

TOWN OF NEWMARKET APPLICATION FOR LOCAL TOWN (WELFARE) ASSISTANCE

For all welfare appointments, assistance, questions, and information, etc., you must contact the welfare official at:

659-8501 ext. 1312

If there is no answer--please leave a message and your call will be returned- as soon as possible.

Please read all of the application instructions, information and requirements carefully.

Clients are seen by appointment only.

Client must first complete an application prior to scheduling a welfare intake appointment.

Clients will not be interviewed without a completed application.

Determination of eligibility can not occur without a completed application which includes all the required supporting documentation and applicable forms included in this packet.

NEWMARKET WELFARE APPLICATION

INSTRUCTIONS/INFORMATION

To apply for any assistance from the Newmarket Welfare Department you must **FULLY COMPLETE** the following application. All documentation requested is required to complete the application process. A decision cannot and will not be made until all documentation requested has been supplied.

As you complete your request for General Assistance, we ask you to remember that Local Town Welfare is not a handout, but is designed to be a safety net that is not automatic, ongoing or indefinite and is solely funded through local taxpayer's property tax dollars. It by law requires that you cooperate with the Welfare Official and take responsibility for your own personal behavior and actions.

If you are currently not working or not working full time, you will be required to complete an extensive job search, defined as at least 5 job contacts a day and provide signed confirmation from the prospective employer of your application. You may also be required to participate in the Town's Workfare Program. If you are physically or mentally unable to work, you will need to have medical documentation completed by your physician.

If you recently left employment, you will need to have your previous employer complete the employment form. You will also have to apply for unemployment whether or not you may think you are eligible and have the employment office form completed. If you are currently working you will need to provide copies of the last 4 paycheck stubs or have your employer complete the income form found in this application.

You will be expected to do everything in your power to live within your income by adjusting your financial situation to eliminate the need for General Assistance. You will be required to provide this office with ongoing verification of information requested. The purpose of this office is to assist you in becoming self-supporting and self-sufficient. Town Welfare is to assist with supplying basic needs only, basic needs are expenses defined as those that support life and health.

RESPONSIBILITIES OF EACH APPLICANT AND RECIPIENT

AT THE TIME OF THE INITIAL APPLICATION AND AT ALL TIMES THEREAFTER THE APPLICANT/RECIPIENT HAS THE FOLLOWING RESPONSIBILITIES:

1. To provide accurate, complete and current information concerning needs and resources, as well as the whereabouts and circumstances of relatives who may be responsible under RSA 165:19.
2. To notify the Welfare Official or his/her designate within 72 hours when a change in needs or resources may affect eligibility for continuing assistance.
3. Within 7 days of application, to apply for and utilize any benefits or household resources, public, or private, that will reduce or eliminate the need for Town General Assistance.
4. To keep all appointments as scheduled and to return all information that is needed within the specified time frames, so that once assistance is granted, no lapse in benefits such as TANF checks or Food Stamps will occur.
5. To notify the Welfare Official within 72 hours of a change of address and any change in the members of the household.
6. To diligently search for employment and provide verification of applications for employment when requested, following a determination of eligibility for assistance. You must ACCEPT ANY employment offer following a determination of eligibility. Refusal to accept employment is grounds for denial or sanction.
7. To provide a doctor's statement if any work eligible adult in the household claims an inability to work due to medical problems.
8. To participate in the welfare workfare program if physically and mentally able, following a determination of eligibility for assistance.
9. To keep appointments as scheduled for Town Welfare knowing that if you are more than 15 minutes late you will be considered a no show and may not be eligible for rescheduling for 7 calendar days for your missed appointment date.

A RECIPIENT'S ASSISTANCE MAY BE TERMINATED OR SUSPENDED FOR FAILURE TO FULFILL ANY OF THESE RESPONSIBILITIES WITHOUT A REASONABLE JUSTIFICATION.

