

# TOWN OF CENTER HARBOR APPLICATION FOR ASSISTANCE

Complete this application and submit along with supporting documentation to the Board of Selectmen at:

- In Person: Town of Center Harbor, Board of Selectmen, 36 Main St, Center Harbor, NH 03226
- Mail: Town of Center Harbor, Board of Selectmen, PO Box 140, Center Harbor, NH 03226

Date of Application:

Referred By:

## GENERAL INFORMATION

Full Name (Last, First, MI):

Date of Birth:

Address:

Telephone:

Email:

Social Security #:

US Citizen? (Y/N)

Marital Status:

Rent/Own?

How Long at Address? (Yrs/Mos)

Spouse / Co-Applicant Name:

SSN:

Spouse Address (if different):

Assistance Requested:

Reason for Request:

Applied Before? (Y/N)

When? (Mo/Yr)

Where?

Name Used:

## HOUSEHOLD MEMBERS

FULL NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #

# TOWN OF CENTER HARBOR APPLICATION FOR ASSISTANCE

## PRIOR ADDRESSES (IF LESS THAN 12 MONTHS AT CURRENT ADDRESS)

STREET	TOWN / CITY	STATE	DATES OF RESIDENCE

## HOUSING INFORMATION

Rent Amount  Per (Mo/Wk)  Date Last Paid  Date Due

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

Total Owed  Subsidy?

Utilities included:  Heat  Electric  Gas  Water/Sewer  Other

Landlord Name  Telephone

Landlord Address

### IF HOMEOWNER:

Mortgage Amount  Date Last Paid  Amount Owed

Bank / Mortgage Co.

Bank Address

## EDUCATION / TRAINING / EMPLOYMENT

	HIGHEST GRADE	GED / DIPLOMA	SPECIAL TRAINING	MILITARY SERVICE
<b>Applicant</b>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
<b>Spouse / Co-Applicant</b>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

Employed Now?	Employer	Position	Date Began	Last Check Date/Amt
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

Unemployed?	Reason	Date Last Worked	Last Check Amt
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

Able to Work Now?	If Not Able, Why?
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

# TOWN OF CENTER HARBOR APPLICATION FOR ASSISTANCE

## WORK HISTORY — CURRENT AND TWO MOST RECENT JOBS (ALL HOUSEHOLD MEMBERS 18+)

APPLICANT / CO-APPLICANT	EMPLOYER	PAY	WK/BI	EMPLOYMENT DATES	REASON FOR LEAVING

## BANK ACCOUNTS — ALL HOUSEHOLD MEMBERS

APPLICANT / CO-APPLICANT	BANK / CREDIT UNION	SAVINGS ACCT #	BALANCE	CHECKING ACCT #	BALANCE

## ASSETS — ALL HOUSEHOLD MEMBERS

<b>Cash on Hand (all household)</b>	<b>Certificates of Deposit (CDs)</b>	<b>Savings Bonds</b>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<b>Mutual Funds</b>	<b>Annuities</b>	<b>Stocks</b>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<b>Trust Funds</b>	<b>Retirement Accounts</b>	<b>Insurance Policies (Cash Value)</b>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<b>401(k)</b>	<b>Property</b> <i>(Other Than Primary Residence)</i>	<b>Property Location</b>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<b>Other Assets (please list)</b>		
<input style="width: 100%; height: 100%;" type="text"/>		

# TOWN OF CENTER HARBOR APPLICATION FOR ASSISTANCE

## CLAIMS / SETTLEMENTS / INCOME DUE

IRS Refund

Insurance Claim

Retroactive Disability Check

Inheritance

Retroactive Unemployment / Workers' Compensation

Other Lump Sum  
*(explain)*

Have you or any household member consulted a lawyer re: a possible lawsuit?

Lawyer Name / Address

Reason

Lawsuit Pending?

Why?

