CITY OF DOVER

CITY COUNCIL - AGENDA

Meeting Type: **Regular Meeting**
Meeting Location: **City Hall, Council Chambers**
Meeting Date: **Wednesday, August 11, 2021**
Meeting Time: **7:00 pm**

1. **CALL TO ORDER**
2. **MOMENT OF SILENCE**
3. **PLEDGE OF ALLEGIANCE**
4. **ROLL CALL ATTENDANCE**
5. **PROCLAMATIONS/AWARDS**
6. **APPROVAL OF AGENDA**
7. **PUBLIC HEARINGS**
8. **CITIZEN'S FORUM**

   Taxpayers, Business owners, and Residents are invited to speak on any issue pertaining to the business of the City of Dover. Statements shall be limited to five minutes.

9. **CITY MANAGER'S REPORT**
10. **APPROVAL OF MINUTES**
    - **A. July 28, 2021 – Regular Meeting**
    - **B. August 4, 2021 – Workshop Session**
11. **MAYOR'S REPORT**
12. **UNFINISHED BUSINESS**
    - **A. ORDINANCES IN THE 2nd READING**
    - **B. ORDINANCES IN THE 3RD READING**
    - **C. RESOLUTIONS**
      1. **FISCAL YEAR 2022 CAPITAL IMPROVEMENTS PROGRAM (CIP) APPROPRIATION AND AUTHORIZATION FOR CLEAN WATER STATE REVOLVING FUND (CWSRF) LOAN FOR RIVER STREET PUMP STATION UPGRADES**
         (REQUIRES A 2/3 MAJORITY VOTE OF THE CITY COUNCIL.)
         SPONSORED BY MAYOR CARRIER BY REQUEST
13. **NEW BUSINESS**
    - **A. CONSENT CALENDAR**
      1. **B21050 COLUMBARIA AT PINE HILL CEMETERY**
         SPONSORED BY MAYOR CARRIER BY REQUEST

2. **AUTHORIZATION TO UTILIZE JSI RESEARCH & TRAINING INSTITUTE INC. FOR EVALUATION SERVICES FOR DOVER YOUTH TO YOUTH**
   SPONSORED BY MAYOR CARRIER BY REQUEST

3. **AMENDMENT TO MERIT PLAN, CLASSIFICATION PLAN, AND PAY PLAN**
   SPONSORED BY MAYOR CARRIER BY REQUEST

4. **UPDATE TO THE CITY OF DOVER WELFARE GUIDELINES**
   SPONSORED BY MAYOR CARRIER BY REQUEST

5. **APPROVAL OF LEASE AGREEMENT AT DOVER ICE ARENA WITH COLLINS SPORTS CENTER, INC.**
   SPONSORED BY MAYOR CARRIER BY REQUEST

COMMITTEE REPORTS

1. School Board
2. Planning Board
3. Appointments Committee
4. Arena Commission
5. Arts Commission
6. Conservation Commission
7. Downtown TIF Advisory Board
8. Energy Commission
9. Heritage Commission
10. **Legislative Liaison**
11. **Library Board of Trustees**
12. **McConnell Center Advisory Committee**
13. **Ordinance Committee**
14. **Parking Commission**
15. **Pool Advisory Committee**
16. **Racial Equity and Inclusion Ad-Hoc Committee**
17. **Recreation Advisory Board**
18. **Solid Waste Advisory Commission**
19. Stormwater and Flood Resilience Funding Ad-Hoc Committee
20. Transportation Advisory Commission
21. Waterfront TIF Advisory Board
22. City Council / School Board Collaborative Committee
23. Joint Building Committee – Dover High School and Regional Career Technical Center
24. COAST
25. Cocheco Waterfront Development Advisory Committee
26. Dover Main Street
27. Strafford Regional Planning Commission

B. RESOLUTIONS

1. **B20026 DESIGN AND BUILD CUSTOM IN-CAST CONCRETE SKATEPARK**
   SPONSORED BY MAYOR CARRIER BY REQUEST

C. ORDINANCES IN 1ST READING

14. COUNCIL CORRESPONDENCE

15. COUNCIL MATTERS OF INTEREST

16. ADJOURN

CITY MANAGER'S REPORT

August 11, 2021

Reporting On:
July 2021

By: J. Michael Joyal, Jr.
City Manager

Legal Department

Joshua Wyatt, City Attorney

The Office of General Legal Counsel provides legal support to the City Council, City Manager, city staff and volunteers on boards, commissions and committees of the City of Dover to assist efforts in providing services to our constituents and/or customers. In addition, legal support is also provided to the Dover School Board and Superintendent of Schools.

For the month of July:

	For Month	FY22	FY21	FY20	FY19
Legal Matters/Questions Handled	38	38	703	466	342
Document Creation & Review Including Contracts	20	20	350	256	269
Right to Know Requests Processed	4	4	51	49	41
Resolutions	4	4	73	75	53
Ordinances	0	0	19	10	18

Customer Focused Outcomes: Right to Know

Pursuant to RSA 91-A, the following Right to Know requests were received this month:

- → Donahue Tucker – 200 Henry Law Ave/43 McKane Lane
- → Local Labs – Finance Documents
- → NH Legal Assistance – Fiscal Year Documents
- → NH Voter Integrity – Election Financial 2016-2020

Product & Process Outcomes: Assistance to City Departments

City Council & City Boards	Attention to resolutions and ordinances as needed or requested by City Council; assistance with Charter amendment process; assistance with tracking and reviewing pending legislation;
Community Services	Assistance with construction contract administration questions; assistance with Great Bay Municipal Alliance for Adaptive Management; assistance with Great Bay general permit compliance; assistance with real estate questions; assistance with compliance on tree cutting and vegetation issues; assistance with Pudding Hill aquifer remediation efforts; assistance with public road acceptance issues;
Executive	None
Fire & Rescue	Assistance with preparing a Board of Health orientation; assistance with fine schedule questions; assistance with compliance questions; assistance with contracts; assistance with developing draft document retention schedule;
Finance	Prepare and review various contracts; research legal questions as requested; assistance with tax lien and other lien questions; assistance with election-related questions; track and file City claims with Primex;
Planning	Assistance with zoning ordinance amendments and review; assistance with general questions and public inquiries;
Police	Assistance with general inquiries and research;
Public Library	None
Public Welfare	Assistance with general inquiries; assistance with update to guidelines;
Recreation	None
School	Assistance with Right to Know requests; assistance with Dover High School/Regional CTC matters; assistance with review of and revision to various contracts; assistance with other matters as requested;

Financial Outcomes: Litigation

Opioid Epidemic Litigation: Retained services of Robbins Geller of Boca Raton, Florida for fraudulent marketing practices of pharmaceutical manufacturers. Suit filed in USDC in Concord. Case has been transferred to federal court in Ohio as part of a multi-district litigation consolidation. The City recently received its first payment from the State of New Hampshire pursuant to RSA 126-A:83, II, by virtue of an opioid-related settlement entered into by the State of New Hampshire. Settlements or other payments in satisfaction of City claims may be forthcoming from other defendants, but would be required to be tendered to the State's Opioid Abatement Trust Fund per RSA 126-A:83, I. Certain of the City's opioid claims have become part of bankruptcy proceedings.

Mary Hebbard v. City of Dover, John & Karen Brough and Ryan Colbath: Discovery is complete. Partial summary judgment rulings received in February 2021. This case had been scheduled for trial in June and July 2021, but the Court encountered a scheduling conflict and had to continue the trial to September 2021.

Mary & Rick Hebbard v. City: Complaint filed in October 2019 concerning drainage in the Tanglewood Subdivision. Partial summary judgment rulings were received in February 2021. Case was tried by City Attorney, Deputy City Attorney, and outside counsel on April 7, 8 and 9 of April 2021. The post-trial briefing was divided into two areas: (1) injunctive relief concerning removal of a berm, and (2) remaining issues, including enforcement of a stipulated Court-Order for an underground drainage system. The parties have fully briefed both subjects. In May 2021, the Court issued an order granting an injunction and requiring removal of the berm and restoration of surface drainage. The Court has not yet issued an Order on the remaining issues

Stergiou et. al. v. City of Dover: Planning Board appeal filed in August 2020 by certain abutters. The City accepted service in September 2020. This case was dismissed on jurisdictional grounds. Appeal to New Hampshire Supreme Court has been filed by the intervening abutter. The appeal is in the briefing stage. A briefing schedule has been issued.

Town of Durham et al v. Consolidated Communications: This PUC docket was initiated in July 2020. The City of Dover is a party and the City Attorney has appeared. Several Seacoast communities have filed a joint complaint about the backlog of "double poles" in their communities. These are poles that have been replaced, but the old pole has not yet been removed. A formal adjudication has commenced in the PUC. The parties have settled this matter and are in the process of preparing and filing a stipulation of dismissal with the PUC.

Hampstead School Board v. SAU 55: This is an RSA chapter 91-A dispute between two public education bodies. The case is on appeal to the New Hampshire Supreme Court. After the Supreme Court issued a decision that held attorney-client privileged communications of public bodies are subject to RSA 91-A balancing, and potential disclosure, the City of Dover, along with the NHMA, numerous other New Hampshire cities, and the New Hampshire Attorney General's Office, each moved as amici curiae to intervene and asked the Supreme Court to reconsider its holding. The Supreme Court has dismissed this matter as moot following the parties' joint request for that relief.

The use of outside counsel to handle specialty matters continues and consists of environmental matters and labor negotiations. There are a small number of attorneys hired on a variety of smaller matters.

Dover Business & Industrial Development Authority

by Daniel Barufaldi

Leadership & Governance Outcomes:

Summary:

Economic activity continued to expand in most sectors in Dover through July. The downtown restaurants that reopened with outside seating, the relaxation of indoor capacity utilization with social distancing and barriers continue facing severe worker shortages exacerbated by the Department of Labor not sufficiently expanding the temporary foreign worker visa allowance to cover workforce losses during and post pandemic. Efforts are underway with Senators Shaheen and Hassen to expand the temporary work visas being offered to foreign hospitality and accommodation workers during the tourism season. Local restaurants are being forced to attenuate open hours or open days due to lack of staff. Outside seating in July was severely limited by over 5 inches of rain during the month spread over several days. This is important to all downtown businesses as the restaurants attract customers to all other downtown merchants. The Dover unemployment rate, in steady decline since last August, stabilized at 1.2% in July. The number of people employed in July has still not fully returned to pre-pandemic levels as many have left the workforce due to a variety of reasons. Among them lack of childcare facilities and their high cost keeping parents out of active employment, and the decision by many remote workers to change their work lifestyle or start their own businesses. Dover's hotels that were doing better than expected enjoying an average occupancy rate of 80% have now stabilized at that approximate occupancy level. The corporate guest market has declined but the trades, utilities and medical staffing filled the gap. These segments have now also slightly declined due to lack of workers but to a lesser extent. We are beginning to see increased vacancies developing in leased office space currently at 10.2% and expect to see more as leases expire. While retail space has continued to cost more, office space lease rates are beginning to decline but are still hovering at about $18.94 per square foot. These vacancies are due to the realization that remote working works for some large firms and the overhead expense of office space can be eliminated.

The NH MSRP 2.0 support program has provided some relief to small businesses as a bridge during the second federal stimulus program roll out. Our restaurants and retailers are currently under great financial stress and 12 are in the process of applying for and anticipating the payout of the Dover Cares 2.0 grant program to get them through. The stock market, though somewhat volatile in the oil and commodities sectors in the first months of the second quarter, has shown enough strength to increase consumer spending and has raised people's confidence going forward despite sharply rising energy, food and vehicle costs. It is anticipated that some volatility will continue through the last two quarters of 2021. The durable goods sector reported some significant sales gains after the previous sales declines. Sensor shortages are curtailing new car production of several brands at present. Dealerships are trying to sell cars on line and are experiencing some success even with substantially higher pricing for used cars. The manufacturing sector, including capital goods and aircraft related parts, continues to show declines including some major layoffs due to the economic paralysis engendered by the coronavirus in international trade and tourism. The Boeing MAX problems that have prevented the aircraft from rejoining commercial fleets has been resolved and United Airlines just ordered 272 new

Boeing planes. Most downtown retailers are on reduced hours and staffing. Staffing firms reported a small but persistent rising tide of employment. Commercial real estate activity continues strong despite very high labor and materials costs for projects. A number of new commercial/ industrial projects were greenlighted in February and March with other projects surfacing and being initiated for July starts. Residential real estate markets saw some minor decreases in closed single family home sales at sustained high prices and multifamily residential apartment projects continue strong for the moment. One recently completed mixed use new build was put up for sale in June. Most recently the US economy was growing at a record pace (GDP growth at 2.6% over Q2, 2019 but declining to a recessionary state at least up to the beginning of the third quarter of 2020. It is now projected to reach a 6.1% GDP growth in the next quarter. Mortgage interest rates most recently increased to 2.6% spurred on by the rise in the 10 year bond rate. Lending rates are still a great value but bank lending restrictions have tightened. Inflation has risen significantly in the short term but it is still unclear if it will continue to rise or be transitory as suggested by the Fed.

Selected Business Services:

Demand for consulting and advertising is down sharply over last year at this time. Software and IT services providers are experiencing a pause in activity. Some consolidation is now being experienced in the institutional healthcare sector. Wentworth Douglas Hospital's merger with Mass General is part of an overall consolidation trend in institutional healthcare. This is expanding the range of medical specialties available to the Dover market. WDH has opened a medical practice facility at the Pease Development Authority and has another urgent care center planned on a Dover Point Rd. site. Portsmouth Regional Hospital has opened a stand-alone ER building at Exit 7 in Dover. Tele-med service is expanding and will become a more permanent segment of medical services after the pandemic abates. Wages, while historically up significantly in critical skill areas have flattened with the loss of elective procedures during the pandemic. Increased health insurance costs remain a concern with the uncertainty of the future reform of the Affordable Care Act and the challenge of being able to increase pricing to cover the increased cost.

Predictions for 2021 revenue growth in the services sector are now slightly less sanguine.

Commercial Real Estate:

Non-residential commercial real estate sales activity is growing at about 100% of the previous rate locally, and with flat activity in the Portland markets and declines in Connecticut, Boston and Rhode Island markets in this period. New build costs for needed 20,000 SF – 30,000 SF manufacturing/ assembly/ warehouse/ office spaces at Enterprise Park are causing sticker shock for several prospects and delaying project initiation but with three breakthrough projects beginning to be initiated this coming month. The lack of at site utilities on Innovation Way has limited the developments considering that location. Trading City owned land for project financed utility development is now being considered to develop projects with no City cash outlays where practical. Accelerator units of 1,200 – 2,500 SF are sorely needed to house small post startup companies to get underway and to grow in Dover. One new project at Enterprise Park will contain four 2,500 SF accelerator spaces. The Orpheum co-worker space is fully booked and has a waiting list. Office leasing was non-existent this month. The lending environment remains highly favorable to brave borrowers, with historically low but rising interest rates but with somewhat tighter lending standards. The flow of investment capital declined for commercial lease properties across the Seacoast, sourced from private equity firms, pension funds, foreign investors, REITS and high net worth individuals. Leverage ratios are on the rise among some investors,

but remain low in absolute terms. Local multi-family and mixed use construction remains active so far with local inventory in this category rising rapidly. The outlook remains cloudy across the region so far in this sector. Forecasts call for more uncertainty in fundamentals moving forward. Fiscal policy and uncertainty around the business and employment effects of the pandemic uncertainty at both the state and federal levels are causing some reluctance to commit assets until things calm down.

See Local Major Development Projects at end of report.

Residential Real Estate:

Residential real estate markets are now contributing strong performance on the Seacoast. Home buyer confidence still appears to be there for higher priced homes which seems counter intuitive unless these are investments in non-monetary assets in anticipation of rising inflation as the Treasury prints money to pay off Federal deficits with cheap dollars. Completed sales of single family homes decreased year-over-year in Q2 with Strafford County single family home inventory increasing by 1.4 % for the first time in the last few years. 2020 unit sales declined slightly due to lack of inventory. Rising prices are convincing sellers to put homes on the market. Median selling prices continue to rise locally and are up double digit % year-over-year 2019-2020. Condo sales though somewhat mixed regionally, are up locally as well as condo pricing and pending sales. Median sale prices in NH and in Dover increased again in the period for single family homes to the $400,000 median price range. Pending sales suggest the markets for high-end single family houses and condo's will continue, though slightly abated, through most of 2021 with a probable pause in growth in late 2021 or early 2022. Realtors are having more luck trying to sell homes on-line.

Manufacturing & Related Services:

Most local manufacturers supplying domestic and international markets are now reporting expanding sales results. Exceptions are aerospace and commercial airplane and parts suppliers, although Boeing has just reported its first post-pandemic profitable quarter. One point-of–purchase systems supplier is experiencing sales decreases significant enough to require an 80% layoff and downsizing out of Dover to their MA HQ. A profitable precision machining company and special ops arms suppler has signed a long term lease for the space and will add a research firing range onto the building. Local manufacturing has grown 400 jobs this year but last quarter Safran and Albany International in Rochester announced some layoffs due to the airline problems mentioned above. ACLARA in Somersworth has closed the former GE meters plant and is changing their business model to outsource production. It is confirmed that a local developer will renovate this property and turn it into a multi-family residential development. Measured Progress has been sold and will be moved to the buyer's HQ in the South. The Phase 1 Chinese trade agreement is not expected to have a substantive positive effect as tensions between the U.S. and China continue to mount. Manufacturing firms reporting on inventory levels are citing higher levels as supply chain interruptions abound. Most contacts in the manufacturing sector indicate that both staffing levels and wage growth have now stabilized and are once again growing. Capital investment is stable locally and we have several expansion projects either underway or about to get underway. Foreign investment in the US is growing rapidly due to the uncertainties rampant in the Chinese, Brazilian, Venezuelan and European economies. The Silver Square development is now making Phase II progress and have completed their CVS building.

Regional manufacturers are now gaining in confidence and are again contemplating expansions due to business growth.

Labor demand has been strong in IT and software, electronics, engineering, quality assurance tech and legal skills. Entry level jobs are not being filled even as wage rates continue to rise. Talks with the Chamber of Commerce Education Committee, Dover High School CTC, Great Bay Community College, Somersworth High School CTC and UNH for BIZEDConnect have now resumed but have been slowed by schools switching to remote learning and summer closings. Recent reductions in the NH BPT and EPT are being maintained by the Governor's veto so far. The FY2022 Tax Cap Budget, was received with some relief by local businesses that feared an over the tax cap budget strategy from the School District when combined with high electric energy costs and water processing costs and their concerns about their survivability. New Hampshire has the 6th best total tax burden in the U.S. and is far better than the other New England states.

Retail & Tourism:

Due to the relaxation of limits on gatherings necessitated by the pandemic and the fear surrounding it, local retail and tourism activities are beginning to rebound, limited only by a lack of sufficient workforce .On-line shopping continues to prosper due to the brick and mortar small retail closings and customers' continuing fears/uncertainty regarding exposure to others. Many regional malls are being repurposed to other uses and many national/international retail chains have closed in the US, Canada and worldwide. Many large retailers are making infrastructure investments to participate more fully in on-line sales with on-site drive through pick up points and deliveries to your door. It is anticipated that some of the big box medium sized chain stores in neighboring municipalities may close when their leases expire. Large big box chains with highly developed on-line sales/highly developed delivery systems are expected to continue to do well.

Local retailers and all local businesses have been informed of the recent SBA Emergency loans and grants programs, SELF Program and most recently, the GAP Program, and NH Chamber Relief Program as well as the DoverCARES Emergency Loan Fund and grant program. All have now been informed of the available programs including the latest landlord notifications to provide delinquent renter relief under PPP2.0 and the American Rescue Plan. The eviction moratorium is scheduled to end shortly but may be extended again.

Employment and Wages:

Local labor market pressure that initially collapsed with the widespread business closures and layoffs brought on by the pandemic have now increased to just below pre-pandemic levels. It appears that the fate of the proposed $15 minimum wage was defeated due to its potential for increasing unemployment at the lower end of the wage scale.

In the higher skill set categories, doctors, paramedics, physician's assistants and nurses are no longer in short supply as elective procedures suspended in anticipation of COVID-19 surges that didn't materialize in the magnitude anticipated in NH are no longer at peak levels with fewer hospitalizations. NH hospitals are in deficit and some doctor and nurse layoffs are expected as elective procedures are back on track again locally for the time being but not in heavily infected states. It is reported that Frisbie Hospital in Rochester, now owned by HGA lost a significant percent of their doctors and nurses and alleviated the nursing crunch at WDH in Dover.

Local Major Development Projects:

- First Street Development Phase 2 (River Mark) is nearing completion.
- Third Street Development (Changing Places) is complete.
- Silver Square Development: Phase 1 completion, Phase 2 underway.
- 49,000 SF at 27 Production Drive has been sols and has two occupants.
- Cathartes Project (Orpheum) Occupied.
- Well over $100,000,000 in Dover development underway.
- Fosters Building sold for $1.5 million / Kostis Brothers (renovation near completion).
- The Old courthouse Building on First and Second has a buyer, has entered into an agreement to buy and renovate and is in TRC.
- 6 Grove St. Project is once again underway.
- The Fosters building on Venture Dr. New owner (Index Packaging) is expanding the building by 67,000 SF.
- Birch Hill Armory on Industrial Park Dr. is completed and open.
- The H. Morris building on Venture Dr. is completed.
- Several mixed use and multi-family residential projects are at the TRC stage and heading for Planning Board approval, including some workforce housing.

Parking Division

June	Jun-21	Jun-20	Jun-19	Fiscal YTD 2021	Fiscal Year 2020	Fiscal Year 2019
Meter Activity - Total						
Meter Transactions	39,715	23,567	39,768	385,006	442,999	466,721
Income from Meters	$75,451	$43,971	$56,522	$676,715	$836,199	$648,806
Active Meter Days	26	26	20	302	292	249
Average Daily Meter Transactions	1,528	906	1,988	1,275	1,517	1,874
Meter Activity - Parking Garage						
Meter Transactions	2,404	1,080	3,057	22,463	36,219	36,749
Income from Meters	$6,835	$3,056	$5,138	$62,637	$88,142	$61,468
Active Meter Days	26	26	20	302	292	249
Average Daily Meter Transactions	92	42	153	74	124	148
Parking Permit Activity						
Total Parking Permits Issued	774	633	606	8,756	6,809	6,767
Residential Permits Issued	40	35	44	473	441	637
Business Permits Issued	734	598	562	8,283	6,499	6,130
Permit Income	$20,325	$21,889	$15,030	$265,168	$246,485	$232,682
Parking Ticket Activity						
Total Parking Tickets Issued	579	434	574	6,644	7,862	8,181
Accessible Space Tickets Issued	2	2	4	23	48	77
Winter Restriction Tickets Issued	0	0	0	381	164	327
Parking Ticket Income	$16,390	$13,800	$10,252	$160,519	$180,148	$168,062
Electric Vehicle Charging Stations						
Number of times Stations Used	16	8	20	100	233	not captured
Charging Station Income	$82	$21	$55	$571	$952	not captured

COAST

Ridership Activity

New Coast routes began end of June 2020. Those pertaining to Dover are below:

Month	**Route 1** Dover/Somersworth/ Berwick	**Route 13** Dover/Somersworth	**Route 33** Downtown Dover/County Complex/Portland Ave	**Route 34** Downtown Dover/Knox Marsh Rd
July 2020	3,103	2,313	1,042	133
August 2020	2,812	2,484	1,040	178
September 2020	3,225	2,577	1,011	271
October 2020	3,331	2,700	1,148	266
November 2020	2,942	2,148	1,121	327
December 2020	3,003	2,254	1,119	451
January 2021	2,927	2,126	979	325
February 2021	2,706	2,216	861	315
March 2021	3,367	2,833	1,240	505
April 2021	3,464	2,702	1,183	318
May 2021	3,235	2,999	1,088	225
June 2021	3,245	3,513	1,157	261

J. MICHAEL JOYAL, JR.
CITY MANAGER

CITY OF DOVER

CITY COUNCIL - MINUTES

Meeting Type: **Regular Meeting**
Meeting Location: **City Hall, Council Chambers**
Meeting Date: **Wednesday, July 28, 2021**
Meeting Time: **7:00 pm**

1. CALL TO ORDER

2. MOMENT OF SILENCE

3. PLEDGE OF ALLEGIANCE

Councilor O'Connor led the Pledge of Allegiance.

4. ROLL CALL ATTENDANCE

Present: Mayor Carrier, Deputy Mayor Ciotti, Councilor Cullen, Councilor Gasses, Councilor Muffett-Lipinski, Councilor O'Connor, Councilor Shanahan, and Councilor Williams. Councilor Thibodeaux attended via phone.
Also Present: City Manager Joyal, City Attorney Wyatt, and City Clerk Mistretta.

5. PROCLAMATIONS/AWARDS

Mayor Carrier presented a proclamation to the Cal Ripken 10U Baseball Team.

6. APPROVAL OF AGENDA

Deputy Mayor Ciotti moved for the approval of the Agenda; seconded by Councilor Williams. Councilor Shanahan clarified that the title for Public Hearing 7.A. and Item 12.C.2. needed the words "revised" and "updated" added.
Roll Call Vote: 9/0.

7. PUBLIC HEARINGS

A. APPROVAL OF (REVISED) PROPOSED AMENDMENTS TO CITY CHARTER AND AUTHORIZATION TO SUBMIT UPDATED FINAL REPORT TO THE NEW HAMPSHIRE SECRETARY OF STATE, ATTORNEY GENERAL, AND COMMISSIONER OF THE DEPARTMENT OF REVENUE

SPONSORED BY MAYOR CARRIER BY REQUEST

Catherine Cheney, 9 Snow's Court: She spoke about the need for a Charter Commission to address changes to the Charter.

Mayor Carrier, seeing no one else wishing to speak, closed the Public Hearing.

B. FISCAL YEAR 2022 CAPITAL IMPROVEMENTS PROGRAM (CIP) APPROPRIATION AND AUTHORIZATION FOR CLEAN WATER STATE REVOLVING FUND (CWSRF) LOAN FOR RIVER STREET PUMP STATION UPGRADES (REQUIRES A 2/3 MAJORITY VOTE OF THE CITY COUNCIL.) (CITY COUNCIL VOTE TO OCCUR ON AUGUST 11, 2021.)

SPONSORED BY MAYOR CARRIER BY REQUEST

Mayor Carrier, seeing no one wishing to speak, closed the Public Hearing.

8. CITIZEN'S FORUM

Taxpayers, Business owners, and Residents are invited to speak on any issue pertaining to the business of the City of Dover. Statements shall be limited to five minutes.

Catherine Cheney, 9 Snow's Court: She spoke about the need for a Charter Commission to address changes to the Charter.

Linnea Nemeth, 21 Taylor Road: She spoke about Item 13.B.1.

Mayor Carrier, seeing no one wishing to speak, closed the Citizen's Forum.

9. CITY MANAGER'S REPORT

City Manager Joyal submitted his report in writing. He gave an overview of the COVID-19 situation in the City and updated the CDC guidelines. He spoke about the recent rainfall and the recent reduction in drought conditions in the City, but how the water supply is still inches below where it needs to be and outdoor watering is still restricted. He talked about the current construction projects in the City. He spoke about the financial statements. He recognized employee anniversaries.

City Clerk Mistretta spoked about the upcoming Municipal Election on November 2, 2021, and stated the filing period starts on September 8, 2021 and closes on September 17, 2021.

Councilor O'Connor asked about the dredge cell closure project.
City Manager Joyal gave an overview of the project with the Council.

Councilor Cullen asked how long the process is to close the books on financials.
City Manager Joyal said it can take three to four months.

Mayor Carrier asked about the brick sidewalk on Hough Street.
City Manager Joyal said the City does try to replace sidewalk with the same materials.

Deputy Mayor Ciotti moved to accept the City Manager's Report; seconded by Councilor O'Connor.
Roll Call Vote: 9/0.

10. APPROVAL OF MINUTES

A. July 14, 2021 – Regular Meeting

Deputy Mayor Ciotti moved to approve the Minutes; seconded by Councilor Shanahan.
Roll Call Vote: 9/0.

11. MAYOR'S REPORT

Mayor Carrier gave an overview of events and meetings he has attended to the Council.
Deputy Mayor Ciotti moved to accept the Mayor's Report; seconded by Councilor Muffett-Lipinski.
Roll Call Vote: 9/0.

12. UNFINISHED BUSINESS

A. ORDINANCES IN THE 2nd READING

B. ORDINANCES IN THE 3RD READING

C. RESOLUTIONS

1. APPROVAL OF CABLE FRANCHISE AGREEMENT WITH ATLANTIC BROADBAND (NH-ME), LLC
SPONSORED BY MAYOR CARRIER BY REQUEST

Deputy Mayor Ciotti moved for its adoption; seconded by Councilor Muffett-Lipinski.
Roll Call Vote: 9/0.

2. APPROVAL OF (REVISED) PROPOSED AMENDMENTS TO CITY CHARTER AND AUTHORIZATION TO SUBMIT UPDATED FINAL REPORT TO THE NEW HAMPSHIRE SECRETARY OF STATE, ATTORNEY GENERAL, AND COMMISSIONER OF THE DEPARTMENT OF REVENUE
SPONSORED BY MAYOR CARRIER BY REQUEST

Deputy Mayor Ciotti moved for its adoption; seconded by Councilor O'Connor.
Councilor Shanahan gave an overview of the Resolution to the Council.
Roll Call Vote: 9/0.

13. NEW BUSINESS

A. CONSENT CALENDAR

1. AUTHORIZATION TO PURCHASE TROJAN UV3000 PLUS LAMPS AND QUARTZ SLEEVES
SPONSORED BY MAYOR CARRIER BY REQUEST

2. STATE OF NH CONTRACT WITH DELL MARKETING LP FOR COMPUTER EQUIPMENT
SPONSORED BY MAYOR CARRIER BY REQUEST

3. B21048 SPECIALIZED MUNICIPAL ENGINEERING SERVICES
SPONSORED BY MAYOR CARRIER BY REQUEST

4. APPROVAL OF LEASE AGREEMENT WITH NEW ENGLAND SPORTS COMPLEX, INC., d/b/a FIRST PUSH SYNDICATE
SPONSORED BY MAYOR CARRIER BY REQUEST

5. **APPROVAL OF LEASE AGREEMENT WITH COMMUNITY SOLUTIONS, INC.**
   SPONSORED BY MAYOR CARRIER BY REQUEST
6. **APPROVAL OF LEASE AMENDMENT FOR REACH FOR THE TOP THERAPY SERVICEs**
   SPONSORED BY MAYOR CARRIER BY REQUEST

COMMITTEE REPORTS

1. **School Board**
2. **Planning Board**
3. **Appointments Committee**
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6. **Conservation Commission**
7. **Downtown TIF Advisory Board**
8. **Energy Commission**
9. **Heritage Commission**
10. Legislative Liaison
11. Library Board of Trustees
12. McConnell Center Advisory Committee
13. Ordinance Committee
14. Parking Commission
15. Pool Advisory Committee
16. Racial Equity and Inclusion Ad-Hoc Committee
17. Recreation Advisory Board
18. Solid Waste Advisory Commission
19. Stormwater and Flood Resilience Funding Ad-Hoc Committee
20. Transportation Advisory Commission
21. Waterfront TIF Advisory Board
22. City Council / School Board Collaborative Committee
23. Joint Building Committee – Dover High School and Regional Career Technical Center
24. COAST
25. Cocheco Waterfront Development Advisory Committee
26. Dover Main Street
27. Strafford Regional Planning Commission

Deputy Mayor Ciotti moved for the adoption of the Consent Calendar; seconded by Councilor Shanahan.
Roll Call Vote: 9/0.

Councilor Muffett-Lipinski gave an overview of the School Board Report to the Council

Deputy Mayor Ciotti gave an overview of the Planning Board Report to the Council.

Councilor O'Connor gave an overview of the Arena Commission Report to the Council.

Councilor Shanahan gave an overview of the Arts Commission Report to the Council.

B. RESOLUTIONS

1. **REPEAL AND REPLACE THE AD-HOC COMMITTEE FOR GRAFFITI MANAGEMENT**
   SPONSORED BY DEPUTY MAYOR CIOTTI

   Deputy Mayor Ciotti moved for its adoption; seconded by Councilor Muffett-Lipinski.
   Deputy Mayor Ciotti gave an overview of the Resolution to the Council.
   Roll Call Vote: 8/1; Passed. Councilor Cullen was opposed.

C. ORDINANCES IN 1ST READING

14. COUNCIL CORRESPONDENCE

15. COUNCIL MATTERS OF INTEREST

Councilor O'Connor recognized the Cal Ripken 10U Baseball Team.

Mayor Carrier congratulated Olympian Jessica Parratto on her silver medal.

Councilor Thibodeaux talked about her Coffee with a Councilor event on Saturday at Sunrise.

Councilor Cullen congratulated St. Thomas Aquinas graduate Rachel Schneider, who will be running in the 5,000 and 10,000 meter races in the Olympics.

16. ADJOURN

Councilor O'Connor moved to adjourn; seconded by Councilor Muffett-Lipinski.
Vote: 9/0.

CITY OF DOVER

CITY COUNCIL - MINUTES

Meeting Type: Workshop Session
Meeting Location: City Hall, Council Conference Room
Meeting Date: **Wednesday, August 4, 2021**
Meeting Time: **7:00 pm**

1. CALL TO ORDER

2. MOMENT OF SILENCE

3. PLEDGE OF ALLEGIANCE

Councilor Shanahan led the Pledge of Allegiance.

4. ROLL CALL ATTENDANCE

Present: Mayor Carrier, Deputy Mayor Ciotti, Councilor Cullen, Councilor Gasses, Councilor O'Connor, Councilor Shanahan, and Councilor Thibodeaux.
Absent: Councilor Muffett-Lipinski and Councilor Williams
Also Present: City Manager Joyal, City Attorney Wyatt, and City Clerk Mistretta.

5. CITIZEN'S FORUM

Citizens are invited to speak on the subject matter of the Workshop. Statements shall be limited to five minutes.

Mayor Carrier, seeing no one wishing to speak, closed the Citizen's Forum.

6. DISCUSSIONS

A. RIVER STREET PUMP STATION IMPROVEMENTS

Community Services Director Storer introduced City Engineer Gretchen Young, and Tim Vadney and Becca Saucier of Wright Pierce. He gave a quick overview of the River Street Pump Station Improvements project.
Mr. Vadney of Wright Pierce gave a PowerPoint presentation to the Council regarding the project.

B. SKATEBOARD PARK UPDATE

Recreation Department Director Bannon gave a PowerPoint presentation to the Council regarding the Skateboard Park.

7. ADJOURNMENT

Councilor O'Connor moved to adjourn; seconded by Councilor Thibodeaux.
Vote: 7/0.

CITY OF DOVER

CITY OF DOVER - RESOLUTION

Agenda Item#: 12.C.1.

Resolution Number: **R – 2021.07.14 – 131**
Resolution Re: FY2022 CIP Appropriation and Authorization for CWSRF Loan for River Street Pump Station Upgrades

WHEREAS: The City Council desires to make public improvements and to finance these improvements through the NH Clean Water State Revolving Fund (CWSRF) and;

WHEREAS: The City identified a priority need to make improvements and submitted a pre-application to NH Department of Environmental Services (NH DES) for the River Street Pump Station Upgrades Project and the project was determined to meet CWSRF eligibility; and

WHEREAS: The City's participation in the CWSRF for the River Street Pump Station Upgrades project provides an opportunity for up to $1,000,000 in loan principal forgiveness; and

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND DOVER CITY COUNCIL THAT:
The following capital project is appropriated for $7,206,000 with estimated useful lives in excess of the length indicated:

Item #	Description	Proposed Appropriation	Life/Yrs	Department	Fund
1	River Street Pump Station Upgrades	$7,206,000	20	Comm Serv - PW	Sewer
	Total	$7,206,000			

AND FURTHER BE IT RESOLVED THAT:
Pursuant to the City Charter and the New Hampshire Municipal Finance Act and any other enabling authority, the City of Dover is hereby authorized to participate in the NH Clean Water State Revolving Fund (CWSRF) Program for financing this project. The City Manager, Finance Director and Treasurer are authorized, on behalf of the City of Dover, to file for participation in the NH CWSRF Program to obtain the loan for eligible identified project.

NOTE: This resolution requires a duly advertised public hearing and a 2/3 favorable vote of all members for passage with the vote deferred until at least three (3) days after public hearing.

AUTHORIZATION

Approved as to Funding: Daniel R. Lynch, Finance Director

Approved as to Legal Form and Compliance: Joshua M. Wyatt, City Attorney

Recorded by: Susan M. Mistretta, City Clerk

Sponsored by: Mayor Robert Carrier, By Request

CITY OF DOVER

CITY OF DOVER - RESOLUTION

Agenda Item#: 12.C.1.

Resolution Number: **R – 2021.07.14 – 131**
Resolution Re: FY2022 CIP Appropriation and Authorization for CWSRF Loan for River Street Pump Station Upgrades

DOCUMENT HISTORY:

First Reading Date:	07/14/2021	Public Hearing Date:	07/28/2021
Approved Date:		Effective Date:	

DOCUMENT ACTIONS:

VOTING RECORD Date of Vote:	YES	NO
Mayor Robert Carrier		
Deputy Mayor Dennis Ciotti		
Councilor Michelle Muffett-Lipinski, Ward 1		
Councilor Deborah Thibodeaux, Ward 3		
Councilor Marcia Gasses, Ward 4		
Councilor Dennis Shanahan, Ward 5		
Councilor Fergus Cullen, Ward 6		
Councilor John O'Connor, At Large		
Councilor Lindsey Williams, At Large		
Total Votes:		
Resolution does | does not pass.		

CITY OF DOVER

CITY OF DOVER - RESOLUTION

Agenda Item#: 12.C.1.

Resolution Number: **R – 2021.07.14 – 131**
Resolution Re: FY2022 CIP Appropriation and Authorization for CWSRF Loan for River Street Pump Station Upgrades

RESOLUTION BACKGROUND MATERIAL:
This resolution makes an appropriation for a FY2022 Capital Improvements Program project financed by loan from NH DES Clean Water State Revolving Fund, with up to $1,000,000.00 principal forgiveness for the loan, and authorizes the city to enter into the loan agreement with NH DES.

This resolution makes an appropriation of $7,206,000 for the River Street Pump Station Upgrades project. The total project cost is estimated to be $8,206,000. The City Council appropriated $1,000,000 as part of the adopted FY2020 CIP debt financed projects for odor control improvements at the pump station.

The City's River Street Pump Station is approaching 30 years old, and a substantial amount of the existing building, control, and electrical systems are original to the station. As part of the City's ongoing efforts to maintain and upgrade existing infrastructure to ensure the reliable operations for the City's users, the City would like to complete upgrades to the station. The River Street Pump Station is a critical component of the City's wastewater infrastructure as over 80% of the City's wastewater is conveyed through the station. Proposed upgrades to include,

- Decommission existing underground fuel storage tank and new exterior diesel generator with weatherproof and acoustically treated enclosure.
- Upgrades to the building structure including the roof, masonry, doors, and louvers to bring into compliance with the applicable building codes.
- Upgrades to ventilation system and improvements for balancing HVAC, installation of a natural gas boiler and new gas service to the building, and fire suppression upgrades to meet applicable codes.
- Electrical upgrades to address recommendations presented in the Energy Evaluation completed for the City of Dover by Process Energy Services, LLC in December 2019. In addition, upgrades will include the fire alarm system, and a new exterior generator.
- Upgrades to PLCs and associated equipment at the station. The existing SCADA infrastructure is largely obsolete and is no longer supported by the manufacturer.
- Upgrades to piping and valves not previously replaced in earlier upgrades to the station including all flow control gates in the wet well side of the pump station;
- Upgrades to chemical storage, feed systems and facilities;
- Odor control systems;
- Grit system improvements;
- Upgrades and replacement to the surge tanks exterior to the station.
- Limited upgrades within air release and clean-out manholes along the station's force main between the station and the City's wastewater treatment facility (WWTF).

Debt Authorization versus Debt Retirement

The following table compares the tentative authorization amount to the amount of debt being retired**:**

Description	Sewer
Pending Authorization	7,206,000
Prior FY2022 CIP Authorization	0
FY2022 Principal Retirement	1,440,393
Net Change	5,765,607

Legal Debt Limits

The following table summarizes the amount of debt outstanding & authorized-unissued, as of June 30, 2021 and this authorization, against the City Council financial policy debt limit. The policy debt limit for the City Sewer Fund is 1.5% of equalized assessed value. There is no statutory debt limit for the Sewer Fund.

Description	Sewer Fund
Debt Outstanding	17,629,163
Authorized - Unissued	8,415,000
Total Issued & Unissued	26,044,163
This Authorization	7,206,000
Grand Total	33,250,163
Policy Debt Limit	59,379,357
Unused Capacity	26,129,194
Percent Unused	44.00%

Budgetary and Rate Impacts

The $7,206,000 CWSRF loan is expected to be paid back over a 20-year period. Principal repayments would be $310,300 per year after an offset of $1,000,000 for the estimated amount of principal forgiveness. The annual impact to the City's Sewer Fund budget is based upon annual principal and interest repayment. The interest that would accrue on outstanding principal balances over the 20 year period, based on an interest rate of 2.424%, is estimated to be a total of $1,579,550 impact to the City's Sewer Fund budget over that 20 year period, approximately $78,978 annual impact. The combined impact of principal and interest repayment for the CWSRF loan would be $0.46 impact on the sewer rate. For a single family home with an average annual sewer usage of 75 HCF the annual impact would be $34.47.

CITY OF DOVER

CITY OF DOVER - RESOLUTION

Agenda Item#: 13.A.1.

Resolution Number: **R – 2021.08.11 – 140**
Resolution Re: B21050 Columbaria at Pine Hill Cemetery

WHEREAS: A sealed Request for Proposal #B21050 was solicited and received for columbaria at Pine Hill Cemetery on July 6, 2021 at 2:00 PM; and

WHEREAS: One bid response was received and reviewed for necessary technical and professional qualifications, experience, skills and facilities, project understanding, possession of a satisfactory record of performance, as well as cost. The bid meeting the selection criteria was submitted by Watertown Engineering Corp. of Whitman, MA, a vendor that the City worked with previously for the construction of one columbarium in 2009; and

WHEREAS: It is the recommendation to accept the proposal submitted by Watertown Engineering Corp. for the total amount of $70,000.00 which includes the design, build and installation of two columbaria at Pine Hill Cemetery.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND DOVER CITY COUNCIL THAT:

The Purchasing Agent is hereby authorized to issue a Purchase Order to Watertown Engineering Corp. of Whitman, MA for columbaria at Pine Hill Cemetery at rates provided in conjunction with bid #B21050 in an amount not to exceed $70,000.00. The City Manager, or designee, is hereby authorized to contract with the vendor, consistent with the Purchase Order authorized herein.

The amount of this authorization shall be limited so as not to exceed available funding.

Financing

Account	Description	Appropriation	Balance
4022.1.300.41951.4715.01105.22	Pine Hill Cemetery Improvements	250,000.00	250,000.00

AUTHORIZATION

Approved as to Funding: Daniel R. Lynch, Finance Director

Sponsored by: Mayor Robert Carrier, By Request

Approved as to Legal Form and Compliance: Joshua Wyatt, City Attorney

Recorded by: Susan Mistretta, City Clerk

Document Created by: Purchasing
Document Posted on: August 5, 2021

CITY OF DOVER - RESOLUTION

Agenda Item#: 13.A.1.

CITY OF DOVER

Resolution Number: **R – 2021.08.11 – 140**
Resolution Re: B21050 Columbaria at Pine Hill Cemetery

DOCUMENT HISTORY:

First Reading Date:	Public Hearing Date:
Approved Date:	Effective Date:

DOCUMENT ACTIONS:

VOTING RECORD Date of Vote:	YES	NO
Mayor Robert Carrier		
Deputy Mayor Dennis Ciotti		
Councilor Michelle Muffett-Lipinski, Ward 1		
Councilor Deborah Thibodeaux, Ward 3		
Councilor Marcia Gasses, Ward 4		
Councilor Dennis Shanahan, Ward 5		
Councilor Fergus Cullen, Ward 6		
Councilor John O'Connor, At Large		
Councilor Lindsey Williams, At Large		
Total Votes:		
Resolution does | does not pass.		

CITY OF DOVER

CITY OF DOVER - RESOLUTION

Agenda Item#: 13.A.1.

Resolution Number: **R – 2021.08.11 – 140**
Resolution Re: B21050 Columbaria at Pine Hill Cemetery

RESOLUTION BACKGROUND MATERIAL:

On March 25, 2009, sealed bid #B08102 was approved via council resolution R-2009.03.25.37 for the design, build and installation of one columbarium at Pine Hill Cemetery at the cost of $29,500.00 to Watertown Engineering Corp., formerly known as Watertown Cremation Products. Watertown Engineering Corp. was the only vendor who submitted a proposal through this 2009 solicitation, with two other vendors indicating they were unable to submit a bid within the allotted budget of $30,000.00.

At the last Cemetery Board meeting held on June 8, 2021, discussion included the release of a Request for Proposal by the Purchasing Department for units of the same appearance as the existing columbaria, as well as the review and approval by City Council with the expectation that the cost would be approximately $74,000 for two units. On June 16, 2021, thirteen vendors were invited to submit a proposal for the design, construction, location and site preparation for two columbaria at Pine Hill Cemetery. The Cemetery Board had been considering the installation of columbaria at Pine Hill Cemetery and requested the funds be allocated in the 2022 Capital Improvement Plan.

While there were thirteen vendors who received the invitation, only Watertown Engineering Corp. submitted a proposal to this recent solicitation. Several requests were made following the bid opening to those vendors not responding. One vendor was only able to provide an aluminum interior which was not within the specifications of providing a solid concrete or polished granite interior, and a second vendor responded that the email invitation was overlooked. The Director of Community Services and the Facilities, Grounds & Cemeteries Superintendent thoroughly reviewed the proposal and agreed to proceed with a recommendation to award to Watertown Engineering Corp. Watertown Engineering Corp. continues to provide excellent customer service with the City following the installation of the first columbarium in 2009. They are an active vendor/member of the NH Cemetery Association which City staff also belong to, and they have completed multiple projects in New Hampshire and throughout the New England area.

Bid Information:

A sealed Request for Proposal #B21050 was solicited and received for columbaria at Pine Hill Cemetery on July 6, 2021 at 2:00 PM.

Award Information:

A purchase order will be issued to the vendor selected to authorize expenditures as outlined in this resolution.

Purchasing Information:

Type:	Purchase Order	**Advertised:**	Yes
Invitations Emailed:	13	**Number of Responses:**	1
Warranty:	Per Manufacturer	**Terms:**	Net 30, FOB Dover
Work Bonded:	No	**Contract:**	Yes
Prices will hold for:	Until Completion	**Estimated Delivery:**	20 Weeks from NTP
Recommended Award to:	Watertown Engineering Corp.	**Fund:**	CIP
Other Approvals Required:	No	**References Checked:**	Satisfactory
Previously Worked for City:	Yes	**Reason for Council Approval:**	Purchase to exceed the $25,000 amount requiring Council approval subsequent to a bid solicitation.

B21050 Bid Documents and Vendor List

CITY OF DOVER

CITY OF DOVER - RESOLUTION

Agenda Item#: 13.A.2.

Resolution Number: **R – 2021.08.11 – 141**
Resolution Re: Authorization to Utilize JSI Research & Training Institute, Inc. for Evaluation Services for Dover Youth to Youth

WHEREAS: The Dover Police Department's Drug Prevention Program, Dover Youth to Youth, is a peer-based youth empowerment program that is nationally recognized; and that program has been previously evaluated, determined to be effective and science-based, and placed on the New Hampshire list of evidence-based programs in 2013; and

WHEREAS: Funding through the State of New Hampshire's Service to Science Program has been provided to fully fund, with no match requirement, a follow-up evaluation of Dover Youth to Youth's program to verify the continuing effectiveness of the program; and

WHEREAS: The original evaluation, approved via Council resolution R-2011.02.23-24, was conducted by JSI Research & Training Institute, Inc. (JSI) of Bow, NH over the course of more than three years and JSI is again prepared to perform this service; and

WHEREAS: JSI is familiar with the Dover program and its complex processes, is familiar with the evaluation process that was conducted previously, would provide the same staff who did the original evaluation, has access to the data and research that was previously collected, and would be uniquely positioned to perform the follow-up evaluation more quickly, efficiently, and consistent with prior processes; and

WHEREAS: Per 5-28.B, Competitive Bidding Purchase; Waiver: Competitive bidding may be waived by a majority vote of the City Council.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND DOVER CITY COUNCIL THAT:

The Purchasing Agent is hereby authorized to issue a Purchase Order to JSI Research & Training Institute, Inc. of Bow, NH in an amount not to exceed $25,000.00 for evaluation services for Dover Youth to Youth's program. The City Manager, or designee, is hereby authorized to contract with the vendor, consistent with the Purchase Order authorized herein.

The amount of this authorization shall be limited so as not to exceed available funding.

Financing

Account	Description	Appropriation	Balance
2245.1.210.42125.4339.02387.22.	Consulting Services	28,782.00	28,782.00

CITY OF DOVER

CITY OF DOVER - RESOLUTION

Agenda Item#: 13.A.2.

Resolution Number: **R – 2021.08.11 – 141**
Resolution Re: Authorization to Utilize JSI Research & Training Institute, Inc. for Evaluation Services for Dover Youth to Youth

AUTHORIZATION

Approved as to Funding: Daniel R. Lynch, Finance Director

Sponsored by: Mayor Robert Carrier, By Request

Approved as to Legal Form and Compliance: Joshua Wyatt, City Attorney

Recorded by: Susan Mistretta, City Clerk

DOCUMENT HISTORY:

First Reading Date:	Public Hearing Date:
Approved Date:	Effective Date:

DOCUMENT ACTIONS:

VOTING RECORD Date of Vote:	YES	NO
Mayor Robert Carrier		
Deputy Mayor Dennis Ciotti		
Councilor Michelle Muffett-Lipinski, Ward 1		
Councilor Deborah Thibodeaux, Ward 3		
Councilor Marcia Gasses, Ward 4		
Councilor Dennis Shanahan, Ward 5		
Councilor Fergus Cullen, Ward 6		
Councilor John O'Connor, At Large		
Councilor Lindsey Williams, At Large		
Total Votes:		
Resolution does | does not pass.		

CITY OF DOVER

CITY OF DOVER - RESOLUTION

Agenda Item#: 13.A.2.

Resolution Number: **R – 2021.08.11 – 141**
Resolution Re: Authorization to Utilize JSI Research & Training Institute, Inc. for Evaluation Services for Dover Youth to Youth

RESOLUTION BACKGROUND MATERIAL:
Dover Youth to Youth is a peer-based drug prevention program where students are provided the expertise and skills to make change in their community. In 2009 – 2013 Dover Youth to Youth was the subject of a federally funded evaluation of the program, resulting in it being identified as a model program and designated as evidence-based by the State of New Hampshire's Center for Excellence panel of experts in 2013. The evaluation was conducted by JSI Research & Training Institute, Inc. (JSI) of Bow, NH. After eight years on the Evidence-Based List, the state program wants Dover Youth to Youth to undertake a more limited evaluation process to determine that the program remains effective.

The entity that grants evidence-based status, The Center for Excellence on Addiction, is providing funding to conduct this follow-up evaluation in the form of a no-match grant of $28,782.

The majority of the grant funds will be paid to the evaluator. This will be approximately $24,782 out of the total grant award of $28,782. The Dover Police Department is requesting to use JSI as the evaluator and forgo the normal competitive bidding process for the following reasons:

- JSI already knows the City's Youth to Youth program and systems.
- JSI has the background knowledge on the process used to evaluate our program originally and still has the raw data from the several prior years of evaluation for easy comparison purposes.
- The lead evaluator for this process in 2021-2022 would be the same individual that conducted the prior evaluation.
- In addition to the efficiency provided by using JSI, consistency in the evaluation process and methods is important to achieve a valid comparison to the prior evaluation.

Award Information:
A purchase order will be issued to the vendor selected to authorize expenditures as outlined in this resolution.

Purchasing Information:

Type:	Purchase Order	**Advertised:**	N/A
Invitations Mailed:	N/A	**Number of Responses:**	N/A
Warranty:	N/A	**Terms:**	Net 30, FOB Dover
Work Bonded:	No	**Contract:**	Yes
Prices will hold for:	Completion	**Estimated Delivery:**	2021-2022
Recommended Award to:	JSI Research & Training Institute, Inc.	**Fund:**	Fund 2245/DHHS Assistance Programs
Other Approvals Required:	No	**References Checked:**	Satisfactory
Previously Worked for City:	Yes	**Reason for Council Approval:**	Competitive bidding may be waived by a majority vote of the City Council.

CITY OF DOVER - RESOLUTION

CITY OF DOVER

Agenda Item#: 13.A.3.

Resolution Number: **R - 2021.08.11 – 142**
Resolution Re: **Amendment to Merit Plan, Classification Plan, and Pay Plan**

WHEREAS: The City Charter (Section C7-2) requires the City Manager to submit any amendments to the Merit Plan to the City Council as an item on a regular Council meeting agenda; and,

WHEREAS: The City Council shall, within sixty days after having received the amendments, take action to approve or disapprove them at a regular Council meeting; and,

WHEREAS: The Merit Plan includes, as specific attachments, the following: (i) the Classification Plan which establishes authorized position classifications and grade levels for each class of position in the City's Administrative Service, and (ii) the Pay Plan, which provides minimum, maximum and intermediate pay rates established for each grade; and,

WHEREAS: To ensure consistency remains between the Merit Plan and recently ratified Collective Bargaining Agreements, amendments are needed to reflect the current grade assignments for all position classifications in the City's Administrative Service, the pay rates negotiated for fiscal year 2022, provisions pertaining to the date upon which wage increases are awarded and an update to the holiday schedule; and

WHEREAS: Amendments to the Merit Plan are shown in the following attachments to this resolution: an updated Merit Plan entitled "Merit Plan Effective July 1, 2021," an updated Classification Plan entitled "FY 2022 Dover Classification Plan", and an updated Pay Plan entitled "FY 2022 Wage Schedule".