Signature_____Date_____

Please state the **SPECIFIC Service (Assistance)** the Client is requesting from Town:

**VERIFICATIONS REQUIRED FROM APPLICANTS FOR WELFARE- NECESSARY
TO COMPLETE APPLICATION**

You will need to provide the following documentation **with your application** submission and for all your future appointments. Photocopies are acceptable. A decision cannot and will not be made until all documentation requested has been supplied.

1. You must provide proof of identification for each member of the household. This can be a birth certificate, a social security card, or a picture I.D._____
 2. Proof of Residence. This is either a completed Welfare rental form or a delivered piece of U.S. Mail to your stated address._____
 3. Proof of Income. Examples include: current month's paycheck stubs, statement from employer with net and gross amounts for past month, Workers Comp Papers, Unemployment Compensation, check stub from social security or TANF. All sources of income including gifts, and, if you have just started a new job, a statement from the employer as to hourly rate, hours per week and date and amount of anticipated first net paycheck._____
 4. Proof of all allowable bills that you are paying (basic needs including rent, electric food, heat, babysitters for work, Rx.)._____
 5. Proof that you have applied for the following: TANF, FOOD STAMPS, WORKERS COMPENSATION, UNEMPLOYMENT COMPENSATION, SOCIAL SECURITY, WIC, APTD, MEDICARE AND OR MEDICAID AND FUEL ASSISTANCE._____
 6. Proof of any personal property (I.E. TRAILERS, MOBILE HOMES, JET SKIS, ATVS, BOATS, SNOW MOBILES, MOTOCYCLES, LAND etc.)._____
 7. Proof of any Cash Resources. Current statements of any bank accounts for all members of household including children._____
 8. Doctor's statement of disability or reason for leave from work. This should include diagnosis and list of medications prescribed clearly identify what condition each medication is used to treat, as well as anticipated length of disability and return to work date._____
 9. Proof that parent or spouse cannot help you financially, including federal tax returns see RSA 165:19._____
 10. Complete list of any other sources of income or financial help you have received during the past four weeks from any and all sources such as a church, charitable group, loan from family member or friends, loan from institutions, winnings from bingo or lotteries, fuel assistance, trust funds, money borrowed/withdrawn from retirement accounts, CAP._____
 11. Other case specific documentation: _____
-
-

It is very important that applicants are aware of the laws regarding welfare fraud and therefore understand and expect that the Town of Newmarket will pursue all criminal remedies including prosecution to the full extent of the law as well as:

ANY PERSON MAY BE DENIED OR TERMINATED FROM GENERAL ASSISTANCE AND OR BE PROSECUTED FOR A CRIMINAL OFFENSE, WHO BY MEANS OF INTENTIONALLY MAKING FALSE STATEMENTS OR INTENTIONAL MISREPRESENTATION OR BY IMPERSONATION OR THE WILLFULLY FRAUDULENT ACT OR DEVICE OBTAINS OR ATTEMPTS TO OBTAIN ANY ASSISTANCE TO WHICH HE/SHE IS NOT LEGALLY ENTITLED.

The above responsibilities and list of verifications have been read and I believe that I understand my responsibilities fully when completing this application for Town Welfare/General Assistance.

Signature_____	Date_____
Signature_____	Date_____
Signature_____	Date_____

Welfare Application Town of Newmarket

Applicant Name(s) _____

SOCIAL SECURITY NUMBER(s) _____ and _____

DATE(s) OF BIRTH _____ and _____

TODAY'S DATE _____

CURRENT ADDRESS _____

How long have you lived at this address? _____

Previous address (past 2 years- include all towns in NH) _____

BEST CONTACT PHONE NUMBER _____ or _____

TOTAL# HOUSEHOLD OCCUPANTS _____

LIST BELOW ALL PEOPLE LIVING AT THIS RESIDENCE/AND OR HOUSEHOLD

NAME	BIRTHDATE/AGE	RELATIONSHIP	SS#
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

WHY ARE YOU REQUESTING GENERAL ASSISTANCE FROM TOWN WELFARE? _____

WHAT TYPE OF ASSITANCE ARE YOU REQUESTING? _____

Are you a legal citizen or resident of the United States? _____

MARITAL STATUS _____ LAST FULL GRADE COMPLETED _____

LIST THE NAMES AND ADRESSES OF YOUR PARENTS PER RSA 165.19

1. _____

2. _____

3. _____

4. _____

EMPLOYMENT:

Are you Currently Employed? _____

EMPLOYER NAME _____ PHONE # _____

EMPLOYER ADDRESS _____

DATES OF EMPLOYMENT _____ JOB TITLE _____

Co- Applicant---

EMPLOYER NAME _____ PHONE # _____

EMPLOYER ADDRESS _____

DATES OF EMPLOYMENT _____ JOB TITLE _____

PLEASE IDENTIFY THE SOURCE OF REFERRAL TO THIS OFFICE:

- | | | | |
|---------------------|------------------|------------------|------------|
| 1.SELF | 4.SOCIAL SCURITY | 7. MENTAL HEALTH | 10.DES |
| 2.NH HOSPITAL | 5.FAMILY/FRIEND | 8.VET. ADMIN. | 11. OTHER |
| 3. MEDICAL SERVICES | 6.SCHOOL | 9.JUSTICE SYSTEM | 12.SHELTER |

HAVE YOU EVER REQUESTED TOWN WELFARE ASSISTANCE BEFORE? _____

DATES OF ASSISTANCE _____

TYPE OF ASSISTANCE _____

CURRENT BENEFIT/INCOME AMOUNTS AND DATES OF APPLICATION

STATE WELFARE _____

TANF _____

SOCIAL SECURITY _____

APTD _____

SSDI/SSI _____

OAA _____

VETERANS BENEFITS _____

UNEMPLOYMENT COMPENSATION _____

WORKERS COMPENSATION _____

MEDICAL _____

CHILD SUPPORT _____

SETTLEMENTS _____

ALIMONY _____

PRIVATE DISABILITY INSURANCE _____

PENSION _____

NATIONAL GUARD _____

TRUST FUND _____

WEEKLY PAY CHECK _____

TAX REFUNDS _____

OTHER PAY CHECK _____

OTHER INCOME _____

FOOD STAMPS _____

RESOURCES FOR THE HOUSEHOLD:

AMOUNT	LOCATION	OWNER OF RESOUCE
CASH		
SAVINGS		
CHECKING		
CHILD SUPPORT		
STOCKS/BONDS		
PENSIONS/RETIREMENT SAVINGS		
LIFE INSURANCE		
LIST ALL VEHICLES		
OTHER ASSETS (I.E. TRAILERS, MOBILE HOMES, JET SKIS, ATVS, BOATS, SNOW MOBILES, MOTOCYCLES, LAND etc.)		

DOCUMENTATION FOR ALL RESOURCES WILL BE REQUIRED TO COMPLETE APPLICATION. EXAMPLES OF ACCEPTABLE DOCUMENTATION INCLUDE: COMPLETE CURRENT BANK STATEMENTS WITHIN 30 DAYS, COURT ORDER FOR CHILD SUPPORT, PENSION STATEMENTS, LIFE INSURANCE POLICIES, VEHICLE REGISTRATIONS AND OR TITLES, MORTGAGE STATEMENTS, PROPERTY ASSESSMENT STATEMENTS. FAILURE TO PROVIDE THIS DOCUMENTATION WILL RESULT IN APPLICATION BEING DETERMINED AS NON-COMplete AND A DELAY IN PROCESSING AND DETERMINATION OF ASSISTANCE.

PLEASE KEEP IN MIND THAT IT IS UNLAWFUL FOR ANY APPLICANT OR RECIPIENT TO KNOWINGLY MAKE FALSE REPRESENTATION VERBALLY OR IN WRITITNG, OR BY OMISSION AS TO HIS/HER CIRCIMSTANCES. (NH RSA 641:3) ANYONE WHO DOES SO MAY BE SUBJECT TO CRIMINAL PROSECUTION FOR SUCH ACTIONS, AND MAY FORFEIT CONFIDENTIALITY PROTECTION FOR PROSECUTION PURPOSES.