Lawyer Name / Address

Details

## ASSETS - VEHICLE(S), BOAT(S), RV(S), OTHER — ALL HOUSEHOLD MEMBERS

OWNER	MAKE	MODEL	YEAR	VALUE	PAYMENTS	INSURANCE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# TOWN OF CENTER HARBOR APPLICATION FOR ASSISTANCE

## HOUSEHOLD INCOME — BENEFITS / INCOME RECEIVED OR APPLIED FOR

BENEFIT / SOURCE	NAME	DATE APPLIED	DATE LAST RECEIVED	MONTHLY AMT
ANB (Aid to the Needy Blind)				
APTD				
Child Support				
Disability (Employer)				
Food Stamps				
Fuel Assistance				
Gifts / Loans				
Maternity Benefits				
Medicaid				
OAA (Old Age Assistance)				
Retirement				
Severance Pay				
Social Security				
SSDI (SS Disability)				
SSI (Supplemental Security)				
TANF				
Unemployment				
Vacation Pay				
Veteran's Pension				
Vocational Rehabilitation				
WIC (Women/Infants/Children)				
Worker's Compensation				
Other:				

## ARE YOU OR ANY HOUSEHOLD MEMBER WORKING, VOLUNTEERING AND/OR RECEIVING ASSISTANCE FROM ANY OTHER AGENCIES?

NAME	AGENCY NAME	CONTACT PERSON

## TOWN OF CENTER HARBOR APPLICATION FOR ASSISTANCE

### HOUSEHOLD EXPENSES — REGULAR MONTHLY EXPENSES

Not all expenses will be allowable for eligibility determination, but all should be listed.

EXPENSE ITEM	AMOUNT	EXPENSE ITEM	AMOUNT	EXPENSE ITEM	AMOUNT
Bank Fees	<input type="text"/>	Diapers	<input type="text"/>	Mortgage	<input type="text"/>
Bus / Cab	<input type="text"/>	Electric	<input type="text"/>	Prescriptions	<input type="text"/>
Cable / Internet	<input type="text"/>	Food	<input type="text"/>	Rent	<input type="text"/>
Child Support Paid	<input type="text"/>	Fuel Oil	<input type="text"/>	Rent-to-Own	<input type="text"/>
Car Gasoline	<input type="text"/>	Gas, Bottled	<input type="text"/>	School Loan	<input type="text"/>
Car Insurance	<input type="text"/>	Gas, Natural	<input type="text"/>	Storage	<input type="text"/>
Car Payment	<input type="text"/>	Health Insurance	<input type="text"/>	Telephone	<input type="text"/>
Condo Fee	<input type="text"/>	Laundry	<input type="text"/>	Other:	<input type="text"/>
Child Care	<input type="text"/>	Loan	<input type="text"/>	Other:	<input type="text"/>
Credit Card	<input type="text"/>	Lot Rent	<input type="text"/>	Other:	<input type="text"/>

### LIST UNPLANNED/EMERGENCY/IRREGULAR PERIODIC EXPENSES DURING THE PAST 30 DAYS:

EXPENSE ITEM	AMOUNT	EXPENSE ITEM	AMOUNT	EXPENSE ITEM	AMOUNT
Car Inspection	<input type="text"/>	Driver's License	<input type="text"/>	Medical	<input type="text"/>
Car Registration	<input type="text"/>	Fines / Court Payments	<input type="text"/>	Sewer / Water	<input type="text"/>
Car Repair	<input type="text"/>	Home Repairs	<input type="text"/>	Tax (Income/Property)	<input type="text"/>
Dental	<input type="text"/>	Home / Rent Insurance	<input type="text"/>	Other:	<input type="text"/>

# TOWN OF CENTER HARBOR APPLICATION FOR ASSISTANCE

## CRIMINAL INFORMATION

Have you or any member of your household ever been convicted of a felony which has not been annulled? (Yes/No)

If Yes, Who?

When?

Town/City & State

Details of Conviction

Are you or any member of your household presently on parole or probation? (Yes/No)

If Yes, Who?