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND DOVER CITY COUNCIL THAT:

The attachments to this resolution entitled "Merit Plan Effective July 1, 2021", "FY 2022 Dover Classification Plan", and "FY 2022 Wage Schedule" are each approved and adopted, inclusive of all amendments and revisions incorporated therein. Each of the foregoing approved and adopted documents shall be effective as of July 1, 2021.

AUTHORIZATION

Approved as to Funding: Daniel R. Lynch, Finance Director

Approved as to Legal Form and Compliance: Joshua M. Wyatt, City Attorney

Recorded by: Susan M. Mistretta, City Clerk

Sponsored by: Mayor Robert Carrier, By Request

CITY OF DOVER

CITY OF DOVER - RESOLUTION

Agenda Item#: 13.A.3.

Resolution Number: **R - 2021.08.11 – 142**
Resolution Re: **Amendment to Merit Plan, Classification Plan, and Pay Plan**

DOCUMENT HISTORY:

First Reading Date:	Public Hearing Date:
Approved Date:	Effective Date:

DOCUMENT ACTIONS:

VOTING RECORD Date of Vote:	YES	NO
Mayor Robert Carrier		
Deputy Mayor Dennis Ciotti		
Councilor Michelle Muffett-Lipinski, Ward 1		
Councilor Deborah Thibodeaux, Ward 3		
Councilor Marcia Gasses, Ward 4		
Councilor Dennis Shanahan, Ward 5		
Councilor Fergus Cullen, Ward 6		
Councilor John O'Connor, At Large		
Councilor Lindsey Williams, At Large		
Total Votes:		
Ordinance does | does not pass.		

CITY OF DOVER

CITY OF DOVER - RESOLUTION

Agenda Item#: 13.A.3.

Resolution Number: **R - 2021.08.11 – 142**
Resolution Re: **Amendment to Merit Plan, Classification Plan, and Pay Plan**

RESOLUTION BACKGROUND MATERIAL:

The Merit Plan includes a Classification Plan which establishes position classifications and grade levels for each class of position in the City's Administrative Service and a Pay Plan which provides minimum, maximum and intermediate pay rates established for each grade.

In accordance with the recommendations of an independently completed pay and classification study and to allow for consistency with the provisions included in recently ratified Collective Bargaining Agreements, the City Manager is submitting the attached amendment to the Merit Plan in order to properly reflect the grade system and classification titles for all positions in the City's Administrative Service. Grade levels are being consolidated and reduced in number from 40 levels to 24, while the number of steps between the minimum and maximum pay rate for each grade are being increased from 12 to 15.

In addition to the Classification and Pay Plan update, the following specific change to the Merit Plan is also incorporated to be consistent with the resolution passed by the City Council on August 26, 2020 (R-2020-08.26-141):

1. Under Article X, Section 2, change the Columbus Day holiday reference to Indigenous People's Day.

The FY 2022 budget contains sufficient appropriations for the amendments contained in this resolution. The budget as adopted contemplated transitions to the new Classification Plan and Pay Plan.

MERIT PLAN

CITY OF DOVER
New Hampshire

Submitted by

J. Michael Joyal, Jr
City Manager

Effective July 1, ~~2020~~2021

TABLE OF CONTENTS

MERIT PLAN OF THE CITY OF DOVER, NH

ARTICLE I. PURPOSE

It is the purpose of this Merit Plan to give effect to the provisions of the Dover, New Hampshire City Charter. The rules and regulations that comprise the Merit Plan and are contained herein shall be applied in accordance with the purpose of section C7-2 of the City Charter, which is interpreted and declared to be as follows:

Section 1: To provide for an efficient system of modern personnel administration based on the principles of merit and designed to ensure sound and consistent employment practices.

Section 2: To provide for the selection, appointment, promotion, training, transfer, lay off, discipline, and removal of City of Dover employees on the basis of merit.

Section 3: To provide for a position classification system within the Administrative Service of the City, to be known as the Classification Plan.

Section 4: To provide for a compensation system for City of Dover employees holding positions in the Classified Service of the City, to be known as the Pay Plan.

Section 5: To provide for City of Dover employees a definite policy regarding annual leave, personal illness leave, and other leaves of absence.

Section 6: To provide for City of Dover employees a definite policy regarding eligibility for participation in a retirement plan and other benefits.

Section 7: To provide for City of Dover employees a procedure for appeals related to the application of these rules and regulations.

Section 8: To provide for other matters necessary to ensure the maintenance of efficient service and the improvement of working conditions.

ARTICLE II. AMENDMENT OF MERIT PLAN

The City Manager may amend the rules and regulations contained within this Merit Plan from time to time as deemed suitable and necessary to carry out the provisions of the City Charter by submission of such amendments to the City Council. An amendment shall become effective pursuant to the provisions of the Dover City Charter C7-2. The Classification Plan and the Pay Plan are appended to and made a part of this Merit Plan. All amendments to the Classification Plan and all amendments to the Pay Plan shall become effective only after approval of the Dover City Council through the use of the procedure contained in Dover City Charter C7-2

ARTICLE III. DEFINITIONS

For the purpose of the rules and regulations contained herein, the following words and terms shall have the meaning indicated below:

Definition 1: ADMINISTRATIVE SERVICE shall mean the entire body of employees holding positions in the Classified Service, all of whom serve under the appointive powers of the City Manager and/or department heads.

Definition 2: APPOINTING AUTHORITY shall mean the City Manager or department head, who shall have the authority to hire and/or terminate the employment of persons for the City of Dover in accordance with the duties and powers conferred by the City Charter and these rules and regulations.

Definition 3: APPOINTMENT shall mean the selection and hiring by the Appointing Authority of a person to fill a position in the Classified Service of the City. Appointments shall be of the following types: Original, Temporary, Re-Employment, Transfer, Promotion, Demotion.

Definition 4: CLASSIFICATION, OR CLASS OF POSITIONS shall mean a position or grouping of positions in the Classified Service of the City having similar duties and responsibilities and requiring similar qualifications.

Definition 5: CLASSIFICATION PLAN shall mean the overall organization of positions into groups or classes on the basis of the duties and responsibilities of the position and knowledge, skill and ability necessary for adequate performance of the essential functions of the position.

Definition 6: CLASSIFIED SERVICE shall mean the collection of all full-time and part-time positions included in the Classification Plan of the City which are subject to the appointing authority of the City Manager and/or department heads.

Definition 7: DEMOTION shall mean a change of the employment status of an employee from a position in one class to a position in another class having a lower maximum salary rate.

Definition 8: DISCRETIONARY AND PROFESSIONAL SERVICE shall mean department heads or other employees who are immediate subordinates and report directly to the City Manager. Such employees are particularly qualified and regularly and routinely as part of their duties, exercise discretion and judgment over the performance of their functions. These employees are considered part of the Classified Service, but shall not always be subject to all provisions of the Merit Plan. As such, for the purposes of recruitment and retention of this type of personnel, the City Manager may provide these employees with additional benefits or incentives. The City Manager may enter into employment and severance agreements with employees who are members of the Discretionary and Professional Service. A Resolution for each agreement shall be placed as a separate item on the next regular Council agenda prior to the execution of the agreement by the City Manager. The proposed written agreement shall be available to the Council and to the public. The City Council shall review and approve or disapprove the cost items of all employment and severance agreements at the first available regular council meeting or within thirty (30) days whichever is less**.** Persons employed as part of the Discretionary and Professional Service shall be appointed by reason of their particular training and experience as determined by the City Manager to be the best qualified and available person for the job. Such persons shall not necessarily be appointed or promoted according to standard promotional procedures as applicable for all other employees of the Classified Service. Discretionary and Professional Service employees shall receive a salary in compensation for their services rendered, irrespective of their regular hours of employment. Discretionary and Professional Service employees shall include, but not necessarily be limited to

the Assistant City Manager, City Attorney, City Clerk and the department heads or other administrative staff as may be defined in the Administrative Code.

Definition 9: EMPLOYEE shall mean any person who has been appointed to a position in the Classified Service of the City in accordance with the provisions of the City Charter and these rules and regulations.

Definition 10: ENTRANCE EXAMINATION shall mean a standard examination which may be given to all applicants for appointment to a position in the Classified Service of the City, to determine their general qualification for service with respect to the particular position for which they are applying.

Definition 11: HOURLY EMPLOYEE shall be any employee compensated for each hour of work performed at an hourly rate as stipulated in the Pay Plan of the City of Dover for their particular position and pay step. Hourly employees are Fair Labor Standards Act non-exempt employees and are distinguished from salaried employees.

Definition 12: ORIGINAL APPOINTMENT shall mean the appointment of a person having never been previously employed by the City to a position in the Classified Service of the City.

Definition 13: PROBATIONARY PERIOD shall mean an evaluation period following appointment to a position in the Classified Service of the City which shall be utilized as fully as possible to determine the ability of the employee to satisfactorily fulfill the requirements of the position to which they were appointed. All employees appointed to positions in the Classified Service whose employment is intended to exceed four (4) months in a single calendar year shall be subject to a probationary period.

Definition 14: PROMOTION shall mean a change of the employment status of an employee from a position in one class to a position in another class having a higher maximum salary rate.

Definition 15: PROMOTIONAL EXAMINATION shall mean a qualifying examination which may be given to all applicants for appointment to a higher classified position in the Classified Service of the City, to determine their general qualification for service with respect to the particular position for which they are applying.

Definition 16: PROVISIONAL APPOINTMENT shall mean a non-competitive appointment of a person to a position in the Classified Service of the City made on a temporary basis pending the completion of a selection and appointment process.

Definition 17: RE-EMPLOYMENT shall mean the appointment of a person having been previously employed by the City to a position in the Classified Service of the City.

Definition 18: REGULAR FULL-TIME EMPLOYEE shall mean an employee who works more than thirty- two (32) per week for twelve (12) or more consecutive calendar months in any position classification included in the Classification Plan of the City.

Definition 19: REGULAR PART-TIME EMPLOYEE shall mean an employee who works thirty-two (32) hours or less per week and who is retained to work twelve (12) or more consecutive calendar months in any position classification included in the Classification Plan of the City.

Definition 20: SALARIED EMPLOYEE shall be any employee receiving a salary as stipulated in the Pay Plan of the City of Dover for their particular position and pay step as compensation for their services rendered, irrespective of their regular hours of employment. Salaried employees are Fair Labor Standards Act exempt employees and are distinguished from hourly employees.

Definition 21: SEASONAL OR TEMPORARY FULL-TIME EMPLOYEE shall mean an employee who works more than thirty-two (32) hours per week for less than twelve (12) consecutive calendar months in any position classification included in the Classification Plan of the City.

Definition 22: SEASONAL OR TEMPORARY PART-TIME EMPLOYEE shall mean an employee who works thirty-two (32) hours or less per week for less than twelve (12) consecutive calendar months in any position classification included in the Classification Plan of the City.

Definition 23: TRANSFER shall mean a change of the employment status of an employee from a position in one class to a position in another class having an equal maximum salary rate.

ARTICLE IV. IMPLEMENTATION AND ADMINISTRATION

Section 1: Status of Present Employees: Any person holding a position of employment in the City's service, upon the adoption and subsequent amendment of these rules and regulations, shall assume the status of the position held, and shall be presumed to have been appointed in accordance with the rules and regulations contained herein.

Section 2: Personnel Officer: The City Manager shall be the Personnel Officer of the City of Dover, except as he/she may delegate such duties to another specific individual. Further, the City Manager may delegate limited aspects of the personnel function to other officers, department heads, or agents of the City. Duties of the Personnel Officer shall include the administration of all rules and regulations contained herein.

Section 3: Applicability: The Merit Plan rules and regulations apply to all employees in the Classified Service of the City except, however, certain parts of these rules and regulations shall be superseded by any conflicting provision contained within an agreement executed pursuant to State Statute between the City of Dover and an authorized employee bargaining unit whose wages, benefits and conditions of employment are embodied in such agreement.

Section 4: Regulatory Compliance: The City Manager shall have the authority to establish Administrative Regulations and such other administrative policies and procedures consistent with the intent and purpose of the Merit Plan as may be necessary to ensure ongoing compliance with federal and/or state employment regulations. The City Manager shall notify the City Council of proposed changes and shall provide the City Council with a written copy of the regulations and policies by placing a copy in the City Clerk's office.

ARTICLE V. CLASSIFICATION PLAN

Section 1: There shall be a Classification Plan for all positions of service in the City. For each class of positions within the City, this Plan shall establish a class title, a

statement of purpose and general duties, authority and responsibility thereof, and the qualifications necessary or desirable for the satisfactory performance of the duties of said class. Any changes shall be approved by the City Council pursuant to the procedure stated in the City Charter C 7-2.

Section 2: In maintaining the Classification Plan, the Personnel Officer shall approve and allocate to its appropriate class each position to be included in the Classified Service. In making such allocations, the Personnel Officer shall administer and provide for the uniform and equitable application of the Classification Plan to all positions of service in the City.

Section 3: The class titles set forth in the Classification Plan shall be used to designate positions in the Classified Service of the City in all official records, vouchers and communications, and no person shall be appointed or employed in a position in the Classified Service under any class title which has not been first approved and allocated by the Personnel Officer. This requirement shall not exclude the use of statutory or working titles that may be used informally as appropriate or expedient.

ARTICLE VI. PAY PLAN

Section 1: The Personnel Officer shall be responsible for the development and maintenance of a uniform and equitable Pay Plan, which shall consist of minimum and maximum rates of pay for each class of position and such intermediate steps or increments as considered necessary and equitable. Any changes shall be approved by the City Council pursuant to the procedures stated in the City Charter C7-2.

Section 2: The Pay Plan shall be linked directly with the Classification Plan and shall be established and amended with due regard to ranges of pay for each class of positions; requisite qualifications for each class; prevailing rates of pay for comparable work in other private and public employment within the Dover area, or other comparable municipalities; cost of living factors; suggestions from department heads; other benefits received by employees; the financial condition of the City; and other economic considerations.

Section 3: The compensation of each employee shall be reviewed annually by the City Manager and/or each department head for the purpose of determining which employee shall receive a wage adjustment. Wage adjustments shall mean an increase in the rate of pay, which will result in a move to the next higher step or increment of the established wage scale for the particular position of employment. Said increases in rate of pay shall be made in conjunction with the employee's annual performance evaluation, and shall be awarded on the first day of the pay period immediately following July 1st of the fiscal year after completion of the respective performance evaluation.

Section 4: Wage increases shall be based upon merit. An annual performance appraisal shall be completed for each employee by their supervisor(s) relating generally to their work habits, performance, and other related factors. Employees found to be performing satisfactorily by their supervisor(s) shall be recommended for a wage adjustment to the next higher pay step or increment on an annual basis. The performance review shall be made in order that employees who perform

satisfactorily shall be rewarded, thus providing incentive for continued efficient work. All personnel records, including an annual performance evaluation, tardiness, and absences from work, and length of service to the City, shall be considered when making recommendations for wage adjustments.

Section 5: All other pay increases received by employees shall be limited to salary adjustments or increases in the Pay Plan itself as a result of those adjustments considered necessary and equitable.

ARTICLE VII. RECRUITMENT AND APPOINTMENT

Section 1: Equal Employment Opportunity: Individuals shall be selected for employment with the City from the best qualified persons applying for said employment without discrimination as to sex, age, race, color, national origin, creed, religion, political affiliations or any other non-merit based factors; preference being given to citizens of the City of Dover when all other qualifications are equal.

Section 2: Recruitment: Within the limits of time during which a position must be filled, there shall be as wide a search for qualified candidates as is practical. The character of such search will vary from position to position, but normally shall include posting of notices of vacancy, advertising, and contact with State and other employment offices.

Section 3: Selection: After completing all candidate evaluation procedures as the Appointing Authority may determine as relevant, necessary, and within the limits of the law, selection shall be made by the Appointing Authority from among those persons who have qualified for appointment.

Section 4: Promotion: Present employees shall be given maximum opportunity for advancement in the service of the City. Present employees shall be given first consideration in filling a vacancy and shall be afforded training opportunities to qualify for promotion. It is recognized that from time to time, the good of the service may require that a vacancy be filled from outside the current service of the City.

Section 5: Probation: The probationary period shall be regarded as an integral part of the appointment process and shall be utilized for closely observing an employee's work, ensuring the most effective adjustment of a new employee to his/her position, and for rejecting any employee whose performance does not meet the required work standards. All original and promotional appointments shall be for a probationary period of twelve (12) consecutive calendar months which may be extended by the Appointing Authority as may be required, but not for a period of more than four (4) additional consecutive months. At a minimum, each probationary employee shall receive a six (6) month performance evaluation. In cases of original employment with the City, during the probationary period, an employee may be dismissed at any time without the right of appeal or hearing in any manner. An employee dismissed during the probationary period from a position to which he/she was promoted, may be reinstated to the position from which he/she was promoted, unless such dismissal is the result of a disciplinary action. Any employee may be placed on probation for a period not exceeding twelve (12) months for cause after having completed probation, in which case

the employee may be dismissed at any time without the right of an appeal or hearing in any manner. The provisions of this section apply to employees appointed to fill regular full-time and part-time positions in the Classified Service of the City.

Section 6: Training: In order that employees may perform their work more efficiently and be able to qualify for positions of increasing difficulty and responsibility, the Personnel Officer shall develop and implement educational training programs whenever possible.

Section 7: Transfer: If an employee, possessing the qualifications necessary to fill a vacant position within the Classified Service of the City, wishes to be transferred from his/her present department to another department, she/he shall be afforded an opportunity to apply and be considered for the position.

ARTICLE VIII. SENIORITY AND LENGTH OF SERVICE AWARDS

Section 1: When an employee transfers from one department to another, or is promoted within the Classified Service of the City, the date of original employment with the City shall count as the starting date for purposes of calculating seniority as it applies to longevity awards, vacation leave and other benefits. Classification seniority shall apply from the date of appointment to the most current position. Classification seniority and/or department seniority shall be distinguished from overall longevity or employment with the City. Employees who leave the employ of the City for a period greater than twenty-four (24) consecutive hours, and who do not work at least one (1) normal work day by reason of their termination of employment with the City, shall be considered permanently severed from employment with the City. Should a former employee of the City return to the employ of the City in either his/her former department or another department within one (1) year from the date of termination, he shall be entitled to consideration for the purposes of longevity pay and vacation benefits only. In all other respects, the re-employment of a former employee shall be considered as a new employment subject to all rules and regulations for new employees as of the date of their most current appointment.

Section 2: Longevity awards paid to employees for length of service shall be calculated on an annual basis from the date of first employment by the City and continuous employment thereafter. Longevity awards shall be paid to each employee on an annual basis as follows:

Five (5) years up to Ten (10) years	$400/yr
Ten (10) years up to Fifteen (15) years	$800/yr
Fifteen (15) years up to Twenty (20) years	$1,200/yr
Twenty (20) years up to Twenty Five (25) years	$1,600/yr
Twenty Five (25) years and greater	$2,000/yr

The provisions of this section shall apply only to regular full-time employees and on a pro rata basis to regular part-time employees.

ARTICLE IX. POLITICAL ACTIVITY

Section 1: No person holding a position in the Classified Service of the City shall seek or accept election, nomination or take an active part in, or make a contribution or donation to any municipal campaign or serve as a member of a committee of such club or organization or seek signatures to any petition provided for by any law, or act as a worker at the polls or distribute badges or pamphlets, or handbills of any kind favoring or opposing any candidate for election or for nomination to a municipal office. Nothing in this ordinance shall be construed to prevent any such employee or officer from becoming or continuing to be a member of a political organization, or from attendance at a political meeting, or enjoying entire freedom from all interference in casting his/her vote. Any person who wishes to accept or seek election or appointment to municipal office shall resign from the City Service upon indicating such intention by formal declaration or other evidence of candidacy. Any violation of this rule shall be sufficient grounds for the discharge of any officer or employee determined guilty of such violation.

Section 2: Solicitation of Contributions: No officer or employee in the City service shall directly or indirectly contribute, solicit or receive, or be in any manner concerned in contributing, soliciting, or receiving any assessment, subscription, contribution, whether voluntary or involuntary, for any municipal political purpose whatever.

ARTICLE X. HOURS OF EMPLOYMENT, ATTENDANCE AND LEAVE

Section 1: The City Manager and/or department heads shall establish hours of employment and work schedules of employees with due consideration for the varying requirements of the different City operations. Whenever possible, hours of employment for employees in the same class of the same work shall be uniform. The City Manager and/or department heads may, for temporary periods, change the work schedule to accommodate business needs.

Section 2: Holidays: The following paid holidays shall be provided for employees by the City of Dover:

New Year's Day	Labor Day
Martin Luther King Day	~~Columbus Day~~Indigenous People's Day
Washington's Birthday	Veterans' Day
Memorial Day	Thanksgiving Day
Independence Day	Day after Thanksgiving
Christmas Day	

When a holiday falls on a Sunday, the following Monday shall be declared a holiday for City Employees. When a holiday falls on a Saturday, the preceding Friday shall be declared a holiday. The provisions of this section shall apply to regular full-time employees and on a pro rata basis to regular part-time employees.

Section 3: Annual Leave: Annual leave shall be afforded to regular full-time employees and on a pro rata basis to regular part-time employees. Annual leave shall

accrue from the date of original hire. An Employee may take annual leave only after the end of the probationary period. If an employee is terminated from employment with the City for any reason during the probationary period, no payment of annual leave will be made by the City. The posting of accrued leave shall occur each pay period in hourly units based on the employee's normal work day, or as otherwise prescribed by the City Manager. Normal work day shall be based on the number of hours usually assigned to an employee. This shall exclude overtime, call-ins or other unusual work assignments. For employees who work varying number of hours per day, the average hours per day over the pay cycle may be used as their normal work day. Accrued annual leave may not exceed three hundred (300) hours at any given time, excepting when upon application by an employee, the City Manager shall have granted an exception to this limitation. Any Annual leave to be taken shall be taken at the discretion of the employee's department head, and for department heads shall be taken at the discretion of the City Manager. The taking of annual leave will not be unreasonably denied. Accrual rates and other provisions related to the application for and usage of annual leave are as specified in the appropriate collective bargaining agreements or as may be prescribed by the City Manager for each class of position in the Classified Service.

Section 4: Personal Illness and Disability Leave: Personal illness and disability leave shall be afforded to regular full-time employees and on a pro rata basis to regular part-time employees. An employee must work twenty (20) or more hours per week to be eligible for disability leave. Personal illness and disability leave shall be considered a matter of grace and not a privilege and shall be allowed only in case of necessity and actual sickness, or disability of the employee. Employees who find it necessary to meet dental or doctor appointments or other illness prevention measures, including maternity, may also utilize personal illness leave time for such purposes, excepting when prior written City Manager and/or department head approval has been obtained, in which case no personal illness leave shall be charged. Personal illness leave, at the discretion of the City Manager and/or department head, may be granted in the instance of illness of a member of the employee's immediate family. At the discretion of the department head, a doctor's certificate may be required for absences due to illness or disability in excess of three (3) days. If the department head has a reasonable basis to believe or suspect an employee has abused personal illness leave privileges, he/she may require a doctor's certificate for an illness of less than three (3) days. Proof of illness or disability may be required at any time by the City Manager, department head or division head. Abuse of personal illness and disability leave privileges may be cause of dismissal. Personal illness and disability leave shall be recorded regularly in the personnel records and the Personnel Officer shall review all illness and disability related leave records periodically and shall investigate any cases which indicate abuse of the privilege. Accrual rates and other provisions related to the application for and usage of personal illness and disability leave are as specified in the appropriate collective bargaining agreements or as may be prescribed by the City Manager for each class of position in the Classified Service.

Section 5: Injury Leave: All employees of the City who become injured while in the performance of their duties shall receive their regular salary while on injury leave, provided, however, that those who are covered by Workers' Compensation shall receive only the difference between Workers' Compensation and their regular rate of pay, by the City, for the first ninety (90) calendar day period of said job connected injury. The first ninety (90) calendar day period shall commence upon the first day the employee is out of work due to the job connected injury, but not including the day of the injury. At the expiration of the first ninety (90) day period, the employee shall receive the difference between Workers' Compensation and the employee's regular salary chargeable to their accrued annual and/or personal illness leave. Additionally, after expiration of the first ninety (90) day calendar period, the City Manager and/or department head may order a complete physical and/or mental examination of said employee by two registered physicians. If the report of their examination establishes the injury as one that permanently incapacitates said employee, application shall be made for retirement by the employee under the provisions of the New Hampshire Retirement Law. The commencement of payments under the New Hampshire Law shall end the Employer's obligation of payment on annual and/or accumulated personal illness leave and/or Workers' Compensation payments. Further, if it is determined by two registered physicians selected by the department head immediately after the employee is injured that said employee will not be able to return to his/her regular duties at any time in the future, the Employer shall not be obligated to pay the difference between Workers' Compensation and the employee's regular salary for the first ninety (90) calendar days of injury in compliance with this section. There will be a free exchange of medical data and reports during the period of incapacity and while such determinations are being made, and to facilitate such exchange, an incapacitated employee shall execute medical authorization directing his/her physician to release reports concerning the medical condition of the employee. Copies of such reports shall be provided to the employee.

Section 6: Emergency Leave: Emergency leave may be granted by the City Manager without loss of pay for emergency purposes, which shall include: critical illness or death in the immediate family; if an employee is subpoenaed to appear before a court, public body or commission; and such other situations considered meritorious by the City Manager who shall certify allowance or disallowance of the emergency leave sought. Emergency leave shall be supplementary to, and not in restriction of, personal illness leave, annual leave or other eligible leave authorizations as herein provided. For the purpose of this section, immediate family shall be considered as spouse, children of either the member or spouse; mother, father, brother or sister of either the employee or spouse; grandchildren or grandparents of either the employee or spouse; or person residing in the same household, providing said person is not solely related to the member as a commercial tenant.

Section 7: Military Leave: Any employee who is a member of the National Guard or Military Reserves, and is required to undergo field training therein, shall be entitled to a leave of absence with pay for the period of such training, but not to exceed two (2) weeks in any one year, and any such leave shall not affect the

member's annual vacation leave. The amount of compensation paid to such employee for such leave of absence shall be the difference between the employee's compensation for military activities as shown by a satisfactory statement by military authorities giving the employee's rank, base pay and the amount of the employee's regular weekly pay. If the employee's base pay for military service is equal to or greater than the pay due as a City employee for the period covered by such military leave, then no payment shall be made.

Section 8: Other Leave: The City may grant other leaves of absence for employees with or without pay and/or benefits and/or service credit at the discretion of the City Manager.

Section 9: Care of Newborn Child (CNC): Each employee will be eligible for a leave of absence for care of a newborn child for a period of up to ninety (90) calendar days at any time within twelve (12) months from the date of birth inclusive of any period of disability, if applicable, associated with delivery. CNC Leave will be without pay, subject to any disability payments due but with full service credit and benefits. An employee may apply to the City Manager for an extension of CNC prior to expiration of the initial ninety (90) calendar days leave provided that: a) the employee will exhaust all vacation time prior to the start of any extended leave; and b) the request is substantiated by evidence that the child has a certified medical condition requiring extended parental attention and/or the operating needs of the City permit an extension of the leave; and c) that the total period of the initial CNC, vacation and the extended leave will not exceed 120 days from date of birth inclusive of any period of disability, if applicable, associated with delivery. Upon completion of the CNC leave, the employee shall return to work or be subject to disciplinary action. Upon completion of the CNC leave, the employee shall be reinstated to his/her position prior to his/her leave or other comparable position, except that in the event of a force reduction or reorganization, such employee will be treated in accordance with the layoff provisions contained herein. An employee on leave for CNC shall not be eligible to collect unemployment compensation. In the event a member applies for unemployment compensation during the period of CNC leave, he/she will be considered as having resigned. Nothing above will preclude a member from taking such leave by utilization of previously accrued and grandfathered personal illness leave and/or annual leave.

Section 10: Jury Duty: An Employee called as a juror will be paid the difference between the fee received for such service and the amount of straight-time earnings lost by reason of such service. Satisfactory evidence of such service must be submitted to the employee's immediate supervisor. Employees who are called to jury duty and are excused from jury duty for a day(s) shall report to their regular work assignment as soon as possible after being excused.

Section 11: Storm Days: When due to weather conditions, the City Manager determines that City services will be curtailed and/or limited, the affected employees so notified shall not be required to report to work, or employees who have reported for work shall be relieved without loss of pay. When an employee is unable to report to work due to weather conditions, and the City Manager has not curtailed and/or limited City services in accordance with the preceding paragraph, the employee may draw from his/her annual leave time or take a

personal day as provided for above in this Article. Employees who are not working due to other leaves of absence, injuries, or choice, shall not be compensated for storm days. All other personnel will receive pay on an hour for hour basis. The provisions of this Article shall apply to regular full-time and seasonal/temporary full-time employees, and on a pro rata basis to regular part-time and seasonal/temporary part-time employees.

ARTICLE XI. RETIREMENT AND OTHER BENEFITS

Section 1: The Personnel Officer shall take the steps necessary to provide employees in the Classified Service of the City with membership in the State of New Hampshire Retirement System.

Section 2: All regular full-time and regular part-time employees shall be eligible for participation in the City's health, dental and life insurance programs and other benefit offerings. Provisions related to types of coverage, eligibility and premium contributions are as specified in the appropriate collective bargaining agreements or as may be prescribed herein for each class of position in the Classified Service.

Section 3: All employees of the City shall be subject to the benefits of Workers' Compensation regardless of their status in the City's service; whether an employee is considered regular, seasonal or temporary or full-time or part-time.

ARTICLE XII. SEPARATIONS AND DEMOTIONS

Section 1: Demotions: The City Manager and/or a department head may reduce the wage rate of an employee within the range provided in the Pay Plan, or demote an employee for cause. A written statement for the reasons for any such action shall be filed with the Personnel Officer and a copy shall be filed in the employee's personnel folder. No disciplinary demotion shall be made to a lower class of position if such action would cause an employee in the lower class to be laid off as a result of such action.

Section 2: Layoffs: The City Manager and/or a department head may lay off an employee in the Classified Service of the City by reason of shortage of work and/or funds, abolition of the position(s), other material changes in the organization, or for other reasons beyond the employee's control and which do not reflect discredit upon the service of an employee. No employee shall be laid off while another person in the same class in the department is employed on a probationary or temporary basis. Layoff of employees shall be made in inverse order of employment in the class and department involved. The City Manager and/or a department head shall give written notice to the employee of any proposed layoff and reasons therefore, two weeks before the effective date of the action. A copy of such notice shall be filed with the Personnel Officer.

Section 3: Disciplinary Action: The City Manager, department head, or designated supervisory person may reprimand, orally or in writing; suspend, with or without pay; demote or dismiss an employee due to inefficiency, incompetence, misconduct, negligence, insubordination, or other sufficient cause. All disciplinary action shall be handled in a fair manner and shall be consistent with

the infractions for which the disciplinary action is being taken. All suspensions and discharges must be stated in writing and the reasons shall be communicated to the employee at the time of the suspension or discharge. Disciplinary actions will normally be taken in the following order:

a) A documented Verbal Warning or supervisory counseling
b) Written Warning
c) Suspension With or Without Pay
d) Demotion or Discharge

Notwithstanding the above, however, the above sequence need not be followed if an infraction is sufficiently severe to merit immediate suspension or discharge.

Section 4: Resignations: The resignation of an employee, once submitted, shall be deemed to have been accepted by the City and shall not be subject to the grievance procedure afforded herein.

ARTICLE XIII: GRIEVANCE PROCEDURE

A grievance shall be defined as an alleged violation, misinterpretation of and/or misapplication of the provisions of this Merit Plan with respect to one or more City employees covered by the rules and regulations contained herein. Grievances regarding the terms and conditions of this Merit Plan shall be processed in the following manner:

Step #1: Any grievance shall be filed by the employee, in writing, within ten (10) calendar days from the date of the occurrence of the violation. Such filing shall be made to the department head and shall contain an abbreviated statement as to the nature of the grievance and shall state specifically the areas which the employee, or a designated representative, feels have been violated. The employee shall be required to sign the original grievance filed with the department head. Within ten (10) calendar days of receipt of the grievance, the department head shall conduct an informal inquiry concerning the grievance and render a decision, in writing, by no later than the close of the normal business day of the tenth day. The time requirements under this step may be extended by mutual consent of the department head and the employee and/or the designated representative.

Step #2: If the aggrieved employee is not satisfied with the decision of the department head, or if no decision has been rendered within the ten (10) calendar day period as defined above, said employee may appeal his/her grievance, in writing, to the Personnel Officer within ten (10) calendar days of the receipt of the department head's decision, or that date upon which such decision should have been rendered, provided however, that the aggrieved employee sets forth the specific reasons for such appeal and the terms and conditions of this plan and the specific areas which the employee feels have been violated. The Personnel Officer or a designated representative, shall hold an administrative hearing concerning the grievance within ten (10) calendar days of receipt of the aggrieved employee's appeal. The Personnel Officer or designated representative shall decide the grievance based upon the information supplied and any further information that he/she may request during or subsequent to the hearing. The Personnel Officer or designated representative shall render a

decision, in writing, within ten (10) calendar days from the close of the hearing, said procedure to take not more than thirty (30) calendar days from receipt of the original grievance by the Personnel Officer. The time limitations under Step #2 may be extended by mutual consent of the Personnel Officer and the aggrieved Employee, or his/her designated representative.

Step #3: If the decision of the Personnel Officer, or the designated representative, is found to be unsatisfactory, or if no decision has been rendered during the time period specified above, said employee may within ten (10) calendar days appeal, in writing, the decision of the Personnel Officer setting forth an abbreviated statement as to why said decision has been found unsatisfactory and those specific areas which have been violated to the Personnel Advisory Board. The Personnel Advisory Board shall conduct their first hearing session regarding the grievance within fifteen (15) calendar days from the date of its receipt, and shall render their decision, in writing, within fifteen (15) calendar days from the close of their final hearing date. The written report, which shall be advisory only in nature, containing the Personnel Advisory Board's findings and recommendation, shall be issued to the City Manager. The Personnel Advisory Board shall have no power to reinstate and employee unless it finds, after investigation, that the action was taken against the employee for discrimination as to sex, age, race, color, national origin, creed, religion, or political affiliations or other non-merit based factor. The City Manager, after consideration of said report and other pertaining information, shall file a written statement of his/her decision within ten (10) calendar days, and such decision shall be final.

ARTICLE XIV: SEPARABILITY

If any portion of these rules and regulations, or the application thereof, to any person or circumstance, should be held invalid or unenforceable, the remainder these rules and regulations shall remain in full force and effect.

FY2022 Dover Classification Plan

Classification Title	Pay Plan Grade	Union
ACCOUNT CLERK I	D07	DMEA
ACCOUNT CLERK II	D09	DMEA
ACCOUNTANT I	D13	DMEA
ACCOUNTANT II	D20	DMEA
ADMINISTRATIVE ASSISTANT	D13	non-union
~~ADMINISTRATIVE CLERK/CEMETERY COORDINATOR~~		~~DMEA~~
ANIMAL CONTROL OFFICER	D12	DPA
AQUATIC FACILITY MANAGER	D16	DPEA
ARENA FACILITY MANAGER	D17	DPEA
ARENA PROGRAM - MARKETING SUPERVISOR	D16	DPEA
~~ASSISTANT CITY CLERK~~		~~DMEA~~
ASSISTANT CITY ENGINEER	D18	DPEA
ASSISTANT CITY MANAGER	D22	non-union
ASSISTANT CITY PLANNER	D17	DMEA
ASSISTANT LIBRARY DIRECTOR	D19	DMEA
ASSISTANT REC DIRECTOR	D18	DPEA
ASSISTANT TAX ASSESSOR	D17	DMEA
BOOKKEEPER	D12	DMEA
BUILDING INSPECTOR	D15	DMEA
BUILDING MAINTENANCE MECHANIC	D08	DMEA
BUILDING OFFICIAL	D19	DMEA
CITY ATTORNEY	D24	non-union
CITY CLERK-TAX COLLECTOR	D19	non-union
CITY ENGINEER	D21	DPEA
CITY PLANNER	D19	DMEA
CITY TAX ASSESSOR	D18	DMEA
CITY TREASURER	D18	non-union
CLERK TYPIST I	D06	DMEA
CLERK TYPIST II	D08	DMEA
~~CONSTRUCTION~~ **PROJECT** MANAGER	D19	non-union
~~CROSSING GUARD~~		~~non-union~~
CUSTODIAN	D07	DMEA
DEPUTY CITY ATTORNEY	D21	non-union
DEPUTY CITY CLERK	D11	DMEA
DEPUTY CITY MANAGER	D24	non-union
DEPUTY COMMUNITY SERVICES DIRECTOR	D21	non-union
DEPUTY ECONOMIC DEVELOPMENT DIRECTOR	D14	non-union
DEPUTY FINANCE DIRECTOR	D21	non-union
DEPUTY INFORMATION TECHNOLOGY DIRECTOR	D20	non-union
DEPUTY PARKING MANAGER	D12	DPAAII
DEPUTY TAX COLLECTOR	D11	DMEA
DIRECTOR OF COMMUNITY SERVICES	D23	non-union
DIRECTOR OF ECONOMIC DEVELOPMENT	D21	non-union
DIRECTOR OF FINANCE	D23	non-union
DIRECTOR OF HUMAN RESOURCES	D20	non-union
DIRECTOR OF INFORMATION TECHNOLOGY	D23	non-union
~~DIRECTOR OF MAIN STREET PROGRAM~~		~~non-union~~
DIRECTOR OF MEDIA SERVICES	D21	non-union
DIRECTOR OF PLANNING & CDBG	D21	non-union
DIRECTOR OF PUBLIC LIBRARY	D21	non-union
DIRECTOR OF PUBLIC WELFARE	D19	non-union
DIRECTOR OF RECREATION	D19	non-union
ELECTRICAL INSPECTOR	D15	DMEA
ENGINEERING TECHNICIAN	D15	DPEA
ENVIRONMENTAL PROJECTS MANAGER	D19	DPEA
EXECUTIVE ASSISTANT TO CITY MANAGER	D15	non-union
EXECUTIVE SECRETARY	D13	non-union
~~FACILITIES, GROUNDS & CEMETERY SUPERVISOR~~		~~DPEA~~
FIRE - RESCUE CHIEF	D23	non-union
FIRE ASSISTANT CHIEF	D20	DPFOA
FIRE CAPTAIN	D18	DPFOA
FIRE DEPUTY CHIEF	D21	DPFOA
FIRE DIVISION CHIEF	D19	DPFOA
FIRE LIEUTENANT	D16	DPFOA
FIRE MECHANIC	D15	non-union
~~FIREFIGHTER ON CALL~~	~~D12~~	~~non-union~~

FY2022 Dover Classification Plan

Classification Title	Pay Plan Grade	Union
FIREFIGHTER-AEMT	D13	IAFF
FIREFIGHTER-EMT	D12	IAFF
FIREFIGHTER-PARAMEDIC	D15	IAFF
FIRE-HEALTH INSPECTOR	D15	DMEA
FIRE-LIFE SAFETY INSPECTOR	D15	DMEA
FLEET SUPERVISOR	D18	DPEA
~~GROUNDSKEEPER I~~		~~AFSCME~~
~~GROUNDSKEEPER II~~		~~AFSCME~~
HEAVY EQUIPMENT MECHANIC I	D12	AFSCME
HEAVY EQUIPMENT MECHANIC II	D13	AFSCME
HEAVY EQUIPMENT OPERATOR I	D11	AFSCME
HEAVY EQUIPMENT OPERATOR II	D13	AFSCME
HUMAN RESOURCES ASSISTANT	D14	non-union
INFORMATION TECHNOLOGY ADMINISTRATOR	D16	non-union
INFORMATION TECHNOLOGY TECHNICIAN	D13	non-union
INVENTORY COORDINATOR	D12	AFSCME
LABORER I	D08	AFSCME
LABORER II	D09	AFSCME
LIBRARIAN I	D13	DMEA
LIBRARIAN II	D15	DMEA
LIBRARY ASSISTANT I	D08	DMEA
LIBRARY ASSISTANT II	D10	DMEA
LIBRARY PAGE	D03	DMEA
MAINTENANCE MECHANIC I	D10	AFSCME
MAINTENANCE MECHANIC II	D11	AFSCME
MAINTENANCE MECHANIC III	D15	AFSCME
MAINTENANCE SPECIALIST I	D11	AFSCME
MAINTENANCE SPECIALIST II	D13	AFSCME
MAINTENANCE SPECIALIST III	D16	AFSCME
MANAGEMENT ANALYST	D13	non-union
~~MEDIA SERVICES MANAGER~~	~~D18~~	~~non-union~~
OFFICE MANAGER	D12	DMEA
OFFICE SUPPORT ASSISTANT	D06	non-union
PARKING ENFORCEMENT OFFICER	D09	DPA
PARKING MANAGER	D17	non-union
PAYROLL & BENEFITS ADMINISTRATOR	D12	DMEA
PERSONNEL ASSISTANT	D11	DPAAII
PLANT&PUMP STATION SUPERVISOR	D17	DPEA
PLUMBING INSPECTOR	D15	DMEA
POLICE CAPTAIN	D21	DPAAII
POLICE CHIEF	D23	non-union
POLICE COMMUNICATIONS SUPERVISOR	D16	DPAAII
POLICE DEPUTY COMMUNICATIONS SUPERVISOR	D14	DPAAII
POLICE DISPATCHER I	D10	DPA
POLICE DISPATCHER II	D12	DPA
POLICE LIEUTENANT	D19	DPAAII
POLICE OFFICER I	D13	DPA
POLICE OFFICER II	D15	DPA
POLICE PREVENTION COORDINATOR	D16	non-union
POLICE PREVENTION PROGRAMMER	D12	non-union
POLICE PROSECUTOR	D19	DPAAII
POLICE RECORDS SUPERVISOR	D15	DPAAII
POLICE SERGEANT	D17	DPAAII
POLICE VICTIM-WITNESS ADVOCATE	D15	non-union
PUBLIC WELFARE TECHNICIAN I	D13	DMEA
PUBLIC WELFARE TECHNICIAN II	D14	DMEA
PUBLIC WELFARE TECHNICIAN III	D15	DMEA
PUBLIC WORKS SUPERVISOR	D17	DPEA
PUMP STATION OPERATOR I	D11	AFSCME
PUMP STATION OPERATOR II	D13	AFSCME
PUMP STATION OPERATOR III	D15	DPEA
PURCHASING AGENT	D19	DMEA
RECREATION PROGRAM ASSOCIATE I	D04	non-union
RECREATION PROGRAM ASSOCIATE II	D05	non-union
RECREATION PROGRAM ASSOCIATE III	D06	non-union
RECREATION PROGRAM SPECIALIST I	D07	non-union

FY2022 Dover Classification Plan

Classification Title	Pay Plan Grade	Union
RECREATION PROGRAM SPECIALIST II	D08	non-union
RECREATION PROGRAM SPECIALIST III	D09	non-union
RECREATION PROGRAM SPECIALIST IV	D10	non-union
RECREATION PROGRAM SUPERVISOR	D13	DPEA
SEASONAL MAINTENANCE WORKER I	D05	non-union
SEASONAL MAINTENANCE WORKER II	D06	non-union
SEASONAL MAINTENANCE WORKER III	D07	non-union
SECRETARY I	D09	DMEA
SECRETARY II	D10	DMEA
SOLID WASTE ASSISTANT	D12	AFSCME
SOLID WASTE COORDINATOR	D17	DPEA
SUPERINTENDENT OF FACILITIES, GROUNDS & CEMETERIES	D20	DPEA
SUPERINTENDENT OF PUBLIC WORKS	D20	DPEA
SUPERINTENDENT OF UTILITIES	D20	DPEA
TAX ASSESSING DATA TECHNICIAN	D11	DMEA
TEEN CENTER COUNSELOR	D17	non-union
TELEVISION BROADCAST OPERATOR	D01	non-union
TRUCK DRIVER	D10	AFSCME
UTILITIES SYSTEM SUPERVISOR	D17	DPEA
WORKING FOREMAN	D16	DPEA
WWTP CHIEF OPERATOR	D17	DPEA
WWTP LAB TECHNICIAN	D13	DPEA
WWTP LAB/INDUSTRIAL PRETREATMENT COORDINATOR	D16	DPEA
WWTP OPERATOR I	D14	AFSCME
WWTP OPERATOR II	D16	AFSCME
WWTP SUPERVISOR	D19	DPEA

FY2022 Wage Schedule
City of Dover, NH

Grade/Step	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
D01	$9.54	$9.85	$10.16	$10.47	$10.78	$11.09	$11.39	$11.70	$12.01	$12.32	$12.63	$12.94	$13.25	$13.56	$13.87
D02	$10.25	$10.58	$10.91	$11.24	$11.57	$11.90	$12.23	$12.56	$12.89	$13.22	$13.55	$13.88	$14.21	$14.54	$14.87
D03	$11.02	$11.37	$11.72	$12.07	$12.42	$12.77	$13.12	$13.48	$13.83	$14.18	$14.53	$14.88	$15.23	$15.58	$15.93
D04	$11.85	$12.23	$12.61	$12.99	$13.37	$13.75	$14.13	$14.52	$14.90	$15.28	$15.66	$16.04	$16.42	$16.80	$17.18
D05	$12.74	$13.16	$13.57	$13.98	$14.39	$14.80	$15.22	$15.63	$16.04	$16.45	$16.86	$17.28	$17.69	$18.10	$18.51
D06	$13.69	$14.13	$14.58	$15.02	$15.46	$15.91	$16.35	$16.79	$17.24	$17.68	$18.12	$18.56	$19.01	$19.45	$19.89
D07	$14.72	$15.20	$15.67	$16.14	$16.62	$17.09	$17.57	$18.04	$18.51	$18.99	$19.46	$19.93	$20.41	$20.88	$21.36
D08	$15.82	$16.33	$16.83	$17.34	$17.84	$18.35	$18.85	$19.36	$19.86	$20.37	$20.87	$21.38	$21.88	$22.39	$22.89
D09	$17.02	$17.57	$18.11	$18.66	$19.20	$19.75	$20.30	$20.84	$21.39	$21.93	$22.48	$23.03	$23.57	$24.12	$24.66
D10	$18.29	$18.87	$19.46	$20.05	$20.64	$21.22	$21.81	$22.40	$22.98	$23.57	$24.16	$24.75	$25.33	$25.92	$26.51
D11	$19.67	$20.30	$20.92	$21.55	$22.18	$22.81	$23.44	$24.07	$24.69	$25.32	$25.95	$26.58	$27.21	$27.84	$28.46
D12	$21.14	$21.82	$22.50	$23.18	$23.86	$24.54	$25.22	$25.90	$26.58	$27.26	$27.94	$28.62	$29.30	$29.98	$30.66
D13	$22.73	$23.46	$24.19	$24.92	$25.65	$26.38	$27.12	$27.85	$28.58	$29.31	$30.04	$30.77	$31.50	$32.24	$32.97
D14	$24.43	$25.21	$25.99	$26.78	$27.56	$28.34	$29.12	$29.91	$30.69	$31.47	$32.26	$33.04	$33.82	$34.60	$35.39
D15	$26.26	$27.10	$27.95	$28.79	$29.64	$30.48	$31.33	$32.17	$33.02	$33.86	$34.71	$35.55	$36.40	$37.24	$38.09
D16	$28.23	$29.13	$30.04	$30.95	$31.85	$32.76	$33.67	$34.57	$35.48	$36.39	$37.29	$38.20	$39.11	$40.01	$40.92
D17	$30.34	$31.32	$32.30	$33.28	$34.25	$35.23	$36.21	$37.19	$38.17	$39.15	$40.13	$41.11	$42.08	$43.06	$44.04
D18	$32.62	$33.67	$34.72	$35.77	$36.82	$37.87	$38.92	$39.97	$41.02	$42.07	$43.12	$44.18	$45.23	$46.28	$47.33
D19	$35.07	$36.19	$37.31	$38.44	$39.56	$40.68	$41.81	$42.93	$44.05	$45.17	$46.30	$47.42	$48.54	$49.67	$50.79
D20	$37.70	$38.91	$40.13	$41.34	$42.56	$43.77	$44.99	$46.20	$47.42	$48.64	$49.85	$51.07	$52.28	$53.50	$54.71
D21	$40.53	$41.83	$43.12	$44.42	$45.72	$47.02	$48.32	$49.61	$50.91	$52.21	$53.51	$54.81	$56.11	$57.40	$58.70
D22	$43.57	$44.97	$46.37	$47.77	$49.17	$50.57	$51.97	$53.38	$54.78	$56.18	$57.58	$58.98	$60.38	$61.78	$63.18
D23	$46.83	$48.34	$49.84	$51.35	$52.85	$54.35	$55.86	$57.36	$58.87	$60.37	$61.87	$63.38	$64.88	$66.39	$67.89
D24	$50.35	$51.96	$53.58	$55.20	$56.82	$58.43	$60.05	$61.67	$63.29	$64.90	$66.52	$68.14	$69.76	$71.37	$72.99

CITY OF DOVER

CITY OF DOVER - RESOLUTION

Agenda Item#: 13.A.4.

Resolution Number: **R – 2021.08.11 – 143**
Resolution Re: Update to the City of Dover Welfare Guidelines

WHEREAS: The City of Dover is in need of revising its Human Services (Welfare) Guidelines for the City; and

WHEREAS: The Guidelines have not been revised since 2014; and

WHEREAS: The attached Guidelines have been revised and updated for use by the City.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND DOVER CITY COUNCIL THAT:

The attached City of Dover Welfare Guidelines are approved. The attached "City of Dover Welfare Guidelines, Revised 2021" are adopted and approved by the City of Dover. The attached, amended "City of Dover Welfare Guidelines, Revised 2021" shall take effect upon passage of this resolution.

AUTHORIZATION

Approved as to Funding:	Daniel R. Lynch Finance Director	Sponsored by:	Mayor Robert Carrier By request
Approved as to Legal Form and Compliance:	Joshua M. Wyatt City Attorney		
Recorded by:	Susan M. Mistretta City Clerk		

CITY OF DOVER

CITY OF DOVER - RESOLUTION

Agenda Item#: 13.A.4.

Resolution Number: **R – 2021.08.11 – 143**
Resolution Re: Update to the City of Dover Welfare Guidelines

DOCUMENT HISTORY:

First Reading Date:	Public Hearing Date:
Approved Date:	Effective Date:

DOCUMENT ACTIONS:

VOTING RECORD Date of Vote:	YES	NO
Mayor Robert Carrier		
Deputy Mayor Ciotti		
Councilor Michelle Muffett-Lipinski, Ward 1		
Councilor Deborah Thibodeaux, Ward 3		
Councilor Marcia Gasses, Ward 4		
Councilor Dennis Shanahan, Ward 5		
Councilor Fergus Cullen, Ward 6		
Councilor John O'Connor, At Large		
Councilor Lindsey Williams, At Large		
Total Votes:		
Resolution does | does not pass.		

CITY OF DOVER

CITY OF DOVER - RESOLUTION

Agenda Item#: 13.A.4.

Resolution Number: **R – 2021.08.11 – 143**
Resolution Re: Update to the City of Dover Welfare Guidelines

RESOLUTION BACKGROUND MATERIAL:

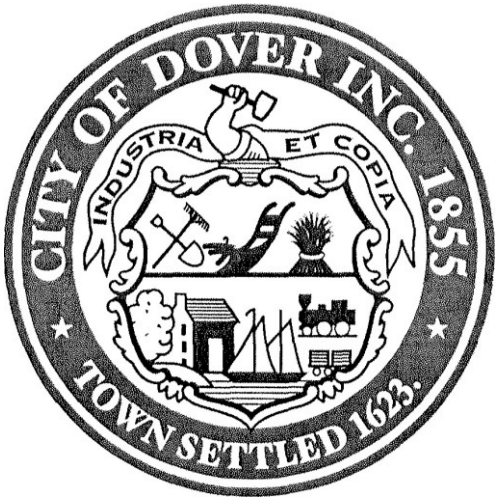
By statute (RSA 165:1, II), every local welfare office must have written guidelines. It is on the basis of these guidelines (and RSA 165) that decisions in our Welfare Department are made. A redlined version of the Welfare Guidelines is attached showing all changes made to the 2014 version.

There were general formatting changes, spelling updates, and table of content updates to increase clarity and readability of the Guidelines. Additionally, the NHMA had a meeting discussing the updates to their Model Guidelines on June 17, 2021. The updates to the City's Guidelines take into account the new Model Guidelines and attempt to be more inline with the Model Guidelines. The updates also include substantial updates to the Appendices and Forms sections.

- Appendix A: Allowable Level of Assistance Payments for the City of Dover has been updated to more clearly outline the level of assistance available.
- Appendix B: Adopted Ethics Resolution on Responsibility for Persons Who Change Their Residence While, or as a Result of, Applying for Local Welfare. This Appendix has been updated for format and minor spelling and grammatical errors. Additionally, in the 2014 version of the guidelines this information was repeated in the main body of the guidelines. This repeated portion has been removed from the main body of the guidelines.
- Appendix C: Explanation for Disqualification for noncompliance with Guidelines. This has been added to mirror the NHMA model guidelines and provide as much information to applicants as possible.
- Appendix D: Forms. All forms have been updated and reviewed by the Dover Welfare Department. All forms that may be used in the course of applying for, receiving or being denied assistance, challenging a decision, releasing information, or being noticed of rights and responsibilities are now included in Appendix D of the guidelines.

