

Appendix A

Food Stamp/SNAP Worksheet

FOOD STAMP/SNAP WORKSHEET (Jan. 2011)

1. Gross Earned Income* _____
2. ADD Gross Unearned Income + _____
3. TOTAL GROSS Monthly income = _____
Compare with Gross Income Test

INCOME DEDUCTIONS

4. SUBTRACT Earnings Deduction = _____
(20% of gross earnings in Line 1)
5. SUBTRACT Standard Deduction = _____
HH Size: 1-3 = \$141; 4 = \$153;
5 = \$179; 6+ = \$205
6. SUBTRACT Excess Medical Deduction = _____
(See Box A - Elder/Disabled only)
7. SUBTRACT Child Support Paid Out = _____
8. SUBTRACT Dependent Care = _____
(full amount)
9. SUBTRACT Homeless Deduction (\$143) = _____
(only if homeless household not claiming
regular Shelter Deduction)

PRELIMINARY ADJUSTED NET INCOME (PANI)

- = _____
10. SUBTRACT Excess Shelter (see Box B)
Amount capped at \$459 deduction
NO capped amt for Elder/Disabled HHs = _____

MONTHLY NET INCOME

= _____

To estimate APPROXIMATE benefit:

1. Take 30% of Monthly Net Income X _____ .3
= _____
2. Maximum FS benefit for Household size (see chart to right) _____
3. SUBTRACT Line 1 (30% of Net) = _____

APPROX. MONTHLY BENEFIT**

= _____

**This is an *approximate* figure. If you meet the Net Income Requirement, you should apply for Food Stamps.

* Exclude child support paid from gross earnings but include to calculate the value of the 20% earnings deduction

GROSS INCOME TESTS

| Household Size | 200% FPL | 130% FPL; 18-59 No child or disability |
|-------------------|----------|---|
| 1 | \$ 1,815 | \$ 1,174 |
| 2 | 2,452 | 1,579 |
| 3 | 3,089 | 1,984 |
| 4 | 3,725 | 2,389 |
| 5 | 4,362 | 2,794 |
| 6 | 4,999 | 3,200 |
| 7 | 5,635 | 3,605 |
| 8 | 6,272 | 4,010 |
| Each add'l member | 637 | 406 |

Box A - Medical Deduction (Item #4)

Medical Expenses _____

Threshold - \$35 = _____ 35

Medical Deduction = _____ ⌘

⌘ If medical deduction > \$35, enter \$90 standard deduction on Item #6. If actual medical expense > \$125/month, then use actual less \$35.

Box B - Shelter Deduction (Item #9)

Rent or home ownership costs _____

Add SUA amount* + _____

TOTAL shelter expenses = _____

Shelter Standard = _____
(Divide PANI by 2)

Excess Shelter Deduction = _____ **

** Enter maximum \$459 shelter on Item #10 **unless** elder/disabled person in H/H, then use actual amount.

* **SUA (Standard Utility Allowance):**
\$611/mo - heating or AC costs or fuel assist
\$375/mo - utilities only (non-heating/cooling)
\$ 44/mo - telephone/cell phone only

NET INCOME TEST & FS MAXIMUMS

| Household Size | Maximum Net Income* | Maximum FS Benefit |
|-------------------|---------------------|--------------------|
| 1 | \$ 903 | \$ 200 |
| 2 | 1,215 | 367 |
| 3 | 1,526 | 526 |
| 4 | 1,838 | 668 |
| 5 | 2,150 | 793 |
| 6 | 2,461 | 952 |
| 7 | 2,773 | 1,052 |
| 8 | 3,085 | 1,202 |
| Each add'l member | 312 | 150 |

*Net income test does not apply to households with child under 19, pregnant women, EAEDC or SSI recipients.

Appendix B

Income and Benefits Standards

CHART 1:

Gross Monthly Income Standards (at 130% of FPL)

Households Age 19-60 (no children; no elderly/disabled members)

See 106 CMR § 364.950

| Assistance unit size | Maximum gross monthly income |
|------------------------|------------------------------|
| 1 | \$1,174 |
| 2 | \$1,579 |
| 3 | \$1,984 |
| 4 | \$2,389 |
| 5 | \$2,794 |
| 6 | \$3,200 |
| 7 | \$3,605 |
| 8 | \$40,107 |
| each additional member | \$406 |

CHART 2:

Gross Monthly Income Standards (at 200% FPL)

FPL for this income test increased Jan 21, 2011

(Families with children under 19, pregnant women, and persons age 60+ or disabled**)

See 106 CMR § 364.976

| Assistance unit size | 200% of Federal Poverty Level |
|------------------------|-------------------------------|
| 1 | \$1,815 |
| 2 | \$2,452 |
| 3 | \$3,089 |
| 4 | \$3,725 |
| 5 | \$4,362 |
| 6 | \$4,999 |
| 7 | \$5,635 |
| 8 | \$6,272 |
| each additional member | \$637 |

** Elder/Disabled households whose gross income is over 200% FPL may still be eligible but must meet the \$3,000 asset test.

CHART 3:

num Allowable Monthly Net Income Standards (at 100%

Affects only households in Chart 1 & elder/disabled above 200% FPL from Chart 2

See 106 CMR § 364.970

| Assistance unit size | Maximum net monthly income |
|------------------------|----------------------------|
| 1 | \$867 |
| 2 | \$1,167 |
| 3 | \$1,467 |
| 4 | \$1,767 |
| 5 | \$2,067 |
| 6 | \$2,367 |
| 7 | \$2,667 |
| 8 | \$2,967 |
| each additional member | \$300 |

CHART 4:

Maximum Food Stamp/SNAP Benefit Amount

See 106 CMR § 364.980

| Assistance unit size | Maximum benefit amount |
|------------------------|------------------------|
| 1 | \$200 |
| 2 | \$367 |
| 3 | \$526 |
| 4 | \$668 |
| 5 | \$793 |
| 6 | \$952 |
| 7 | \$1,052 |
| 8 | \$1,202 |
| each additional member | \$150 |

CHART 5:

**Standards for Special Circumstances
Involving an Elderly and Disabled Individual**

See 106 CMR § 364.975

| Assistance unit size | Maximum benefit amount |
|------------------------|------------------------|
| 1 | \$1,490 |
| 2 | \$2,004 |
| 3 | \$2,518 |
| 4 | \$3,032 |
| 5 | \$3,547 |
| 6 | \$4,061 |
| 7 | \$4,675 |
| 8 | \$5,089 |
| each additional member | \$515 |

Appendix C

Important Advocacy Forms

- * Client Authorization to Release Information
- * DTA Request for Authorized Representative
- * DTA Collateral Contact Form
- * DTA Community College Enrollment Verification Form
- * DTA Work Requirement Medical Report Form
- * DTA ADA Accommodation Request and Appeal Forms
- * MLRI College Student FAQ
- * MLRI Child Care FAQ and Self-Declaration Form
- * MLRI Shelter Costs Self-Declaration Form
- * MLRI Medical Expense FAQ and Screening Form

DEPARTMENT OF TRANSITIONAL ASSISTANCE
Signed Authorization for Social Services Organization or Legal Advocate
to Access DTA Client Case Information

REQUEST FOR ACCESS TO CLIENT RECORD OF: _____
(Client's Full Name)

1. Client Information:

Date of Birth ___ / ___ / ___ Address: _____

SS#: _____

Number of Dependent children: _____

2. I hereby authorize _____ (name of organization and address) to have access to my DTA record and discuss my application or eligibility for DTA benefits with a DTA case manager, supervisor or other employee.

