

Town of Derry



HUMAN SERVICES

14 MANNING STREET DERRY, NH 03038 | TEL: 603-432-6753 FAX: 603-432-6759

Date:

Re:

In accordance with NHRSA 165:19 (copy enclosed) we request that you assist to the extent of your ability. Please complete the accompanying *Family Financial Report*. In the upper portion of page 2, please indicate the amount of assistance you are able to provide.

If you are currently supplementing the needs of the individual(s) referred to above, be sure you complete the lower portion of page 2.

Should you determine that you are unable to contribute towards the assistance of the above named individual(s), please be sure to complete page 4.

This information must be notarized and returned to this office as soon as possible.

If these forms are not completed, it may result in a denial of assistance for the above mentioned client. Your cooperation in this matter is greatly appreciated. Should you have any questions, please call (603) 432-6753.

Town of Derry Human Services
14 Manning Street, Derry, NH 03038
Phone: (603)432-6753 | Fax: (603)432-6759

Family Financial Report*(This report will be kept strictly confidential)*

Re: _____

I, _____, agree to provide \$_____ week/month.

This assistance is payment for one of the following basic necessities until further notice:

Food Rent Electric Heat Laundry Diapers Other _____
(Please circle one or more of the above.)

Date _____

Signature _____

Address _____
_____Telephone _____
Cell Phone _____***Family Financial Statement***

Re: _____

I am currently supplementing the needs of my _____ in the following manner,
and will continue to do so: _____ am unable to continue to do so: _____

Providing: _____ Approximate cost: \$_____

Providing: _____ Approximate cost: \$_____

Providing: _____ Approximate cost: \$_____

Weekly _____ Monthly _____ *(check applicable field)*

Date: _____

Signature: _____

Daytime telephone: _____

Cell phone: _____

Name of Applicant: _____

Type of assistance requested: _____

Relationship to applicant: _____

Family Financial Report
(This report will be kept strictly confidential)

*Please provide the following information on the family of the applicant. **Do not** include the income of the applicant.*

Name(s) (both husband and wife, if applicable) _____

Address: _____

(Street)

(City or Town)

(State)

Occupation of husband _____

Place of employment: _____

Monthly income \$ _____

Occupation of wife _____

Place of employment: _____

Monthly income: \$ _____

Number of children under 18 in home: _____ Other dependants: (provide relationship) _____

Other Monthly Family Income

Social Security \$ _____

Business income \$ _____

Public assistance \$ _____

Property rent \$ _____

Veteran's benefits \$ _____

Retirement pension \$ _____

Other (specify) \$ _____

Monthly expenses above the normal cost of living: (Provide explanation)

\$ _____

\$ _____

\$ _____

Can you contribute a monthly sum, even if small, towards the care of this applicant?

No _____ Yes _____ If yes, how much? \$ _____ How often? _____

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Family Financial Report
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RSA 165:19

Liability for Support. The relation of any poor person in the line of father, mother, stepfather, stepmother, son, daughter, husband, or wife shall assist or maintain such person when in need of relief. Said relation shall be deemed able to assist such poor person if his weekly income is more than sufficient to provide a reasonable subsistence compatible with decency and health. Should said relation refuse to render such aid when requested to do so by a county commissioner, selectman, or overseer of public welfare, such person or persons shall upon complaint of one of said officials be summoned to appear in court. If upon hearing it is found that alleged poor person is in need of assistance, and that said relation is able to render such assistance, the court shall enter a decree accordingly and shall fix the amount and character of the assistance which said relation shall furnish. If said relation shall neglect or refuse to comply with said order, without good cause as determined by the court at a hearing, or by refusing to work or otherwise shall voluntarily place himself in a position where he is unable to comply, he shall be deemed to be in contempt of court and shall be imprisoned not more than ninety nor less than sixty days. If such poor person has no such relation of sufficient ability the town wherein he has a legal settlement shall be liable for his support.