Attached to this resolution is the 2014 Welfare Guidelines, the updated 2021 Welfare Guidelines, and a redlined version to highlight the changes made.

CITY OF DOVER WELFARE GUIDELINES



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REVISED ~~2014~~2021

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~~TABLE OF CONTENTS~~

~~v.~~ Table of ~~Records~~Contents

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INTRODUCTION

~~GENERAL ASSISTANCE GUIDELINES~~

~~INTRODUCTION~~

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The local governing body, as defined in RSA 672:6, of every town and city in the state sh written guidelines relative to general assistance. The guidelines shall include, but not be the following:

A. The process for application for general assistance.
B. The criteria for determining eligibility.
C. The process for appealing a decision relative to the granting of general assistance.
D. The process for the application of rents under RSA 165:4-b, if the municipality used the offset provisions of RSA 165:4+a,
~~C.~~E. A statement that qualified state assistance reductions under RSA 167 may be deemed as income, if the local governing body has permitted administrator to treat a qualified state assistance reduction as deem under RSA 165:1-e.

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These Guidelines are the City of Dover's Guidelines in the assessment and determination of assistance to be provided through the Welfare Department. These Guidelines include general factors to be considered when determining "need." This is not a guarantee of assistance, or a

formula used. The Welfare Department's purpose is to provide temporary emergency assistance to residents of Dover in an attempt to stabilize difficult situations that may arise. The determination of "need" and type of assistance provided, if any, lies within the discretion of the Welfare Officials.

I~~.~~. DEFINITIONS

AGENCY: Any health, social service or other entity that provides services to a client. Any such entity to which a ~~welfare official~~Welfare Official may refer a client for additional resources and/or assistance.

APPLICANT: A person who expresses a desire to receive general assistance or to have his/her eligibility reviewed and whose application has not been withdrawn. This may be expressed either in person or by an authorized representative of the applicant.

APPLICATION (RE-APPLICATION): Written action by which a person requests assistance from a ~~welfare official.~~Welfare Official. This application must be made on a form provided by the ~~welfare official~~Welfare Official. The application form may be written or completed electronically (if available) by means of an interview conducted by a welfare official and verified by the applicant's signature.

ASSETS: All cash, real property, personal property and future assets owned by the applicant in whole or in part.

AVAILABLE LIQUID ASSETS: Amount of assets after exclusions enumerated in Section IX(D). Includes, but not limited to, cash on hand, checking accounts, bank deposits, credit union accounts, stocks, bonds and securities. IRA (Individual Retirement Account), 401K accounts, insurance policies with a loan value, and non-essential personal property shall be considered as available liquid assets when they have been converted into cash.

CASE MANAGEMENT: A holistic collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's and/or household's short and long ~~ternn~~term emergency needs through communication and available resources to promote safe, ~~costeffective~~cost effective outcome.

CASE RECORD: Official files including, but not limited to, general applications, office forms, correspondence, relevant case notes, determination of eligibility, details provide to client of expectations, reasons for decisions and description of assistance given. The case record may be maintained electronically (if available). A hard copy of all relevant and signed documents should be maintained during the active phase of any applications and 7 years thereafter, in accordance with state law.

CITY MANAGER: The duly authorized City Manager for the City of Dover.

CLAIMANT: A recipient or applicant who has requested, either in person or through an authorized representative, a fair hearing under Section XIV of these guidelines.

CLIENT: An individual who receives services from the welfare department. This may be a single person or encompass a ~~family~~household as defined per welfare guidelines.

ELIGIBILITY: Determination by a ~~welfare official~~Welfare Official, in accordance with the guidelines, of an applicant's need for general assistance under the formula provided in Section IX.

FAIR HEARING: A hearing which the applicant or recipient may request to contest a denial, termination or reduction of assistance. The standards for such a hearing are in Section XIV.

GENERAL ASSISTANCE: Financial assistance provided to applicants in accordance with RSA 165 and these guidelines.

- HOMELESS SHELTER: A temporary housing provider through which an individual or family may seek emergency housing until permanent housing is obtained.

HOUSING:

- Emergency Shelter: A temporary or non-permanent and non-tenancy housing which is a temporary housing from a housing provider through which an individual or family may seek emergency housing when no other housing is available.
- Non-Permanent Non-tenancy Housing: Applicant(s) pay for room(s) in Rooming or Boarding House; Hotels, Motels, Inns or Tourist Home or other dwellings which rent for recreational or vacation use. Room(s) in a single-family home with no lease which is the primary and usual residence of the owner. Other occupancies noted as nontenancy under RSA 540:1, IV.
- Permanent Tenancy Housing: Applicant(s) rent apartment, home or room or real property for the sole purpose of residential and non-transient purposes. Applicants(s) may or may not have lease or contract.
- Transitional Housing: A non-permanent and non-tenancy housing which is usually provided by an Assistance Program which can require rules or policies to stay in their housing and programs.
- Tenant or Tenancy: Permanent Housing where occupants shall be deemed to rent at will or have a contract or lease in which have protections of eviction as noted in NH RSA chapter 540.

HOUSEHOLD: A household is defined as:

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The applicant/recipient and persons residing with the applicant/recipient in the relationship of father, mother, stepfather, stepmother, son, daughter, husband, wife, or legal ~~domestic~~domestic partner; and/or

The applicant/recipient and any adult (including an unrelated person) who resides with the applicant/recipient "in loco parentis" (in the role of a substitute parent) to a minor child (a person under 18 years of age). A person "in loco parentis" is one who intentionally accepts the rights and duties of a natural parent with respect to a child not their own and who lived with the child long enough to form a "psychological family~~".~~."

MINOR: A person under 18 years of age.

NEED: The basic maintenance and support requirements of an applicant, as determined by a ~~welfare official~~Welfare Official under the standards of Section IX (E) of these guidelines.

RECIPIENT: A person who is receiving general assistance.

"RELIEVE AND MAINTAIN": The sustaining of basic needs necessary to the health and welfare of the household.

RESIDENCE/RESIDENCY: Residence or residency shall mean an applicant's place of abode or domicile. The place of abode or domicile is that place designated by the applicant as their principle place of physical presence for the indefinite future to the exclusion of all others. Such residence or residency shall not be interrupted or lost by temporary absence from it, if there is an intent and/or means to return to such residence or residency as the principal place of physical presences. RSA 165: 1 (I); 21:6-a.

RESIDENTIAL UNIT: All persons physically residing with the applicant, including persons in the applicant's household and those not within the household.

UTILITY: Any service such as electric, gas, oil, water or sewer necessary to maintain basic health and welfare of the household.

VENDOR/ PROVIDER: Any landlord, utility company, store or other business which provides goods or services needed by the applicant/recipient.

VOUCHER SYSTEM: The system whereby a municipality issues vouchers to the recipient's vendors and providers rather than cash to the recipient. RSA 165:1(III). See Section ~~VIII~~VIII.

WELFARE OFFICIAL: The official of the municipality, or designee, who performs the function of administering general assistance. Such person has the authority to make all decisions regarding the granting of assistance under RSA 165, subject to the overall fiscal responsibility vested in the selectpersons, board of alderpersons, city or town ~~tmanager~~manager, or city or town council~~*~~. The term includes "overseers of public welfare" (RSA 165:1; 41:46) and "administrator of town or city welfare" RSA 165:2~~,~~.

WORKFARE: Labor performed by welfare recipients at municipal sites or human service agencies as reimbursement for benefits received. RSA 1.65:31.

II. SEVERABILITY

If any provision of these guidelines is held at law to be invalid or inapplicable to any person or circumstances, the remaining provisions will continue in full force and effect.

~~I I I~~III. CONFIDENTIALITY OF INFORMATION

Information given by or about an applicant or recipient of general assistance is confidential and privileged, and is not a public record under the provisions of RSA 91 -A. Such information will not be published, released, or discussed with any individual or agency without written permission of the applicant or recipient except when disclosure is required by law, or when necessary to carry out the purposes of RSA 165. RSA 165:2~~«.~~ c. In order to maintain the privacy of applicants and the confidentiality of information provided, the use of video or audio recording devices is prohibited within the public welfare office.

IV. ROLES OF LOCAL GOVERNING BODY AND WELFARE OFFICIAL

The responsibility of the day to day administration of the general assistance program should be vested in the appointed ~~welfare official.~~Welfare Official. The ~~welfare official~~Welfare Official shall administer the general assistance program in accordance with the written guidelines of the municipality. The local governing body (city council) is responsible for the adoption of the guidelines relative to general assistance. RSA 165:1 (~~I~~III).

V. MAINTENANCE OF RECORDS

A. Legal Requirement

Each ~~welfare official~~Welfare Official is required by ~~law~~RSA 41:46 to keep complete paper and/or electronic records concerning the number of applicants given assistance and the cost of such support. Separate case records shall be established for each individual or family applying for general assistance. A paper copy of these records will be kept during the active phase of any application plus 7 years, after which they will be destroyed. The purpose for keeping such records is:

1~~.~~. To provide a valid basis of accounting for expenditure of the municipality's funds~~:~~;

2. To support decisions concerning the applicant's eligibility~~:~~;

3. To assure availability of information if the applicant or recipient ~~seel<s~~seeks administrative or judicial review of the welfare official's decision;

4. To provide the ~~welfare official~~Welfare Official with accurate statistical information; and

5. To provide a complete history of an applicant's needs and assistance that might aid the ~~welfare official~~Welfare Official with ongoing or potential future case management and in referring the applicant to appropriate agencies and other support entities.

B. Case Records

The ~~welfare official~~Welfare Official shall maintain case records containing the following information:

1~~.~~. The complete application, including ~~an~~any authorizations signed by the applicant allowing the ~~welfare official~~Welfare Official to obtain or verify any pertinent information in the course of assisting the recipient, to include a signed Authorization to Release Information from the New Hampshire Division of Health and Human Services.

2. Written grounds for approval or denial of application, contained in a Notice of Decision.

3. A narrative history recording assistance sought, the results of investigations of applicants' circumstances, referrals, changes in status and other relevant communications as determined by the ~~welfare official~~Welfare Official.

4. ~~Record forms~~A Client Account Summary which has complete data regarding the type, amount and dates of assistance given which may be kept on paper or electronically.

VI. APPLICATION PROCESS

A. Right to Apply

1. Anyone may apply for general assistance by appearing in person or through ~~an~~ authorized representation (if in person is impossible) and completing a written or available ~~electronics~~electronic application form. If more than one adult resides in a household, each may be required to appear at the welfare office and apply for assistance, unless one is working at a place of employment or otherwise reasonably unavailable.

   Unrelated adults in the applicant's residential unit may be required to apply separately if they do not meet the definition of household as defined in these guidelines. Each adult in the household may be requested to sign a separate release of information forms.

2~~.~~. The ~~welfare official~~Welfare Official shall not be required to accept an application for general assistance from a recipient who is subject to a suspension pursuant to

Section XIII(C) of these guidelines (RSA 165:1-b, VI); provided that any applicant who contests a determination of continuing noncompliance with the guidelines may request a fair hearing as provided in Section ~~XIII~~XIII (C)(7); and provided further that a recipient who has been suspended for at least ~~one (1) calendar year~~six months due to continued noncompliance may submit a new application.

B. Welfare Official's Responsibilities at Time of Application

When an application is made for general assistance, the ~~welfare official~~Welfare Official shall inform the applicant of:

1. The requirement of submitting an application~~.~~ and intake form. The ~~welfare official~~Welfare Official shall provide assistance to the applicant in completing the application, if necessary (e.g.~~,~~ applicant is physically or mentally unable to complete the application);

2. Eligibility requirements, including a general description of the guideline amount and the eligibility formula;

3. The applicant's right to a fair hearing and the manner in which a review may be obtained, if sought;

4. The applicant's responsibility for reporting all facts necessary to determine eligibility and for presenting records and documents as requested and as reasonably available to support statements;

5. The joint responsibility of the ~~welfare official~~Welfare Official and applicant to exploring facts concerning eligibility, needs and potential resources;

6. Verifications needed as listed in Section VII;

7. That an investigation will be conducted in order to verify facts and statements presented by the applicant;

8. The applicant's responsibility to notify the ~~welfare official~~Welfare Official of any change in circumstances that may affect eligibility;

9. Other forms of assistance for which the applicant may be eligible if sought;

10. The requirement of placing a lien on any real property owned by the recipient, or any civil judgments or property settlements, for any assistance given, except for good cause;

11. Reimbursement from the recipient will be sought if he/she becomes able to repay the amount of assistance given; and

12. The applicant's right to review the guidelines, if sought.

~~13.~~

13. The availability of the Welfare Official to make home visits by mutually-agreed appointment to take applications and to conduct ongoing case management for applicants who cannot leave their homes;

14. The applicant's responsibility not to voluntarily terminate employment without good cause, as required by RSA 165:1-d;

15. The fact that the Child Protection Act requires the Welfare Official, or any other person, who has reason to believe that a child under the age 18 has been abused or neglected, to report that suspicion immediately to NH DHHS Division of Children, Youth and Families (DCYF). RSA 169-C:29-31;

16. The fact that the Adult Protection Law requires the Welfare Official, or any person, who has reason to believe that a venerable adult has been subjected to abuse, neglect, exploitation or self-neglect, to make a report immediately to the NH DHHS Bureau of Elderly & Adult Services (BEAS). RSA 161-F:46; and

17. Any other responsibility the applicant has or will have, as provided in Section VI C.

C. Responsibility of Each Applicant and Recipient

At the time of 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 and the whereabouts and circumstances of relatives who may be responsible under RSA 165:19;

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2. To notify the ~~welfare official~~Welfare Official promptly when there is a change in needs, resources~~;~~, address, or household size~~.~~;

3. To apply for immediately, but no later than seven (7) days from completed application, and accept any benefits or resources~~;~~, public or private, that will reduce or eliminate the need for imminent or potential future general assistance. RSA 165:1-b, I(d);

4. To keep all appointments as scheduled;

5. To provide records and other pertinent information and access to said records and information when requested;

6. To provide a verifiable doctor's statement if claiming an inability to work due to medical problems;

7. Following a determination of eligibility for assistance, to diligently search for employment, and provide a verifiable job search as ~~determnined~~determined by the ~~welfare official~~Welfare Official, to accept ~~emp)oynoent~~employment when offered (except for documented reasons of good cause (RSA 165: I-d)), and to maintain such employment. RSA 165:1-b (c);

~~8. of good cause (RSA 165: I d); and to maintain such employment. RSA 165:~~

~~9.~~ 1-b:~~1(c);~~

~~10.~~8. Following a determination of eligibility for assistance, to participate in the workfare program (if required) and if physically and mentally able. RSA 165: 1-1-b, I(b); and

~~11.~~9. To reimburse assistance granted if returned to an income status and if such reimbursement can be made without financial hardship. RSA 165:~~2Cb~~20-b.

An applicant shall be denied assistance if he/she fails to fulfill any of these responsibilities without reasonable justification. A recipient's assistance may be terminated or suspended for failure to fulfill any of these responsibilities without reasonable justification, in accordance with Section XIII(C).

Any recipient may be denied or terminated from general assistance, in accordance with Section ~~XIII~~XIII, or may be prosecuted for a criminal offense, if he/she, by means of intentionally false statements or intentional misrepresentation, or by impersonation or other willfully fraudulent act or devices, obtains or attempts to obtain any assistance to which he/she is not entitled.

D. Actions on Applications

1. Decision: The Welfare Official uses these guidelines and the general factors contained herein, to determine the eligibility of an applicant/ recipient, while ensuring that each applicant/ recipient receives due process. Unless an application is withdrawn, the ~~welfare official~~Welfare Official shall make a decision concerning the applicant's eligibility immediately in the case of emergency, or within five (5) working days after submission of the application. Business hours are considered to be Monday through Friday during posted operating hours of the municipality. A written notice of decision shall be ~~given in hand, delivered or mailed~~provided on the same day or next business/working day following the ~~mal<ing~~making of the decision. The notice of decision shall state that assistance of a specific kind and amount has been given and the time period of aid, or that the application has been denied ~~and, reasons for denial. A decision may also be made to pend~~

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~~an application subject to receipt of specified information from the applicant.~~, in whole or in part, with reasons for denial. The notice of decision shall contain a first notice of conditions for assistance and shall notify the applicant of his/her right to a fair hearing if dissatisfied with the ~~welfare official's~~Welfare Official's decision.

~~RSA II, II~~I.

2. Pending Notice of Decision: A decision may also be made to pend an application subject to receipt of specified information, documentation, or verifications from the applicant within a specific amount of time not to exceed five (5) business days.

~~2.~~3. Emergency Assistance: If, at the time of initial contact, the applicant demonstrates and verifies that an ~~immediate~~emergency need exists, because of which the applicant may suffer a loss of a basic necessity of living and imminent threat to life or health (such as loss of shelter, utilities, heat, lack of food, or life-saving/sustaining prescriptions) and no reasonable alternative can be found, then temporary aid to fill such immediate need shall be ~~given immediately~~provided to prevent the imminent threat to life or health, pending a decision on the application. Such emergency assistance shall not obligate the ~~welfare official~~Welfare Official to provide further assistance after the application process is completed.

~~3.~~4. Temporary Assistance: In circumstances where required records are not available, the ~~welfare official~~Welfare Official may give temporary limited approval of an application pending receipt of required documents. Temporary status shall not extend beyond two (2) weeks. The ~~welfare official~~Welfare Official shall not insist on documentary verification if such records are totally unavailable.

~~4.~~5. Withdrawn Applications: An application shall be considered withdrawn if:

a. The applicant has refused to complete and application or has refused to make a good faith effort to provide required verifications and sufficient information for the completion of an application. If an application is deemed withdrawn for these reasons, the ~~welfare official~~Welfare Official shall so notify the applicant in a written notice of decision;

b. The applicant dies before assistance is rendered;

c. The applicant avails him/herself of other resources to meet the need in place of assistance;

d. The applicant requests that the application be withdrawn (preferably in writing); or

e. The applicant does not contact the ~~welfare official~~Welfare Official after the initial interview after being requested to do so.

E. Home Visits

A ~~hotne~~home visit may be made by a mutually agreed appointment at the request of any applicant, but only when it is impossible for the applicant or their representative to apply in person. Home visits will be ~~nnade~~made in pairs (i.e. no ~~welfare official~~Welfare Official shall ~~tmake~~make a ~~horne~~home visit alone). If an in person home visit is impossible, as deemed by the Welfare Official, a telephonic or video appointment may occur.

The home visit shall be conducted in such a manner as to preserve, to the greatest extent possible, the ~~welfare official's~~Welfare Official's health and safety, and the privacy and dignity of the applicant. To this end, the person conducting the visit shall not be in uniform or travel in a marked law enforcement vehicle, shall be polite and courteous, and shall not knowingly discuss or mention the application within the listening area of someone who is not a member of the household.

Applicant housing is expected to meet local health and safety codes standards. During the house visit the ~~welfare official~~Welfare Official may discuss any in line of sight possible housing safety code violations by the landlord/owner with the applicant and may report all possible violations to proper municipal departments/authorities.

VII. VERIFICATION OF INFORMATION

Any determination or investigation of need or eligibility shall be conducted in a manner that will not violate the privacy or personal dignity of the individual or harass or violate his/her individual rights.

A. Required Verifications

Verification will be required of the following:

1. Applicant's address;

2.~~—~~ Facts relevant to the applicant's residence, as set forth in Section IX(B) and ~~*~~X.

3. Names of persons in applicant's residential unit;

4. Applicant's and household ~~incotne~~income and assets;

5. Applicant's and household's financial obligations;

6. The physical and mental condition of household members, only where relevant to their receipt of assistance, such as ability to work at a place of employment, determination of needs or referral to other ~~fornns~~forms of assistance;

7. Any special circumstances claimed by applicant;

8. Applicant's employment status and availability in the labor market;

9. Names, addresses, and employment status of potentially liable relatives;

10~~÷~~. Current utility costs;

~~1 1 ÷~~11. Current housing costs;

12~~÷~~. Current prescription costs; and

13~~÷~~. Any other costs that the applicant wishes to claim as a necessity.

B. Verification Records

Verification may be made through records provided by the applicant (for example, birth and marriage certificates, pay stubs, pay checks, rent receipts, bank statements, relevant police reports, etc.) as primary sources. The failure of the applicant to bring such records does not affect the ~~welfare official's~~Welfare Official's responsibility to process the application promptly~~.~~. The ~~welfare official~~Welfare Official shall inform the applicant what records are necessary and the applicant is required to produce records possessed as soon as possible for application consideration. However, the ~~welfare official~~Welfare Official shall not insist on documentary verification if such records are ~~no treasonably~~not reasonably available, but shall ask the applicant to provide alternative means of verification.

C. Other Sources of Verification

Verification may also be made through other sources, such as relatives, landlords, employers, former employers, banks, ~~schools~~school personnel, and social or government agencies. The cashier of the national bank or a treasurer of a savings and trust company is authorized by law to furnish information regarding amounts deposited to the credit of an applicant or recipient. RSA 165:4.

D. Written Consent of Applicant

When information is sought from such other sources, the ~~welfare official~~Welfare Official shall explain to the applicant or recipient what information is desired, how it will be used, and the necessity of obtaining it in order to establish eligibility. Before contact is made with any other source, the ~~welfare official~~Welfare Official shall obtain written consent of the applicant or recipient, unless the ~~welfare official~~Welfare Official has reasonable grounds to suspect fraud. In the case of suspected fraud, the ~~welfare official~~Welfare Official shall carefully record his/her reasons and actions, and before any accusation or confrontation is made, the applicant shall be given an opportunity to explain or clarify the circumstances in question.

E. Legally Liable Relatives

"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 person shall be deemed able to assist such person if his/her income is more than sufficient" to avoid causing a financial hardship. RSA ~~195~~165:19

F. Refusal to Verify Information

Should the applicant or recipient refuse comment and/or indicate an unwillingness to have the ~~welfare official seek~~Welfare Official seek further information that is necessary, assistance shall be denied for lack of eligibility.

~~VII~~ VIII. DISBURSEMENTS

The City of Dover ~~pays through a voucher system. RSA 165:1 (III). Vouchers are~~provides assistance and payment in the form of vouchers, checks or by credit card payable directly to the vendors (landlords, utilities, stores, etc.) involved~~.~~, in accordance with the City's financial policies. No cash reimbursement is provided to recipients. RSA 165:1(III).

The amount shown on the voucher is the maximum amount to be used for payment. In accordance with the municipality's ~~accounting practices~~finance policies, a recipient may be required to sign the voucher to insure proper usage. The vendor returns the voucher with the required documentation for payment to the ~~welfare~~

~~official.~~Welfare Official. After the initial transaction, if there is any unspent money, the voucher shall be returned to the municipality for payment of the actual amount listed on an itemized bill or register tape. Vouchers altered by the recipient or vendor shall not be honored.

A voucher previously issued, but not yet paid, may be ~~revol<ed~~revoked and voided under certain circumstances. If facts are discovered that would negate such issuance or fraud is ~~determnined~~determined the voucher will be cancelled promptly. If fraud is involved, the facts surrounding the matter will be given to the appropriate law enforcement authorities for action. The revocation of assistance is not meant to replace the suspension process for issues of noncompliance.

IX. DETERMINATION OF ELIGIBILITY AND AMOUNT

A. Eligibility Formula

An applicant is eligible to receive assistance when:

1. He/she meets the non-financial eligibility factors listed ~~is~~in Section C below; and

2~~.~~. The applicant's basic welfare maintenance need, as determined under Section E below, exceeds his/her available income (Section F below) plus available liquid assets (Section D below). If available income and available liquid assets exceed the basic maintenance need (as determined by the guideline amounts), the applicant is not eligible for general assistance. If the need exceeds the available income/assets, the amount of assistance granted to the applicant~~:~~ shall be the difference between the two amounts, in the absence of circumstances deemed by the ~~welfare official~~Welfare Official to justify an exception.

B. Legal Standard and Interpretation

"Whenever a person in any town is poor and unable to support himself he shall be relieved and maintained by the overseers of public welfare of such town, whether or not he has a residence there." RSA 165:1~~, 1~~.

1. An applicant cannot be denied an application for assistance because he/she is not a resident of the City. See Section X in these Guidelines.

2. ~~'Whenever~~"Whenever" means at any or whatever time a person is poor and unable to support him/herself and without reasonable alternative options to deem general assistance unnecessary.

   a. The ~~welfare official~~Welfare Official, or person authorized to act on his/her behalf, shall be available during normal business hours.

   b. The eligibility of any applicant for general assistance shall be determined no later than five (5) business/working days after the application is submitted. If the applicant has an emergency life safety need, then the assistance for such emergency need shall be ~~immediately~~ provided in accordance with ~~Sect:ion~~Section VI (D)(~~1~~), (~~2~~3), (4); provided an application is submitted.

   c. ~~'Poor~~Assistance shall begin as soon as the applicant is determined to be eligible.

3. "Poor and unable to support" means that an individual lacks income, available liquid assets, and resources to adequately provide for the basic welfare maintenance needed of him/herself or family as determined by the guidelines.

4. "Relieved" means an applicant shall be assisted to meet those basic welfare needs described by ~~city welfare~~Dover Welfare guidelines.

5. "Maintained" means that assistance could be continued as long as the applicant is eligible as determined by the guidelines.

C. Non-Financial Eligibility Factors

1. Age: General assistance cannot be denied any applicant because of the applicant's age. Minor applicants shall be referred to Protective Services of the NH Division of Children, Youth and Families for support and case management. Minors have the residence of their parent(s) or legal guardian(s). Minors are the financial responsibility of the parent(s) or legal guardian(s~~).~~), unless circumstances warrant otherwise.

2. Support Action: No applicant or recipient shall be compelled, as a condition of eligibility or continued receipt of assistance, to ~~tal<e~~take any legal action against any other person. The municipality may pursue recovery against legally liable persons or governmental units. See Section XVI.

3. Eligibility for Other Categorical Assistance: Recipients who are, or may be, eligible for any other form of public assistance must apply for such assistance immediately, but no later than seven (7) days after being advised to do so by the ~~welfare official~~Welfare Official. Failure to do so may render the recipient ineligible for assistance and subject to action pursuant to Section XIII of these guidelines.

4. Employment: An applicant who is gainfully employed, but whose income and assets are not sufficient to meet basic necessary household expenses, may be eligible to receive general assistance. However, recipients who without good cause refuses a job offer or referral to suitable employment, participation in the workfare program, or who voluntarily leave a job without good cause ~~tmay~~, may be ineligible for continuing general assistance in accordance with the procedures for suspension outlined in the guidelines. The ~~welfare official~~Welfare Official shall first determine, whether there is good cause for such refusal, ~~tal<ing~~taking into account the ability and physical and mental capacity of the applicant, available transportation, working conditions that might involve unreasonable risks to health or safety, availability of safe and reasonable child care, or any other factors that ~~nnight mal<e~~might make refusing a job reasonable considering the financial situation of the household. Employment requirements shall extend to all adult members of the household.

5~~.~~. Registration with the New Hampshire Department of Employment Security (NHES) and Employment Search Requirements: All ~~unennployed~~unemployed recipients and adult members of their households shall, within seven days (7) after ~~connpleting~~completing and intake or after having been granted assistance, register with ~~NHE.S~~NHES to attain employment and must conduct a reasonable, verifiable job search as determined by the ~~welfare official~~Welfare Official. Each recipient must apply for employment to each employer to whom he/she is referred by the ~~welfare official.~~Welfare Official. These employment search requirements apply unless the recipient and each other adult ~~tnember~~member of the household is:

a. Gainfully employed full-time and permanent ~~etmployment~~employment status;

b. A dependent eighteen (18) years of age or under who is regularly attending secondary school;

c. Unable to work at a place of employment due to illness or mental or physical disability of him/herself or another member of the household, as verified by the welfare official; or

d. Solely responsible for the care of a child under the age of one. RSA 165:31. A recipient responsible for the care of a child aged one to twelve (12) shall not be excused from employment search requirements, but shall be deemed to have good cause to refuse a job requiring employment during hours the child is not usually in school, if there is no reasonable responsible person available to provide care and it is verified by the ~~welfare official~~Welfare Official that no other care is available.

e. The ~~welfare official~~Welfare Official shall give all reasonably necessary assistance to ensure compliance with registration and employment requirements, including the granting of allowances for transportation and clothes for employment as part of an allowable budget expense. ~~The welfare official will discuss job search techniques and strategies for attaining employment.~~ Failure of a recipient to comply with these requirements without good cause will be reason for denial of assistance.

6. Students: Applicants who are post-secondary school students with unreasonable employment availability limitations or refusing to seek ~~fulltime~~full-time employment are not eligible for general assistance.

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7. Non-Citizens: The ~~welfare officer~~Welfare Officer may, in his/her sole discretion, provide limited emergency life-safety needs assistance to non-citizens not otherwise eligible for general assistance.

a. A non-citizen who is not:

i A qualified alien under 8 USCA 1641~~:~~;
ii A non-~~imtmigrant~~immigrant under the federal ~~Immigrat:ion~~Immigration and Nationality Act;
iii An alien paroled into the United States for less than one year under 8 USCA 1621 (a).

b. Qualified aliens include aliens who are lawfully admitted for permanent residence under the Immigration and Nationality Act (8 USCA 1101 et seq.), aliens who are granted asylum under that act, certain refugees and certain battered aliens. ~~98~~ USCA 1641.

c. A non-citizen who is not eligible for general assistance may be eligible for state assistance with health care items and services that are necessary for the treatment of ~~ennergency~~emergency medical condition, which is defined as a medical condition (including emergency labor and child delivery) manifesting itself by acute ~~symptotms~~symptoms of sufficient severity including severe pain~~)~~ such that the absence of immediate medical attention could reasonably be expected to result in:

i. Placing the patient's health in serious jeopardy;
ii. Serious ~~impairrnent~~impairment to bodily functions; or
iii. Serious dysfunction of any bodily organ or part. 8 USCA 1621~~)~~(b) and 42 USCA 1396(v)(3).

d. A non-citizen may also be eligible for general assistance for treatment of any emergency medical condition, pursuant to Section IX (E)(8)(a) of these guidelines.

e. Non~~,~~ -citizen applicants for general assistance may be required to provide proof of eligibility. 8 USCA 1625.

8. Property Transfers: No applicant who is otherwise eligible shall receive such assistance if he/she has made an assignment, transfer or conveyance of property for the purpose of rendering him/herself eligible for assistance within three (3) years ~~imnoediately~~immediately preceding his/her application. RSA 165:2-b.

9. Employment of Household Members: The employment requirements of these guidelines, or participation in the workfare program, shall be required for all adults aged eighteen (18) to sixty-five (65) years residing in the same household, except those regularly attending secondary school or employed on a full-time, permanent employment status basis, who are:

a. Members of the recipient's household;

b. Legally liable to contribute to the support of the recipient and/or children of the household; and

c. Not prevented from maintaining employment and contributing to the support of the household by reason of physical or mental disability or other justifiable cause as verified by the ~~welfare official~~Welfare Official.

The ~~welfare official~~Welfare Official may waive this ~~requirernent~~requirement where failure of the other household members to comply is not the fault of the recipient and the ~~welfare official~~Welfare Official decides it would be unreasonable for the recipient to establish a separate household. RSA 165:32.

10. Disqualification for Voluntary Termination of Employment: Any applicant eligible for assistance who voluntarily terminated employment shall be ineligible to receive assistance for ninety (90) days from the date of employment termination, provided the applicant:

a. Has received local welfare in the past three hundred sixty~~#ive~~ five (365) days;

b. Has been given notice that voluntary termination of ~~employnnent~~employment without good cause could result in disqualification;

c. Has terminated employment of at least twenty (20) hours per week without good cause within sixty (60) days of an application for local welfare;

d. Is not responsible for supporting minor children in his/her household, which caused an inability to maintain employment; or

e. Did not have a verifiable mental or physical ~~impairnnent~~impairment, which caused an inability to maintain ~~employtnent~~employment.

Good cause for termination of employment shall include any of the following: discrimination, unreasonable employment demands or unsuitable ~~employnoent~~employment, retirement, leaving a job in order to accept a bona~~#ide~~ fide job offer, migrant farm labor or seasonal construction, and lack

of transportation or child care. An applicant shall be considered to have voluntarily terminated employment~~:~~ if the applicant fails to report for ~~employrnent~~employment without good cause. An applicant who is fired or resigns from a job at the request of the employer due to applicant's inability to ~~tmaintain~~maintain the ~~ernployer's~~employer's normal work productivity standard shall not be considered to have voluntarily terminated ~~ennployment~~employment. RSA 165:1-d.

D. Available Assets

1~~.~~. Available Liquid Assets: Cash on hand, bank deposits, credit union accounts, securities, and retirement plans (i.e.; IRA's deferred compensation, Keogh's etc.) are available liquid assets. Insurance policies with a loan value and nonessential personal property may be considered as available liquid assets when they have been converted into cash. The ~~welfare official~~Welfare Official shall allow a reasonable time for such conversion. However, tools of a trade, livestock and ~~farnn~~farm equipment, and necessary and ordinary household goods are essential items of personal property which shall not be considered as available assets.

2. Automobile Ownership: The ownership of one (1) automobile by an applicant/recipient or his/her dependent does not affect eligibility if it is essential for transportation to ~~seel<~~seek or maintain employment, to procure frequent medical services or rehabilitation services, or if its use is essential to the maintenance of the individual or the family, and if alternative transportation is not available or not cost effective.

3. Life Insurance: The ownership of a life insurance policy(s) does not affect eligibility. However, when a policy has cash or loan value, the recipient will be required to obtain and/or borrow ~~ail~~all available funds, which shall then be considered available liquid assets. Payments made for the continuation of life insurance policies may not be considered a needed allowable expense.

4. Real Estate: The type and amount of real estate owned by an applicant does not affect eligibility, although rent or other such income from property shall be considered as available to meet needs. Applicants owning real estate property, other than that occupied as their primary residence, shall be expected to make reasonable efforts to dispose of it at fair market value. Applicants shall be informed that a lien covering the ~~annount~~amount of any general assistance they receive shall be placed against any real estate they own. RSA 165:28.

E. Standard of Need

The basic financial requirement for general assistance is that an applicant be poor and unable to support him/herself. An applicant shall be considered poor when he/she has insufficient available income/assets to purchase either for him/herself or dependents any of the following:

1. ~~1~~Payment Levels for Allowable Expenses: When adopting these guidelines, the municipal governing body shall establish levels for various allowable expenses which shall be based on actual local market conditions and costs. The payment levels shall be reviewed by the Welfare Official annually and modifications presented to the municipal governing body where market conditions have changed. RSA 165:1 ii.

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2. Permanent Housing/Shelter: The amount to be included as "need" for permanent housing/shelter, including tenancy, is the actual cost of rent or mortgage necessary to provide shelter in the City as determined either by the most recent HUD Fair Market Rents, New

Hampshire Housing Finance Authority Rental Survey or by minimum reasonable local market rent factors, as chosen by the ~~welfare official~~Welfare Official.

a. Permanent Housing/Shelter Arrearages: Shelter arrearages are not normally included~~.~~ in factoring need. The ~~welfare official~~Welfare Official may assist in the least costly manner, or provide alternate means to accommodate the health and safety of the household unit. The ~~welfare official~~Welfare Official may, in his/her sole discretion, assist with shelter arrearages if, and only if, such payment is necessary to prevent eviction or foreclosure and to protect the health and safety of the household, and if household can verify ability to afford/maintain housing based on present and/or projected verifiable income. However, if the amount of such mortgage or rental arrearage substantially exceeds the cost of alternative, available housing which complies with local health and housing code standards, or if the payment of arrears will not prevent eviction or foreclosure, the ~~welfare official~~Welfare Official may instead authorize payment of first month rent, for such alternative housing if, under the circumstances of the case, it is reasonable to do so and would provide for basic health and safety needs for the applicant household. Other alternative housing may include transitional housing or homeless shelters. Preference will be given to seeking local area transitional housing and homeless shelter options. Special consideration will be given to assisting an applicant/client residing in federally subsidized housing or other substantially below market rent housing to retain such housing. It is not the responsibility of the Welfare Officer to locate permanent housing.

   i. Residents seeking rent or mortgage assistance within the first three (3) months of occupancy may be expected to verify ability to reasonably financially maintain said expenses at time of move in.
   ii. Housing is expected to meet local ordinance and code standards as verified by the local building/ code inspector for consideration of ~~of~~ financial housing assistance.

b. Hotel, Motel and Inns: Occupants of hotels, motels, inns and classified as such, are not normally considered "tenants" and are exempt from the legal eviction process defined in RSA 540~~, RSA 540~~: I-a. Persons residing in housing exempt from the legal eviction process are not normally considered to be residing in permanent housing under these guidelines.

c. Single Family Home Boarders: Occupants of single-family homes in which the occupant has no lease, which is the primary and usual residence of the owner are not normally considered "tenants" and are exempt from the legal eviction process defined in RSA 540~~, RSA 540:1, RSA 540~~:1-a. Persons residing in housing exempt from the legal eviction process is not normally considered to be residing in permanent housing under these guidelines.

d. First Month Rent: Assistance with first month's rent will be considered only in the event of a verifiable emergency need, (i.e. inability to financially maintain current housing's basic expenses~~,~~) homelessness, uninhabitable housing as determined by the local building/code inspector or other appropriate local authority, and the verified ability at the time of application to financially maintain such proposed housing is verified. Applicant is expected to seek first month rental assistance prior to moving into proposed housing, including receiving rental keys from the landlord/owner or moving personal belongings into proposed rental housing.

e. Security Deposits: Security deposits may be included in the "need" formula if, and only if, the applicant is unable to secure alternative ~~shelter~~housing for which no security deposit is required or is unable to secure funds, either him/herself or from alternative sources, for payment of the deposit. Any security deposit provided by the general assistance program which is returned under RSA 540-A: 7 shall be returned to the municipality, not the recipient.

f. Relative Landlords: Whenever a relative of a client is also the landlord for the client, that landlord will be presumed able to assist his/her relatives pursuant to RSA 165: 19 and ~~tmust~~must prove an inability to assist without causing a financial hardship to him/herself before any aid payment for rent is made. A financial analysis will be conducted to determine any potential hardship as per RSA165:19.

g. Emergency Temporary Shelters: The ~~welfare official~~Welfare Official may provide referrals to homeless shelters and/or transitional housing when appropriate or needed to resolve a basic health and safety housing need. Shelter and/or transitional housing recipients are expected to abide by shelter/transitional housing rules and policies. In cases in which an appropriate referral for emergency temporary housing/shelter is provided and the applicant/recipient refuses to accept such a referral~~.~~, or if a client is involuntarily exited from an emergency shelter for violation of rules/policies City Welfare will not be liable for any alternative housing/shelter but may consider other ~~fortns~~forms of non-housing assistance to which he/she is otherwise eligible. ~~In cases in which a client is involuntarily exited from an emergency shelter for violation of rules/policies or voluntarily exits~~The applicant must accept the ~~shelter without a reasonable long term housing option, resulting in the need~~ least costly alternative for ~~further~~ emergency housing assistance~~, city welfare will seek alternative emergency temporary housing/shelter. However, the city will not be liable~~ that is deemed suitable by the Welfare Official for the ~~cost of any alternative housing~~applicant's household. The New Hampshire Division for Children, Youth and Families may be contacted to provide support for families involuntarily exited or voluntarily leaving the provided shelter without a reasonable housing/shelter option for their children/family. RSA 169~~*~~-C: 29.

3. Utilities: When utility costs are not included in the shelter expense, the most recent outstanding monthly utility bill will be included as part of "need" by the ~~welfare official~~Welfare Official (service must be in the client's name). Arrearages will not normally be included in "need" except as set forth below.

NOTE: The New Hampshire Public Utilities Commission (PUC) has established comprehensive rules governing the provision of some utility services. Generally speaking, the PUC governs electric, telephone, water and sewer; it does not govern any municipal utilities, propane tanks or fuel oil. With the exception of telephone, the rules are consistent across utilities. These rules and regulations cover the initiation of service, the requirement of deposits, municipal guarantees and guarantees from other third parties. There are special rules as to winter termination. The ~~welfare official~~Welfare Official should be familiar with these rules in order to ensure that needs are properly met at the lowest available cost. The PUC has a toll-free consumer assistance number: 1-800-~~852d793~~ 852-3793.

a. Arrearages: Arrearages will not be included except when necessary to ensure the health and safety of the applicant household or to prevent termination of utility service where no other resources or referrals can be utilized. In accordance with the rules of the PUC relating to electric utilities, arrearage for electric service need not be paid if the ~~welfare official~~Welfare Official notifies the electric ~~connpany~~company that the ~~nounjcipality~~municipality guarantees payment of ~~current~~average electric bills as long as the recipient remains eligible for general assistance.

b. Restoration of Service: When utility service has been terminated and the ~~welfare official~~Welfare Official has determined that alternative utility service is not available and safe alternative housing is not available or feasible, arrearages will be included in "need" when

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restoration of service is negotiated with the utility for payment of less than the full amount of the arrears and/or may attempt to arrange a repayment plan to obtain restoration of service.

c. When electric service has been terminated and restoration is required, arrearages may either be included as set forth in the above paragraph or may be paid in accordance with a reasonable payment plan entered into by the applicant and the electric company. The ~~welfare official~~Welfare Official may hold the recipient accountable for the payment arrangement for as long as the recipient continues to request general assistance on a regular basis. Payment of a ~~paynnent~~payment plan may be a required element of a notice of decision or case plan.

d. Deposits: Utility service deposits will be considered as "need" if, and only if, the applicant is not able to secure the funds for the payment of the deposit and is unable to secure utility services without a deposit. Such deposit shall, however, be the property of the municipality.

4. Food: The Federal Supplemental Nutrition Program amount included as "need" for food purchases will be in accordance with the most recent standard ~~Allotment~~allotment, as determined under the Federal Supplemental Nutrition Program ~~adnninistrated~~administrated by the New Hampshire Department of Health and Human Services. An amount in excess of the standard food allotment may be granted if one or more members of the household require a special diet, as verified by the ~~welfare official~~Welfare Official, the documented cost of which is greater than can be purchased with the family's allotment for food. Food vouchers may not be used for alcohol, tobacco, or pet food. Referrals to food pantries and ~~food kitchens~~feeding programs/meal centers may be given to meet ~~applicants~~applicant's basic emergency food needs.

5. Household Maintenance Allowance: Applicants may include, in calculating ~~'need~~"need" the cost of providing personal and household necessities determined by the ~~welfare official~~Welfare Official and used consistently for individuals and families. Need allowance for diapers shall be calculated based on usage.

6. Telephone: If the absence of a telephone would create an unreasonable ~~risk~~risk to the applicant's health or safety as verified by the ~~welfare official~~Welfare Official or for other good cause as determined by the ~~welfare official~~Welfare Official, the lowest available basic monthly rate will be budgeted as "~~need~~need."

~~7.~~ Transportation: If the ~~welfare official~~Welfare Official determines that transportation is necessary (e.g.~~,~~. for health or medical reasons, to maintain employment or to comply with conditions of assistance) "need" should include the costs of public transportation, where available. If, and only if, the transportation need cannot be reasonably provided by cost effective alternative means, such as public transportation or volunteer drivers, a reasonable amount for

~~8.~~7. car payment, required insurance, necessary repairs, registration, inspection, and ~~gasoline~~fuel should be included as part of a "need" when determining eligibility or amount of aid.

~~9.~~8. Maintenance of Medical Insurance: In the event that the ~~welfare official~~Welfare Official determines that the self-maintenance of medical insurance is essential, an applicant may include as "need" the reasonable cost of such premiums, especially in the event that insurance payments are ~~less~~less than the cost of prescriptions.

~~10.~~9. Emergency and Other Expenses: In the event that the applicant has the following current expenses, the actual cost shall be included as emergency and other expenses to determine eligibility and amount of assistance:

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a. Medical Expenses: The ~~welfare official~~Welfare Official shall not consider including amounts for medical, dental, or eye services unless the applicant can verify that all other potential sources have been investigated and that there is no source of assistance other than local welfare. Other sources to be considered shall include state and federal programs, local and area clinics, area service organizations, and area hospital indigent programs designed for such needs. When an applicant requests non-hospital related medical service, life-saving/sustaining prescriptions, including dental service to treat infection or eye service, the local ~~welfare official~~Welfare Official may require verification from a doctor, dentist, or person licensed to practice optometry in the area, indicating that these services are absolutely necessary and cannot be postponed without creating a significant risk that the applicant's health will be placed in serious jeopardy~~;~~. This office will consider only those medications that are considered life-saving/sustaining and the New Hampshire Division of Health and Human Services Medicaid program would consider reimbursable. Generic medications must be used unless specified otherwise by a licensed medical provider. The City of Dover Welfare Department will not normally authorize assistance for medications which would not meet the criteria of treating a diagnosed life-~~-~~threatening medical condition.

b. Legal Expenses: Except for those specifically required by statute, no legal expenses, including fines/citations wilt be included in "~~need~~need."

c. Clothing: If the applicant has an emergency clothing need which cannot be met in a timely fashion by other community resources (i.e.; Salvation Army, Red Cross, church groups) the expense of reasonably meeting that emergency clothing need will be included in "~~need~~need."

d. Miscellaneous: ~~Nornoally~~Normally, cost to prevent repossession of any kind, moving expenses, storage charges, household items, and any other nonessential expenses as determined by the ~~welfare official~~Welfare Official shall not be considered allowable expenses.

~~11.~~10. Unusual Needs Not Otherwise Provided ~~For~~for in These Guidelines: If the ~~welfare official~~Welfare Official determines that the strict application of the standard of need criteria ~~wit~~will result in unnecessary or undue hardship (e.g. needed services are inaccessible to the applicant), such ~~official~~Official may make minor adjustments in the criteria or may make allowances using the emergency need standards stated ~~in~~in Section VI(D)(2) of these guidelines. Any such determination and the reasons therefore, shall be stated in writing in the applicant's case record.

~~12.~~11. Shared Expenses: If the applicant/recipient household shares shelter, utility or other expenses with a non-applicant/recipient (i.e~~.~~, is part of the residential unit), then need should be determined on a pro rata share, based on the number of adults in the residential unit (e.g~~.~~, three adults in residential unit, but only one applies for assistance~~-~~, shelter need is 1/3 of shelter allowance for a household of three adults).

~~13. Payment Levels for Allowable Expenses: When adopting these guidelines, the municipal governing body shall establish levels for various allowable expenses which shall be based on actual local market conditions and costs. The payment levels shall be reviewed by the welfare official annually and modifications presented to the municipal governing body where market conditions have changed. RSA 165: 1, II.~~

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F~~7.~~ Income

In determining eligibility and the amount of assistance, the standard of need shall be compared to the available income/assets. Computation of income and expenses will be by the week or month. The following items will be included in the computation:

1. Earned Income: Income in cash or in-kind earned by the applicant or any member of the household through wages, salary, commissions or profit, whether self-employed or as an employee, is to be included as income. Rental income and profits from items sold are considered earned income. With respect to self-employment, ~~total profit~~net income is ~~arrived at~~calculated by subtracting business expenses from ~~gross income~~total profit in accordance with standard accounting principles. When income consists of wages, the ~~annount~~amount computed should be that available after income taxes, social security and other payroll deductions required by state, federal or local law, court ordered support payments and child care cost and employment related clothing costs have been deducted from income. Wages that are trusteed or income similarly unavailable to the applicant or applicant's dependents should not be included~~.~~.

2. Income or Support from Other Persons: Contributions from relatives or other household members shall be considered as income only if available and received by the applicant or recipient. The income of non-household members of the applicant's residential unit shall not be counted as income. Expenses shared with non-household members may affect the level of need. See Section IX(E)(IO) regarding determination of need in cases of ~~nonhousehold~~non-household residential units~~.~~).

3. Income from Other Assistance or Social Insurance Programs:

   a. State categorical assistance benefits, OASDI payments, Social Security payments, VA benefits, unemployment insurance benefits, and payment from other government sources shall be considered income.

   b. Federal Supplemental Nutrition Program (SNAP) allotments cannot be counted as income pursuant to federal law (7 USC 2017(b)).

   c. Fuel Assistance cannot be counted as income pursuant to federal law (42 USC 8624 (f)(1~~).~~)).

4. Court-Ordered Support Payments: Alimony and child support payments shall be considered income only if received by the applicant or recipient.

5~~. Inconne~~. Income from Other Sources: Payment from pension, trust funds, and similar programs shall be considered income.

6. Earnings of a Child: No inquiry shall be made into the earnings of a child fourteen (14) years of age or less unless that child makes a regular and substantial contribution to the family.

7. Option to Treat a Qualified State Assistance Reduction as Deemed Income: The ~~welfare official~~Welfare Official may deem as income all or any portion of any qualified state assistance reduction pursuant to RSA 167:82, VIII. The following criteria shall apply to any action to deem ~~incotme~~income under this section. RSA 165:1-e.

   a. The authority to deem income under this section shall terminate when the Qualified State Assistance Reduction is no longer is in effect.

b. Applicants for general assistance may be required to cooperate ~~i n~~in obtaining information from the Department of Health and ~~Huma n~~Human Services as to the existence and amount of any Qualified State Assistance Reduction. No applicant for general assistance may be considered to be subject to a Qualified State Assistance Reduction unless the existence and amount has been confirmed by the Department of Health and Human Services.

c. The ~~welfare official~~Welfare Official shall provide the applicant with a written decision which sets forth the ~~annount~~amount of any ~~deenned~~deemed income used to determine eligibility for general assistance.

d. Whenever necessary to prevent an immediate threat to the health and safety of children in the household, the ~~welfare official~~Welfare Official shall waive that portion, if any, of the Qualified State Assistance Reduction as necessary.

G. Residents of Shelters for Victims of Domestic Violence and Their Children

An applicant residing in a shelter for victims of domestic violence and their children who has income, and owns resources jointly with the abusive member of the applicant's household, shall be required to cooperate with the normal procedures for purposes of verification. Such resources and income may be excluded from eligibility determination unless the applicant has safe access to joint resources at the time of application. The verification process may be completed through an authorized representative of the shelter of residence. The normal procedures taken in accordance with these guidelines to recover assistance granted shall not delay such assistance.

X. Non-Residents

A. Eligibility

Applicants who are temporarily in a municipality which is not their municipality of residence and who do not intend to make a residence there are nonetheless eligible to receive general assistance, provided they are poor and unable to support themselves. RSA 165:1-c. No applicant shall be refused assistance solely on the basis of residence. RSA 165:1. The applicant's residence, prior to the temporary relocation, may be contacted if it is learned the temporary relocation was caused, in part, by the municipal welfare departments unavailability or unwillingness to assist with the emergency situation. The applicant may be assisted with a referral to the former municipality if time, available transportation and type of emergency makes it reasonable to do so.

B. Standards

The application procedure~~,~~ and eligibility standard of need shall be the same for nonresidents as for residents.

C. Verification

Verification records shall not be considered unavailable, nor the applicant's responsibility for providing such records relaxed, solely because they are located in the applicant's municipality of residence.

D. Temporary or Emergency Aid

The standard for the fulfilling of immediate or ~~ennergency~~emergency needs of nonresidents and for temporary assistance pending final decision shall be the same as for residents, as set forth in Section VI (D)(2).

E. Determination of Residence

Determination of residence shall be made ~~in~~if the applicant requests return home transportation (See paragraph F below) or if the ~~welfare official~~Welfare Official has reason to believe the applicant is a resident of another New Hampshire municipality from which recovery can be made under RSA 165:20.

1. Minors: The residence of a minor applicant shall be presumed to be the residence of his/her custodial parent or guardian.
2. Adults: For competent adults, the standard for determining residence shall be the overall intent of the applicant, as set forth in the Section I definition of "residence". The statement of an applicant over eighteen (18) as to his/her residence or intent to establish residence shall be accepted in the absence of strongly inconsistent evidence or behavior.

F. Return Home Transportation

At the request of a nonresident applicant, any aid, temporary or otherwise, to which he/she would be otherwise entitled under the standard set forth in these guidelines may be used at the ~~welfare official's~~Welfare Official's discretion to cause the applicant to be returned to his/her municipality of residence. RSA 165:1-c.

G. Recovery

Any aid given to a nonresident, including the costs of return home transportation, may be recovered from his/her municipality of residence using the procedures of Section XVI(B).

XI. Municipal Work Programs

A. Participation

Any recipient of general assistance who is able and not gainfully employed may be required to work for the municipality or an appropriate local human service agency at any available bona fide job that is within his/her capacity (RSA 165:31) for the purpose of reimbursement of benefits received. Participants in the workfare program are not considered employees of the municipality, and any work performed by workfare participants does not give rise to any employee-employer relationship between the recipient/workfare participant and the municipality.

B. Reimbursement Rate

The ~~worl<fare~~workfare participant shall be allotted the prevailing municipal wage for work performed, but in no case less than the ~~noinimutn~~minimum wage. No cash compensation shall be paid for workfare participation; the wage value of all hours ~~worl<ed~~worked shall be used to reimburse the municipality for assistance givens No workfare participant shall be required to work more hours than necessary to reimburse aid rendered.

C. Continuing Financial Liability

If, due to lack of available municipal work or other good cause, a recipient does not work a sufficient number of hours to fully reimburse the ~~nnunicipality~~municipality for the amount of his/her aid, the amount of aid received less the value of workfare hours completed shall still be owed to the municipality.

D. Allowance for Employment Search

The municipality shall provide reasonable time during working hours for the participant to conduct a documented and verifiable employment search, as determined by the ~~welfare official~~Welfare Official.

