

TOWN OF HENNIKER

Department of Human Services | 18 Depot Hill Road, Henniker NH 03242 | www.henniker.org | (603) 428-3221 ext. 7



APPLICATION FOR ASSISTANCE

PLEASE READ THIS INFORMATION / INSTRUCTION SHEET

The Town of Henniker Human Services Department (Town Welfare) provides temporary emergency assistance to Town residents for the basic necessities of life when all other resources have been exhausted. Assistance is rendered in voucher form only.

If you do not currently receive State benefits, you are required to apply at the State Division of Health & Human Services (State Welfare) located at 40 Terrill Park Drive, Concord, phone (603) 271-6200, to determine if you are eligible for any of the following services. State Welfare sees walk-in clients from 8:00 AM – 11:15 AM, Monday through Friday.

ANB – Aid to the Needy Blind

APTD – Aid to the Permanently & Totally Disabled

Child Care

Child Support

DEAS – Division of Elderly & Adult Services

DCYF – Division of Children, Youth & Families

EBT – Electronic Benefits Transfer

Food Stamps

Emergency Food Stamps

Healthy Kids Program

OAA – Old Age Assistance

TANF – Temporary Assistance to
Needy Families

BE PREPARED FOR YOUR APPOINTMENT! READ THE NEXT SECTION THOROUGHLY!

**If you will be late for your appointment, please call and notify this office as soon as possible at
(603) 428-3221 ext. 7**

S: \Departments \ Welfare \ Application Packet . docx

TOWN OF HENNIKER

Department of Human Services | 18 Depot Hill Road, Henniker NH 03242 | www.henniker.org | (603) 428-3221 ext. 7

GENERAL INFORMATION

1. This application must be completed prior to your appointment time. All required documentation is listed on page _____ of this application and must be turned into the Director of Human Services (or designee) when you arrive for your appointment. The Director of Human Services (or designee) will review the application and documentation and make any necessary copies prior to your interview. All of your personal documentation will be returned to you by the Director.
2. The Director tries hard to avoid making people wait, but sometimes there are verifications that need to be made prior to a determination of eligibility. Often the wait is due to return calls from landlords, employers or other agencies. The Town will keep you informed if this is the case. It is important to be on time for your appointment. We reserve the option to reschedule if you are so late that the Director will have insufficient time to process your case.
3. If you are bringing children to the appointment, please be sure to supervise them. Please make sure that they are not near the stairs or swinging doors, or are not running through the hallway.
4. If you need to reschedule or cancel your appointment, please call (603) 428-3221 ext. 7 as soon as possible to that a new time/date can be scheduled.

RSA 167:27 Assistance, Exclusive

167:27 “Assistance, Exclusive. No person receiving old age assistance or aid to the permanently and totally disabled under this chapter or RSA 161 shall at the same time receive any other relief from the state, or from any political subdivision thereof, except for medical and surgical assistance, and the acceptance of such relief shall operate as a revocation of old age assistance or aid to the permanently and totally disabled...”

RSA 126-A:30 Residency

126-A:30 “Residency. Persons receiving short-term emergency housing under this subdivision shall continue to maintain their legal residence as it existed at the time of entering the emergency shelter.”

TOWN OF HENNIKER

Department of Human Services | 18 Depot Hill Road, Henniker NH 03242 | www.henniker.org | (603) 428-3221 ext. 7

VOUCHER POLICY

Section VII. Disbursements

The Town of Henniker pays vouchers directly to vendors or creditors up to the dollar amount designated on the voucher, or for the actual amount listed on an itemized bill or register tape if less than the voucher amount. Tobacco products, alcoholic beverages, pet food, magazines, plants, cards, and children's toys cannot be purchased with the food or maintenance vouchers. It is the responsibility of the application to safeguard from theft, loss or misuse of any voucher s/he receives. No duplicate voucher will be issued if the original is lost, stolen, misplaced, or misused. (Town of Henniker Welfare Guidelines, adopted March 30, 1993, revised and approved September 2004)

As of June 2, 2005 it will be the policy of the Department of Human Services that when a request is made for a voucher for rent, utilities, food, fuel, gasoline, medications, etc., the client will come to the Henniker Selectmen's Office to sign the voucher for the item(s) requested.

For example, if the client requests medications, s/he will request that a voucher be processed for said medications. The client will sign said voucher. One copy of the voucher will be for the client, another copy for the pharmacy filling the prescription. The pharmacy copy will be given to the pharmacy employee prior to the filling of the prescription. If rental assistance is requested, the voucher will be processed and the client will sign said voucher prior to the Finance Director sending the rent payment.