3. I hereby certify that I am the client named above.

Date

(Client's Signature)

For Department Use Only

4. I find that the information in item 1 and the signature in item 3 match the information and signature in the client record.

Name of Dept. Employee (Print)

Date



Commonwealth of Massachusetts
Department of Transitional Assistance

Request for Authorized Representative- Authorized
Agency-Authorized Payee

Office Name _____

_____/_____/_____
Date

Office Address _____

Food Stamp Benefits

I authorize _____ to act as my representative for application
and recertification of food stamp benefits only.
Print Name of Authorized Person

I authorize _____ to act as my representative for transaction
of food stamps benefits only.
Print Name of Authorized Person

I authorize _____ to act as my representative for transaction
of food stamps benefits only. I _____ am authorized by the above
agency to receive the EBT card that will be used for transaction of food stamp benefits only.
Print Agency Name
Print Agency Representative Name

Administrative Office Address

I authorize _____ to act as my representative for **both**
application and recertification of food stamp benefits and transaction of food stamp benefits.
Print Name of Authorized Person

Print Recipient's Name

Recipient's Telephone

Recipient's Signature

Recipient's SSN

Authorized Representative's Signature or Agency
Representative's Signature (for authorization only)

Authorized Representative's SSN or Agency's FEIN

Authorized Representative's Date of Birth

Worker's Name

Worker's Telephone

Cash Benefits

I authorize _____ to act as my authorized payee for all
cash transactions on my behalf.
Print Name of Authorized Payee

Print Recipient's Name

Recipient's Telephone

Recipient's Signature

Recipient's SSN

Authorized Payee's Signature (for authorization only)

Authorized Payee's SSN

Authorized Payee's Date of Birth

Worker's Name

Worker's Telephone

YOUR RESPONSIBILITY

You must call 1-800-997-2555 to stop the person(s) you chose from being your Authorized Representative and/or Payee. If you do not call to stop the person(s) from being your Authorized Representative and/or Payee, he or she will continue to have access to your benefits even if your case closes and reopens at a later date.



Voluntary Authorization to Release Information

Release for Designated Organization, Employer or Individual

I hereby authorize
to release the information as requested below to the Department of Transitional Assistance.

Recipient Release

I hereby authorize the Department of Transitional Assistance (DTA) to contact the organization,
employer or individual designated above regarding **SELECT**

(Any information released will be kept confidential.)

Explain:

Applicant/Recipient

Date

Signature

Social Security Number (Optional)

Address

City/Town

ZIP

AU Manager Name

AU Manager Signature

Date

TAO Name Address

City/Town

ZIP

AU Manager Telephone Number

Fax Number

Voluntary Authorization to Release Information is valid for 90 days from the date of the applicant/recipient signature.

**Community College Enrollment Verification Form
for Supplemental Nutrition Assistance Program Benefits – SNAP**

Student Name: _____ SSN: _____

School Name: _____

Please complete all applicable sections:

| |
|--|
| <p>1. Enrollment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time <input type="checkbox"/> not enrolled</p> <p style="padding-left: 40px;">Degree: <input type="checkbox"/> 1 year certificate, <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Other _____ (specify)</p> <p>2. Student's Course of Study or Major: _____</p> <p style="padding-left: 40px;">The above student's program/course of study/major meets the definition of career and technical education under the Carl D. Perkins Career and Technical Education Improvement Act of 2006 (Perkins IV)* program, and/or is considered by this college to be a course of study that will lead to employment.</p> <p style="padding-left: 40px;">Please indicate: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">* A career and technical education program as defined under Appendix A of the Perkins IV Manual posted at http://www.doe.mass.edu/cte/perkins/</p> <p>3. Student Participation in Work Study**</p> <p style="padding-left: 40px;">The above student is currently or will be participating in a federal or state work study program.</p> <p style="padding-left: 40px;">Please indicate: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">** Students may qualify for SNAP benefits, regardless of course of study, if the student is participating in or has been approved and anticipates participating in a federal or state-funded work study program.</p> |
|--|

Signature of Community College Official

Date

Print Name

Title

Phone Number

This form must be accompanied by a proof of enrollment, transcript, or a list of registered courses.

Attachment B



Massachusetts Department of Transitional Assistance
REQUEST FOR AN ADA ACCOMMODATION

- Initial Request
- Modification of Initial Request

TAO

Date

Applicant/Client Name SSN

Street Address/City/ZIP

Reason for ADA Accommodation Request

Requested ADA Accommodation

| | | | |
|-------------------------------------|---------------|---------------------------------|---------------|
| _____ Applicant/Client Signature | _____ Date | _____ Case Manager Signature | _____ Date |
|-------------------------------------|---------------|---------------------------------|---------------|

The Department has thirty (30) days to make a decision on your request. If a decision is not made within thirty days, you may file your accommodation request directly with the Central Office Accommodation Appeal Committee. Please see the back of this form. The Appeal Committee will have ten (10) days to make its decision.

If you have trouble reading or understanding this notice, please call 1-800-445-6604. We can help explain it to you.

Decision: Approved Denied

Approved Accommodation (if any):

Reason for denial, if applicable: _____

IMPORTANT: If you disagree with the decision reached by the TAO Accommodation Team you have the right to reconsideration by the Central Office Accommodation Appeal Committee. You must make your request for reconsideration within 45 days of this decision. Please see the back of this form.

Department Representative Signature

Date

REQUEST FOR AN ADA ACCOMMODATION RECONSIDERATION

If you have trouble reading or understanding this notice, please call 1-800-445-6604.
We can help explain it to you.

I disagree with the decision on the reverse side of this notice and request the decision be reconsidered.

Applicant/Client Signature Date

Return to:

**Department of Transitional Assistance
Assistant Commissioner for Field Operations
600 Washington Street, 4th Floor
Boston, MA 02111**

IMPORTANT: The Central Office Accommodation Appeal Committee will have ten days to make its decision. If the Central Office Accommodation Appeal Committee upholds the TAO Accommodation Team decision, you have the right to a Fair Hearing.



Notice of Request for a Fair Hearing
Massachusetts Department of Transitional Assistance
Division of Hearings
P.O. Box 167, Boston, Massachusetts 02112-0167

If you have trouble reading or understanding this notice, please feel free to call Recipient Services at 1-800-445-6604. We can help explain it to you.

YOUR RIGHT TO APPEAL: If you disagree with any action or inaction taken by the Department of Transitional Assistance (DTA), you have the right to appeal and receive a fair hearing before an independent referee. DTA must receive your request for a fair hearing no later than 90 days from the date on this notice. Exceptions to the 90-day time limit are: (1) you have 21 days to request a hearing on Emergency Assistance (EA) shelter benefits, (2) you have 30 days from the date of mailing of the notice by the Department of Revenue to request a hearing regarding the intercept of your state tax refund, (3) you may appeal the amount of your Food Stamp (FS) benefits at any time during your FS certification period, if you think you are not receiving the correct amount, (4) you have up to 120 days if DTA fails to act on your request for services, and (5) you have up to 120 days to appeal alleged coercive action or otherwise improper conduct or up to one year under certain specified circumstances.

HOW TO APPEAL: If you wish to request a fair hearing, send this page with the bottom section completed to: **DTA, Division of Hearings (DOH), P.O. Box 120167, Boston, Massachusetts 02112-0167 or fax to (617) 348-5311.** Please keep the copy for your own records.

