

Appendix C:

Important DTA Forms and MLRI Charts



Request to Choose Someone to Be My Authorized Representative

Section A – Designating a SNAP Authorized Representative for Certification and/or EBT Transactions

Client Name _____

Last 4 Digits of SSN or Agency ID _____

Client's Residential Address _____



Important Points to Remember

- The same person may be named for multiple roles.
- You can cancel or change this request at any time.
- EBT cards still work if a case reopens after being closed. If you don't want the person you choose to get and use your benefits, be sure to tell DTA to cancel their card.
 - For SNAP only clients, please call the DTA Assistance line at (877) 382-2363.
 - For TAFDC/EAEDC clients, please call your cash worker directly.

Section A – Designating a SNAP Authorized Representative for Certification and/or EBT Transactions

- ☐ I choose _____ to be my **SNAP Authorized Representative for Certification**. His/her phone number is _____. This person can sign my SNAP paperwork or any other forms, report changes and talk about my case with DTA. If I get too many benefits because s/he gave DTA the wrong information, I may have to pay DTA back.
- ☐ I choose _____ to be my **SNAP Authorized Representative for EBT Transactions**. This person will receive an EBT card if s/he gives DTA proof of identity. S/he can buy food for me using my SNAP benefits. I will also get my own EBT card.

Section B – Designating a TAFDC/EAEDC Authorized Representative and/or Authorized Payee

- ☐ I choose _____ to be my **TAFDC/EAEDC Authorized Representative**. This person can report changes and talk about my case with DTA. If I get too many benefits because s/he gave DTA the wrong information, I may have to pay DTA back.
- ☐ I choose _____ to be my **TAFDC/EAEDC Authorized Payee**. This person will receive an EBT card if s/he gives DTA proof of identity. S/he can get money from my TAFDC or EAEDC account for me. I will also get my own EBT card.

Client or Legal Guardian Signature

_____/_____/_____
Date

Mail this request to:
DTA, P.O. Box 1017
Albany, NY 12212-1017

- **Note for SNAP Cases:** Court appointed guardians signing on behalf of a client must attach a copy of the Guardianship Decree with this form.
- Helping agencies that are not acting as an authorized representative should provide the Voluntary Consent to Release Information (VARI-OI) or similar form.

Request for an Appeal

If you have trouble reading or understanding this notice, call DTA at 1-877-382-2363 for help.

What is an appeal? If you disagree with a Department (DTA) action, you have the right to appeal. If you appeal, you will have a hearing. Hearings are usually held in your local DTA office. If you cannot come to the office, you can have a phone hearing. An independent hearing officer will make the decision. At least ten days before the hearing, you will get a notice of the time and place of the hearing. At the hearing, a DTA employee will explain the reason for the DTA action. You or someone helping you can explain why you disagree with the action. After the hearing, the hearing officer will mail you a decision.

Can I bring someone to help me? Yes. You can bring anyone you want to support or represent you. You can also bring witnesses to testify. You may be able to get free legal help. Call the Legal Advocacy and Resource Center (LARC) at **1-800-342-5297** or go to www.masslegalhelp.org for information about free legal services.

How do I appeal? Fill in the spaces below.

Date _____

I wish to appeal the following decision by DTA: _____

Your Name (Print) _____ Agency ID or last 4 of SSN _____ Date _____

Address _____ Telephone () _____

City/ZIP _____

If you have someone to help you with this appeal, please fill in their information:

Name _____ Title _____

Address _____ Telephone () _____

City/ZIP _____

If you need special help due to a disability, please contact the Division of Hearings at the numbers listed below.

W E C A N

If you are currently getting cash benefits – If we get this request before the date your benefits are to be stopped or lowered, your benefits will continue until the appeal is decided. *If you lose your appeal, you will have to pay back these benefits.* If you get TAFDC time limited benefits during your appeal and you lose, the months of benefits you received may count toward your time limit.

If you are currently getting SNAP benefits -- If we get this request before your benefits are lowered or stopped, your benefits will continue until the appeal is decided, **or** your SNAP certification period ends, *whichever comes first.* *If you lose your SNAP appeal, you will have to pay back the benefits you received during your appeal.*

If you do not want to get benefits during your appeal - Check this box ☐. If you choose not to get benefits during the appeal period, and win your appeal, DTA will pay you any benefits owed.

