



Massachusetts Department of Transitional Assistance

FOOD STAMP BENEFITS FOR YOU AND YOUR FAMILY- APPLY TODAY!

IT'S EASIER THAN YOU THINK!

HOW TO APPLY

To apply for food stamp benefits, please fill out this application and return it to us. You should mail, fax or take the application to the Department of Transitional Assistance Office that serves your city or town. If you are not sure where the office is located, please call **1-866-950-FOOD** or visit our website at www.mass.gov/dta.

IMPORTANT: We must accept your application if it contains your name, address (if you have one) (page 1) and your signature (page 5). This minimal information will establish your application filing date. However, the remaining information on the form must be completed, and we must interview you to determine your eligibility. If you are eligible, your food stamp benefits will start as of the date we receive your application.

Please try to answer all the questions on the application. The more information we have, the quicker we will be able to act on your application. If you aren't sure what a question means or how to answer it, leave it blank and we will talk about it during your interview. After we receive your application we will contact you for an interview and ask you more questions. This interview will take place either in the office where you returned your application or over the telephone. If you need an interpreter to help you complete this form or for the interview, tell us and we will arrange for one. We list the types of things you will need to provide for your application. Please look at the list and gather the proofs you will need.

YOU MAY GET FOOD STAMP BENEFITS WITHIN SEVEN DAYS IF:

- . Your income and money in the bank add up to less than your monthly housing expense; or
- . Your monthly income is less than \$150 and your money in the bank is \$100 or less; or
- . You are a migrant worker and your money in the bank is less than \$100.

We are asking you about money in the bank to screen for expedited food stamp benefits. You will not be asked to give proof of your money in the bank. If we decide you cannot get food stamp benefits within 7 days (expedited service) and you disagree, or if you are determined eligible for expedited service but you do not receive your food stamp benefits by the seventh calendar day after the date you applied, you have a right to a conference with a supervisor. To apply for food stamp benefits, you need to prove your income, expenses and other information. You only need to prove information that applies to you. For example, if you do not have a job, then you do not need to worry about earned income in the list below.

When you get food stamp benefits, you will be given an account, like a bank account. Each month, your food stamp benefits will be put into your account. To use your food stamp benefits, you will get a Bay State Access card which you will use like an ATM or credit card. Your privacy is important and using the Bay State Access card helps maintain that privacy. You can use your Bay State Access card at grocery stores, convenience stores, markets and co-ops. You use it in the same way you would buy food with a debit/ATM or credit card.

Things you must provide, if they apply to you, to receive food stamp benefits.

1. **Proof of Identity:** Driver's license, birth certificate or other proof of your identity.
 2. **Proof of Massachusetts Residence:** Mortgage, tax, home insurance or utility bills, rent receipt or lease. Certain households may not be able to reasonably verify residency.
 3. **Earned Income:** Pay stubs or written statement from employer showing income before taxes for the past four weeks.
 4. **Other Income:** Most recent copy of Social Security check or copy of award letter, proof of unemployment, workers' compensation, pension, child support or alimony.
 5. **Self-Employment:** Most recent federal tax return (Schedule C Form) or last three months of business records.
 6. **Rental Income:** If you get paid by someone who rents a room or apartment from you, a copy of the lease agreement or statement from your tenant showing the amount of rent paid.
 7. **Noncitizen Status:** For all non-US citizens applying for food stamp benefits, alien registration card or other immigration document.
- Note:** Certain households with disqualified members will be asked to provide information and verification of bank accounts and other assets.

Things you may provide, if they apply to you, to receive higher food stamp benefits. *Food stamp rules allow you to deduct certain expenses from your countable income. If you give us proof of any of the expenses from the list below, you may be able to receive higher food stamp benefits.*

1. **Shelter Costs:** The amount you pay for shelter can be shown by your rent receipt or lease agreement. Homeowners can verify through their mortgage statement, tax or home insurance bills.
2. **Utilities:** The type of utility expenses you pay can be shown by bills for oil, gas, electricity, telephone (including cellular phone), or other utility expenses such as garbage disposal, wood or coal.
3. **Medical Expenses:** If you or anyone in your household is age 60 or older or has a certified disability, the amount you pay for medical expenses can be shown by receipts for co-payments or premiums on health insurance, dentures, eyeglasses, hearing aid batteries, prescription medications, doctor-prescribed pain relievers, over-the-counter drugs, and transportation that you pay for to get to medical services.
4. **Child Care or Adult Dependent Care Expenses:** The amount you pay for dependent care expenses can be shown by a written statement from your child care provider, or a canceled check or money order paid to the child care provider.
5. **Child Support Payments:** If you make child support payments to someone not living with you, show proof of the legal obligation to make the payment and the amount paid.