E. Workfare Program Attendance

With prior notice to the ~~welfare official~~Welfare Official, a recipient may be excused from workfare participation if he/she:

1. ~~,~~Has a conflicting job interview;
2. Has a conflicting interview at a service or welfare agency;
3. Has a medical ~~appointnoent~~appointment or illness;
4. As a parent or person "in loco ~~Parents~~parentis", must care for a child under the age of five~~.~~ (5). A recipient responsible for a child age five (5) but under twelve (12) shall not be required to participate in workfare during the hours the child is in not in school, if there is no responsible person available to provide care and no other care is available;
5. Is unable to participate in workfare due to mental or physical disability as verified by the ~~welfare official~~Welfare Official;
6. Must remain at home because of illness or disability to another member of the household, as verified by the ~~welfare official~~Welfare Official; or
7. Does not possess the materials or tools required to perform the task and the municipality fails to provide them.

However, the workfare participant should attempt to schedule appointments so as not to conflict with the workfare program and must notify his/her supervisor in advance of the appointment. The ~~welfare official~~Welfare Official may require participants to provide documentation of their attendance at a conflicting interview or appointment.

F. Workfare Hours

~~Worl<fare~~Workfare hours are subject to approval of the supervisor and the ~~welfare official~~Welfare Official. Failure of the participant to adhere to the agreed workfare hours (except for the

reasons listed above) will prompt review of the recipient's eligibility for general assistance and may result in a suspension or termination of assistance. See Section XIII (C)(2)(b).

G. Workers Compensation

The municipality shall provide workers compensation coverage to participants in workfare programs in the same manner such coverage is provided to other municipal employees. RSA ~~28EA~~281-A:2, ~~VII~~VII(b).

XII. Burial & Cremations

The ~~welfare official~~Welfare Official shall provide for required burial or cremation of eligible persons found in the municipality at time of death. In such cases where the deceased, at the time of death, has a residence in another city, town or state the next of kin or other responsible party will be referred to contact the appropriate agency. If the deceased was a resident of municipality at the time of death, assistance may be applied for on behalf of the deceased person, however, the application should be made before any burial or cremation expenses are incurred. The expense ~~tmay~~may be recovered from the deceased person's municipality of residence or from a liable ~~relat:ive~~relative pursuant to RSA 165:3~~,~~ II. If there are liquid assets at death from the ~~welfare official~~deceased person's bank accounts, there shall be an automatic assignment to the funeral director or the person who paid for the funeral and burial or cremation of the deceased to the extent of funeral and burial or cremation costs up to $2,000 pursuant to RSA 165:27-a. If the Welfare Official verifies relatives or other private persons, the state or other sources are unable to cover the entire burial/cremation expense, the municipality will pay up to $~~650~~1000 for burial/cremation, ~~The~~the total burial/cremation expense is not to exceed $2000.~~OO.~~ RSA 165-3, RSA 165:1-b, RSA 165:27 and 165:27-a.

Special religious rites, beyond the maximum amount the municipality will pay, will not be paid for at the public expense.

The municipality will not pay burial and/or cremation benefits in the instance of ~~passé~~past funeral charges. The request should be made prior to the burial and/or cremation, in a timely manner, immediately following the time of death.

~~XIII~~ Unclaimed Body. Per RSA 611-B:25 the medical examiner shall release a dead body if unclaimed for a period of not less than 48 hours following completion of the death investigation to the overseer of public welfare in the town or, in the case of an unincorporated place, to a county commissioner, who shall decently bury or cremate the body, or, with the consent of the commissioners or the overseer, it may be sent to the medical department of a medical school or university, to be used for the advancement of the science of anatomy and surgery.

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XIII. Right to Notice of Adverse Action

A. Right to a Written Decision

~~Alt~~All persons have a constitutional right to be free of unfair, arbitrary, or unreasonable action taken by government. This includes applicants for and recipients of general assistance whose aid has been denied, terminated or reduced. Every applicant and recipient shall be given a written notice of every decision regarding assistance (Section VI(D) for notice where application is granted). The ~~welfare official~~Welfare Official will make every reasonable effort to ensure that the applicant understands the decision.

B. Action Taken for Reasons Other Than Noncompliance with the Guidelines

1. Whenever a decision is made to deny assistance or to refuse to grant the full amount of assistance requested, a notice of the decision shall be given or mailed to the applicant either the ~~sanae~~same day or next business/~~worl<~~work day following the making of the decision or within five (5) business/work day from the time the application is completed and ~~subnoitted~~submitted, whichever occurs first.

2. ~~fn~~In any case where the ~~welfare official~~Welfare Official decides to ~~tertminate~~terminate or reduce assistance for reasons other than noncompliance with the guidelines, the ~~official~~Official shall send notice at least seven (7) days in advance of the effective date of the decision to the recipient stating the intended action.

3. The notice required by paragraphs 1 and 2 above shall contain:

   a. A clear statement of the reasons for the denial or proposed termination or reduction.

   b. A statement advising the recipient of his/her right to a fair hearing and that any request for a fair hearing must be made in writing within five (5) business/work days.

   c. A form on which the recipient may request a fair hearing, if such a hearing is sought~~.~~.

   d. A statement advising the recipient of the time limits which must be ~~tnet~~met in order to receive a fair hearing~~.~~;

   e. In accordance with Section XIV fair hearing guidelines, a statement that assistance may continue, if there was initial eligibility, until the date of hearing, if requested by the claimant. Aid must be repaid if the claimant fails to prevail at the hearing.

C. Suspension for Noncompliance with the Guidelines

1~~.~~. Due Process: Recipients must comply with these guidelines and the reasonable requests of ~~welfare officials.~~ Welfare ~~officials~~Officials. Welfare Officials must enforce the guidelines while ensuring that all recipients and applicants receive due process. Recipients should be given reasonable notice of the conditions and requirements of eligibility and continuing eligibility and notice that noncompliance may result in termination or suspension.

2. Conditions: Any applicant/recipient otherwise eligible for assistance shall become ineligible under RSA 165: I-b if he/she willfully and without good cause fails to comply with the requirements of these guidelines relating to the obligation to:

   a. Disclose and provide verification of income, resources or other material financial data, as set out in Section VI(C) and ~~VII~~VII of these guidelines, including any changes in this information;

   b. Participate in the workfare program under Section VI(C), to the extent assigned by the ~~welfare official~~Welfare Official;

   c. Comply with the employment search requirements imposed by the ~~welfare official~~Welfare Official under Section VI(C); and

   d. Within seven (7) days, apply for other public assistance, as required by the ~~welfare official~~Welfare Official under Section VI(C).

3. First Notice: No recipient otherwise eligible shall be suspended for noncompliance with conditions unless he/she has been given a written notice of the actions required in order to remain eligible and a seven (7) day period within which to comply. The first notice should be given at the time of the notice of decision and thereafter as conditions change. Additional notice of action required should also be given, as eligibility, is redetermined, but without an additional seven (7) day period unless new actions are required. RSA: 165-b, II.

4. Noncompliance:

   a. If a recipient willfully and without good cause fails to come into compliance during the seven (7) day period, or willfully falls into ~~nonconnpliance~~non-compliance within thirty (30) days from receipt of a first notice, the ~~welfare official~~Welfare Official shall give the recipient a suspension notice, as set forth in ~~paragraph~~Paragraph 5.

   b. If a recipient falls into noncompliance for the first time more than thirty (30) days after receipt of a first notice, the Welfare Official shall give the recipient a new first notice with a new seven (7) -day period to comply before giving the recipient the suspension notice. RSA 165:1-b, (~~III~~III).

5. Suspension Notice: Written notice to a recipient that he/she is suspended from assistance due to failure to ~~connply~~comply with the conditions required in a first notice shall include:

   a. A list of the guidelines with which the recipient is not in compliance and a description of those actions necessary for compliance;

   b. The period of suspension (See paragraph 6 below);

   c. Notice of the right to a fair hearing on the issue of willful noncompliance and that such request ~~tmust~~must be made in writing within five (5) days of receipt of the suspension notice;

   d. A statement that assistance may continue in accordance with the prior eligibility determination until the fair hearing decision is made if the recipient so requests on the request form for the fair hearing, however, if the recipient fails to prevail at the hearing:

      i. the suspension will start after the decision~~,~~; and

ii. such aid must be repaid by the recipient~~; and~~.

e. A form on which the individual may request a fair hearing and the continuance of assistance pending the outcome.

6. Suspension Period: The suspension period for failure to comply with the guidelines shall last:

a. ~~Either seven~~Seven (7) days ~~or fourteen (14) days if~~, unless the recipient has a prior suspension which ended within the past six ~~month, and~~months, in which case the suspension shall last fourteen (14) days.

b. ~~Until the recipient complies with the guidelines if~~If the recipient, upon the expiration of the seven (7) or fourteen (14) day~~)~~ suspension period, continues to fail to carry out the specific actions set forth in the notice, the suspension shall last until the recipient complies with the guidelines.

c. Notwithstanding paragraph C(6)(b) above, a recipient who has been suspended for continued noncompliance for at least one (1) calendar year may file a new application for assistance without coming back into compliance.

7. Fair Hearing on Continuing Noncompliance: A recipient who has been suspended until he/she complies with the guidelines may request a fair hearing to resolve a dispute over whether ~~or not~~ he/she has satisfactorily complied with the required guidelines~~,~~; however, no assistance shall be available under paragraph C(5)(d) above.

8. ~~Connpliance~~Compliance After Suspension: A recipient who has been subject to a suspension and who has come back into compliance shall have his/her assistance resumed, provided he/she is still otherwise eligible. The notice of decision stating that assistance has been ~~resunned~~resumed should again set forth the actions required to remain eligible for assistance, but need not provide a seven (7) day period for compliance unless new conditions have been imposed.

9. Misrepresentation: Misrepresentation of information by a client is grounds for denial and suspension of City Welfare assistance and may result in prosecution for the crimes, including but not limited to Unsworn Falsification, RSA 641:3, Theft by Deception RSA 637:4, and/or Identity Fraud RSA 638:27.

10. The ~~welfare official~~Welfare Official is not required to accept further applications for assistance during a period of suspension.

XIV. Fair Hearings

A. Requests

A request for a fair hearing is a written expression, by the applicant or recipient or any person acting for him/her, to the effect that he/she wants an opportunity to present his/her case to a higher authority~~.~~. When a request for assistance is denied, or when an applicant desires to challenge a decision made by the ~~welfare official~~Welfare Official relative to the receipt of assistance, the applicant must present a request for a fair hearing to the welfare official within five (5) business/working days of receipt of the notice of decision at issue. RSA 165:1-~~w~~ b, (~~II~~III).

B. Time Limits for Hearings

Hearings requested by claimants must be held within seven (7) business/working days of the receipt of the request. The ~~welfare official~~Welfare Official shall give notice to the claimant setting the time and location of the hearing. This notice must be given to the claimant at least forty-eight (48) hours in advance of the hearing, or ~~naailed~~mailed to the claimant at least seventy-two (72) hours in advance of the hearing.

C. Requests for Postponements

A claimant who has verifiable good cause to request a postponement of a scheduled fair hearing shall contact the ~~welfare official~~Welfare Official at the earliest possible time prior to the fair hearing. Upon receiving documentation deemed by the ~~welfare official~~Welfare Official to be verifiable good cause, the fair hearing will be rescheduled at next the earliest available date~~,~~. A claimant shall provide documentation of such verifiable emergency circumstances to the ~~welfare official~~Welfare Official within three (3) business/working days of the date that the request for postponement has been made. Claimants are entitled to only one (1) such postponement per fair hearing request.

1. Verifiable Good Cause: The claimant shall include, but not be limited to, verified medical emergency or other verified unforeseen emergency circumstances, which precludes the claimant from attending the scheduled fair hearing.

2. Request for Postponement Prior to Three (3) Days of the Fair Hearing: If a claimant requests a postponement earlier than three (3) business/working days of the fair hearing date and documentation deemed by the ~~welfare official~~Welfare Official to be verifiable good cause is not provided to the ~~welfare official~~Welfare Official within the three (3) business/working days, the scheduled fair hearing date will be honored.

   If the claimant provides documentation deemed by the ~~welfare official~~Welfare Official to be verifiable good cause within the three (3) business/working days the fair hearing will be rescheduled at the next earliest available date.

3. Requests for Postponement Within Three (3) Days of the Fair Hearing Date: If a claimant makes a request for postponement within three (3) business/working days of a fair hearing date, the scheduled fair hearing will be held in abeyance pending receipt of documentation deemed to be verifiable good cause by the ~~welfare official.~~Welfare Official. The documentation must be provided to the ~~welfare official~~Welfare Official within three (3) business/working days of the date of the request for postponement.

   If the claimant provides documentation deemed by the ~~welfare official~~Welfare Official to be verifiable good cause within the three (3) business/working days, the ~~fa ir~~fair hearing will be rescheduled at the earliest available date. If the claimant does not provide documentation deemed by the ~~welfare official~~Welfare Official to be verifiable good cause within the three (3) business/~~worl<ing~~working days, the fair hearing will not be rescheduled and the request for the fair hearing shall be deemed to be withdrawn by the claimant. The notice of adverse action at issue will be upheld.

D. The Fair Hearing Officer(s)

The fair hearing officer(s) ~~may~~shall be chosen by the ~~City Manager~~Welfare Director. The person(s) serving as the fair hearing authority must:

1. Not have participated in the decision causing dissatisfaction;

2. Be impartial;

3. Be sufficiently skilled in interviewing to be able to obtain evidence and facts necessary for a fair determination; and

4. Be capable of evaluating all evidence fairly and realistically, to explain to the claimant the laws and regulations under which the ~~welfare official~~Welfare Official operated, and to interpret to the ~~welfare official~~Welfare Official any evidence of unsound, unclear or inequitable policies, practices or action.

E. Fair Hearing Procedures

1. ~~Alt~~All fair hearings shall be conducted in such a manner as to ensure due process of law. Fair hearings shall not be conducted according to strict rules of evidence. The burden of proof shall be on the claimant, who shall be required to establish his/her case by a preponderance of the evidence.

2. The ~~welfare official~~Welfare Official responsible for the disputed decision shall attend and testify about his/her actions and the reasons therefore.

3. Both parties shall be given the opportunity to offer evidence and explain their positions as fully and completely as they wish. The claimant shall have the opportunity to present his/her own case or, at the ~~claimants~~claimant's option, with the aid of others, and to bring witnesses, to establish all pertinent facts, to advance any arguments without undue interference, to question or refute testimony or evidence, including the opportunity to confront and cross examine adverse witnesses.

4. A claimant or his/her duly authorized representative has the right to examine, prior to a fair hearing~~. Alt~~, all records, papers and documents from the claimant's case file which either party may wish to introduce at the fair hearing, as well as any available documents not contained in the case file but relevant to the ~~welfare official's~~Welfare Official's action of which the claimant complains. The claimant may introduce any such documents, papers or records into evidence. No record, paper or document, which the claimant has requested to review but has not been allowed to examine prior to the hearing, shall be introduced at the hearing or become part of the record unless the claimant consents.

5. The ~~welfare official~~Welfare Official (or a duly authorized representative) shall have the right to examine at the fair hearing all documents on which the claimant plans to rely on at the fair hearing and may request a twenty-four (24~~-~~) hour continuance if such documents contain evidence not previously provided or disclosed by the claimant. Should the applicant have new documentation relevant to the dispute, he/she may reapply for assistance and file a written withdrawal of the fair hearing request.

6. The decision of the fair hearing officer(s) must be based solely on the record, in light of these guidelines. Evidence, both written and oral, which is admitted at the hearing shall be the sole contents of the record. The fair hearing officer shall not review the case record or other materials prior to introduction at the hearing.

7. The parties may stipulate to any facts. Such stipulations shall be noted in the Record.

8. All fair hearings shall be electronically recorded and retained for six (6) months.

F. Decisions

1. Fair hearing decisions shall be rendered within seven (7) business/working days of the hearing. Decisions shall be in writing setting forth the reasons for decision and the facts on which the fair hearing officer relied in reaching the decision. A copy of the decision shall be mailed or delivered to the claimant and to the ~~welfare official~~Welfare Official.

2. Fair hearing decisions will be rendered on the basis of the officer's findings of facts, these guidelines and state and federal law. The fair hearing decision shall set forth any required relief.

3. The decision shall be dated. In the case of a hearing to review a denial of aid, the decision is retroactive to the date of the action being appealed. If a claimant fails to prevail at the hearing, the assistance given pending the hearing shall be a debt owed by the individual to the municipality.

4~~.~~. The ~~welfare official~~Welfare Official shall keep all fair hearing decisions on file in chronological ~~Order~~order, consistent with applicable law and retention policies.

5. None of the procedures specified herein shall ~~litmit~~limit any right of the applicant or recipient to subsequent court action to review or challenge the adverse decision.

XV. Liens

A. Real Estate - RSA 165:28

The law requires the municipality to place a lien for welfare aid received on any real estate owned by an assisted person in all cases except for just cause. ~~(~~This section does not authorize the placement of a lien on the real estate of legally liable relatives, as defined by RSA 1.65:19~~).~~. The Welfare Official shall be authorized by the City Council to file a Notice of Lien with the County Registry of Deeds, complete with the owner's name and a description of the property sufficient to identify it~~.~~. Interest at the rate of six percent (6~~%~~%) per year shall be charged on the amount of money constituting the lien commencing one (1) year after the date the lien is filed, unless waived by the municipality. The lien remains in effect until enforced or released or until the amount of the lien is repaid to the municipality. The lien shall not be enforced so long as the real estate is occupied as the sole residence of the assisted person, his/her surviving spouse, or his/her surviving children who are under age eighteen (18) or blind or permanently and totally disabled. At such time as the lien may become enforceable, the ~~welfare official~~Welfare Official shall attempt to contact the attorney managing the real estate or estate before enforcing the lien. Upon repayment of a lien, the municipality must file written notice of the discharge of the lien with the County Register of Deeds. RSA 165:28.

B. Civil Judgments — RSA 165:28-a.

1. A municipality shall be entitled to a lien upon property passing under the terms of a will or by in testate succession, a property settlement or a civil judgment for personal injuries (except Workers Compensation) awarded any person granted assistance by the municipality for the amount of assistance granted by the municipality.

2. The municipality shall be entitled to the lien only if the assistance was granted no more than six (6) years before the receipt of the inheritance or the award of the property settlement or civil judgment. When the ~~welfare official~~Welfare Official becomes aware of such a claim against a civil judgment, he/she shall contact the attorney representing the recipient.

3. This lien shall take precedence over all other claims.

~~xvI~~XVI. Recovery of Assistance

The ~~welfare official~~Welfare Official shall seek to recover money expended to assist eligible applicants. There shall be no delay, refusal to assist, reduction, or termination of assistance while the ~~welfare official~~Welfare Official is pursuing the procedural or statutory avenues to secure ~~reimbursernent~~reimbursement. Any legal action to recover must be filed in court within six (6) years after the expenditure. RSA 165:25.

A. Recovery from Responsible Relatives

1. The amount of money spent by a municipality to assist a recipient who has a father, mother, stepfather, stepmother, husband, wife, or child (who is no longer a minor) of sufficient ability to also support the recipient, may be recovered from the liable relative~~.~~. Sufficient ability shall be deemed to exist when the relative's income is more than sufficient to provide a reasonable subsistence compatible with decency and health.

2. The ~~welfare official~~Welfare Official may determine that "in kind" assistance or the provision of products/services to the client is acceptable as a relative's response to liability for support~~.~~.

3. Written notice of money spent in support of a recipient must be given to the liable relative. The ~~welfare official~~Welfare Official shall ~~mal<e~~make reasonable efforts to give such written notice prior to the giving of aid, but aid to which as applicant is entitled under these guidelines, shall not be delayed due to inability to contact possible liable relatives. RSA 165:19.

B. Recovery from the Municipality of Residence

The ~~welfare official shall~~Welfare Official may seek to recover from the municipality of residence the amount of ~~tnoney~~money spent by the ~~nounicipality~~municipality to assist a recipient who has a residence in another municipality. Written notice of money spent in support of a recipient must be given to the welfare official of the municipality of residence. In any civil action for recovery brought under RSA 165: 20, the court shall award costs to prevailing party. RSA 165:-19 and 20. (See RSA 165:20-a providing for arbitration of such disputes between communities.) RSA 165:20.

C. Recovery from Former Recipient's Income

A former recipient who is returned to an income status after receiving assistance may be required to reimburse the municipality for the assistance provided, if such reimbursement can be made without financial hardship. RSA 165:20-b.

D. Recovery from State and Federal Sources

The amount of money spent by a municipality to support a recipient who has made an initial application for SSI and has signed HHS FORM 151 "AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE" shall be recovered through the SSA and New Hampshire Department of Health and Human Services. Prescription expenses paid by the municipality for applicants who have applied for Medicaid shall recovered through the New Hampshire Department of Health and Human Services if and when the applicant is approved for medical coverage.

E. Delayed State Claims

For those recipients of general assistance deemed eligible for state assistance, New Hampshire Department of Health and Human Services shall reimburse a municipality the amount of general assistance as a result of delays in processing within the federally mandated time periods. Any claims for reimbursement shall be held until the end of the fiscal year and may be reimbursed on a pro-rated basis depending upon the total claims filed per year. RSA 165:20-c. A form 340 "REQUEST FOR STATE REIMBURSEMENT" may be obtained from the New Hampshire Department of Health and Human Services for this purpose.

XVII. Application of Rents Paid by the Municipality

Whenever the owner of property rented to a person receiving ~~genera~~general assistance from the municipality is in arrears in sewer, water, or tax ~~payrments~~payments to the municipality, the municipality may apply the assistance which the property owner would have received in payment of rent on behalf of such assisted persons to the property owner's delinquent balances, regardless of whether such delinquent balances are in respect of property occupied by the assisted person, RSA 165:4-b.

A. Payment Arrears

A payment shall be considered in arrears if more than thirty (30) days have elapsed since the mailing of the bill or in the case of real estate taxes, if interest has begun to accrue pursuant to RSA 76:13, RSA 165:4-a.

B. Order of Priority

Delinquent balances will be offset in order of the following priority: 1) taxes~~;~~, 2) water, 3) sewer.

C. Procedure

1. The ~~welfare official~~Welfare Official shall issue a voucher on behalf of the tenant to the landlord for the allowed amount of rent~~;~~. The voucher will indicate any amount to be applied to a delinquent balance owed by the landlord, specifying which delinquency and referring to the authority of RSA 165:4-a.

2. The ~~welfare official~~Welfare Official shall issue a duplicate voucher to the appropriate department (i.e.~~:~~, tax collector, sewer department, water department, or municipal electric facility), which shall forward the voucher to the treasurer or finance director for payment. Upon receipt of payment, the department will issue a receipt of payment to the delinquent landlord.

XVIII. Department Threat Policy

To assure safety and healthy working conditions, applicants/clients who make threatening statements and/or actions against welfare staff/personnel may be prohibited from returning to the Welfare Department Office. In such cases, applicants/clients may be required to conduct the application process ~~withappropriate~~with appropriate safety measures to ensure the safety of welfare personnel. Threats shall be reported to appropriate authorities.

XIX. Child Protection Act

RSA 169-C:29 Persons Required to Report. Any physician, surgeon, county medical examiner, psychiatrist, resident, intern, dentist osteopath, ~~optonoetrist, chiropracto r~~optometrist, chiropractor, psychologist, therapist, registered nurse, hospital personnel (engaged in admission, examination, care and treatment of persons), Christian Science practitioner, ~~teache r~~teacher, school official, school nurse, school counselor, social worker, child care worker, any other child or foster care worker, law enforcement official, priest, minister or rabbi, or any other person having reason to suspect that a child has been abused or neglected shall report the same in accordance with this chapter.

~~Adopted Ethics Resolution of Responsibility for Persons Who Change Their Residence While or As a Result Of, Applying for Local Welfare~~

~~(New Hampshire Local Welfare Administration Association)~~

~~I. Dumping" is hereby declared to be an unethical practice. For the purpose of this resolution, "dumping" consist of attempting to end or avoid acquiring a local welfare financial responsibility by encouraging, persuading or pressuring a client:~~

~~A. not to establish or to discontinue a residence in the town which he/she has applied for assistance or~~

~~B. to establish a residence in another town without the financial ability to maintain household expenses.~~

~~II. In order to avoid "dumping" the following standards should be observed:~~

~~A. A welfare official should not encourage, direct or knowingly allow a client who has applied for assistance in his/her town to apply for assistance in another town without mal<ing a good faith effort to contact the welfare official in that other town to explain why the person is moving to the other town. This applies whether or not the welfare official has accepted initial financial responsibility for the person (i.e. threat him/her as a resident) unless:~~

~~1. he/she has an established place of abode (specific address, place to sleep) in another town which he/she intends to return to (even for just one night — i.e. has not moved out yet) or~~

~~2. he/she has NO established place of abode ANYWHERE, (i.e. any prior specific address was in some other town and has been abandoned) AND has a specific intent to go somewhere else rather than staying in the town for any time.~~

B. Even when an applicant falls into 1 or 2 above, some temporary, non-resident assistance may be necessary, depending on the circumstances, in order to meet a basis health and safety need.

III. Where a town has accepted initial financial responsibility under paragraph II above, the welfare official should not grant any assistance which he/she knows will be used so as to help establish the recipient's residence in another town, unless:

A. a good faith effort is made to explore local resources, after which it is discovered that none within reason is available or

B. unless the client has indicated an intent to move to another town for some non-welfare reason.

IV. In either case the welfare official who has accepted initial financial responsibility should contact the official of the other town and offer to pay up to one month's assistance following the move in necessary. Towns must avoid "special treatment". If a town never pays security deposits, the town must not pay security deposits in special instances to establish a client's residence elsewhere. The sending town should pay actual allowable shelter costs as determined by the receiving municipality's guidelines.

V. Residency

VI. According to RSA 126-A:43-h, persons receiving emergency housing (shelter) shall continue to maintain their legal residence as it existed at the time of entering the emergency housing facility. When a person leaves the originating shelter of their own free will, the liability no longer remains the responsibility of the original town. A person does not gain or lose residency while in a shelter, hospital or treatment center.

VII. Persons who are sanctioned by local welfare and arrive in another community, are not the liability of the community where the sanction originated. However, arrangements may be made between the two communities to have the sanction resolved.

APPENDIX A

ALLOWABLE LEVEL OF ASSISTANCE PAYMENTS FOR THE CITY OF DOVER:

~~FOOD STAMPS (SNAP) wilt follow~~Schedule of General Assistance

The following are values for various allowable expenses. The values are based on actual local market conditions and costs.

I. Housing

Housing costs shall be determined by using the latest New Hampshire Housing Costs Survey for Strafford County.

A. Rental Properties

Only the last four weeks of rent will be considered as "need". Rent arrears will be included in the "need" formula if, and only if, such payment is necessary to prevent eviction or foreclosure or to protect the health and safety of the household. An applicant's name must be on the lease in order for rental assistance to be rendered. Rents will not be paid to non-landlords such as friends and relatives.

B. Owner Occupied Properties

Calculation of "need" shall include an amount for mortgage minus any property taxes included in the mortgage. Home repairs **may** be considered as "need" if they are necessary for health and/or safety. When an applicant owns a home and is otherwise eligible for assistance, payment for taxes not included in the mortgage and insurance may be deemed necessary by the Welfare Department to prevent foreclosure. As stated in the Application for General Assistance through the City of Dover and in accordance with State of New ~~Hannpshire allotnnents~~Hampshire law, all applicants who own real estate will have a lien, in the amount of assistance provided, placed on their property.

~~BURIAL ALLOWANCE $650.00~~

~~TELEPHONE will be the lowest available basic plan for local calls.~~

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II. Food

The amount included as "need" for food purchases will be in accordance with the most recent standard SNAP allotment as determined under the Food Stamp Program administered by the New Hampshire Department of Health and Human Services. Food vouchers may not be used for alcohol, tobacco or pet food.

III. Maintenance/Personal Items

Applicants may include, in calculating "need," the cost of providing personal and household necessities in an amount not to exceed:

Household Size	Maximum Allotment Level
1	$64.00
Each additional member, add:	$25.00

IV. Heating and Cooking Fuel

Only one hundred (100) gallons maximum per month allowed. This is available only during the heating season, as determined by the Welfare Official. Usually this is no earlier than October fifteenth (15) and ends April fifteenth (15). These dates can be dependent on the weather and temperature.

Fuel for Hot Water will be provided on a case by case basis as determined by the Welfare Official.

V. Transportation

If the Welfare Official determines that transportation is necessary (e.g., for health or medical reasons, to maintain employment or to comply with conditions of assistance), approved benefits **may**, at the sole discretion of the Welfare Official, include cost of transportation (e.g., bus passes, donated gas card, volunteer driver, etc.), fuel costs for past thirty (30) days {up to one hundred seventy five dollars ($175)}, car payments {up to two hundred fifty dollars ($250)}, necessary insurance payments, repairs, registration and inspection costs.{ Receipts for all expenses are required.}

VI. Utilities

When utility costs are not included in the housing expense, the most recent outstanding monthly utility bill will be

included as part of "need" by the Welfare Department. Arrears will not be included except when necessary to ensure the health and safety of the applicant household or to prevent termination of utility service where no other resources or referrals can be utilized.

1. A disconnect notice must be provided as proof of "need".

2. Utility Bill must be in applicant's name.

3. Utility security deposits shall be considered as "need" if, and only if, the applicant is unable to secure funds for the payment of the deposit and is unable to secure utility service without a deposit. Such deposits shall, however, be the property of the City of Dover.

4. Basic local telephone service shall be allotted a maximum of $60.00/month in the "need" formula.

5. Cable television costs shall not be considered as need.

6. Internet service may be considered as need at the discretion or the Welfare Official.

7. Water Utility bills cannot be paid by the welfare department but will be counted as "need".

VII. Medical Expenses and Prescription's

The Welfare Department shall not consider including amounts for prescription costs, medical, dental or eye services as "need" unless the applicant can verify that all other potential sources have been investigated and that there is no source of assistance other than local welfare. Other sources to be considered shall include state and federal programs, local and area clinics, area service organizations and area hospital indigent programs designed for such needs. When an applicant requests medical service, prescriptions, dental service or eye service, the local welfare official may require verification from a doctor, dentist or person licensed to practice optometry in the area, indicating that these services are absolutely necessary and cannot be postponed without creating a significant risk that the applicant's health and/or well-being will be placed in serious jeopardy.

VIII. Clothing

Donated consignment vouchers and/or referrals may be given out for clothing to provide necessary protection from the elements. The Welfare Official **may** consider laundry expenses up to $40 per month in calculating "need."

IX. Child/Dependent Care

Allowed as "need" on a case by case basis only if applicant has to purchase care for dependent or child so the applicant can be employed or seek employment, to fulfill conditions of welfare application or other official agency requirements. As solely determined by the welfare official.

X. Burial Allowance

If applicable, the Town of Northwood will pay **up to** one thousand dollars ($1000) towards a funeral or cremation. The entire cost the family pays for the funeral or cremation cannot exceed eighteen hundred ($1800).

XI. Shared Expenses

If the applicant/recipient household shares shelter, utility, or other expenses with a non-applicant/recipient (i.e.: is part of a residential unit), then "need" shall be determined on a pro rata share, based on the total number of adults in the residential unit (e.g.: three adults live in a residential unit, but only one applies for assistance/shelter, "need" is 1/3 of the shelter allowance for a household of three adults).

XII. Exceptions

All applicants for aid will be reviewed on their individual merits. Necessity of other expenses **can** be considered on a case by case basis, as solely determined by the welfare official, and must be necessary for safety or health. Referrals will be made to appropriate agencies where such action is indicated. If need dictates, the limits established in this document may be increased at the discretion of the Welfare Official.

APPENDIX B

ADOPTED ETHICS RESOLUTION ON RESPONSIBILITY FOR PERSONS WHO CHANGE THEIR RESIDENCE WHILE, OR AS A RESULT OF, APPLYING FOR LOCAL WELFARE

(New ~~I.~~ ~~lampshire~~Hampshire Local Welfare ~~Adrministrators'~~Administrators' Association)

I. 'Dumping" is hereby declared to be an unethical practice. For purposes of this resolution, "dumping: consists of attempting to end, or avoid acquiring, a local welfare financial responsibility by encouraging, persuading or pressuring a client:

A. Not to establish, or to discontinue, a residence in the town which he/she has applied for assistance, or
B. To establish a residence in another town.

II. In order to avoid "dumping" the following standards should be observed:

A. A welfare administrator should not encourage, direct, or knowingly allow a client who has applied for assistance in his/her town to apply for assistance in another town without making a good faith effort to contact the welfare administrator in that other town to explain why the person is corning to the other town. This applies whether or not the welfare administrator has accepted initial financial responsibility for the person (i.e. treat him/her as a resident) unless:

i. He/she has an established place of abode (specific address, place to sleep) in another town which he/she intends to return to~~(~~, even for just one night ~~(~~i.e., hasn't moved out of yet), or
ii. He/she has NO established place of abode ANYWHERE, (i.e., any prior specific address was in some other town and has been abandoned) AND has a specific intent to go somewhere else rather than staying in the town for any time.

B. ~~(~~Even when an applicant falls into ~~A~~i or ~~B~~ii above, some temporary, non-resident assistance may be necessary, depending on the ~~circunnstances~~circumstances, in order to send the person on his/her way~~).~~.

III. ~~III.~~ Where a town has accepted initial financial responsibility under paragraph II above, the welfare administrator should not grant any assistance which he/she ~~I~~knows~~knows~~ will be used so as to help establish the recipient's residence in another town, unless:

A. A good faith effort is ~~rnade~~made to explore local resources, after which it is discovered that none within reason is available, or~~:~~
B. Unless the client has indicated to ~~noove~~move to another town for some non-~~welfarerelated~~welfare related reason.

IV. In either case the welfare administrator who has accepted initial financial responsibility should contact the official of the other town and offer to pay up to one month's assistance following the move if necessary. Town must avoid "special" treatment. If a town never pays security deposits, the town must not pay security deposits in special instances to establish a client's residence elsewhere~~,~~. The sending town should pay actual allowable shelter costs as determine by the receiving town ' s guidelines.

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V. Shelter ~~ResidencyAccording~~Residency: According to RSA 126A:43-h, persons receiving emergency housing (shelter) shall continue to maintain their legal residence as it existed at the ~~tinne~~time of entering the emergency housing facility. When a person leaves the originating shelter of their own free will, the liability no longer remains the responsibility of the original town. A person does not gain or lose residency while in a shelter, hospital, or treatment center~~.~~.

VI. ~~.~~Persons who are sanctioned by local welfare and arrive in another community are not the liability of the community where the sanction originated~~,~~. However, arrangements may be made between the two communities to have the sanction resolved.

APPENDIX ~~E~~C

EXPLENATION FOR DISQUALIFICATION FOR NONCOMPLIANCE WITH GUIDELINES

NH RSA165:1-B

The following is written to help explain and standardize the process of "Disqualification for Noncompliance with Guidelines," RSA 165:1-b. Please refer to **FORM L - NOTICE OF DECISION** which may be used by your local welfare office.

Once you determine that an applicant is eligible and you provide assistance, you can impose conditions on the person's continued receipt of assistance. The conditions may require the recipient to comply with written guidelines relating to:

1) Disclosure of income and resources,

2) Participation in a work program,

3) Conducting an adequate work search, and/or

4) Applying for public assistance through other agencies as outlined in the Model Guidelines.

Willful failure to comply with the conditions imposed can lead to the suspension of a recipient's assistance, but there is a process which must be followed. Prior to suspension, a recipient must be given written notice from the local welfare office of the specific actions which must be taken and the recipient must be given at least seven (7) days in which to comply prior to suspension. There can be no exception.

The **Notice of Decision** form may be used to grant an assistance application and *simultaneously* give notice of the conditions imposed on the recipient's continued receipt of assistance. The **Notice of Decision** form may also be used to give notice of the conditions that must be complied with, if that notice was not given at the time assistance was granted or if the conditions to be complied with have changed.

If a recipient does not comply with the conditions in the time period allowed, he/she can be "sanctioned" and his/her assistance suspended. How long the suspension lasts depends on whether there have been other suspensions within the previous 6 months and whether there are actions the recipient can take to come into compliance. A written decision (the **Notice of Decision** form can be used) must be given notifying the recipient of the term of the suspension, the specific reason(s) for the suspension citing the guidelines, any action(s) which must be taken to come back into compliance, and notice of the right to request a fair hearing within 5 days of receipt of the notice.

If this is a first sanction, assistance may be suspended for seven (7) days. If it is possible for the recipient to take action(s) to come into compliance, then assistance can remain suspended after the seven (7) day period *and until* such time as the recipient takes the action(s) required to come into compliance (e.g. recipient only made 3 work search contacts instead of 10-the recipient must complete 7 more work search contacts; e.g. the recipient failed to apply for food stamps-if the recipient applies within the initial 7 day suspension, then the suspension ends after 7 days, otherwise, the suspension continues until the recipient applies). After the 7-day suspension period, the sanction must be lifted upon compliance with the condition.

If this is the second sanction (or more) for the recipient within a 6-month period, assistance may be suspended for fourteen (14) days. The reason for the sanction need not relate to previous sanctions to extend the suspension period to 14 days. If it is possible for the recipient to take action to come into compliance, then assistance can

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remain suspended after the 14-day period and until compliance, as described above.

If more than six months elapses between the first and second sanctions, follow the procedures for a first sanction.

All notices of decision telling a recipient that he/she has been suspended must provide an opportunity for the recipient to request a fair hearing. If the recipient timely requests a hearing, the welfare officer must provide the recipient with the option of continuing to receive assistance consistent with any prior eligibility determination until the fair hearingdecision is made. If there is a dispute over whether the recipient has taken the actions required to come back into compliance, the recipient must be provided the opportunity for a fair hearing on that issue, but there shall be no assistance provided pending the outcome of that hearing.

The Welfare Officer is not required to accept applications for assistance during a period of suspension.

APPENDIX D

FORMS

These forms are offered as tools or guides to administer local assistance programs. Use of these forms is recommended but not mandatory.

A. APPLICATION FOR ASSISTANCE

B. NOTICE OF RIGHTS AND RESPONCIBILITIES

~~B.~~C. HHS RELEASE

~~C. NOTICE OF RIGHTS~~

D. COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY RELEASE FORM

~~D.~~E. APPLICANT'S GENERIC AUTHORIZATION

~~E.~~F. APPLICANTS SPECIFIC AUTHORIZATION

G. BASIC NEED POLICY

~~F.~~H. REQUIRED VERIFICATIONS

~~G.~~I. INTAKE FORM

~~H.~~J. MEDICAL RELEASE AND REPORT

K. ~~1.~~ EMPLOYMENT VERIFICATION FORM

~~J.~~L. RENTAL VERIFICATION

~~K.~~M. BUDGET WORKSHEET

~~L.~~N. ~~NOTIC D F~~NOTICE OF DECISION

~~M. WORKFARE PROGRAM REPORTING SLIP~~

~~N.~~O. EMPLOYMENT SEARCH RECORD

~~O.~~P. FAIR HEARING REQUEST

Q. NOTICE OF FAIR HEARING

R. FAIR HEARING DECISION

~~P.~~S. NOTICE OF PROPERTY LIEN

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~~Q.~~T. NOTICE OF PROPERTY LIEN DISCHARGE

~~R.~~U. RENT VOUCHER – LANDLORD DELINQUENCY

V. ~~Refer~~APPLICATION UPDATE FORM

FORM A

CITY OF DOVER WELFARE DEPARTMENT

APPLICATION FOR GENERAL ASSISTANCE

(PLEASE ANSWER ALL QUESTIONS)

Date of Application Social Security #
Referred by:

1. General Information:

Name Date of Birth

Address

Mailing Address if Different:

How long at this address? Telephone

Phone: Work Phone:

Email US Citizen? ☐ Yes ☐ No

Type of Housing: ☐ House ☐ Apt ☐ Mobil Home ☐ Other

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Spouse/Co-Applicant Name SS#

Date of Birth Telephone

Spouse address (if not same as applicant)

Assistance Requested

Reason for request

Have you applied for local assistance before? When?

Where? Under what name?

List below all persons living in your household:

Full Name	Relationship	Date of Birth	Social Security #

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

Street	Town/City	State	Dates of Residence

2. Housing Information:

Rent amount per (month/week) Date last paid Date due

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

Total rent owed Do you have a housing subsidy?

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

LANDLORD INFO: Name Telephone

Address

IF HOME-OWNER: Mortgage Amount Date last paid Owed

Bank/Mortgage Co Address

3. Education / Training / Employment

	Highest Grade Attended	G.E.D. or Diploma	Special Training or Skills	Military Service
Applicant:				
Spouse/Co-Applicant:				

Applicant Work History:

Are you employed now? Employer Position

When work began Date/Amount of most recent check

Are you unemployed now? Reason

Date last worked Employer Date/Amount last check

Are you able to work now? If not able, why not?

Current and two most recent jobs of yourself and all household members aged 18 & older:

Name	Employer	Pay Weekly/ Biweekly	Employment Dates	Reason for Leaving

4. Household Assets:

Provide information regarding accounts held by you and all household members:

Name	Bank/Credit Union	Savings Acct. #	Savings Balance	Checking Acct. #	Checking Balance

Provide current value of any assets held by you and all household members:

Cash on hand (all household members) Certificates of Deposit (CD's)

Savings Bonds Mutual Funds Annuities Stocks

Trust Funds Retirement Accounts Insurance Policies (cash value)

401k Property other than primary residence Location

Other Investments Motorcycles/Boats/Snowmobiles/ATV's/RV's

Other Assets (please list)

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.?

Lawyer Name/Address

Reason

Do you or any household member have a lawsuit pending? Who?

Please give details

Lawyer Name/Address

Motor vehicles owned by you and all household members:

Owner	Auto Make	Model	Year	Value	Payments	Insurance

5. Household Income

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

Name	Date Applied	Date Last Received	Monthly Amount
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/FAP			
Unemployment			
Vacation Pay			
Veteran's Pension			
Worker's Compensation			
Income Tax Refund			
IRS Stimulus Payment			

Other: [ ]

6. Household Expenses

List actual or estimated regular monthly expenses. (Not all expenses will be 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)			
Water/Sewer Bill			
Other:			

EXTENDED PAYMENT ARRANGEMENTS

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

Utility Company or Landlord Name Amount

(Circle one) weekly biweekly monthly
(Circle one) weekly biweekly monthly
(Circle one) weekly biweekly monthly
(Circle one) weekly biweekly monthly

7. 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

8. 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 of conviction Details of conviction:

Are you or any member of your household presently on parole or probation? ☐ Yes ☐ No

If yes, who? Court or jurisdiction?

Name & phone number of parole/probation officer

9. 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 #

10. Certifications and Signatures

Applicant **Co-Applicant**

Print Name: Print Name:

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 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 my receipt of assistance, now or in the future, 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 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)

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 City of Dover 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

City of Dover Welfare Department 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 city or town welfare offices, or any agencies providing supportive services regarding medical, house/shelter, or financial assistance.

_____

Applicant Signature Date

_____

Spouse or Co-applicant Signature

_____ Date

_____

Signature of person completing form Date
(if not applicant)

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

FORM B

NOTICE OF RIGHTS AND RESPONCIBILITIES OF ANYONE RECEIVING ASSISTANCE FROM THE CITY OF DOVER

You have the following rights:

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 for assistance.
3. You have a right to have in writing the reason why you have been denied assistance or have been given only some of the assistance you 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 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 municipal workfare program if you must care for a child under the age of five (5), or to conduct a job search if you must care for a child under the age of one year (1), 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 the following responsibilities:

1. To provide accurate, complete and current information concerning needs and resources and the whereabouts and circumstances of relatives who may be responsible under RSA 165:19;
2. To notify the Welfare Official promptly when there is a change in needs, resources, address, or household size;

3. To apply for immediately, but no later than seven (7) days from completed application, and accept any benefits or resources, public or private, that will reduce or eliminate the need for imminent or potential future general assistance. RSA 165:1-b, I(d);

4. To keep all appointments as scheduled;

5. To provide records and other pertinent information and access to said records and information when requested;

6. To provide a verifiable doctor's statement if claiming an inability to work due to medical problems;

7. Following a determination of eligibility for assistance, to diligently search for employment, and provide a verifiable job search as determined by the Welfare Official, to accept employment when offered (except for documented reasons of good cause (RSA 165: I-d)), and to maintain such employment. RSA 165:1-b (c);

8. Following a determination of eligibility for assistance, to participate in the workfare program (if required) and if physically and mentally able. RSA 165: 1-b, I(b); and

9. To reimburse assistance granted if returned to an income status and if such reimbursement can be made without financial hardship. RSA 165:20-b.

10. To not voluntarily terminate employment without good case as determined by the Welfare Officer. If you voluntarily terminate employment, you shall be ineligible to receive assistance for ninety (90) days from the date of employment termination.

Once the Welfare Officer makes a decision, a written notice of decision shall be provided on the same day or next business/working day. The notice of decision shall state that assistance of a specific kind and amount has been given and the time period of aid, or that the application has been denied, in whole or in part, with reasons for denial. The notice of decision shall contain a first notice of conditions for assistance and shall notify the applicant of his/her right to a fair hearing if dissatisfied with the Welfare Official's decision.

I/We have read and reviewed the Welfare Rights and Responsibilities with the Welfare Administrator.

Applicant Signature Co-Applicant Signature

Date Date

FORM C

NH Department of Health & Human Services (DHHS) BFA Form 11
Bureau of Family Assistance (BFA) 10/19

Authorization to Release Information

Printed Name of Person to Whom the Release of Information Pertains | Case #, RID #, or MID #, if known

I hereby authorize and request:

Name and Address of Individual or Agency Providing the Information:

to provide the following information:

to:

Name and Address of Individual or Agency Receiving the Information:

I grant my permission for the reproduction of the above information to be given to the individual or agency named. Release of confidential information is subject to State and Federal laws. By signing this release, I acknowledge my permission to release the specified information to the individual/agency I have named.

This authorization expires 12-months from the date this form is signed.

Information released cannot be re-released by the receiving individual/agency without additional authorization.

(Signature) (Date)

(Printed Name)

If the signature above is not that of the person to whom the information pertains, the relationship of the signer to that person must be indicated. In addition, the signature must be witnessed.

(Relationship) (Witness) (Date)

BFA SR 19-29
(3YC)

FORM D

Community Action Partnership of Strafford County
Release Form

Case # _____

I, (please print full name clearly) _____ grant Community Action Partnership of Strafford County permission to release information to the following organization and/or any third party as stated below related to the case deemed by the client.

1. _____
2. _____
3. _____
4. _____

I grant permission for the following specific information from my record at Community Action Partnership of Strafford County to be released to the above named individuals:

[ ] Attend appointment on my behalf
[ ] Energy Program Assistance benefit status and amount
[ ] Status of application, including discussing missing information
[ ] Household financials for each individual
[ ] All aspects of the Weatherization Program
[ ] All aspects of housing and personal welfare
[ ] Other: _____

This Release Form is good for 1 year from date of signature below

_____

Client Signature Date

_____

Client Printed Name

_____

Client Signature Date

_____

Client Printed name

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FORM E

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, 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 Municipal Welfare Department.

_____

Applicant Signature Date

_____

Spouse or Co-applicant Signature Date

_____

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

_____

Date

FORM F

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

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 _____, City of Dover Welfare Official, to obtain information from _____ *(specific agency/individual)* regarding factors relevant to my application for general assistance benefits. This authorization shall expire one 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

FORM G

BASIC NEEDS POLICY

Per City of Dover Welfare Guidelines, it is the applicant/recipient's responsibility to utilize any available ~~in that program.~~
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.

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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 [ ] Diapers
[ ] Food [ ] Current Utility Bills
[ ] Non-food hygiene products [ ] Prescriptions

These costs are allowed for certain conditions:

[ ] Transportation costs for work, medical or assistance program appointments
[ ] Telephone basic service to find or keep employment
[ ] Medical Prescriptions [ ] Child/ dependent care
[ ] Laundry [ ] Internet for school

The following are examples UNALLOWABLE expenses in determining eligibility:

[ ] Telephone beyond basic service for 1 per household. [ ] Bail payments.
[ ] Credit Card Payments [ ] Repayment of Personal Loans
[ ] Loan Payments [ ] Restaurant/Fast Food
[ ] Cable [ ] Tobacco/Alcohol products
[ ] Insurance Payments [ ] 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

Please note: This is an example form. Your Municipal Welfare Guidelines may have different allowance basic need expenses. You will need to adjust this form to your Municipality Welfare Guidelines that reflect your municipality expenses and allowances.

FORM H

DOVER PUBLIC WELFARE REQUIRED VERIFICATIONS

Phone: 603-516-6500 Fax: 603-519-6508
d.balian@dover.nh.gov or s.gaston@dover.nh.gov or m.cahill@dover.nh.gov

Name: _____ Date/Time: _____
Address: _____ Phone: _____
Social Security Number: _____ DOB: _____
in household: _____ Assistance Requested: _____
Email: _____

YOUR APPOINTMENT IS SCHEDULED FOR: _____

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

_____ Application Form **If this is not filled out for your appointment we will need to reschedule**
_____ Rental Verification Form **If this is not completed by your landlord we will need to reschedule**
_____ Last four weeks pay-stubs or other proof of net wages. Self Emp. – Profit/Loss for last 30 days
_____ Last four week's receipts or other proof of bills paid or currently due.
_____ Employment verification Form from your employer (blue form)
_____ Employment termination Form I from your last employer
_____ You have applied for / are receiving Social Security or Veterans benefits
_____ You have applied at DHHS: 150 Wakefield St., Rochester 332-9120 www.nheasy.nh.gov
☐ Emergency Food Stamps ☐ SNAP (Food Stamps) ☐ TANF/Other ☐ Childcare ☐ APTD/MA
_____ You have applied for / are receiving Fuel Assistance benefits through CAP 460-4237
_____ You have applied for Dover Housing Authority
_____ Verification of injury or illness (green medical form)
_____ You have applied for/are receiving Unemployment Compensation 742-3600 www.nhes.nh.gov
_____ Picture ID (Adults); Birth certificate/SS card (minors)
_____ Vehicle registration
_____ Savings and checking account, liquid asset statements, bank/debit card (Last 30-day printout of all account activity)
_____ Proof of Income tax refund and Stimulus Refund (Documentation/proof of where refund was spent)
_____ Employment Search Record (Showing 3-5 job searches per day required)
_____ Statement child support payments received / Child support court-ordered payments made
_____ Statement from room-mate(s) regarding division of expenses
Other: _____

I understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance, and I understand that if approved for assistance I may be required to do a job search and participate in workfare.

_____ _____
Welfare Staff signature Applicant signature

FORM I

CITY OF DOVER WELFARE INTAKE

COMPLETE {Insert Phone #}
SECTION I: DATE: **Appt. Date /Time:**

Name: _____
Last / other names used **First** **Middle**

Physical Address: _____
Street **Town or City** **How long at this address?**

Date of Birth: **Social Security#**

Please list all other household members with ages: _____
Income Amount & Source: _____
What type of emergency assistance are you **requesting** at this time? _____
Have you **received** prior assistance from this office? ☐ Yes ☐ No If yes, when? _____
PHONE#: CELL PHONE #:

_____
Applicant Signature/Date **Signature of person completing form** (if not applicant)

********** **BELOW FOR OFFICE USE ONLY**: **********
Notes

DO NOT COMPLETE

SECTION II: PROVIDE THE FOLLOWING **ITEMS CHECKED** AND/OR REQUESTED BELOW FOR YOUR APPOINTMENT **OR POTENTIAL ASSISTANCE COULD BE DELAYED.**

☐ Application Form – (Completed)
☐ Picture ID
☐ Last 4 Weeks RECEIPTS / BILLS
☐ **VERIFICATION YOU HAVE APPLIED TO THE FOLLOWING DHHS RESOURCES:**
☐ FOOD STAMPS ☐ TANF ☐ MEDICAID ☐ APTD
☐ Fuel Assistance Application/Appointment
☐ Rental Verification form completed by the Landlord & **COPY OF YOUR LEASE**
☐ Rochester Housing Authority /NH Housing Authority
☐ Employment Verification form ☐ Employment Termination Request form
☐ Verification of injury or illness (Medical Form)
☐ Verification of application for Unemployment Compensation
☐ You may be REQUIRED to provide documented JOB SEARCHES

VERIFICATION OF THE FOLLOWING RESOURCES:

☐ Child Support ☐ Last 4 weeks proof of income
☐ Unemployment Compensation ☐ Checking Account/Debit Card (Statement)
☐ SS / SSI / SSD ☐ Savings Account (Bank Statement)
☐ TANF/APTD/OAA

FORM J

MUNICIPAL WELFARE DEPARTMENT
MEDICAL RELEASE AND REPORT

APPLICANT NAME/SS#: _____
Date of Birth: _____

I hereby request the release by a doctor, hospital or clinic to the Municipal Welfare Department, or its authorized representative, 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 months from date of my signature below:

_____

APPLICANT SIGNATURE _____ **DATE**

TO THE PHYSICIAN OR CLINIC:

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. For these reasons, will you please briefly respond to these questions:

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

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

Is this person disabled? ☐ No ☐ Yes *(If yes, please clarify below)*
☐ Temporarily ☐ Permanently ☐ Partially ☐ Totally

Date incapacity began: _____ Expected to end: _____

When will this individual be capable of returning to work? What type of work would be suitable for this individual? Please describe any limitations: _____

_____

_____

_____

Medications Prescribed: _____

_____

Physician Name / Signature _____ **Date**

Thank you for taking the time to complete this form.
Please contact the Municipal Welfare Department if you have any questions.

FORM K

EMPLOYMENT VERIFICATION FORM

I, _____, authorize the release of information regarding my employment to the City of Dover.

Signature of Employee: _____ Date _____

Full Name of Employee: (print) _____

This form must be completed by the employer/former employer in order to be valid documentation for the purpose of administration of municipal assistance.