Vouchers must be signed by the Director of Human Services, or designee, and the client before the voucher will be issued. This will properly document all transactions for auditing purposes.

TOWN OF HENNIKER

Department of Human Services | 18 Depot Hill Road, Henniker NH 03242 | www.henniker.org | (603) 428-3221 ext. 7

THIS IS VERY IMPORTANT - PLEASE READ CAREFULLY.

Food vouchers are to provide you with the necessities to feed your family. It is to be used for food stuffs such as meat, vegetables, milk, breads, rice/potatoes, cheese, eggs, juice, cereal, etc.

Food vouchers are NOT to be used for items such as:

- cigarettes
- soda
- pet supplies
- ice cream and other desserts (chips, pretzels, ready-made cakes, donuts)
- alcoholic beverages
- candy
- household supplies, such as toilet paper, soap, shampoo, etc.

Maintenance vouchers are to be used for household supplies: shampoo, soap, feminine supplies, razors, toilet paper, cleaning supplies, etc. The amount of the voucher is determined by family size and is provided only once a month, if needed.

A copy of this memo will be given to the Harvester Market so that they are aware of what can and cannot be purchased with a Town of Henniker voucher.

If you have any questions, please do not hesitate to contact me.

Brenda Slongwhite
Director of Human Services
(603) 428-3221 ext. 7

TOWN OF HENNIKER

Department of Human Services | 18 Depot Hill Road, Henniker NH 03242 | www.henniker.org | (603) 428-3221 ext. 7

REQUIRED VERIFICATIONS

Applicant's name: _____ Date of appointment: _____

Checklist for applicant / significant other:

- ___ Completed Application form
- ___ Rental Verification form
- ___ Copy of Lease
- ___ Last four weeks pay-stubs or other proof of net wages
- ___ Last four week's receipts or other proof of bills paid or currently due
- ___ Employment verification form from your employer
- ___ Employment termination form from your last employer
- ___ You have applied for / are receiving Social Security benefits
- ___ You have applied at the HHS District Office for (provide proof of applications)
 - ___ Emergency Food Stamps ___ Food Stamps ___ TANF
 - ___ Title XX Daycare ___ APTD/MA ___ OAA
 - ___ TANF Emergency Assistance ___ Medicaid ___ SSI/SSD
 - ___ Healthy Kids Program ___ WIC, etc. ___ ANB
- ___ You have applied for / are receiving Fuel Assistance benefits
- ___ You have applied for / are receiving PSNH discount
- ___ Verification of injury or illness
- ___ Medical verification form for each person over 18 who cannot work due to illness/injury
- ___ You have applied for / are receiving Unemployment Compensation
- ___ If available, picture ID (Adults); Birth certificates / SS card (minors)
- ___ Vehicle registration
- ___ Savings and checking account, liquid asset statements, bankbooks
- ___ Statement child support payments received / Child support court order
- ___ Statement from roommate(s) regarding division of expenses

Other: _____

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

Applicant signature

Co-applicant signature

TOWN OF HENNIKER

Department of Human Services | 18 Depot Hill Road, Henniker NH 03242 | www.henniker.org | (603) 428-3221 ext. 7

APPLICATION FOR ASSISTANCE

Today's date: _____ Referred by: _____

1. General Information

Applicant's Last Name First Name MI Telephone / Cell Number

_____ US Citizen Yes No
Date of Birth Social Security Number

_____ Length of residency at current address: _____

Mailing address (if different from above): _____

Marital status: Married Single Divorced Widow/Widower Separated

If married, when: Date: _____ Place: _____

If divorced, when: Date: _____ Place: _____

Type of assistance requested: _____

Reason for request: _____

Have you or your spouse/co-applicant ever received any kind of public assistance? Yes No

If yes provide details. Where? _____ When? _____

Type of assistance: _____

Under what name? _____ Duration of assistance? _____

Co-applicant's Last Name First Name MI Telephone / Cell Number

_____ US Citizen Yes No
Date of Birth Social Security Number

Marital status: Married Single Divorced Widow/Widower Separated

If married, when: Date: _____ Place: _____

If divorced, when: Date: _____ Place: _____

TOWN OF HENNIKER

Department of Human Services | 18 Depot Hill Road, Henniker NH 03242 | www.henniker.org | (603) 428-3221 ext. 7

COMPLETE ALL INFORMATION BELOW FOR EACH MEMBER OF THE HOUSEHOLD

Name	Gender	Relationship to applicant	DOB/Age	Highest Education Level	SS#

Please use additional sheet if more household members need to be listed.