After your interview, you will get a list of things you will need to show us. **Pay stubs, utility bills and other proof must not be more than four weeks old from the day that you turn in your application.**



Massachusetts Department of Transitional Assistance Food Stamp Benefits Application

Source: (please check one)
 CEO Project Bread DMH
 DMR BMC Food Pantry
 MRC Other _____

1. Information About You (Answer all boxes.) If you are a noncitizen who chooses NOT to apply for food stamp benefits, you do not need to tell us your Social Security number or immigration status.			
Last Name	First Name	Middle Initial	Social Security Number
Is this name your (check one) <input type="checkbox"/> Name at Birth <input type="checkbox"/> Maiden Name <input type="checkbox"/> Married Name <input type="checkbox"/> Prior Marriage Name <input type="checkbox"/> Alias			
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Are you pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	
Marital Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
What is your preferred language?			
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 <input type="checkbox"/> yes <input type="checkbox"/> no Race: (check all applicable) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			
Do you have a special situation? (Check all boxes that apply to you.)			
<input type="checkbox"/> Physical/Mental Impairment <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Interpreter Required <input type="checkbox"/> Sign Language Required <input type="checkbox"/> Other _____			

2. Information About Where You Live (Answer all boxes.)			
Your current address	Number and Street	Apt #	City, State, ZIP
Are you homeless? <input type="checkbox"/> yes <input type="checkbox"/> no	Is your current address temporary? <input type="checkbox"/> yes <input type="checkbox"/> no	Is your current address your mailing address? <input type="checkbox"/> yes <input type="checkbox"/> no	
If temporary address, list your permanent address.			
If you have a different mailing address, please list.			
Your daytime telephone number(s)			
(_____) _____ - _____ (_____) _____ - _____			
A good time of day to reach you by telephone: Time: _____			
Circle all that apply: Monday Tuesday Wednesday Thursday Friday			
Is the housing you live in			
<input type="checkbox"/> Private Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> Commercial Boarding House <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Residential Facility <input type="checkbox"/> Employer-provided Housing <input type="checkbox"/> Teen Living Program <input type="checkbox"/> Migrant Campsite <input type="checkbox"/> Shelter			

3. Person Helping with Your Application			
Last Name	First Name	Middle Initial	Telephone Number
Number and Street	City/Town		State ZIP

4. Authorized Representative	
Do you want to give this person or someone else permission to apply or get food stamp benefits for you? <input type="checkbox"/> yes <input type="checkbox"/> no	

5. Waiver of the Face-to-Face Interview

If you are unable to come to the DTA office for an interview, please check all that apply.

- Elderly/Disabled
 Transportation Problems
 Work during DTA office hours
 Child Care/Care of Disabled Household Member
 Other _____

IMPORTANT: Be sure to list your telephone number(s) on page 1. We need to be able to call you if we have questions about your application or have to interview you over the phone.

6. Questions Regarding Citizenship Status

- a. Are you and all household members U.S. citizens by birth or naturalization? yes no
 If Yes, go to Question 7. If No, go to Part b, below.
- b. Under food stamp rules (106 CMR 362.220), a noncitizen who is unable or unwilling to provide immigration status information and/or Social Security number due to immigration status does not need to do so. This noncitizen will be ineligible for food stamp benefits. However, the remaining members of the household may apply for benefits.

1. List any household member(s) who chooses **NOT** to apply for food stamp benefits:

2. Check here if all members choose to apply:

7. Information About People You Live With - Please list everyone you live with. Do not include yourself. (Attach a separate sheet if necessary.) Noncitizens living with you who choose not to apply for food stamp benefits do not need to tell us their Social Security number or immigration status.