What are the deadlines for appealing? We must get your appeal request no later than 90 days from the date the Department sent you written notice of the action you are appealing.

But there are exceptions:

- There is no deadline if you appeal the amount of your SNAP benefits during your certification period.
- You have 120 days if DTA fails to act on your request for benefits or services.
- You generally have 120 days if the appeal is about coercive or improper conduct by a DTA employee.
- You only have 30 days if you are appealing because your state tax refund has been held to repay an overpayment of DTA benefits.

Do you need an interpreter? – You have the right to a free interpreter if you need one. The interpreter will keep all of the information about your case confidential. You also have the right to bring your own interpreter. If you need an interpreter, please call us at any of the phone or MassRelay numbers listed in the section below **or** check this box ☐ and tell us your primary language or dialect: _____ and we will provide an interpreter for you.

What if I cannot come on the date of the hearing? If you need to reschedule, please call at **(617) 348-5321** or **(800) 882-2017** **at least one day before the hearing.** (If you are Deaf or hard-of-hearing, you can **call MassRelay** at **711** or **(800) 439-2370**.) If you do not reschedule and miss the hearing, we will send you a letter about your rights. If you had a good reason for missing the hearing, we may be able to give you a new hearing.

Request for an Appeal

Reason for Appeal (✓ the boxes that apply to you)

The reason for my appeal is:	
<input type="checkbox"/> My application was denied for:	
<input type="checkbox"/> TAFDC <input type="checkbox"/> EAEDC <input type="checkbox"/> SNAP <input type="checkbox"/> Child Care <input type="checkbox"/> SSP <input type="checkbox"/> Other _____	
<input type="checkbox"/> I was not allowed to apply for assistance.	
<input type="checkbox"/> I was receiving:	
<input type="checkbox"/> TAFDC <input type="checkbox"/> EAEDC <input type="checkbox"/> SNAP <input type="checkbox"/> Child Care <input type="checkbox"/> SSP <input type="checkbox"/> Other _____	
and my benefits were <input type="checkbox"/> lowered <input type="checkbox"/> stopped	
<input type="checkbox"/> A DTA employee's conduct was coercive or improper in my case:	
Name of Employee: _____ Date: _____	
Describe the conduct: _____ _____ _____	
<i>Attach additional information if necessary to explain.</i>	
Send your appeal to: DTA Hearings, P.O. Box 4017, Taunton MA 02780-0314 Telephone: (617) 348-5321 (Toll Free: 1-800-882-2017) Fax: (617) 348-5311	

SNAP Know Your Rights fliers and additional SNAP resources

- **ABAWD** fliers and information: [MassLegalServices.org/ABAWD](https://www.masslegalservices.org/ABAWD)
- **SNAP Medical Expense Deduction**, including Know Your Rights flier (English and Spanish) and rent calculation worksheet toolkit: [MassLegalServices.org/SNAP-medical](https://www.masslegalservices.org/SNAP-medical)
- **College Students** and SNAP, including Know Your Rights fliers: [Masslegalservices.org/food4students](https://www.masslegalservices.org/food4students)
- **Veterans Outreach Fliers**: [Masslegalservices.org/SNAP4veterans](https://www.masslegalservices.org/SNAP4veterans)
- **SNAP Know Your Rights Fliers**:
 - Household Misfortune/Replacement SNAP: [MassLegalServices.org/SNAP-Misfortune](https://www.masslegalservices.org/SNAP-Misfortune)
 - SNAP and Strikers (English and Spanish): [Masslegalservices.org/SNAPandstrikers](https://www.masslegalservices.org/SNAPandstrikers)
 - SNAP and Dependent Care Expenses: <https://www.masslegalservices.org/content/snap-and-dependent-care-child-care-deduction>
 - Adult Foster Care: [Masslegalservices.org/content/adult-foster-care-and-snap](https://www.masslegalservices.org/content/adult-foster-care-and-snap)
 - Foster Care (children): <https://www.masslegalservices.org/content/foster-care-families-and-snap>
- **Authorized Representatives vs. Helping Agencies**: <https://www.masslegalservices.org/content/helping-agency-vs-authorized-representative>
- **SNAP and the National School Lunch Program** – Household Composition and Income Flier: [Masslegalservices.org/NSLPvsSNAPincome](https://www.masslegalservices.org/NSLPvsSNAPincome)
- **Added Benefits of SNAP flier** (in 5 languages): [Masslegalservices.org/addedbenefitsofSNAP](https://www.masslegalservices.org/addedbenefitsofSNAP)
- **Public Charge Information**: [MassLegalServices.org/PublicCharge](https://www.masslegalservices.org/PublicCharge)
- **SNAP calculators**: [Masslegalservices.org/content/food-stamps-snap-calculators](https://www.masslegalservices.org/content/food-stamps-snap-calculators)

