



**NEW HAMPSHIRE FISH AND GAME DEPARTMENT**  
11 Hazen Drive, Concord, NH 03301  
wildnh.com

## **COMPLIMENTARY FISHING PERMIT**

### **RSA 214:14h**

Complimentary fishing permits may be issued upon application to a person who is a resident of the state of New Hampshire and who qualifies under the following categories:

- a patient at a state or county institution
- a patient at a nursing home facility or veterans hospital
- a person who is developmentally disabled as defined in RSA 171-A:2, V or
- a patient in a head injury treatment program.

The group fishing permit for state or county institutions, nursing home facilities or veteran's hospitals shall be requested by letter to the Department. The letter shall include name and address of facility, name and phone number of the contact person, number of patients or residents to be included and signature of applicant.

In addition to the fishing rules and regulations of the Fish and Game Department, the following rules apply to persons holding a complimentary fishing permit.

### **Fis 1104.06**

**Permittee shall be under the direct supervision at all times while fishing.**

**The person supervising the permittee shall not assist in the taking of fish without a fishing license as required by RSA 214:1.**

Patients or residents in alcohol or drug abuse programs shall not be eligible for complimentary fishing permits.

The complimentary fishing permit shall be permanent except for permits issued to persons participating in a head injury treatment program. These permits shall be valid while the person is in a full time, residential head injury treatment program.

### **RSA 171-A:2**

V. "Developmental disability" means a disability:

(a) Which is attributable to an intellectual disability, cerebral palsy, epilepsy, autism, or a specific learning disability, or any other condition of an individual found to be closely related to an intellectual disability as it refers to general intellectual functioning or impairment in adaptive behavior or requires treatment similar to that required for persons with an intellectual disability; and

(b) Which originates before such an individual attains age 22, has continued or can be expected to continue indefinitely, and constitutes a severe disability to such individual's ability to function normally in society.





**NEW HAMPSHIRE  
FISH AND GAME DEPARTMENT**  
11 Hazen Drive, Concord, NH 03301

BUS11015.indd/REV. 04/19

FOR OFFICE USE ONLY

License # \_\_\_\_\_

Date Issued \_\_\_\_\_

## COMPLIMENTARY FISHING PERMIT APPLICATION

RESIDENTS AND PATIENTS AT CERTAIN INSTITUTIONS.

(RSA 214:14h Fis 1104.06)

### APPLICANT'S SECTION

**NOTE:** A Department review is required prior to license issue; this may take up to 5 business days.

I hereby make application to the Director of the New Hampshire Fish and Game Dept. for a complimentary fishing permit. Permittee shall be under direct supervision at all times while fishing.

**PLEASE TYPE OR PRINT CLEARLY.**

NAME OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

NAME OF PARENT, CASEWORKER, COUNSELLOR OR LEGAL GUARDIAN \_\_\_\_\_

Anticipated period of treatment (head injury patients only) \_\_\_\_\_

STREET AND MAILING ADDRESS \_\_\_\_\_

( ) \_\_\_\_\_  
DAYTIME TELEPHONE

CITY/TOWN \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

( ) \_\_\_\_\_  
HOME TELEPHONE

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Sex \_\_\_\_\_

**RESIDENT AFFIDAVIT:** *I certify that I am a resident of the State of New Hampshire as defined in RSA 207:1, XXIII, and that I do not claim residence in any other state for any purpose.*

APPLICANT (OR LEGAL GUARDIAN, IF DEVELOPMENTALLY DISABLED) SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Signed subject to penalties for making unsworn false statements (RSA 641:3)**

**After completing this part bring to your physician.**

### PHYSICIAN'S SECTION

Name of Physician \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

( ) \_\_\_\_\_  
OFFICE TELEPHONE

**Do not certify this applicant unless you are convinced that they meet the requirements as defined in RSA 171-A:2 or RSA 214:14-h, as written on the back of this form.**

I hereby certify the above named applicant is suffering from a developmental disability meeting the following criteria as outlined in RSA 171-A:2, meaning a disability:

(a) Which is attributable to an intellectual disability, cerebral palsy, epilepsy, autism, or a specific learning disability, or any other condition of an individual found to be closely related to an intellectual disability as it refers to general intellectual functioning or impairment in adaptive behavior or requires treatment similar to that required for persons with an intellectual disability; and

(b) Which originates before such individual attains age 22, has continued or can be expected to continue indefinitely, and constitutes a severe disability to such individual's ability to function normally in society.