IF YOU ARE CURRENTLY RECEIVING BENEFITS, READ THIS SECTION: Your benefits will be continued until a decision is made on your appeal if DOH receives your appeal request within 10 days from the date on this notice. If you are appealing a FS issue, and your FS certification period ends before your appeal is decided, you will continue to receive the same FS benefits only until the end of your certification period. If you receive benefits during your appeal, but lose your appeal, DTA can recover the benefits to which you were not entitled. If you receive TAFDC time-limited benefits during an appeal, which you then lose, the months for which you have received benefits will count toward your time-limited benefits. If you do not wish to continue to receive benefits during your appeal, check Box A below. If you do not receive benefits during your appeal, and you win your appeal, DTA will promptly correct any underpayment.

WHEN THE HEARING WILL BE HELD: You will be given at least 10 days notice prior to the fair hearing of the date, time and place of the hearing to permit you time to prepare your case. If you wish to have a fair hearing scheduled sooner, check Box B below. Fair hearings on EA shelter benefits are expedited; you will be given at least two days notice prior to the fair hearing of its date, time and place. If you have good cause for not being able to attend the fair hearing, please contact DOH at (617) 348-5321 or 1-800-882-2017 (TTY (617) 348-5337 or 1-800-532-6238 for the Deaf or hard-of-hearing), before the hearing date, so that your hearing can be rescheduled. Failure to appear at the fair hearing without good cause may result in the dismissal of your appeal, except for the first scheduled hearing involving any aspect of the FS Program where good cause for rescheduling need not be demonstrated.

YOUR RIGHT TO BE ASSISTED AT THE HEARING: If you cannot speak English or understand it well or if you are Deaf or hard-of-hearing and wish to have DOH provide an interpreter, please write that on this appeal request or call DOH at (617) 348-5321 or 1-800-882-2017, (TTY (617) 348-5337 or 1-800-532-6238) at least a week before the hearing. At the hearing, you may be accompanied by an interpreter, attorney, or other representative at your expense. You may wish to contact a local legal services office or community agency for assistance. Information about local legal services offices and other services provided by community agencies in your area can be obtained by contacting your local office. These agencies may provide advice or representation at no cost to you.

You or your representative may subpoena witnesses, present evidence and cross-examine witnesses. The referee must make a decision on all evidence presented at the fair hearing. You or your representative will be permitted to see your case file before the hearing. If you want to review your case file, schedule an appointment with your worker before the hearing.

NONDISCRIMINATION NOTICE FOR CLIENTS: Under federal and state law the Massachusetts DTA does not discriminate on the basis of race, color, sex, sexual orientation, national origin, religion, creed, age or disability. If you have any questions or concerns, we encourage you to contact the Director of Equal Opportunity, DTA, 600 Washington Street, Boston MA 02111, Tel. (617) 348-8490 (TTY (617) 348-5532 for the Deaf or hard-of-hearing).

I, _____, hereby request a fair hearing before a referee of DOH.

- A. I do not wish to continue receiving the disputed amount of benefits during the appeal process.
- B. I request an expedited hearing.

The reason I wish to request a fair hearing is _____

Your Name (Print) _____ SSN _____

Address _____ Telephone () _____

City/ZIP _____ Date _____

Your Signature _____

My authorized representative is: Name _____ Title _____

Address _____ City/ZIP _____

Telephone () _____

Attachment A

DO YOU NEED HELP BECAUSE OF A DISABILITY?

Is it hard for you to apply for benefits? Is it hard for you to keep getting your benefits? The Department may be able to help. Under a law called the Americans with Disabilities Act (ADA), the Department can give you extra help called accommodations. ADA accommodations can make working with the Department easier.

Who can get an accommodation? What accommodations are available?

If you have a **physical or mental condition** that makes it hard for you to do certain things, you may be eligible for an ADA accommodation.

Examples: If you have a physical condition that makes getting to the office hard, we could go to your home or schedule a telephone appointment.

If you have a learning disability that makes it hard for you to understand Department notices, your case manager can explain them to you.

If it is hard for you to understand Department forms, your case manager can also help you fill out Department forms.

If you have trouble remembering things, we can make sure you get reminders.

There are many types of accommodations available.

How do you get an accommodation? JUST ASK!

If you think you need extra help, tell your case manager. Your case manager can help you. Your case manager will work with you and the office ADA Accommodation Team to figure out the best way to help.

ADA Accommodation Team members: _____

If you do not get the help you think you need, you can ask the Central Office Accommodation Team to review your request. After this review, you may also appeal to the Division of Hearings.

FREE LEARNING DISABILITY SCREENINGS! Do You Have Trouble Reading, Writing, Remembering or Understanding Things? Does this make it hard for you in school or at the workplace? If so, you may want one of the Department's free learning disability screenings for people applying for or receiving TAFDC.

Screening is the first step to getting you help. If it looks like you have a possible learning disability, we will pay for a full review. This review, also called an assessment, will include recommendations for services and supports that can help you reach your work and learning goals.

Ask for a free screening today!



Food Stamps/SNAP: Extra Financial Help for College Students

College is stressful and expensive. Don't let food be another financial worry.

The Supplemental Nutrition Assistance Program or "SNAP" (formerly called Food Stamps) helps many low income people buy food. More low income college students also qualify.

Q1: How can I be eligible if I am in college?

If you are in college more than half-time, you may qualify for SNAP/Food Stamps if you meet any one of the conditions below:

- You receive (any amount of)federal or state work-study monies,
- You work for pay for 20 hours or more per week,
- You care for a child under the age of 12 (further rules apply) or you get TAFDC,
- You participate in a SNAP or other 'employment and training program',
- You attend a Mass. community college and are enrolled in a credit degree or certificate program that will lead to a job or will enhance your employability,
- You are age 50 or older, or you are under age 18, **OR**
- You have a temporary or permanent physical and/or mental impairment.

Q2: What proofs do I need to show if I get work study or if I attend a career-based community college program?

To prove you receive work study, give DTA a copy of your financial aid statement or any other proof of federal or state funded work study. You qualify as a work study recipient whether you attend a public or a private college.

To prove you are enrolled in a career or technical education program at a community college, DTA has a one-page form that you can bring to the college to get signed. Or you can submit a letter from the college that states you are enrolled and that your degree or certificate program will lead to employment. Bring proof of your enrollment too.

Q3: How much in SNAP/Food Stamps benefits will I receive?

The monthly benefit amount is calculated based on your income and expenses. The *maximum* for one person (living alone, very little income) is \$200/month.

Countable income includes:

- "Earned Income," such as wage earnings from a job, are countable income (*however, income from a federal work-study program is not counted as income*)
- "Unearned Income" such as direct money payments from your parents. *Most educational monies are not counted if from federal funds, or if used to cover educational expenses (tuition, fees, books and supplies).*

Deductible expenses include:

- Shelter expenses, such as rent & utilities
- Child care expenses so you can go to school or to work.

Q4: Can I get SNAP/Food Stamps if I live with roommates?

If you buy & prepare more than half of your meals separately from your roommates, *you can apply for food stamps for yourself* separate from those you share housing with.

If you buy & prepare most of you meals *together*, you must apply with your roommates; and they must also meet the other program and report their income.



Q5: Can I get SNAP/Food Stamps if I still live with my parents?

If you are 22 or older, and if you buy and prepare more than half your meals separately from your parents, you can still apply for benefits for yourself.

If you are 18-22, federal rules do not allow you to get food stamps separately from your parents, even if you barely share meals with them. If you meet one of the rules in Q1, you & your parents must apply for benefits together and report all family income.