Court or Jurisdiction

Parole/Probation Officer Name & Phone

## LIABILITY FOR SUPPORT

Your Father

Father's Address

Your Mother

Mother's Address

Co-Applicant's Father

Co-Applicant Father's Address

Co-Applicant's Mother

Co-Applicant Mother's Address

Your or Co-Applicant's Adult Children (names and addresses)

# TOWN OF CENTER HARBOR APPLICATION FOR ASSISTANCE

## CERTIFICATIONS AND SIGNATURES

- I understand that if I receive assistance from the Municipality, I may be required to participate in the welfare work ("workfare") program. (RSA 165:31)
- I understand that I may be required to repay any assistance provided, after deduction of workfare hours completed, if returned to an income status enabling reimbursement without financial hardship. (RSA 165:20-b)
- I understand that if assisted, the Municipality may place a lien against any real property 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 pending, I have listed these in this application. I agree to notify the Welfare Official immediately upon receipt of any money from such claim. The Municipality may place a lien against any property settlement or civil judgement within six (6) years of receiving assistance. (RSA 165:28a)
- I hereby certify that the information I have provided on this application is complete to the best of my knowledge and belief and provides a true summary of my income, assets and needs. I understand I may be required to provide documents and/or other forms of verification. I understand that if I knowingly give false information or withhold information, I may be prosecuted for the crime of Unsworn Falsification. (RSA 641:3)
- I understand that if I obtain a job after I am assisted by the Municipality, and I later quit the job without good cause, I may be ineligible for local assistance for a period of up to ninety (90) days. (RSA 165:1-d)
- I understand that if I am a recipient of TANF cash benefits and I fail to comply with TANF regulations, the Municipality may, under certain circumstances, disregard the decrease in income. (RSA 165:1-e)

## SIGNATURES

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**Applicant Signature**

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**Date**

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**Spouse or Co-Applicant Signature**

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**Date**

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**Signature of Person Completing Form (if not applicant)**

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**Date**

# TOWN OF CENTER HARBOR APPLICATION FOR ASSISTANCE

## AUTHORIZATION FOR RELEASE OF INFORMATION — DHHS

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

TYPE OF INFORMATION	PURPOSE FOR REQUESTING 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 and/or reason case closed or application denied.	Basic administration of local welfare assistance case including verification of information provided for determining eligibility.
Date Medicaid case opened and Medicaid Identification Number(s).	Processing of Medicaid reimbursements if, during pending application, local welfare administrator makes expenditure for an item covered by Medicaid.
Date of any sanction of cash assistance grant.	Determining countable household income (deeming).
Reason for any sanction of cash assistance grant.	Helping 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 another person without my written permission.
- Authorization shall expire 180 days from the date it is signed.

### SIGNATURE

\_\_\_\_\_

\_\_\_\_\_

**Signature**

**Date**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Relationship to You**

**Witness**

**Date**

## TOWN OF CENTER HARBOR APPLICATION FOR ASSISTANCE

### NOTICE OF RIGHTS — ANYONE RECEIVING ASSISTANCE FROM THE MUNICIPALITY OF CENTER HARBOR, NH

- 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.
- 3 You have a right to have in writing the reason why you have been denied assistance or given only some of the assistance 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 to 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 a municipal workfare program or to conduct a job search if you must care for a child under the age of five (5), if you are disabled or ill, or if you must take care of a member of your family who is disabled or ill.

# TOWN OF CENTER HARBOR APPLICATION FOR ASSISTANCE

## APPLICANT'S 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 Municipal Welfare 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, NH 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 Municipal Welfare Department.

**Applicant Signature**

**Date**

**Spouse or Co-Applicant Signature**

**Date**

**Signature of Person Completing Form (if not applicant)**

**Date**

## AUTHORIZATION TO FURNISH INFORMATION — SPECIFIC AGENCY / INDIVIDUAL

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

*Town of Center Harbor Welfare Official*

to obtain information from

*Agency / Individual Name*

regarding factors relevant to my application for general assistance benefits.

This authorization shall expire one (1) year from the date it is signed.