Statement of Dependent Care Costs for SNAP

You can use this statement if you did not already tell DTA about **your dependent care expenses** on your DTA application, interim report, recertification or verbally during your SNAP interview or any time you talk with a DTA worker.. If you already gave DTA this information, you do not need to give DTA more proof unless DTA decides the information you gave them is questionable.

Name: _____ DTA Agency ID or last 4 of SSN: _____

Your Address: _____

I am responsible for \$ _____ per week for care of the following children/disabled adults living in my household:

(list names)

These costs are for:

- ____ day care
- ____ private child care costs
- ____ after school program
- ____ before school program
- ____ other. Explain: -

Weekly travel costs to and from care: _____ Bus/Train _____ Taxi
_____ Mileage (# of miles)

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

Signature: _____ Date: _____

Statement of Shelter Costs for SNAP

You can use this statement if you did not tell DTA about **your shelter expenses** on your DTA application, interim report, recertification for OR verbally during your SNAP interview or any other time you spoke to a DTA worker. If you already gave DTA this information, you do not need to give DTA more proof unless DTA decides the information you gave them is questionable.

Name: _____ DTA Agency ID or last 4 of SSN: _____

Your Address: _____

If you pay rent: I am supposed to pay \$_____per month.

My utilities are (check what you pay for):

- ☐ I pay for heat separate from rent
- ☐ Heat is included in rent, but I pay for air conditioning (electricity or service fees)
- ☐ Heat and AC costs are included in rent, but I pay for other utilities
- ☐ I get Fuel Assistance for part of my rent or heat
- ☐ I pay no heat or utilities, I only pay for phone

If you share housing costs with others or live in a “doubled up” situation:

My housing costs total: \$_____per month

Does the rent/mortgage holder use a portion of your payment towards utility bills? ☐ YES ☐ NO

If yes: Monthly rent obligation: \$_____ Monthly utility obligation: \$ _____(for heat/AC, electricity, gas, water, etc)

If your payment goes towards utilities:

- ☐ Part of my total payment goes to heat and air conditioning
- ☐ Part of my total payment goes to other utilities (not heat or air conditioning)
- ☐ OTHER _____

If you own a home or condo:

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

Are you responsible for your heat and/or air conditioning costs? ☐ YES ☐ NO

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

Signature: _____ Date: _____

DEPARTMENT OF TRANSITIONAL ASSISTANCE
Consent to Access DTA Case Information

REQUEST FOR ACCESS TO CLIENT RECORD OF : _____
(Print Client's First and Last Name)

1. Client Information:

Date of Birth ____ / ____ / ____ Address: _____

Last 4 digits of SS#: _____ or DTA "Agency ID" number: _____

2. I give permission to the _____ (name of organization) to have access to my DTA case information (SNAP or cash benefits) and to discuss my application or benefits with a DTA case manager, supervisor, and any other DTA employee. This consent statement is valid for 12 months from the date signed unless I have stated otherwise on this form or in other communications.

3. By signing below, I certify that I am the person named above.

Date (Client's Signature)

Sample SNAP Benefit Amounts: Part and Full-Time Working Families

Effective October 1, 2023

Hourly Wage ▼	Sample Monthly SNAP Benefits (\$)				
	Hours worked per week ►	Max shelter deduction of \$672/month		Max shelter & sample childcare* deductions	
		20 hrs/week	40 hrs /week	20 hrs/week & \$300/mo childcare	40 hrs/week & \$600/mo childcare
\$15.00 (MA minimum wage as of 1/1/23)	Household Size ▼	Monthly SNAP Benefit Amount			
	2	484	172	535	352
	3	715	403	766	583
	4	925	613	973	793
\$16.00	2	463	130	535	310
	3	694	361	766	541
	4	904	571	973	751
\$18.00	2	422	47	512	227
	3	653	278	743	458
	4	863	488	953	668
\$20.00	2	380	#	470	#
	3	611	195	701	375
	4	821	405	911	585
\$22.00	2	338	#	428	#
	3	569	112	659	292
	4	779	322	869	502

KEY:

are Ineligible households because their gross earned income is at or above 200% federal poverty level (FPL) for the household's size.