PHYSICIAN'S SIGNATURE \_\_\_\_\_

MD

DATE \_\_\_\_\_

**After completion by physician, send application to: New Hampshire Fish and Game, 11 Hazen Drive, Concord, NH 03301**

## **RSA 171-A:2**

V. "Developmental disability" means a disability:

- (a) Which is attributable to an intellectual disability, cerebral palsy, epilepsy, autism, or a specific learning disability, or any other condition of an individual found to be closely related to an intellectual disability as it refers to general intellectual functioning or impairment in adaptive behavior or requires treatment similar to that required for persons with an intellectual disability; and
- (b) Which originates before such individual attains age 22, has continued or can be expected to continue indefinitely, and constitutes a severe disability to such individual's ability to function normally in society.

### **214:14-h Residents and Patients at Certain Institutions; Complimentary Fishing Permits -**

- I. The executive director may issue , upon application, a complimentary fishing permit to a state or county institution, nursing home facility, or veterans hospital, or to a person who is both a resident of the state and is:
  - (a) A resident or patient at a state or county institution, nursing home facility, or veterans hospital, or a person who is developmentally disabled, as defined by RSA 171-A:2, V; or
  - (b) A patient at a head injury treatment program.
- II. The executive director may adopt rules pursuant to RSA 541-A, including, but not limited to:
  - (a) Criteria for establishing medical need.
  - (b) The basis of institutionalization, form of treatment, and applicable facilities.
  - (c) The number and form of the permits.
  - (d) The supervision and use of the permit.
  - (e) The time periods and other conditions of the permit.
  - (f) Reporting requirements.
  - (g) Any definitions.
  - (h) Fee schedules for group or facility permits.

### **Fis 1104.06 Complimentary Fishing Permit.**

- (a) The administrator of a New Hampshire state or county institution, nursing home facility, or veteran's hospital shall apply in writing to the executive director of the department for the issuance of a complimentary group fishing permit to benefit the residents or patients of such facilities.
- (b) The applicant shall include:
  - (1) The name and address of the facility;
  - (2) The name and telephone number of contact person at the facility; and
  - (3) The number of patients or residents to be included under this permit.
- (c) The executive director shall review the request and shall issue the complimentary group fishing permit to the facility under the following conditions:
  - (1) The complimentary group fishing permit issued to the facility shall be permanent;
  - (2) The patient or resident fishing under the permit shall be under direct supervision of a staff member or volunteer at all times while fishing;
  - (3) The person supervising the patient or resident shall not assist in the taking of fish unless the person possesses a fishing license as required by RSA 214:1; and
  - (4) The permit shall be returned to the department if the facility ceases operation, is no longer a publicly owned facility, or voluntarily ceases to offer fishing as an activity to its patients or residents.
- (d) An application to grant a complimentary fishing permit to an individual resident of a head injury treatment facility licensed by the department of health and human services or individually to a developmentally disabled person as defined in RSA 171-A:2, V shall be filed on the "Complimentary Fishing Permit Application", form Rev. 10/18 by:
  - (1) The individual receiving services, if legally capable of filing an application;
  - (2) The administrator of a head injury treatment facility, on behalf of a patient receiving treatment; or
  - (3) The parent or legal guardian of a developmentally disabled person.
- (e) The applicant, administrator, parent, or guardian shall complete the top portion of the "Complimentary Fishing Permit Application" form, Rev. 10/18.
- (f) The applicant, administrator, parent, or guardian shall have the bottom portion of the form completed by a physician or advanced practice registered nurse practitioner familiar with the medical condition of the person receiving services.
- (g) When both portions of the form have been fully completed, the applicant shall submit it in person or by mail to the fish and game department, 11 Hazen Drive, Concord, NH 03301.
- (h) Upon verification that the person receiving services is medically eligible as a head injury patient or as a developmentally disabled person, a complimentary permit shall be issued under the following conditions:
  - (1) The complimentary fishing permit shall be issued in the name of a specific patient or resident, and shall be renewable annually while the patient continues to receive services at the facility.
  - (2) The patient, resident, or developmentally disabled person shall be under direct supervision of an adult person at all times while fishing;
  - (3) The person supervising the patient, resident, or developmentally disabled person shall not assist in the taking of fish unless the person possesses a fishing license as required by RSA 214:1; and
  - (4) The permit shall be returned to the department within 10 days if the facility ceases operation, is no longer providing head injury treatment services under its facility license, ceases to offer fishing as an activity to the named patient or resident; or the developmentally disabled person ceases to have fishing as an activity.