make a written application for assistance, even if the welfare officer tells you that you are not eligible.
2. You have a right to receive a prompt written decision telling you whether or not you will receive assistance each time you apply for assistance.
3. You have a right to have in writing the reason why you have been denied assistance or have been given only some of the assistance you requested.
4. You have a right to appeal any decision you do not agree with. You must appeal within five (5) working days after you received your decision.
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 if you must care for a child under the age of five (5), or to conduct a job search if you must care for a child under the age of one year (1), if you are disabled or ill, or if you must take care of a member of your family who is disabled or ill.

Signature(s): _____

FORM F
REQUIRED VERIFICATIONS

Applicant Name: _____ Date: _____

Social Security Number: _____

Date of Birth.: _____

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 A

_____ Rental Verification Form J and copy of any written lease agreement

_____ Last four weeks pay-stubs or other proof of net wages for all adult members of household

_____ Last four week's receipts or other proof of bills paid or currently due, utility disconnect notices

_____ Employment verification Form I from your employer

_____ Employment termination Form I from your last employer

_____ You have applied for / are receiving Social Security benefits

_____ You have applied at the HHS District Office for:

El Emergency Food Stamps

☐ SNAP (Food Stamps)

☐ TANF

0 Title XX Daycare

0 APTD/MA

0 OAA

0 TANF Emergency Assistance

0 Medical

_____ You have applied for / are receiving Fuel Assistance benefits

_____ Verification of injury or illness Form H

_____ 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, bank/debit card account printout

_____ Statement child support payments received / Child support court-ordered payments made

_____ 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.

Welfare Staff signature

Applicant signature

FORM K

BUDGET WORKSHEET

Name: _____ Date: _____

assets and income:

| | | |
|-------|-------|-------|
| _____ | _____ | mo/wk |
| _____ | _____ | mo/wk |
| _____ | _____ | mo/wk |
| _____ | _____ | mo/wk |

A. Total available income:

Allowable Expenses:

| Actual Expenses | Allowed Expenses | Ineligible Expenses |
|----------------------------------|------------------|---------------------|
| Rent/Board/Mortgage _____ mo/wk | _____ mo/wk | _____ |
| Electric _____ mo/wk | _____ mo/wk | _____ |
| Gas _____ mo/wk | _____ mo/wk | _____ |
| Fuel Oil _____ mo/wk | _____ mo/wk | _____ |
| Water/sewer _____ mo/wk | _____ mo/wk | _____ |
| Cooking fuel _____ mo/wk | _____ mo/wk | _____ |
| Telephone _____ mo/wk | _____ mo/wk | _____ |
| Food _____ mo/wk | _____ mo/wk | _____ |
| Personal & Household _____ mo/wk | _____ mo/wk | _____ |
| Medical/Prescription _____ mo/wk | _____ mo/wk | _____ |
| Transportation _____ mo/wk | _____ mo/wk | _____ |
| Childcare/Daycare _____ mo/wk | _____ mo/wk | _____ |
| Car payment _____ mo/wk | _____ mo/wk | _____ |
| Gasoline _____ mo/wk | _____ mo/wk | _____ |
| Other _____ mo/wk | _____ mo/wk | _____ |
| Other _____ mo/wk | _____ mo/wk | _____ |
| Other _____ mo/wk | _____ mo/wk | _____ |
| Other _____ mo/wk | _____ mo/wk | _____ |

B. Total Allowed Expenses:

A. Eligibility: [A. Income (-) B. Expenses]: _____

B. (If A is greater than B, the applicant is ineligible. If A is less than B, the applicant is eligible.)

Assistance will be provided as follows:

\$ _____

\$ _____

Note: This form should accompany a Notice of Decision. The welfare official should use discretion in accepting actual expenses relative to employment, work search, medical needs, etc.



TOWN OF LISBON

153 SOUTH MAIN STREET

LISBON, NH 03585

603-838-6376 fax: 603-912-2101

adminassistant@lisbonnh.org

NOTICE OF DECISION- FORM L

NOTICE OF DECISION

Name _____

Date _____

- ☐ Your application for general assistance is **GRANTED**. You will receive:

You must COMPLY with the following conditions in order to be eligible to continue to receive assistance. You must comply within 7 days of receipt of this notice, unless another time period is indicated. Willful failure to comply with these conditions may result in a suspension of assistance.

- ☐ Your application for general assistance is **DENIED** for the following reason(s).