MONTHLY EXPENSES:

RENT \$ _____ PER WEEK MONTH BI-MONTHLY

DATE LAST PAID _____ AMOUNT PAID ON THAT DATE _____

UTILITIES INCLUDED IN RENT? *Circle* NONE HEAT ELECTRICITY WATER

NAME OF LANDPERSONS – (MUST BE THE LEGAL PROPERTY OWNERS OF RECORD)

Address of landlord _____

Contact phone number(s) for landlord _____

CLIENTS MONTHLY EXPENSES:

RENT/ MORTGAGE \$ _____

FOOD _____

ELECTRICITY _____

HEAT _____

WATER _____

COOKING GAS _____

PRESCRIPTIONS _____

MISC _____

TOTAL \$ _____

WORK RECORD FOR APPLICANTS FOR PAST YEAR:

EMPLOYER	DATES OF EMPLOYMENT	TYPE WORK	WAGES	REASON TERMINATED

WORK RECORD FOR CO-APPLICANT FOR PAST YEAR:

EMPLOYER	DATES OF EMPLOYMENT	TYPE WORK	WAGES	REASON TERMINATED

WORK RECORD FOR OTHER HOUSEHOLD (ADULT) MEMBER FOR PAST YEAR:

EMPLOYER	DATES OF EMPLOYMENT	TYPE WORK	WAGES	REASON TERMINATED

AS OF AUGUST 1, 1995 - ANY PERSON WHO QUILTS A PLACE OF EMPLOYMENT WITHOUT ANOTHER VERIFIABLE JOB TO GO TO AND OR WITHOUT VERIFIABLE CAUSE WITHIN THE 60 DAY PERIOD BEFORE SUBMITTING AN APPLICATION FOR ASSISTANCE SHALL BE INELIGIBLE FOR ASSISTANCE FOR 90 DAYS FROM THE DATE OF TERMINATION OF EMPLOYMENT--PER STATE OF NH LAW

OTHER INFORMATION:

HAS ANYONE IN YOUR HOUSEHOLD BEEN CONVICTED OF A CRIME?

DOES ANYONE IN YOUR HOUSEHOLD HAVE A LAWSUIT PENDING? _____

IF YES-NAME OF LAW FIRM, LAWYER, PHONE NUMBER and ADDRESS

DOES ANY MEMBER OF THE HOUSEHOLD EXPECT TO RECEIVE AN INCOME TAX REFUND OR EARNED INCOME CREDIT IN THE NEXT 45 DAYS? _____

AVAILABLE SOURCE(S) OF INCOME:

AVAILABLE INCOME: Applicant

HOURLY WAGE \$ _____ WAGES PER WEEK _____

HOURS WORKED PER WEEK _____

AVAILABLE INCOME- Co-Applicant

HOURLY WAGE \$ _____ WAGES PER WEEK _____

HOURS WORKED PER
WEEK _____

AVAILABLE INCOME Other adult household member

HOURLY WAGE \$ _____

_____ WAGES PER WEEK _____

HOURS WORKED PER WEEK _____

VEHICLE (S):

DO YOU OWN A VEHICLE (S)? _____ NUMBER OF HOUSEHOLD
VEHICLES _____

MAKE _____ MODEL _____ YEAR _____

IS THERE A PAYMENT ON THIS VEHICLE? _____ AMOUNT\$ _____

WHERE (TOWN) IS THIS VEHICLE REGISTERED? _____

MAKE _____ MODEL _____ YEAR _____

IS THERE A PAYMENT ON THIS VEHICLE? _____ AMOUNT\$ _____

WHERE (TOWN) IS THIS VEHICLE REGISTERED? _____

MAKE _____ MODEL _____ YEAR _____

IS THERE A PAYMENT ON THIS VEHICLE? _____ AMOUNT\$ _____ WHERE

(TOWN) IS THIS VEHICLE REGISTERED? _____

FAMILY HISTORY:

NAME OF APPLICANTS SPOUSE, EX-SPOUSE(s) OR ESTRANGED

SPOUSE _____ AGE _____

ADDRESS OF ABOVE _____

SOCIAL SECURITY NUMBER _____

DATE AND PLACE OF MARRIAGE _____

DATE AND PLACE OF SEPERATION OR

DIVORCE _____

NAME OF CO-APPLICANT SPOUSE EX-SPOUSE OR ESTRANGED SPOUSE _____
AGE _____
ADDRESS OF ABOVE _____
SOCIAL SECURITY NUMBER _____
DATE AND PLACE OF MARRIAGE _____
DATE AND PLACE OF SEPERATION OR
DIVORCE _____

RECOVERY OF ASSISTANCE

I UNDERSTAND THAT THE TOWN OF NEWMARKET MAY RECOVER THE AMOUNT OF ASSISTANCE PROVIDED ONCE I HAVE RETURNED TO AN INCOME STATUS, WHICH WOULD ALLOW ME TO REIMBURSE THE TOWN OF NEWMARKET WITHOUT HARDSHIP. I UNDERSTAND THAT A LIEN WILL BE PLACED ON MY HOME, LAND OR TRAILER FOR ANY ASSISTANCE PROVIDED. I HEREBY AFFIRM THAT ALL THE INFORMATION STATED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I MAY BE SUBJECT TO CRIMINIAL PENALTIES FOR MATERIAL MISREPRESENTATION.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN THE APPLICATION

RELEASE OF INFORMATION

I AUTHORIZEAND REQUEST ANY RELATIVE, PHYSICIAN, COUNSELOR, MENTAL HEALTH WORKER, NH DIVISION OF HUMAN SERVICES, LAWYER, BANKER, INSURANCE COMPANY, LOCAL WELFARE OFFICE OR ANY OTHER ORGANIZATION OR PERSON HAVING INFORMATION CONCERNING MY ELIGIBILITY FOR ASSISTANCE TO FURISH SUCH INFORMATION TO THE WELFARE DIRECTOR. I HAVE THE RIGHT TO REVIEW SUCH INFORMATION IF I AM NOT SATISFIED WITH THE DECISION. I AUTHORIZE THE TOWN OF NEWMARKET WELFARE DIRECTOR OR THEIR AGENT TO RELEASE INFORMATION AS REQUIRED TO THE SOCIAL SECURITY OFFICE, NH DIVISION OF HUMAN SERVICES, SCHOOL PERSONNEL, COMMUNITY ACTION PROGRAM OR ANY PERSON OR ORGANIZATION IN ORDER TO CONDUCT WELFARE BUSINESS AND DETERMINE ELIGIBILITY FOR GENERAL ASSISTANCE.

SIGNATURE_____ **DATE**_____

SIGNATURE_____ **DATE**_____

SIGNATURE_____ **DATE**_____

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN APPLICATION

WELFARE WORK PROGRAM

When you are receiving Town Welfare/General Assistance, you may be required to participate in the Workfare program through the Welfare Department. If you have a medical problem that limits the type of duties that you can perform, you will need a medical statement to verify them. If you are physically or mentally unable to participate on the Workfare program, you will need a medical statement to verify this. The medical statement should state the length of time you will need to be excused from the program and for what reason.

While you are on the Workfare Program, you will be expected to perform your duties in a courteous and respectful manner. You are to show respect for the supervisor, and you are expected to do your duties as instructed. If you are dismissed from the Workfare program for any reason (examples of cause for dismissal- please see below), you will be suspended from receiving benefits for 7 days and you will be expected to make up the missed work time before you can apply for future benefits. If you are dismissed for a second time in the period of 6 months, the suspension period will be for 14 days and until lost time has been made up.

