

EAEDC

Advocacy

Guide

*An Advocate's Guide to
Emergency Aid to Elders, Disabled
and Children in Massachusetts*

**Marion Hohn, Central West Justice Center,
Patricia Baker, Massachusetts Law Reform Institute and
Laura Gallant, Northeast Justice Center**

September 2017 Edition

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EAEDC Advocacy Guide

About Massachusetts Law Reform Institute

The Massachusetts Law Reform Institute is a statewide legal advocacy and support center. Our mission is to represent low-income people, elders, and disabled people in their struggle for basic human needs, to defend against policies and actions that harm and marginalize people living in poverty, and to advocate for systemic reforms that achieve social and economic justice. Our activities include advice, litigation, policy analysis, research, technical assistance and public information.

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September 2017

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Introduction

EAEDC stands for Emergency Aid to Elders, Disabled and Children. EAEDC replaced the former General Relief program, which was abolished in October of 1991.

EAEDC provides cash and limited medical benefits to needy individuals who are either disabled, elderly, Mass. Rehabilitation Commission (MRC) participants, persons caring for a disabled household member, and to needy children and their caretakers where the family does not qualify for TAFDC.

The Massachusetts Department of Transitional Assistance (DTA) administers the EAEDC program in Massachusetts.

History of the EAEDC Program

The EAEDC program, Emergency Aid to Elders, Disabled and Children, is a 100% state-funded program providing cash and medical assistance to certain categories of needy persons residing in Massachusetts. EAEDC was created in October of 1991 and enacted under Chapter 255 of the Acts of 1991, replacing the long-standing General Relief program.

In October of 1991, there were over 37,000 individuals and families receiving General Relief benefits, including persons over the age of 45 with little or no recent work history, persons receiving treatment from substance abuse halfway houses, and families ineligible for TAFDC due to the "grandparent" and "stepparent" deeming rules (such as families with babies of teen parents and stepchildren). These and other categories of persons were cut from benefits. In addition, the new program used a more stringent disability standard, resulting in thousands of disabled persons losing their basic cash and medical assistance. In 1992, the caseload dropped from 37,000 under General Relief to 20,100 under EAEDC. The EAEDC caseload has remained steady at roughly 20,000 cases for many years .

Due to successful litigation and legislative efforts, the EAEDC disability process was substantially improved in the 1990's. Filed by Merrimack Valley Legal Services and the Disability Law Center, the decision in the Correia lawsuit required the Department of Transitional Assistance (DTA) to establish a "fair, just and equitable" standard for the Department and the agency under contract to do disability reviews. Legislative efforts by the Mass. Coalition for the Homeless,

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local Legal Services offices, community agencies and the Mass. Law Reform Institute (MLRI) resulted in a new and fairer disability definition within the EAEDC state budget line item. In addition, advocates have continued to persuade the state Legislature of the importance of the EAEDC program and have successfully fought off efforts to cut categories of recipients.

EAEDC Today

The EAEDC program remains fragile. The program continues to absorb individuals cut off federal benefits due to the 1996 Personal Responsibility and Work Opportunity Reconciliation Act, especially legal immigrants who lost SSI eligibility and individuals waiting months for SSI disability determinations.

The program benefits have been frozen since 1987 at a maximum grant level of \$303/month with no cost of living increase in 30 years. In fact, the meager \$35 per month rental allowance for recipients in private housing was eliminated in 2003. Ongoing advocacy will be needed to protect these meager state benefits for elders, persons with disabilities and the few children who remain on the program. The Mass. Coalition for the Homeless, the Mass. Immigrant and Refugee Advocacy Coalition, Legal Services and community groups have played a vital role in maintaining this safety net and continue to seek grant increases and other improvements.

Sources of Law

The basic *statutory* authority for the EAEDC program is found under the Massachusetts General Laws (G.L.), chapter 117A.

The EAEDC program is also legislated through the EAEDC *line item* included in the annual state budget. The line item number is 4408-1000—and it contains both an "appropriation" (money) for the year as well as language describing the categories of persons who are eligible. In some cases, it is necessary to look at the state laws and the budget language.

The *regulations* covering the EAEDC program are set by the Department of Transitional Assistance and published in chapter 106 of the Code of Massachusetts Regulations (106 C.M.R.).

In each section of this *Guide* there will be a set of numbers with a section sign (§), such as § 320.100. These numbers are sections of the EAEDC or other DTA regulations which set forth the rules concerning the eligibility conditions and

benefits listed. But this *Guide* does not include all the rules. And no one can remember all of them. ***You have to look them up.***

Every DTA office must make available a copy of their regulations for you to look at. 106 C.M.R. § 701.240.

The regulations are also available on the Internet at:

<http://www.mass.gov/eohhs/gov/laws-regs/dta/> or

<http://www.mass.gov/courts/case-legal-res/law-lib/laws-by-source/cmr/100-199cmr/106cmr.html>

DTA issues a wide range of ***policy guidance*** to instruct DTA staff on how the eligibility rules work, what to input into the computer system, when to send notices, and how to calculate benefits.

- Until 2014, most field instructions were contained in Field Operations Memos or Operations Memos. You can find most of them here:
<https://www.masslegalservices.org/library/directory/benefits/dta-policies-materials>
- Since October 2014, DTA began releasing policy updates through the DTA Online Guide. You can find the guide here:
<http://www.mass.gov/eohhs/gov/departments/dta/online-guide.html>

The online guide has links to regulations, many Operations Memos and other policy guidance.

- DTA also issues policy guidance and reminders to staff through emails called Operations Bulletins and a monthly Transitions Magazine that includes policy Hotline Q&As and other clarifications. You can find most of them here:
<https://www.masslegalservices.org/library/directory/benefits/dta-policies-materials>

For disability cases, you can also find helpful information in the Disability Evaluation Service Procedural Standards. You can find most at:

<http://www.masslegalservices.org/library/directory/benefits/dta-policies-materials/dta-disability-procedures>

Although these sub-regulatory materials do not have the force of regulation or statute, we have cited some of these materials in this *Guide*. These procedural

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materials tell you how workers are instructed to handle EAEDC cases. For the DTA Online Guide, you will find the current path to the Online Guide because DTA has not created separate webpages or a numbering system for each section. It is possible DTA's Online Guide format will change in the future. There is also a "search" function on the Online Guide you can use to find topics.

The online version of this Guide is available at www.masslegalservices.org under Legal Advocacy Guides.

To get *legal advice and representation on your individual case*, contact your local Legal Services program by going to:

<https://www.masslegalservices.org/findlegalaid>

MLRI and the Disability Law Center are also available to answer your questions and to work with you to make EAEDC a better program.

Part 1 Categorical Eligibility

1 Who can get EAEDC?

EAEDC covers low-income persons who are:

- Disabled and have **an impairment or combination of impairments** which will last at least 60 days and which substantially reduces their capacity to work;
- Persons caring **for** someone who is disabled;
- **Elders** 65 years of age or older;
- Persons participating in a **Massachusetts Rehabilitation Commission (MRC)** training program; *or*
- Certain children **and their caretakers** who are not eligible for TAFDC because they do not meet the TAFDC relationship requirement.

The following sections of Part I describe these five categories and the rules which apply to them in more detail. You also need to meet other eligibility conditions (see **Part 2** of this *Guide*) and financial requirements (see **Part 3** of this *Guide*).

2 How disabled do I have to be to receive benefits?

Under the EAEDC rules you are disabled if:

- you have one or more impairments;
- that substantially reduce your ability to support yourself; *and*
- that will last at least 60 days.

See 106 C.M.R. § 320.200.

Part 1 ■ Categorical Eligibility

This means you cannot perform full-time work of any sort.

For example, you may be eligible if you injured your back and cannot lift objects you used to lift when you worked; or if you are now in too much pain to sit comfortably for long periods of time; or if you suffer from both depression and asthma which, in combination, substantially limit your ability to work.

The critical test is whether your impairment(s) reduce your ability to support yourself. For example:

- If you have physical impairments, do they affect your ability to perform physical maneuvers, including sitting, standing, walking, lifting, etc.?
- If you have mental health impairments, do they affect mental activities such as concentrating, remembering, getting along with others, etc.?

Advocacy Reminders:

- ✓ The EAEDC standard is not as strict as SSI.
- ✓ You do not need to show that you are totally disabled.
- ✓ Even if you can still work part time, you may be eligible as a disabled person.

3

How do I prove I am disabled?

There are two ways to show disability:

First: You can prove disability for EAEDC without a medical review if:

- You received a letter from the ***Social Security Administration (SSA)*** ***approving*** you for Supplemental Security Income (SSI) or Social Security (SSDI) but you do not have those benefits yet; ***or***
- You have received a ***favorable SSI or SSDI decision*** from an Administrative Law Judge (ALJ) but are not yet receiving SSI or SSDI.

106 C.M.R. § 320.200(A).

Second: You can qualify for EAEDC disability by getting your doctor to fill out an ***EAEDC Medical Report*** and by you filling out a ***Disability Supplement***. (See **Appendices B and C**.) These documents and any other medical records available

are then reviewed by the UMass Medical School Disability Evaluation Service (DES). See **Question 11**.

Advocacy Reminders:

- ✓ Once you have submitted your Medical Report and Disability Supplement, you can receive EAEDC benefits while the disability documents are under review at DES. This is called "presumptive eligibility."
- ✓ You do not need to submit a completed disability supplement and medical report if you received a letter from SSA or an ALJ that you are considered disabled for purposes of SSI or SSDI.
- ✓ If you actively participate in a Massachusetts Rehabilitation Commission (MRC) training program, you can verify disability with a letter from MRC. You also will not need to submit a completed disability supplement or medical report.

4

What if I have already been approved for SSI/SSDI or MassHealth Disability?

SSI/SSDI Approval: If you have already been approved to receive SSI or SSDI, you do not need to go through the EAEDC disability determination process and you do not need to submit a medical report. 106 C.M.R. §§ 320.200(A)(2) and (E)(4).

Bring in your approval notice, ALJ decision, or any other document that you have that shows that you have been approved.

Once your SSI checks start, your EAEDC case will be closed. See **Question 42** regarding reimbursements from the first retroactive SSI check.

MassHealth Disability: Approval for MassHealth disability *is not* a basis for *automatic* EAEDC disability.