Q6: Can I get SNAP/Food Stamps if I live in a dorm?

If you live on-campus and get more than half your meals from a meal plan, you don't Qualify for SNAP/ food stamp benefits.

Q7: How do I apply?

You can file an application for SNAP/food stamps online, by mail or in-person.

- To apply online, visit the website: www.mass.gov/dta and click on the "Apply for Food Stamps Online" link on the left-hand column
- To apply in person, contact your local Department of Transitional Assistance Office. To find the your office, go to webapps.ehs.state.ma.us/DTAOffices

NOTE: Filing an application is the first step. You will also need to send proofs to DTA of your eligibility and have an interview by phone (or, if you prefer, in person).

To get more information about food stamp/SNAP in MA, visit Project Bread's website: www.gettingfoodstamps.org

- **If you are denied food stamp/SNAP benefits because of your school status, contact Legal Services nearest you.**

Examples

Example: Nina is 23 years of age and lives with her disabled mom. She is a full-time student at a local private college. Nina has a financial aid package that includes 10 hours a week of work study. Sometimes she works at odd jobs off campus. She buys and prepares a majority of her food separately from her mom.

Nina is an eligible student because she receives work study. Because Nina is over age 22 and shares less than half her meals with her mother, she can be a separate SNAP/food stamp household. To determine her benefits, Nina's earned income is countable income. Any federal financial aid she receives does not count as income. Her mother's income does not count because her mother is not part of her FS/SNAP household. Nina's private or state-funded financial aid or loans count only if available to meet actual living expenses.

Example 2: Mark is a full-time college student in a health science degree program at a local community college. He is on a nursing track. He receives financial aid but no work study. Mark lives off-campus with two other roommates. Mark buys his own groceries and cooks his own meals. At times, he cooks dinner with his roommates a few times a week, but not all the time.

Mark meets the student eligibility rules because he attends a community college and is enrolled in a career based program (health science). Since Mark buys and prepares more than half of his meals separately from his roommates, he can apply for SNAP/food stamps for just himself... Any federal financial aid Mark may receive does not count in calculating his benefits. Non-federal financial aid and loans count as income only if available to meet his living expenses.



More Food Stamp/SNAP Benefits for Families with Child Care Expenses

For all low-income families:

- If you pay expenses for the care of **any child under 18 or disabled adult**, your family can receive increased food stamp/SNAP benefits!
- Every **\$3** you spend on childcare may increase your Food Stamp/SNAP benefits by **\$1** – up to the maximum food stamp amount!
- You can claim any dependent care costs you incur because
 - You are working, or are looking for a job
 - You are attending school or work-related training
 - You are doing volunteer work or another activity required by the Food Stamp/SNAP Employment/Training Program

Q. What can you claim as expenses?

| | |
|---|---|
| Child or Adult Care... | All payments you are responsible for, including co-payments, for a child or disabled adult |
| Out-of-School Activities for any child under 18... | Any supervised activity, including before and after school, school vacation, summer camps, YMCA, and Boys/Girls Club fees |
| Mileage (at 48 cents per mile for 2011)... | If you drive your child to/from the child care, or camp or school program |
| Public Transportation Costs... | If you or your child takes a bus, subway, or train to/from the child care, or camp or school program |

Q. Is there a limit or cap on the expenses I can claim?

- **NO.** You can **claim the full amount** of costs you pay.

*For example: A mother with two children who earns \$1800/month before taxes and pays \$600 unheated rent will get **\$274** in Food stamps. If she pays \$300/month in child care and related travel, her food stamps will go up to **\$364/month**.*

Q. How do I claim child care expenses?

- You can **self declare** these expenses. You can write it on your application or recertification form, or give your DTA worker a signed statement. DTA should ask for proofs *only* if the information you provide is questionable. .A sample form is found on the back of this sheet.

Statement of Child Care Costs for Food Stamp/SNAP Benefits

Children in child care

- | | |
|---|---|
| 1. _____ Name Age | 2. _____ Name Age |
| 3. _____ Name Age | 4. _____ Name Age |

(List additional children in care on another paper.)

My child care costs: (This includes direct care, co-pays, camps, other payments for care)

(Please mark one)

I pay \$ _____/day OR \$ _____/week

My transportation costs: (This includes travel to and from the child care, camp, or school programs)

1. By car (DTA allows \$.48 cents per mile if you use your car)

I drive _____ miles round trip, for _____ days per week

2. By public transportation

(Please mark one)

I pay \$ _____/day OR \$ _____/ week

► COMPLETE THIS BOX:

My name: _____ SSN: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

If you have child care expenses because of work, training, or job search, tell DTA. Your monthly Food Stamp benefits may increase because of these costs. You can use this form to notify your DTA worker. Be sure to note child care costs whenever you apply or your case is reviewed.

Statement of Shelter Costs for Food Stamp/SNAP Benefits

Your Name: _____ SSN: _____

Address where you live: _____

If you rent: My rent obligation is: \$ _____/month

And my heat or utilities are stated below:

Check one: I pay heat and utilities separate from rent

Heat is included in rent, but I pay electricity or service fees for air conditioning

Heat and cooling (AC) costs are included in rent, but I pay for other utilities

I get Fuel Assistance for part of my rent or for heating costs

I pay no heat or utilities, I only pay phone costs (land line, cell phone)

If you own a home or condo: I have the following costs for my home:

Monthly mortgage payment \$ _____ (include the principal and interest payments)

Real estate taxes/month \$ _____ (divide annual or biannual to get monthly amount)

Fire/home insurance/month \$ _____ (divide annual or biannual to get monthly amount)

Repairs/maintenance costs \$ _____ (average monthly amount from prior quarter or year)

Condo ownership/month \$ _____ (mortgage, condo fees, etc)

(Homeowners are usually responsible for all heating, cooling and other utility costs).

► Your signature:

I swear that the above information about my monthly shelter costs is true to the best of my knowledge and belief:

Signature: _____

Date: _____

You can use this form to **self-declare** your shelter costs. You do not need to provide a lease, rent receipt or proof of homeownership costs unless DTA determines that the information provided is questionable. You can use this form to notify your DTA worker of these expenses. Be sure to tell DTA if you pay for **any heating or cooling (AC) costs** separate from your rent (any time of year) or if you get fuel assistance to pay part of your rent.

DTA does require **proof of where you live** (your residence). This is different from how much you pay for rent or mortgage. To verify residence, you can use a bank statement, wage stub or photo ID with your address, a utility bill, a letter from a government agency with your address, a lease, statement from a roommate or other document that prove your address.



Food Stamp/SNAP Benefits for Elders/Disabled Households that Incur Medical Expenses

For All Seniors (age 60 or over) and Persons with Disabilities:

If you have out-of-pocket medical expenses, your SNAP benefits may increase! DTA allows a \$90 deduction from income if you have medical expenses of \$36 or more per month. This deduction can increase your benefits. If you pay over \$125/month in expenses, you might get even more SNAP.

Q. What kinds of medical related expenses can I claim?

Basic Care costs...

If you pay directly for any medical, dental care, mental health, physical therapy, hospital based care, home health and nursing care. .. or if you pay any insurance premiums, co-payments or deductibles.

Alternative Care...

If you pay for acupuncture, chiropractic, homeopathy or herbal treatments prescribed by a licensed practitioner.

Health Care Supplies and Equipment...

If you buy special creams, ointments, pain magnets, incontinence supplies, commodes or other supplies and/or equipment recommended by your licensed health practitioner.

Over-the-counter drugs...