Employer _____ Phone _____

Address: _____

Employee Name: _____

Date of Hire _____ Date starting/started work _____ Hourly Pay Rate _____

Full/part time _____ Hours per week _____ Paid: ☐ weekly ☐ biweekly ☐ Other _____

Pay Period Ending	Actual Date of Payment	Gross Pay	Net Pay	Check/Direct Deposit

==========

If _____ is no longer employed by your company:

Date of termination/separation _____ Date/net amount of last paycheck _____

Reason for termination/separation _____

_____

_____

Authorized Signature and Title _____ Date

_____

Print Name _____ Phone # or Email

FORM L

RENTAL VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY THE LANDLORD

THIS FORM IS FOR ASSESSMENT OF ELIGIBILITY. A FINAL ELIGIBILITY OF RENT ASSISTANCE MAY NOT BE YET DETERMINED. A WRITTEN NOTICE OF DECISION WILL BE GIVEN TO YOUR TENANT.

Tenant's Name: _____ Date: _____

Address: _____

(Number/Street) _____ (Apt. #) _____ (City) _____ (State)

Number of adults in apartment: _____ Number of children in apartment: _____

List of people in apartment:

_____

_____

_____

Occupancy date: _____ Security Deposit: Amount: $ _____ Date paid: _____

Rent amount: $ _____ paid ☐ monthly ☐ weekly ☐ other _____

Number of Bedrooms: _____ If subsidized rent, please list tenant portion: _____

Rent Includes: ☐ All utilities ☐ No Utilities ☐ Hot Water ☐ Heat ☐ Electric

Type of Heat: ☐ Electric ☐ Oil ☐ Gas ☐ Other _____

Date last rent was paid: _____ Amount Paid: $ _____ Back rent owed: $ _____

_____

(if back rent is owed, please attach accounting of months and amounts)

For IRS reporting, landlord's Tax ID or Social Security # must be provided:

Tax ID #: _____ **OR** Social Security #: _____

Failure to provide the correct Tax ID or Social Security # may subject payments to backup withholding.

CHECK IS TO BE MADE PAYABLE TO: (PLEASE PRINT)

_____

Landlord's Name Telephone / Fax Numbers

_____

Landlord Address

_____

Name of Manager or other Representative

_____

Landlord Signature Date

FORM M

BUDGET WORKSHEET

Name: _____ Date: _____

A. Available assets and income:

_____ mo/wk
_____ mo/wk
_____ mo/wk
_____ mo/wk

A. Total available income: _____

B. Allowable Expenses:

	Actual Expenses		Allowed Expenses		Ineligible Expenses
Rent/Board/Mortgage	_____	mo/wk	_____	mo/wk	_____
Electric	_____	mo/wk	_____	mo/wk	_____
Gas	_____	mo/wk	_____	mo/wk	_____
Fuel Oil	_____	mo/wk	_____	mo/wk	_____
Water/sewer	_____	mo/wk	_____	mo/wk	_____
Cooking fuel	_____	mo/wk	_____	mo/wk	_____
Telephone	_____	mo/wk	_____	mo/wk	_____
Food	_____	mo/wk	_____	mo/wk	_____
Personal & Household	_____	mo/wk	_____	mo/wk	_____
Medical/Prescription	_____	mo/wk	_____	mo/wk	_____
Transportation	_____	mo/wk	_____	mo/wk	_____
Childcare/Daycare	_____	mo/wk	_____	mo/wk	_____
Car payment	_____	mo/wk	_____	mo/wk	_____
Gasoline	_____	mo/wk	_____	mo/wk	_____
Other	_____	mo/wk	_____	mo/wk	_____
Other	_____	mo/wk	_____	mo/wk	_____
Other	_____	mo/wk	_____	mo/wk	_____
Other	_____	mo/wk	_____	mo/wk	_____

B. Total Allowed Expenses: _____

C. Eligibility: [A. Income (-) B. Expenses**]:** _____

(If A is greater than B, applicant is ineligible. If A is less than B, applicant is eligible.)

Assistance will be provided as follows:

_____ $ _____
_____ $ _____
_____ $ _____

Note: This form should accompany a Notice of Decision. The welfare official should use discretion in accepting actual expenses relative to employment, work search, medical needs, etc.

FORM N

NOTICE OF DECISION

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 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).

- ☐ Do Not Meet Standard of Need
- ☐ Other, specifically: _____

☐ Your assistance is **SUSPENDED** from _____ to _____ for the following reason(s):

- ☐ 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 Date Welfare Official Date

FORM O

Employment Search Record

NAME: _____

[In order to remain eligible for assistance you are required to complete a job search of 3-5 contacts daily. Use this form to list each employer you contact.]

	DATE	EMPLOYER	PHONE NUMBER/ E-MAIL	JOB OR TYPE OF WORK	TYPE OF CONTACT Visit/Phone/ Mail/Online	PERSON CONTACTED/ WEBSITE	TIME OF DAY	RESULTS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

FORM P

FAIR HEARING REQUEST

You have the right to request a Fair Hearing within five (5) business days of receipt of the Notice of Decision of denial or suspension of benefits, or a decision which you do not believe is consistent with the Municipal Welfare Guidelines or State Laws. To review this decision the Fair Hearing will be conducted by an impartial hearings officer. You will have an opportunity to review the content of your welfare file prior to your hearing and present your case to the hearing officer, who will render a decision within seven (7) business days from the hearing.

I/We, _____ hereby request a Fair Hearing to review the decision dated _____ regarding my application for general assistance.

I/We ☐ want / ☐ do not want my current assistance to continue until my hearing has been decided. I understand that if I lose my hearing, I will be obligated to repay the assistance provided to me during the time the appeal is being decided.

_____ _____

Applicant Signature Date Co-Applicant Signature Date

_____

Address of Applicant(s)

Within seven (7) working days of receipt of this notice by the Welfare Official a hearing will be scheduled. You will be notified in writing of the place, date and time of the hearing.

FORM Q

NOTICE OF FAIR HEARING

DATE: _____

TO: _____
ADDRESS: _____
_____
_____

☐ Your Fair Hearing has been scheduled for:
Date: _____
Time: _____
Place: _____

If you are unable to appear at this time, please contact the Welfare Official immediately. Failure to appear may result in the denial of your Fair Hearing request.

☐ Your request for a Fair Hearing has been denied for the following reason (s):
_____
_____
_____

Sincerely,

_____
Welfare Official

FORM R

FAIR HEARING DECISION

Client Name Represented by

VS

Municipality

Date of Hearing Hearing Offer(s)

ADJUDICATION

(Include Guidelines, facts relied upon, reasons for decision and any relief ordered. Use extra paper if necessary, or attach written decision to this signed form)

Date **Hearing Officer**

FORM S

NOTICE OF PROPERTY LIEN

TO: Register of Deeds for the County of Strafford

RE: Lien on Real Property pursuant to RSA 165:28 and any and all acts in Amendment thereof for aid given by the City of Dover.

DESCRIPTION Land and Building(s) located at No. _____ Street,
OF PROPERTY: City/Town of _____ being Assessor's Map(s) And
Lot(s) No. and/or Volume and Page No. _____

RECIPIENT: _____ of the
City/Town of _____ in the
County of _____, State of New Hampshire

BE IT KNOWN: that the City of Dover has expended funds for and on behalf of the above-named recipient for which funds the City/Town is entitled to a Lien and hereby asserts a Lien pursuant to RSA 165:28 and any and all acts in amendment thereof.

STATE OF NEW HAMPSHIRE

CITY/TOWN OF _____ **, ss.**
(County)

BY OF _____ **DATE:** _____
Director of Welfare/Human Services

Subscribed and sworn to before me:

_____ **My commission expires:** _____
(Notary Public)

NOTE: Lien is valid even without acknowledgement/Signature of recipient.

NOTE: County Register of Deeds requires 1-3" top margin with 1" all other margins (margins displayed are not in conformity) – no less than 10 pitch in Times New Roman or Arial (Sample is Times New Roman 12 pitch which is acceptable).

FORM T

NOTICE OF PROPERTY LIEN DISCHARGE

TO: Register of Deeds for the County of Strafford

RE: Lien on Real Property pursuant to RSA 165:28 and any and all acts in Amendment thereof for aid given by the City of Dover.

DESCRIPTION OF PROPERTY: Land and Building(s) located at No. _____ Street, City/Town of _____ being Assessor's Map(s) And Lot(s) No. and/or Volume and Page No. _____

RECIPIENT: _____ of the City/Town of _____ in the County of _____, State of New Hampshire

BE IT KNOWN: that the above-referenced property lien is hereby satisfied and discharged.

STATE OF NEW HAMPSHIRE

CITY/TOWN OF _____, **ss.**
(County)

BY OF _____ **DATE:** _____
Director of Welfare/Human Services

Subscribed and sworn to before me:

_____ **My commission expires:** _____
(Notary Public)

NOTE: County Register of Deeds requires 1-3" top margin with 1" all other margins (margins displayed are not in conformity) – no less than 10 pitch in Times New Roman or Arial (Sample is Times New Roman 12 pitch which is acceptable).

FORM U

RENT VOUCHER – LANDLORD DELINQUENCY

The municipality of _____ hereby authorizes payment to _____ on behalf of _____ of
[landlord] *[tenant]*
_____ in the amount of $_____
[tenant address]
for rent due and owing for the period _____ to _____

NOTICE OF APPLICATION OF RENT PAYMENTS TO DELINQUENCIES

TO: _____
[landlord]

You are hereby notified that, pursuant to RSA 165:4-a, $_____ of the above-authorized payment will be applied to your delinquent ☐ TAX ☐ SEWER ☐ WATER ☐ ELECTRIC bill owed to the municipality for your property located at _____ (address of property with delinquency). You are also notified that, pursuant to RSA 540:9-a, any application by a municipality of amounts owed to it by a landlord pursuant to RSA 165:4-a, shall constitute payment by the tenant of the amount applied by the municipality to delinquent balances of the landlord.

_____
Welfare Official

☐ Landlord copy

☐ Town/City copy (tax, sewer, water, electric)
Note: send lower portion only

☐ Welfare copy

FORM V

APPLICATION UPDATE FORM

(Needs to be reviewed and updated for changes from first application at each time of request of assistance.)

DATE: NAME:

Last First Middle

ADDRESS:

Street / # / Apartment Town Zip

TELEPHONE:

WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING AT THIS TIME?

CHANGES OF ALL HOUSEHOLD MEMBERS:

LIST ALL CHANGES OF SOURCES AND AMOUNTS OF HOUSEHOLD'S EARNED AND UNEARNED INCOME. THIS INCLUDES CASH, SAVINGS AND CHECKING/BANK ACCOUNTS:

INDICATE ANY UPDATES OR CHANGES IN YOUR ASSISTANCE OR APPICATIONS FOR FOOD STAMPS, CASH ASSISTANCE, SOCIAL SECURITY, FUEL ASSISTANCE, UNEMPLOYMENT, ETC.

INDICATE ANY CHANGES IN YOUR PERSONAL SITUATION SINCE YOUR LAST REQUEST.

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.

SIGNATURE

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CITY OF DOVER WELFARE GUIDELINES

REVISED 2014

TABLE OF CONTENTS

GENERAL ASSISTANCE GUIDELINES

INTRODUCTION

The local governing body, as defined in RSA 672:6, of every town and city in the state shall adopt written guidelines relative to general assistance. The guidelines shall include, but not be limited to the following:

A. The process for application for general assistance.
B. The criteria for determining eligibility.
C. The process for appealing a decision relative to the granting of general assistance.
D. The process for the application of rents under RSA 165:4-b, if the municipality used the offset provisions of RSA 165:4+a,

C. A statement that qualified state assistance reductions under RSA 167:82,VIll may be deemed as income, if the local governing body has permitted the welfare administrator to treat a qualified state assistance reduction as deemed income under RSA 165:1-e.

I . DEFINITIONS

AGENCY: Any health, social service or other entity that provides services to a client. Any such entity to which a welfare official may refer a client for additional resources and/or assistance.

APPLICANT: A person who expresses a desire to receive general assistance or to have his/her eligibility reviewed and whose application has not been withdrawn. This may be expressed either in person or by an authorized representative of the applicant.

APPLICATION (RE-APPLICATION): Written action by which a person requests assistance from a welfare official. This application must be made on a form provided by the welfare official. The application form may be written or completed electronically (if available) by means of an interview conducted by a welfare official and verified by the applicant's signature.

ASSETS: All cash, real property, personal property and future assets owned by the applicant in whole or in part.

AVAILABLE LIQUID ASSETS: Amount of assets after exclusions enumerated in Section IX(D). Includes, but not limited to, cash on hand, checking accounts, bank deposits, credit union accounts, stocks, bonds and securities. IRA (Individual Retirement Account), 401K accounts, insurance policies with a loan value, and non-essential personal property shall be considered as available liquid assets when they have been converted into cash.

CASE MANAGEMENT: A holistic collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's and/or household's short and long ternn emergency needs through communication and available resources to promote safe, costeffective outcome.

CASE RECORD: Official files including, but not limited to, general applications, office forms, correspondence, relevant case notes, determination of eligibility, details provide to client of expectations, reasons for decisions and description of assistance given. The case record may be maintained electronically (if available). A hard copy of all relevant and signed documents should be maintained in accordance with state law.

CITY MANAGER: The duly authorized City Manager for the City of Dover.

CLAIMANT: A recipient or applicant who has requested, either in person or through an authorized representative, a fair hearing under Section XIV of these guidelines.

CLIENT: An individual who receives services from the welfare department. This may be a single person or encompass a family as defined per welfare guidelines.

ELIGIBILITY: Determination by a welfare official, in accordance with the guidelines, of an applicant's need for general assistance under the formula provided in Section IX.

FAIR HEARING: A hearing which the applicant or recipient may request to contest a denial, termination or reduction of assistance. The standards for such a hearing are in Section XIV.

GENERAL ASSISTANCE: Financial assistance provided to applicants in accordance with RSA 165 and these guidelines.

- HOMELESS SHELTER: A temporary housing provider through which an individual or family may seek emergency housing until permanent housing is obtained.
-
-
-

HOUSEHOLD: A household is defined as:

The applicant/recipient and persons residing with the applicant/recipient in the relationship of father, mother, stepfather, stepmother, son, daughter, husband, wife, or legal donnestic partner; and/or

The applicant/recipient and any adult (including an unrelated person) who resides with the applicant/recipient "in loco parentis" (in the role of a substitute parent) to a minor child (a person under 18 years of age). A person "in loco parentis" is one who intentionally accepts the rights and duties of a natural parent with respect to a child not their own and who lived with the child long enough to form a "psychological family".

MINOR: A person under 18 years of age.

NEED: The basic maintenance and support requirements of an applicant, as determined by a welfare official under the standards of Section IX (E) of these guidelines.

RECIPIENT: A person who is receiving general assistance.

"RELIEVE AND MAINTAIN": The sustaining of basic needs necessary to the health and welfare of the household.

RESIDENCE/RESIDENCY: Residence or residency shall mean an applicant's place of abode or domicile. The place of abode or domicile is that place designated by the applicant as their principle place of physical presence for the indefinite future to the exclusion of all others. Such residence or residency shall not be interrupted or lost by temporary absence from it, if there is an intent and/or means to return to such residence or residency as the principal place of physical presences. RSA 165: 1 (l); 21:6-a.

RESIDENTIAL UNIT: All persons physically residing with the applicant, including persons in the applicant's household and those not within the household.

UTILITY: Any service such as electric, gas, oil, water or sewer necessary to maintain basic health and welfare of the household.

VENDOR/ PROVIDER: Any landlord, utility company, store or other business which provides goods or services needed by the applicant/recipient.

VOUCHER SYSTEM: The system whereby a municipality issues vouchers to the recipient's vendors and providers rather than cash to the recipient. RSA 165:1(Ill). See Section Vlll.

WELFARE OFFICIAL: The official of the municipality, or designee, who performs the function of administering general assistance. Such person has the authority to make all decisions regarding the granting of assistance under RSA 165, subject to the overall fiscal responsibility vested in the selectpersons, board of alderpersons, city or town tmanager, or city or town council* The term includes "overseers of public welfare" (RSA 165:1; 41:46) and "administrator of town or city welfare" RSA 165:2,

WORKFARE: Labor performed by welfare recipients at municipal sites or human service agencies as reimbursement for benefits received. RSA 1.65:31.

II.SEVERABILITY

If any provision of these guidelines is held at law to be invalid or inapplicable to any person or circumstances, the remaining provisions will continue in full force and effect.

I l l . CONFIDENTIALITY OF INFORMATION

Information given by or about an applicant or recipient of general assistance is confidential and privileged, and is not a public record under the provisions of RSA 91 -A. Such information will not be published, released, or discussed with any individual or agency without written permission of the applicant or recipient except when disclosure is required by law, or when necessary to carry out the purposes of RSA 165. RSA 165:2«.

IV. ROLES OF LOCAL GOVERNING BODY AND WELFARE OFFICIAL

The responsibility of the day to day administration of the general assistance program should be vested in the appointed welfare official. The welfare official shall administer the general assistance program in accordance with the written guidelines of the municipality. The local governing body (city council) is responsible for the adoption of the guidelines relative to general assistance. RSA 165:1 (II).

V. MAINTENANCE OF RECORDS

A. Legal Requirement

Each welfare official is required by law to keep complete paper and/or electronic records concerning the number of applicants given assistance and the cost of such support. Separate case records shall be established for each individual or family applying for general assistance. The purpose for keeping such records is:

1 . To provide a valid basis of accounting for expenditure of the municipality's funds:

2. To support decisions concerning the applicant's eligibility:

3. To assure availability of information if the applicant or recipient seel<s administrative or judicial review of the welfare official's decision;

4. To provide the welfare official with accurate statistical information; and

5.To provide a complete history of an applicant's needs and assistance that might aid the welfare official with ongoing or potential future case management and in referring the applicant to appropriate agencies and other support entities.

B. Case Records

The welfare official shall maintain case records containing the following information:

1 . The complete application including an authorizations signed by the applicant allowing the welfare official to obtain or verify any pertinent information in the

course of assisting the recipient, to include a signed Authorization to Release Information from the New Hampshire Division of Health and Human Services.

2. Written grounds for approval or denial of application, contained in a Notice of Decision.

3. A narrative history recording assistance sought, the results of investigations of applicants' circumstances, referrals, changes in status and other relevant communications as determined by the welfare official.

4. Record forms which has complete data regarding the type, amount and dates of assistance given which may be kept on paper or electronically.

VI. APPLICATION PROCESS

A. Right to Apply

1. Anyone may apply for general assistance by appearing in person or through an authorized representation (if in person is impossible) and completing a written or available electronics application form. If more than one adult resides in a household, each may be required to appear at the welfare office and apply for assistance, unless one is working at a place of employment or otherwise reasonably unavailable.

   Unrelated adults in the applicant's residential unit may be required to apply separately if they do not meet the definition of household as defined in these guidelines. Each adult in the household may be requested to sign a separate release of information forms.

2 . The welfare official shall not be required to accept an application for general assistance from a recipient who is subject to a suspension pursuant to

Section XIII(C) of these guidelines (RSA 165:1-b, VI); provided that any applicant who contests a determination of continuing noncompliance with the guidelines may request a fair hearing as provided in Section Xlll (C)(7); and provided further that a recipient who has been suspended for at least one (1) calendar year due to continued noncompliance may submit a new application.

B. Welfare Official's Responsibilities at Time of Application

When an application is made for general assistance, the welfare official shall inform the applicant of:

1. The requirement of submitting an application. The welfare official shall provide assistance to the applicant in completing the application, if necessary (e.g.; applicant is physically or mentally unable to complete the application);

2. Eligibility requirements, including a general description of the guideline amount and the eligibility formula;

3. The applicant's right to a fair hearing and the manner in which a review may be obtained, if sought;

4. The applicant's responsibility for reporting all facts necessary to determine eligibility and for presenting records and documents as requested and as reasonably available to support statements;

5. The joint responsibility of the welfare official and applicant to exploring facts concerning eligibility, needs and potential resources;

6. Verifications needed;

7. That an investigation will be conducted in order to verify facts and statements presented by the applicant;

8. The applicant's responsibility to notify the welfare official of any change in circumstances that may affect eligibility;

9. Other forms of assistance for which the applicant may be eligible if sought;

10. The requirement of placing a lien on any real property owned by the recipient, or any civil judgments or property settlements, for any assistance given, except for good cause;

11. Reimbursement from the recipient will be sought if he/she becomes able to repay the amount of assistance given; and

12. The applicant's right to review the guidelines, if sought.

13.

C. Responsibility of Each Applicant and Recipient

At the time of 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 and the whereabouts and circumstances of relatives who may be responsible under RSA 165:19;

2. To notify the welfare official promptly when there is a change in needs, resources; address or household size.

3. To apply for immediately, but no later than 7 days from completed application, and accept any benefits or resources; public or private, that will reduce or eliminate the need for imminent or potential future general assistance. RSA 165:1-b, I(d);

4. To keep all appointments as scheduled;

5. To provide records and other pertinent information and access to said records and information when requested;

6. To provide a verifiable doctor's statement if claiming an inability to work due to medical problems;

7. Following a determination of eligibility for assistance, to diligently search for employment and provide a verifiable job search as deternnined by the welfare official, to accept emp)oynoent when offered (except for documented reasons

8. of good cause (RSA 165: I-d); and to maintain such employment. RSA 165:

9. 1-b;I(c);

10. Following a determination of eligibility for assistance, to participate in the workfare program (if required) and if physically and mentally able. RSA 165: 1-b, I(b); and

11. To reimburse assistance granted if returned to an income status and if such reimbursement can be made without financial hardship. RSA 165:2Cb.

An applicant shall be denied assistance if he/she fails to fulfill any of these responsibilities without reasonable justification. A recipient's assistance may be terminated or suspended for failure to fulfill any of these responsibilities without reasonable justification, in accordance with Section XIII(C).

Any recipient may be denied or terminated from general assistance, in accordance with Section Xlll, or may be prosecuted for a criminal offense, if he/she, by means of intentionally false statements or intentional misrepresentation, or by impersonation or other willfully fraudulent act or devices, obtains or attempts to obtain any assistance to which he/she is not entitled.

D. Actions on Applications

1. Decision: Unless an application is withdrawn, the welfare official shall make a decision concerning the applicant's eligibility immediately in the case of emergency, or within five working days after submission of the application. A written notice of decision shall be given in hand, delivered or mailed on the same day or next business/working day following the mal<ing of the decision. The notice of decision shall state that assistance of a specific kind and amount has been given and the time period of aid, or that the application has been denied and, reasons for denial. A decision may also be made to pend an application subject to receipt of specified information from the applicant. The notice of decision shall contain a first notice of conditions for assistance and shall notify the applicant of his/her right to a fair hearing if dissatisfied with the welfare official's decision.

   RSA Il, Ill.

2. Emergency Assistance: If, at the time of initial contact, the applicant demonstrates and verifies that an immediate need exists, because of which the applicant may suffer a loss of a basic necessity of living and imminent threat to life or health (such as loss of shelter, utilities, heat, lack of food or life-saving/sustaining prescriptions) and no reasonable alternative can be found, then temporary aid to fill such immediate need shall be given immediately, pending a decision on the application. Such emergency assistance shall not obligate the welfare official to provide further assistance after the application process is completed.

3. Temporary Assistance: In circumstances where required records are not available, the welfare official may give temporary limited approval of an application pending receipt of required documents. Temporary status shall not extend beyond two weeks. The welfare official shall not insist on documentary verification if such records are totally unavailable.

4. Withdrawn Applications: An application shall be considered withdrawn if:

   a. The applicant has refused to complete and application or has refused to make a good faith effort to provide required verifications and sufficient information for the completion of an application. If an application is deemed withdrawn for these reasons, the welfare official shall so notify the applicant in a written notice of decision;

   b. The applicant dies before assistance is rendered;

   c. The applicant avails him/herself of other resources to meet the need in place of assistance;

d. The applicant requests that the application be withdrawn (preferably in writing); or

e. The applicant does not contact the welfare official after the initial interview after being requested to do so.

E. Home Visits

A hotne visit may be made by appointment at the request of any applicant, but only when it is impossible for the applicant or their representative to apply in person. Home visits will be nnade in pairs (i.e. no welfare official shall tmake a horne visit

The home visit shall be conducted in such a manner as to preserve, to the greatest extent possible, the welfare official's health and safety and the privacy and dignity of the applicant. To this end, the person conducting the visit shall not be in uniform or travel in a law enforcement vehicle, shall be polite and courteous and shall not knowingly discuss or mention the application within the listening area of someone who is not a member of the household.

Applicant housing is expected to meet local health and safety codes standards. During the house visit the welfare official may discuss any in line of sight possible housing safety code violations by the landlord/owner with the applicant and may report all possible violations to proper municipal departments/authorities.

VII. VERIFICATION OF INFORMATION

Any determination or investigation of need or eligibility shall be conducted in a manner that will not violate the privacy or personal dignity of the individual or harass or violate his/her individual rights.

A. Required Verifications

Verification will be required of the following:

1. Applicant's address;

2. Facts relevant to the applicant's residence, as set forth in Section IX(B) and x.

3. Names of persons in applicant's residential unit;

4. Applicant's and household incotne and assets;

5. Applicant's and household's financial obligations;

6. The physical and mental condition of household members, only where relevant to their receipt of assistance, such as ability to work at a place of employment, determination of needs or referral to other fornns of assistance;

7. Any special circumstances claimed by applicant;

8. Applicant's employment status and availability in the labor market;

9. Names, addresses and employment status of potentially liable relatives;

10: Current utility costs;

1 1 : Current housing costs;

12: Current prescription costs; and

13: Any other costs that the applicant wishes to claim as a necessity.

B. Verification Records

Verification may be made through records provided by the applicant (for example, birth and marriage certificates, pay stubs, pay checks, rent receipts, bank statements, relevant police reports, etc.) as primary sources. The failure of the applicant to bring such records does not affect the welfare official's responsibility to process the application promptly, The welfare official shall inform the applicant what records are necessary and the applicant is required to produce records possessed as soon as possible for application consideration. However, the welfare official shall not insist on documentary verification if such records are no treasonably available but shall ask the applicant to provide alternative means of verification.

C. Other Sources of Verification

Verification may also be made through other sources, such as relatives, landlords, employers, former employers, banks, schools personnel and social or government agencies. The cashier of the national bank or a treasurer of a savings and trust company is authorized by law to furnish information regarding amounts deposited to the credit of an applicant or recipient. RSA 165:4

D. Written Consent of Applicant

When information is sought from such other sources, the welfare official shall explain to the applicant or recipient what information is desired, how it will be used, and the necessity of obtaining it in order to establish eligibility. Before contact is made with any other source, the welfare official shall obtain written consent of the applicant or recipient, unless the welfare official has reasonable grounds to suspect fraud. In the case

of suspected fraud, the welfare official shall carefully record his/her reasons and actions, and before any accusation or confrontation is made, the applicant shall be given an opportunity to explain or clarify the circumstances in question.

E. Legally Liable Relatives

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 person shall be deemed able to assist such person if his/her income is more than sufficient to avoid causing a financial hardship. RSA 195:19

F. Refusal to Verify Information

Should the applicant or recipient refuse comment and/or indicate an unwillingness to have the welfare official seel< further information that is necessary, assistance shall denied for lack of eligibility.

Vll l . DISBURSEMENTS

The City of Dover pays through a voucher system. RSA 165:1 (Ill). Vouchers are payable directly to the vendors (landlords, utilities, stores, etc.) involved.

The amount shown on the voucher is the maximum amount to be used for payment. In accordance with the municipality's accounting practices, a recipient may be required to sign the voucher to insure proper usage. The vendor returns the voucher with the required documentation for payment to the welfare official. After the initial transaction, if there is any unspent money, the voucher shall be returned to the municipality for payment of the actual amount listed on an itemized bill or register tape. Vouchers altered by the recipient or vendor shall not be honored.

A voucher previously issued, but not yet paid, may be revol<ed and voided under certain circumstances. If facts are discovered that would negate such issuance or fraud is deternnined the voucher will be cancelled promptly. If fraud is involved, the facts surrounding the matter will be given to the appropriate law enforcement authorities for action. The revocation of assistance is not meant to replace the suspension process for issues of noncompliance.

IX. DETERMINATION OF ELIGIBILITY AND AMOUNT

A. Eligibility Formula

An applicant is eligible to receive assistance when:

1. He/she meets the non-financial eligibility factors listed is Section C below; and

2 . The applicant's basic welfare maintenance need, as determined under Section E below, exceeds his/her available income (Section F below) plus available liquid assets (Section D below). If available income and available liquid assets exceed the basic maintenance need (as determined by the guideline amounts), the applicant is not eligible for general assistance. If the need exceeds the available income/assets, the amount of assistance granted to the applicant: shall be the difference between the two amounts, in the absence of circumstances deemed by the welfare official to justify an exception.

B. Legal Standard and Interpretation

"Whenever a person in any town is poor and unable to support himself he shall be relieved and maintained by the overseers of public welfare of such town, whether or not he has a residence there." RSA 165:1, 1.

1. An applicant cannot be denied an application for assistance because he/she is not a resident of the City.

2. 'Whenever" means at any or whatever time a person is poor and unable to support him/herself and without reasonable alternative options to deem general assistance unnecessary.

    a. The welfare official, or person authorized to act on his/her behalf, shall be available during normal business hours.

    b. The eligibility of any applicant for general assistance shall be determined no later than five(5) business/working days after the application is submitted. If the applicant has an emergency life safety need, then the assistance for such emergency need shall be immediately provided in accordance with Sect:ion VI (D)(l), (2); provided an application is submitted.

3. 'Poor and unable to support" means that an individual lacks income, available liquid assets and resources to adequately provide for the basic welfare maintenance needed of him/herself or family as determined by the guidelines.

4. "Relieved" means an applicant shall be assisted to meet those basic welfare needs described by city welfare guidelines.

C. Non-Financial Eligibility Factors

1. Age: General assistance cannot be denied any applicant because of the applicant's age. Minor applicants shall be referred to Protective Services of the NH Division of Children, Youth and Families for support and case management. Minors have the residence of their parent(s) or legal guardian(s). Minors are the financial responsibility of the parent(s) or legal guardian(s).

2. Support Action: No applicant or recipient shall be compelled, as a condition of eligibility or continued receipt of assistance, to tal<e any legal action against any other person. The municipality may pursue recovery against legally liable persons or governmental units. See Section XVI.

3. Eligibility for Other Categorical Assistance: Recipients who are, or may be, eligible for any other form of public assistance must apply for such assistance immediately, but no later than seven days after being advised to do so by the welfare official. Failure to do so may render the recipient ineligible for assistance and subject to action pursuant to Section XIII of these guidelines.

4. Employment: An applicant who is gainfully employed, but whose income and assets are not sufficient to meet basic necessary household expenses, may be eligible to receive general assistance. However, recipients who without good cause refuses a job offer or referral to suitable employment, participation in the workfare program, or who voluntarily leave a job without good cause tmay be ineligible for continuing general assistance in accordance with the procedures for suspension outlined in the guidelines. The welfare official shall first determine, whether there is good cause for such refusal, tal<ing into account the ability and physical and mental capacity of the applicant, available transportation, working conditions that might involve unreasonable risks to health or safety, availability of safe and reasonable child care, or any other factors that nnight mal<e refusing a job reasonable considering the financial situation of the household. Employment requirements shall extend to all adult members of the household.

5 . Registration with the New Hampshire Department of Employment Security (NHES) and Employment Search Requirements: All unennployed recipients and adult members of their households shall, within seven days (7) after connpleting and intake or after having been granted assistance, register with NHE.S to attain employment and must conduct a reasonable, verifiable job search as determined by the welfare official. Each recipient must apply for employment to each employer to whom he/she is referred by the welfare official. These employment search requirements apply unless the recipient and each other adult tnember of the household is:

a. Gainfully employed full„time and permanent etmployment status;

b. A dependent 18 years of age or under who is regularly attending secondary school;

c. Unable to work at a place of employment due to illness or mental or physical disability of him/ herself or another member of the household, as verified by the welfare official; or

d. Solely responsible for the care of a child under the age of one. A recipient responsible for the care of a child aged one to twelve shall not be excused from employment search requirements, but shall be deemed to have good

cause to refuse a job requiring employment during hours the child is not usually in school, if there is no reasonable responsible person available to provide care and it is verified by the welfare official that no other care is available.

e. The welfare official shall give all reasonably necessary assistance to ensure compliance with registration and employment requirements, including the granting of allowances for transportation and clothes for employment as part of an allowable budget expense. The welfare official will discuss job search techniques and strategies for attaining employment. Failure of a recipient to comply with these requirements without good cause will be reason for denial of assistance.

6. Students: Applicants who are post-secondary school students with unreasonable employment availability limitations or refusing to seek fulltime employment are not eligible for general assistance.

7. Non-Citizens: The welfare officer may, in his/her sole discretion, provide limited emergency life-safety needs assistance to non-citizens not otherwise eligible for general assistance.

a. A non-citizen who is not:

i A qualified alien under 8 USCA 1641:
ii A non-imtmigrant under the federal Immigrat:ion and Nationality Act;
iii An alien paroled into the United States for less than one year under 8 USCA 1621 (a).

b. Qualified aliens include aliens who are lawfully admitted for permanent residence under the Immigration and Nationality Act (8 USCA 1101 et seq.), aliens who are granted asylum under that act, certain refugees and certain battered aliens. 9 USCA 1641.

c. A non-citizen who is not eligible for general assistance may be eligible for state assistance with health care items and services that are necessary for the treatment of ennergency medical condition, which is defined as a medical condition (including emergency labor and child delivery) manifesting itself by acute symptotms of sufficient severity including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

i. Placing the patient's health in serious jeopardy;
ii. Serious impairrnent to bodily functions; or
iii. Serious dysfunction of any bodily organ or part. 8 USCA 1621)b) and 42 USCA 1396(v)(3).

d. A non-citizen may also be eligible for general assistance for treatment of any emergency medical condition, pursuant to Section IX (E)(8)(a) of these guidelines.

e. Non„citizen applicants for general assistance may be required to provide proof of eligibility. 8 USCA 1625.

8. Property Transfers: No applicant who is otherwise eligible shall receive such assistance if he/she has made an assignment, transfer or conveyance of property for the purpose of rendering him/ herself eligible for assistance within three years imnoediately preceding his/her application. RSA 165:2-b

9. Employment of Household Members: The employment requirements of these guidelines, or participation in the workfare program, shall be required for all adults aged 18 to 65 years residing in the same household, except those regularly attending secondary school or employed on a full-time, permanent employment status basis, who are:

a. Members of the recipient's household;

b. Legally liable to contribute to the support of the recipient and/or children of the household; and

c. Not prevented from maintaining employment and contributing to the support of the household by reason of physical or mental disability or other justifiable cause as verified by the welfare official.

The welfare official may waive this requirernent where failure of the other household members to comply is not the fault of the recipient and the welfare official decides it would be unreasonable for the recipient to establish a separate household. RSA 165:32.

10. Disqualification for Voluntary Termination of Employment: Any applicant eligible for assistance who voluntarily terminated employment shall be ineligible to receive assistance for ninety (90) days from the date of employment termination, provided the applicant:

a. Has received local welfare in the past three hundred sixty#ive (365) days;

b. Has been given notice that voluntary termination of employnnent without good cause could result in disqualification;

c. Has terminated employment of at least twenty (20) hours per week without good cause within sixty (60) days of an application for local welfare;

d. Is not responsible for supporting minor children in his/her household, which caused an inability to maintain employment; or

e. Did not have a verifiable mental or physical impairnnent, which caused an inability to maintain employtnent.

Good cause for termination of employment shall include any of the following: discrimination, unreasonable employment demands or unsuitable employnoent, retirement, leaving a job in order to accept a bona#ide job offer, migrant farm labor or seasonal construction and lack of transportation or child care. An applicant shall be considered to have voluntarily terminated employment: if the applicant fails to report for employrnent without good cause. An applicant who is fired or resigns from a job at the request of the employer due to applicant's inability to tmaintain the ernployer's normal work productivity standard shall not be considered to have voluntarily terminated ennployment. RSA 165:1-d.

D. Available Assets

1 . Available Liquid Assets: Cash on hand, bank deposits, credit union accounts, securities and retirement plans (i.e.; IRA's deferred compensation, Keogh's etc.) are available liquid assets. Insurance policies with a loan value and nonessential personal property may be considered as available liquid assets when they have been converted into cash. The welfare official shall allow a reasonable time for such conversion. However, tools of a trade, livestock and farnn equipment and necessary and ordinary household goods are essential items of personal property which shall not be considered as available assets.

2. Automobile Ownership: The ownership of one (1) automobile by an applicant/recipient or his/her dependent does not affect eligibility if it is essential for transportation to seel< or maintain employment, to procure frequent medical services or rehabilitation services, or if its use is essential to the maintenance of the individual or the family and if alternative transportation is not available or not cost effective.

3. Life Insurance: The ownership of a life insurance policy(s) does not affect eligibility. However, when a policy has cash or loan value, the recipient will be required to obtain and/or borrow ail available funds, which shall then be considered available liquid assets. Payments made for the continuation of life insurance policies may not be considered a needed allowable expense.

4. Real Estate: The type and amount of real estate owned by an applicant does not affect eligibility, although rent or other such income from property shall be considered as available to meet needs. Applicants owning real estate property, other than that occupied as their primary residence, shall be expected to make reasonable efforts to dispose of it at fair market value. Applicants shall be

informed that a lien covering the annount of any general assistance they receive shall be placed against any real estate they own. RSA 165:28.

E. Standard of Need

The basic financial requirement for general assistance is that an applicant be poor and unable to support him/herself. An applicant shall be considered poor when he/she has insufficient available income/assets to purchase either for him/herself or dependents any of the following:

1. 1

2. Permanent Housing/Shelter: The amount to be included as "need" for permanent housing/shelter, including tenancy, is the actual cost of rent or mortgage necessary to provide shelter in the City as determined either by the most recent HUD Fair Market Rents, New Hampshire Housing Finance Authority Rental Survey or by minimum reasonable local market rent factors, as chosen by the welfare official.

a. Permanent Housing/Shelter Arrearages: Shelter arrearages are not normally included. The welfare official may assist in the least costly manner, or provide alternate means to accommodate the health and safety of the household unit. The welfare official may, in his/her sole discretion assist with shelter arrearages if, such payment is necessary to prevent eviction or foreclosure and to protect the health and safety of the household and if household can verify ability to afford/maintain housing based on present and/or projected verifiable income. However, if the amount of such mortgage or rental arrearage substantially exceeds the cost of alternative, available housing which complies with local health and housing code standards, or if the payment of arrears will not prevent eviction or foreclosure, the welfare official may instead authorize payment of first month rent, for such alternative housing if, under the circumstances of the case, it is reasonable to do so and would provide for basic health and safety needs for the applicant household. Other alternative housing may include transitional housing or homeless shelters. Preference will be given to seeking local area transitional housing and homeless shelter options. Special consideration will be given to assisting an applicant/client residing in federally subsidized housing or other substantially below market rent housing to retain such housing.

    i. Residents seeking rent or mortgage assistance within the first three months of occupancy may be expected to verify ability to reasonably financially maintain said expenses at time of move in.
    ii. Housing is expected to meet local ordinance and code standards as verified by the local building/ code inspector for consideration of of financial housing assistance.

b. Hotel, Motel and Inns: Occupants of hotels, motels, inns and classified as such, are not normally considered "tenants" and are exempt from the legal eviction process defined in RSA 540, RSA 540: I-a. Persons residing in housing exempt from the legal eviction process are not normally considered to be residing in permanent housing under these guidelines.

c. Single Family Home Boarders: Occupants of single-family homes in which the occupant has no lease, which is the primary and usual residence of the owner are not normally considered "tenants" and are exempt from the legal eviction process defined in RSA 540, RSA 540:1, RSA 540:1-a. Persons residing in housing exempt from the legal eviction process is not normally considered to be residing in permanent housing under these guidelines.

d. First Month Rent: Assistance with first month's rent will be considered only in the event of a verifiable emergency need, i.e. inability to financially maintain current housing's basic expenses, homelessness, uninhabitable housing as determined by the local building/code inspector or other appropriate local authority and the verified ability at the time of application to financially maintain such proposed housing is verified. Applicant is expected to seek first month rental assistance prior to moving into proposed housing, including receiving rental keys from the landlord/owner or moving personal belongings into proposed rental housing.

e. Security Deposits: Security deposits may be included in the "need" formula if, and only if, the applicant is unable to secure alternative shelter for which no security deposit is required or is unable to secure funds, either him/herself or from alternative sources, for payment of the deposit. Any security deposit provided by the general assistance program which is returned under RSA 540-A: 7 shall be returned to the municipality, not the recipient.

f. Relative Landlords: Whenever a relative of a client is also the landlord for the client, that landlord will be presumed able to assist his/her relatives pursuant to RSA 165: 19 and tmust prove an inability to assist without causing a financial hardship to him/herself before any aid payment for rent is made.

g. Emergency Temporary Shelters: The welfare official may provide referrals to homeless shelters and/or transitional housing when appropriate or needed to resolve a basic health and safety housing need. Shelter and/or transitional housing recipients are expected to abide by shelter/transitional housing rules and policies. In cases in which an appropriate referral for emergency temporary housing/shelter is provided and the applicant/recipient refuses to accept such a referral City Welfare will not be liable for any alternative housing/shelter but may consider other fortns of non-housing assistance to which he/she is otherwise eligible. In cases in which a client is involuntarily exited from an emergency shelter for violation of rules/policies or voluntarily exits the shelter without a reasonable long term housing option, resulting in the need for further emergency housing assistance, city welfare will seek

alternative emergency temporary housing/shelter. However, the city wilt not be liable for the cost of any alternative housing. The New Hampshire Division for Children, Youth and Families may be contacted to provide support for families involuntarily exited or voluntarily leaving the provided shelter without a reasonable housing/shelter option for their children/family. RSA 169*C: 29.

3. Utilities: When utility costs are not included in the shelter expense, the most recent outstanding monthly utility bill will be included as part of "need" by the welfare official (service must be in the client's name). Arrearages will not normally be included in U need" except as set forth below.

NOTE: The New Hampshire Public Utilities Commission (PUC) has established comprehensive rules governing the provision of some utility services. Generally speaking, the PUC governs electric, telephone, water and sewer; it does not govern any municipal utilities, propane tanks or fuel oil. With the exception of telephone, the rules are consistent across utilities. These rules and regulations cover the initiation of service, the requirement of deposits, municipal guarantees and guarantees from other third parties. There are special rules as to winter termination. The welfare official should be familiar with these rules in order to ensure that needs are properly met at the lowest available cost. The PUC has a toll free consumer assistance number: 1-800 852d793.

a. Arrearages: Arrearages will not be included except when necessary to ensure the health and safety of the applicant household or to prevent termination of utility service where no other resources or referrals can be utilized. In accordance with the rules of the PUC relating to electric utilities, arrearage for electric service need not be paid if the welfare official notifies the electric connpany that the nounjcipality guarantees payment of current electric bills as long as the recipient remains eligible for general assistance.

b. Restoration of Service: When utility service has been terminated and the welfare official has determined that alternative utility service is not available and safe alternative housing is not available or feasible, arrearages will be included in "need" when restoration of service is negotiated with the utility for payment of less than the full amount of the arrears and/or may attempt to arrange a repayment plan to obtain restoration of service.

c. When electric service has been terminated and restoration is required, arrearages may either be included as set forth in the above paragraph or may be paid in accordance with a reasonable payment plan entered into by the applicant and the electric company. The welfare official may hold the recipient accountable for the payment arrangement for as long as the recipient continues to request general assistance on a regular basis. Payment of a paynnent plan may be a required element of a notice of decision or case plan.

4. Food: The Federal Supplemental Nutrition Program amount included as need" for food purchases will be in accordance with the most recent standard

Allotment, as determined under the Federal Supplemental Nutrition Program adnninistrated by the New Hampshire Department of Health and Human Services. An amount in excess of the standard food allotment may be granted if one or more members of the household require a special diet, as verified by the welfare official, the documented cost of which is greater than can be purchased with the family's allotment for food. Food vouchers may not be used for alcohol, tobacco or pet food. Referrals to food pantries and food kitchens/meal centers may be given to meet applicants basic emergency food needs.

5. Household Maintenance Allowance: Applicants may include, in calculating 'need" the cost of providing personal and household necessities determined by the welfare official and used consistently for individuals and families. Need allowance for diapers shall be calculated based on usage.

6. Telephone: If the absence of a telephone would create an unreasonable risl< to the applicant's health or safety as verified by the welfare official or for other good cause as determined by the welfare official, the lowest available basic monthly rate will be budgeted as "need'

7. Transportation: If the welfare official determines that transportation is necessary (e.g., for health or medical reasons, to maintain employment or to comply with conditions of assistance) "need" should include the costs of public transportation, where available. If, and only if, the transportation need cannot be reasonably provided by cost effective alternative means, such as public transportation or volunteer drivers, a reasonable amount for

8. car payment and gasoline should be included as part of [a] need" when determining eligibility or amount of aid.

9. Maintenance of Medical Insurance: In the event that the welfare official determines that the self-maintenance of medical insurance is essential, an applicant may include as "need" the reasonable cost of such premiums, especially in the event that insurance payments are Jess than the cost of prescriptions.

10. Emergency and Other Expenses: In the event that the applicant has the following current expenses, the actual cost shall be included as emergency and other expenses to determine eligibility and amount of assistance:

a. Medical Expenses: The welfare official shall not consider including amounts for medical, dental or eye services unless the applicant can verify that all other potential sources have been investigated and that there is no source of assistance other than local welfare. Other sources to be considered shall include state and federal programs, local and area clinics, area service organizations and area hospital indigent programs designed for such needs. When an applicant requests non-hospital related medical service, life-saving/sustaining prescriptions, including dental service to treat infection or eye service, the local welfare official may require verification from a doctor, dentist or person licensed to practice optometry in the area, indicating that

these services are absolutely necessary and cannot be postponed without creating a significant risk that the applicant's health will be placed in serious jeopardy, This office will consider only those medications that are considered life-saving/sustaining and the New Hampshire Division of Health and Human Services Medicaid program would consider reimbursable. Generic medications must be used unless specified otherwise by a licensed medical provider. The City of Dover Welfare Department will not normally authorize assistance for medications which would not meet the criteria of treating a diagnosed life threatening medical condition.

b. Legal Expenses: Except for those specifically required by statute, no legal expenses, including fines/citations wilt be included in "need'

c. Clothing: If the applicant has an emergency clothing need which cannot be met in a timely fashion by other community resources (i.e.; Salvation Army, Red Cross, church groups) the expense of reasonably meeting that emergency clothing need will be included in "need'

d. Miscellaneous: Nornoally, cost to prevent repossession of any kind, moving expenses, storage charges, household items and any other nonessential expenses as determined by the welfare official shall not be considered allowable expenses.

11. Unusual Needs Not Otherwise Provided For in These Guidelines: If the welfare official determines that the strict application of the standard of need criteria witl result in unnecessary or undue hardship (e.g. needed services are inaccessible to the applicant), such official may make minor adjustments in the criteria or may make allowances using the emergency need standards stated jn Section of these guidelines. Any such determination and the reasons therefore, shall be stated in writing in the applicant's case record.

12. Shared Expenses: If the applicant/recipient household shares shelter, utility or other expenses with a non-applicant/recipient (i.e.; is part of the residential unit), then need should be determined on a pro rata share, based on the number of adults in the residential unit (e.g.; three adults in residential unit, but only one applies for assistance- shelter need is 1/3 of shelter allowance for a household of three adults).

13. Payment Levels for Allowable Expenses: When adopting these guidelines, the municipal governing body shall establish levels for various allowable expenses which shall be based on actual local market conditions and costs. The payment levels shall be reviewed by the welfare official annually and modifications presented to the municipal governing body where market conditions have changed. RSA 165: 1, ll.

F, Income

In determining eligibility and the amount of assistance, the standard of need shall be compared to the available income/assets. Computation of income and expenses will be by the week or month. The following items will be included in the computation:

1. Earned Income: Income in cash or in-kind earned by the applicant or any member of the household through wages, salary, commissions or profit, whether self-employed or as an employee, is to be included as income. Rental income and profits from items sold are considered earned income. With respect to self-employment, total profit is arrived at by subtracting business expenses from gross income in accordance with standard accounting principles. When income consists of wages, the annount computed should be that available after income taxes, social security and other payroll deductions required by state, federal or local law, court ordered support payments and child care cost and employment related clothing costs have been deducted from income. Wages that are trusteed or income similarly unavailable to the applicant or applicant's dependents should not be included,

2. Income or Support from Other Persons: Contributions from relatives or other household members shall be considered as income only if available and received by the applicant or recipient. The income of non-household members of the applicant's residential unit shall not be counted as income. Expenses shared with non-household members may affect the level of need. See Section IX(E)(IO) regarding determination of need in cases of nonhousehold residential units.)

3. Income from Other Assistance or Social Insurance Programs:

   a. State categorical assistance benefits, OASDI payments, Social Security payments, VA benefits, unemployment insurance benefits and payment from other government sources shall be considered income.

   b. Federal Supplemental Nutrition Program (SNAP) allotments cannot be counted as income pursuant to federal law (7 USC 2017(b)).

   c. Fuel Assistance cannot be counted as income pursuant to federal law (42 USC 8624 (f)(1).

4. Court-Ordered Support Payments: Alimony and child support payments shall be considered income only if received by the applicant or recipient.

5 . Inconne from Other Sources: Payment from pension, trust funds and similar programs shall be considered income.

6. Earnings of a Child: No inquiry shall be made into the earnings of a child 14 years of age or less unless that child makes a regular and substantial contribution to the family.

7. Option to Treat a Qualified State Assistance Reduction as Deemed Income: The welfare official may deem as income all or any portion of any qualified state assistance reduction pursuant to RSA 167:82, VIII. The following criteria shall apply to any action to deem incotme under this section. RSA 165:1-e.

    a. The authority to deem income under this section shall terminate when the Qualified State Assistance Reduction is no longer is in effect.

    b. Applicants for general assistance may be required to cooperate i n obtaining information from the Department of Health and Huma n Services as to the existence and amount of any Qualified State Assistance Reduction. No applicant for general assistance may be considered to be subject to a Qualified State Assistance Reduction unless the existence and amount has been confirmed by the Department of Health and Human Services.

    c. The welfare official shall provide the applicant with a written decision which sets forth the annount of any deenned income used to determine eligibility for general assistance.

    d. Whenever necessary to prevent an immediate threat to the health and safety of children in the household, the welfare official shall waive that portion, if any, of the Qualified State Assistance Reduction as necessary.

G. Residents of Shelters for Victims of Domestic Violence and Their Children

An applicant residing in a shelter for victims of domestic violence and their children who has income, and owns resources jointly with the abusive member of the applicant's household, shall be required to cooperate with the normal procedures for purposes of verification. Such resources and income may be excluded from eligibility determination unless the applicant has safe access to joint resources at the time of application. The verification process may be completed through an authorized representative of the shelter of residence. The normal procedures taken in accordance with these guidelines to recover assistance granted shall not delay such assistance.

X. Non-Residents

A. Eligibility

Applicants who are temporarily in a municipality which is not their municipality of residence and who do not intend to make a residence there are nonetheless eligible to receive general assistance, provided they are poor and unable to support themselves. RSA 165:1-c. No applicant shall be refused assistance solely on the basis of residence. RSA 165:1. The applicant's residence, prior to the temporary relocation, may be contacted if it is learned the temporary relocation was caused, in part, by the municipal welfare departments unavailability or unwillingness to assist with the emergency situation. The applicant may be assisted with a referral to the former municipality if time, available transportation and type of emergency makes it reasonable to do so.

B. Standards

The application procedure, eligibility standard of need shall be the same for nonresidents as for residents.

C. Verification

Verification records shall not be considered unavailable, nor the applicant's responsibility for providing such records relaxed, solely because they are located in the applicant's municipality of residence.

D. Temporary or Emergency Aid

The standard for the fulfilling of immediate or ennergency needs of nonresidents and for temporary assistance pending final decision shall be the same as for residents, as set forth in Section VI (D)(2).

E. Determination of Residence

Determination of residence shall be made in the applicant requests return home transportation (See paragraph F below) or if the welfare official has reason to believe the applicant is a resident of another New Hampshire municipality from which recovery can be made under RSA 165:20.

1. Minors: The residence of a minor applicant shall be presumed to be the residence of his/her custodial parent or guardian.
2. Adults: For competent adults, the standard for determining residence shall be the overall intent of the applicant, as set forth in the Section I definition of residence". The statement of an applicant over 18 as to his/her residence or intent to establish residence shall be accepted in the absence of strongly inconsistent evidence or behavior.

F. Return Home Transportation

At the request of a nonresident applicant, any aid, temporary or otherwise, to which he/she would be otherwise entitled under the standard set forth in these guidelines may be used at the welfare official's discretion to cause the applicant to be returned to his/her municipality of residence. RSA 165:1-c.

G. Recovery

Any aid given to a nonresident, including the costs of return home transportation, may be recovered from his/her municipality of residence using the procedures of Section XVI(B).

XI. Municipal Work Programs

A. Participation

Any recipient of general assistance who is able and not gainfully employed may be required to work for the municipality or an appropriate local human service agency at any available bona fide job that is within his/her capacity (RSA 165:31) for the purpose of reimbursement of benefits received. Participants in the workfare program are not considered employees of the municipality, and any work performed by workfare participants does not give rise to any employee-employer relationship between the recipient/workfare participant and the municipality.

B. Reimbursement Rate

The worl<fare participant shall be allotted the prevailing municipal wage for work performed, but in no case less than the noinimutn wage. No cash compensation shall be paid for workfare participation; the wage value of all hours worl<ed shall be used to reimburse the municipality for assistance givens No workfare participant shall be required to work more hours than necessary to reimburse aid rendered.

