

TOWN OF CANAAN

CANAAN, NH
603-523-4501

fax:

APPLICATION FOR ASSISTANCE

THIS APPLICATION IS A LEGAL DOCUMENT

Please read carefully before completing this application for assistance. Once submitted to the department for consideration, the application and related material become the property of the TOWN OF CANAAN and shall be considered confidential.

It shall be the right of any individual regardless of race, age, gender, sexual orientation, religious or political affiliation to apply for local welfare assistance.

Each application will be reviewed with the applicant in order to make a determination regarding the applicant's eligibility for assistance. If the applicant does not agree with the decision of the Welfare Officer regarding the determination of eligibility based on the current Welfare Guidelines of the TOWN OF CANAAN, the applicant may request a Fair Hearing within five (5) days of the date of such written decision.

YOU, THE APPLICANT, ARE RESPONSIBLE AT EACH APPOINTMENT FOR PROVIDING FULL AND ACCURATE INFORMATION REGARDING YOUR HOUSEHOLD INCOME AND EXPENSES, HOUSEHOLD MEMBERS, CURRENT ADDRESS, DETAILS OF YOUR CURRENT SITUATION AND ANY CHANGES IN REGARDS TO THIS INFORMATION.

All questions must be answered fully. Failure to complete any part of this application may delay processing the request for assistance. Blank spaces will be considered an omission of information. Applicants must comply with any requests for information by the Welfare Officer necessary for determination and investigation of applicant's eligibility for assistance. Failure to comply with requests may result in withdrawal of the application for assistance, denial of assistance requested, or suspension pursuant to RSA 165:1-b.

* If a question on this form is unclear to you, discuss it with the welfare official.



CANAAN HUMAN SERVICES DEPARTMENT

APPLICATION FOR ASSISTANCE

Date of Application: _____ Referred by: _____

Assistance Requested _____

Reasons for Request _____

1. GENERAL INFORMATION

Applicant

Name: _____ Date of Birth: _____

Current Address: _____

Mailing Address, if different: _____

Home Phone _____ Rent or Own? _____ How long at this address? _____

Type of Housing: House Apt Mobile Home Other: _____

Household Composition: # 18 & Over: _____ # Under 18: _____ # of Bedrooms: _____

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

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

Cell Phone: _____ Work Phone: _____ SSN # _____

E-Mail Address: _____ Marital Status: _____

Education High School Less than High School Diploma GED Some College
 2 Year Associate 4 Year Bachelor Graduate Studies

Citizenship: United States Other: _____

Ethnicity: White/Caucasian Other: _____

Special Training/Skills: _____

Currently Employed? Full Time Part-Time Self Employed Unemployed

Have you applied for local assistance before? No Yes When? _____

Where? _____ Under what name? _____

Actively serving in the U.S. Military? Yes No If Yes, Branch: _____

U.S. Veteran? Yes No Discharge Date: Month: _____ Year: _____

Discharge Status Honorable Dishonorable Other: _____

Do you have (Circle one): Medicare or Medicaid? ID Number: _____

Other Insurance: _____ EBT Card # _____

Spouse/Co-Applicant

Name: _____ Date of Birth: _____

Cell Phone: _____ Work Phone: _____ SSN # _____

E-Mail Address: _____ Marital Status: _____

Education High School Less than High School Diploma GED Some College
 2 Year Associate 4 Year Bachelor Graduate Studies

Citizenship: United States Other: _____

Ethnicity: White/Caucasian Other: _____

Special Training/Skills: _____

Currently Employed? Full Time Part-Time Self Employed Unemployed

Have you applied for local assistance before? No Yes When? _____

Where? _____ Under what name? _____

Actively serving in the U.S. Military? Yes No If Yes, Branch: _____

U.S. Veteran? Yes No Discharge Date: Month: _____ Year: _____

Discharge Status Honorable Dishonorable Other: _____

Do you have (Circle one): Medicare or Medicaid? ID Number: _____

Other Insurance: _____ EBT Card # _____

Other Household Members: List all persons living in your household:

Full Name	Relation	Birth Date	Social Security #	Health Insurance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If children listed have a biological parent not residing with you, list information on each child's biological parent. (Do not list yourself under parent's name)

Parent's Full name	Relationship	Birth Date	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. EMPLOYMENT HISTORY

Applicant

Employer: _____ Position: _____

Date you started work: _____ Date and Amount of last paycheck: _____

Pay period frequency: ___ Daily ___ Weekly ___ Bi-Weekly ___ Monthly ___ Quarterly