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

**Applicant Signature**

**Date**

**Welfare Official Signature**

# TOWN OF CENTER HARBOR APPLICATION FOR ASSISTANCE

## REQUIRED VERIFICATIONS

**APPLICANT NAME:**

**DATE:**

**SOCIAL SECURITY #:**

**D.O.B.:**

**ADDRESS:**

**PHONE:**

### **YOUR APPOINTMENT IS SCHEDULED FOR:**

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

Completed Application Form

Rental Verification Form

Last four (4) weeks pay stubs or other proof of net wages

Last four (4) weeks receipts or other proof of bills paid or currently due

Employment verification form from your employer

Employment termination form from your last employer

You have applied for / are receiving Social Security benefits

You have applied at the HHS District Office for:

Emergency Food Stamps

Food Stamps

TANF

Title XX Daycare

APTD/MA

OAA

TANF Emergency Assistance

You have applied for / are receiving Fuel Assistance benefits

Verification of injury or illness

You have applied for / are receiving Unemployment Compensation

If available, picture ID (adults), birth certificates / SS card (minors)

Vehicle registration(s)

Savings and checking account, liquid asset statements, bankbooks

Statement of child support payments received / child support court order

Statement from roommate(s) regarding division of expenses

# TOWN OF CENTER HARBOR APPLICATION FOR ASSISTANCE

INTAKE FORM — COMPLETED AT THE TIME OF EACH REQUEST FOR ASSISTANCE

Date

Last Name

First Name

MI

Maiden Name

Street / Number / Apartment

Town

How Long at This Address?

Telephone

WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING AT THIS TIME?

NAMES AND AGES OF ALL HOUSEHOLD MEMBERS:

LIST ALL SOURCES AND AMOUNTS OF HOUSEHOLD'S EARNED AND UNEARNED INCOME:

INDICATE ANY CHANGES IN YOUR PERSONAL SITUATION SINCE YOUR LAST VISIT:

I understand that if I knowingly give false information or withhold information related to my receipt of assistance, now or in the future, I may be prosecuted for a crime.

**Applicant Signature**

# TOWN OF CENTER HARBOR APPLICATION FOR ASSISTANCE

## MEDICAL RELEASE AND REPORT

Applicant Name

Date of Birth

Social Security #

I hereby request the release by a doctor, hospital or clinic to the Town of Center Harbor Welfare Department, or its authorized representative, of any information regarding my medical diagnosis, medical history, treatment plan or hospitalization. A photocopy of this signed release may be used in place of an original, in effect for six (6) months from the date of my signature below:

Applicant Signature

Date

## TO THE PHYSICIAN OR CLINIC — PLEASE COMPLETE AND RETURN

The person named above has indicated that he/she is currently unable to work and is in treatment with 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 assistance necessary. The Municipality also may require welfare recipients to work in any capacity that the recipient is able in exchange for assistance.

Please briefly respond to the questions below:

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


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


**Medications prescribed:**


**Is this person disabled?**       No     Yes    (If Yes, clarify below)

Temporarily     Permanently     Partially     Totally

Date Incapacity Began

Expected to End

When Able to Return to Work?

**Type of work suitable / limitations:**


Physician Name / Signature

Date

# TOWN OF CENTER HARBOR APPLICATION FOR ASSISTANCE

## EMPLOYMENT VERIFICATION FORM

For the purpose of administration of Municipal assistance, the following information is required:

<b>To Employer:</b>	<b>Date:</b>
<b>Address:</b>	
<b>Phone:</b>	
<b>Name of Employee:</b>	

<b>Date of Hire</b>	<b>Date Starting / Started Work</b>	<b>Hourly Pay Rate</b>	<b>Full / Part Time</b>
<b>Hours Per Week</b>	<b>Pay Frequency</b>	<b>Date of First/ Most Recent Paycheck</b>	<b>New Amount</b>

### IF NO LONGER EMPLOYED

The following individual is no longer employed by this company:

<b>Date of Termination / Separation</b>	<b>Date of Last Paycheck</b>	<b>Net Amount of Last Paycheck</b>
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**Reason for Termination / Separation:**

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**Signature and Title of Immediate Supervisor / Person Completing Form**

**Date**

# TOWN OF CENTER HARBOR APPLICATION FOR ASSISTANCE

## BUDGET WORKSHEET

Name

Date

### A. AVAILABLE ASSETS AND INCOME

SOURCE / DESCRIPTION

AMOUNT (MONTHLY)