If you buy pain relievers, insulin, antacids, vitamins, allergy pills other remedies recommended by your health practitioner.

Mileage at 48 cents/mile or the cost of public transport...

If you drive your car to appointments or to pick up drugs or medical supplies at the pharmacy, you can claim 50 cents per mile driven -- or what you pay for a taxi, bus, subway or train.

Housekeeper and caregiver expenses...

If you need a housekeeper or care attendant to care for you because of your age or disability.

Vision or hearing care communication devices, other one-time expenses...

If you buy eyeglasses, contacts, hearing aides, speech or communication equipment, or have monthly usage fees, OR you pay emergency medical care not covered by insurance.

Q. Is there a limit or cap on the expenses I can claim?

► If you have proof of medical expenses over \$35/month, DTA will automatically allow a standard \$90 deduction. You need to show proofs of at least \$36 /month to get this \$90 deduction.

► If you have more than \$125/month in un-reimbursed medical expenses, DTA will deduct the actual amount of these expenses in calculating your income (after the first \$35). There is **no cap** on what you can claim as an expense if you have proof of your un-reimbursed health-care expenses.

For example: Jane Smith is 78 and lives in public housing. She receives \$800 in Social Security, plus MassHealth. She gets only \$16/month in food stamps. Jane drives to 20 miles/week to the doctor and pharmacy. Because she has over \$35/month in medical related transportation (86 miles x 48 cents = \$41.28) her food stamp/SNAP benefits will increase to \$29/month.

Q. How do I claim medical expenses?

You can claim medical expenses on your application, or you contact your DTA worker. Be sure to keep copies of bills you pay, appointment letters that show the dates you travel. A sample checklist is on the back to help you keep track.

FOOD STAMP/SNAP MEDICAL DEDUCTIONS CHECKLIST

MEDICAL CARE NOT REIMBURSED BY INSURANCE (e.g., doctor/clinic visits, dental care, psychotherapy, rehabilitation, hospital or outpatient care, nursing or home health care)

| Type of care | Cost/Month |
|--------------|------------|
| | \$ |
| | \$ |

HEALTH INSURANCE (e.g., premiums, co-payments, deductibles)

| Type of cost | Cost/Month |
|--------------|------------|
| | \$ |
| | \$ |

ALTERNATIVE HEALTH TREATMENTS (e.g., chiropractic, acupuncture, massage therapy, Christian Science healing)

| Type of treatment | Cost/Month |
|-------------------|------------|
| | \$ |
| | \$ |

TRANSPORTATION/LODGING TO OBTAIN MEDICAL TREATMENT OR SERVICES (e.g., mileage for use of your private car *at 48 cents per mile*; actual cost of bus, subway, shuttle, or taxi)

| Type of transportation | Cost/Month |
|------------------------|------------|
| | \$ |
| | \$ |

PRESCRIPTION MEDICATION

| Type of medication | Cost/Month |
|--------------------|------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

OVER-THE-COUNTER MEDICATION PRESCRIBED BY A HEALTH CARE PROVIDER (e.g., pain relievers, antacids, vitamins, insulin, herbal supplements)

| Type of medication | Cost/Month |
|--------------------|------------|
| | \$ |
| | \$ |
| | \$ |

HEALTH-RELATED SUPPLIES PRESCRIBED BY A HEALTH CARE PROVIDER (e.g., foot care, incontinence supplies, dentures, hearing aides, batteries for hearing aides/other medically-related devices, eyeglasses, contacts, contact lens cleaning supplies)

| Type of supply | Cost/Month |
|----------------|------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

HEALTH EQUIPMENT (e.g., sick room equipment, purchase/repair of wheelchair or mobility aid, prosthetics, personal emergency response system, communication equipment for the hearing, speech or visually impaired)

| Type of equipment | Cost/Month |
|-------------------|------------|
| | \$ |
| | \$ |
| | \$ |

OTHER EXPENSES (e.g., securing and maintaining service animals, attendant services, housekeeper)

| Type of expense | Cost/Month |
|-----------------|------------|
| | \$ |
| | \$ |
| | \$ |

TOTAL COST OF MEDICAL EXPENSES PER MONTH: \$

I certify that I incur the medical expenses listed above. I have attached the receipts I have available. I request that the Department of Transitional Assistance consider these expenses when calculating my monthly food stamp/SNAP benefits, and assist me with getting any additional proofs required.

X _____
Signature

Date

Printed Name

Social Security Number

Appendix D

Cash and Food Stamp/SNAP Benefits for Noncitizens

- * Eligibility Chart by Immigration Status
- * What Noncitizens Need to Know

CASH AND FOOD STAMP/SNAP ELIGIBILITY CHART BY IMMIGRATION STATUS (in Massachusetts)

January 2010, MLRI

| Immigrant Status | Food Stamps/SNAP | EAEDC Cash Assistance | Transitional Aid to Families with Dependent Children (TAFDC) | Supplemental Security Income (SSI) |
|--|--|-----------------------|--|--|
| <p>U.S. citizens (born in the United States or naturalized) and Native Americans</p> | Eligible | Eligible | Eligible | Eligible |
| <p>Refugee, asylee, Cuban or Haitian entrant, person granted withholding of deportation or removal, Amerasian immigrant, and Iraqi and Afghan SIV holders (Special Immigrant Visas for Iraqi and Afghan military interpreters and their dependents**)</p> | Eligible | Eligible | Eligible | <p>Eligible without time limitation if:</p> <ul style="list-style-type: none"> ■ received SSI or had application pending on August 22, 1996; ■ lawfully resided in the United States on August 22, 1996, and is disabled; or ■ a lawful permanent resident credited with forty quarters of work <p>Otherwise eligible for SSI for <i>seven years</i> after granted status unless extended¹</p> |
| <p>Adult lawful permanent resident, parolee (if granted parole for at least one year)</p> | <p>Eligible if:</p> <ul style="list-style-type: none"> ■ has lived in the United States as qualified immigrant for <u>five years</u>;[*] or ■ receiving a cash or medical disability-based benefit; or ■ lawfully resided in the United States and was 65 on August 22, 1996; or ■ a lawful permanent resident credited with forty quarters of work | Eligible | <p>Eligible if physically entered the United States before August 22, 1996</p> <p>If physically entered the United States after August 22, 1996, eligible after having lived in the United States as "qualified immigrant" for <u>five years</u></p> | <p>Eligible if:</p> <ul style="list-style-type: none"> ■ received SSI or had application pending on August 22, 1996; ■ lawfully resided in the United States on August 22, 1996, and is disabled; or ■ a lawful permanent resident credited with forty quarters of work and has lived in the United States as "qualified immigrant" for <u>five years</u>[*] |

*In this context "qualified immigrant" means (1) lawful permanent resident, (2) parolee for at least one year, (3) conditional entrant, or (4) certain abused non-citizens and their children and parents.