However, if you have *a MassHealth disability determination and there are at least 60 days remaining* in the approval period for the disability status, DES should *consider you disabled* for EAEDC and not do a new disability evaluation. See DTA Transitions, June 2009, p. 7.

DTA Policy Guidance:

DTA Online Guide: EAEDC > Categorical Requirements > Disability > Disability Verifications - Disability Supplements and Medical Reports

5 Who can sign the EAEDC medical report?

To prove disability, you will need a completed medical report form. 106 C.M.R. § 320.200(A)(1). See **Appendix A**.

DTA will give you a medical report to bring to a health care provider to be filled out. The report must be signed by a "*competent medical authority*," which includes:

- physicians, osteopaths, nurse practitioners or psychologists licensed by the state of Massachusetts or connected with the Veterans Administration (VA), Department of Public Health or Department of Mental Health. 106 C.M.R. § 701.600.
- Nurse midwives can certify pregnancy-related incapacity.
- Advanced practice psychiatric nurses (MS APRN) or psychiatric nurse mental health clinical specialists can certify psychiatric or mental health disabilities.
- Physician assistants can complete the medical report but a physician ("medical doctor or M.D."), psychologist, nurse practitioner or osteopath must co-sign it.

In this *Guide*, the term "doctor" is intended to include all professionals listed above as competent medical authority.

You or your provider can also submit other documents that show you are disabled with the medical report or after the report has been received by DTA. This could include an evaluation by a licensed clinical social worker or any other reports, tests, or evaluations.

Advocacy Reminders:

- ✓ If you do not have a doctor who can complete the medical report, ask your DTA worker to refer you to one and to schedule an appointment for you.
- ✓ If the medical report was not completed by a competent medical authority, your DTA worker should offer to help you find one.
- ✓ Remember to sign the “Authorization to Release Information” section on page two of the medical report to allow your doctor to complete the report.

DTA Policy Guidance:

DTA Online Guide: EAEDC > Categorical Requirements > Disability > Medical Report

6 What are the other rules about the medical report?

The medical report must be based on *an examination done within 30 days* of the date of the medical report unless your condition is chronic.

In addition, if you have not had a recent medical or psychological exam, you will need to ask your doctor to schedule one unless you are an applicant for EAEDC and your impairments are chronic and not expected to improve.

The report *must be received* by the local DTA office *within 30 days* following the date it is signed. If the report is received by DTA too late, it will be rejected.

106 C.M.R. § 320.200(D). See **Appendix A** for a copy of the medical report.

Example 1: Jane was examined by Dr. Smith on June 20. She applies for EAEDC on August 1 and returns to DTA a medical report dated August 10 by the doctor. DTA will reject the report because Jane’s exam was **more than 30 days** before the report was signed.

Example 2: Suppose that Jane is examined again on August 10 and the report is signed that day, but the doctor forgets to mail the report until September 15.

Part 1 ■ Categorical Eligibility

Because **more than 30 days** have gone by since the signing of the report, DTA will reject it.

In general, you have 22 days to get in all the proofs you need for EAEDC. See **Question 74**. You can ask for extensions of time if you need it. 106 C.M.R. § 702.160(B).

Advocacy Reminder:

- ✓ If your application is denied because of missing proofs and you appeal the denial, the hearing officer must take proofs and decide whether you were eligible based on what is presented at the hearing. This is called a “de novo” (anew) review. If you submit all proofs at the hearing, the eligibility date is the date all eligibility conditions were met regardless of when the evidence was submitted. 106 C.M.R. § 343.500.

7

How can I pay for medical exams to prove my eligibility?

You do *not* need to pay for any exams or tests.

If you are not already receiving MassHealth, the DTA office should give you a temporary MassHealth card to pay for all the medical examinations and tests you need to have the medical report completed and to establish disability. 106 C.M.R. § 702.125(F).

This EAEDC Medical benefit covers physical and psychological evaluations needed to prove disability. 130 C.M.R. § 450.106.

You can also use the EAEDC Medical card for other medical care, such as filling a prescription for medication. See **Question 65** for more information on EAEDC Medical and MassHealth coverage.

8

What is the Disability Supplement and who signs it?

The "Disability Supplement" is a form that asks questions about your condition, doctors, hospitalizations, medications, work history, education, training, and the impact of your disability on your ability to work. See **Appendix B**.

You will be asked to fill out and sign the form when you apply and when your case is being reviewed, unless you have been approved for SSI or you participate in a Mass. Rehab. Commission training program.

Ask your DTA worker for assistance if you need help filling out the supplement. 106 C.M.R. § 702.315(B)(1)(b). You may also take the form home and get help from a nurse, social worker or friend.

DTA has translated the Disability Supplement into Spanish if you need it. If you speak another foreign language, ask DTA for help.

The Disability Supplement is the place for you to *fully explain your health problems and limits*. Be sure to list:

- problems you have speaking, understanding, reading or writing English;
- limits on how far you can walk, sit or stand;
- limits on how much you can lift, bend, reach;
- problems you have remembering things, paying attention or following directions;
- problems you have shopping for food, cleaning or taking public transportation;
- any other problems you have doing daily activities.

The Disability Evaluation Service (DES) will look at all the information you provide, as well as the statements your health care provider has made about your functional abilities to sit, stand, walk, lift and carry items. It is important that you *emphasize and fully explain all of your limitations* on the Disability Supplement.

Examples: The Disability Supplement asks for information about your daily activities:

Part 1 ▪ Categorical Eligibility

- If you cook for yourself but you can only reheat food that has been prepared by others and must rest after standing for a short while, write this down in the report.
- If you do your own shopping but can only carry home one small bag at a time, write this down.

Otherwise DES will think that you can do more than you really can do.

Advocacy Reminders:

- ✓ The Disability Supplement is ***not*** a resume. Describe on the form not only what you can do, but also what you cannot do.
- ✓ Think about what you can really do 5 days a week, 8 hours a day.
- ✓ List all your medications and treatment and their side effects.
- ✓ Be sure to sign all medical release forms.
- ✓ If the information on your supplement is incomplete, your DTA worker will call you into the office to have the supplement completed.
- ✓ You are not required to chase down medical records but it may help your case if you can. If you need a specialist to evaluate your condition, be sure to say this on your Disability Supplement. Be sure to describe any pain, unusual fatigue, medicines, treatment and side effects. If DES schedules an examination, it is very important that you go. Be sure to call in advance if you must reschedule.
- ✓ You can appeal a decision that you are not disabled or you can reapply.

DTA Policy Guidance:

Faxed, scanned and photo copies of the original, signed supplement are acceptable forms of verification. DTA Operations Memo 2012-32 (July 11, 2012).

DTA Online Guide: EAEDC > Categorical Requirements > Disability > Disability Overview; et seq.

9 Will anyone help me get all the medical information I need to prove my eligibility?

YES. Ask the DTA worker if you need help. The worker is supposed to:

- Ask whether you have a doctor to fill out the medical report form. If you don't have a doctor, the worker is supposed to schedule an appointment with a doctor if requested by you, 106 C.M.R. § 702.315(B)(1)(a); *and*
- Help you fill out the Disability Supplement, if you want help. 106 C.M.R. § 702.315(B)(1)(b).

Example: Tammy Martin suffers from severe headaches and weakness in her limbs but has not been seen by a doctor in years. She applies for EAEDC and is given a medical report form. The DTA worker should ask Tammy if she needs a referral to a doctor and, if Tammy wants, make an appointment with a doctor who can evaluate her within the verification time limits.

Advocacy Reminder:

- ✓ DTA must provide assistance or other accommodations to people with disabilities. The assistance can include help filling out forms or arranging for medical evaluations required for EAEDC. See **Question 79**.

10 Do I have to wait long for DTA to review my disability information?

Unlike the way the Social Security Administration reviews SSI applications, the local DTA office *must initially approve* you for EAEDC benefits if the doctor states on the medical report that your disability meets a medical standard *or* affects your capacity to work for *at least 60 days*. 106 C.M.R. § 320.200(F)(1).

This means that you get EAEDC benefits even though DES has not received or reviewed the medical report. DES will then review the information to decide if they agree with your doctor and if so, how long the disability will last.

11 What is the Disability Evaluation Service (DES)?

The Disability Evaluation Service or DES is a unit of the University of Massachusetts Medical School.

Disability Evaluation Services (DES)
333 South Street,
Shrewsbury, MA 01545
Tel: 800-888-3420 or 888-497-9890
Fax: 774-455-8153

<https://commed.umassmed.edu/centers-programs/disability-evaluation-services>

DES decides if your impairment(s) meet the EAEDC disability requirements. DES staff includes doctors, nurses and vocational examiners. However, in our experience, most of the evaluations are done by nurses. In addition to the EAEDC regulations, DES has Procedural Standards which guide its decision-making process.

The Procedural Standards are posted at

<http://www.masslegalservices.org/library/directory/benefits/dta-policies-materials/dta-disability-procedures>.

Advocacy Reminder:

- ✓ If you want to give permission to an advocate to find out information from DES about your disability review, you will need to sign a ***DES Authorization to Release Information*** form. You can find the current form at <https://www.masslegalservices.org/content/ps-16-2-request-access-personal-health-care-information-phi-des-authorization-release>.

12

What medical information must DES gather and consider?

Once DES receives a completed medical report, Disability Supplement and any other medical information sent by the local DTA office, DES must:

- **Follow up on any missing information** before making a decision to deny your disability. DES must contact your doctor and other health care providers if this missing information is needed to make a decision on your disability. 106 C.M.R. § 320.200(H), § 702.315(B)(2)(a) and DES Procedural Standard 99-3 (September 7, 2009).
- **Schedule an evaluation** for you by an independent doctor (a "**consultative exam**" or "CE") if they decide that there is not enough information in your EAEDC disability file to make a determination. 106 C.M.R. § 702.315(B)(2)(b).
 - You must cooperate with this evaluation unless you have a very good reason not to. Otherwise your benefits can be denied.
 - DES is required to make an effort to contact your treating source(s) before scheduling a consultative exam. See DES Procedural Standard 00-3 (December 5, 2011) regarding consultative exams.