### A. TOTAL AVAILABLE INCOME:

### B. ALLOWABLE EXPENSES

EXPENSE (MONTHLY)	ACTUAL EXPENSE	ALLOWED EXPENSE	INELIGIBLE EXPENSE
Rent / Board / Mortgage			
Electric			
Gas			
Fuel Oil			
Water / Sewer			
Cooking Fuel			
Telephone			
Food			
Personal & Household			
Medical / Prescription			
Transportation			
Childcare / Day Care			
Car Payment			
Gasoline			
Other			
Other			

### B. TOTAL ALLOWED EXPENSES:

ELIGIBILITY (A. Income - B. Expenses):

### ASSISTANCE WILL BE PROVIDED AS FOLLOWS

Payable To / For

\$

Payable To / For

\$

# TOWN OF CENTER HARBOR APPLICATION FOR ASSISTANCE

## NOTICE OF DECISION

Applicant 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 seven (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):

- Sufficient income
- Insufficient assets documentation
- Failure to provide required verification
- Not a resident of Center Harbor
- Assistance available from another source
- Other, specifically:

Your assistance is **SUSPENDED** **from:** \_\_\_\_\_ **to:** \_\_\_\_\_

- 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 imposed by taking the following actions:

## YOUR NEXT APPOINTMENT IS:

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, and that if I am currently receiving assistance, my assistance may be continued, at my request, until the hearing.

\_\_\_\_\_  
Welfare Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Welfare Official Signature

\_\_\_\_\_  
Date

# TOWN OF CENTER HARBOR APPLICATION FOR ASSISTANCE

## WORKFARE PROGRAM — REPORTING SLIP

In accordance with RSA 165:3,1, any recipient of general assistance may be required to work for the municipality at any available job that is within the capacity of the recipient. As a condition of continuing eligibility for assistance, you are required to participate in the workfare program as described below. Any failure to participate as required may result in suspension of assistance.

**Recipient Name** \_\_\_\_\_ **Total Hours Owed** \_\_\_\_\_

**Work Site Assigned** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**First Date to Report** \_\_\_\_\_ **Daily Shift From** \_\_\_\_\_ **To** \_\_\_\_\_

(Date and shift may change with permission of Welfare Official)

## TO BE COMPLETED BY WORK SITE SUPERVISOR — RETURN WEEKLY

DATE	WEEKDAY	HRS ASSIGNED	TIME IN	TIME OUT	HRS WORKED	SUPV. INITIALS
	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					

**TOTAL HOURS WORKED:** \_\_\_\_\_

\_\_\_\_\_  
**Supervisor's Signature** \_\_\_\_\_  
**Date**

## RECIPIENT / WORKFARE PARTICIPANT CERTIFICATION

I understand that failure to fully comply with the workfare program, without just cause, may result in denial of further assistance. I further understand that workfare is for the purpose of working off hours in exchange for assistance granted and that no actual wages will be paid to me.

\_\_\_\_\_  
**Recipient / Workfare Participant Signature** \_\_\_\_\_  
**Date**

# TOWN OF CENTER HARBOR APPLICATION FOR ASSISTANCE

## NOTICE OF FAIR HEARING

Date:  
To:  
Address:

Your fair hearing has been scheduled for:

Date: Time:

Place:

If unable, contact the Welfare Official immediately.

Your request for a fair hearing has been DENIED for the following reason(s):

Welfare Official Signature

## FAIR HEARING REQUEST

I, \_\_\_\_\_, hereby request a fair hearing to review the decision dated \_\_\_\_\_ regarding my application for general assistance.

### Regarding continuation of assistance during appeal:

I WANT my current assistance to continue until my appeal has been decided.

I DO NOT WANT my current assistance to continue until my appeal has been decided.

I understand that if I lose my appeal, I will be obligated to repay the assistance provided to me during the time the appeal is being decided.

Applicant Signature

Date

This form must be returned to the Welfare Office within five (5) working days of your Notice of Decision. A hearing will be scheduled within seven (7) working days of receipt by the Welfare Official.

## FAIR HEARING DECISION

Client Name:

Date of Hearing:

Represented By:

Hearing Officer(s):

## ADJUDICATION

Hearing Officer / Board Chair Signature

Date