Examples of dismissal reasons:

1. Use of foul language
2. Showing disrespect to the Supervisor
3. Refusal to perform the work as instructed
4. Not reporting to work on time
5. Reporting to your work assignment under the influence of alcohol or a substance.
6. Causing a disruption of the work flow

The Workfare program as stated above has been discussed with me and I agree to participate on the Workfare program if requested and assigned to do so. I am aware that willful non-compliance of the Workfare Program will result in disqualification for General Assistance. **The workfare program allows you to work off your debt to the Town and you will not receive cash payments or a paycheck for your efforts- you will be paying off your obligations to the town.**

Signature_____	Date_____
Signature_____	Date_____
Signature_____	Date_____

WORKFARE MEDICAL SCREENING FORM

Medical screening for Welfare -Workfare Participation Program

1. Do you have any problems with your knees, back, shoulders or hands? Yes No
Please explain _____

2. Do you have any serious disease now? Yes No

If yes please explain briefly _____

3. Have you been hospitalized for accident/illness Yes No When _____
What type _____

4. Have you ever-received worker's compensation for injuries on the job? Yes No
If yes please briefly explain date and type of injury?

5. Have you had a physical exam recently? Yes No

Doctors name _____

6. Do you have a valid driver's license? Yes No

7. Do you have a police record? Yes No If yes explain _____

8. In case of emergency please notify _____

9. Do you take any medications? Yes No _____

10. Do you feel that you physically to join in the participation program? Yes No

I hereby affirm that all the information stated above is true to the best of my knowledge and belief and that I may be subject to the penalties for material misrepresentations, and falsification of any un-sworn document. False representation will affect eligibility or may terminate the amount of assistance I receive and will result in court action.

Signature

Date

Date _____

I _____ of Newmarket, New Hampshire---Social Security Number _____, do hereby swear that I will hold harmless now and forevermore, the Town of Newmarket, its Town Council, any employee of the Town of Newmarket and member of any Town Board for any medical expenses, loss of time or any difficulty involving a problem with my _____, which occurred prior rot my participation in Workfare with the Town of Newmarket.

Witness

Signature of Workfare Participant

If you object to signing the above, please explain _____

Income Status
Income
Monthly Income

TANF	_____
SSI/SSDI/APTD	_____
Child-support	_____
Food-stamps	_____
Paychecks (month)	_____
Workers Comp	_____
Unemployment	_____
Tax return	_____
Other/miscellaneous income	_____

Total Monthly Income _____

	Expenses Monthly Output	Allowable **
Rent	_____	_____
Heat	_____	_____
Electricity	_____	_____
Phone	_____	_____
Childcare	_____	_____
Doctors	_____	_____
Food	_____	_____
Car	_____	_____
Prescriptions	_____	_____
Other	_____	_____
	_____	_____
	_____	_____

Total Monthly Output _____

TOTALS

Total Income	_____	
Total Expenses	_____	_____
Funds Left	_____	

**** CLIENT DOES NOT COMPLETE THIS COLUMN**

LANDLORD FORM

**General Assistance
Town of Newmarket
186 Main Street
Newmarket, NH 03857**

Welfare Rental Verification Form

To the Client: Take this form to your landlord and have him completely fill out all the information needed. **Do not complete this form yourself.**

To the Landlord: This form is used to document who is living in the household- and the detailed rental information. Complete the whole form and please return it to the client or if you wish you may return it directly to the welfare office.

Do not let the client complete this form.

Intentional misrepresentation of the household content to assist in Welfare Fraud will be considered Falsification of an Unsworn Document and will be prosecuted under penalty of the law.

Tenants Name (s): _____

Tenants

Address _____

Names of all people residing at this residence _____

Number of Bedrooms _____ Date occupancy began _____

Rent Amount _____ Per _____

Rent Includes: Heat _____ Electric _____ Gas _____ Water _____ Other _____

Amount of Deposit Paid _____ By Whom _____

Date last rent paid _____ Amount Paid _____

Is there a government subsidy paid on the tenant's behalf? If Yes give amount frequency and type _____

Is there back rent due? _____ How much? _____

ARE YOU IN ANY WAY RELATED TO THE TENANTS? _____

If you are not incorporated your Social Security number is needed for a yearly 1099 form for IRS and you will be required to complete this form.