Example: John, who is 55 years old, suffers from chronic obstructive pulmonary disease. His doctor said that John meets the EAEDC medical standards, listed the tests she had ordered, and detailed the limitations on John's ability to walk and stand. However, because the doctor didn't include the laboratory tests, DES must contact the doctor or the laboratory to get these test results. If the medical information sent to DES is not sufficient for DES to decide John is disabled, DES should follow up on any other missing information and schedule a further evaluation (CE) if necessary.

After DES completes its review, DES communicates their findings to DTA through the DES Disability Tracking Form, see sample in **Appendix C**.

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Advocacy Reminders:

- ✓ DES has to give controlling weight to treating source (your doctor's) medical opinions over opinions of non-treating sources, such as consultative examiners. Your doctor's opinions have to be supported by medically acceptable clinical and laboratory diagnostic techniques and need to be consistent with other substantial medical and non-medical evidence in your disability file. See DES Procedural Standard 08-2 (May 8, 2009).
- ✓ DES cannot deny your disability without a complete medical file. If any medical evidence within the prior 12 months is missing, DES has to try to collect this evidence. This may include contacting your doctor to see if the evidence is available, asking that doctor to complete missing tests or send in missing information, or scheduling a consultative exam to be done by another doctor. See DES Procedural Standard 11-1 (November 20, 2012).
- ✓ If you are unable to attend a consultative exam (CE), call DES in advance or within 72 hours of a missed appointment to reschedule. The first time you call, DES has to accept any reasonable excuse why you are not able to go. If you call another time to reschedule the same exam, you will have to show more specific reasons. For example, a court date, school or work conflict, illness, or breakdown in transportation, etc. DES may ask you to show proof of the reason. See DES Procedural Standard 98-5 (May 27, 2014).
- ✓ If you do not attend your CE and do not call DES, DES will make a decision based on the incomplete medical information in your file. See DES Procedural Standard 98-5 (May 27, 2014).
- ✓ Consult with an advocate if you missed your CE and are unable to reschedule.
- ✓ If you are deaf or speak a foreign language, DES must provide an interpreter for the consultative exam if you need one.
- ✓ DES does not provide transportation to CEs for EAEDC applicants but has to try to schedule your CE with a provider whose office is within 10 miles or less from your home. DES also can arrange for your psychological CE to take place at the local DTA office. See DES Procedural Standard 11-1 (November 20, 2012).
- ✓ If DES reviewed your case in the past for EAEDC, TAFDC or MassHealth disability purposes, the prior case record should be reviewed to determine

whether any of the medical evidence is relevant to the current assessment. See DES Procedural Standard 08-1 (September 7, 2009).

- ✓ DES is obligated under the Americans with Disabilities Act to provide assistance or other accommodations to people with disabilities. Ask your DTA worker for help. See **Question 79** and DES Procedural Standard 11-1 (November 20, 2012).

13 How does DES evaluate my disability?

DES must decide—based on all of the information about your impairments, age and work experience—if you meet the EAEDC disability requirements because:

- Your disability meets the *EAEDC medical standards* listed at 106 C.M.R. § 320.210; *or*
- Your disability meets the *SSI Listing of Impairments* in the federal regulations at 20 C.F.R. § 404 Subpart P, Appendix 1; *or*

You have an *impairment, or combination of impairments, which affects your ability to do basic work activities*. The rules vary depending on whether you have physical or mental impairments, or a combination. There are 5 steps to this process. See **Questions 16-20**.

14 What are the EAEDC "medical standards" and SSI "listings"?

The EAEDC medical standards are lists of 14 categories of impairments, such as musculoskeletal impairments, respiratory impairments and mental impairments. 106 C.M.R. § 320.210.

The SSI listings and MassHealth disability standards are similar (but not identical) to the EAEDC medical standards and are located in the federal regulations at 20 C.F.R. § 404, Subpart P, Appendix 1, available at https://www.ssa.gov/OP_Home/cfr20/404/404-app-p01.htm .

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The standards specify the symptoms, signs and laboratory findings you must have to show that you have one of these listed impairments. The evidence can include laboratory test results, what your doctor has observed, and your description of your symptoms.

DES is supposed to evaluate if your impairment or combination of impairments matches or equals either the EAEDC standards or the MassHealth disability/SSI listings.

- If your condition *exactly matches* one of these standards, **you are disabled** under the EAEDC program. DES should stop here and not go through the additional vocational assessment detailed below. 106 C.M.R. §§ 320.200(G)(1) and (2).
- If your impairment is not specifically listed in the medical standards but *equals in* severity any one of the EAEDC or SSI standards, **you are disabled**. 106 C.M.R. §§ 320.200(G)(2) and (3), 320.210(0).
- If the *combination of all of your impairments equals in severity* any one of the DTA or SSI medical standards, **you are disabled** under the EAEDC program. 106 C.M.R. §§ 320.200(G)(4) and 320.210(0)(4).

Example: Jane Sanders suffers from Reynaud's disease, a condition which is not listed in the EAEDC medical standards. Because of the disease, her fingers are red and swollen, with bluish areas. She also has rheumatoid arthritis, causing nodules on her fingers. Jane's doctor says she is at risk of circulatory collapse and should not use her hands to work. Although the Reynaud's disease does not meet the listed impairment under musculoskeletal systems in the regulations, Jane's impairments are equivalent in severity and she should be considered disabled.

15

What if my impairments do not meet the EAEDC standards or SSI listings?

If your physical impairments do not meet or equal an EAEDC medical standard or SSI listing, the EAEDC rules require DES to use the following process to decide if you are disabled, see 106 C.M.R. § 320.200(G), § 320.220(C). This is a

summary of the five steps. A detailed description of each step is found at **Questions 16-20**.

Step 1

DES first decides if you have an impairment or combination of impairments that affects your ability to do basic work activities.

If yes, and your impairment is physical (or you have both physical and mental health impairments), go to Step Two. If you have a mental health impairment, go to Step Five. **If no**, you are not disabled for EAEDC.

Step 2

DES next decides if you can do full-time sedentary (sitting) jobs. If you physically cannot do even sitting jobs, **you are disabled**. 106 C.M.R. § 320.220(C)(1). If DES decides you can do most kinds of sitting jobs, go to Step Three.

Step 3

DES next decides if you can *only* do full-time sedentary jobs, or if you can *also* do jobs that require lots of standing, walking or lifting.

If you **can only do sitting (sedentary) jobs**, DES looks at a chart called a "Grid" that says whether you will be considered disabled based on your age, education, and work experience. 106 C.M.R. § 320.220(C)(4) and (5). See **Appendix D**.

The Grid decides if you are or are not disabled. If the Grid says you **are disabled**, you are EAEDC eligible. 106 C.M.R. § 320.220(C)(5). If the Grid says you are disabled but DES also decides that **you can do more** than just a sitting job, go to Step Four.

If the Grid says you are **not disabled**, go to Step Five if you also have a mental impairment.

Step 4

If you **can do more than sedentary jobs**, even if the Grid says you are disabled, DES does not accept the Grid. DES does a further review to decide if you are disabled based on *other vocational* factors. 106 C.M.R. § 320.220(C)(6).

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DES looks to see if you are disabled based on the physical activity you can do, your age, your education and skills, and whether jobs exist in the northeast region that you could do. If DES decides that you are not disabled based on your physical condition alone, and you also have a mental health impairment, go to Step Five.

Step 5

If you have a **mental health impairment** (or a physical impairment that DES doesn't consider disabling by itself), DES will look at a list of factors to decide if you are disabled based on the activity you can do, your impairments and limitations, your age, your education and skills, your past work experience, and whether jobs exist in the northeast region that you could do. 106 C.M.R. § 320.220(D). See **Question 20**.

16

How does DES decide if my condition affects my ability to do basic work activities (Step 1)?

The first step is for DES to determine if you have *any* impairment that affects your ability to do basic work activities. Some impairments may have **no** impact on work, such as loss of sight in one eye.

"Basic work activities" are activities that you have to do in most jobs like walking, standing, sitting, lifting, understanding and following simple instructions. 106 C.M.R. § 320.220(A)(5).

DES looks for medical verification to show that there is at least a "nominal" (more than small) effect on your ability to do at least one of these kinds of activities and that your condition will last at least 60 days. 106 C.M.R. § 320.220(A)(1). DES calls this an assessment of Residual Functional Capacity (RFC). A broken toe is an example of an impairment that generally does not affect your ability to work, whereas a ruptured disc would.

Your ability to do basic work activities is based on the information that your doctor wrote on your medical report, any attached documents and the information you provided on the Disability Supplement. DES can probe further if your

doctor's conclusions are not supported by the evidence or are contradicted by other information, such as the information you wrote on your Disability Supplement. 106 C.M.R. § 320.200(H)(3).

Example: If your doctor wrote that you could walk for only one hour a day, but you wrote that you went for long walks every day, DES may question your doctor's conclusions.

Advocacy Reminder:

- ✓ DES should consider symptoms such as pain and the effects of medication when deciding your functional capacity. For example, if you have severe back pain, this pain may prevent you from sitting for long time periods.

DTA Policy Guidance:

DES Procedural Standard 98-6, "Determining Severity/More Than Nominal Effect" (March 1, 2006).

17 How does the "sedentary work" test apply to physical impairments (Step 2)?

The second step for DES is to determine if you are limited to a sitting (sedentary) job or if you can do more.

For persons with physical impairments, DES measures your ability to perform basic work activities against a "sedentary work" standard to decide if you are disabled. Sedentary work is a job that involves mostly sitting (up to 6 hours a day). It can also involve some standing or walking (not more than 2 hours a day) and lifting of small items (not more than 10 pounds) like files or small tools. 106 C.M. R. § 320.220(B).

There are three possible scenarios:

- **Less than sedentary work:** If you cannot do the full range of sedentary work, DES should find you disabled, no matter your age, education or work history. 106 C.M.R. § 320.220(C)(1)(a).

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Example: If you cannot sit for six hours because you have a bad back, you are disabled. Or if you can only lift less than 10 pounds because of a heart condition, back problem, or even a broken arm that will be immobilized for 60 days or more. If you cannot do the full range of sedentary work, DES should find you disabled.

- **Full range of sedentary work but not more than that:** If you have a physical impairment that limits your ability to do basic work, but you can still do the full range of sedentary work, DES uses the Grid. This is Step 3. See **Question 18**.

