



TOWN OF CONWAY

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Local Welfare Notice of Rights and Responsibilities

You have the right to:

1. Make a written application for assistance and receive prompt written decisions each time you apply.
2. Receive written denials that include the reasons you were denied or given only some of the assistance requested and to appeal any decision you do not agree with as long as the appeal is within 5 working days after you receive your decision.
3. To have a hearing to present your case.
4. To have your assistance continued if you are already receiving assistance at the time of the fair hearing request and to review information in your file before the hearing.
5. To see guidelines used in making decisions.
6. To receive a written notice of conditions before you are suspended for failing to obey guidelines.
7. To refuse to participate in municipal workfare program or to conduct job search if you must care for a child under the age of five, if you are disabled or ill, or if you must take care of a member of your family who is disabled or ill.

You have a responsibility to:

1. Provide accurate, complete and current information concerning needs and resources.
2. Provide records and other pertinent information and access to said records and information within timeframe of 7 days or time approved by welfare staff, when requested.
3. To apply for and utilize immediately, but no later than 7 days from initial application, any public or private benefits or resources that will reduce or eliminate the need for general assistance. NH RSA 165:1-b, 1 (d)
4. To provide whereabouts and circumstances of relatives who may be responsible under NH RSA 165:19.
5. To provide a doctor's note and other pertinent information and access to said records and information within 7 days or timeframe approved by the welfare staff.
6. To report changes in needs, resources, household size, address or any other change that may affect eligibility for continuing assistance when they happen.
7. To keep scheduled appointments.
8. Following a determination of eligibility for assistance, to diligently search for employment and provide verification of work search (the number of contacts to be determined by welfare staff), to accept employment when offered except for documented good cause reasons, and to maintain such employment. NH RSA 165:1-b, 1(d) and 165:1-b, 1(c).
9. Following a determination of eligibility for assistance, to participate in the workfare program if physically and mentally able NH RSA 165:1-b, (b)
10. To reimburse assistance granted if returned to an income status and if such reimbursement can be made without financial hardship. NH RSA 165:20-b

- a. An application shall be denied if the applicant fails to fulfill any of these responsibilities without reasonable justification. A recipient's assistance may be terminated or suspended for failure to fulfill any responsibilities without reasonable justification, in accordance with the Town of Conway Welfare Guidelines.
- b. Any recipient may be denied or terminated from local welfare, in accordance with the Town of Conway guidelines, or may be prosecuted for a criminal offense, if the recipient, by means of intentional false statement or intentional misrepresentation or by impersonation or other willfully fraudulent act or device, obtains or attempts to obtain any assistance to which he/she is not entitled.

The Welfare Staff shall inform the applicant of:

1. The requirement of submitting a written application.
2. The kinds of verification to submit with the application.
3. Eligibility requirements, formula and allowable levels of assistance.
4. The applicant's responsibility to report all facts needed to determine eligibility, and for providing documents as requested and as reasonably available to support statements.
5. The joint responsibility of the welfare staff and applicant(s) to explore facts concerning eligibility, needs and resources, including other forms of assistance the applicant(s) may qualify for.
6. The fact that an investigation will be conducted to verify statements and facts presented and that the investigation may take place before, during and subsequent to the applicant's receipt of assistance.
7. The applicant/recipient's responsibility to report changes as they happen.
8. The availability of the welfare staff to make home visits by mutually-agreed appointment to take applications and conduct ongoing case management for applicants who cannot leave their homes.
9. The fact that reimbursement will be sought and the requirement of placing a lien on any real property currently owned by the recipient(s) and/or obtained within 6 years of receiving assistance; or any civil judgements/property settlements for any assistance given, except for good cause.
10. The applicant's right to review guidelines and their right to a fair hearing.

Certifications and Signatures

1. I understand that if I am assisted the municipality may place a lien against any real property I own. (NH RSA 165:28)
2. I hereby certify that I have listed within the application all lawsuits, worker's compensation claims or aid from other agencies now pending for all household members. I agree to notify the welfare staff 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. (NH RSA 165:28a)
3. 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 Unsworn Falsification. (NH RSA 641:3)
4. I understand that pursuant to NH RSA 165:19, 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, selectmen, 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 the 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. (NH RSA 165:19)

5. I understand that if an individual has received local welfare within the past 365 days and has been given notice that voluntary termination of employment without good cause could result in disqualification, then the individual may be disqualified from receiving local welfare assistance for 90 days from the date of the voluntary quit if the individual terminates employment of at least 20 hours per week without good cause within 60 days of application for local welfare and is not responsible for minor children in the household and did not have a mental or physical impairment which caused the individual to be unable to work. (NH RSA 165:1-d)

For example: If you quit a job on January 5 and apply for assistance on Jan 31, then you can be denied through April 5.

I hereby certify that the information I have provided in the application for assistance is complete to the best of my knowledge and belief and provides a true summary of my income, assets and needs. I understand I am required to provide documents and/or other forms of verification to prove information on this application. I hereby certify that all information I have/will provide in response to questions asked by the welfare staff is true and complete.

Date: _____

Signature: _____

Date: _____

Signature: _____