C. Continuing Financial Liability

If, due to lack of available municipal work or other good cause, a recipient does not work a sufficient number of hours to fully reimburse the nnunicipality for the amount of his/her aid, the amount of aid received less the value of workfare hours completed shall still be owed to the municipality.

D. Allowance for Employment Search

The municipality shall provide reasonable time during working hours for the participant to conduct a documented and verifiable employment search, as determined by the welfare official.

E. Workfare Program Attendance

With prior notice to the welfare official, a recipient may be excused from workfare participation if he/she:

1. ,Has a conflicting job interview;

2. Has a conflicting interview at a service or welfare agency;

3. Has a medical appointnoent or illness;

4. As a parent or person "in loco Parents", must care for a child under the age of five. A recipient responsible for a child age five but under 12 shall not be required to participate in workfare during the hours the child is in not in school, if there is no responsible person available to provide care and no other care is available;

5. Is unable to participate in workfare due to mental or physical disability as verified by the welfare official;

6. Must remain at home because of illness or disability to another member of the household, as verified by the welfare official; or

7. Does not possess the materials or tools required to perform the task and the municipality fails to provide them.

However, the workfare participant should attempt to schedule appointments so as not to conflict with the workfare program and must notify his/her supervisor in advance of the appointment. The welfare official may require participants to provide documentation of their attendance at a conflicting interview or appointment.

F. Workfare Hours

Worl<fare hours are subject to approval of the supervisor and the welfare official. Failure of the participant to adhere to the agreed workfare hours (except for the

reasons listed above) will prompt review of the recipient's eligibility for general assistance and may result in a suspension or termination of assistance. See Section

G. Workers Compensation

The municipality shall provide workers compensation coverage to participants in workfare programs in the same manner such coverage is provided to other municipal employees. RSA 28EA:2, Vll(b).

Burial & Cremations

The welfare official shall provide for burial or cremation of eligible persons found in the municipality at time of death. In such cases where the deceased, at the time of death, has a residence in another city, town or state the next of kin or other responsible party will be referred to contact the appropriate agency. If the deceased was a resident of municipality at the time of death, assistance may be applied for on behalf of the deceased person, however the application should be made before any burial or cremation expenses are incurred. The expense tmay be recovered from the deceased person's municipality of residence or from a liable relat:ive pursuant to RSA 165:3,ll. If the welfare official verifies relatives or other private persons, the state or other sources are unable to cover the entire burial/cremation expense, the municipality will pay up to $650 for burial/cremation, The total burial/cremation expense is not to exceed $2000.OO. RSA 165-3, RSA 165:1-b, RSA 165:27 and 165:27-a.

Special religious rites, beyond the maximum amount the municipality will pay, will not be paid for at the public expense.

The municipality will not pay burial and/or cremation benefits in the instance of passé funeral charges. The request should be made prior to the burial and/or cremation, in a timely manner, immediately following the time of death.

Xlll . Right to Notice of Adverse Action

A. Right to a Written Decision

Alt persons have a constitutional right to be free of unfair, arbitrary or unreasonable action taken by government. This includes applicants for and recipients of general assistance whose aid has been denied, terminated or reduced. Every applicant and recipient shall be given a written notice of every decision regarding assistance (Section VI(D) for notice where application is granted). The welfare official will make every reasonable effort to ensure that the applicant understands the decision.

B. Action Taken for Reasons Other Than Noncompliance with the Guidelines

1. Whenever a decision is made to deny assistance or to refuse to grant the full amount of assistance requested, a notice of the decision shall be given or mailed to the applicant either the sanae day or next business/worl< day following the making of the decision or within five (5) business/work day from the time the application is completed and subnoitted, whichever occurs first.

2. fn any case where the welfare official decides to tertminate or reduce assistance for reasons other than noncompliance with the guidelines, the official shall send notice at least seven (7) days in advance of the effective date of the decision to the recipient stating the intended action.

3. The notice required by paragraphs 1 and 2 above shall contain:

   a. A clear statement of the reasons for the denial or proposed termination or reduction.

   b. A statement advising the recipient of his/her right to a fair hearing and that any request for a fair hearing must be made in writing within five business/work days.

   c. A form on which the recipient may request a fair hearing, if such a hearing is sought,

   d. A statement advising the recipient of the time limits which must be tnet in order to receive a fair hearing.

   e. In accordance with Section XIV fair hearing guidelines, a statement that assistance may continue, if there was initial eligibility, until the date of hearing, if requested by the claimant. Aid must be repaid if the claimant fails to prevail at the hearing.

C. Suspension for Noncompliance with the Guidelines

1 . Due Process: Recipients must comply with these guidelines and the reasonable requests of welfare officials. Welfare officials must enforce the guidelines while ensuring that all recipients and applicants receive due process. Recipients should be given reasonable notice of the conditions and requirements of eligibility and continuing eligibility and notice that noncompliance may result in termination or suspension.

2. Conditions: Any applicant/recipient otherwise eligible for assistance shall become ineligible under RSA 165: I-b if he/she willfully and without good cause

fails to comply with the requirements of these guidelines relating to the obligation to:

a. Disclose and provide verification of income, resources or other material financial data, as set out in Section VI(C) and Vll of these guidelines, including any changes in this information;

b. Participate in the workfare program under Section VI(C), to the extent assigned by the welfare official;

c. Comply with the employment search requirements imposed by the welfare official under Section VI(C); and

d. Within seven (7) days, apply for other public assistance, as required by the welfare official under Section VI(C).

3. First Notice: No recipient otherwise eligible shall be suspended for noncompliance with conditions unless he/she has been given a written notice of the actions required in order to remain eligible and a seven (7) day period within which to comply. The first notice should be given at the time of the notice of decision and thereafter as conditions change. Additional notice of action required should also be given, as eligibility, is redetermined, but without an additional seven day period unless new actions are required. RSA: 165-b, ll.

4. Noncompliance:

a. If a recipient willfully and without good cause fails to come into compliance during the seven (7) day period or willfully falls into nonconnpliance within thirty (30) days from receipt of a first notice, the welfare official shall give the recipient a suspension notice, as set forth in paragraph 5.

b. If a recipient falls into noncompliance for the first time more than thirty (30) days after receipt of a first notice, the Welfare Official shall give the recipient a new first notice with a new seven (7) day period to comply before giving the recipient the suspension notice. RSA 165:1-b, (lll).

5. Suspension Notice: Written notice to a recipient that he/she is suspended from assistance due to failure to connply with the conditions required in a first notice shall include:

a. A list of the guidelines with which the recipient is not in compliance and a description of those actions necessary for compliance;

b. The period of suspension (See paragraph 6 below);

c. Notice of the right to a fair hearing on the issue of willful noncompliance and that such request tmust be made in writing within five (5) days of receipt of the suspension notice;

d. A statement that assistance may continue in accordance with the prior eligibility determination until the fair hearing decision is made if the recipient so requests on the request form for the fair hearing, however, if the recipient fails to prevail at the hearing:

i. the suspension will start after the decision, and

ii. such aid must be repaid by the recipient; and

e. A form on which the individual may request a fair hearing and the continuance of assistance pending the outcome.

6. Suspension Period: The suspension period for failure to comply with the guidelines shall last:

a. Either seven (7) days or fourteen (14) days if the recipient has a prior suspension which ended within the past six month, and

b. Until the recipient complies with the guidelines if the recipient, upon the expiration of the seven (7) or fourteen (14 day) suspension period, continues to fail to carry out the specific actions set forth in the notice.

c. Notwithstanding paragraph C(6)(b) above, a recipient who has been suspended for continued noncompliance for at least one (1) calendar year may file a new application for assistance without coming back into compliance.

7. Fair Hearing on Continuing Noncompliance: A recipient who has been suspended until he/she complies with the guidelines may request a fair hearing to resolve a dispute over whether or not he/she has satisfactorily complied with the required guidelines, however, no assistance shall be available under paragraph C(5)(d) above.

8. Connpliance After Suspension: A recipient who has been subject to a suspension and who has come back into compliance shall have his/her assistance resumed, provided he/she is still otherwise eligible. The notice of decision stating that assistance has been resunned should again set forth the actions required to remain eligible for assistance, but need not provide a seven (7) day period for compliance unless new conditions have been imposed.

9. Misrepresentation: Misrepresentation of information by a client is grounds for denial and suspension of City Welfare assistance and may result in prosecution

for the crimes, including but not limited to Unsworn Falsification, RSA 641:3, Theft by Deception RSA 637:4 and/or Identity Fraud RSA 638:27.

10. The welfare official is not required to accept further applications for assistance during a period of suspension.

XIV. Fair Hearings

A. Requests

A request for a fair hearing is a written expression, by the applicant or recipient or any person acting for him/her, to the effect that he/she wants an opportunity to present his/her case to a higher authority, When a request for assistance is denied or when an applicant desires to challenge a decision made by the welfare official relative to the receipt of assistance, the applicant must present a request for a fair hearing to the welfare official within five (5) business/working days of receipt of the notice of decision at issue. RSA 165:1 ^{w} b, (Ill).

B. Time Limits for Hearings

Hearings requested by claimants must be held within seven (7) business/working days of the receipt of the request. The welfare official shall give notice to the claimant setting the time and location of the hearing. This notice must be given to the claimant at least forty-eight (48) hours in advance of the hearing, or naailed to the claimant at least seventy-two (72) hours in advance of the hearing.

C. Requests for Postponements

A claimant who has verifiable good cause to request a postponement of a scheduled fair hearing shall contact the welfare official at the earliest possible time prior to the fair hearing. Upon receiving documentation deemed by the welfare official to be verifiable good cause, the fair hearing will be rescheduled at next the earliest available date, A claimant shall provide documentation of such verifiable emergency circumstances to the welfare official within three (3) business/working days of the date that the request for postponement has been made. Claimants are entitled to only one (1) such postponement per fair hearing request.

1. Verifiable Good Cause: The claimant shall include, but not be limited to, verified medical emergency or other verified unforeseen emergency circumstances, which precludes the claimant from attending the scheduled fair hearing.

2. Request for Postponement Prior to Three (3) Days of the Fair Hearing: If a claimant requests a postponement earlier than three (3) business/working days of the fair hearing date and documentation deemed by the welfare official to be

verifiable good cause is not provided to the welfare official within the three (3) business/working days, the scheduled fair hearing date will be honored.

If the claimant provides documentation deemed by the welfare official to be verifiable good cause within the three (3) business/working days the fair hearing will be rescheduled at the next earliest available date.

3. Requests for Postponement Within Three(3) Days of the Fair Hearing Date: If a claimant makes a request for postponement within three (3) business/working days of a fair hearing date, the scheduled fair hearing will be held in abeyance pending receipt of documentation deemed to be verifiable good cause by the welfare official. The documentation must be provided to the welfare official within three (3) business/working days of the date of the request for postponement.

   If the claimant provides documentation deemed by the welfare official to be verifiable good cause within the three (3) business/working days, the fa ir hearing will be rescheduled at the earliest available date. If the claimant does not provide documentation deemed by the welfare official to be verifiable good cause within the three (3) business/worl<ing days, the fair hearing will not be rescheduled and the request for the fair hearing shall be deemed to be withdrawn by the claimant. The notice of adverse action at issue will be upheld.

D. The Fair Hearing Officer(s)

The fair hearing officer(s) may be chosen by the City Manager. The person(s) serving as the fair hearing authority must:

1. Not have participated in the decision causing dissatisfaction;

2. Be impartial;

3. Be sufficiently skilled in interviewing to be able to obtain evidence and facts necessary for a fair determination; and

4. Be capable of evaluating all evidence fairly and realistically, to explain to the claimant the laws and regulations under which the welfare official operated, and to interpret to the welfare official any evidence of unsound, unclear or inequitable policies, practices or action.

E. Fair Hearing Procedures

1. Alt fair hearings shall be conducted in such a manner as to ensure due process of law. Fair hearings shall not be conducted according to strict rules of evidence.

The burden of proof shall be on the claimant, who shall be required to establish his/her case by a preponderance of the evidence.

2. The welfare official responsible for the disputed decision shall attend and testify about his/her actions and the reasons therefore.

3. Both parties shall be given the opportunity to offer evidence and explain their positions as fully and completely as they wish. The claimant shall have the opportunity to present his/her own case or, at the claimants option, with the aid of others, and to bring witnesses, to establish all pertinent facts, to advance any arguments without undue interference, to question or refute testimony or evidence, including the opportunity to confront and cross examine adverse witnesses.

4. A claimant or his/her duly authorized representative has the right to examine, prior to a fair hearing. Alt records, papers and documents from the claimant's case file which either party may wish to introduce at the fair hearing, as well as any available documents not contained in the case file but relevant to the welfare official's action of which the claimant complains. The claimant may introduce any such documents, papers or records into evidence. No record, paper or document, which the claimant has requested to review but has not been allowed to examine prior to the hearing, shall be introduced at the hearing or become part of the record unless the claimant consents.

5. The welfare official (or a duly authorized representative) shall have the right to examine at the fair hearing all documents on which the claimant plans to rely on at the fair hearing and may request a 24-hour continuance if such documents contain evidence not previously provided or disclosed by the claimant. Should the applicant have new documentation relevant to the dispute, he/she may reapply for assistance and file a written withdrawal of the fair hearing request.

6. The decision of the fair hearing officer(s) must be based solely on the record, in light of these guidelines. Evidence, both written and oral, which is admitted at the hearing shall be the sole contents of the record. The fair hearing officer shall not review the case record or other materials prior to introduction at the hearing.

7. The parties may stipulate to any facts. Such stipulations shall be noted in the Record.

8. All fair hearings shall be electronically recorded and retained for six (6) months.

F. Decisions

1. Fair hearing decisions shall be rendered within seven (7) business/working days of the hearing. Decisions shall be in writing setting forth the reasons for decision and the facts on which the fair hearing officer relied in reaching the decision. A

copy of the decision shall be mailed or delivered to the claimant and to the welfare official.

2. Fair hearing decisions will be rendered on the basis of the officer's findings of facts, these guidelines and state and federal law. The fair hearing decision shall set forth any required relief.

3. The decision shall be dated. In the case of a hearing to review a denial of aid, the decision is retroactive to the date of the action being appealed. If a claimant fails to prevail at the hearing, the assistance given pending the hearing shall be a debt owed by the individual to the municipality.

4, The welfare official shall keep all fair hearing decisions on file in chronological Order, consistent with applicable law and retention policies.

5. None of the procedures specified herein shall litmit any right of the applicant or recipient to subsequent court action to review or challenge the adverse decision.

XV. Liens

A. Real Estate - RSA 165:28

The law requires the municipality to place a lien for welfare aid received on any real estate owned by an assisted person in all cases except for just cause. (This section does not authorize the placement of a lien on the real estate of legally liable relatives, as defined by RSA 1.65:19.) The Welfare Official shall be authorized by the City Council to file a Notice of Lien with the County Registry of Deeds, complete with the owner's name and a description of the property sufficient to identify it, Interest at the rate of six percent 6% per year shall be charged on the amount of money constituting the lien commencing one year after the date the lien is filed, unless waived by the municipality. The lien remains in effect until enforced or released or until the amount of the lien is repaid to the municipality. The lien shall not be enforced so long as the real estate is occupied as the sole residence of the assisted person, his/her surviving spouse, or his/her surviving children who are under age 18 or blind or permanently and totally disabled. At such time as the lien may become enforceable, the welfare official shall attempt to contact the attorney managing the real estate or estate before enforcing the lien. Upon repayment of a lien, the municipality must file written notice of the discharge of the lien with the County Register of Deeds. RSA 165:28.

B. Civil Judgments — RSA 165:28-a.

1. A municipality shall be entitled to a lien upon property passing under the terms of a will or by in testate succession, a property settlement or a civil judgment for personal injuries (except Workers Compensation) awarded any person granted assistance by the municipality for the amount of assistance granted by the municipality.

2. The municipality shall be entitled to the lien only if the assistance was granted no more than six (6) years before the receipt of the inheritance or the award of the property settlement or civil judgment. When the welfare official becomes aware of such a claim against a civil judgment, he/she shall contact the attorney representing the recipient.

3. This lien shall take precedence over all other claims.

xvl. Recovery of Assistance

The welfare official shall seek to recover money expended to assist eligible applicants. There shall be no delay, refusal to assist, reduction or termination of assistance while the welfare official is pursuing the procedural or statutory avenues to secure reimbursernent. Any legal action to recover must be filed in court within six (6) years after the expenditure. RSA 165:25.

A. Recovery from Responsible Relatives

1. The amount of money spent by a municipality to assist a recipient who has a father, mother, stepfather, stepmother, husband, wife or child (who is no longer a minor) of sufficient ability to also support the recipient, may be recovered from the liable relative, Sufficient ability shall be deemed to exist when the relative's income is more than sufficient to provide a reasonable subsistence compatible with decency and health.

2. The welfare official may determine that "in kind" assistance or the provision of products/services to the client is acceptable as a relative's response to liability for support,

3. Written notice of money spent in support of a recipient must be given to the liable relative. The welfare official shall mal<e reasonable efforts to give such written notice prior to the giving of aid, but aid to which as applicant is entitled under these guidelines, shall not be delayed due to inability to contact possible liable relatives. RSA 165:19.

B. Recovery from the Municipality of Residence

The welfare official shall seek to recover from the municipality of residence the amount of tnoney spent by the nounicipality to assist a recipient who has a residence in another municipality. Written notice of money spent in support of a recipient must be given to the welfare official of the municipality of residence. In any civil action for recovery brought under RSA 165: 20, the court shall award costs to prevailing party. RSA 165: 19 and 20. (See RSA 165:20-a providing for arbitration of such disputes between communities.) RSA 165:20.

C. Recovery from Former Recipient's Income

A former recipient who is returned to an income status after receiving assistance may be required to reimburse the municipality for the assistance provided, if such reimbursement can be made without financial hardship. RSA 165:20-b.

D. Recovery from State and Federal Sources

The amount of money spent by a municipality to support a recipient who has made an initial application for SSI and has signed HHS FORM 151 "AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE" shall be recovered through the SSA and New Hampshire Department of Health and Human Services. Prescription expenses paid by the municipality for applicants who have applied for Medicaid shall recovered through the New Hampshire Department of Health and Human Services if and when the applicant is approved for medical coverage.

E. Delayed State Claims

For those recipients of general assistance deemed eligible for state assistance, New Hampshire Department of Health and Human Services shall reimburse a municipality the amount of general assistance as a result of delays in processing within the federally mandated time periods. Any claims for reimbursement shall be held until the end of the fiscal year and may be reimbursed on a pro-rated basis depending upon the total claims filed per year. RSA 165:20-c. A form 340 "REQUEST FOR STATE REIMBURSEMENT" may be obtained from the New Hampshire Department of Health and Human Services for this purpose.

XVII. Application of Rents Paid by the Municipality

Whenever the owner of property rented to a person receiving genera} assistance from the municipality is in arrears in sewer, water or tax payrments to the municipality, the municipality may apply the assistance which the property owner would have received in payment of rent on behalf of such assisted persons to the property owner's delinquent balances, regardless of whether such delinquent balances are in respect of property occupied by the assisted person, RSA 165:4-b.

A. Payment Arrears

A payment shall be considered in arrears if more than thirty (30) days have elapsed since the mailing of the bill or in the case of real estate taxes, if interest has begun to accrue pursuant to RSA 76:13, RSA 165:4-a.

B. Order of Priority

Delinquent balances will be offset in order of the following priority: 1) taxes; 2) water 3) sewer.

C. Procedure

1. The welfare official shall issue a voucher on behalf of the tenant to the landlord for the allowed amount of rent, The voucher will indicate any amount to be applied to a delinquent balance owed by the landlord, specifying which delinquency and referring to the authority of RSA 165:4-a.

2. The welfare official shall issue a duplicate voucher to the appropriate department (i.e.: tax collector, sewer department, water department or municipal electric facility), which shall forward the voucher to the treasurer or finance director for payment. Upon receipt of payment, the department will issue a receipt of payment to the delinquent landlord.

XVIII. Department Threat Policy

To assure safety and healthy working conditions, applicants/clients who make threatening statements and/or actions against welfare staff/personnel may be prohibited from returning to the Welfare Department Office. In such cases, applicants/clients may be required to conduct the application process withappropriate safety measures to ensure the safety of welfare personnel. Threats shall be reported to appropriate authorities.

XIX. Child Protection Act

RSA 169-C:29 Persons Required to Report. Any physician, surgeon, county medical examiner, psychiatrist, resident, intern, dentist osteopath, optonoetrist, chiropracto r, psychologist, therapist, registered nurse, hospital personnel (engaged in admission, examination, care and treatment of persons), Christian Science practitioner, teache r, school official, school nurse, school counselor, social worker, child care worker, any other child or foster care worker, law enforcement official, priest, minister or rabbi or any other person having reason to suspect that a child has been abused or neglected shall report the same in accordance with this chapter.

Adopted Ethics Resolution of Responsibility for Persons
Who Change Their Residence While or As a Result Of, Applying for Local Welfare

(New Hampshire Local Welfare Administration Association)

I. Dumping" is hereby declared to be an unethical practice. For the purpose of this resolution, "dumping" consist of attempting to end or avoid acquiring a local welfare financial responsibility by encouraging, persuading or pressuring a client:

A. not to establish or to discontinue a residence in the town which he/she has applied for assistance or

B. to establish a residence in another town without the financial ability to maintain household expenses.

ll. In order to avoid "dumping" the following standards should be observed:

A. A welfare official should not encourage, direct or knowingly allow a client who has applied for assistance in his/her town to apply for assistance in another town without mal<ing a good faith effort to contact the welfare official in that other town to explain why the person is moving to the other town. This applies whether or not the welfare official has accepted initial financial responsibility for the person (i.e. threat him/her as a resident) unless:

1. he/she has an established place of abode (specific address, place to sleep) in another town which he/she intends to return to (even for just one night — i.e. has not moved out yet) or

2. he/she has NO established place of abode ANYWHERE, (i.e. any prior specific address was in some other town and has been abandoned) AND has a specific intent to go somewhere else rather than staying in the town for any time.

B. Even when an applicant falls into 1 or 2 above, some temporary, non-resident assistance may be necessary, depending on the circumstances, in order to rneet a basis health and safety need.

III. Where a town has accepted initial financial responsibility under paragraph Il above, the welfare official should not grant any assistance which he/she l<nows will be used so as to help establish the recipient's residence in another town, unless•

A. a good faith effort is made to explore local resources, after which it is discovered that none within reason is available or

B. unless the client has indicated an intent to move to another town for some non-welfare reasOn.

IV. In either case the welfare official who has accepted initial financial responsibility should contact the official of the other town and offer to pay up to one month's assistance following the move in necessary. Towns must avoid "special treatment". If a town never pays security deposits, the town must not pay security deposits in special instances to establish a client's residence elsewhere. The sending town should pay actual allowable shelter costs as determined by the receiving municipality's guidelines.

V. Residency

VI. According to RSA 126-A:43-h, persons receiving emergency housing (shelter) shall continue to maintain their legal residence as it existed at the time of entering the ernergency housing facility. When a person leaves the originating shelter of their own free will, the liability no longer remains the responsibility of the original town. A person does not gain or lose residency while in a shelter, hospital or treatment center.

VII. Persons who are sanctioned by local welfare and arrive in another community, are not the liability of the community where the sanction originated. However, arrangennents may be made between the two communities to have the sanction resolved.

APPENDIX A

ALLOWABLE LEVEL OF ASSISTANCE PAYMENTS FOR THE CITY OF DOVER:

FOOD STAMPS (SNAP) wilt follow the State of New Hannpshire allotnnents.

BURIAL ALLOWANCE $650.00

TELEPHONE will be the lowest available basic plan for local calls.

APPENDIX B

ADOPTED ETHICS RESOLUTION ON RESPONSIBILITY FOR PERSONS WHO CHANGE THEIR RESIDENCE WHILE, OR AS A RESULT OF, APPLYING FOR LOCAL WELFARE

(New I-lampshire Local Welfare Adrministrators' Association)

I. 'Dumping" is hereby declared to be an unethical practice. For purposes of this resolution, "dumping: consists of attempting to end, or avoid acquiring, a local welfare financial responsibility by encouraging, persuading or pressuring a client:

A. Not to establish, or to discontinue, a residence in the town which he/she has applied for assistance, or
B. To establish a residence in another town.

II. In order to avoid "dumping" the following standards should be observed:

A. A welfare administrator should not encourage, direct, or knowingly allow a client who has applied for assistance in his/her town to apply for assistance in another town without making a good faith effort to contact the welfare administrator in that other town to explain why the person is corning to the other town. This applies whether or not the welfare administrator has accepted initial financial responsibility for the person (i.e. treat him/her as a resident) unless:

i. He/she has an established place of abode (specific address, place to sleep) in another town which he/she intends to return to (even for just one night -i.e., hasn't moved out of yet), or
ii. He/she has NO established place of abode ANYWHERE, (i.e., any prior specific address was in some other town and has been abandoned) AND has a specific intent to go somewhere else rather than staying in the town for any time.

B. (Even when an applicant falls into A or B above, some temporary, non-resident assistance may be necessary, depending on the circunnstances, in order to send the person on his/her way.)

III. Ill. Where a town has accepted initial financial responsibility under paragraph Il above, the welfare administrator should not grant any assistance which he/she lcnows will be used so as to help establish the recipient's residence in another town, unless:

A. A good faith effort is rnade to explore local resources, after which it is discovered that none within reason is available, or:
B. Unless the client has indicated to noove to another town for some non-welfarerelated reason.

IV. In either case the welfare administrator who has accepted initial financial responsibility should contact the official of the other town and offer to pay up to one month's assistance following the move if necessary. Town must avoid "special" treatment. If a town never pays security deposits, the town must not pay security deposits in special instances to establish a client's residence elsewhere, The sending town should pay actual allowable shelter costs as determine by the receiving town t s guidelines.

V. Shelter ResidencyAccording to RSA 126A:43-h, persons receiving emergency housing (shelter) shall continue to maintain their legal residence as it existed at the tinne of entering the emergency housing facility. When a person leaves the originating shelter of their own free will, the liability no longer remains the responsibility of the original town. A person does not gain or lose residency while in a shelter, hospital or treatment center .

VI. . Persons who are sanctioned by local welfare and arrive in another community are not the liability of the community where the sanction originated, However, arrangements may be made between the two communities to have the sanction resolved.

APPENDIX E

FORMS

These forms are offered as tools or guides to administer local assistance programs. Use of these forms is recommended but not mandatory.

A. APPLICATION FOR ASSISTANCE

B. HHS RELEASE

C. NOTICE OF RIGHTS

D. APPLICANT'S GENERIC AUTHORIZATION

E. APPLICANTS SPECIFIC AUTHORIZATION

F. REQUIRED VERIFICATIONS

G. INTAKE FORM

H. MEDICAL RELEASE AND REPORT

1. EMPLOYMENT VERIFICATION FORM

J. RENTAL VERIFICATION

K. BUDGET WORKSHEET

L. NOTIC D F DECISION

M. WORKFARE PROGRAM REPORTING SLIP

N. EMPLOYMENT SEARCH RECORD

O. FAIR HEARING REQUEST

P. NOTICE OF PROPERTY LIEN

Q. NOTICE OF PROPERTY LIEN DISCHARGE

R. RENT VOUCHER -LANDLORD DELINQUENCY

Refer to NH MAPS forms available in that program.

CITY OF DOVER WELFARE GUIDELINES

REVISED 2021

Table of Contents

INTRODUCTION

The local governing body, as defined in RSA 672:6, of every town and city in the state shall adopt written guidelines relative to general assistance. The guidelines shall include, but not be limited to the following:

A. The process for application for general assistance.
B. The criteria for determining eligibility.
C. The process for appealing a decision relative to the granting of general assistance.
D. The process for the application of rents under RSA 165:4-b, if the municipality used the offset provisions of RSA 165:4+a,
E. A statement that qualified state assistance reductions under RSA 167:82, VIII may be deemed as income, if the local governing body has permitted the welfare administrator to treat a qualified state assistance reduction as deemed income under RSA 165:1-e.

These Guidelines are the City of Dover's Guidelines in the assessment and determination of assistance to be provided through the Welfare Department. These Guidelines include general factors to be considered when determining "need." This is not a guarantee of assistance, or a formula used. The Welfare Department's purpose is to provide temporary emergency assistance to residents of Dover in an attempt to stabilize difficult situations that may arise. The determination of "need" and type of assistance provided, if any, lies within the discretion of the Welfare Officials.

I. DEFINITIONS

AGENCY: Any health, social service or other entity that provides services to a client. Any such entity to which a Welfare Official may refer a client for additional resources and/or assistance.

APPLICANT: A person who expresses a desire to receive general assistance or to have his/her eligibility reviewed and whose application has not been withdrawn. This may be expressed either in person or by an authorized representative of the applicant.

APPLICATION (RE-APPLICATION): Written action by which a person requests assistance from a Welfare Official. This application must be made on a form provided by the Welfare Official. The application form may be written or completed electronically (if available) by means of an interview conducted by a welfare official and verified by the applicant's signature.

ASSETS: All cash, real property, personal property and future assets owned by the applicant in whole or in part.

AVAILABLE LIQUID ASSETS: Amount of assets after exclusions enumerated in Section IX(D). Includes, but not limited to, cash on hand, checking accounts, bank deposits, credit union accounts, stocks, bonds and securities. IRA (Individual Retirement Account), 401K accounts, insurance policies with a loan value, and non-essential personal property shall be considered as available liquid assets when they have been converted into cash.

CASE MANAGEMENT: A holistic collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's and/or household's short and long term emergency needs through communication and available resources to promote safe, cost effective outcome.

CASE RECORD: Official files including, but not limited to, general applications, office forms, correspondence, relevant case notes, determination of eligibility, details provide to client of expectations, reasons for decisions and description of assistance given. The case record may be maintained electronically (if available). A hard copy of all relevant and signed documents should be maintained during the active phase of any applications and 7 years thereafter, in accordance with state law.

CITY MANAGER: The duly authorized City Manager for the City of Dover.

CLAIMANT: A recipient or applicant who has requested, either in person or through an authorized representative, a fair hearing under Section XIV of these guidelines.

CLIENT: An individual who receives services from the welfare department. This may be a single person or encompass a household as defined per welfare guidelines.

ELIGIBILITY: Determination by a Welfare Official, in accordance with the guidelines, of an applicant's need for general assistance under the formula provided in Section IX.

FAIR HEARING: A hearing which the applicant or recipient may request to contest a denial, termination or reduction of assistance. The standards for such a hearing are in Section XIV.

GENERAL ASSISTANCE: Financial assistance provided to applicants in accordance with RSA 165 and these guidelines.

HOMELESS SHELTER: A temporary housing provider through which an individual or family may seek emergency housing until permanent housing is obtained.

HOUSING:

- Emergency Shelter: A temporary or non-permanent and non-tenancy housing which is a temporary housing from a housing provider through which an individual or family may seek emergency housing when no other housing is available.
- Non-Permanent Non-tenancy Housing: Applicant(s) pay for room(s) in Rooming or Boarding House; Hotels, Motels, Inns or Tourist Home or other dwellings which rent for recreational or vacation use. Room(s) in a single-family home with no lease which is the primary and usual residence of the owner. Other occupancies noted as nontenancy under RSA 540:1, IV.
- Permanent Tenancy Housing: Applicant(s) rent apartment, home or room or real property for the sole purpose of residential and non-transient purposes. Applicants(s) may or may not have lease or contract.
- Transitional Housing: A non-permanent and non-tenancy housing which is usually provided by an Assistance Program which can require rules or policies to stay in their housing and programs.
- Tenant or Tenancy: Permanent Housing where occupants shall be deemed to rent at will or have a contract or lease in which have protections of eviction as noted in NH RSA chapter 540.

HOUSEHOLD: A household is defined as:

> The applicant/recipient and persons residing with the applicant/recipient in the relationship of father, mother, stepfather, stepmother, son, daughter, husband, wife, or legal domestic partner; and/or
>
> The applicant/recipient and any adult (including an unrelated person) who resides with the applicant/recipient "in loco parentis" (in the role of a substitute parent) to a minor child (a person under 18 years of age). A person "in loco parentis" is one who intentionally accepts the rights and duties of a natural parent with respect to a child not their own and who lived with the child long enough to form a "psychological family."

MINOR: A person under 18 years of age.

NEED: The basic maintenance and support requirements of an applicant, as determined by a Welfare Official under the standards of Section IX (E) of these guidelines.

RECIPIENT: A person who is receiving general assistance.

"RELIEVE AND MAINTAIN": The sustaining of basic needs necessary to the health and welfare of the household.

RESIDENCE/RESIDENCY: Residence or residency shall mean an applicant's place of abode or domicile. The place of abode or domicile is that place designated by the applicant as their principle place of physical presence for the indefinite future to the exclusion of all others. Such residence or residency shall not be interrupted or lost by temporary absence from it, if there is an intent and/or means to return to such residence or residency as the principal place of physical presences. RSA 165: 1 (I); 21:6-a.

RESIDENTIAL UNIT: All persons physically residing with the applicant, including persons in the applicant's household and those not within the household.

UTILITY: Any service such as electric, gas, oil, water or sewer necessary to maintain basic health and welfare of the household.

VENDOR/ PROVIDER: Any landlord, utility company, store or other business which provides goods or services needed by the applicant/recipient.

VOUCHER SYSTEM: The system whereby a municipality issues vouchers to the recipient's vendors and providers rather than cash to the recipient. RSA 165:1(Ill). See Section VIII.

WELFARE OFFICIAL: The official of the municipality, or designee, who performs the function of administering general assistance. Such person has the authority to make all decisions regarding the granting of assistance under RSA 165, subject to the overall fiscal responsibility vested in the selectpersons, board of alderpersons, city or town manager, or city or town council. The term includes "overseers of public welfare" (RSA 165:1; 41:46) and "administrator of town or city welfare" RSA 165:2.

WORKFARE: Labor performed by welfare recipients at municipal sites or human service agencies as reimbursement for benefits received. RSA 1.65:31.

II. SEVERABILITY

If any provision of these guidelines is held at law to be invalid or inapplicable to any person or circumstances, the remaining provisions will continue in full force and effect.

III. CONFIDENTIALITY OF INFORMATION

Information given by or about an applicant or recipient of general assistance is confidential and privileged, and is not a public record under the provisions of RSA 91 -A. Such information will not be published, released, or discussed with any individual or agency without written permission of the applicant or recipient except when disclosure is required by law, or when necessary to carry out the purposes of RSA 165. RSA 165:2-c. In order to maintain the privacy of applicants and the confidentiality of information provided, the use of video or audio recording devices is prohibited within the public welfare office.

IV. ROLES OF LOCAL GOVERNING BODY AND WELFARE OFFICIAL

The responsibility of the day to day administration of the general assistance program should be vested in the appointed Welfare Official. The Welfare Official shall administer the general assistance program in accordance with the written guidelines of the municipality. The local governing body (city council) is responsible for the adoption of the guidelines relative to general assistance. RSA 165:1 (II).

V. MAINTENANCE OF RECORDS

A. Legal Requirement

Each Welfare Official is required by RSA 41:46 to keep complete paper and/or electronic records concerning the number of applicants given assistance and the cost of such support. Separate case records shall be established for each individual or family applying for general assistance. A paper copy of these records will be kept during the active phase of any application plus 7 years, after which they will be destroyed. The purpose for keeping such records is:

1. To provide a valid basis of accounting for expenditure of the municipality's funds;

2. To support decisions concerning the applicant's eligibility;

3. To assure availability of information if the applicant or recipient seeks administrative or judicial review of the welfare official's decision;

4. To provide the Welfare Official with accurate statistical information; and

5. To provide a complete history of an applicant's needs and assistance that might aid the Welfare Official with ongoing or potential future case management and in referring the applicant to appropriate agencies and other support entities.

B. Case Records

The Welfare Official shall maintain case records containing the following information:

1. The complete application, including any authorizations signed by the applicant allowing the Welfare Official to obtain or verify any pertinent information in the course of assisting the recipient, to include a signed Authorization to Release Information from the New Hampshire Division of Health and Human Services.

2. Written grounds for approval or denial of application, contained in a Notice of Decision.

3. A narrative history recording assistance sought, the results of investigations of applicants' circumstances, referrals, changes in status and other relevant communications as determined by the Welfare Official.

4. A Client Account Summary which has complete data regarding the type, amount and dates of assistance given which may be kept on paper or electronically.

VI. APPLICATION PROCESS

A. Right to Apply

1. Anyone may apply for general assistance by appearing in person or through authorized representation (if in person is impossible) and completing a written or available electronic application form. If more than one adult resides in a household, each may be required to appear at the welfare office and apply for assistance, unless one is working at a place of employment or otherwise reasonably unavailable.

   Unrelated adults in the applicant's residential unit may be required to apply separately if they do not meet the definition of household as defined in these guidelines. Each adult in the household may be requested to sign a separate release of information forms.

2. The Welfare Official shall not be required to accept an application for general assistance from a recipient who is subject to a suspension pursuant to Section XIII(C) of these guidelines (RSA 165:1-b, VI); provided that any applicant who contests a determination of continuing noncompliance with the guidelines may request a fair hearing as provided in Section XIII (C)(7); and provided further that a recipient who has been suspended for at least six months due to continued noncompliance may submit a new application.

B. Welfare Official's Responsibilities at Time of Application

When an application is made for general assistance, the Welfare Official shall inform the applicant of:

1. The requirement of submitting an application and intake form. The Welfare Official shall provide assistance to the applicant in completing the application, if necessary (e.g. applicant is physically or mentally unable to complete the application);

2. Eligibility requirements, including a general description of the guideline amount and the eligibility formula;

3. The applicant's right to a fair hearing and the manner in which a review may be obtained, if sought;

4. The applicant's responsibility for reporting all facts necessary to determine eligibility and for presenting records and documents as requested and as reasonably available to support statements;

5. The joint responsibility of the Welfare Official and applicant to exploring facts concerning eligibility, needs and potential resources;

6. Verifications needed as listed in Section VII;

7. That an investigation will be conducted in order to verify facts and statements presented by the applicant;

8. The applicant's responsibility to notify the Welfare Official of any change in circumstances that may affect eligibility;

9. Other forms of assistance for which the applicant may be eligible if sought;

10. The requirement of placing a lien on any real property owned by the recipient, or any civil judgments or property settlements, for any assistance given, except for good cause;

11. Reimbursement from the recipient will be sought if he/she becomes able to repay the amount of assistance given; and

12. The applicant's right to review the guidelines, if sought.

13. The availability of the Welfare Official to make home visits by mutually-agreed appointment to take applications and to conduct ongoing case management for applicants who cannot leave their homes;

14. The applicant’s responsibility not to voluntarily terminate employment without good cause, as required by RSA 165:1-d;

15. The fact that the Child Protection Act requires the Welfare Official, or any other person, who has reason to believe that a child under the age 18 has been abused or neglected, to report that suspicion immediately to NH DHHS Division of Children, Youth and Families (DCYF). RSA 169-C:29-31;

16. The fact that the Adult Protection Law requires the Welfare Official, or any person, who has reason to believe that a venerable adult has been subjected to abuse, neglect, exploitation or

self-neglect, to make a report immediately to the NH DHHS Bureau of Elderly & Adult Services (BEAS). RSA 161-F:46; and

17. Any other responsibility the applicant has or will have, as provided in Section VI C.

C. Responsibility of Each Applicant and Recipient

At the time of 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 and the whereabouts and circumstances of relatives who may be responsible under RSA 165:19;

2. To notify the Welfare Official promptly when there is a change in needs, resources, address, or household size;

3. To apply for immediately, but no later than seven (7) days from completed application, and accept any benefits or resources, public or private, that will reduce or eliminate the need for imminent or potential future general assistance. RSA 165:1-b, I(d);

4. To keep all appointments as scheduled;

5. To provide records and other pertinent information and access to said records and information when requested;

6. To provide a verifiable doctor's statement if claiming an inability to work due to medical problems;

7. Following a determination of eligibility for assistance, to diligently search for employment, and provide a verifiable job search as determined by the Welfare Official, to accept employment when offered (except for documented reasons of good cause (RSA 165: I-d)), and to maintain such employment. RSA 165:1-b (c);

8. Following a determination of eligibility for assistance, to participate in the workfare program (if required) and if physically and mentally able. RSA 165: 1-b, I(b); and

9. To reimburse assistance granted if returned to an income status and if such reimbursement can be made without financial hardship. RSA 165:20-b.

An applicant shall be denied assistance if he/she fails to fulfill any of these responsibilities without reasonable justification. A recipient's assistance may be terminated or suspended for failure to fulfill any of these responsibilities without reasonable justification, in accordance with Section XIII(C).

Any recipient may be denied or terminated from general assistance, in accordance with Section XIII, or may be prosecuted for a criminal offense, if he/she, by means of intentionally false statements or intentional misrepresentation, or by impersonation or other willfully fraudulent act or devices, obtains or attempts to obtain any assistance to which he/she is not entitled.

D. Actions on Applications

1. Decision: The Welfare Official uses these guidelines and the general factors contained herein, to determine the eligibility of an applicant/ recipient, while ensuring that each applicant/ recipient

receives due process. Unless an application is withdrawn, the Welfare Official shall make a decision concerning the applicant's eligibility immediately in the case of emergency, or within five (5) working days after submission of the application. Business hours are considered to be Monday through Friday during posted operating hours of the municipality. A written notice of decision shall be provided on the same day or next business/working day following the making of the decision. The notice of decision shall state that assistance of a specific kind and amount has been given and the time period of aid, or that the application has been denied, in whole or in part, with reasons for denial. The notice of decision shall contain a first notice of conditions for assistance and shall notify the applicant of his/her right to a fair hearing if dissatisfied with the Welfare Official's decision.

2. Pending Notice of Decision: A decision may also be made to pend an application subject to receipt of specified information, documentation, or verifications from the applicant within a specific amount of time not to exceed five (5) business days.

3. Emergency Assistance: If, at the time of initial contact, the applicant demonstrates and verifies that an emergency need exists, because of which the applicant may suffer a loss of a basic necessity of living and imminent threat to life or health (such as loss of shelter, utilities, heat, lack of food, or life-saving/sustaining prescriptions) and no reasonable alternative can be found, then temporary aid to fill such immediate need shall be provided to prevent the imminent threat to life or health, pending a decision on the application. Such emergency assistance shall not obligate the Welfare Official to provide further assistance after the application process is completed.

4. Temporary Assistance: In circumstances where required records are not available, the Welfare Official may give temporary limited approval of an application pending receipt of required documents. Temporary status shall not extend beyond two (2) weeks. The Welfare Official shall not insist on documentary verification if such records are totally unavailable.

5. Withdrawn Applications: An application shall be considered withdrawn if:

    a. The applicant has refused to complete and application or has refused to make a good faith effort to provide required verifications and sufficient information for the completion of an application. If an application is deemed withdrawn for these reasons, the Welfare Official shall so notify the applicant in a written notice of decision;

    b. The applicant dies before assistance is rendered;

    c. The applicant avails him/herself of other resources to meet the need in place of assistance;

    d. The applicant requests that the application be withdrawn (preferably in writing); or

    e. The applicant does not contact the Welfare Official after the initial interview after being requested to do so.

E. Home Visits

A home visit may be made by a mutually agreed appointment at the request of any applicant, but only when it is impossible for the applicant or their representative to apply in person. Home visits will be made

in pairs (i.e. no Welfare Official shall make a home visit alone). If an in person home visit is impossible, as deemed by the Welfare Official, a telephonic or video appointment may occur.

The home visit shall be conducted in such a manner as to preserve, to the greatest extent possible, the Welfare Official's health and safety, and the privacy and dignity of the applicant. To this end, the person conducting the visit shall not be in uniform or travel in a marked law enforcement vehicle, shall be polite and courteous, and shall not knowingly discuss or mention the application within the listening area of someone who is not a member of the household.

Applicant housing is expected to meet local health and safety codes standards. During the house visit the Welfare Official may discuss any in line of sight possible housing safety code violations by the landlord/owner with the applicant and may report all possible violations to proper municipal departments/authorities.

VII. VERIFICATION OF INFORMATION

Any determination or investigation of need or eligibility shall be conducted in a manner that will not violate the privacy or personal dignity of the individual or harass or violate his/her individual rights.

A. Required Verifications

Verification will be required of the following:

1. Applicant's address;
2. Facts relevant to the applicant's residence, as set forth in Section IX(B) and X.
3. Names of persons in applicant's residential unit;
4. Applicant's and household income and assets;
5. Applicant's and household's financial obligations;
6. The physical and mental condition of household members, only where relevant to their receipt of assistance, such as ability to work at a place of employment, determination of needs or referral to other forms of assistance;
7. Any special circumstances claimed by applicant;
8. Applicant's employment status and availability in the labor market;
9. Names, addresses, and employment status of potentially liable relatives;
10. Current utility costs;
11. Current housing costs;
12. Current prescription costs; and
13. Any other costs that the applicant wishes to claim as a necessity.

B. Verification Records

Verification may be made through records provided by the applicant (for example, birth and marriage certificates, pay stubs, pay checks, rent receipts, bank statements, relevant police reports, etc.) as primary sources. The failure of the applicant to bring such records does not affect the Welfare Official's responsibility to process the application promptly. The Welfare Official shall inform the applicant what records are necessary and the applicant is required to produce records possessed as soon as possible for application consideration. However, the Welfare Official shall not insist on documentary verification if such records are not reasonably available, but shall ask the applicant to provide alternative means of verification.

C. Other Sources of Verification

Verification may also be made through other sources, such as relatives, landlords, employers, former employers, banks, school personnel, and social or government agencies. The cashier of the national bank or a treasurer of a savings and trust company is authorized by law to furnish information regarding amounts deposited to the credit of an applicant or recipient. RSA 165:4.

D. Written Consent of Applicant

When information is sought from such other sources, the Welfare Official shall explain to the applicant or recipient what information is desired, how it will be used, and the necessity of obtaining it in order to establish eligibility. Before contact is made with any other source, the Welfare Official shall obtain written consent of the applicant or recipient, unless the Welfare Official has reasonable grounds to suspect fraud. In the case of suspected fraud, the Welfare Official shall carefully record his/her reasons and actions, and before any accusation or confrontation is made, the applicant shall be given an opportunity to explain or clarify the circumstances in question.

E. Legally Liable Relatives

“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 person shall be deemed able to assist such person if his/her income is more than sufficient” to avoid causing a financial hardship. RSA 165:19

F. Refusal to Verify Information

Should the applicant or recipient refuse comment and/or indicate an unwillingness to have the Welfare Official seek further information that is necessary, assistance shall be denied for lack of eligibility.

VIII. DISBURSEMENTS

The City of Dover provides assistance and payment in the form of vouchers, checks or by credit card payable directly to the vendors (landlords, utilities, stores, etc.) involved, in accordance with the City’s financial policies. No cash reimbursement is provided to recipients. RSA 165:1(III).

The amount shown on the voucher is the maximum amount to be used for payment. In accordance with the municipality's finance policies, a recipient may be required to sign the voucher to insure proper usage. The vendor returns the voucher with the required documentation for payment to the Welfare Official. After the

initial transaction, if there is any unspent money, the voucher shall be returned to the municipality for payment of the actual amount listed on an itemized bill or register tape. Vouchers altered by the recipient or vendor shall not be honored.

A voucher previously issued, but not yet paid, may be revoked and voided under certain circumstances. If facts are discovered that would negate such issuance or fraud is determined the voucher will be cancelled promptly. If fraud is involved, the facts surrounding the matter will be given to the appropriate law enforcement authorities for action. The revocation of assistance is not meant to replace the suspension process for issues of noncompliance.

IX. DETERMINATION OF ELIGIBILITY AND AMOUNT

A. Eligibility Formula

An applicant is eligible to receive assistance when:

1. He/she meets the non-financial eligibility factors listed in Section C below; and

2. The applicant's basic welfare maintenance need, as determined under Section E below, exceeds his/her available income (Section F below) plus available liquid assets (Section D below). If available income and available liquid assets exceed the basic maintenance need (as determined by the guideline amounts), the applicant is not eligible for general assistance. If the need exceeds the available income/assets, the amount of assistance granted to the applicant shall be the difference between the two amounts, in the absence of circumstances deemed by the Welfare Official to justify an exception.

B. Legal Standard and Interpretation

"Whenever a person in any town is poor and unable to support himself he shall be relieved and maintained by the overseers of public welfare of such town, whether or not he has a residence there." RSA 165:1.

1. An applicant cannot be denied an application for assistance because he/she is not a resident of the City. See Section X in these Guidelines.

2. “Whenever" means at any or whatever time a person is poor and unable to support him/herself and without reasonable alternative options to deem general assistance unnecessary.

    a. The Welfare Official, or person authorized to act on his/her behalf, shall be available during normal business hours.

    b. The eligibility of any applicant for general assistance shall be determined no later than five (5) business/working days after the application is submitted. If the applicant has an emergency life safety need, then the assistance for such emergency need shall be provided in accordance with Section VI (D)(3), (4); provided an application is submitted.

    c. Assistance shall begin as soon as the applicant is determined to be eligible.

3. “Poor and unable to support" means that an individual lacks income, available liquid assets, and resources to adequately provide for the basic welfare maintenance needed of him/herself or family as determined by the guidelines.

4. "Relieved" means an applicant shall be assisted to meet those basic welfare needs described by Dover Welfare guidelines.

5. “Maintained” means that assistance could be continued as long as the applicant is eligible as determined by the guidelines.

C. Non-Financial Eligibility Factors

1. Age: General assistance cannot be denied any applicant because of the applicant's age. Minor applicants shall be referred to Protective Services of the NH Division of Children, Youth and Families for support and case management. Minors have the residence of their parent(s) or legal guardian(s). Minors are the financial responsibility of the parent(s) or legal guardian(s), unless circumstances warrant otherwise.

2. Support Action: No applicant or recipient shall be compelled, as a condition of eligibility or continued receipt of assistance, to take any legal action against any other person. The municipality may pursue recovery against legally liable persons or governmental units. See Section XVI.

3. Eligibility for Other Categorical Assistance: Recipients who are, or may be, eligible for any other form of public assistance must apply for such assistance immediately, but no later than seven (7) days after being advised to do so by the Welfare Official. Failure to do so may render the recipient ineligible for assistance and subject to action pursuant to Section XIII of these guidelines.

4. Employment: An applicant who is gainfully employed, but whose income and assets are not sufficient to meet basic necessary household expenses, may be eligible to receive general assistance. However, recipients who without good cause refuses a job offer or referral to suitable employment, participation in the workfare program, or who voluntarily leave a job without good cause, may be ineligible for continuing general assistance in accordance with the procedures for suspension outlined in the guidelines. The Welfare Official shall first determine, whether there is good cause for such refusal, taking into account the ability and physical and mental capacity of the applicant, available transportation, working conditions that might involve unreasonable risks to health or safety, availability of safe and reasonable child care, or any other factors that might make refusing a job reasonable considering the financial situation of the household. Employment requirements shall extend to all adult members of the household.

5. Registration with the New Hampshire Department of Employment Security (NHES) and Employment Search Requirements: All unemployed recipients and adult members of their households shall, within seven days (7) after completing and intake or after having been granted assistance, register with NHES to attain employment and must conduct a reasonable, verifiable job search as determined by the Welfare Official. Each recipient must apply for employment to each employer to whom he/she is referred by the Welfare Official. These employment search requirements apply unless the recipient and each other adult member of the household is:

   a. Gainfully employed full-time and permanent employment status;

   b. A dependent eighteen (18) years of age or under who is regularly attending secondary school;

   c. Unable to work at a place of employment due to illness or mental or physical disability of him/ herself or another member of the household, as verified by the welfare official; or

d. Solely responsible for the care of a child under the age of one. RSA 165:31. A recipient responsible for the care of a child aged one to twelve (12) shall not be excused from employment search requirements, but shall be deemed to have good cause to refuse a job requiring employment during hours the child is not usually in school, if there is no reasonable responsible person available to provide care and it is verified by the Welfare Official that no other care is available.

e. The Welfare Official shall give all reasonably necessary assistance to ensure compliance with registration and employment requirements, including the granting of allowances for transportation and clothes for employment as part of an allowable budget expense. Failure of a recipient to comply with these requirements without good cause will be reason for denial of assistance.

6. Students: Applicants who are post-secondary school students with unreasonable employment availability limitations or refusing to seek full-time employment are not eligible for general assistance.

7. Non-Citizens: The Welfare Officer may, in his/her sole discretion, provide limited emergency life-safety needs assistance to non-citizens not otherwise eligible for general assistance.

a. A non-citizen who is not:

i A qualified alien under 8 USCA 1641;
ii A non-immigrant under the federal Immigration and Nationality Act;
iii An alien paroled into the United States for less than one year under 8 USCA 1621 (a).

b. Qualified aliens include aliens who are lawfully admitted for permanent residence under the Immigration and Nationality Act (8 USCA 1101 et seq.), aliens who are granted asylum under that act, certain refugees and certain battered aliens. 8 USCA 1641.

c. A non-citizen who is not eligible for general assistance may be eligible for state assistance with health care items and services that are necessary for the treatment of emergency medical condition, which is defined as a medical condition (including emergency labor and child delivery) manifesting itself by acute symptoms of sufficient severity including severe pain such that the absence of immediate medical attention could reasonably be expected to result in:

i. Placing the patient's health in serious jeopardy;
ii. Serious impairment to bodily functions; or
iii. Serious dysfunction of any bodily organ or part. 8 USCA 1621(b) and 42 USCA 1396(v)(3).

d. A non-citizen may also be eligible for general assistance for treatment of any emergency medical condition, pursuant to Section IX (E)(8)(a) of these guidelines.

e. Non-citizen applicants for general assistance may be required to provide proof of eligibility. 8 USCA 1625.

8. Property Transfers: No applicant who is otherwise eligible shall receive such assistance if he/she has made an assignment, transfer or conveyance of property for the purpose of rendering him/herself eligible for assistance within three (3) years immediately preceding his/her application. RSA 165:2-b.