Last Name	First Name	Middle Initial	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to you
Do you purchase and prepare food together? <input type="checkbox"/> yes <input type="checkbox"/> no		Is this person applying for food stamp benefits? <input type="checkbox"/> yes <input type="checkbox"/> no		Social Security Number	
Marital Status				Pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	

Last Name	First Name	Middle Initial	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to you
Do you purchase and prepare food together? <input type="checkbox"/> yes <input type="checkbox"/> no		Is this person applying for food stamp benefits? <input type="checkbox"/> yes <input type="checkbox"/> no		Social Security Number	
Marital Status				Pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	

Last Name	First Name	Middle Initial	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to you
Do you purchase and prepare food together? <input type="checkbox"/> yes <input type="checkbox"/> no		Is this person applying for food stamp benefits? <input type="checkbox"/> yes <input type="checkbox"/> no		Social Security Number	
Marital Status				Pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	

8. Is there a **child(ren) under age 18 living with you who is not your child**, and who is **not** under your supervision and control? yes no
 If **yes**, who? _____

9. Is anyone living with you a **roomer** or **boarder** (person who pays for a room or room and meals)? yes no
 If **yes**, what is this person's name? _____

10. Are **foster care payments** being made for anyone living with you? yes no
 If **yes**, for whom are the payments being made? _____

11. Are you or anyone living with you a **resident of a state other than Massachusetts** or country other than the U.S. or are you or anyone living with you intending to leave Massachusetts? yes no
 If **yes**, who is not a resident or is intending to leave? _____

12. Are you or is anyone living with you **NOT a U.S. citizen**? yes no

13. Do you or anyone living with you who is 18 or older and a United States citizen and a Massachusetts resident want to **register to vote**? yes no
 If **yes**, who would like to register? _____

14. Are you or is anyone living with you physically or mentally **disabled** temporarily or long-term? yes no
 If **yes**, who is disabled? _____

15. Earnings

Are you or is anyone living with you presently working, or were you or anyone else living with you working in the last 60 days? yes no

If **yes**, complete the following section. (Attach a separate sheet, if necessary.)
IMPORTANT: Be sure to complete this section if you or anyone else living with you is self-employed.

Last Name		First Name		Employer Name, Address & Telephone Number			
Job Title	Start Date	End Date	Hourly Wage \$ _____	Weekly Hours	Weekly Tips \$ _____	How Often Paid?	Permanent Job? <input type="checkbox"/> yes <input type="checkbox"/> no

If job ended, last day of work _____

Record most recent wage information here:

Date		Gross Amount	Hours
From	To		
		\$ _____	
		\$ _____	
		\$ _____	

16. Other Income

Are you or is anyone living with you eligible to receive or receiving **any other type of income** such as Unemployment Compensation, Child Support, Social Security, SSI, Workers' Compensation, Veterans' Benefits, Pensions or Rental Income? yes no
 If **yes**, complete the following section. (Attach a separate sheet, if necessary.)

Name	Type of Income	Amount	How often received?	Date Income Started

17. Do you or does anyone living with you have a court order (legal obligation) to pay **child support** to a child not living with you? yes no
 How often paid? Monthly Weekly Amount \$ _____

18. Do you or does anyone living with you have **child care or adult dependent care expenses**? yes no
 How often paid? Monthly Weekly Amount \$ _____

19. Do you or does anyone living with you who is 60 years old or older or who is disabled have **health insurance expenses**? yes no
 How often paid? Monthly Weekly Amount \$ _____

20. Do you or does anyone living with you who is 60 years old or older or who is disabled have **out-of-pocket medical expenses**? yes no
 If **yes**, complete the following section.