If you are currently unemployed, state reason: _____

Former Employer: _____ Position: _____

Date last worked: _____ Date and Amount of last paycheck: _____

Are you able to work now? ___ Yes ___ No If NO, why not? _____

List List two most recent jobs before current:

Employer	Pay	Employment Dates	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____

Spouse/Co-Applicant

Employer: _____ Position: _____

Date you started work: _____ Date and Amount of last paycheck: _____

Pay period frequency: ___ Daily ___ Weekly ___ Bi-Weekly ___ Monthly ___ Quarterly

If you are currently unemployed, state reason: _____

Former Employer: _____ Position: _____

Date last worked: _____ Date and Amount of last paycheck: _____

Are you able to work now? ___ Yes ___ No If NO, why not? _____

List List two most recent jobs before current:

Employer	Pay	Employment Dates	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____

Work history for other household members over 18 (list two most recent jobs):

Name	Employer	Pay	Employment Dates	Reason for leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. HOUSING INFORMATION

Rent: _____ per (month/week) Date last paid: _____ Date Due: _____

Currently have: _____ Demand for Rent/Notice to Quit _____ Landlord/Tenant Writ

Total Rent Owed: _____

Do you have a housing subsidy? Yes No If YES, how much? _____

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

Landlord: Name _____ Telephone _____

Landlord Address: _____

IF Homeowner, List:

Mortgage payment: _____ Date last paid: _____ Date Due: _____

Bank/Mortgage Company: _____ Telephone _____

Address: _____

Do you have a foreclosure notice? Yes No

4. HOUSEHOLD ASSETS

Provide account information and current balances held by all household members:

Household member	Bank/Credit Union	Savings Acct #	Savings Balance	Checking Acct. #	Checking Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Provide current value of the following assets held by all household members:

Asset	Value	Household Member
Cash on hand (household combined)	_____	_____
Certificate of Deposit (CDs).....	_____	_____
Retirement	_____	_____
401k.....	_____	_____
Life Insurance (Cash value)	_____	_____
Investments.....	_____	_____
Time Share.....	_____	_____
Real Estate.....	_____	_____

List properties and locations (other than primary residence): _____

Motor vehicles owned by you and all household members:

Owner	Auto Make/ Model	Year	Value	Payments	Insurance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. CLAIMS/SETTLEMENTS/INCOME DUE TO YOU OR ANY HOUSEHOLD MEMBER

IRS Refund: _____ Date Rec: _____ Insurance Claim: _____ Date Rec: _____

Retroactive disability check: _____ Date Rec: _____

Retroactive unemployment or worker's compensation check: _____ Date Rec: _____

Inheritance: _____ Date Rec: _____

Other Lump Sum Payment (Explain): _____

Do you currently have an attorney pursuing any civil suit, workers compensation claim, a social security denial, etc.?

Yes No If YES, complete the following, and briefly explain the details of the situation:

Attorney Name: _____ Phone Number: _____

Address: _____

Details: _____

6. HOUSEHOLD INCOME/BENEFITS

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

Income	Household Member	Amount	Date Last Received
ANB (Aid to the Needy Blind)	_____	_____	_____
APTD (Aid to Perm/Totally Disabled)....	_____	_____	_____
Child Support	_____	_____	_____
Charities/Churches	_____	_____	_____
Disability (STDA/LTDA – work)	_____	_____	_____
Gifts/Loans	_____	_____	_____
Income Tax Refund	_____	_____	_____
Maternity Pay/Benefits	_____	_____	_____
OAA (Old Age Assistance)	_____	_____	_____
Retirement Benefit	_____	_____	_____
Severance Pay	_____	_____	_____
Social Security (Retirement)	_____	_____	_____
SSDI (Social Security Disability)	_____	_____	_____
SSI (Supplemental Security)	_____	_____	_____
TANF (Temporary Assistance for Needy Families-State Welfare)	_____	_____	_____

Income (Continued)

Unemployment (DES)	_____	_____	_____
Veteran's Pension	_____	_____	_____
Worker's Compensation	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

Benefits

Child Care Assistance	_____	_____	_____
Food Stamps	_____	_____	_____
Fuel Assistance	_____	_____	_____
Medicaid	_____	_____	_____
WIC (Women/Infants/Children)	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

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

Name	Agency Name and Phone	Contact Person
_____	_____	_____
_____	_____	_____

7. HOUSEHOLD EXPENSES

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

Expense	Monthly Expense	Any Amounts Past Due	Comments
Auto Fuel	_____	_____	_____
Auto Insurance	_____	_____	_____
Auto Loan	_____	_____	_____
Auto Registration/Inspection	_____	_____	_____
Auto Repairs	_____	_____	_____