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

Landlord:

Name	Mailing Address	Telephone
Name	Mailing Address	Telephone
Name	Mailing Address	Telephone

2. Housing Information

Do you: own rent Rent amount _____ per month / week (circle one)
Date last paid: _____

Do you have a current:

Demand for rent Notice to Quit Landlord/Tenant Writ

Total rent owed: _____ Do you have a housing subsidy? Yes No

Utilities included: Heat Electric Gas Water/sewer Other _____

Landlord:

Name	Mailing Address	Telephone
------	-----------------	-----------

Do you own property (mobile home, house, land, etc.)? Yes No

If yes, list address and/or location: _____

If home owner: Mortgage amount _____ Date last paid _____ Owed _____

Bank / Mortgage Co.:

Name	Mailing Address	Telephone
------	-----------------	-----------

TOWN OF HENNIKER

Department of Human Services | 18 Depot Hill Road, Henniker NH 03242 | www.henniker.org | (603) 428-3221 ext. 7

3. Education / Training / Employment

	Highest Grade Completed	GED or Diploma ?	Special training or skills	Military History (Branch / Dates of Service)	Do you receive any veteran's benefits?
Applicant					
Spouse / Co-applicant					

Applicant Work History

Are you employed now? Yes (Employer: _____) No

Date last worked: _____ Employer: _____

Date / Amount of last paycheck: _____

Are you able to work now? Yes No If not able, why not? _____

Spouse / Co-applicant Work History

Are you employed now? Yes (Employer: _____) No

Date last worked: _____ Employer: _____

Date / Amount of last paycheck: _____

Are you able to work now? Yes No If not able, why not? _____

Employment History

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

Name	Employer	Pay	Weekly or monthly?	Employment dates	Reason for living

TOWN OF HENNIKER

Department of Human Services | 18 Depot Hill Road, Henniker NH 03242 | www.henniker.org | (603) 428-3221 ext. 7

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

Please provide the current value of all assets held by you, and all household members:

Savings Bonds: _____ Mutual Bonds: _____ Annuities: _____ CDs: _____
 Trust Funds: _____ Retirement Accounts: _____ Insurance policies (cash value): _____
 401k: _____ Property other than primary residence: _____ Location: _____
 Other investments: _____ Motorcycles/boats/snowmobiles/ATVs/RVs: _____
 Other assets (please list): _____

Claims / settlements / income due to you or any household member(s):

IRS refund: _____ Insurance claim: _____ Retroactive disability check: _____
 Retroactive unemployment or Worker’s Compensation check: _____
 Inheritance: _____

Do you or your spouse/co-applicant own a vehicle? ___Yes ___No

Owner	Make	Model	Year	Value	Payments	Insurance

Are you involved in a lawsuit of ANY kind? ___Yes ___No

If yes, please give details: _____

Lawyer or Agency handling your case: _____

TOWN OF HENNIKER

Department of Human Services | 18 Depot Hill Road, Henniker NH 03242 | www.henniker.org | (603) 428-3221 ext. 7

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**				
Food stamps				
Fuel assistance				
Gifts / loans				
Maternity benefits				
Medicaid				
OAA (Old Age Assistance)				
Retirement				
Severance pay				
Social security				
SSDI (SS Disability)				
SSI (Supplemental security)				
TANF				
Unemployment				
Vacation pay				
Veteran's pension				
Vocational rehabilitation				
WIC (Women/Infants/Children)				
Worker's compensation				
Other				

TOWN OF HENNIKER

Department of Human Services | 18 Depot Hill Road, Henniker NH 03242 | www.henniker.org | (603) 428-3221 ext. 7

**Is child support court ordered? Yes No

Court name and location: _____

Are you or any other household member working, volunteering, and/or receiving assistance from any other agencies? Yes No

Name	Agency Name	Contact Person

TOWN OF HENNIKER

Department of Human Services | 18 Depot Hill Road, Henniker NH 03242 | www.henniker.org | (603) 428-3221 ext. 7

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.

Bank Fees:	Diapers:	Mortgage:
Electric:	Prescriptions:	Cable/Internet:
Food:	Rent:	Fuel oil:
Child support paid:	Rent-to-own:	Gasoline, car:
Propane:	School loan:	Car insurance:
Storage:	Car payment:	Health insurance:
Telephone:	Condo fee:	Laundry:
Child care:	Loan(s):	Credit card(s):
Lot rent:	Other:	Other:

List unplanned, emergency or irregular periodic expenses during the past 30 days:

Car inspection:	Driver's license:	Medical:
Car registration:	Fines/court payments:	Sewer/water:
Car repair:	Home repair:	Tax (income/property):
Dental:	Home/rent insurance:	Other:

TOWN OF HENNIKER

Department of Human Services | 18 Depot Hill Road, Henniker NH 03242 | www.henniker.org | (603) 428-3221 ext. 7

7. Criminal Information

Have you or any other member of your household ever been convicted of a felony which has not been annulled?
___Yes ___No

If so, who? _____ City/town /state of conviction: _____

When convicted? _____ Details of conviction: _____

Are you or any other household member presently on ___parole ___probation ?

