



# TOWN OF CONWAY

23 MAIN STREET • P.O. BOX 2680 • CONWAY, NEW HAMPSHIRE 03618

(603) 447-3811  
WWW.CONWAYNH.ORG

## APPLICANT'S AUTHORIZATION TO RECEIVE AND PROVIDE INFORMATION FOR THE PURPOSE OF DETERMINING ELIGIBILITY FOR LOCAL WELFARE

- I/We, \_\_\_\_\_, authorize any relative, physician, pharmacist, lawyer, banker, employer, insurance company, landlord (which shall include owner/manager of hotel, motel or other temporary housing), mental health professional, school official, utility company, church group, or other person or organization having information concerning my/our circumstances to furnish such information to the Municipal General Assistance 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, Division of Child Support, New Hampshire Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Veteran's Administration, Fuel Assistance, Homeless Outreach, Tri-County Cap, local or state police, or any non-profit agency to release information from their files to the Municipal Welfare Department.
- I hereby authorize the Town of Conway General Assistance Officer to receive information from the above-mentioned persons or agencies either by telephone, email, post office mail or fax, and to give information to them, if requested, to assist the Town in its determination of my eligibility for general assistance.
- This authorization shall remain effective for one year from the date given below unless otherwise indicated in the comments.

Comments: \_\_\_\_\_

Applicant Signature	Date
Printed Name	Date
Spouse or Co-applicant Signature	Date
Printed Name	Date

Signature of person completing form (if not applicant);	Relationship to applicant	Date:
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