*1 & 2 person households with income below 200% FPL get at least a minimum \$23 benefit.

*These are sample childcare costs for the SNAP math examples. Households can self-declare actual weekly or monthly childcare costs.

Assumptions:

The SNAP figures above assume: (1) all household members meet the SNAP eligibility rules; (2) all household income is *earned* income; and (3) no one is age 60+ or disabled (which would otherwise allow both medical costs and uncapped shelter costs).

Learn more about the SNAP benefit calculation and estimate household benefits at Masslegalservices.org/SNAPcalculator

Sample SNAP Benefits:

Households Getting Unemployment Benefits

Effective October 1, 2023

This chart includes sample SNAP benefits for households where:

- All members meet the US citizen/immigrant and other SNAP eligibility rules.
- The household's only income is Unemployment Insurance benefits *and*
- The household's only deductible expenses are shelter costs (eg. no child care costs).
 - o Unemployed workers in school/training or looking for work can boost SNAP by telling DTA about child/disabled adult care costs.

Weekly Unemployment Insurance ▼	Sample Monthly SNAP Benefits					
	Household size ►	1	2	3	4	5
	Shelter deduction ▼	Monthly SNAP Benefits ▼				
\$200/week	None	90	334	565	775	968
	Max amt	291	535	766	973	1,155
\$300/week	None	23*	204	435	645	838
	Max amt	162	406	637	847	1040
\$400/week	None	23*	74	305	515	708
	Max amt	32	276	507	717	910
\$500/week	None	23*	23*	175	385	578
	Max amt	23*	146	377	587	780
\$600/week	None	+	23*	45	255	448
	Max amt	+	23*	247	457	650
\$700/week	None	+	23*	0	125	318
	Max amt	+	23*	117	327	520

+ Ineligible because gross income is above 200% of the federal poverty level (FPL) for the household's size.

*1 & 2 person households with income below 200% FPL get at least a minimum \$23 benefit.

0 = a household of 3 or more with income below 200% FPL. These households are approved for \$0 and can adjust SNAP if income goes down/expenses go up without having to re-apply.

Sample SNAP Benefits: One and Two Person 60+/Disabled Households Effective October 1, 2023

This chart includes sample SNAP benefits for households where:

- One or both household members are 60+ or meet the SNAP definition of disabled (eg. receives SSDI, SSI, etc).
- All members meet the US citizen/immigrant and other SNAP eligibility rules.
- Household has no income from work, only unearned income (eg. Social Security, SSI, Veterans Benefits, etc).
- Heating/Cooling Standard Utility Allowance of \$860/month is used (household incurs heating/cooling costs or gets fuel assistance or an annual \$21 H-EAT benefit).
- Standard \$155 medical expense deduction is used (monthly medical costs are between \$35 and \$190/mo).

Monthly Income ▼	Sample Monthly SNAP Benefit for 1 Person		
	Sample rent or home ownership costs	SNAP Benefit	SNAP Benefit with \$155 Medical Expense Deduction
\$800	\$400	\$291	\$291
\$1,000	\$500	\$291	\$291
\$1,200	\$600	\$276	\$291
\$1,400	\$700	\$216	\$285
\$1,600	\$800	\$156	\$225
\$1,800	\$900	\$96	\$165

Monthly Income ▼	Sample Monthly SNAP Benefit for 2 People		
	Sample rent or home ownership costs	SNAP Benefit	SNAP Benefit with \$155 Medical Expense Deduction
\$1,000	\$500	\$535	\$535
\$1,200	\$600	\$520	\$535
\$1,400	\$700	\$460	\$529
\$1,600	\$800	\$400	\$469
\$1,800	\$900	\$340	\$409
\$2,000	\$1,000	\$280	\$349

*Households of 1 or 2 with income below 200% FPL get a minimum benefit of \$23.