If so, who? _____ Court / jurisdiction: _____

Name & telephone of Parole/Probation Officer: _____

8. Liability for support information

This information is required per RSA 165:19.

	Name	Address	Tele/cell number (include area code)
Applicant's Mother			
Applicant's Father			
Co-applicant's Mother:			
Co-applicant's Father:			
Applicant or co-applicant's adult children:			

TOWN OF HENNIKER

Department of Human Services | 18 Depot Hill Road, Henniker NH 03242 | www.henniker.org | (603) 428-3221 ext. 7

9. Certifications and Signatures

I understand that I may be required to repay any assistance provided, if I am returned to an income status which enable me to reimburse without financial hardship (RSA 165:30-b).

I understand that, if I am assisted, the Town of Henniker 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 Town of Henniker 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 Town of Henniker, and I later quit the job without good cause, I may be ineligible for local assistance from the Town of Henniker 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) case benefits and I fail to comply with TANF regulations, leading to a sanction and loss of income, the Town of Henniker may, under certain circumstances, disregard this decrease in my income (RSA 165:1-e).

Applicant’s signature

Date

Co-applicant’s signature

Date

Signature of person completing the application
(if not the Applicant)

Date

TOWN OF HENNIKER

Department of Human Services | 18 Depot Hill Road, Henniker NH 03242 | www.henniker.org | (603) 428-3221 ext. 7

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, (your name) _____, the undersigned, understand that from time to time the local welfare administrator for the Town of Henniker may require certain information about assistance I am applying for or receiving from the N.H. Department of Health and Human Services, Division of Family Assistance (DFA). When information cannot be provided by me personally, I hereby authorize DFA to release the following information to the local welfare administrator for the specific purposes outlined below:

TYPE OF INFORMATION	PURPOSES FOR REQUESTING THIS INFORMATION
Date of DFA application(s), type(s) of assistance applied for, date of eligibility determination, expected date of benefit issuance, amount of cash grant (if applicable) and/or the reason my case was closed or my application was denied.	Basic administration of my local welfare assistance case including verification of information provided by me for determining eligibility for local welfare assistance.
Date my Medicaid case opened and my Medicaid Identification Number(s)	Processing of Medicaid reimbursement if/when during the time my Medicaid application was pending, the local welfare administrator makes an expenditure on my behalf for an item covered by Medicaid.
Date of any sanction of my cash assistance grant.	Determining countable household income, also called "deeming".
Reason for any sanction of my cash assistance grant.	Helping me to remove the sanction.

I understand that I have the option to provide any or all of the requested information myself.

I understand that any use of the above information, inconsistent with these purposes, is forbidden.

I understand that the local welfare administrator may not release information provided under this authorization to any other person without my written permission.

This authorization shall expire 180 days from the date it is signed.

Signature: _____ Date: _____
Required signature

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

Signature: _____ Date: _____

TOWN OF HENNIKER

Department of Human Services | 18 Depot Hill Road, Henniker NH 03242 | www.henniker.org | (603) 428-3221 ext. 7

REIMBURSEMENT AGREEMENT

I agree to reimburse the Town of Henniker for General Assistance, if possible, at some future date. Such recovery of these expenses will be through a program of repayment per RSA 165:20-B.

X _____
Applicant's signature

X _____
Co-applicant's signature

If you have a lawsuit, workman's compensation claim or aid from any other social service agency now pending disposition, please list the name, address and telephone number of your attorney, insurance company, or any other agency which may be handling this claim on your behalf.

Name / Firm / Company

City / State / Zip Code

Street Address

Telephone

RELEASE OF INFORMATION

I, (your name) _____, of the Town of Henniker in the County of Merrimack, being an applicant for assistance, do hereby authorize and request any relative, physician, lawyer, banker, employer, insurance company, fraternal order, or any other person or organization having information concerning my circumstances, to furnish such information to the Director of Human Services. I also waive my right to privacy and confidentiality contained in my Human Services file and/or any information received by the Town of Henniker, Department of Human Services, and authorize the Department of Human Services to release such information to other agencies to the extent that such release is made to further my application for, or receipt of, assistance or benefits from that agency.