If you suffer from physical problems only, and do not have any mental health impairments, DES must accept the Grid's conclusion. If the Grid says you are disabled, you should be EAEDC eligible as disabled; if the Grid says you are not disabled, you will be denied EAEDC and no further evaluation is done. 106 C.M.R. § 320.220(C)(4).

Example: Suppose you have a heart condition that limits activities. DES may conclude that you can still do a sedentary job but not more than that. If so, DES will evaluate you against the Grid to determine if you are disabled.

- **More than sedentary work:** If you have a physical impairment that limits your ability to do basic work activities, and the Grid says you are disabled, but DES decides you can do more than sedentary work, DES is supposed to do an **additional assessment** to decide if there are full-time jobs that you could do. This is Step 4. See **Question 19**.

Example: Suppose you are a 60-year-old carpenter who suffers from a neck injury that makes it impossible for you to return to your carpentry work. DES concludes that you can still do other sitting jobs as well as other jobs that involve lifting and bending beyond sedentary work. Even though the Grid might find you disabled, DES will still do an additional assessment of vocational factors to determine whether work exists for you in the regional economy.

Advocacy Reminder:

- ✓ This evaluation applies only to persons with physical impairments. If you have a mental impairment, you get a separate determination. See **Question 20**.

18 What is the Grid and how is it used (Step 3)?

The Grid¹ is a chart in the DTA regulations used to decide whether or not you are disabled for EAEDC. 106 C.M.R. § 320.220(C)(5). The Grid looks at your age, education, and previous work history. The Grid is included as **Appendix D** to this *Guide*.

If you can do *just sedentary work* (a sitting job) but no more, the Grid will decide if you are disabled.

If you can do *more than sedentary work* and the Grid says you are disabled, DES will do an additional assessment. See **Question 19**.

If you *cannot do sedentary work* at all, you are disabled and the Grid is simply not used.

Example 1: Mildred White is 53 years old, never graduated from high school, but has basic reading and writing skills. She worked all of her life in a shoe factory doing unskilled work. She has a problem with her knee that prevents her from walking more than a few blocks at a time and she can not stand for long periods of time. She is able to do sedentary work, but not more than sedentary work. She has no transferable skills. Look up Mildred on the Grid and you will see that the Grid says she is disabled. Below is the relevant section of the Grid.

| Age | Education | Previous Work Experience | Decision |
|-------|---|--------------------------|----------|
| 50-54 | Less than 12th grade – at least literate | Unskilled or none | Disabled |

Example 2: John Rossman is 48 years old and did not finish high school but can read at an 8th-grade level. He has worked off and on as an unskilled laborer until

¹ The Grid uses federal government data which analyze the range of jobs people could perform doing sedentary work. For a full explanation of how a sedentary grid is supposed to work, and for some very helpful background rules, read the Social Security Administration rules at 20 C.F.R. § 404, Subpart P, Appendix II. (The SSA rules are not binding on DTA but the SSA explanations can be very helpful in applying the EAEDC grid.) https://www.ssa.gov/OP_Home/cfr20/404/404-app-p02.htm

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he recently hurt his back. John can lift up to 10 pounds at a time, but no more than that. He cannot do manual labor but is physically able to do sedentary work. Look up John on the Grid and you will see that the Grid says he is not disabled. If John were illiterate or unable to communicate in English, he would be "Disabled" on the Grid. Below is the relevant section of the Grid.

| Age | Education | Previous Work Experience | Decision |
|------------|--|---------------------------------|-----------------|
| 45-49 | Less than 12th grade- at least literate | Unskilled or none | Not Disabled |

19

If I can do more than sedentary work and the Grid says I am disabled, how does DES assess my disability (Step 4)?

If you are physically able to do more than sedentary work, DES determines whether there is a significant amount of full-time work in the Northeast economy that you could do even with your impairments. 106 C.M.R. § 320.220(C)(6).

In deciding if you are disabled at Step 4, DES is supposed to consider:

- full-time jobs that exist in the Northeast only (a possible factory job in the South doesn't count);
- your "functional capacity" (what you can do physically and for how long, and what your condition prevents you from doing);
- your age, and how it affects your ability to adjust to changes in the work routine or environment;
- your education, including formal education, training and literacy;
- your ability to read, speak and understand English;

- any work skills you have that you could use in a job (known as "transferable skills"); *and*
- how long since you finished school or training or since you last worked.

DES uses vocational experts to review this information. If there is not a significant amount of work that you can do based on these factors, DES must find you disabled.

20 What happens if I have a mental impairment?

The EAEDC disability standards call for a separate evaluation of persons with mental impairments alone or in combination with physical impairments. 106 C.M.R. § 320.220(D).

The "Mental Disorder" Disability Criteria

The EAEDC "Medical Standards" contain over eight different listings for "mental disorders" that automatically confer disability without a vocational evaluation. 106 C.M.R. § 320.210(L). The regulations list the following categories of mental impairments:

- dementia, with or without delirium;
- schizophrenic, paranoid or other psychotic disorders;
- affective disorders;
- mental retardation and autism;
- anxiety-related disorders;
- psycho-physiological disorders;
- personality disorders;
- substance addiction disorders combined with another impairment such as organic mental disorder, depressive syndrome, anxiety disorders, liver damage, gastritis, seizures, etc.

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For each of these mental health impairments, DES will look for clinical signs, symptoms and/or laboratory test findings and an assessment of the severity of the impairment(s). 106 C.M.R. § 320.210(L).

Be sure to specify on the Disability Supplement (and in the information provided by your doctor, psychologist or other health care provider) how your daily activities, social functioning, and concentration are affected, as well as the effects of any medication you take.

Combination of Impairments

If you do not meet the medical standards but you suffer from both a physical and a mental impairment, DES will first evaluate your condition under the physical impairment rules described above.

If DES concludes you have a physical disability, there is no further evaluation of mental impairments.

If you suffer from a mental impairment and do not have any physical impairments at all, or your physical condition is not disabling by itself, DES must do an assessment of the combination of your impairments and must use an expanded set of factors listed in 106 C. M. R. § 320.220(D).

DES does **not** use the Grid for mental impairments. 106 C.M.R. § 320.220(D).

DES is supposed to look at specific vocational factors and functional limitations in determining whether there is significant work in the Northeast economy that you can do. The factors DES looks at include:

- your "functional capacity": what you can do and what your condition prevents you from doing. For example, do you have trouble remembering things, concentrating, working as fast as employers expect, or getting along with co-workers?
- whether you are taking medication that has side effects limiting your abilities; *and*
- your past work experience.

Advocacy Reminders:

- ✓ DES should also consider all of the factors for physical impairments (except for the Grid). If a significant amount of appropriate work does not exist based on your limitations, DES must find you disabled.
- ✓ If you have never been diagnosed with or treated for a mental impairment, you have a right to have a psychological evaluation when you apply and/or DES may schedule a psychological consultative evaluation.
- ✓ DES has issued a number of Procedural Standards that address mental and psychological impairments that may be useful to advocates including:
 - DES Standard 01-02, “Evaluation of Cases Involving Major Depressive Disorder with Psychotic Features” (August 14, 2014)
<http://www.masslegalservices.org/content/ps-01-2-medical-equivalence-psychotic-depression>,
 - DES Standard 03-01, “Evaluation of Disability on the Basis of Mental Disorders” (November 10, 2011)
<http://www.masslegalservices.org/content/ps-03-01-evaluation-disability-basis-mental-disorders>,
 - DES Standard 99-05, “Consultative Exams by Psychiatrists and Psychologists” (December 2, 2003)
<http://www.masslegalservices.org/content/ps-99-05-consultative-examinations-psychiatrist-and-psychologists-revision> and
 - DES Standard 98-01, “Determining Disability for Applicants and Recipients Alleging Drug and Alcohol Addiction (DAA) Including Materiality” (March 19, 2007)
<http://www.masslegalservices.org/content/ps-98-01-determining-disability-applicants-and-recipients-alleging-drug-and-alcohol>.

21 How often do I have to prove disability?

DES decides how long you are disabled and will tell the local DTA office when to review your case. 106 C.M.R. § 320.200(C).

Advocates report that DES requires reverification as frequently as every 6 months in some cases, often more frequently than the length of time your doctor has stated your disability will last on the medical report form.

When it is time to review your disability, DTA will send you

- a notice,
- a medical report for you to bring to your doctor, *and*
- a disability supplement form.

After you bring in the new medical report and disability supplement, DES will go through the same complete review each time—even if your impairments have not changed or have become worse.

Advocacy Reminder:

- ✓ If you disagree with the length of time DES has decided you are disabled, you can appeal this decision. See **Question 87-93**. If you request a fair hearing on this issue or any other issue related to your disability, you have the right to ask the hearing officer to rule on the length of disability according to what your doctor has stated on the medical report.

DTA Policy Guidance:

DES Procedural Standard 98-03, "Establishing the Disability Review Date" (June 1, 2007), and Procedural Standard 98-02, "Establishing Onset Date of Disability" (July 15, 1998) regarding the onset date of disability.

22 Do I have to apply for SSI?

YES. As a condition of eligibility, you must apply for Supplemental Security Income (SSI) if DTA or DES tells you to. § 106 C.M.R. § 320.200(B). DTA can also require you to reapply for SSI benefits even if you have been denied before or to file an appeal of an SSI denial. DTA may be able to get part of the SSI retroactive check. See **Questions 41-42**.

DTA may ask for proof of your SSI application if they cannot confirm you applied through their data bases. If you applied for SSI over the phone and are waiting for an SSI application interview, call SSA to get proof of the interview.

23 What if the Disability Evaluation Service decides I am not disabled?

First, DES notifies the local office of its decision on a DES Disability Determination Tracking form. See **Appendix C**. You have a right to see a copy of this form and all the other information in the DES file. 106 C.M.R. § 701.330.

Second, if DES decides you are not disabled, you will get two notices:

- The first notice comes from DES and explains why DES found you are not disabled under the EAEDC rules. The letter will list the medical conditions and information DES evaluated. You can bring this notice to your doctor or to an advocate who may be able to contact DES for more information or help you get additional information or tests to prove you are disabled
- The second notice is a notice from DTA which will tell you that your EAEDC benefits are going to stop or be denied because DES found you are not disabled. *You have the right to appeal the notice from DTA*. 106 C.M.R. § 702.500. See **Questions 87-89** on appeals and how to keep your benefits while you appeal.