☐ Do Not Meet Standard of Need _____

☐ Other, specifically: _____

- ☐ Your assistance is **SUSPENDED** from _____ to _____ for the following reason(s):

☐ Failure to complete required work search

☐ Failure to complete assigned workfare hours

☐ Failure to apply for other forms of assistance, specifically _____

☐ Misrepresentation of material facts, specifically _____

☐ Other, specifically: _____

- ☐ You are also suspended until you comply with the conditions by taking the following actions:

☐ _____ I understand the action described above. I further understand that if my assistance has been denied or suspended. I have the right to request a fair hearing within five (5) working days of receipt of this notice.

☐ _____ Welfare Applicant Date _____

☐ _____ Welfare Official Date _____



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FAIR HEARING REQUEST- FORM O

FAIR HEARING REQUEST PROCEDURE

You have the right to request a fair hearing within five (5) working days of receipt of a notice of denial or suspension of benefits, or a decision that you wish to challenge. To review this decision, the fair hearing will be conducted by an impartial hearing officer. You will have an opportunity to review the contents of your welfare file prior to your hearing and present your case to the hearings officer, who will render a decision within seven (7) working days of the hearing.

Please complete and sign the form below to request a fair hearing and return the form to the municipal office.

FAIR HEARING REQUEST

I/We, _____, request a Fair Hearing to (Print your Name or Names of
Co-Applicants)

review the decision of _____ concerning the request for
assistance

(Date of Decision) _____ from the TOWN OF LISBON.

I/We ☐ want / ☐ do not want (check one) assistance to continue until the hearing decision.

I/We understand that if I/we lose the hearing, I/we will owe the amount of assistance granted to me/us from the date of the disputed decision to the date of the Fair Hearing decision. I/We have received and read the 'Fair Hearings' section of the General Assistance Guidelines.

Applicant Signature

Co-Applicant Signature

Address: _____

Date: _____



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NOTICE OF FAIR HEARING- FORM P

NOTICE OF FAIR HEARING

DATE:

TO:

ADDRESS:

O Your Fair Hearing has been scheduled for:

Date: _____

Time: _____

Place: _____

If you are unable to appear at this time, please contact the Welfare Official immediately. Failure to appear may result in the denial of your Fair Hearing request.

O Your request for a Fair Hearing has been denied for the following reason (s):

Sincerely,

Welfare Official



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FAIR HEARING DECISION- FORM Q

FAIR HEARING DECISION

Client Name

Represented by

VS

TOWN OF LISBON, NH

Date of Hearing _____ Hearing Officer(s) _____

ADJUDICATION

*(Include Guidelines, facts relied upon, reasons for decision and any relief ordered.
Use extra paper if necessary, or attach written decision to this signed form)*

Blank lined area for notes or evidence.

Date _____ Hearing Officer _____

Blank lined area for signature or additional notes.



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NOTICE OF PROPERTY LIEN- FORM R

NOTICE OF PROPERTY LIEN

TO: Register of Deeds for the Count of _____

RE: Lien on Real Property pursuant to RSA 165:28 and any and all acts in Amendment
thereof for aid given by the municipality of _____

DESCRIPTION Land and Building(s) located at No. _____ Street,

OF PROPERTY: City/Town of _____ being Assessor's Map(s) And

Lot(s) No. and/or Volume and Page No. _____

RECIPIENT: _____ of the
City/Town of _____ in the
County of _____, State of New Hampshire

BE IT KNOWN: that the Town of Lisbon, NH has expended funds for and on behalf of the above-named recipient for which funds the City/Town is entitled to a Lien and hereby asserts a Lien pursuant to RSA 165:28 and any and all acts in amendment thereof.

THE TOWN OF LISBON, GRAFTON COUNTY

STATE OF NEW HAMPSHIRE.

BY: OF _____ **DATE:** _____
Director of Welfare/Human Services

Subscribed and sworn to before me: _____

(Notary Public)

My commission expires: _____

NOTE: Lien is valid even without the acknowledgment/Signature of the recipient.



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PROPERTY LIEN DISCHARGE- FORM S

NOTICE OF PROPERTY LIEN DISCHARGE

TO: Register of Deeds for the County of _____
RE: Lien on Real Property pursuant to RSA 165:28 and any and all acts in Amendment
thereof for aid given by the municipality of _____

DESCRIPTION Land and Building(s) located at No. _____ Street,
OF PROPERTY: City/Town of _____ being Assessor's Map(s) And
Lot(s) No. and/or Volume and Page No. _____

RECIPIENT: _____ of the
City/Town of _____ in the
County of _____ State of New Hampshire

BE IT KNOWN: that the above-referenced property lien is hereby satisfied and discharged.

BY: _____
Director of Welfare/Human Services Date