Bank Fees	_____	_____	_____
Condo Assoc Fee	_____	_____	_____
Child Care	_____	_____	_____
Child Support Paid	_____	_____	_____
Credit Card	_____	_____	_____
Credit Card	_____	_____	_____
Dental Care	_____	_____	_____
Diapers/Wipes	_____	_____	_____
Driver's License	_____	_____	_____
Electric	_____	_____	_____
Food	_____	_____	_____
Legal Fees/Fines	_____	_____	_____
Loan (Used for _____)	_____	_____	_____
Oil Heat	_____	_____	_____
Propane (Used for _____)	_____	_____	_____
Natural Gas (Used for _____)	_____	_____	_____
Health Insurance	_____	_____	_____
Home Repairs	_____	_____	_____
Home/Renter Insurance	_____	_____	_____
Laundry	_____	_____	_____
Medical Expenses	_____	_____	_____
Mortgage	_____	_____	_____
Prescriptions	_____	_____	_____
Rent (Including _____)	_____	_____	_____
Rent - Option to Own	_____	_____	_____
Rent - MH Lot	_____	_____	_____
Storage Unit	_____	_____	_____
Taxes (Income/Property)	_____	_____	_____
Telephone (Landline/Cell)	_____	_____	_____
Telephone (Cable/Internet)	_____	_____	_____
Transportation (Bus/Cab)	_____	_____	_____

Expense (continued)	Monthly Expense	Any Amounts Past Due	Comments
Water/Sewer Bill	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

8. EXTENDED PAYMENT ARRANGEMENTS

Do you or any household members currently have an EXTENDED PAYMENT ARRANGEMENT with an electric or fuel company? Yes No If YES, complete the following:

Utility Company Name	Amount	(Circle one)	weekly	biweekly	monthly
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

9. OTHER ASSISTANCE

Has any other organization(s) or individual helped you pay any of your bills in the last four (4) weeks? Yes No If YES, complete the following:

Organization/Individual's Name	Bill Paid	Amount	Date Assisted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. CRIMINAL INFORMATION

(This information is used to assist with referrals, including housing and other programs).

Have you or any member of your household ever been convicted of a felony or misdemeanor which has not been annulled? Yes No If YES, complete the following:

Name	Date	Town/City/State	Detail of conviction
_____	_____	_____	_____
_____	_____	_____	_____



Are you or a household member presently on parole or probation?

___ Yes ___ No If YES, complete the following:

Name	Court	Parole/Probation Officer's Name & Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. LIABILITY FOR SUPPORT INFORMATION

Parents/step-parents, spouse or grown children may be called upon to assist in time of need. Provide the following:

Applicant

	Name	Address	Phone #
Father	_____	_____	_____
Mother	_____	_____	_____
Spouse, if not living with you	_____	_____	_____

Co-Applicant

	Name	Address	Phone #
Father	_____	_____	_____
Mother	_____	_____	_____
Spouse, if not living with you	_____	_____	_____

Adult Children:

List name, address and phone # of any adult children not living with you:

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. CERTIFICATIONS AND SIGNATURES

Applicant

Co-Applicant

Print Name: _____ Print Name: _____

Read and initial each line below

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

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

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

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

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

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

_____ I understand that my parents/step-parents, spouse or grown children may be called upon to assist me when in need of relief if they can do so without financial hardship to themselves. (RSA 165:19)

_____ I hereby certify that the information I have provided on this application is complete to the best of my knowledge and belief and provides a true summary of my income, assets and needs. I understand I may be required to provide documents and/or other forms of verification to prove the information requested on this application. I hereby certify that all information I will provide in response to questions asked by the welfare official is true and complete to the best of my knowledge and belief. I understand that if I knowingly give false information or withhold information related to by receipt of assistance, now or in the future, I may be prosecuted for the crime of Unsworn Falsification (RSA 641:3) and/or Theft by Deception (RSA 637).

Authorization to Release or Exchange Information*

I/We authorize any relative, physician, attorney, banker, employer, insurance company, landlord/shelter staff or any other person(s) or organization(s) having information concerning my circumstances to furnish such information to the TOWN OF Canaan Welfare Administrator. The Social Security Administration, the Division of Health & Human Services and the Department of Employment Security may release information in their files to this office. I/we authorize the Town of Canaan to release information as requested to the Division of Health & Human Services, Social Security Administration, Department of Employment Security, school personnel, attorney, physician, landlord, other _ town welfare offices, or any agencies providing supportive services regarding medical, house/shelter, or financial assistance.