Name	Type	How often paid?	Amount	Date you started paying

21. Shelter Expenses

What type of shelter expenses do you have?
 Rent/Mortgage yes no Rent/Mortgage amount per month \$ _____
 Property Taxes yes no
 Other yes no

22. Utility Expenses	
What type of utility expenses do you pay for separate from your rent?	
Heating (gas, oil or electric) and/or air conditioning costs	<input type="checkbox"/> yes <input type="checkbox"/> no
Any other utilities (not including heating/air conditioning)	<input type="checkbox"/> yes <input type="checkbox"/> no
A telephone only, including cellular phone	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you pay heating and/or air conditioning costs separately from your rent?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you received or do you think you will receive Fuel Assistance benefits?	<input type="checkbox"/> yes <input type="checkbox"/> no

Your Rights and Responsibilities

I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts, either orally or in writing, to establish eligibility for the Food Stamp 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 the Food Stamp Program. 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 food stamp 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 food stamp semiannual reporting rules.

I understand that for food stamp benefits, to receive a deduction for child care or dependent care expenses, rent or mortgage payments, utility expenses, child support paid to a non-household member, or medical expenses, I must report and provide verification to the Department. Failure to report or verify the above-listed expenses(s) could mean that I will receive a lower amount of food stamp 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 by signing below, all household members between the ages of 16 and 60 are automatically work registered and enrolled in the Food Stamp Employment and Training Program (FS/E&T). The automatic FS/E&T enrollment allows household members to easily access FS/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.

By signing this form, 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 food stamp benefits.

I understand that by signing below I also give permission to DTA to share information about me and my dependents under age 19 with the Department of Education 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 so that these individuals are referred to the Women, Infants and Children (WIC) Program for nutrition services.

I understand that by signing below I authorize the Department of Transitional Assistance and the Massachusetts Executive Office of Health and Human Services to share information about my eligibility for public assistance benefits with electricity 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 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 Food Stamp Program 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 worker. I can also call Recipient Services at 1-800-445-6604 if I have trouble reading or understanding any of this information.

Food Stamp Penalty Warning

I understand that if I or any member of my food stamp household intentionally breaks any of the rules listed below, that person will be barred from the Food Stamp Program 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 food stamp benefits.
- Do not trade or sell food stamp benefits.
- Do not alter EBT cards to get food stamp benefits you are not entitled to receive.
- Do not use food stamp benefits to buy ineligible items, such as alcoholic drinks and tobacco.
- Do not use someone else's food stamp benefits or EBT card, unless you are an "authorized representative."

I also understand the following penalties:

- Individuals who commit a **cash program** Intentional Program Violation (IPV) that is confirmed in an Administrative Disqualification Hearing (ADH), will be barred from the Food Stamp Program 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 food stamp benefits *simultaneously* will be barred from the Food Stamp Program for **ten years**.
- Individuals who trade (buy or sell) food stamp benefits for a controlled substance/illegal drug(s) will be barred from the Food Stamp Program for a period of **two years** for the first finding, and **permanently** for the second finding.
- Individuals who trade (buy or sell) food stamp benefits for firearms, ammunition or explosives will be barred from the Food Stamp Program **permanently**.
- Individuals who trade (buy or sell) food stamp benefits having a value of \$500 or more will be barred from the Food Stamp Program **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 the Food Stamp Program.
- Individuals who fail to comply without good cause with Food Stamp Work Requirements will be disqualified from the Food Stamp Program 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 food stamp household, the *entire* household shall be ineligible to participate in the Food Stamp Program for a period of **six months**.

Right to an Interpreter

I understand that I have a right to an interpreter provided by DTA if no adult in my food stamp 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.



APPLICANT'S SIGNATURE: By signing this application, I hereby certify under penalty of perjury that I have read (or have had read to me) and I understand the "Rights and Responsibilities," and the answers in this application and/or any supplemental documents I may provide to the Department in the future are accurate and complete to the best of my knowledge. I also certify that all members of my food stamp household requesting food stamp benefits are either U.S. citizens or noncitizens in satisfactory immigration status.

Applicant Signature: _____ 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 Stamp 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.