Advocacy Reminders:

- ✓ DES is required to keep disability determination records for each case for at least 7 years. If you want to look back at your disability record, you have the

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right to ask DES for the full case record. You can reach DES by calling 1-888-497-9890. See **Question 11**.

- ✓ If you appeal the DES decision denying your disability or the DTA notice about denial or termination of your EAEDC, and you have new medical evidence, DES must consider this new evidence and notify DTA if it affects their decision. It is best to fax or mail new evidence before the hearing, but if you run out of time, bring it to the hearing. See **Question 90**.
- ✓ If your doctor can re-verify quickly that you are disabled for at least 60 days, you may want to reapply for EAEDC rather than appeal aid pending. See **Question 88**. Consult with an advocate.

24 Can I qualify for EAEDC as a Mass. Rehabilitation Commission (MRC) participant?

You can get EAEDC if you are actively participating in a training and/or rehabilitation program with the Mass. Rehabilitation Commission (MRC). 106 C.M.R. § 320.250(A). MRC provides training and rehabilitation services to persons who meet the MRC definition of disability and can benefit from MRC services. See 107 C.M.R. § 4.07 for rules on MRC eligibility. Participation with MRC starts from the point MRC decides you are an "eligible client" and ends when you start work or are no longer an active participant.

If you want to qualify for EAEDC as an MRC participant, DTA will ask you for a letter from MRC describing the program you will be participating in as well as a copy of the medical reports MRC used to decide you were disabled. 106 C.M.R. § 320.250(B).

Advocacy Reminders:

- ✓ Because the MRC's role is to assist persons with disabilities to access the services and training they need to be able to work, MRC often evaluates disability more broadly than EAEDC does.

- ✓ Persons denied disability by DES or the Social Security Administration may nevertheless qualify if MRC has accepted them as disabled for vocational rehabilitation services.
- ✓ You do not have to submit a disability supplement or medical report.
- ✓ MRC programs may include post-secondary education.

The first \$130/month of a training stipend from MRC is noncountable income.

DTA Policy Guidance:

DTA Online Guide: EAEDC > Categorical Requirements > Participant in MA Rehabilitation Commission > Participant in a MA Rehabilitation Commission Program – Overview

25

Can I qualify for EAEDC if I am needed to care for someone in my home?

You can get EAEDC if you are needed to provide constant care in the home for a disabled person (a child, relative or unrelated person) who would otherwise be at risk of institutionalization. 106 C.M.R. § 320.300.

There are special income and asset rules for persons applying under this category. Even though you may have no legal obligation to support the person you are caring for, the EAEDC rules require you to show that she or he does not have income above \$1,500 per month or assets above \$2,000. 106 C.M.R. § 321.235. None of the income or assets of an SSI recipient are countable. See **Questions 46, 49 and 50.**

When you apply under this category, DTA will ask you for proof of the person's disability and need for care.

You do not need to go through the EAEDC disability process; a statement on doctor's letterhead is sufficient. The letter will need to verify the disability, the need for constant care, and the risk of institutionalization without constant care.

You will also need to bring in proof not only of your income and assets, but also of the income and assets of the disabled person to whom you provide care.

DTA Policy Guidance:

DTA Online Guide: EAEDC > Categorical Requirements > Caring for the Disabled > Verifying Eligibility of Person Cared For

26 Can I qualify for EAEDC if I am 65 years of age or older?

If you are age 65 or older, you can get EAEDC simply on the basis of your age. 106 C.M.R. § 320.100. You will also need to apply for SSI benefits.

Most elders are automatically eligible for SSI benefits once they turn 65. Because the Social Security Administration (SSA) can take many months to process SSI, EAEDC is often provided as a short-term benefit while the SSA acts on the SSI application.

However, there are a few circumstances where elders might not get SSI, including where they do not meet the SSI noncitizen eligibility rules (such as elders who are legally present but are not specifically "qualified" noncitizens). See **Question 38**.

In addition, elders and persons with disabilities living in rest homes (which are not covered under MassHealth as long-term care facilities) may need EAEDC to cover the costs of the rest home above their income, as well as a personal needs allowance. See **Question 63**.

When you apply for EAEDC on the basis of age you will be asked for proof of your age. If you don't have a birth certificate, school record or other official proof of age, or a statement from someone who knows you (a "third party") can be used. 106 C.M.R. § 320.500. A third party statement is a statement from a relative, friend or other person who, in this situation, can provide information about your age.

Advocacy Reminder:

- ✓ If you are unable to get the documentation, ask your DTA worker for help.

DTA Policy Guidance:

DTA Online Guide: EAEDC > Categorical Requirements > Elderly > Elderly

27

Which families can get EAEDC?

Children and their caretakers who live together can qualify for EAEDC when they are ineligible for TAFDC because they are not related or only distantly related.

The child must be under the age of 18. The caretaker has to be 18 years or older. The caretaker in these situations may be godparents, close friends or neighbors of the family who are providing a home for the child. The caretaker must have custody or legal guardianship of the child unless good cause exists. 106 C.M.R. § 320.400.

Both the unrelated caretaker and the child may qualify for EAEDC. If you are caring for an unrelated minor child, you have the option to get EAEDC benefits just for the child. If you get benefits just for the child, you do not need to be included in the EAEDC grant and your income and assets will not be counted. 106 C.M.R. § 320.400(4).

However, all of the siblings and half-siblings of the minor child must be included. You also have the option to be included in the grant, but in that case your income and assets will be considered and you may have to register for work with the Department of Career Services. See **Question 43** regarding the EAEDC assistance unit rules. See **Question 31** regarding the EAEDC work requirement. The child is eligible for a full one-person EAEDC grant as long as the child has living expenses, even though you manage the benefits for the child. See **Question 61** regarding living arrangement and **Question 53** regarding "in-kind income."

Example: Frannie Welch has been caring for her neighbor's child for the past year. The child lives with Frannie and she has legal custody. Frannie has two children of her own and she works part time earning \$800/month. Frannie can get EAEDC for the neighbor's child and is not required to be included in the assistance unit or have her income counted toward that child. Even though she has legal custody, she is not financially liable for the child.

Advocacy Reminders:

- ✓ If you are the caretaker and do not have legal custody or guardianship of the dependent child(ren), you have six months to get legal custody or guardianship or to provide verification of good cause. 106 C.M.R. § 320.400(1)(c)(4).

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- ✓ TAFDC benefits are higher than EAEDC benefits so check to see if you meet the TAFDC relationship requirement. For TAFDC, a minor child must be living with a natural or adoptive parent, an aunt, uncle, cousin, grandparent, sibling, stepparent, step-grandparent or step-sibling or a spouse or former spouse of a listed blood or adoptive relative. 106 C.M.R. § 203.585.
- ✓ Unrelated caretakers, as well as related non-parent caretakers, may also be eligible to receive foster care benefits for the children in their care through the Department of Social Services (DSS). Involving DSS may have disadvantages as well as advantages. See 110 C.M.R. §§ 7.100-7.130.

DTA Policy Guidance:

DTA Online Guide: EAEDC > Categorical Requirements > Caretaker Family > Caretaker Family Overview

28 Do I need to get legal guardianship or custody to get EAEDC for an unrelated child?

DTA requires that *non-relative adults* caring for children have legal guardianship or custody to get EAEDC. 106 C.M.R. § 320.400(1)(c)(4). If you do not have legal guardianship or custody, you must obtain it within six months of when EAEDC begins. The DTA worker must inform you that you have six months to get legal guardianship or custody *or* show good cause why you cannot get it. See DTA Field Operations Memo 2000-6 (February 18, 2000).

You can request "good cause" for not pursuing legal guardianship or custody if doing so would place you or the child at risk of serious harm or emotional impairment. You can verify the risk of harm with a written statement in combination with other documents (court, medical, criminal, child protective services, etc.) or with a statement from a knowledgeable third party to verify the good cause. 106 C.M.R. § 320.400(1).

Advocacy Reminders:

- ✓ DTA does not pay for the legal costs of securing legal guardianship or custody. For more information on how to represent yourself in filing for legal

guardianship of a minor, see <http://www.masslegalhelp.org/children-and-families/guardians-and-other-caregivers>.

- ✓ If you are denied or threatened with denial of EAEDC because of lack of legal guardianship or custody, contact a Legal Services advocate immediately. Some Legal Services offices may be able to assist with temporary guardianship or referrals to private attorneys, as well as represent you in challenging DTA's denial of benefits. Short-term emergency guardianships under G. L. c. 190B, § 5-204 may be an option.
- ✓ If you are not the biological or adoptive parent of a child, you do not have a legal obligation to support the child financially. Even if you have legal guardianship or custody, you are not required to be included in the grant or have your income counted in figuring the EAEDC grant for the child.

29 I am a parent or child who is ineligible for TAFDC because of my immigration status, can I get EAEDC?

If you are a parent or a child who can not get TAFDC because of your immigration status, you may be able to get EAEDC.

You will have to meet one of the eligibility categories for EAEDC (disabled, elderly, caring for a disabled person or Mass. Rehabilitation Commission participant), see **Questions 2 and 24-26**.

You will also have to meet the EAEDC immigration status requirements, which are not as strict as the TAFDC rules. See **Question 37**. For example, many legal permanent residents are not eligible for TAFDC during the first five years after coming to the U.S., but there is no "five-year bar" for EAEDC. So immigrants who are ineligible for TAFDC because of the five year bar may be able to qualify for EAEDC.

People who do not meet the TAFDC immigration status rules but *do* meet the EAEDC immigration status rules include legal permanent residents subject to the five-year bar, and people who are Permanently Residing Under Color of Law

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(PRUCOL) such as asylum applicants and other immigrants with pending status. See **Question 37**.

DTA does not have specific rules for this group of people but has agreed that an adult can qualify for EAEDC if the person meets *both* a category of EAEDC eligibility (such as being disabled) *and* the EAEDC immigrant status rules, but is ineligible for TAFDC due to the TAFDC immigration status requirements. See DTA Field Operations Memo 2008-43 (August 15, 2008).

