Town of Enfield
Department of Human Services
74 Lockehaven Road, P.O. Box 373
Enfield, New Hampshire 03748

VERIFICATION REQUEST
DEPARTMENT OF EMPLOYMENT SECURITY

In order to determine assistance, it is necessary to have the following information completed by the Department of Employment Security.

I, _____ SS# _____

authorize the Department of Employment Security to release any information needed by the Town of Enfield, Human Services Office to determine my eligibility.

Type of Registration _____
Compensation Registration Other

Amount of benefits expected: $ _____

When benefits are expected to begin: _____ End _____
Date Date

Was claim denied? No If yes, reason denied _____

Has he/she registered for any programs available through your office? Yes, Registered

If so what program? _____ Entry date: _____

Was he/she referred to any other agency(s)? Yes If so what agency(s)?

_____

Comments: _____

_____

_____ _____
Signature DES Date