Social Security number _____

Landlords Signature _____

Telephone Number _____

Landlords Address _____

PHYSICIAN STATEMENT
(REQUIRED IF APPLICANT OR CO-APPLICANT IS CLAIMING DISABILITY)

General Assistance
Town of Newmarket
186 Main Street
Newmarket, NH 03857

MEDICAL REPORT

To the Physician:

_____ has applied to the Town of Newmarket Welfare Department for financial aid to meet his/her basic living needs of rent, food and utilities. It is customary for the participants who are not working to participate in the Town's Workfare Program to work off some of their account balance while they are unemployed. This work can be yard work, street sweeping, dusting in the library, stuffing envelopes and filling etc. This client has stated she/he cannot do any work at all for any length of time. Your completion of this form will verify that the participant is totally disabled at this time.

Thank you for cooperation for completing this form.

-
1. Is this person disabled? Yes No
 2. Please state the diagnosis in order in importance.

3. Is this person able to perform any type of work (i.e. clerical, yard, work, street sweeping, light housekeeping?)

4. Is there a restriction on the amount of time this person can work each day? _____
If yes- how many hours _____

5. What date did the incapacity start? _____

6. What date is it expected to end? _____

DATE

PHYSICIAN'S SIGNATURE

I hereby request the above release request be accepted and honored by my physical or medical health provider including my doctor, hospital, counselor, and or psychiatrist. Please provide the Town of Newmarket – Welfare Official with the above information regarding my diagnosis, abilities, physical limitations and medical history. I recognize that this includes the release of confidential medical information to the Welfare Official – who is to use this information to make a determination of eligibility for general assistance and applicable programs.

Thank you

Date

Signature of Patient

Previous Employer Form

**General Assistance
Town of Newmarket
186 Main Street
Newmarket, NH 03857**

Date: _____

To: _____

RE: _____ who has reported to us that he/she no longer is employed by you or your company.

In order that we may determine his /her eligibility for General Assistance, would you be kind enough to complete the information below and return it to our office as soon as possible? *Your cooperation is greatly appreciated.*

Employee (Applicant) Signature to release information _____

Employee home address: _____

Social Security Number _____

1. Date of termination _____

Is this permanent _____ or temporary? _____

2. Reason for termination:

_____ Voluntary (resignation, etc)

_____ Terminated

Reason(s) _____

_____ Laid Off

_____ OTHER _____

_____ Retired

3. Date of last paycheck _____ Net amount _____

4. Did the this employee receive money, or will be receiving money, from any other source at the time of termination, such as severance pay, vacation pay, sick pay, workman's compensation, retirement plan or other? _____

If so can your release the exact amount? _____

Signature and Title

Phone Number

It is the Applicant's responsibility to submit this form to the previous employer and have the employer or, if necessary, the applicant return this completed documentation to the General Assistance Office.

Current Employer Form
(For use when Employee is on Leave)

**General Assistance
Town of Newmarket
186 Main Street
Newmarket, NH 03857**

Date _____

To: _____

RE: _____

The above named person has applied to the Town of Newmarket for assistance. This person has indicated that he/she is employed by you or your company and that he/she will be out of work due to _____ for _____.

The following information is needed to determine this person's eligibility for assistance. Your assistance in completing this form is greatly appreciated.

Heather Thibodeau
Town Welfare Director

1. Is this person covered for financial benefits from insurance coverage during this absence time? _____
2. Does this person have any sick or vacation time that can be used during this absence?

3. Please indicate the last date this person will be receiving a paycheck during this absence _____ Pay check net amount? _____
4. Other Information

It is the Applicant's responsibility to submit this form to the employer and have the employer or applicant return this completed documentation to the Town to determine eligibility.

Current Employer Wage Verification Form-
(to be used when no paystubs available)

**General Assistance
Town of Newmarket
186 Main Street
Newmarket, NH 03857**

Income Verification Form

To Whom It May Concern:

_____ has applied for assistance from the Town of Newmarket to meet his/her basic living needs. He/she has stated that he/she is employed by you. The following information is needed to determine his/her eligibility for assistance.

Please indicate both gross and net earnings for the last 4 weeks of employment.

PAYCHECK DATE	GROSS EARNINGS	NET EARNINGS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Supervisors Signature

Company Name

Address

Phone

It is the Applicant's responsibility to submit this form to the employer and have the employer or applicant return this completed documentation to the Town to determine eligibility.