9. Employment of Household Members: The employment requirements of these guidelines, or participation in the workfare program, shall be required for all adults aged eighteen (18) to sixty-five (65) years residing in the same household, except those regularly attending secondary school or employed on a full-time, permanent employment status basis, who are:

    a. Members of the recipient's household;

    b. Legally liable to contribute to the support of the recipient and/or children of the household; and

    c. Not prevented from maintaining employment and contributing to the support of the household by reason of physical or mental disability or other justifiable cause as verified by the Welfare Official.

    The Welfare Official may waive this requirement where failure of the other household members to comply is not the fault of the recipient and the Welfare Official decides it would be unreasonable for the recipient to establish a separate household. RSA 165:32.

10. Disqualification for Voluntary Termination of Employment: Any applicant eligible for assistance who voluntarily terminated employment shall be ineligible to receive assistance for ninety (90) days from the date of employment termination, provided the applicant:

    a. Has received local welfare in the past three hundred sixty-five (365) days;

    b. Has been given notice that voluntary termination of employment without good cause could result in disqualification;

    c. Has terminated employment of at least twenty (20) hours per week without good cause within sixty (60) days of an application for local welfare;

    d. Is not responsible for supporting minor children in his/her household, which caused an inability to maintain employment; or

    e. Did not have a verifiable mental or physical impairment, which caused an inability to maintain employment.

Good cause for termination of employment shall include any of the following: discrimination, unreasonable employment demands or unsuitable employment, retirement, leaving a job in order to accept a bona fide job offer, migrant farm labor or seasonal construction, and lack of transportation or child care. An applicant shall be considered to have voluntarily terminated employment if the applicant fails to report for employment without good cause. An applicant who is fired or resigns from a job at the request of the employer due to applicant's inability to maintain the employer's normal work productivity standard shall not be considered to have voluntarily terminated employment. RSA 165:1-d.

D. Available Assets

1. Available Liquid Assets: Cash on hand, bank deposits, credit union accounts, securities, and retirement plans (i.e.; IRA's deferred compensation, Keogh's etc.) are available liquid assets. Insurance policies with a loan value and nonessential personal property may be considered as available liquid assets when they have been converted into cash. The Welfare Official shall allow a

reasonable time for such conversion. However, tools of a trade, livestock and farm equipment, and necessary and ordinary household goods are essential items of personal property which shall not be considered as available assets.

2. Automobile Ownership: The ownership of one (1) automobile by an applicant/recipient or his/her dependent does not affect eligibility if it is essential for transportation to seek or maintain employment, to procure frequent medical services or rehabilitation services, or if its use is essential to the maintenance of the individual or the family, and if alternative transportation is not available or not cost effective.

3. Life Insurance: The ownership of a life insurance policy(s) does not affect eligibility. However, when a policy has cash or loan value, the recipient will be required to obtain and/or borrow all available funds, which shall then be considered available liquid assets. Payments made for the continuation of life insurance policies may not be considered a needed allowable expense.

4. Real Estate: The type and amount of real estate owned by an applicant does not affect eligibility, although rent or other such income from property shall be considered as available to meet needs. Applicants owning real estate property, other than that occupied as their primary residence, shall be expected to make reasonable efforts to dispose of it at fair market value. Applicants shall be informed that a lien covering the amount of any general assistance they receive shall be placed against any real estate they own. RSA 165:28.

E. Standard of Need

The basic financial requirement for general assistance is that an applicant be poor and unable to support him/herself. An applicant shall be considered poor when he/she has insufficient available income/assets to purchase either for him/herself or dependents any of the following:

1. Payment Levels for Allowable Expenses: When adopting these guidelines, the municipal governing body shall establish levels for various allowable expenses which shall be based on actual local market conditions and costs. The payment levels shall be reviewed by the Welfare Official annually and modifications presented to the municipal governing body where market conditions have changed. RSA 165:1 ii.

2. Permanent Housing/Shelter: The amount to be included as "need" for permanent housing/shelter, including tenancy, is the actual cost of rent or mortgage necessary to provide shelter in the City as determined either by the most recent HUD Fair Market Rents, New Hampshire Housing Finance Authority Rental Survey or by minimum reasonable local market rent factors, as chosen by the Welfare Official.

a. Permanent Housing/Shelter Arrearages: Shelter arrearages are not normally included in factoring need. The Welfare Official may assist in the least costly manner, or provide alternate means to accommodate the health and safety of the household unit. The Welfare Official may, in his/her sole discretion, assist with shelter arrearages if, and only if, such payment is necessary to prevent eviction or foreclosure and to protect the health and safety of the household, and if household can verify ability to afford/maintain housing based on present and/or projected verifiable income. However, if the amount of such mortgage or rental arrearage substantially exceeds the cost of alternative, available housing which complies with local health and housing code standards, or if the payment of arrears will not prevent eviction or foreclosure, the Welfare Official may instead authorize payment of first month rent, for such alternative housing if, under the circumstances of the case, it is reasonable to do so and

would provide for basic health and safety needs for the applicant household. Other alternative housing may include transitional housing or homeless shelters. Preference will be given to seeking local area transitional housing and homeless shelter options. Special consideration will be given to assisting an applicant/client residing in federally subsidized housing or other substantially below market rent housing to retain such housing. It is not the responsibility of the Welfare Officer to locate permanent housing.

i. Residents seeking rent or mortgage assistance within the first three (3) months of occupancy may be expected to verify ability to reasonably financially maintain said expenses at time of move in.
ii. Housing is expected to meet local ordinance and code standards as verified by the local building/ code inspector for consideration of financial housing assistance.

b. Hotel, Motel and Inns: Occupants of hotels, motels, inns and classified as such, are not normally considered "tenants" and are exempt from the legal eviction process defined in RSA 540: I-a. Persons residing in housing exempt from the legal eviction process are not normally considered to be residing in permanent housing under these guidelines.

c. Single Family Home Boarders: Occupants of single-family homes in which the occupant has no lease, which is the primary and usual residence of the owner are not normally considered "tenants" and are exempt from the legal eviction process defined in RSA 540:1-a. Persons residing in housing exempt from the legal eviction process is not normally considered to be residing in permanent housing under these guidelines.

d. First Month Rent: Assistance with first month's rent will be considered only in the event of a verifiable emergency need, (i.e. inability to financially maintain current housing's basic expenses) homelessness, uninhabitable housing as determined by the local building/code inspector or other appropriate local authority, and the verified ability at the time of application to financially maintain such proposed housing is verified. Applicant is expected to seek first month rental assistance prior to moving into proposed housing, including receiving rental keys from the landlord/owner or moving personal belongings into proposed rental housing.

e. Security Deposits: Security deposits may be included in the "need" formula if, and only if, the applicant is unable to secure alternative housing for which no security deposit is required or is unable to secure funds, either him/herself or from alternative sources, for payment of the deposit. Any security deposit provided by the general assistance program which is returned under RSA 540-A: 7 shall be returned to the municipality, not the recipient.

f. Relative Landlords: Whenever a relative of a client is also the landlord for the client, that landlord will be presumed able to assist his/her relatives pursuant to RSA 165: 19 and must prove an inability to assist without causing a financial hardship to him/herself before any aid payment for rent is made. A financial analysis will be conducted to determine any potential hardship as per RSA165:19.

g. Emergency Temporary Shelters: The Welfare Official may provide referrals to homeless shelters and/or transitional housing when appropriate or needed to resolve a basic health and safety housing need. Shelter and/or transitional housing recipients are expected to abide by shelter/transitional housing rules and policies. In cases in which an appropriate referral for emergency temporary housing/shelter is provided and the applicant/recipient refuses to accept such a referral, or if a client is involuntarily exited from an emergency shelter for violation of rules/policies City Welfare will not be liable for any alternative housing/shelter but may consider other forms of non-housing assistance to which he/she is otherwise eligible. The applicant must accept the least costly alternative for emergency housing assistance that is

deemed suitable by the Welfare Official for the applicant's household. The New Hampshire Division for Children, Youth and Families may be contacted to provide support for families involuntarily exited or voluntarily leaving the provided shelter without a reasonable housing/shelter option for their children/family. RSA 169-C: 29.

3. Utilities: When utility costs are not included in the shelter expense, the most recent outstanding monthly utility bill will be included as part of "need" by the Welfare Official (service must be in the client's name). Arrearages will not normally be included in "need" except as set forth below.

NOTE: The New Hampshire Public Utilities Commission (PUC) has established comprehensive rules governing the provision of some utility services. Generally speaking, the PUC governs electric, telephone, water and sewer; it does not govern any municipal utilities, propane tanks or fuel oil. With the exception of telephone, the rules are consistent across utilities. These rules and regulations cover the initiation of service, the requirement of deposits, municipal guarantees and guarantees from other third parties. There are special rules as to winter termination. The Welfare Official should be familiar with these rules in order to ensure that needs are properly met at the lowest available cost. The PUC has a toll-free consumer assistance number: 1-800-852-3793.

a. Arrearages: Arrearages will not be included except when necessary to ensure the health and safety of the applicant household or to prevent termination of utility service where no other resources or referrals can be utilized. In accordance with the rules of the PUC relating to electric utilities, arrearage for electric service need not be paid if the Welfare Official notifies the electric company that the municipality guarantees payment of average electric bills as long as the recipient remains eligible for general assistance.

b. Restoration of Service: When utility service has been terminated and the Welfare Official has determined that alternative utility service is not available and safe alternative housing is not available or feasible, arrearages will be included in "need" when restoration of service is negotiated with the utility for payment of less than the full amount of the arrears and/or may attempt to arrange a repayment plan to obtain restoration of service.

c. When electric service has been terminated and restoration is required, arrearages may either be included as set forth in the above paragraph or may be paid in accordance with a reasonable payment plan entered into by the applicant and the electric company. The Welfare Official may hold the recipient accountable for the payment arrangement for as long as the recipient continues to request general assistance on a regular basis. Payment of a payment plan may be a required element of a notice of decision or case plan.

d. Deposits: Utility service deposits will be considered as "need" if, and only if, the applicant is not able to secure the funds for the payment of the deposit and is unable to secure utility services without a deposit. Such deposit shall, however, be the property of the municipality.

4. Food: The Federal Supplemental Nutrition Program amount included as "need" for food purchases will be in accordance with the most recent standard allotment, as determined under the Federal Supplemental Nutrition Program administrated by the New Hampshire Department of Health and Human Services. An amount in excess of the standard food allotment may be granted if one or more members of the household require a special diet, as verified by the Welfare Official, the documented cost of which is greater than can be purchased with the family's allotment for food. Food vouchers may not be used for alcohol, tobacco, or pet food. Referrals to food pantries and feeding programs/meal centers may be given to meet applicant's basic emergency food needs.

5. Household Maintenance Allowance: Applicants may include, in calculating “need" the cost of providing personal and household necessities determined by the Welfare Official and used consistently for individuals and families. Need allowance for diapers shall be calculated based on usage.

6. Telephone: If the absence of a telephone would create an unreasonable risk to the applicant's health or safety as verified by the Welfare Official or for other good cause as determined by the Welfare Official, the lowest available basic monthly rate will be budgeted as "need.”

7. Transportation: If the Welfare Official determines that transportation is necessary (e.g. for health or medical reasons, to maintain employment or to comply with conditions of assistance) "need" should include the costs of public transportation, where available. If, and only if, the transportation need cannot be reasonably provided by cost effective alternative means, such as public transportation or volunteer drivers, a reasonable amount for car payment, required insurance, necessary repairs, registration, inspection, and fuel should be included as part of “need" when determining eligibility or amount of aid.

8. Maintenance of Medical Insurance: In the event that the Welfare Official determines that the self-maintenance of medical insurance is essential, an applicant may include as "need" the reasonable cost of such premiums, especially in the event that insurance payments are less than the cost of prescriptions.

9. Emergency and Other Expenses: In the event that the applicant has the following current expenses, the actual cost shall be included as emergency and other expenses to determine eligibility and amount of assistance:

a. Medical Expenses: The Welfare Official shall not consider including amounts for medical, dental, or eye services unless the applicant can verify that all other potential sources have been investigated and that there is no source of assistance other than local welfare. Other sources to be considered shall include state and federal programs, local and area clinics, area service organizations, and area hospital indigent programs designed for such needs. When an applicant requests non-hospital related medical service, life-saving/sustaining prescriptions, including dental service to treat infection or eye service, the local Welfare Official may require verification from a doctor, dentist, or person licensed to practice optometry in the area, indicating that these services are absolutely necessary and cannot be postponed without creating a significant risk that the applicant's health will be placed in serious jeopardy. This office will consider only those medications that are considered life-saving/sustaining and the New Hampshire Division of Health and Human Services Medicaid program would consider reimbursable. Generic medications must be used unless specified otherwise by a licensed medical provider. The City of Dover Welfare Department will not normally authorize assistance for medications which would not meet the criteria of treating a diagnosed life-threatening medical condition.

b. Legal Expenses: Except for those specifically required by statute, no legal expenses, including fines/citations wilt be included in "need.”

c. Clothing: If the applicant has an emergency clothing need which cannot be met in a timely fashion by other community resources (i.e.; Salvation Army, Red Cross, church groups) the expense of reasonably meeting that emergency clothing need will be included in "need.”

d. Miscellaneous: Normally, cost to prevent repossession of any kind, moving expenses, storage charges, household items, and any other nonessential expenses as determined by the Welfare Official shall not be considered allowable expenses.

10. Unusual Needs Not Otherwise Provided for in These Guidelines: If the Welfare Official determines that the strict application of the standard of need criteria will result in unnecessary or undue hardship (e.g. needed services are inaccessible to the applicant), such Official may make minor adjustments in the criteria or may make allowances using the emergency need standards stated in Section VI(D)(2) of these guidelines. Any such determination and the reasons therefore, shall be stated in writing in the applicant's case record.

11. Shared Expenses: If the applicant/recipient household shares shelter, utility or other expenses with a non-applicant/recipient (i.e. is part of the residential unit), then need should be determined on a pro rata share, based on the number of adults in the residential unit (e.g. three adults in residential unit, but only one applies for assistance, shelter need is 1/3 of shelter allowance for a household of three adults).

F. Income

In determining eligibility and the amount of assistance, the standard of need shall be compared to the available income/assets. Computation of income and expenses will be by the week or month. The following items will be included in the computation:

1. Earned Income: Income in cash or in-kind earned by the applicant or any member of the household through wages, salary, commissions or profit, whether self-employed or as an employee, is to be included as income. Rental income and profits from items sold are considered earned income. With respect to self-employment, net income is calculated by subtracting business expenses from total profit in accordance with standard accounting principles. When income consists of wages, the amount computed should be that available after income taxes, social security and other payroll deductions required by state, federal or local law, court ordered support payments and child care cost and employment related clothing costs have been deducted from income. Wages that are trusteed or income similarly unavailable to the applicant or applicant's dependents should not be included.

2. Income or Support from Other Persons: Contributions from relatives or other household members shall be considered as income only if available and received by the applicant or recipient. The income of non-household members of the applicant's residential unit shall not be counted as income. Expenses shared with non-household members may affect the level of need. See Section IX(E)(IO) regarding determination of need in cases of non-household residential units.

3. Income from Other Assistance or Social Insurance Programs:

   a. State categorical assistance benefits, OASDI payments, Social Security payments, VA benefits, unemployment insurance benefits, and payment from other government sources shall be considered income.

   b. Federal Supplemental Nutrition Program (SNAP) allotments cannot be counted as income pursuant to federal law (7 USC 2017(b)).

   c. Fuel Assistance cannot be counted as income pursuant to federal law (42 USC 8624 (f)(1)).

4. Court-Ordered Support Payments: Alimony and child support payments shall be considered income only if received by the applicant or recipient.

5. Income from Other Sources: Payment from pension, trust funds, and similar programs shall be considered income.

6. Earnings of a Child: No inquiry shall be made into the earnings of a child fourteen (14) years of age or less unless that child makes a regular and substantial contribution to the family.

7. Option to Treat a Qualified State Assistance Reduction as Deemed Income: The Welfare Official may deem as income all or any portion of any qualified state assistance reduction pursuant to RSA 167:82, VIII. The following criteria shall apply to any action to deem income under this section. RSA 165:1-e.

   a. The authority to deem income under this section shall terminate when the Qualified State Assistance Reduction is no longer is in effect.

   b. Applicants for general assistance may be required to cooperate in obtaining information from the Department of Health and Human Services as to the existence and amount of any Qualified State Assistance Reduction. No applicant for general assistance may be considered to be subject to a Qualified State Assistance Reduction unless the existence and amount has been confirmed by the Department of Health and Human Services.

   c. The Welfare Official shall provide the applicant with a written decision which sets forth the amount of any deemed income used to determine eligibility for general assistance.

   d. Whenever necessary to prevent an immediate threat to the health and safety of children in the household, the Welfare Official shall waive that portion, if any, of the Qualified State Assistance Reduction as necessary.

G. Residents of Shelters for Victims of Domestic Violence and Their Children

An applicant residing in a shelter for victims of domestic violence and their children who has income, and owns resources jointly with the abusive member of the applicant's household, shall be required to cooperate with the normal procedures for purposes of verification. Such resources and income may be excluded from eligibility determination unless the applicant has safe access to joint resources at the time of application. The verification process may be completed through an authorized representative of the shelter of residence. The normal procedures taken in accordance with these guidelines to recover assistance granted shall not delay such assistance.

X. Non-Residents

A. Eligibility

Applicants who are temporarily in a municipality which is not their municipality of residence and who do not intend to make a residence there are nonetheless eligible to receive general assistance, provided they are poor and unable to support themselves. RSA 165:1-c. No applicant shall be refused assistance solely on the basis of residence. RSA 165:1. The applicant's residence, prior to the temporary relocation, may be contacted if it is learned the temporary relocation was caused, in part, by the municipal welfare departments unavailability or unwillingness to assist with the emergency situation. The applicant may be

assisted with a referral to the former municipality if time, available transportation and type of emergency makes it reasonable to do so.

B. Standards

The application procedure and eligibility standard of need shall be the same for nonresidents as for residents.

C. Verification

Verification records shall not be considered unavailable, nor the applicant's responsibility for providing such records relaxed, solely because they are located in the applicant's municipality of residence.

D. Temporary or Emergency Aid

The standard for the fulfilling of immediate or emergency needs of nonresidents and for temporary assistance pending final decision shall be the same as for residents, as set forth in Section VI (D)(2).

E. Determination of Residence

Determination of residence shall be made if the applicant requests return home transportation (See paragraph F below) or if the Welfare Official has reason to believe the applicant is a resident of another New Hampshire municipality from which recovery can be made under RSA 165:20.

1. Minors: The residence of a minor applicant shall be presumed to be the residence of his/her custodial parent or guardian.
2. Adults: For competent adults, the standard for determining residence shall be the overall intent of the applicant, as set forth in the Section I definition of “residence". The statement of an applicant over eighteen (18) as to his/her residence or intent to establish residence shall be accepted in the absence of strongly inconsistent evidence or behavior.

F. Return Home Transportation

At the request of a nonresident applicant, any aid, temporary or otherwise, to which he/she would be otherwise entitled under the standard set forth in these guidelines may be used at the Welfare Official's discretion to cause the applicant to be returned to his/her municipality of residence. RSA 165:1-c.

G. Recovery

Any aid given to a nonresident, including the costs of return home transportation, may be recovered from his/her municipality of residence using the procedures of Section XVI(B).

XI. Municipal Work Programs

A. Participation

Any recipient of general assistance who is able and not gainfully employed may be required to work for the municipality or an appropriate local human service agency at any available bona fide job that is within his/her capacity (RSA 165:31) for the purpose of reimbursement of benefits received. Participants in the workfare program are not considered employees of the municipality, and any work performed by workfare participants does not give rise to any employee-employer relationship between the recipient/workfare participant and the municipality.

B. Reimbursement Rate

The workfare participant shall be allotted the prevailing municipal wage for work performed, but in no case less than the minimum wage. No cash compensation shall be paid for workfare participation; the wage value of all hours worked shall be used to reimburse the municipality for assistance givens No workfare participant shall be required to work more hours than necessary to reimburse aid rendered.

C. Continuing Financial Liability

If, due to lack of available municipal work or other good cause, a recipient does not work a sufficient number of hours to fully reimburse the municipality for the amount of his/her aid, the amount of aid received less the value of workfare hours completed shall still be owed to the municipality.

D. Allowance for Employment Search

The municipality shall provide reasonable time during working hours for the participant to conduct a documented and verifiable employment search, as determined by the Welfare Official.

E. Workfare Program Attendance

With prior notice to the Welfare Official, a recipient may be excused from workfare participation if he/she:

1. Has a conflicting job interview;

2. Has a conflicting interview at a service or welfare agency;

3. Has a medical appointment or illness;

4. As a parent or person "in loco parentis", must care for a child under the age of five (5). A recipient responsible for a child age five (5) but under twelve (12) shall not be required to participate in workfare during the hours the child is in not in school, if there is no responsible person available to provide care and no other care is available;

5. Is unable to participate in workfare due to mental or physical disability as verified by the Welfare Official;

6. Must remain at home because of illness or disability to another member of the household, as verified by the Welfare Official; or

7. Does not possess the materials or tools required to perform the task and the municipality fails to provide them.

However, the workfare participant should attempt to schedule appointments so as not to conflict with the workfare program and must notify his/her supervisor in advance of the appointment. The Welfare Official may require participants to provide documentation of their attendance at a conflicting interview or appointment.

F. Workfare Hours

Workfare hours are subject to approval of the supervisor and the Welfare Official. Failure of the participant to adhere to the agreed workfare hours (except for the reasons listed above) will prompt review of the recipient's eligibility for general assistance and may result in a suspension or termination of assistance. See Section XIII (C)(2)(b).

G. Workers Compensation

The municipality shall provide workers compensation coverage to participants in workfare programs in the same manner such coverage is provided to other municipal employees. RSA 281-A:2, VII(b).

XII. Burial & Cremations

The Welfare Official shall provide for required burial or cremation of eligible persons found in the municipality at time of death. In such cases where the deceased, at the time of death, has a residence in another city, town or state the next of kin or other responsible party will be referred to contact the appropriate agency. If the deceased was a resident of municipality at the time of death, assistance may be applied for on behalf of the deceased person, however, the application should be made before any burial or cremation expenses are incurred. The expense may be recovered from the deceased person's municipality of residence or from a liable relative pursuant to RSA 165:3 ll. If there are liquid assets at death from the deceased person’s bank accounts, there shall be an automatic assignment to the funeral director or the person who paid for the funeral and burial or cremation of the deceased to the extent of funeral and burial or cremation costs up to $2,000 pursuant to RSA 165:27-a. If the Welfare Official verifies relatives or other private persons, the state or other sources are unable to cover the entire burial/cremation expense, the municipality will pay up to $1000 for burial/cremation, the total burial/cremation expense is not to exceed $2000. RSA 165-3, RSA 165:1-b, RSA 165:27 and 165:27-a.

Special religious rites, beyond the maximum amount the municipality will pay, will not be paid for at the public expense.

The municipality will not pay burial and/or cremation benefits in the instance of past funeral charges. The request should be made prior to the burial and/or cremation, in a timely manner, immediately following the time of death.

Unclaimed Body. Per RSA 611-B:25 the medical examiner shall release a dead body if unclaimed for a period of not less than 48 hours following completion of the death investigation to the overseer of public welfare in the town or, in the case of an unincorporated place, to a county commissioner, who shall decently bury or cremate the body, or, with the consent of the commissioners or the overseer, it may be sent to the medical department of a medical school or university, to be used for the advancement of the science of anatomy and surgery.

XIII. Right to Notice of Adverse Action

A. Right to a Written Decision

All persons have a constitutional right to be free of unfair, arbitrary, or unreasonable action taken by government. This includes applicants for and recipients of general assistance whose aid has been denied, terminated or reduced. Every applicant and recipient shall be given a written notice of every decision regarding assistance (Section VI(D) for notice where application is granted). The Welfare Official will make every reasonable effort to ensure that the applicant understands the decision.

B. Action Taken for Reasons Other Than Noncompliance with the Guidelines

1. Whenever a decision is made to deny assistance or to refuse to grant the full amount of assistance requested, a notice of the decision shall be given or mailed to the applicant either the same day or next business/work day following the making of the decision or within five (5) business/work day from the time the application is completed and submitted, whichever occurs first.

2. In any case where the Welfare Official decides to terminate or reduce assistance for reasons other than noncompliance with the guidelines, the Official shall send notice at least seven (7) days in advance of the effective date of the decision to the recipient stating the intended action.

3. The notice required by paragraphs 1 and 2 above shall contain:

   a. A clear statement of the reasons for the denial or proposed termination or reduction.

   b. A statement advising the recipient of his/her right to a fair hearing and that any request for a fair hearing must be made in writing within five (5) business/work days.

   c. A form on which the recipient may request a fair hearing, if such a hearing is sought.

   d. A statement advising the recipient of the time limits which must be met in order to receive a fair hearing;

   e. In accordance with Section XIV fair hearing guidelines, a statement that assistance may continue, if there was initial eligibility, until the date of hearing, if requested by the claimant. Aid must be repaid if the claimant fails to prevail at the hearing.

C. Suspension for Noncompliance with the Guidelines

1. Due Process: Recipients must comply with these guidelines and the reasonable requests of Welfare Officials. Welfare Officials must enforce the guidelines while ensuring that all recipients and applicants receive due process. Recipients should be given reasonable notice of the conditions and requirements of eligibility and continuing eligibility and notice that noncompliance may result in termination or suspension.

2. Conditions: Any applicant/recipient otherwise eligible for assistance shall become ineligible under RSA 165: I-b if he/she willfully and without good cause fails to comply with the requirements of these guidelines relating to the obligation to:

a. Disclose and provide verification of income, resources or other material financial data, as set out in Section VI(C) and VII of these guidelines, including any changes in this information;

b. Participate in the workfare program under Section VI(C), to the extent assigned by the Welfare Official;

c. Comply with the employment search requirements imposed by the Welfare Official under Section VI(C); and

d. Within seven (7) days, apply for other public assistance, as required by the Welfare Official under Section VI(C).

3. First Notice: No recipient otherwise eligible shall be suspended for noncompliance with conditions unless he/she has been given a written notice of the actions required in order to remain eligible and a seven (7) day period within which to comply. The first notice should be given at the time of the notice of decision and thereafter as conditions change. Additional notice of action required should also be given, as eligibility, is redetermined, but without an additional seven (7) day period unless new actions are required. RSA: 165-b, ll.

4. Noncompliance:

a. If a recipient willfully and without good cause fails to come into compliance during the seven (7) day period, or willfully falls into non-compliance within thirty (30) days from receipt of a first notice, the Welfare Official shall give the recipient a suspension notice, as set forth in Paragraph 5.

b. If a recipient falls into noncompliance for the first time more than thirty (30) days after receipt of a first notice, the Welfare Official shall give the recipient a new first notice with a new seven (7) day period to comply before giving the recipient the suspension notice. RSA 165:1-b, (III).

5. Suspension Notice: Written notice to a recipient that he/she is suspended from assistance due to failure to comply with the conditions required in a first notice shall include:

a. A list of the guidelines with which the recipient is not in compliance and a description of those actions necessary for compliance;

b. The period of suspension (See paragraph 6 below);

c. Notice of the right to a fair hearing on the issue of willful noncompliance and that such request must be made in writing within five (5) days of receipt of the suspension notice;

d. A statement that assistance may continue in accordance with the prior eligibility determination until the fair hearing decision is made if the recipient so requests on the request form for the fair hearing, however, if the recipient fails to prevail at the hearing:

i. the suspension will start after the decision; and

ii. such aid must be repaid by the recipient.

e. A form on which the individual may request a fair hearing and the continuance of assistance pending the outcome.

6. Suspension Period: The suspension period for failure to comply with the guidelines shall last:

   a. Seven (7) days, unless the recipient has a prior suspension which ended within the past six months, in which case the suspension shall last fourteen (14) days.

   b. If the recipient, upon the expiration of the seven (7) or fourteen (14) day suspension period, continues to fail to carry out the specific actions set forth in the notice, the suspension shall last until the recipient complies with the guidelines.

   c. Notwithstanding paragraph C(6)(b) above, a recipient who has been suspended for continued noncompliance for at least one (1) calendar year may file a new application for assistance without coming back into compliance.

7. Fair Hearing on Continuing Noncompliance: A recipient who has been suspended until he/she complies with the guidelines may request a fair hearing to resolve a dispute over whether he/she has satisfactorily complied with the required guidelines; however, no assistance shall be available under paragraph C(5)(d) above.

8. Compliance After Suspension: A recipient who has been subject to a suspension and who has come back into compliance shall have his/her assistance resumed, provided he/she is still otherwise eligible. The notice of decision stating that assistance has been resumed should again set forth the actions required to remain eligible for assistance, but need not provide a seven (7) day period for compliance unless new conditions have been imposed.

9. Misrepresentation: Misrepresentation of information by a client is grounds for denial and suspension of City Welfare assistance and may result in prosecution for the crimes, including but not limited to Unsworn Falsification, RSA 641:3, Theft by Deception RSA 637:4, and/or Identity Fraud RSA 638:27.

10. The Welfare Official is not required to accept further applications for assistance during a period of suspension.

XIV. Fair Hearings

A. Requests

A request for a fair hearing is a written expression, by the applicant or recipient or any person acting for him/her, to the effect that he/she wants an opportunity to present his/her case to a higher authority. When a request for assistance is denied, or when an applicant desires to challenge a decision made by the Welfare Official relative to the receipt of assistance, the applicant must present a request for a fair hearing to the welfare official within five (5) business/working days of receipt of the notice of decision at issue. RSA 165:1-b, (III).

B. Time Limits for Hearings

Hearings requested by claimants must be held within seven (7) business/working days of the receipt of the request. The Welfare Official shall give notice to the claimant setting the time and location of the hearing. This notice must be given to the claimant at least forty-eight (48) hours in advance of the hearing, or mailed to the claimant at least seventy-two (72) hours in advance of the hearing.

C. Requests for Postponements

A claimant who has verifiable good cause to request a postponement of a scheduled fair hearing shall contact the Welfare Official at the earliest possible time prior to the fair hearing. Upon receiving documentation deemed by the Welfare Official to be verifiable good cause, the fair hearing will be rescheduled at next the earliest available date. A claimant shall provide documentation of such verifiable emergency circumstances to the Welfare Official within three (3) business/working days of the date that the request for postponement has been made. Claimants are entitled to only one (1) such postponement per fair hearing request.

1. Verifiable Good Cause: The claimant shall include, but not be limited to, verified medical emergency or other verified unforeseen emergency circumstances, which precludes the claimant from attending the scheduled fair hearing.

2. Request for Postponement Prior to Three (3) Days of the Fair Hearing: If a claimant requests a postponement earlier than three (3) business/working days of the fair hearing date and documentation deemed by the Welfare Official to be verifiable good cause is not provided to the Welfare Official within the three (3) business/working days, the scheduled fair hearing date will be honored.

   If the claimant provides documentation deemed by the Welfare Official to be verifiable good cause within the three (3) business/working days the fair hearing will be rescheduled at the next earliest available date.

3. Requests for Postponement Within Three (3) Days of the Fair Hearing Date: If a claimant makes a request for postponement within three (3) business/working days of a fair hearing date, the scheduled fair hearing will be held in abeyance pending receipt of documentation deemed to be verifiable good cause by the Welfare Official. The documentation must be provided to the Welfare Official within three (3) business/working days of the date of the request for postponement.

   If the claimant provides documentation deemed by the Welfare Official to be verifiable good cause within the three (3) business/working days, the fair hearing will be rescheduled at the earliest available date. If the claimant does not provide documentation deemed by the Welfare Official to be verifiable good cause within the three (3) business/working days, the fair hearing will not be rescheduled and the request for the fair hearing shall be deemed to be withdrawn by the claimant. The notice of adverse action at issue will be upheld.

D. The Fair Hearing Officer(s)

The fair hearing officer(s) shall be chosen by the Welfare Director. The person(s) serving as the fair hearing authority must:

1. Not have participated in the decision causing dissatisfaction;

2. Be impartial;

3. Be sufficiently skilled in interviewing to be able to obtain evidence and facts necessary for a fair determination; and

4. Be capable of evaluating all evidence fairly and realistically, to explain to the claimant the laws and regulations under which the Welfare Official operated, and to interpret to the Welfare Official any evidence of unsound, unclear or inequitable policies, practices or action.

E. Fair Hearing Procedures

1. All fair hearings shall be conducted in such a manner as to ensure due process of law. Fair hearings shall not be conducted according to strict rules of evidence. The burden of proof shall be on the claimant, who shall be required to establish his/her case by a preponderance of the evidence.

2. The Welfare Official responsible for the disputed decision shall attend and testify about his/her actions and the reasons therefore.

3. Both parties shall be given the opportunity to offer evidence and explain their positions as fully and completely as they wish. The claimant shall have the opportunity to present his/her own case or, at the claimant's option, with the aid of others, and to bring witnesses, to establish all pertinent facts, to advance any arguments without undue interference, to question or refute testimony or evidence, including the opportunity to confront and cross examine adverse witnesses.

4. A claimant or his/her duly authorized representative has the right to examine, prior to a fair hearing, all records, papers and documents from the claimant's case file which either party may wish to introduce at the fair hearing, as well as any available documents not contained in the case file but relevant to the Welfare Official's action of which the claimant complains. The claimant may introduce any such documents, papers or records into evidence. No record, paper or document, which the claimant has requested to review but has not been allowed to examine prior to the hearing, shall be introduced at the hearing or become part of the record unless the claimant consents.

5. The Welfare Official (or a duly authorized representative) shall have the right to examine at the fair hearing all documents on which the claimant plans to rely on at the fair hearing and may request a twenty-four (24) hour continuance if such documents contain evidence not previously provided or disclosed by the claimant. Should the applicant have new documentation relevant to the dispute, he/she may reapply for assistance and file a written withdrawal of the fair hearing request.

6. The decision of the fair hearing officer(s) must be based solely on the record, in light of these guidelines. Evidence, both written and oral, which is admitted at the hearing shall be the sole contents of the record. The fair hearing officer shall not review the case record or other materials prior to introduction at the hearing.

7. The parties may stipulate to any facts. Such stipulations shall be noted in the Record.

8. All fair hearings shall be electronically recorded and retained for six (6) months.

F. Decisions

1. Fair hearing decisions shall be rendered within seven (7) business/working days of the hearing. Decisions shall be in writing setting forth the reasons for decision and the facts on which the fair hearing officer relied in reaching the decision. A copy of the decision shall be mailed or delivered to the claimant and to the Welfare Official.

2. Fair hearing decisions will be rendered on the basis of the officer's findings of facts, these guidelines and state and federal law. The fair hearing decision shall set forth any required relief.

3. The decision shall be dated. In the case of a hearing to review a denial of aid, the decision is retroactive to the date of the action being appealed. If a claimant fails to prevail at the hearing, the assistance given pending the hearing shall be a debt owed by the individual to the municipality.

4. The Welfare Official shall keep all fair hearing decisions on file in chronological order, consistent with applicable law and retention policies.

5. None of the procedures specified herein shall limit any right of the applicant or recipient to subsequent court action to review or challenge the adverse decision.

XV. Liens

A. Real Estate - RSA 165:28

The law requires the municipality to place a lien for welfare aid received on any real estate owned by an assisted person in all cases except for just cause. This section does not authorize the placement of a lien on the real estate of legally liable relatives, as defined by RSA 1.65:19. The Welfare Official shall be authorized by the City Council to file a Notice of Lien with the County Registry of Deeds, complete with the owner's name and a description of the property sufficient to identify it. Interest at the rate of six percent (6%) per year shall be charged on the amount of money constituting the lien commencing one (1) year after the date the lien is filed, unless waived by the municipality. The lien remains in effect until enforced or released or until the amount of the lien is repaid to the municipality. The lien shall not be enforced so long as the real estate is occupied as the sole residence of the assisted person, his/her surviving spouse, or his/her surviving children who are under age eighteen (18) or blind or permanently and totally disabled. At such time as the lien may become enforceable, the Welfare Official shall attempt to contact the attorney managing the real estate or estate before enforcing the lien. Upon repayment of a lien, the municipality must file written notice of the discharge of the lien with the County Register of Deeds. RSA 165:28.

B. Civil Judgments — RSA 165:28-a.

1. A municipality shall be entitled to a lien upon property passing under the terms of a will or by in testate succession, a property settlement or a civil judgment for personal injuries (except Workers Compensation) awarded any person granted assistance by the municipality for the amount of assistance granted by the municipality.

2. The municipality shall be entitled to the lien only if the assistance was granted no more than six (6) years before the receipt of the inheritance or the award of the property settlement or civil judgment. When the Welfare Official becomes aware of such a claim against a civil judgment, he/she shall contact the attorney representing the recipient.

3. This lien shall take precedence over all other claims.

XVI. Recovery of Assistance

The Welfare Official shall seek to recover money expended to assist eligible applicants. There shall be no delay, refusal to assist, reduction, or termination of assistance while the Welfare Official is pursuing the procedural or statutory avenues to secure reimbursement. Any legal action to recover must be filed in court within six (6) years after the expenditure. RSA 165:25.

A. Recovery from Responsible Relatives

1. The amount of money spent by a municipality to assist a recipient who has a father, mother, stepfather, stepmother, husband, wife, or child (who is no longer a minor) of sufficient ability to also support the recipient, may be recovered from the liable relative. Sufficient ability shall be deemed to exist when the relative's income is more than sufficient to provide a reasonable subsistence compatible with decency and health.

2. The Welfare Official may determine that "in kind" assistance or the provision of products/services to the client is acceptable as a relative's response to liability for support.

3. Written notice of money spent in support of a recipient must be given to the liable relative. The Welfare Official shall make reasonable efforts to give such written notice prior to the giving of aid, but aid to which as applicant is entitled under these guidelines, shall not be delayed due to inability to contact possible liable relatives. RSA 165:19.

B. Recovery from the Municipality of Residence

The Welfare Official may seek to recover from the municipality of residence the amount of money spent by the municipality to assist a recipient who has a residence in another municipality. Written notice of money spent in support of a recipient must be given to the welfare official of the municipality of residence. In any civil action for recovery brought under RSA 165: 20, the court shall award costs to prevailing party. RSA 165:19 and 20. (See RSA 165:20-a providing for arbitration of such disputes between communities.) RSA 165:20.

C. Recovery from Former Recipient's Income

A former recipient who is returned to an income status after receiving assistance may be required to reimburse the municipality for the assistance provided, if such reimbursement can be made without financial hardship. RSA 165:20-b.

D. Recovery from State and Federal Sources

The amount of money spent by a municipality to support a recipient who has made an initial application for SSI and has signed HHS FORM 151 "AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE" shall be recovered through the SSA and New Hampshire Department of Health and Human Services. Prescription expenses paid by the municipality for applicants who have applied for Medicaid shall recovered through the New Hampshire Department of Health and Human Services if and when the applicant is approved for medical coverage.

E. Delayed State Claims

For those recipients of general assistance deemed eligible for state assistance, New Hampshire Department of Health and Human Services shall reimburse a municipality the amount of general assistance as a result of delays in processing within the federally mandated time periods. Any claims for reimbursement shall be held until the end of the fiscal year and may be reimbursed on a pro-rated basis depending upon the total claims filed per year. RSA 165:20-c. A form 340 "REQUEST FOR STATE REIMBURSEMENT" may be obtained from the New Hampshire Department of Health and Human Services for this purpose.

XVII. Application of Rents Paid by the Municipality

Whenever the owner of property rented to a person receiving general assistance from the municipality is in arrears in sewer, water, or tax payments to the municipality, the municipality may apply the assistance which the property owner would have received in payment of rent on behalf of such assisted persons to the property owner's delinquent balances, regardless of whether such delinquent balances are in respect of property occupied by the assisted person, RSA 165:4-b.

A. Payment Arrears

A payment shall be considered in arrears if more than thirty (30) days have elapsed since the mailing of the bill or in the case of real estate taxes, if interest has begun to accrue pursuant to RSA 76:13, RSA 165:4-a.

B. Order of Priority

Delinquent balances will be offset in order of the following priority: 1) taxes, 2) water, 3) sewer.

C. Procedure

1. The Welfare Official shall issue a voucher on behalf of the tenant to the landlord for the allowed amount of rent. The voucher will indicate any amount to be applied to a delinquent balance owed by the landlord, specifying which delinquency and referring to the authority of RSA 165:4-a.

2. The Welfare Official shall issue a duplicate voucher to the appropriate department (i.e. tax collector, sewer department, water department, or municipal electric facility), which shall forward the voucher to the treasurer or finance director for payment. Upon receipt of payment, the department will issue a receipt of payment to the delinquent landlord.

XVIII. Department Threat Policy

To assure safety and healthy working conditions, applicants/clients who make threatening statements and/or actions against welfare staff/personnel may be prohibited from returning to the Welfare Department Office. In such cases, applicants/clients may be required to conduct the application process with appropriate safety measures to ensure the safety of welfare personnel. Threats shall be reported to appropriate authorities.

XIX. Child Protection Act

RSA 169-C:29 Persons Required to Report. Any physician, surgeon, county medical examiner, psychiatrist, resident, intern, dentist osteopath, optometrist, chiropractor, psychologist, therapist, registered nurse, hospital personnel (engaged in admission, examination, care and treatment of persons), Christian Science practitioner, teacher, school official, school nurse, school counselor, social worker, child care worker, any other child or foster care worker, law enforcement official, priest, minister or rabbi, or any other person having reason to suspect that a child has been abused or neglected shall report the same in accordance with this chapter.

APPENDIX A

ALLOWABLE LEVEL OF ASSISTANCE PAYMENTS FOR THE CITY OF DOVER:
Schedule of General Assistance

The following are values for various allowable expenses. The values are based on actual local market conditions and costs.

I. Housing _____

Housing costs shall be determined by using the latest New Hampshire Housing Costs Survey for Strafford County.

A. Rental Properties

Only the last four weeks of rent will be considered as "need". Rent arrears will be included in the "need" formula if, and only if, such payment is necessary to prevent eviction or foreclosure or to protect the health and safety of the household. An applicant's name must be on the lease in order for rental assistance to be rendered. Rents will not be paid to non-landlords such as friends and relatives.

B. Owner Occupied Properties

Calculation of "need" shall include an amount for mortgage minus any property taxes included in the mortgage. Home repairs **may** be considered as "need" if they are necessary for health and/or safety. When an applicant owns a home and is otherwise eligible for assistance, payment for taxes not included in the mortgage and insurance may be deemed necessary by the Welfare Department to prevent foreclosure. As stated in the Application for General Assistance through the City of Dover and in accordance with State of New Hampshire law, all applicants who own real estate will have a lien, in the amount of assistance provided, placed on their property.

II. Food _____

The amount included as "need" for food purchases will be in accordance with the most recent standard SNAP allotment as determined under the Food Stamp Program administered by the New Hampshire Department of Health and Human Services. Food vouchers may not be used for alcohol, tobacco or pet food.

III. Maintenance/Personal Items _____

Applicants may include, in calculating "need," the cost of providing personal and household necessities in an amount

not to exceed:

Household Size	Maximum Allotment Level
1	$64.00
Each additional member, add:	$25.00

IV. Heating and Cooking Fuel _____

Only one hundred (100) gallons maximum per month allowed. This is available only during the heating season, as determined by the Welfare Official. Usually this is no earlier than October fifteenth (15) and ends April fifteenth (15). These dates can be dependent on the weather and temperature.

Fuel for Hot Water will be provided on a case by case basis as determined by the Welfare Official.

V. Transportation _____

If the Welfare Official determines that transportation is necessary (e.g., for health or medical reasons, to maintain employment or to comply with conditions of assistance), approved benefits **may**, at the sole discretion of the Welfare Official, include cost of transportation (e.g., bus passes, donated gas card, volunteer driver, etc.), fuel costs for past thirty (30) days {up to one hundred seventy five dollars ($175)}, car payments {up to two hundred fifty dollars ($250)}, necessary insurance payments, repairs, registration and inspection costs.{ Receipts for all expenses are required.}

VI. Utilities _____

When utility costs are not included in the housing expense, the most recent outstanding monthly utility bill will be included as part of "need" by the Welfare Department. Arrears will not be included except when necessary to ensure the health and safety of the applicant household or to prevent termination of utility service where no other resources or referrals can be utilized.

1. A disconnect notice must be provided as proof of "need".
2. Utility Bill must be in applicant's name.
3. Utility security deposits shall be considered as "need" if, and only if, the applicant is unable to secure funds for the payment of the deposit and is unable to secure utility service without a deposit. Such deposits shall, however, be the property of the City of Dover.
4. Basic local telephone service shall be allotted a maximum of $60.00/month in the "need" formula.
5. Cable television costs shall not be considered as need.
6. Internet service may be considered as need at the discretion or the Welfare Official.
7. Water Utility bills cannot be paid by the welfare department but will be counted as "need".

VII. Medical Expenses and Prescription's _____

The Welfare Department shall not consider including amounts for prescription costs, medical, dental or eye services as "need" unless the applicant can verify that all other potential sources have been investigated and that there is no source of assistance other than local welfare. Other sources to be considered shall include state and federal programs, local and area clinics, area service organizations and area hospital indigent programs designed for such needs. When an applicant requests medical service, prescriptions, dental service or eye service, the local welfare official may require verification from a doctor, dentist or person licensed to practice optometry in the area, indicating that these services are absolutely necessary and cannot be postponed without creating a significant risk that the applicant's health and/or well-being will be placed in serious jeopardy.

VIII. Clothing _____

Donated consignment vouchers and/or referrals may be given out for clothing to provide necessary protection from the elements. The Welfare Official **may** consider laundry expenses up to $40 per month in calculating "need."

IX. Child/Dependent Care _____

Allowed as "need" on a case by case basis only if applicant has to purchase care for dependent or child so the applicant can be employed or seek employment, to fulfill conditions of welfare application or other official agency requirements. As solely determined by the welfare official.

X. Burial Allowance _____

If applicable, the Town of Northwood will pay **up to** one thousand dollars ($1000) towards a funeral or cremation. The entire cost the family pays for the funeral or cremation cannot exceed eighteen hundred ($1800).

XI. Shared Expenses _____

If the applicant/recipient household shares shelter, utility, or other expenses with a non-applicant/recipient (i.e.: is part of a residential unit), then "need" shall be determined on a pro rata share, based on the total number of adults in the residential unit (e.g.: three adults live in a residential unit, but only one applies for assistance/shelter, "need" is 1/3 of the shelter allowance for a household of three adults).

XII. Exceptions _____

All applicants for aid will be reviewed on their individual merits. Necessity of other expenses **can** be considered on a case by case basis, as solely determined by the welfare official, and must be necessary for safety or health. Referrals will be made to appropriate agencies where such action is indicated. If need dictates, the limits established in this document may be increased at the discretion of the Welfare Official.

APPENDIX B

ADOPTED ETHICS RESOLUTION ON RESPONSIBILITY FOR PERSONS WHO CHANGE THEIR RESIDENCE WHILE, OR AS A RESULT OF, APPLYING FOR LOCAL WELFARE

(New Hampshire Local Welfare Administrators' Association)

I. 'Dumping" is hereby declared to be an unethical practice. For purposes of this resolution, "dumping: consists of attempting to end, or avoid acquiring, a local welfare financial responsibility by encouraging, persuading or pressuring a client:

A. Not to establish, or to discontinue, a residence in the town which he/she has applied for assistance, or
B. To establish a residence in another town.

II. In order to avoid "dumping" the following standards should be observed:

A. A welfare administrator should not encourage, direct, or knowingly allow a client who has applied for assistance in his/her town to apply for assistance in another town without making a good faith effort to contact the welfare administrator in that other town to explain why the person is corning to the other town. This applies whether or not the welfare administrator has accepted initial financial responsibility for the person (i.e. treat him/her as a resident) unless:

i. He/she has an established place of abode (specific address, place to sleep) in another town which he/she intends to return to, even for just one night (i.e., hasn't moved out of yet), or
ii. He/she has NO established place of abode ANYWHERE, (i.e., any prior specific address was in some other town and has been abandoned) AND has a specific intent to go somewhere else rather than staying in the town for any time.

B. Even when an applicant falls into i or ii above, some temporary, non-resident assistance may be necessary, depending on the circumstances, in order to send the person on his/her way.

III. Where a town has accepted initial financial responsibility under paragraph Il above, the welfare administrator should not grant any assistance which he/she knows will be used so as to help establish the recipient's residence in another town, unless:

A. A good faith effort is made to explore local resources, after which it is discovered that none within reason is available, or
B. Unless the client has indicated to move to another town for some non-welfare related reason.

IV. In either case the welfare administrator who has accepted initial financial responsibility should contact the official of the other town and offer to pay up to one month's assistance following the move if necessary. Town must avoid "special" treatment. If a town never pays security deposits, the town must not pay security deposits in special instances to establish a client's residence elsewhere. The sending town should pay actual allowable shelter costs as determine by the receiving town ts guidelines.

V. Shelter Residency: According to RSA 126A:43-h, persons receiving emergency housing (shelter) shall continue to maintain their legal residence as it existed at the time of entering the emergency housing facility. When a person leaves the originating shelter of their own free will, the liability no longer remains the responsibility of the original town. A person does not gain or lose residency while in a shelter, hospital, or treatment center.

VI. Persons who are sanctioned by local welfare and arrive in another community are not the liability of the community where the sanction originated. However, arrangements may be made between the two communities to have the sanction resolved.

APPENDIX C

EXPLENATION FOR DISQUALIFICATION FOR NONCOMPLIANCEWITH GUIDELINES

NH RSA165:1-B

The following is written to help explain and standardize the process of "Disqualification for Noncompliance with Guidelines," RSA 165:1-b. Please refer to **FORM L - NOTICE OF DECISION** which may be used by your local welfare office.

Once you determine that an applicant is eligible and you provide assistance, you can impose conditions on the person's continued receipt of assistance. The conditions may require the recipient to comply with written guidelines relating to:

1) Disclosure of income and resources,
2) Participation in a work program,
3) Conducting an adequate work search, and/or
4) Applying for public assistance through other agencies as outlined in the Model Guidelines.

Willful failure to comply with the conditions imposed can lead to the suspension of a recipient's assistance, but there is a process which must be followed. Prior to suspension, a recipient must be given written notice from the local welfare office of the specific actions which must be taken and the recipient must be given at least seven (7) days in which to comply prior to suspension. There can be no exception.

The **Notice of Decision** form may be used to grant an assistance application and *simultaneously* give notice of the conditions imposed on the recipient's continued receipt of assistance. The **Notice of Decision** form may also be used to give notice of the conditions that must be complied with, if that notice was not given at the time assistance was granted or if the conditions to be complied with have changed.

If a recipient does not comply with the conditions in the time period allowed, he/she can be "sanctioned" and his/her assistance suspended. How long the suspension lasts depends on whether there have been other suspensions within the previous 6 months and whether there are actions the recipient can take to come into compliance. A written decision (the **Notice of Decision** form can be used) must be given notifying the recipient of the term of the suspension, the specific reason(s) for the suspension citing the guidelines, any action(s) which must be taken to come back into compliance, and notice of the right to request a fair hearing within 5 days of receipt of the notice.

If this is a first sanction, assistance may be suspended for seven (7) days. If it is possible for the recipient to take action(s) to come into compliance, then assistance can remain suspended after the seven (7) day period *and until* such time as the recipient takes the action(s) required to come into compliance (e.g. recipient only made 3 work search contacts instead of 10-the recipient must complete 7 more work search contacts; e.g. the recipient failed to apply for food stamps-if the recipient applies within the initial 7 day suspension, then the suspension ends after 7 days, otherwise, the suspension continues until the recipient applies). After the 7-day suspension period, the sanction must be lifted upon compliance with the condition.

If this is the second sanction (or more) for the recipient within a 6-month period, assistance may be suspended for fourteen (14) days. The reason for the sanction need not relate to previous sanctions to extend the suspension period to 14 days. If it is possible for the recipient to take action to come into compliance, then assistance can remain suspended after the 14-day period and until compliance, as described above.

If more than six months elapses between the first and second sanctions, follow the procedures for a first sanction.

All notices of decision telling a recipient that he/she has been suspended must provide an opportunity for the recipient to request a fair hearing. If the recipient timely requests a hearing, the welfare officer must provide the recipient with the option of continuing to receive assistance consistent with any prior eligibility determination until the fair hearing decision is made. If there is a dispute over whether the recipient has taken the actions required to come back into compliance, the recipient must be provided the opportunity for a fair hearing on that issue, but there shall be no assistance provided pending the outcome of that hearing.

The Welfare Officer is not required to accept applications for assistance during a period of suspension.

APPENDIX D

FORMS

These forms are offered as tools or guides to administer local assistance programs. Use of these forms is recommended but not mandatory.