X _____
Applicant's signature

X _____
Co-applicant's signature

MISREPRESENTATION

I understand that any misrepresentation given on this application would cancel all aid from the Town of Henniker and may result in court action for recovery. I also understand that if I am dissatisfied with the action taken on this application, I have the right to request a hearing.

X _____
Applicant's signature

X _____
Co-applicant's signature

TOWN OF HENNIKER

Department of Human Services | 18 Depot Hill Road, Henniker NH 03242 | www.henniker.org | (603) 428-3221 ext. 7

BANKING INFORMATION

Client: _____ DOB: _____

Date: _____ Social Security #: _____

Banking Institution: _____

Banking Institution: _____

In accordance with RSA 165-:4-a “Information Regarding Bank Deposits. A cashier of a national bank and a treasurer of a savings bank and a trust company may, when requested by an overseer of public welfare of a town or city in the state, furnish to said overseer any information asked relative to the deposit of a person receiving or applying for public support.”

Release of Information

I, _____, of the Town of Henniker, in the County of Merrimack, being an applicant for assistance, do hereby authorize and request any relative, physician, lawyer, banker, employer, insurance company, fraternal order, or any other persons or organization having information concerning my circumstances to furnish such information to the Director of Human Services. I also wave my right to privacy and confidentiality contained in my Human Services file and/or any information received by the Town of Henniker Department of Human Services and authorize the Department of Human Services to release such information to other agencies to the extent that such release is made further my application for, or receipt of, assistance from that agency.

X _____
Applicant’s signature

X _____
Spouse’s signature (if applicable)

Account Number(s) if known:

__ Savings _____

__ Checking _____

__ Other _____

TOWN OF HENNIKER

Department of Human Services | 18 Depot Hill Road, Henniker NH 03242 | www.henniker.org | (603) 428-3221 ext. 7

EMPLOYMENT VERIFICATION REQUEST

Note: This form will NOT be accepted by the Town of Henniker
Dept. of Human Services if completed by the Applicant.

For the purpose of administration of municipal assistance, the following information is

required for: _____
Applicant's name (please print) Applicant's signature

Employer: _____ Date: _____

Company Name: _____

Address: _____

Phone: _____

Date of Hire: _____ Date starting/started work: _____ Hourly pay rate: _____

Full/part time: _____ Hours per week: _____

Paid: Weekly Biweekly Other

Date of first/most recent paycheck _____ Net amount _____

If the above named individual is no longer employed by your company:

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

Reason for termination/separation: _____

Signature & Title of immediate supervisor or person completing form Date

TOWN OF HENNIKER

Department of Human Services | 18 Depot Hill Road, Henniker NH 03242 | www.henniker.org | (603) 428-3221 ext. 7

LANDLORD VERIFICATION FORM

Note: This form will NOT be accepted by the Town of Henniker
Dept. of Human Services if completed by the Applicant.

To Landlord / Property Management Agent:

If this form is faxed, please mail the original to the address above.

In order to determine assistance for your tenant, it is necessary to have the following information completed by you:

Name(s) on lease: _____

All other household members: _____

Address of rental: _____

Rental amount \$ _____ per ___Month ___Week ___Biweekly

Security amount \$ _____ paid by ___check ___Cash ___Cr Card ___Other

Is the tenant responsible for the full amount of rent? ___Yes ___No

If not, what is the tenant's monthly responsibility? \$ _____

Date of occupancy: _____

Current rent due: \$ _____

Past rent due \$ _____

Damage/late fees: \$ _____

Date rent last paid: _____

Balance due: \$ _____

Indicate any utilities included in rental amount:

___Heat ___Gas ___Water ___Electric

Number of bedrooms: _____

Amount paid: \$ _____

MAKE CHECKS PAYABLE TO:

Landlord / Agency Name

Mailing Address

Tax ID# or Social Security Number **

Telephone Number

Landlord's / Agent's signature

Date

**Failure to provide this information may result in a 31% withholding of payment for tax purposes.

TOWN OF HENNIKER

Department of Human Services | 18 Depot Hill Road, Henniker NH 03242 | www.henniker.org | (603) 428-3221 ext. 7

MEDICAL RELEASE & REPORT

Note: This form will NOT be accepted by the Town of Henniker Dept. of Human Services if completed by the Applicant.

APPLICANT NAME: _____

Applicant’s social security number: _____ DOB: _____

I hereby request the release by a doctor, hospital or clinic to the Henniker 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 kindly respond to these questions:

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

What is the nature and extend of this individual’s limitations? _____

Is this person disabled? No Yes (if yes please clarify below)
 Temporarily Permanently Partially Totally

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 Henniker Human Services Department if you have any questions at (603) 428-3221 ext. 7.