Massachusetts Department of Transitional Assistance
Simplified Food Stamp Application for Elderly Applicants
 (Individuals and Couples Age 60 or Older)

Attachment A

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 #)		Are you currently homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State, Zip Code		
Mailing Address (if different)		

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

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 _____

Household Information

6. Are you married? Yes No

7. If yes, does your husband or wife live with you? Yes No

8. Do you have any children under age 22 living with you? Yes No

9. Do other people live and share meals with you? Yes No

10. 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	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Financial Information

11. Are you or your spouse currently receiving any of the following? (Please check box)

- | | | |
|-----------------------|--------------------------|--|
| Social Security | <input type="checkbox"/> | Amount: \$ _____ /month |
| SSI | <input type="checkbox"/> | Amount: \$ _____ /month |
| Pension | <input type="checkbox"/> | Amount: \$ _____ /month |
| Veterans' Benefits | <input type="checkbox"/> | Amount: \$ _____ /month |
| Workers' Compensation | <input type="checkbox"/> | Amount: \$ _____ /month |
| Wages from employment | <input type="checkbox"/> | Amount: \$ _____ /month (before taxes) |
| Other (specify) _____ | <input type="checkbox"/> | Amount: \$ _____ /month |

12. Does anyone in your household who is applying for food stamp benefits receive any of the incomes listed in question 11? Yes No

13. Do you pay for adult day care expenses? Yes No

14. Do you pay for any other medical expenses such as prescriptions, over-the-counter medications, diabetic supplies, eyeglasses, hearing aid, etc.? Yes No

15. How much is your rent or mortgage each month? \$ _____

16. Do you pay for any of the following?

- | | |
|---|--|
| • Heating and/or air conditioning costs separate from your rent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Electricity or gas for cooking | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • A telephone, including cellular phones | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Authorized Representative

17. Do you want someone else to apply or receive the food stamp card to buy food for you? Yes No

Last Name:	First Name:	MI:	Address:	Phone Number:

Expedited Food Stamp Information

18. **YOU MAY GET FOOD STAMP BENEFITS WITHIN SEVEN DAYS IF:**

- Your income and money in the bank add up to less than your monthly housing expense; or
- Your monthly income is less than \$150 and your money in the bank is \$100 or less; or
- You are a migrant worker and your money in the bank is less than \$100.

Signature

I certify under penalty of perjury under the laws of the United States of America and the Commonwealth of Massachusetts that I have read (or have had read to me) and I understand the "Rights and Responsibilities" and that the above information I have provided on this application is true, correct and complete. I also certify that all members of my food stamp household requesting food stamp benefits are either U.S. citizens or noncitizens in satisfactory immigration status.

X.....
Applicant Signature

.....
Date

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 Food Stamp Program (FSP) 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 the FSP. 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 FSP 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 food stamp semiannual reporting rules.

I understand that for food stamp 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 food stamp 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 Food Stamp Employment and Training Program (FS/E&T). The automatic FS/E&T enrollment allows household members to easily access FS/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 food stamp 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 "Food Stamp Program" 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 worker. 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 FSP household requesting food stamp benefits are either U.S. citizens or aliens in satisfactory immigration status.

PLEASE KEEP THIS NOTICE FOR YOUR RECORDS

Food Stamp Penalty Warning

I understand that if I or any member of my FSP household intentionally breaks any of the rules listed below, that person will be barred from the FSP 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 food stamp benefits.
- Do not trade or sell food stamp benefits.
- Do not alter EBT cards to get food stamp benefits you are not entitled to receive.
- Do not use food stamp benefits to buy ineligible items, such as alcoholic drinks and tobacco.
- Do not use someone else's food stamp 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 FSP 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 food stamp benefits *simultaneously*, will be barred from the FSP for *ten years*.
- Individuals who trade (buy or sell) food stamp benefits for a controlled substance/illegal drug(s), will be barred from the FSP for a period of *two years* for the first finding, and *permanently* for the second finding.
- Individuals who trade (buy or sell) food stamp benefits for firearms, ammunition or explosives, will be barred from the FSP *permanently*.
- Individuals who trade (buy or sell) food stamp benefits having a value of \$500 or more, will be barred from the FSP *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 the FSP.
- Individuals who fail to comply without good cause with Food Stamp Work Requirements, will be disqualified from the FSP 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 food stamp household, the *entire* household shall be ineligible to participate in the FSP for a period of *six months*.

I have read the Food Stamp 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 FSP 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 Stamp 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.