Advocacy Reminder:

- ✓ DTA has not yet issued instructions stating that disabled non-citizen children can qualify for EAEDC, but DTA hearing officers have approved benefits for them.

30 Are there low-income families or children who cannot get EAEDC?

Some low-income children and their families cannot get TAFDC and are also not eligible for EAEDC, even though they are needy. This includes:

- Persons who do not meet the EAEDC noncitizen eligibility rules and are considered "undocumented" or in non-immigrant status. 106 C.M.R. § 320.620(D).
- Pregnant women ineligible for TAFDC who are too early in their pregnancies (TAFDC is available for the last 120 days of a pregnancy). There is no category for pregnancy under EAEDC. However, the pregnant woman may be eligible for EAEDC if she meets the disability rules or one of the other eligibility categories. Sometimes a pregnancy can be sufficiently disabling to qualify her as disabled.
- Families or individuals who are ineligible for TAFDC because of the TAFDC income or asset rules (like the "lump sum" rules).
- Children living with adult caretakers unable or unwilling to pursue legal guardianship or custody or to show good cause. See **Question 28**.

31 Are there work requirements for caretakers of children?

If you are a caretaker who chooses to be included in the EAEDC grant with the child and you are between *the ages of 18 and 59*, unless you are exempt or have good cause (see below), you must register for work with the Division of Career Services (DCS) and accept and continue any suitable work unless you are doing one of the following:

- working at least 30 hours per week; *or*
- attending school (for at least 20 hours per week); *or*
- participating in full-time job training (attending at least 80% of scheduled hours).

106 C.M.R. § 320.400(7).

In addition to registering for work, if the *youngest child you are caring for is 15 years old or older*, you must:

- work at least 20 hours per week; *or*
- do unpaid community service of 30 hours per week; *or*
- attend full-time school (at least 20 hours per week) plus do 16 hours per week of community service; *or*
- attend full-time job training (at least 80% of scheduled hours) plus do 16 hours per week of community service.

106 C.M.R. § 320.420 Transitional Employment for Massachusetts Parents (TEMP).

Exemptions from the work requirements

You are *exempt* if you

- qualify as disabled under the EAEDC rules, *or*
- are essential to care for a disabled child or adult relative in the household.

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106 C.M.R. § 320.425.

Good Cause

Good cause reasons for not meeting these requirements include

- lack of appropriate child care,
- illness or disability (your's or a family member's),
- a crisis, including a family crisis,
- an emergency or other compelling circumstance,
- the job does not pay minimum wage, violates health or safety standards or discriminates on the basis of sex, race, religion, ethnic origin or disability, *or*
- the job is available because of a strike or lockout.

106 C.M.R. § 701.380.

Advocacy Reminders:

- ✓ The caretaker can choose not to be included in the grant and will then have no obligation to participate in work registration or work requirements.
- ✓ Crises, emergency situations or other compelling circumstances can include accidents, severe weather, court dates, children's issues, injuries, or health problems.
- ✓ You may have good cause if no one at the work placement speaks your language or the placement is not appropriate for some other reason.
- ✓ If you have just been evicted or you are homeless, you may be able to claim good cause on the basis of family crisis or emergency.
- ✓ Domestic violence is good cause due family crisis or emergency.
- ✓ You should be able to claim good cause if you cannot participate in the work requirement activity for any reason beyond your control.
- ✓ If your worker will not approve your good cause claim, contact an advocate.

DTA Policy Guidance:

DTA Online Guide: EAEDC > Categorical Requirements > Caretaker Family > Caretaker Family Grantee Responsibilities, and EAEDC > Categorical Requirements > Caretaker Family > Transitional Employment for Massachusetts Parents.

32 Can I get EAEDC if I am under 18 and living on my own?

If you are living on your own and meet one of the EAEDC categories—such as being disabled or an MRC participant—you are eligible for EAEDC despite being under 18. However, if you do not meet one of these categories, the EAEDC rules do not have a category for you just because you are under 18. You need to live with an adult caretaker to be eligible.

33 What if I have an outstanding default or arrest warrant?

You are not eligible for EAEDC if you have an outstanding default or arrest warrant issued by a court in Massachusetts. 106 C.M.R. § 701.110(C). A warrant may be issued when you miss a court date or when you fail to pay a fine, court costs, restitution, or other monies ordered by the court or by state law. For example, a warrant may be issued when someone fails to pay child support or speeding tickets.

DTA will give you **30 days** to show that you have resolved the default or arrest warrant or show that the court made a mistake in issuing it. If you do not give proofs to DTA within 30 days, you will get a notice reducing your EAEDC by the amount for one person. The rest of your family should remain eligible if others are receiving EAEDC with you. You have a right to appeal this reduction.

If you get a notice from DTA or the Bureau of Special Investigations that you have an outstanding default or arrest warrant, or you already know that you have

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one, you should contact an advocate immediately for advice and possible referral to a lawyer for help.

Advocacy Reminders:

- ✓ Because different courts have different ways of handling warrants, it is a good idea to try to obtain a court-appointed lawyer or a private attorney to help you resolve a warrant.
- ✓ There is no disqualification from EAEDC for out-of-state warrants.

34 What if I have a criminal history or am fleeing prosecution or punishment?

There is no disqualification from EAEDC for past criminal history. However, if you have an outstanding default or arrest warrant from a court in Massachusetts, you must clear it up to be eligible. See **Question 33**.

Advocacy Reminder:

- ✓ The EAEDC program, unlike TAFDC and SNAP/food stamps, does not disqualify you because of criminal history.

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35 Are there other eligibility conditions I must meet?

In addition to meeting an eligibility category, you must also meet a number of other rules or conditions to be eligible for EAEDC benefits. Other eligibility rules include rules about

- Massachusetts residency,
- citizenship and alien status,
- social security number,
- eligibility for other benefits,
- assignment of any disability or accident related benefits,
- assistance unit rules.

The following questions discuss these eligibility conditions in detail.

36 What if I just arrived in Massachusetts? What if I am homeless?

You have to live in Massachusetts to get EAEDC, but:

- You don't have to have a permanent or fixed address. You can be eligible if you are homeless. 106 C.M.R. § 320.520. You need to show that you live in the area covered by the office where you applied. DTA must accept a written

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or oral statement from someone who knows your situation, or your own statement.

- Even if you just arrived in Massachusetts, you can qualify if you just arrived if you intend to live here or came for a job or to look for work. However, if you came to Massachusetts "solely for the purpose of obtaining EAEDC," you are not eligible. 106 C.M.R. § 320.520.
- Certain temporary absences from the state for up to 60 days are allowed, such as for illness, school, business or family commitments. In very limited circumstances, you may receive permission from DTA to be gone from the state for more than 60 days. 106 C.M.R. § 320.540.

Advocacy Reminder:

- ✓ DTA may try to deny your benefits if you came to Massachusetts so you or your child can go to school. 106 C.M.R. § 320.520. But you should qualify if you intend to live here even if you came for school reasons. You can show you intend to live here by registering to vote or by making plans to stay after graduation. See an advocate.
- ✓ DTA may try to close your case if you use your EBT card continuously outside of Massachusetts for 70 days. DTA Operations Memo 2013-34 (July 26, 2013). You may have to prove you are a Massachusetts resident to keep your benefits. See DTA Transitions, Sept. 2013, p. 5-6. Consult an advocate if that is a problem for you.

DTA Policy Guidance:

DTA Online Guide: EAEDC > General Nonfinancial Requirements > Temporary Absence from MA > Temporary Absence from MA

37 What if I am not a U.S. citizen?

Some non-citizens are eligible for EAEDC. You are an "eligible noncitizen" who qualifies for EAEDC if you are legally present in the U.S. or "permanently residing under color of law" ("PRUCOL"). 106 C.M.R. § 320.620.

To be an "eligible noncitizen," you must be:

- A *legal permanent resident* ("LPR" or "green card" holder);
- A person who is present in the U.S. as a *refugee*;
- A person granted *asylum* after entering the U.S.;
- A *Vietnamese Amerasian* immigrant (e.g., the offspring of a U.S. citizen conceived during the Vietnam war);
- A *Cuban/Haitian entrant* – defined as a national of Cuba or Haiti who has parole status, an order of supervision, a pending application for asylum or an application for certain other statuses;
- A person granted *withholding of deportation or removal*;
- A person granted *parolee status* (generally based on humanitarian or public interest reasons) for at least one year;
- A *conditional entrant*;
- A *victim of trafficking* in persons;
- An *Iraqi and Afghan Special Immigrant Visa (SIV)* holder (for Iraqi and Afghan military interpreters and their dependents);
- A person "*lawfully residing*" in the U.S., and you have been *battered* by a spouse or parent or member of your family with whom you no longer live and you have filed a petition under the *Violence Against Women Act (VAWA)* (this also applies to your minor child);
- A person "*lawfully residing*" in the U.S. and are a *veteran* with an honorable discharge or an *active duty service member*, or you are the spouse or dependent child/ren of the veteran or service member; **or**

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- A person "*permanently residing under color of law*" or *PRUCOL*. *PRUCOL* means that you have an immigration status granted by the United States Citizenship and Immigration Services (USCIS), a formal application pending with USCIS, or you have proof that USCIS knows you are here and is not planning to deport or remove you.
 - There is a two-prong test for *PRUCOL*:
 1. USCIS is aware of your presence in the U.S. (e.g. work authorization or some other proof of granted immigration status or a pending application), *and*
 2. USCIS makes no effort to deport or remove you.

Examples of *PRUCOL*: granted Deferred Action status including Deferred Action Childhood Arrivals (DACA), Temporary Protected Status (TPS), under Order of Supervision, pending asylum or LPR application, U-Visa recipient (victim of violence), living in the U.S. since January 1, 1972, or other statutes where the immigrant is “known to USCIS” but not being deported or removed.

To verify one of these statuses, you need to show DTA documentation of your contact with USCIS. This could be a copy of whatever documents you have, a letter written by your lawyer about your immigration status or a copy of a receipt from USCIS that you have applied for a document or status. Be sure to confirm your documents with an advocate before you go to the DTA office.

Sponsor Deeming

There is *no* deeming of sponsor income or assets in the EAEDC program. See DTA Transitions, March, 2000, p. 4 and DTA Field Operations Memo 2008-65 (December 9, 2008). If you are a sponsored immigrant and your sponsor has failed to support you, you cannot be denied EAEDC benefits. See **Question 52**.