** Iraqi and Afghan SIV holders eligible to the "same extent" as refugees, effective 12/19/2009.

**CASH AND FOOD STAMP/SNAP ELIGIBILITY CHART
BY IMMIGRATION STATUS (continued)**

| Immigrant Status | Food Stamps/SNAP | EAEDC Cash Assistance | Transitional Aid to Families with Dependent Children (TAFDC) | Supplemental Security Income (SSI) |
|--|------------------|-----------------------|--|---|
| <p>Children (under age 18) — lawful permanent resident, parolee for at least one year</p> | <p>Eligible</p> | <p>Eligible</p> | <p>Eligible if physically entered the United States before August 22, 1996</p> <p>If physically entered the United States after August 22, 1996, eligible after having lived in the United States as "qualified immigrant" for <u>five years</u></p> | <p>Eligible if:</p> <ul style="list-style-type: none"> ■ received SSI or had application pending on August 22, 1996; ■ lawfully resided in the United States on August 22, 1996, and is disabled; or ■ a lawful permanent resident credited with forty quarters of work and has lived in the United States as "qualified immigrant" for <u>five years</u>* |
| <p>Victim of Trafficking in persons</p> | <p>Eligible</p> | <p>Eligible</p> | <p>Eligible</p> | <p>Eligible</p> |
| <p>Hmong and Highland Laotians</p> | <p>Eligible</p> | <p>Eligible</p> | <p>Eligible</p> | <p>Eligible if:</p> <ul style="list-style-type: none"> ■ received SSI or had application pending on August 22, 1996; ■ lawfully resided in the United States on August 22, 1996, and is disabled; or ■ a lawful permanent resident credited with forty quarters of work and has lived in the United States as "qualified immigrant" for <u>five years</u>* |

CASH AND FOOD STAMP/SNAP ELIGIBILITY CHART BY IMMIGRATION STATUS (continued)

| Immigrant Status | Food Stamps/SNAP | EAEDC Cash Assistance | Transitional Aid to Families with Dependent Children (TAFDC) | Supplemental Security Income (SSI) |
|--|---|-----------------------|--|--|
| Battered noncitizens, and their children and parents (including Violence Against Women Act self-petitioners, family petitioners, and lawful permanent residents who have been abused) | Eligible if: <ul style="list-style-type: none"> ■ has lived in the United States as "qualified immigrant" for <u>five</u> years;* ■ a child under age 18; ■ receiving a disability-based benefit; ■ lawfully resided in the United States and was 65 on August 22, 1996; or ■ a lawful permanent resident credited with forty quarters of work | Eligible | Eligible | Eligible if: <ul style="list-style-type: none"> ■ received SSI or had application pending on August 22, 1996; ■ lawfully resided in the United States on August 22, 1996, and is disabled; or ■ a lawful permanent resident credited with forty quarters of work and has lived in the United States as "qualified immigrant" for <u>five</u> years* |
| Lawfully residing Veteran , active-duty service member, spouse, and dependent children | Eligible if a qualified immigrant* | Eligible | Eligible | Eligible if a "qualified immigrant"* |
| Immigrant permanently residing in U.S. under color of law (pending application, TPS, DED, vol departure, etc) | No (except certain battered immigrants, Cuban/ Haitian entrants, Veterans in lawful status) | Yes | No | No (unless receiving SSI or application pending on August 22, 1996) |
| Non-immigrant (tourist, student) | No | No | No | No |
| Undocumented | No | No | No | No |

*In this context "qualified immigrant" means (1) lawful permanent resident, (2) parolee for at least one year, (3) conditional entrant, or (4) certain abused non-citizens and their children and parents.

Under federal law, all non-citizens regardless of immigration status are eligible for the following:

- School lunch and breakfast
- WIC (supplemental food program for women, infants, and children)
- Head Start
- Non-means-tested benefits delivered at the community level, such as food pantries, homeless shelters, child protection services, and domestic violence, mental health, and substance abuse treatment

Special Notes

PRUCOL immigrants (permanently residing in the United States under color of law) are individuals who generally have work authorization or some other proof of status or contact with Immigration officials. In addition to the immigrant groups listed above, individuals are PRUCOL if they *are known to* the USCIS and the USCIS does not presently contemplate enforcing their departure.

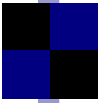
Examples of immigrants who are considered PRUCOL include but are not limited to:

- Persons granted temporary protected status (TPS)
- Persons granted deferred action status
- Persons under order of supervision
- Applicants for permanent residency
- Applicants for asylum from any country
- U visa recipients (victims of violence)

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1. Effective 10/1/2008, “humanitarian” immigrants who reach the end of the 7-year SSI eligibility period or who lost SSI during the time limit can get an additional 2 years of SSI if they meet specific conditions and are making a good faith effort to pursue US citizenship. See “A Guide to the New and Temporary SSI Extension Law for Humanitarian Immigrants” available at www.nilec.org

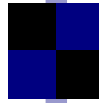


**W E C A N
H E L P**

***You have the right to
interpreter services.***

*Be sure to read Your Right
to Interpreter Services
brochure as well as the
other program brochures.
These contain important
information.*

***If you have trouble
understanding them,
your case manager can
help.***



WHAT

NONCITIZENS

NEED TO

KNOW

**DEPARTMENT OF
TRANSITIONAL
ASSISTANCE**



NCIB (Rev. 2/2009)
25-404-0209-05



DEPARTMENT OF TRANSITIONAL ASSISTANCE

**W H A T A
N O N C I T I Z E N
N E E D S T O
K N O W**

Your children may be eligible for Cash and/or Supplemental Nutrition Assistance Program (SNAP) benefits even if you are not.

Don't be afraid to apply for benefits for yourself or your family. Even if you are ineligible for benefits due to immigration status, **we will not report you to immigration authorities** unless you provide us with a final order of deportation.

If you feel you cannot give us information about your immigration status, you will be ineligible for benefits. Your family members may still be able to receive benefits. Once you tell your case manager that you cannot give us this information, your case manager will stop asking you about your status.

BUT, your case manager must ask you other questions about you, including where you live, your income, child support, etc. We need this information to decide benefit eligibility for your family members. Your income and assets may be counted in determining eligibility and the amount of your family's benefits.

Certain legal permanent residents (LPR) applying for SNAP benefits may be asked about their sponsor. If you are in a household with disqualified members,

the sponsor's income and assets may be used in deciding SNAP eligibility and the benefit amount. In addition, certain non-SSI disabled and elder households may continue to be subject to sponsor deeming.

REMEMBER: If you do not tell us your immigration status, your benefits may be lower than they should be.

If you have questions about your immigration status or how receipt of benefits affects your ability to adjust your status or any other questions, you can call one of the agencies listed on the [Noncitizens Resources](#) brochure.

Appendix E

Simplified SNAP Application Form for Seniors



Applying for Supplemental Nutrition Assistance Program (SNAP) Benefits

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

- Try to answer as many questions as you can.
- On page 1 of the application form put your telephone number where you can be reached during weekdays or where a message can be left for you.
- Remember to sign your name before you submit your application form.
- Be sure to read your Notice of Rights, Responsibilities and Penalties.

WHAT HAPPENS NEXT? You can mail, fax or bring the application form to your local DTA office. A case manager will review your application when it is received.

YOU MUST BE INTERVIEWED: You must have an interview with your case manager to discuss the information you gave on your application. A case manager will contact you by phone to discuss your application for SNAP benefits.

Note: You will receive a letter scheduling a phone interview if your case manager is unable to reach you by phone.

YOU MUST SUBMIT PROOFS: During your interview, your case manager will explain what proofs and information you will need to give to receive SNAP benefits. Your case manager will send you a verification checklist with the items you need to provide. You have 30 days from the date your application is received to give us the proofs we need. Be sure to ask your case manager for help if you are having difficulty obtaining these proofs. You can fax, mail, or bring the proofs to your case manager.

DECISION: You will receive a decision on your application within 30 days.

You should tear off and keep this sheet for your records.



What Proofs Will I Need?

These are most of the proofs you will need when applying for SNAP benefits.

- **Identification Showing Your Name and Address:**
If you have no address, you must tell us where you are staying.