A. APPLICATION FOR ASSISTANCE

B. NOTICE OF RIGHTS AND RESPONCIBILITIES

C. HHS RELEASE

D. COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY RELEASE FORM

E. APPLICANT'S GENERIC AUTHORIZATION

F. APPLICANTS SPECIFIC AUTHORIZATION

G. BASIC NEED POLICY

H. REQUIRED VERIFICATIONS

I. INTAKE FORM

J. MEDICAL RELEASE AND REPORT

K. EMPLOYMENT VERIFICATION FORM

L. RENTAL VERIFICATION

M. BUDGET WORKSHEET

N. NOTICE OF DECISION

O. EMPLOYMENT SEARCH RECORD

P. FAIR HEARING REQUEST

Q. NOTICE OF FAIR HEARING

R. FAIR HEARING DECISION

S. NOTICE OF PROPERTY LIEN

T. NOTICE OF PROPERTY LIEN DISCHARGE

U. RENT VOUCHER – LANDLORD DELINQUENCY

V. APPLICATION UPDATE FORM

FORM A

CITY OF DOVER WELFARE DEPARTMENT

APPLICATION FOR GENERAL ASSISTANCE

(PLEASE ANSWER ALL QUESTIONS)

Date of Application_____ Social Security #_____
Referred by:

1. General Information:

Name_____ Date of Birth _____

Address_____

Mailing Address if Different:

How long at this address? _____ Telephone _____

Phone:_____ Work Phone:_____

Email_____ US Citizen? ☐ Yes ☐ No

Type of Housing: ☐House ☐Apt ☐ Mobil Home ☐Other

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Spouse/Co-Applicant Name_____ SS#_____

Date of Birth_____ Telephone_____

Spouse address (if not same as applicant)_____

Assistance Requested_____

Reason for request_____

Have you applied for local assistance before? _____ When?_____

Where?_____ Under what name?_____

List below all persons living in your household:

Full Name	Relationship	Date of Birth	Social Security #

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

Street	Town/City	State	Dates of Residence

2. Housing Information:

Rent amount _____ per (month/week)_____ Date last paid_____ Date due_____

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

Total rent owed _____ Do you have a housing subsidy?_____

Utilities Included: ☐ Heat ☐ Electric ☐ Gas ☐ Water/Sewer ☐ Other_____

LANDLORD INFO: Name_____Telephone_____

Address_____

IF HOME-OWNER: Mortgage Amount _____ Date last paid_____Owed _____

Bank/Mortgage Co_____ Address_____

3. Education / Training / Employment

	Highest Grade Attended	G.E.D. or Diploma	Special Training or Skills	Military Service
Applicant:				
Spouse/Co-Applicant:				

Applicant Work History:

Are you employed now?_____ Employer_____ Position_____

When work began _____ Date/Amount of most recent check_____

Are you unemployed now?_____ Reason_____

Date last worked_____ Employer_____ Date/Amount last check_____

Are you able to work now?_____ If not able, why not?_____

Current and two most recent jobs of yourself and all household members aged 18 & older:

Name	Employer	Pay	Weekly/ Biweekly	Employment Dates	Reason for Leaving

_____ _____ _____ _____ _____ _____

4. Household Assets:

Provide information regarding accounts held by you and all household members:

Name	Bank/Credit Union	Savings Acct. #	Savings Balance	Checking Acct. #	Checking Balance

Provide current value of any assets held by you and all household members:

Cash on hand (all household members)_____ Certificates of Deposit (CD's)_____

Savings Bonds_____ Mutual Funds_____ Annuities_____ Stocks_____

Trust Funds_____ Retirement Accounts_____ Insurance Policies (cash value)_____

401k_____ Property other than primary residence_____ Location_____

Other Investments_____ Motorcycles/Boats/Snowmobiles/ATV's/RV's_____

Other Assets (please list)_____

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.?

Lawyer Name/Address_____

Reason_____

Do you or any household member have a lawsuit pending?_____ Who?_____

Please give details_____

Lawyer Name/Address_____

Motor vehicles owned by you and all household members:

Owner	Auto Make	Model	Year	Value	Payments	Insurance

5. Household Income

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

	Name	Date Applied	Date Last Received	Monthly Amount
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/FAP				
Unemployment				
Vacation Pay				
Veteran's Pension				
Worker's Compensation				
Income Tax Refund				
IRS Stimulus Payment				
Other: **[ ]**				

6. Household Expenses

List actual or estimated regular monthly expenses. (Not all expenses will be 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) ……	_____	_____	_____
Water/Sewer Bill ……	_____	_____	_____
Other: _____	_____	_____	_____

EXTENDED PAYMENT ARRANGEMENTS

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

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

_____ _____ (Circle one) weekly biweekly monthly

7. 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

8. 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 of conviction_____ Details of conviction:_____

_____

Are you or any member of your household presently on parole or probation? ☐ Yes ☐ No

If yes, who?_____ Court or jurisdiction?_____

Name & phone number of parole/probation officer_____

9. 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 #

_____ _____ _____
_____ _____ _____

10. <u>Certifications and Signatures</u>

Applicant **Co-Applicant**

Print Name: _____ Print Name: _____

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 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 my receipt of assistance, now or in the future, 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 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)

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 City of Dover 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 City of Dover Welfare Department 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 city or town welfare offices, or any agencies providing supportive services regarding medical, house/shelter, or financial assistance.

_____ _____

Applicant Signature Date

Spouse or Co-applicant Signature

Date

Signature of person completing form
(if not applicant)

Date

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

FORM B

NOTICE OF RIGHTS AND RESPONCIBILITIES OF ANYONE RECEIVING ASSISTANCE FROM THE CITY OF DOVER

You have the following rights:

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 for assistance.
3. You have a right to have in writing the reason why you have been denied assistance or have been given only some of the assistance you 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 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 municipal workfare program if you must care for a child under the age of five (5), or to conduct a job search if you must care for a child under the age of one year (1), 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 the following responsibilities:

1. To provide accurate, complete and current information concerning needs and resources and the whereabouts and circumstances of relatives who may be responsible under RSA 165:19;
2. To notify the Welfare Official promptly when there is a change in needs, resources, address, or household size;

3. To apply for immediately, but no later than seven (7) days from completed application, and accept any benefits or resources, public or private, that will reduce or eliminate the need for imminent or potential future general assistance. RSA 165:1-b, I(d);

4. To keep all appointments as scheduled;

5. To provide records and other pertinent information and access to said records and information when requested;

6. To provide a verifiable doctor's statement if claiming an inability to work due to medical problems;

7. Following a determination of eligibility for assistance, to diligently search for employment, and provide a verifiable job search as determined by the Welfare Official, to accept employment when offered (except for documented reasons of good cause (RSA 165: I-d)), and to maintain such employment. RSA 165:1-b (c);

8. Following a determination of eligibility for assistance, to participate in the workfare program (if required) and if physically and mentally able. RSA 165: 1-b, I(b); and

9. To reimburse assistance granted if returned to an income status and if such reimbursement can be made without financial hardship. RSA 165:20-b.

10. To not voluntarily terminate employment without good case as determined by the Welfare Officer. If you voluntarily terminate employment, you shall be ineligible to receive assistance for ninety (90) days from the date of employment termination.

Once the Welfare Officer makes a decision, a written notice of decision shall be provided on the same day or next business/working day. The notice of decision shall state that assistance of a specific kind and amount has been given and the time period of aid, or that the application has been denied, in whole or in part, with reasons for denial. The notice of decision shall contain a first notice of conditions for assistance and shall notify the applicant of his/her right to a fair hearing if dissatisfied with the Welfare Official's decision.

I/We have read and reviewed the Welfare Rights and Responsibilities with the Welfare Administrator.

_____ _____

Applicant Signature Co-Applicant Signature

_____ _____

Date Date

FORM C

NH Department of Health & Human Services (DHHS)
Bureau of Family Assistance (BFA)

BFA Form 11
10/19

Authorization to Release Information

Printed Name of Person to Whom the Release of Information Pertains

Case #, RID #, or MID #, if known

I hereby authorize and request:

Name and Address of Individual or Agency Providing the Information:

to provide the following information:

to:

Name and Address of Individual or Agency Receiving the Information:

I grant my permission for the reproduction of the above information to be given to the individual or agency named. Release of confidential information is subject to State and Federal laws. By signing this release, I acknowledge my permission to release the specified information to the individual/agency I have named.

This authorization expires 12-months from the date this form is signed.

Information released cannot be re-released by the receiving individual/agency without additional authorization.

(Signature)

(Date)

(Printed Name)

If the signature above is not that of the person to whom the information pertains, the relationship of the signer to that person must be indicated. In addition, the signature must be witnessed.

(Relationship)

(Witness)

(Date)

BFA SR 19-29
(3YC)

FORM D

Community Action Partnership of Strafford County
Release Form

Case #_____

I, (please print full name clearly) _____ grant Community Action Partnership of Strafford County permission to release information to the following organization and/or any third party as stated below related to the case deemed by the client.

1. _____
2. _____
3. _____
4. _____

I grant permission for the following specific information from my record at Community Action Partnership of Strafford County to be released to the above named individuals:

[ ] Attend appointment on my behalf
[ ] Energy Program Assistance benefit status and amount
[ ] Status of application, including discussing missing information
[ ] Household financials for each individual
[ ] All aspects of the Weatherization Program
[ ] All aspects of housing and personal welfare
[ ] Other: _____

This Release Form is good for 1 year from date of signature below

_____ _____
Client Signature Date

_____
Client Printed Name

_____ _____
Client Signature Date

_____
Client Printed name

FORM E

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, 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 Municipal Welfare Department.

_____ _____
Applicant Signature Date

_____ _____
Spouse or Co-applicant Signature Date

_____ _____
Signature of person completing form (if not applicant) Relationship to applicant

_____
Date

FORM F

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

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 _____, City of Dover Welfare Official, to obtain information from _____ *(specific agency/individual)* regarding factors relevant to my application for general assistance benefits. This authorization shall expire one 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

FORM G

BASIC NEEDS POLICY

Per City of Dover 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
[ ] Current Utility Bills
[ ] Prescriptions

These costs are allowed for certain conditions:

[ ] Transportation costs for work, medical or assistance program appointments
[ ] Telephone basic service to find or keep employment
[ ] Medical Prescriptions
[ ] Laundry
[ ] Child/ dependent care
[ ] Internet for school

The following are examples UNALLOWABLE expenses in determining eligibility:

[ ] Telephone beyond basic service for 1 per household.
[ ] Credit Card Payments
[ ] Loan Payments
[ ] Cable
[ ] 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

_____ Date

_____ Co-Applicant Signature

_____ Date

Please note: This is an example form. Your Municipal Welfare Guidelines may have different allowance basic need expenses. You will need to adjust this form to your Municipality Welfare Guidelines that reflect your municipality expenses and allowances.

FORM H

DOVER PUBLIC WELFARE REQUIRED VERIFICATIONS

Phone: 603-516-6500 Fax: 603-519-6508
d.balian@dover.nh.gov or s.gaston@dover.nh.gov or m.cahill@dover.nh.gov

Name: _____ Date/Time: _____
Address: _____ Phone: _____
Social Security Number: _____ DOB: _____
in household: _____ Assistance Requested: _____
Email: _____

YOUR APPOINTMENT IS SCHEDULED FOR: _____

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

_____ Application Form **If this is not filled out for your appointment we will need to reschedule**
_____ Rental Verification Form **If this is not completed by your landlord we will need to reschedule**
_____ Last four weeks pay-stubs or other proof of net wages. Self Emp. – Profit/Loss for last 30 days
_____ Last four week's receipts or other proof of bills paid or currently due.
_____ Employment verification Form from your employer (blue form)
_____ Employment termination Form I from your last employer
_____ You have applied for / are receiving Social Security or Veterans benefits
_____ You have applied at DHHS: 150 Wakefield St., Rochester 332-9120 www.nheasy.nh.gov
☐ Emergency Food Stamps ☐ SNAP (Food Stamps) ☐ TANF/Other ☐ Childcare ☐ APTD/MA
_____ You have applied for / are receiving Fuel Assistance benefits through CAP 460-4237
_____ You have applied for Dover Housing Authority
_____ Verification of injury or illness (green medical form)
_____ You have applied for/are receiving Unemployment Compensation 742-3600 www.nhes.nh.gov
_____ Picture ID (Adults); Birth certificate/SS card (minors)
_____ Vehicle registration
_____ Savings and checking account, liquid asset statements, bank/debit card (Last 30-day printout of all account activity)
_____ Proof of Income tax refund and Stimulus Refund (Documentation/proof of where refund was spent)
_____ Employment Search Record (Showing 3-5 job searches per day required)
_____ Statement child support payments received / Child support court-ordered payments made
_____ Statement from room-mate(s) regarding division of expenses
Other: _____

I understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance, and I understand that if approved for assistance I may be required to do a job search and participate in workfare.

_____ _____
Welfare Staff signature Applicant signature

FORM I

CITY OF DOVER WELFARE INTAKE

COMPLETE {Insert Phone #}
SECTION I: DATE: _____ **Appt. Date /Time: _____**

Name: _____
Last / other names used **First** **Middle**

Physical Address: _____
Street **Town or City** **How long at this address?**

Date of Birth: _____ **Social Security# _____**

Please list all other household members with ages: _____
Income Amount & Source: _____
What type of emergency assistance are you **requesting** at this time? _____
Have you **received** prior assistance from this office? ☐ Yes ☐ No If yes, when? _____
PHONE#: _____ CELL PHONE #: _____

_____ _____
Applicant Signature/Date **Signature of person completing form** (if not applicant)

********** **BELOW FOR OFFICE USE ONLY**: **********
Notes

DO NOT COMPLETE

SECTION II*:* PROVIDE THE FOLLOWING **ITEMS CHECKED** AND/OR REQUESTED BELOW FOR YOUR APPOINTMENT **OR POTENTIAL ASSISTANCE COULD BE DELAYED.**

☐ Application Form – (Completed)
☐ Picture ID
☐ Last 4 Weeks RECEIPTS / BILLS
☐ **VERIFICATION YOU HAVE APPLIED TO THE FOLLOWING DHHS RESOURCES:**
☐ FOOD STAMPS ☐ TANF ☐ MEDICAID ☐ APTD
☐ Fuel Assistance Application/Appointment
☐ Rental Verification form completed by the Landlord & **COPY OF YOUR LEASE**
☐ Rochester Housing Authority /NH Housing Authority
☐ Employment Verification form ☐ Employment Termination Request form
☐ Verification of injury or illness (Medical Form)
☐ Verification of application for Unemployment Compensation
☐ You may be REQUIRED to provide documented JOB SEARCHES

VERIFICATION OF THE FOLLOWING RESOURCES:

☐ Child Support
☐ Unemployment Compensation
☐ SS / SSI / SSD
☐ TANF/APTD/OAA
☐ Last 4 weeks proof of income
☐ Checking Account/Debit Card (Statement)
☐ Savings Account (Bank Statement)

FORM J

MUNICIPAL WELFARE DEPARTMENT
MEDICAL RELEASE AND REPORT

APPLICANT NAME/SS#: _____
Date of Birth: _____

I hereby request the release by a doctor, hospital or clinic to the Municipal Welfare Department, or its authorized representative, 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 months from date of my signature below:

_____ _____
APPLICANT SIGNATURE **DATE**

TO THE PHYSICIAN OR CLINIC:

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. For these reasons, will you please briefly respond to these questions:

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

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

Is this person disabled? ☐ No ☐ Yes *(If yes, please clarify below)*
☐ Temporarily ☐ Permanently ☐ Partially ☐ Totally

Date incapacity began: _____ Expected to end: _____

When will this individual be capable of returning to work? What type of work would be suitable for this individual? Please describe any limitations: _____
_____
_____
_____

Medications Prescribed: _____

_____ _____
Physician Name / Signature **Date**

Thank you for taking the time to complete this form.
Please contact the Municipal Welfare Department if you have any questions.

FORM K

EMPLOYMENT VERIFICATION FORM

I, _____, authorize the release of information regarding my employment to the City of Dover.

Signature of Employee: _____ Date _____

Full Name of Employee: (print) _____

This form must be completed by the employer/former employer in order to be valid documentation for the purpose of administration of municipal assistance.

Employer _____ Phone_____

Address: _____

Employee Name: _____

Date of Hire _____ Date starting/started work _____ Hourly Pay Rate_____

Full/part time _____ Hours per week _____ Paid: ☐ weekly ☐ biweekly ☐ Other _____

Pay Period Ending	**Actual Date of Payment**	**Gross Pay**	**Net Pay**	**Check/Direct Deposit**

==========

If _____ **is no longer employed by your company:**

Date of termination/separation_____ Date/net amount of last paycheck _____

Reason for termination/separation _____

_____

_____ _____

Authorized Signature and Title Date

_____ _____

Print Name Phone # or Email

FORM L

RENTAL VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY THE LANDLORD

THIS FORM IS FOR ASSESSMENT OF ELIGIBILITY. A FINAL ELIGIBILITY OF RENT ASSISTANCE MAY NOT BE YET DETERMINED. A WRITTEN NOTICE OF DECISION WILL BE GIVEN TO YOUR TENANT.

Tenant's Name: _____ Date: _____

Address: _____

(Number/Street) (Apt. #) (City) (State)

Number of adults in apartment: _____ Number of children in apartment: _____

List of people in apartment:

_____

_____

_____

Occupancy date: _____ Security Deposit: Amount: $ _____ Date paid: _____

Rent amount: $ _____ paid ☐ monthly ☐ weekly ☐ other _____

Number of Bedrooms: _____ If subsidized rent, please list tenant portion: _____

Rent Includes: ☐ All utilities ☐ No Utilities ☐ Hot Water ☐ Heat ☐ Electric

Type of Heat: ☐ Electric ☐ Oil ☐ Gas ☐ Other _____

Date last rent was paid: _____ Amount Paid: $ _____ Back rent owed: $ _____

_____

(if back rent is owed, please attach accounting of months and amounts)

For IRS reporting, landlord's Tax ID or Social Security # <u>must</u> be provided:

Tax ID #: _____ **OR** Social Security #: _____

Failure to provide the correct Tax ID or Social Security # may subject payments to backup withholding.

CHECK IS TO BE MADE PAYABLE TO: (PLEASE PRINT)

_____ _____

Landlord's Name Telephone / Fax Numbers

_____

Landlord Address

_____

Name of Manager or other Representative

_____ _____

Landlord Signature Date

FORM M

BUDGET WORKSHEET

Name: _____ Date: _____

A. Available assets and income:

_____ _____ mo/wk
_____ _____ mo/wk
_____ _____ mo/wk
_____ _____ mo/wk

A. Total available income: _____

B. Allowable Expenses:

	Actual Expenses	Allowed Expenses	Ineligible Expenses
Rent/Board/Mortgage	_____ mo/wk	_____ mo/wk	_____
Electric	_____ mo/wk	_____ mo/wk	_____
Gas	_____ mo/wk	_____ mo/wk	_____
Fuel Oil	_____ mo/wk	_____ mo/wk	_____
Water/sewer	_____ mo/wk	_____ mo/wk	_____
Cooking fuel	_____ mo/wk	_____ mo/wk	_____
Telephone	_____ mo/wk	_____ mo/wk	_____
Food	_____ mo/wk	_____ mo/wk	_____
Personal & Household	_____ mo/wk	_____ mo/wk	_____
Medical/Prescription	_____ mo/wk	_____ mo/wk	_____
Transportation	_____ mo/wk	_____ mo/wk	_____
Childcare/Daycare	_____ mo/wk	_____ mo/wk	_____
Car payment	_____ mo/wk	_____ mo/wk	_____
Gasoline	_____ mo/wk	_____ mo/wk	_____
Other	_____ mo/wk	_____ mo/wk	_____
Other	_____ mo/wk	_____ mo/wk	_____
Other	_____ mo/wk	_____ mo/wk	_____
Other	_____ mo/wk	_____ mo/wk	_____

B. Total Allowed Expenses: _____

C. Eligibility: [A. Income (-) B. Expenses**]:** _____

(If A is greater than B, applicant is ineligible. If A is less than B, applicant is eligible.)

Assistance will be provided as follows:

_____ $_____
_____ $_____
_____ $_____

Note: This form should accompany a Notice of Decision. The welfare official should use discretion in accepting actual expenses relative to employment, work search, medical needs, etc.

FORM N

NOTICE OF DECISION

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 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).

- ☐ Do Not Meet Standard of Need
- ☐ Other, specifically:_____

☐ Your assistance is **SUSPENDED** from _____ to _____ for the following reason(s):

- ☐ 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 Date Welfare Official Date

FORM O

Employment Search Record

NAME: _____

[In order to remain eligible for assistance you are required to complete a job search of 3-5 contacts daily. Use this form to list each employer you contact.]

	DATE	EMPLOYER	PHONE NUMBER/ E-MAIL	JOB OR TYPE OF WORK	TYPE OF CONTACT Visit/Phone/ Mail/Online	PERSON CONTACTED/ WEBSITE	TIME OF DAY	RESULTS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

FORM P

FAIR HEARING REQUEST

You have the right to request a Fair Hearing within five (5) business days of receipt of the Notice of Decision of denial or suspension of benefits, or a decision which you do not believe is consistent with the Municipal Welfare Guidelines or State Laws. To review this decision the Fair Hearing will be conducted by an impartial hearings officer. You will have an opportunity to review the content of your welfare file prior to your hearing and present your case to the hearing officer, who will render a decision within seven (7) business days from the hearing.

I/We, _____ hereby request a Fair Hearing to review the decision dated _____ regarding my application for general assistance.

I/We ☐ want / ☐ do not want my current assistance to continue until my hearing has been decided. I understand that if I lose my hearing, I will be obligated to repay the assistance provided to me during the time the appeal is being decided.

_____ _____

Applicant Signature Date Co-Applicant Signature Date

_____

Address of Applicant(s)

Within seven (7) working days of receipt of this notice by the Welfare Official a hearing will be scheduled. You will be notified in writing of the place, date and time of the hearing.

FORM Q

NOTICE OF FAIR HEARING

DATE: _____

TO: _____
ADDRESS: _____
_____
_____

☐ Your Fair Hearing has been scheduled for:
Date: _____
Time: _____
Place: _____

If you are unable to appear at this time, please contact the Welfare Official immediately. Failure to appear may result in the denial of your Fair Hearing request.

☐ Your request for a Fair Hearing has been denied for the following reason (s):
_____
_____
_____

Sincerely,

_____
Welfare Official

FORM R

FAIR HEARING DECISION

_____ _____

Client Name Represented by

VS

_____

Municipality

Date of Hearing _____ Hearing Offer(s) _____

_____

_____

_____

ADJUDICATION

(Include Guidelines, facts relied upon, reasons for decision and any relief ordered. Use extra paper if necessary, or attach written decision to this signed form)

_____

_____

_____

_____

_____

_____

_____

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_____

_____

_____

Date _____ **Hearing Officer** _____

FORM S

NOTICE OF PROPERTY LIEN

TO: Register of Deeds for the County of Strafford

RE: Lien on Real Property pursuant to RSA 165:28 and any and all acts in Amendment thereof for aid given by the City of Dover.

DESCRIPTION Land and Building(s) located at No. _____ Street,
OF PROPERTY: City/Town of _____ being Assessor's Map(s) And Lot(s) No. and/or Volume and Page No. _____

RECIPIENT: _____ of the
City/Town of _____ in the
County of _____, State of New Hampshire

BE IT KNOWN: that the City of Dover has expended funds for and on behalf of the above-named recipient for which funds the City/Town is entitled to a Lien and hereby asserts a Lien pursuant to RSA 165:28 and any and all acts in amendment thereof.

STATE OF NEW HAMPSHIRE

CITY/TOWN OF_____ _____, **ss.**
(County)

BY OF_____ **DATE:** _____
Director of Welfare/Human Services

Subscribed and sworn to before me:

_____ **My commission expires:** _____
(Notary Public)

NOTE: Lien is valid even without acknowledgement/Signature of recipient.

NOTE: County Register of Deeds requires 1-3" top margin with 1" all other margins (margins displayed are not in conformity) – no less than 10 pitch in Times New Roman or Arial (Sample is Times New Roman 12 pitch which is acceptable).

FORM T

NOTICE OF PROPERTY LIEN DISCHARGE

TO: Register of Deeds for the County of Strafford

RE: Lien on Real Property pursuant to RSA 165:28 and any and all acts in Amendment thereof for aid given by the City of Dover.

DESCRIPTION Land and Building(s) located at No. _____ Street,
OF PROPERTY: City/Town of _____ being Assessor's Map(s) And
Lot(s) No. and/or Volume and Page No. _____

RECIPIENT: _____ of the
City/Town of _____ in the
County of _____, State of New Hampshire

BE IT KNOWN: that the above-referenced property lien is hereby satisfied and discharged.

STATE OF NEW HAMPSHIRE

CITY/TOWN OF_____ _____**, ss.**
(County)

BY OF_____ **DATE:** _____
Director of Welfare/Human Services

Subscribed and sworn to before me:

_____ **My commission expires:** _____
(Notary Public)

NOTE: County Register of Deeds requires 1-3" top margin with 1" all other margins (margins displayed are not in conformity) – no less than 10 pitch in Times New Roman or Arial (Sample is Times New Roman 12 pitch which is acceptable).

FORM U

RENT VOUCHER – LANDLORD DELINQUENCY

The municipality of _____ hereby authorizes payment to _____ on behalf of _____ of
[landlord] *[tenant]*
_____ in the amount of $_____
[tenant address]
for rent due and owing for the period _____ to _____

NOTICE OF APPLICATION OF RENT PAYMENTS TO DELINQUENCIES

TO: _____
[landlord]

You are hereby notified that, pursuant to RSA 165:4-a, $ _____ of the above-authorized payment will be applied to your delinquent ☐ TAX ☐ SEWER ☐ WATER ☐ ELECTRIC bill owed to the municipality for your property located at _____ (address of property with delinquency). You are also notified that, pursuant to RSA 540:9-a, any application by a municipality of amounts owed to it by a landlord pursuant to RSA 165:4-a, shall constitute payment by the tenant of the amount applied by the municipality to delinquent balances of the landlord.

_____
Welfare Official

☐ Landlord copy

☐ Town/City copy (tax, sewer, water, electric)
Note: send lower portion only

☐ Welfare copy

FORM V

APPLICATION UPDATE FORM

(Needs to be reviewed and updated for changes from first application at each time of request of assistance.)

DATE: _____ NAME: _____
Last First Middle

ADDRESS: _____
Street / # / Apartment Town Zip

TELEPHONE: _____

WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING AT THIS TIME? _____
_____
_____

CHANGES OF ALL HOUSEHOLD MEMBERS: _____
_____
_____

LIST ALL CHANGES OF SOURCES AND AMOUNTS OF HOUSEHOLD'S EARNED AND UNEARNED INCOME. THIS INCLUDES CASH, SAVINGS AND CHECKING/BANK ACCOUNTS:

_____
_____

INDICATE ANY UPDATES OR CHANGES IN YOUR ASSISTANCE OR APPICATIONS FOR FOOD STAMPS, CASH ASSISTANCE, SOCIAL SECURITY, FUEL ASSISTANCE, UNEMPLOYMENT, ETC.

_____
_____

INDICATE ANY CHANGES IN YOUR PERSONAL SITUATION SINCE YOUR LAST REQUEST.

_____
_____

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.

_____
SIGNATURE

CITY OF DOVER

CITY OF DOVER - RESOLUTION

Agenda Item#: 13.A.5.

Resolution Number: **R - 2021.08.11 – 144**
Resolution Re: Approval of Lease Agreement at Dover Ice Arena with Collins Sports Center, Inc.

WHEREAS: Collins Sports Center, Inc., of Rochester, New Hampshire, seeks to enter into an 8-month lease agreement with the City of Dover for a 384 square foot storefront space in the Dover Ice Arena; and

WHEREAS: The parties have negotiated terms of a proposed lease agreement as set forth in the attached draft lease, with the terms stated therein.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND DOVER CITY COUNCIL THAT:

The City Manager is authorized to finalize and sign a lease agreement between the City of Dover and Collins Sports, Center, Inc. for rental of the 384 square foot storefront space in the Dover Ice Arena.

AUTHORIZATION

Approved as to Funding: Daniel R. Lynch, Finance Director

Approved as to Legal Form and Compliance: Joshua M. Wyatt, City Attorney

Recorded by: Susan M. Mistretta, City Clerk

Sponsored by: Mayor Robert Carrier, By request

CITY OF DOVER

CITY OF DOVER - RESOLUTION

Agenda Item#: 13.A.5.

Resolution Number: **R - 2021.08.11 – 144**
Resolution Re: Approval of Lease Agreement at Dover Ice Arena with Collins Sports Center, Inc.

DOCUMENT HISTORY:

First Reading Date:	Public Hearing Date:
Approved Date:	Effective Date:

DOCUMENT ACTIONS:

VOTING RECORD Date of Vote:	YES	NO
Mayor Robert Carrier		
Deputy Mayor Ciotti		
Councilor Michelle Muffett-Lipinski, Ward 1		
Councilor Deborah Thibodeaux, Ward 3		
Councilor Marcia Gasses, Ward 4		
Councilor Dennis Shanahan, Ward 5		
Councilor Fergus Cullen, Ward 6		
Councilor John O'Connor, At Large		
Councilor Lindsey Williams, At Large		
Total Votes:		
Resolution does | does not pass.		

RESOLUTION BACKGROUND MATERIAL:

See attached draft Lease Agreement between the parties.

CITY OF DOVER

288 CENTRAL AVENUE
DOVER, NH 03820
WWW.DOVER.NH.GOV
603.516.6000

LEASE AGREEMENT

THIS LEASE AGREEMENT made this _____ day of_____, 2021, by and between **COLLINS SPORTS CENTER, INC.** of 663 Columbus Avenue, Rochester, NH 03867, a domestic profit corporation, (hereinafter referred to as "LESSEE"), and the **CITY OF DOVER**, New Hampshire, of 288 Central Avenue, Dover, County of Strafford and State of New Hampshire 03820 (hereinafter referred to as "LESSOR").

W I T N E S S E T H :

That IN CONSIDERATION of the mutual promises contained herein, and FOR OTHER GOOD AND VALUABLE CONSIDERATION contained herein, the parties agree as follows:

1. Description and Term.

That the LESSOR does hereby demise and lease to the LESSEE a space within the City of Dover's Ice Arena located at 110 Portland Avenue, Dover, New Hampshire, consisting of 384 square feet of storefront space in the location shown in Exhibit A (the "Space").

The term of LESSEE's Lease Agreement shall be for eight (8) months beginning on August ___, 2021 and ending on March 31, 2022.

Monthly rent shall be paid the first of each month to the City of Dover. If a term commences on a day other than the 1st of a month, that month's rent shall be prorated based on the number of days in the month.

2. Operations and Maintenance.

The LESSEE shall be solely responsible for payment of all operations and maintenance costs associated with the Space, including utilities (electricity, water, gas, heat).

3. Common Areas.

With the Space, LESSOR hereby grants to LESSEE, during the term of this Lease Agreement, the nonexclusive right to use, in common with all others so entitled, the Common Areas of the building. As used in this Lease Agreement, "Common Areas" means all areas, facilities and improvements provided from time to time for the general, common or joint use on a non-exclusive basis by the LESSOR and the occupants/tenants of the building, their respective agents, employees, invitees, and customers, including without limitation all parking spaces and areas, sidewalks, driveways, curbing, retaining walls, access roads, ramps, loading docks, delivery areas, signs, landscaped and vacant exterior areas and lighting facilities, except as may otherwise be now in the future designated by LESSOR for the exclusive use of itself or any occupant/tenant. The Common Areas shall be subject to the exclusive control and management of LESSOR and to such rules and regulations as LESOR may from time to time adopt. LESSOR hereby reserves the right at any time to: (a) change the areas, locations an arrangement of parking areas and other Common Areas; (b) enter into, modify, and terminate easements and other agreements pertaining to the maintenance and use of the parking areas and other Common Areas, (c) close any or all portions of the Common Areas to such extent and for such time as may, at the sole discretion of LESSOR, be legally necessary to prevent a dedication thereof or the accrual of any rights to any person or to the public therein; (d) close temporarily, if necessary, any part of the Common Areas in order to discourage non-customer parking; and (e) make changes, additions, deletions, alterations or improvements in and to such Common Areas, provided that there shall no unreasonable obstruction of LESSEE's right of ingress to or egress from the Space except as provided above.

4. Condition of Premises.

The LESSOR leases the Space "as is". LESSEE shall be solely responsible for all associated costs for desired original and future build-out of the Space; and plans for such build-out must be reviewed for potential approval by LESSOR. LESSEE shall be solely responsible for insuring all improvements and contents of the Space and shall name LESSOR as an additional insured.

LESSOR shall, at its own expense, maintain and keep the building in good structural order and repair including, but not limited to, all partitions, doors, windows, fixtures and equipment. In addition, LESSOR shall, at its own expense, make normal repairs and maintain performance of the leased Space, as needed, including, without limitation, the replacement of broken glass,

interior repainting, the repair of floors, and the keeping of windows and doors watertight. LESSOR shall also, at its expense, maintain in good operating condition all plumbing, electrical, heating, sprinkling, air conditioning and other utility systems. All items herein mentioned shall be maintained in as good order and repair as they were at the date of the commencement of the term of this Lease Agreement, reasonable wear and damage by accident, fire or other insured against casualty and covered by said insurance excepted. LESSEE and LESSOR will perform a walk through to evaluate condition of the Space prior to occupancy.

LESSOR agrees to maintain the Space in condition fit for its intended use and to make all necessary repairs of which LESSOR is aware, including adequate heat and water, and a sound physical structure. Furthermore, LESSOR will maintain the grounds, the Common Areas, and remove the Common Area rubbish and maintain and keep reasonably free from snow and ice the parking areas, sidewalks and entrances/exits to building.

5. Access to Premises.

The LESSOR shall also have the right to enter upon the Space at all reasonable times to inspect same and to expel the LESSEE if the LESSEE shall fail to comply with or breach in any way this Lease Agreement. The LESSOR shall provide the LESSEE with reasonable notice of any inspections of or visits to the Space.

6. Unavoidable Casualty and Eminent Domain.

In the event of an unavoidable casualty, including fire, not arising as a result of the negligence or intentional conduct of the LESSEE whereby the Space or any portion of it is destroyed or damaged so as to be unfit for use or occupancy, the LESSOR specifically reserves the option of terminating this Lease Agreement. However, that in the event of total destruction or damage which is the equivalent of total destruction, this Lease Agreement shall automatically terminate.

In the event the Space shall be taken either under threat of eminent domain or by eminent domain proceedings in whole, then this Lease Agreement shall be terminated and the rent shall be pro-rated and returned to the LESSEE as of the date of such taking. A condemnation award shall belong exclusively to the LESSOR.

7. Use.

The LESSEE shall only use the Space in compliance with the City's ordinances, rules, requirements, and regulations, now or hereinafter promulgated or enacted. No residential use shall be permitted.

LESSEE shall not abandon or leave the Space vacant.

LESSEE and its agents, employees and/or invitees shall:

(a) Not display merchandise outside the Space or in any way obstruct the adjacent sidewalks.
(b) Store trash or refuse in appropriate containers within the Space.
(c) Load or unload all merchandise, supplies, fixtures, equipment and furniture only through designated service areas which do not interference with the operations or use of the building.
(d) Obey and observe all reasonable rules and regulations established by LESSOR from time to time for the conduct of LESSEE and/or for the welfare of the building;
(e) Not use the plumbing facilities for any purpose injurious to same or dispose of any garbage or any other foreign substance therein, nor place a load on any floor in the Space exceeding the floor load per square foot which such floor was designed to carry.
(f) Not operate heavy equipment except in a location approved by LESSOR.
(g) Not install, operate, and/or maintain in the Space any electrical system therein, or any part thereof, beyond its capacity for proper and safe operation as determined by the LESSOR.
(h) Keep the Space neat, clean, and sanitary, and free of insects, rodents, and pests.
(i) Not use the Space for any purpose or business which is noxious or unreasonably offensive because of the emission of noise, smoke, dust, or odors.
(j) Maintain the Common Areas in good repair and reasonably clear of debris.
(k) Cause employees to park only in the outer areas of the parking lot or such places as designated by LESSOR for employee parking.

8. Environmental Compliance.

LESSEE and its agents and employees shall use the Space, including Common Areas, and conduct any business or operations thereon in full compliance with all applicable federal, state, and local environmental laws, regulations, statutes, ordinances, and other applicable law.

LESSEE represents and covenants that:

(a) No hazardous substances shall be generated, treated, stored, or disposed of, or otherwise deposited in or located on the Space, including Common Areas, including without limitation the surface and subsurface waters thereof;
(b) No activity shall be undertaken on or in the Space, including Common Areas, which may or would cause:

i. The Space or any part of the leased premises to become a hazardous waste treatment, storage, or disposal facility within the meaning of, or otherwise cause the Space or any portion of the leased premises to be in violation of the Resource Conservation and Recovery Act of 176 ("RCRA"), 42 U.S.C. § 6901 et seq., or any similar law, state law, or local ordinance;
ii. A release or threatened release from any source on the Space or any portion of the

Leased Premises of any hazardous substance within the meaning of, or otherwise cause the Space or any portion of the leased premises to be in violation of, the Comprehensive Environmental Response Compensation and Liability Act, as amended ("CERCLA"), 42 U.S.C. § 9601 et seq., or any similar law, state law, or local ordinance; or

iii. The discharge of pollutants or effluents into any water source or system, or the discharge into the air of any pollution emissions, which would be in violation of any permit or requirement of LESSEE pursuant to the Federal Water Pollution Control Act ("FWPCA"), 33 U.S.C. § 1251 et seq. or the Clean Air Act ("CAA"), 42 U.S.C. § 7401 et seq., or any similar state law or local ordinance.

(c) There shall be no substance or conditions in or on the Space or any portion of the leased premises that may support a claim or cause of action under RCRA, CERCLA, or any other federal, state or local environmental statutes, regulations, ordinances or law, or under any common law claim relating to environmental matters, or could result in recovery by any governmental or private party or remedial or removal costs, natural resources damages, property damages, damages in personal injuries or other costs, expenses or damages, or could result in injunctive relief arising from any alleged injury or threat of injury to health, safety, or the environment.

(d) For purposes of this Lease Agreement, "Hazardous Substances" shall mean any and all hazardous or toxic substances, hazardous constituents, contaminants, wastes, pollutants or petroleum (including without limitation crude oil or any fraction thereof), including without limitation hazardous or toxic substances, pollutants and/or contaminants as such terms are defined in CERCLA, RCRA, or any environmental state or local laws; or asbestos or material containing asbestos; PCBs, PCB article, PCB containers.

9. Signs.

Subject to LESSOR's prior approval of location, size, color, type, and installation, which approval shall not be unreasonably withheld, conditioned or delayed, and provided all signs are consistent with the quality, design and style of the Ice Arena and existing signage, LESSEE may install and maintain a sign at LESSEE's sole cost and expense. LESSEE shall bear all liability and responsibility related to the installation, maintenance, repair, and operation of any signs allowed by LESSOR. All such signage shall be subject to existing law and LESSEE's obtaining any required governmental approvals and/or permits.

10. Renewal of Lease Agreement.

The LESSEE and LESSOR may agree to renew or extend this Lease Agreement on mutually agreeable terms set forth in a written agreement signed by the LESSEE and LESSOR.

11. Subletting and Assignment.

LESSEE shall neither sublet nor assign the Space under any circumstances without prior written consent by the LESSOR.

12. Personal Property.

In the event that at the end of the term or upon any earlier termination of this Lease Agreement including, but not limited to, termination for failure of the LESSEE to perform as required hereunder, there remains personal property of the LESSEE in the Space, the LESSOR is authorized to dispose of said property after giving written notice of its intent to do so to the LESSEE at the last known address of the LESSEE.

13. Default/Early Termination.

In the event the LESSEE fails to perform its obligations under this Lease Agreement, this Lease Agreement is defaulted, and the LESSOR is entitled to immediate occupation and possession of the Space. If the LESSEE shall default in the observance or performance of any conditions or covenants on LESSEE's part to be observed or performed, under or by virtue of any provisions of this Lease Agreement, the LESSOR, without being under any obligation to do so and without thereby waiving such default, may remedy such default at the expense of the LESSEE. If the LESSOR makes any expenditure or incurs any obligations for payment in connection therewith including, but not limited to, attorney's fees, such sums paid or obligations incurred shall be paid to the LESSOR as additional rent. In the event that there is damage to the Space due to the LESSEE's actions or inactions, or the LESSEE fails to make any utility payments when due, the Lease Agreement may be immediately terminated at the option of the LESSOR.

Both the LESSEE and the LESSOR shall have the right to terminate this Lease Agreement for any reason upon giving at least three (3) months written notice to the other party.

14. Indemnification.

LESSEE agrees to pay, and to protect, defend (with counsel acceptable to the City), indemnify and save harmless LESSOR from and against any and all liabilities, losses, damages, costs, expenses (including all reasonable attorney's fees and expenses), causes of action, allegations, suits, claims, demands or judgments of any nature whatsoever arising from:

(i) any injury to, or the death of, any person(s);

(ii) any damage to property or to the Space;

(iii) any act or omission of LESSEE or its agents, officers or employees;

(iv) violation by LESSEE of any agreement, representation, warranty, covenant, or

condition of this Lease Agreement; or

(v) violation by LESSEE of any law, ordinance or regulation affecting the Space or any part thereof or the ownership and occupancy thereof.

15. Insurance.

General liability/casualty and property insurance shall continue to be maintained on the subject property by the LESSOR. LESSEE shall procure and maintain in force, at its expense, during the term of this Lease Agreement, and any extensions of such term, liability and property damage insurance for the LESSEE's leased Space to be considered primary and non-contributory coverage. Said insurance to be in limits of not less than One Million Dollars ($1,000,000) per occurrence and Two Million Dollars ($2,000,000) in the aggregate. LESSOR has no obligation for any loss to LESSEE's personal property. Proof of LESSEE's insurance shall be supplied to the LESSOR at the time of occupancy and LESSEE shall provide certificates for any renewal no later than ten (10) business days prior to the expiration of said policy. The LESSOR shall be listed as "Additional Insured" on the policy and proof of insurance certificate. The insurance coverage procured by LESSEE shall cover the LESSOR with the same scope of coverage provided to the LESSEE without subjecting the LESSOR to any different or additional terms, conditions, limitations or exclusions. A condition of the insurance coverage shall be thirty (30) days' notice to the LESSOR upon cancellation of the policy.

16. Liens and Encumbrances.

LESSEE will not create or allow any lien, encumbrance or charge on the LESSEE's Space or on the Dover Ice Arena or on the rents or income therefrom which may be superior to the LESSOR's rights hereunder.

17. Parties Bound.

This Lease Agreement and its addendums is binding upon the heirs, executors, administrators and assigns of the parties hereto and constitutes the entire agreement between the parties.

18. Notice.

All notices by either party to be given with respect to this Lease Agreement shall be in writing and shall be given by first class mail to the addresses stated above.

19. Modification of Lease Agreement.

This Lease Agreement contains the entire agreement between the parties and shall not be modified in any manner except by an instrument in writing executed by the both parties.

20. Section Headings.

The section headings throughout this instrument are for convenience and reference only, and the words contained herein shall in no way be held to explain, modify or amplify, or aid in the interpretation, construction or meaning of the provisions of the Lease Agreement.

21. Severability.

Any determination that any provision of this Lease Agreement or any application thereof is invalid, illegal or unenforceable in any respect in any instance shall not affect the validity, legality or enforceability of such provision in any other instance or the validity, legality or enforceability of any other provision of this Lease Agreement.

22. Laws Governing.

The parties agree that the laws of the State of New Hampshire will govern all disputes under this Lease Agreement and determine all rights hereunder.

23. Security Deposit.

Upon execution of this Lease Agreement, LESSEE deposits with LESSOR $_____ as security for the performance by LESSEE of the terms of this Lease Agreement to be returned to LESSEE, with interest, following the full and faithful performance by LESSEE of this Lease Agreement. In the event of damage to the Space caused by LESSEE or LESSEE's agents or visitors, LESSOR may use funds from the deposit to repair, but is not limited to this fund and LESSEE remains liable.

24. Merger.

This Lease Agreement contains all terms and conditions agreed upon by the parties hereto and no other agreements or representations, oral or otherwise, regarding the subject matter of this Lease Agreement shall be deemed to exist, provided, however, that any subsequent modifications or agreements affecting this Lease Agreement shall be in writing and signed by the parties hereto.

25. Taxes.

Pursuant to RSA 72:23, I, LESSEE agrees to pay all properly assessed current and potential real and personal property taxes no later than the due date. LESSEE is obligated by the foregoing to pay real and personal property taxes on structures or improvements added by the LESSEE. Failure of the LESSEE to pay the duly assessed personal and real estate taxes when due shall be cause to terminate said Lease by the LESSOR.

26. Immunity.

Nothing within this Lease Agreement is intended to benefit or create an obligation to a third-party. Nothing within this Lease Agreement shall be deemed to constitute a waiver of any existing immunity of the City of Dover, which immunities are hereby reserved to the City of Dover. This covenant shall survive the termination of this Lease Agreement's conclusion.

IN WITNESS WHEREOF, the parties have hereunto executed this Lease Agreement on the date set forth above.

COLLINS SPORTS CENTER, INC.
By Stephen G. Marcotte, President

_____
Witness
Sign and Print

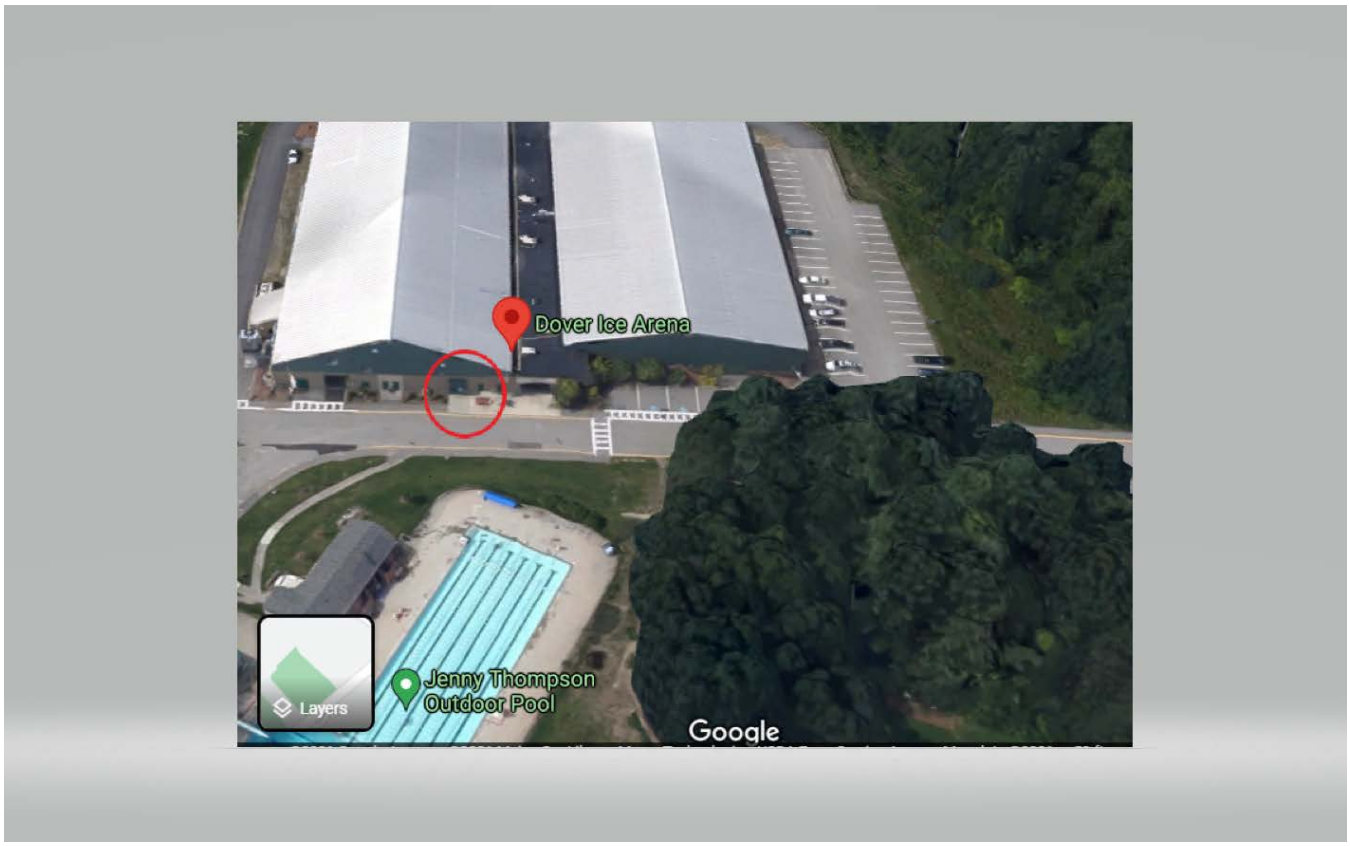
_____
Duly Authorized
Sign and Print

CITY OF DOVER
By J. Michael Joyal, Jr., City Manager

_____
Witness
Sign and Print

_____
Duly Authorized

EXHIBIT A



CITY OF DOVER

CITY OF DOVER - RESOLUTION

Agenda Item#: 13.B.1.

Resolution Number: **R – 2021.08.11 – 145**
Resolution Re: B20026 Design and Build Custom In-Cast Concrete Skatepark

WHEREAS: A sealed Request for Qualifications #B20026 was issued and received for professional design/build services for the design and construction of a custom in-cast concrete skatepark on January 28, 2020 at 2:00 PM; and

WHEREAS: Three proposals were received and reviewed by the selection committee for demonstrated experience and ability to accurately develop needs and project budgets, quality of information, creativity in developing unique design solutions, and available resources to complete the project. The committee selected Artisan Concrete Services, Inc. d/b/a Artisan Skateparks of Kitty Hawk, NC and moved forward with an award of $8,995.00 and subsequent change order in the amount of $2,500.00 for a total cost of $11,495.00 for Phase I - Design Services; and

WHEREAS: The City requested and received the proposed scope of work for the skatepark construction and build services in the amount not to exceed $500,000.00. It is the recommendation to award these services to Artisan Concrete Services, Inc. d/b/a Artisan Skateparks.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND DOVER CITY COUNCIL THAT:

The Purchasing Agent is hereby authorized to issue a Purchase Order to Artisan Concrete Services, Inc. d/b/a Artisan Skateparks of Kitty Hawk, NC for the construction and build services of the custom in-cast concrete skatepark in the amount not to exceed $500,000.00. The City Manager, or designee, is hereby authorized to finalize and enter into an agreement with the vendor, consistent with the Purchase Order authorized herein.

The amount of this authorization shall be limited so as not to exceed available funding.

Financing

Account	Description	Appropriation	Balance
4017.1.350.45220.4715.05318.17	Land Improvements	100,000	88,505
4020.1.350.45220.4715.05318.20	Land Improvements	121,846	121,846
4021.1.350.45220.4744.05201.21	Furniture & Fixtures	50,000	40,662
4022.1.350.45220.4715.05318.22	Skatepark Relocation	250,000	250,000

AUTHORIZATION

Approved as to Funding: Daniel R. Lynch, Finance Director

Sponsored by: Mayor Robert Carrier, By Request

Approved as to Legal Form and Compliance: Joshua Wyatt, City Attorney

Recorded by: Susan Mistretta, City Clerk

CITY OF DOVER

CITY OF DOVER - RESOLUTION

Agenda Item#: 13.B.1.

Resolution Number: **R – 2021.08.11 – 145**
Resolution Re: B20026 Design and Build Custom In-Cast Concrete Skatepark

DOCUMENT HISTORY:

First Reading Date:	Public Hearing Date:
Approved Date:	Effective Date:

DOCUMENT ACTIONS:

VOTING RECORD Date of Vote:	YES	NO
Mayor Robert Carrier		
Deputy Mayor Dennis Ciotti		
Councilor Michelle Muffett-Lipinski, Ward 1		
Councilor Deborah Thibodeaux, Ward 3		
Councilor Marcia Gasses, Ward 4		
Councilor Dennis Shanahan, Ward 5		
Councilor Fergus Cullen, Ward 6		
Councilor John O'Connor, At Large		
Councilor Lindsey Williams, At Large		
Total Votes:		
Resolution does | does not pass.		

CITY OF DOVER

CITY OF DOVER - RESOLUTION

Agenda Item#: 13.B.1.

Resolution Number: **R – 2021.08.11 – 145**
Resolution Re: B20026 Design and Build Custom In-Cast Concrete Skatepark

RESOLUTION BACKGROUND MATERIAL:
The City issued a Request for Qualifications #B20026 for professional design/build services for the design and construction of a 15,000-20,000 square foot, poured in place, custom concrete skatepark facility.

On April 23, 2020, a purchase order was issued to Artisan Concrete Services, Inc. for Phase I – Schematic Design in the amount of $8,995.00.

On November 20, 2020, the City received Additional Scope of Work #1 in the amount of $2,500.00 for services including the customization of the base bid skatepark within the new site and proposed budget, show spectator viewing areas and connection sidewalks, show future skatepark and pump track amenities, show lighting layout and 3D images and Video Fly Through of entire master plan.

On August 3, 2021, the City received the proposed Scope of Work for Phase II – Construction Documentation and Phase III – Construction Services from Artisan Concrete Services, Inc. d/b/a Artisan Skateparks in the amount not to exceed $500,000.00. The objectives are to define the scope of work, establish a working relationship with all team members, finalize construction documents in technical detail, submit a 90% construction documents package to the City for review and approval, submit an 100% construction documents package for construction purposes, and lastly to construct the skatepark per plan and within budget.

Bid Information:
A sealed Request for Qualifications #B20026 was issued and received for professional design/build services for the design and construction of a custom in-cast concrete skatepark on January 28, 2020 at 2:00 PM.

Award Information:
A purchase order will be issued to the vendor selected to authorize expenditures as outlined in this resolution.

Purchasing Information:

Type:	Purchase Order	**Advertised:**	Yes
Invitations Mailed:	114	**Number of Responses:**	3
Warranty:	Per manufacturer	**Terms:**	Net 30, FOB Dover
Work Bonded:	No	**Contract:**	Yes
Prices will hold for:	Until Completion	**Estimated Delivery:**	August 2022
Recommended Award to:	Artisan Concrete Services, Inc. d/b/a Artisan Skateparks	**Fund:**	CIP
Other Approvals Required:	No	**References Checked:**	Satisfactory
Previously Worked for City:	Yes	**Reason for Council Approval:**	Purchase to exceed the $25,000 amount requiring Council approval subsequent to a bid solicitation.

B20026 Bid Documents