Undocumented/Out of Status or Non-Immigrant Noncitizens

If you are a noncitizen who is undocumented or out of status, or you have a non-immigrant visa status (such as a visitor, student or diplomat), you are not eligible for EAEDC. 106 C.M.R. § 320.620(D). However, you can still be the authorized representative for an eligible child or adult.

Important: Do not go to USCIS without speaking with an immigration lawyer. In some cases, receiving EAEDC or other cash assistance benefits may hurt your immigration case.

Advocacy Reminders:

- ✓ DTA has no authority to report anyone to USCIS without the person's written permission. 106 C.M.R. § 320.660.
 - ✓ For details on how DTA verifies non-citizen status, see DTA Online Guide: [EAEDC](#) > [General Nonfinancial Requirements](#) > [Noncitizen](#) > Noncitizen Introduction; DTA Operations Memos 2013-14A (May 2, 2013) and 2012-5 (January 23, 2012). DTA must give you a reasonable time to provide documentation and should not delay or deny benefits until documentation is provided. St. 2010, c. 131, § 182.
 - ✓ An expired immigration document does not necessarily mean that your immigration status has expired. DTA should presume you may still have legal status and check the federal Systemic Alien Verification of Entitlements (SAVE) program:
 - LPR cards are usually valid for 10 years from the date of issuance. The expiration date indicates when your card must be renewed. An expired card does not mean your LPR status has expired. DTA should accept an expired card as verification unless it has information that your status has been revoked by USCIS.
 - An expired Employment Authorization Document (EAD) or any other expired document also does not necessarily mean your immigration status has expired. DTA can check your immigration status through SAVE or use other documents you may have. If you applied for renewal of your immigration document or adjustment of status, DTA should assume continuation of your current status.
- See DTA Transitions, Oct. 2007, p. 9.
- ✓ You may be PRUCOL ("permanently residing under color of law") even if you have not been granted an official immigration status. Be sure to check the rules.

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- ✓ A person born on U.S. soil, including Puerto Rico, Guam, and the Virgin Islands, is a U.S. citizen regardless of the parent's immigration status. Citizens also include most people born abroad to or adopted by a U.S. citizen. If you are the caretaker of an eligible minor child and you do not meet the requirements, you can receive benefits for the child but not for yourself.
- ✓ A parent or a child who does not meet the TAFDC immigrant status rules but does meet an EAEDC category of eligibility as well as the EAEDC immigrant rules may qualify for EAEDC. See **Question 29**.
- ✓ If you are a noncitizen, receiving EAEDC may make the immigration authorities think you will not be able to support yourself and will become a "public charge" primarily dependent on the government for support. This can be a problem if you intend to apply for a green card (LPR status) or want to leave the U.S. for a period of time and return. Receiving EAEDC does not by itself make you a "public charge" – but you should consult an immigration specialist before applying for a green card or leaving the U.S. If you are already an LPR, or you are a refugee or asylee waiting to become an LPR, receiving EAEDC should not affect your ability to become a U.S. citizen. For more information on "public charge," visit the USCIS website, www.uscis.gov; the National Immigration Law Center, www.nilc.org; or MassLegalHelp, www.masslegalhelp.org.
- ✓ For copies of USCIS issued documents and a key to USCIS immigration codes, see materials produced by the National Immigration Law Center available at <https://www.masslegalservices.org/system/files/library/IG%20%20NILC%20Table%20.pdf>
- ✓ USCIS has a special process for immigrants to correct wrong or incomplete information in SAVE: www.uscis.gov/save. Contact an advocate if DTA says SAVE has not confirmed your status or if you wish to correct the information in SAVE.

DTA Policy Guidance:

DTA Online Guide: Noncitizen Policy and Procedures EAEDC; and EAEDC > General Nonfinancial Requirements > Noncitizen > Eligible Qualified Noncitizens

Disabled LPRs receiving EAEDC are not subject to the 5-year bar for SNAP/Food Stamps if disability meets disability severity of SSI as determined by

UMass Disability Evaluation Service (DES). Elderly LPRs (age 65+) are not subject to the 5-year bar for SNAP if receiving EAEDC and provide statement from MD re-disability, no need for UMass DES review. Hotline Q &A (October 2014).

38 Do I have to apply for citizenship if I am not a citizen?

Certain EAEDC recipients who are eligible to become U.S. citizens (naturalize) within the next three years are required to "engage in efforts" to naturalize. 106 C.M.R. § 320.620(B)(1)(b).

This rule applies to you only if you are a *legal permanent resident (LPR) and* you are *physically and mentally able to do so*.

Noncitizens who are not LPRs are not eligible to naturalize until they are LPRs and meet certain residency rules. The Mass. Office of Refugees and Immigrants coordinates with community-based organizations to provide U.S. civics and English classes as well as other naturalization assistance to LPRs. Visit <https://www.miracoalition.org/resources-citizenship> or call 617-350-5480 for a listing of the citizenship services closest to you.

If you are an LPR who is eligible to naturalize, DTA will ask you for proof of your efforts. This proof can include a statement from a community-based organization, a lawyer representing you, or copies of documents showing you have filed an application with USCIS. 106 C.M.R. § 320.620(B)(2).

If you are an LPR not eligible to naturalize - for any reason - get a statement from your lawyer or organization helping you and bring this statement to DTA.

If you need to delay applying for U.S. citizenship, you can claim "good cause". Good cause can include if you are unable to proceed with naturalizing due to "a serious family situation or illness." Good cause can also include lack of financial resources to pay the USCIS citizenship application or other legal fees, lack of transportation to get to the provider or lack of community resources to assist with the citizenship process. See DTA Field Operations Memo 2007-55 (October 5, 2007).

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Be sure to consult an immigration specialist or citizenship organization if you have questions about this.

Advocacy Reminder:

- ✓ Failure to work towards naturalization is NOT a reason for DTA to deny your EAEDC application. See DTA Field Operations Memo 2007-55 (October 5, 2007).

39 Do I have to have a social security number?

Every EAEDC applicant or recipient has to provide or have applied for a social security number (SSN). You can provide the numbers orally or in writing. You do not have to show any Social Security Cards. 106 C.M.R. § 701.230. DTA will do a computer check to see if the SSN you gave you matches. See DTA Field Operations Memo 2014-12A (October 10, 2014).

EAEDC benefits should not be denied, delayed or decreased if you have verification that you have applied for a SSN or requested that an already-existing SSN be validated. The Social Security Administration (SSA) provides this verification in the form of a letter.

If you *meet the EAEDC noncitizen eligibility* rules but you *are unable to qualify for an SSN* because of your particular status, you should *not be disqualified* for EAEDC. See DTA Field Operations Memo 2005-42, p. 2. DTA should use an alternate number until Social Security is able to give you a number.

If you need to apply for an SSN, the DTA office has a special form they will give you (called an ENUM-2) for you to bring to the Social Security office. This form confirms that you have applied for an SSN. If you already have a number, you don't need to go to the Social Security office.

Once you have a SSN, DTA will periodically check your number with the computer files of the Registry of Motor Vehicles (to see if you have any cars in your name), the Department of Revenue (to see if there are any unreported earnings), banks and other financial institutions (to see if you have any unreported bank accounts or other assets), as well as a number of other state and federal

agencies. You have a right beforehand to know how your SSN will be used. 106 C.M.R. § 701.230(D).

Advocacy Reminders:

- ✓ DTA should not ask questions related to SSNs, if you indicate a reluctance to disclose a SSN due to immigration status.
- ✓ If you are not sure about a number, you can ask Social Security to check the number and provide verification of your request to DTA. You can get EAEDC while Social Security is checking.

DTA Policy Guidance:

DTA Online Guide: EAEDC > General Nonfinancial Requirements > SSN > Overview of Social Security Numbers

40 Do I have to apply for Veterans' Services benefits?

The EAEDC rules require you to apply for state-funded Veterans' Services benefits if you appear to be eligible for these benefits. 106 C.M.R. § 702.720. If you have never served in the military or if you have a dishonorable or bad conduct discharge, you will not be eligible for Veterans' Services and DTA should not require you to apply.

If you do apply for Veterans' Services benefits, the local Veterans' Services Officer (VSO) needs to give you a denial notice before DTA decides on your EAEDC application. However, DTA should not refuse to take an EAEDC application while you are waiting for a Veterans' Services decision since your EAEDC benefits are retroactive to the date of your application.

Advocacy Reminders:

- ✓ Veterans' Services benefits are state- and locally funded entitlement benefits based on financial need. See M.G.L. c. 115 and 108 C.M.R. § 2.00 et seq. The benefits are provided to eligible veterans and their dependents. The

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dependents include the spouses of veterans (but not if divorced), children under age 23, and the parents of veterans.

- ✓ Veterans' Services benefits are administered by local Veterans' Services Officers in each city and town in Massachusetts. These benefits are often higher than EAEDC benefits and include full medical care similar to MassHealth.
- ✓ Some legal services programs provide legal advice and/or representation to veterans including Veterans Legal Services in Greater Boston, <http://veteranslegalservices.org/> They handle Veterans Services cases as well as federal VA benefits cases and discharge upgrades.

41 What other benefits do I have to apply for?

You have to apply for any other benefits DTA thinks you might be eligible for. 106 C.M.R. §§ 702.700, 702.710. This includes applications for Supplemental Security Income (SSI), Social Security, Railroad Retirement, Workers' Compensation, Unemployment Compensation, and other benefits for which you appear eligible. If you are elderly or disabled, DTA will insist that you apply for SSI benefits and cooperate in the SSI application process. 106 C.M.R. § 702.710(B). See **Questions 22** and **42**.

42 Do I have to agree to repay DTA for benefits I received?

There are four situations where you have to agree to repay DTA for back benefits you receive:

- **SSI:** If you are applying for SSI benefits, you must sign a statement that allows that Social Security Administration to send the first retroactive SSI check to DTA. DTA will take out the amount you received in EAEDC while your SSI application was pending and send you the rest within 10 days. 106 C.M.R. § 702.710(B).