- **Proof of Income:**
An award letter or direct deposit statement of unearned income including interest income amounts and frequency of payments. If you are working, submit your last four pay stubs, direct deposit statements or copies of checks.

- **Social Security Numbers for All Members Applying**

- **Proof of Noncitizen Status:**
If you are not a citizen, provide proof of legal noncitizen status.

- **Proof of Your Expenses (this is optional, but if eligible, your SNAP benefits could be higher if you submit proof of your expenses):**
Current receipts for housing costs: rent or mortgage, heating/cooling and utilities, medical bills or receipts (for prescriptions, eye glasses, diabetic supplies; etc).

For more information about how you can get SNAP benefits, call the SNAP Hotline at 1-866-950-FOOD.



Massachusetts Department of Transitional Assistance
Simplified SNAP (Supplemental Nutrition Assistance Program)
Application for Elderly Applicants
 (Individuals and Couples Age 60 or Older)

Applicant Information

1. Please fill out the following personal information.

| | | |
|---------------------------------------|--|--|
| Your Name (Last, First, MI) | | SSN: |
| Telephone Number | Can we reach you during the day at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of Birth: |
| Home Address (Street, Apt #) | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| City, State, Zip Code | | |
| Mailing Address (if different) | | Are you currently homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. **Your Ethnicity/Race:** This information is collected to make sure everyone is treated fairly. Your answer is voluntary, and it will not affect your eligibility or benefit amount.

Ethnicity: Hispanic or Latino Yes No

Race: (*check all applicable*)

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Spoken Language: Please identify the language you speak _____

3. Are you a U.S. citizen? Yes No

4. Are you a resident of Massachusetts? Yes No

5. Do you have a special situation? Check all boxes that apply to you.

Physical/Mental Impairment Hearing Impaired Visually Impaired
 Interpreter Required Sign Language Required Other _____

6. Is anyone helping you to complete this information? Yes No

Name of Assisting Person _____ Telephone Number of Assisting Person _____

Household Information

7. Are you married? Yes No
8. If yes, does your husband or wife live with you? Yes No
9. Do you have any children under age 22 living with you? Yes No
10. Do other people live and share meals with you? Yes No
11. List the people who live with you.

| First Name | Last Name | SSN | Date of Birth | Sex | U.S. Citizen | Relationship to You |
|------------|-----------|-----|---------------|-----|--|---------------------|
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Important: This Notice is For Your Information Only.
You Do Not Need to Sign or Return this Notice to DTA.

Notice of Rights, Responsibilities and Penalties (Please Read Carefully.)

I certify under penalty of perjury that I have read, or have had read to me, the information in this application and my answers to the questions in this application and such answers are true and complete to the best of my knowledge. I also certify under penalty of perjury that my answers on any supplement I may complete in the future will be true and complete to the best of my knowledge. I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts, either orally or in writing, to establish eligibility for the SNAP (Supplemental Nutrition Assistance Program) is fraud, an Intentional Program Violation (IPV), and is punishable by civil and criminal penalties.

I understand that the Department of Transitional Assistance (DTA) administers SNAP. I understand that I must report to DTA any changes in my household income, assets, address, living arrangement, family size, employment or any other changes to my SNAP household that may affect our eligibility. I understand that I must report these changes to DTA in person, in writing or by phone **within 10 days of the change** unless I am allowed by DTA to report changes under the SNAP semiannual reporting rules.

I understand that for SNAP benefits, to receive a deduction for childcare expenses, rent or mortgage payments, utility or shelter expenses, child support paid to a non-household member, or medical expenses, I must report and provide verification to DTA. Failure to report or verify, the above-listed expenses(s), could mean that I will receive less SNAP benefits each month, and will be seen as my statement that the household does not want to receive a deduction for the unreported or unverified expense(s).

I understand that all household members between the ages of 16 and 60 are automatically work registered and enrolled in the SNAP Employment and Training Program (SNAP/E&T). The automatic SNAP/E&T enrollment allows household members to easily access SNAP/E&T services. Nonexempt household members will be notified of work requirements, have exemptions and penalties for noncompliance explained and be referred to an employment activity, if appropriate.

I give permission to DTA to verify and investigate the information I have given that relates to my eligibility for assistance. I give permission to DTA to get any records or data and to verify information given on this application with other agencies, including federal and state agencies, local housing authorities, out-of-state welfare departments and financial institutions. I also give permission to these agencies to give to DTA information about my household that concerns my SNAP benefits.

I understand that I also give permission to DTA to share information about me and my dependents under age 19 with the Department of Education (DOE) so that my dependents are automatically certified for school breakfast and lunch programs. I also give permission to DTA to share information about me, my dependents under age 5 and anyone pregnant in my household with the Department of Public Health (DPH) so that these individuals are referred to the Women, Infants and Children (WIC) Program for nutrition services.

I understand that I authorize the DTA and the Massachusetts Executive Office of Health and Human Services to share information about my eligibility for public assistance benefits with electric distribution companies, gas distribution companies and eligible telecommunications carriers pursuant to confidentiality agreements executed by these companies for the sole purpose of certifying my eligibility for discount utility service rates. I also authorize DTA to share my information with the Department of Housing and Community Development (DHCD) for the purpose of enrolling me in the Heat & Eat Program.

I understand that I will receive a copy of the "Your Right to Know," brochure and the "SNAP" brochure, that I must read or have them read to me and that I must understand their contents and my rights and responsibilities. If I have any questions about the brochures or any of this information, I will ask my case manager. I can also call Recipient Services at 1-800-445-6604 if I have trouble reading or understanding any of this information.

I also swear that all members of my SNAP household requesting SNAP benefits are either U.S. citizens or aliens in satisfactory immigration status.

SNAP Penalty Warning

I understand that if I or any member of my SNAP household intentionally breaks any of the rules listed below, that person will be barred from SNAP for **one year** after the first violation, **two years** after the second violation and **permanently** after the third violation. The person may also face criminal prosecution under applicable state and federal laws. These rules are:

- Do not give false information or hide information to get SNAP benefits.
- Do not trade or sell SNAP benefits.
- Do not alter EBT cards to get SNAP benefits you are not entitled to receive.
- Do not use SNAP benefits to buy ineligible items, such as alcoholic drinks and tobacco.
- Do not use someone else's SNAP benefits or EBT card, unless you are an "authorized representative."

I also understand the following penalties:

- Individuals who commit a **cash program** IPV that is confirmed in an Administrative Disqualification Hearing (ADH), will be barred from the SNAP for the same period the individual is barred from cash assistance.
- Individuals who make a fraudulent statement or representation about their identity or place of residence to receive multiple SNAP benefits *simultaneously*, will be barred from the SNAP for **ten years**.
- Individuals who trade (buy or sell) SNAP benefits for a controlled substance/illegal drug(s), will be barred from the SNAP for a period of **two years** for the first finding, and **permanently** for the second finding.
- Individuals who trade (buy or sell) SNAP benefits for firearms, ammunition or explosives, will be barred from SNAP **permanently**.
- Individuals who trade (buy or sell) SNAP benefits having a value of \$500 or more, will be barred from the SNAP **permanently**.
- Individuals who are fleeing to avoid prosecution, custody or confinement after conviction for a felony or are violating a condition of probation or parole, are *ineligible* to participate in SNAP.
- Individuals who fail to comply without good cause with SNAP Work Requirements will be disqualified from SNAP for a period of **three months** for the first finding, **six months** for the second finding and **twelve months** for the third finding. If the individual found to have failed to comply for a third time is the head of the SNAP household, the *entire* household shall be ineligible to participate in the SNAP for a period of **six months**.