SNAP Medical Expense Deduction:

Benchmarks for households with person 60+ or disabled
with low rent

Remember: The medical expense deduction is highly under-utilized in MA so make sure to do the math and screen clients who may be eligible for higher SNAP. SNAP calculation worksheets can be found here: Masslegalservices.org/SNAPCalculator.

Note: You can now self-declare medical costs below \$190/month. Visit Mass.gov/guides/get-the-most-out-of-your-snap#-medical-costs to learn more.

Rent = 30% of income (household of 1)

Monthly unearned income	Rent at 30% Income (plus heating/cooling SUA)	SNAP w/o Standard Medical Deduction	SNAP with Standard Medical Deduction	Notes
\$600	180	291	291	SNAP is maxed out at \$291 without medical expenses
\$700	210	291	291	
\$800	240	291	291	
\$900	270	291	291	
\$1,000	300	276	291	SNAP is maxed out at \$291 if the household claims at least \$35 in medical expenses
\$1,100	330	240	291	
\$1,200	360	204	273	If the client pays actuals (medical expenses above \$190) every additional \$3 will boost SNAP by an additional \$1 - up to max \$291 benefit.
\$1,300	390	168	237	
\$1,400	420	132	201	
\$1,500	450	96	165	
\$1,600	480	60	129	If a client's medical expenses are roughly the same amount they pay for rent per month, then SNAP will increase above \$23.
\$1,700	510	24	93	
\$1,800	540	23	57	
\$1,900	570		23	

Benchmarks for **1 person SNAP Households** who pay 30% of income on rent:

- **Lowest income:** Households with income below about \$900 max out on SNAP without claiming medical costs. Households under \$1,100 can get maximum SNAP if they self-declare at least \$35 in medical costs.
- **Middle Income: This is the "sweet spot."** Households with income over \$1,200 get the benefit of the \$155 Standard Medical Expense Deduction when costs over \$35 are claimed.
- **Higher income:** Households with income above \$1,600 tend to see NO increase in SNAP unless out-of-pocket medical costs are roughly the same amount as their rent. Households under 200% FPL (\$2,510) are guaranteed the minimum SNAP benefit of \$23.

Rent = 30% of income (household of 2)

Monthly unearned income	Rent at 30% Income (plus heating/cooling SUA)	SNAP w/o Standard Medical Deduction	SNAP with Standard Medical Deduction	Notes
\$700	210	535	535	SNAP is maxed out at \$535 without medical expenses.
\$800	240	535	535	
\$900	\$270	535	535	
\$1000	300	520	535	SNAP is maxed out at \$535 if the household claims at least \$35 in medical expenses.
\$1,100	330	484	535	
\$1,200	360	448	517	If the client pays actuals (medical expenses above \$190) every additional \$3 will boost SNAP by an additional \$1 - up to max \$535 benefit.
\$1,300	390	412	481	
\$1,400	420	376	445	
\$1,500	450	340	409	
\$1,600	480	304	373	
\$1,700	510	268	337	
\$1,800	540	232	301	
\$1,900	570	196	265	
\$2,000	600	160	229	
\$2,100	630	124	193	
\$2,200	660	88	157	
\$2,300	690	52	121	
\$2,400	720	23	85	If a client's medical expenses are roughly the same amount they pay for rent per month, then SNAP will increase above \$23.
\$2,500	750		49	
\$2,600	780		23	
\$2,700	810			
\$2,800	840			

Benchmarks for **2 person SNAP Households** who pay 30% of income on rent:

- **Lowest income:** Households with income below about \$900 max out on SNAP without claiming medical costs. Households under \$1,100 can get maximum SNAP if they self-declare at least \$35 in medical costs.
- **Middle Income: This is the “sweet spot.”** Households between about \$1,200 and \$2,000 get the benefit of the \$155 Standard Medical Expense Deduction when costs over \$35 are claimed.
- **Higher income:** Households above about \$2,400 tend to see NO increase in SNAP unless out-of-pocket medical costs are roughly the same amount as their rent. Households under 200% FPL (\$3,407) are guaranteed the minimum SNAP benefit of \$23.

Note: You can now self-declare medical costs below \$190/month. Visit [Mass.gov/guides/get-the-most-out-of-your-snap#-medical-costs](https://www.mass.gov/guides/get-the-most-out-of-your-snap#-medical-costs) to learn more.