Applicant

Co-Applicant

Signature: _____

Signature: _____

Date: _____

Date: _____

Signature of person completing form
Name
the applicant)

Print
Date (if not

** The above authorization to release or receive information is in effect for as long as the applicant is currently seeking assistance from the Canaan Welfare Administrator or up to six (6) months after assistance has ended*



Canaan Human Services Department

FORM D

APPLICANT'S & Co-Applicants AUTHORIZATION TO FURNISH INFORMATION

I/We, _____, authorize any relative, physician, lawyer, banker, employer, insurance company, mental health professional, school official or other person or organization having information concerning my/our circumstances to furnish such information to the Canaan Human Services Department. I/We also authorize the Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, New Hampshire Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Veteran's Administration and Fuel Assistance, or any non-profit agency to release information from their files to the Town of Canaan, Human services Department.

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

Signature of person completing form (if not applicant);

Relationship to applicant

Date



Canaan Human Services Department

FORM V

BASIC NEEDS POLICY

Per Town of Canaan Welfare Guidelines, it is the applicant/recipient's responsibility to utilize any available benefits or resources to reduce the need for Municipal General Assistance. The Welfare Department will direct the applicant/recipient to apply for all other resources and also will require the applicant/recipient to use current resources to meet basic needs in order to reduce the need for Municipal General Assistance.

Under continuing Municipal General Assistance or in applying in the future, you will be required to use your earned or unearned resources for allowable basic need expenses only. ALLOWABLE EXPENSES are:

Rent/Mortgage

Food

Non-food hygiene products

Diapers

Electric/Heating Bills

Prescriptions

These costs are allowed for certain conditions:

Public Transportation for work, medical or assistance program appointments.

Telephone basic service to find or keep employment.

The following are examples UNALLOWABLE expenses in determining eligibility:

Telephone beyond basic service for 1 per household.

Credit Card Payments

Loan Payments

Cable & Internet

Insurance Payments

Bail payments.

Repayment of Personal Loans

Restaurant/Fast Food

Tobacco/Alcohol products

Entertainment/Movie Services

As a Condition of Assistance, you will be required to first use all available resources, as directed, to meet your basic needs. Unaltered, dated receipts for these expenses may be required. Should you choose to use your resources for other than basic expense needs as outlined above and/or in your written decision from the Welfare Department, those amounts will be considered available to you and your assistance will be reduced accordingly and a sanction or denial may be issued.

I/We have read and reviewed the Basic Needs Policy with the Welfare Administrator.

Applicant Signature

Co-Applicant Signature

Date

Date



AUTHORIZATION FOR THE RELEASE OF INFORMATION – DHHS

I, _____, the undersigned, understand that from time to time,
 (Print Your Name)

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

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

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

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

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

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

 Signature

 Date

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

 Relation to You

 Witness

 Date



Town of Canaan

Human Services Department

VERIFICATION REQUIRED FROM APPLICANTS FOR WELFARE

In order to apply for General Welfare Assistance, the following information MUST be brought in at the time of your interview. Failure to provide the required verifications will delay processing of the application.

1. Identification (Picture ID, License, Birth Certificate, Social Security Card, DD214)
2. Proof of Children - (Birth Certificates and Social Security Cards)
3. Residence/Shelter
4. Proof of income **4 WEEKS** (Court-ordered support payments, Worker's Compensation papers, Social Security Benefits, TANF Benefits, Food Stamps, Unemployment, Etc.)
5. Proof you have applied for the following if eligible: VA Benefits; TANF-Single Parent; Social Security or SSI; Old Age Assistance- Over 62; Worker's Compensation; APTD-Disabled; TANF-IP-Disabled Parent; Food Stamps; Fuel Assistance; Unemployment Benefits
6. Proof of personal property (Car, motorcycle, trailer, house, etc.)
7. Proof of cash resources (Savings, Credit Union, Trusts, Checking accounts, etc.)
8. Proof laid off from job (Statement from former employer)
9. Proof registered with Employment Office
10. Proof actively seeking work
11. Doctor's statement if unable to work (Extent of disability and duration)
12. Proof parents or spouse cannot help financially (Statement why their income is not sufficient to help out)
13. Proof of Income tax filed
14. Termination notice from previous Welfare (State, City or County Welfare Agency)

Other _____