I have read the SNAP Penalty Warning in my primary language.

Right to an Interpreter

I understand that I have a right to an interpreter provided by DTA if no adult in my SNAP household is able to speak or understand English. I also understand that I can get an interpreter for any DTA fair hearing or bring one of my own. If I need an interpreter for a hearing, I must call the Division of Hearings at least one week before the hearing date.

Nondiscrimination Statement

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food and Nutrition Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). USDA and HHS are equal opportunity providers and employers.

Appendix F

Index to DTA Food Stamp/SNAP Regulations

Massachusetts Food Stamp/SNAP Manual
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| AFFIDAVIT OF SUPPORT/SPONSOR DEEMING (see Non-citizens) | |
| ALCOHOL/DRUG TREATMENT CENTER RESIDENTS..... | 365.600-690 |
| Authorized Representative | 361.350, 365.610 |
| Certification Process for Residents | 365.630 |
| Participants exempt from work requirements..... | 362.310(B)(9), 362.320(B)(9) |
| Special use of EBT benefits | 360.120(C) |
| ALIENS (see Non-citizens) | |
| ALIMONY (as unearned income) | 363.220(B)(3) |
| AMERICANS WITH DISABILITIES ACT (ADA) | 360.250 |
| American Sign Language Services | 360.510 |
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| Date of eligibility and filing (Month of Application, Initial Applications)..... | 364.100, 364.110 |
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| Interview requirement | 361.500 |
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| Same day filing rights, mail-in application | 361.130 |
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| Timeliness for processing..... | 361.700 |
| Withdrawal of application | 361.150 |
| Wrong office filing, obligations of DTA..... | 361.130 |
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| Categorically eligible households—no asset tests..... | 365.180(D) |
| Expedited service – Asset test | 365.810 |
| Inaccessible | 363.140(E) |
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| Rental income..... | 363.220(B)(5) |
| Trust funds..... | 363.220(B)(6) |
| Workers Comp., Unemployment, Veterans, Social Security | 363.220(B)(2) |
| UNEMPLOYMENT COMPENSATION | |
| Exempt from work requirements..... | 362.310(B)(6), 362.320(B)(7) |
| Treatment as unearned income..... | 363.220(B)(2) |
| UNFIT FOR EMPLOYMENT (see Disability) | |
| UNINTENTIONAL PROGRAM VIOLATIONS | 367.495 |
| VEHICLES (noncountable assets)..... | 363.140(C) |
| VENDOR PAYMENTS | |
| As countable income | 363.220(C)(3) |
| As excluded income | 363.230(B) |
| VERIFICATIONS | 361.600-660 |
| Alternate verifications | 361.610(G)-(H), 361.640(A) |
| Citizenship..... | 362.210 |
| Collateral contact by DTA..... | 361.640(B) |
| Expedited issuance requirements | 365.830 |
| Household's responsibility for | 361.650 |
| Income verification..... | 363.210 |
| Incomplete verification (Household fault) | 361.960(C) |
| Non-citizen status | 362.220(C) |
| Of household changes | 366.120(D) |
| Pending status (missing verification) | 361.930 |
| Questionable information | 361.620-630 |
| Recertification | 366.320(C) |
| Residency | 361.610(H), 362.120 |
| Worker assistance..... | 361.650 |
| VETERANS | |
| As disabled household members | 361.210 |
| As eligible non-citizens..... | 362.220, 362.240(F) |
| Noncountable veterans benefits..... | 363.230(K) (12), (14) |
| VA benefits, as unearned income..... | 363.220(B) (2) |
| VOLUNTARY QUIT from Prior Work | 362.340 |
| Good cause | 362.340(C) |
| Verification of | 362.340(F) |
| VOTER REGISTRATION, obligations of DTA..... | 360.950 |

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| WAIVER OF FACE-TO-FACE INTERVIEW | 361.510-530 |
| WITHDRAWAL OF APPLICATION | 361.150 |
| WORK HISTORY for Non-citizens (see Non-Citizens Sponsor Deeming) | |
| WORK REQUIREMENTS (for 18-50 childless adults—ABAWDS) | 362.300, 362.320-330 |
| Community service requirement..... | 362.320(E) |
| Exemptions from | 362.320(B) |
| Failure to comply with | 362.320(F) |
| Good cause (lack of community service) | 362.320(C) |
| WORK REQUIREMENTS (for 16- to 60-year-old household members—FS/ET)..... | 362.300, 310 |
| Exemptions from | 362.310(B) |
| Good cause | 362.330 |
| Work registration/job search | 362.310(C)-(D) |
| WORKERS COMPENSATION (as unearned income) | 363.220(B)(2) |

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Appendix G

Legal Services Offices

Legal Services Offices

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| Boston College Legal Assistance Bureau (Waltham)..... | 781-893-4793 |
| Cambridge & Somerville Legal Services..... | 617-603-2700 |
| Community Legal Services & Counseling Center (Cambridge) | 617-661-1010 |
| Disability Law Center | |
| Boston..... | 617-723-8455; 800-872-9992 |
| Northampton..... | 413-584-6337; 800-222-5619 |
| Greater Boston Legal Services..... | 617-371-1234; 800-323-3205 |
| Harvard Legal Aid Bureau..... | 617-495-4408 |
| Legal Advocacy & Resource Center..... | 617-603-1700; 800-342-5297 |
| Legal Assistance Corp. of Central Mass. (Worcester)..... | 508-752-3718; 800-649-3718 |
| Legal Services Center (a/k/a WilmerHale Legal Services Center-JP)..... | 617-522-3003 |
| Mass. Justice Project | |
| Holyoke..... | 413-533-2660; 800-639-1209 |
| Worcester..... | 508-831-9888; 888-427-8989 |
| Massachusetts Law Reform Institute | 617-357-0700; 800-717-4133 |
| Mental Health Legal Advisors Committee | 617-338-2345; 800-342-9092 |
| Merrimack Valley Legal Services-No. Shore Legal Serv. (Lowell).... | 978-458-1465; 800-336-2262 |
| MetroWest Legal Services (Framingham)..... | 508-620-1830; 800-696-1501 |
| Neighborhood Legal Services | |
| Lawrence..... | 978-686-6900; 888-657-2889 |
| Lynn..... | 781-599-7730; 800-747-5056 |
| New Center for Legal Advocacy | |
| New Bedford..... | 508-979-7160; 800-244-9023 |
| Plymouth..... | 800-244-9023 |
| New England School of Law Clinical Law Office (Boston) | 617-422-7380 |
| South Coastal Counties Legal Services, Inc.; Adm. Office (FR) | 508-676-5022 |
| Brockton | 508-586-2110; 800-244-8393 |
| Fall River | 508-676-6265; 800-287-3777 |
| Hyannis..... | 508-775-7020; 800-742-4107 |
| New Bedford..... | 508-979-7150; 800-929-9721 |
| Taunton..... | 508-880-6704 |
| Suffolk University Legal Services | 617-884-7568 |
| Western Massachusetts Legal Services | |
| Greenfield | 413-774-3747; 800-639-1309 |
| Northampton..... | 413-584-4034; 800-639-1309 |
| North Adams..... | 413-664-4531 |
| Pittsfield..... | 413-499-1950; 800-639-1509 |
| Springfield | 413-781-7814; 800-639-1109 |

Please visit <http://www.masslegalservices.org> for a listing of Legal Services in Massachusetts.