The form you sign, the "AP-SSI-IAR," *must be current and in effect* at the time DTA recovers the EAEDC benefits from the check. See **Appendix E**. If

DTA never gives you a form to sign or the form was not signed at your most recent EAEDC application, DTA cannot recover the SSI money to pay itself back. See the federal SSI regulations at 20 C.F.R. § 416.1910.

DTA can recover only the EAEDC benefits paid for the same period as the SSI. It cannot recover EAEDC paid prior to filing the SSI application. DTA cannot take back money from the "Title II" Social Security disability award. Be sure to check DTA's calculations for the retroactive amount.

- **Third Party Recoveries:** If you need EAEDC benefits because of an accident, illness or injury, you must make an "assignment" or written agreement that lets DTA recover the amount it paid in EAEDC benefits from any money you are awarded as recovery. 106 C.M.R. § 702.800. See **Question 48**.
 - For example, if you win a personal injury case, workers' compensation or other action due to an illness or injury, DTA will take part of this money to reimburse itself. If your need for EAEDC is not a result of the accident, DTA does not have a right to repay itself from the award.
- **Overpayments** caused by DTA error, recipient error or fraud. See **Question 95**.
- **Real Estate Other Than Your Home:** If you make a good faith effort to sell real estate that is not your principal residence, the real estate does not count towards the asset limit for six months. If you sell the property, you will have to repay DTA the amount of EAEDC paid to you during those six months. See DTA Online Guide: EAEDC > Financial Requirements > Assets > Noncountable Assets.

43 What are the assistance unit rules?

EAEDC rules require certain household members to be included in the EAEDC application and to have their income and assets counted toward others in the household. 106 C.M.R. §§ 321.300, 321.310, 321.320.

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- An individual **without minor children** can apply for EAEDC on his/her own and does not need to be included in the assistance unit of others. However, the income and assets of a spouse in the home will be counted.
- An unrelated **adult caretaker** has three options: (a) She can *opt out* of an EAEDC assistance unit and have none of her income or assets included; (b) she can request to *be included* in the EAEDC grant with the minor child and receive the incremental portion of the grant; or (c) she can *apply for her own* EAEDC grant separate from the child if she qualifies as disabled, elderly or meeting some other category of assistance. 106 C.M.R. § 321.310(E).

Example: Rachel Roe gets EAEDC for her neighbor's child, Sam. Rachel is also disabled. Since she is disabled, she can get two separate EAEDC grants—one for her and one for Sam. If she did not meet one of the EAEDC categories herself but wanted to get benefits, she would have to be included in Sam's grant—which would be less money for the household.

Part 3 Financial Eligibility

44 What is financial eligibility?

You must be financially eligible to get EAEDC benefits. To be financially eligible, your **countable** income and assets must be within EAEDC eligibility limits. If you are within EAEDC eligibility limits, the amount of your grant is figured by comparing your countable income, after any allowable deductions, with the standard of assistance for your household size. These rules are discussed in more detail in this Part.

45 What is the difference between income and assets?

In general, income is money that "comes in." 106 C.M.R. §§ 321.200. An asset is money or property you already have. 106 C.M.R. §§ 321.100. EAEDC considers both income and assets in determining financial eligibility. Some assets and income do not count. See **Questions 46** and **49**.

Advocacy Reminder:

DTA must treat money as either income or an asset. It cannot treat money as both income and an asset in the same month. Some money and property is not counted as income and is also not counted as an asset.

46 Which assets count and which ones do not?

You are financially eligible only if you have countable assets *of \$250 or less* for an individual, *\$500 or less* for a couple or a family. 106 C.M.R. § 321.110.

Countable Assets

The following items **count** as assets:

- cash on hand (unless listed as noncountable);
- bank accounts that you own and have access to including checking, savings, retirement accounts, trust accounts, stocks, bonds, securities and other funds;
- the equity value above \$1,500 of one vehicle that you own; the full equity value of additional vehicles you own (equity value is fair market value minus any liens, loans or encumbrances);
- the cash surrender value of life insurance and burial insurance;
- real estate other than your home unless it qualifies for a six-month exclusion and you are trying to sell it; see DTA Operations Memo 2013-52 (Oct. 3, 2013);
- state and federal tax refunds, except for any portion that is received as an earned income credit (EIC) which does not count in the month you get it and the following month;
- your share of a jointly held asset.

See 106 C.M.R. §§ 321.120 and 321.130 for complete descriptions of how assets are counted; DTA Online Guide: EAEDC > Financial Requirements > Assets > Countable Assets

Noncountable Assets

The following items **do not** count as assets:

- the home you live in and the land it sits on;

- the first \$1,500 equity value (fair market value minus loans or encumbrances) of one vehicle;
- the first \$600 of a lump sum payment (see **Question 54**);
- household and personal belongings including furniture, appliances, etc.;
- an asset that you don't have "ready access" to, such as assets tied up in legal proceedings and irrevocable trusts (unless you transferred the asset during the 12 months before you applied for EAEDC), see **Question 47**);
- higher education loans, grants and scholarships;
- any of the assets of an SSI recipient (such as a spouse getting SSI);
- portions of compensation or personal injury awards received as reimbursement for specific items, such as Workers' Compensation monies used to pay medical bills;
- property or equipment that you need for your employment or self-employment (for example, computers, farmland in use and farming equipment, fishing boats, taxi vehicles);
- Earned Income Tax Credit payments (not countable in the month of receipt and the month after).

This is not a complete list. Check the regulations for a complete list. 106 C.M.R. § 321.140; DTA Online Guide: EAEDC > Financial Requirements > Assets > Noncountable Assets

A Note About Cars:

Unlike TAFDC, EAEDC counts only the "equity value" of a vehicle, such as a car. The "equity value" is what you would make on the car if you sold it today at the "fair market value" and then paid back the car loan, lien or other encumbrances. \$1,500 in equity value of one car per EAEDC household is exempt. Equity value over \$1,500 counts towards the \$250 or \$500 EAEDC asset limits (\$250 for an individual, \$500 for two or more persons). 106 C.M.R. § 321.120(G).

Example: Suppose you own one car with a "fair market value" of \$4,000 and you owe the bank \$2,200 for your car loan. The equity value of your car is \$1,800

Part 3 ■ Financial Eligibility

(\$4,000 - \$2,200 = \$1,800). The first \$1,500 doesn't count. You have a countable asset of \$300 (\$1,800 - \$1,500 = \$300) that counts towards your asset limit. If you are a single individual seeking EAEDC, your application will be denied because your vehicle exceeds the \$250 asset limit unless you can show that the fair market value is even lower than \$4,000.

Is your car worth less than DTA says because of its condition? DTA determines car value using the Kelly Blue Book, www.kbb.com. See DTA Field Operations Memo 2010-22 (Apr. 21, 2010). However, you can challenge the "fair market value" by bringing in either a written estimate from a licensed car dealer or a different valuation book. See 106 C.M.R. § 321.120(G)(2)(b) on how to "rebut" or challenge the valuation of your car.

Advocacy Reminders:

- ✓ If your vehicle puts you over the asset limit and you need it to transport a disabled family member, you can ask DTA to modify the car rule under the Americans with Disabilities Act. See **Question 80**.
- ✓ An asset may be noncountable if you do not have access to it because of domestic violence. For example, if the abuser has your car it may be noncountable. See DTA Transitions, April 2001, p. 8.
- ✓ If you make random withdrawals from a bank account that is below the asset limit and use them for unmet household needs, the withdrawals are not considered countable income. See DTA Transitions, Feb. 2014, p. 5.
- ✓ If your bank account goes over \$250 for an individual or \$500 for a couple, DTA may take steps to close your case without checking to see if any of the money in your bank account is not countable. See DTA Operations Memo 2014-57 (Oct. 10, 2014). Consult an advocate if this happens to you.
- ✓ Prepaid funeral arrangements usually cannot be converted into cash and are usually noncountable. See DTA Transitions, Feb. 2013, p. 7.

47 How does DTA treat assets I spent, gave away or transferred to someone else?

If you spent, gave away, or otherwise transferred any money or property during the year before you applied for EAEDC, DTA may say you are not eligible. DTA should not disqualify you if:

- at the time of the transfer, you thought you had enough left to live on for a year after the transfer;
- you spent the money on :
 - shelter, fuel, utilities, or food (up to the standard of need for your family size), **and/or**
 - necessary medical expenses (including health insurance premiums);
- you spent the money on transportation costs (less than \$150/month), replacement or purchase of basic household furniture or appliances, repairing your dwelling, court-ordered judgments, certain government obligations like taxes, or a prepaid funeral arrangement and burial plot;
- you spent the money on expenses related to your work or education;
- you spent the money on something that is not an "extraordinary expense" (something you would not normally buy) and the amount you spent was less than 25% of your average monthly income (based on the previous six months of your income);
- you or the person who made the transfer was legally incompetent or coerced;
or
- the transfer was the result of a court action.

See 106 C.M.R. § 321.135 for a description of the transfer of asset rules.

Advocacy Reminders:

- ✓ DTA should count only the amount of money you spent or transferred that exceeds the EAEDC asset limit of \$250 for an individual or \$500 for a couple

or a family (in combination with the other countable assets you had at the time).

- ✓ DTA may try to apply the transfer or assets rules to recipients whose assets to over the \$250 limit for an individual or \$500 for a couple. See DTA Operations Memo 2014-57 (Oct. 10, 2014). This may be illegal. Consult an advocate if this happens to you.
- ✓ The transfer of assets rule is often very unfair and may be illegal. Check with an advocate for legal help if DTA says you are not eligible because of the transfer of assets rule.

48 What if I am expecting money from an accident or illness?

If you are expecting money from an accident or illness *and* you need EAEDC because of that accident or illness, you have to "assign" or turn over your right to the money to DTA. See **Question 42**. This includes money from a lawsuit or Workers' Compensation. DTA will reimburse itself from the accident or illness money for the EAEDC and medical benefits you needed because of the accident or illness. 106 C.M.R. § 702.800.

If you are receiving EAEDC, DTA will apply the lump sum rule to the balance of the money that you get from the settlement. See **Questions 54-56**. If you are not receiving EAEDC but apply for benefits within 12 months after you get the money, DTA may apply the transfer of asset rules. See **Question 47**.

Advocacy Reminder:

- ✓ DTA can require you to assign the money only if your need for EAEDC was the result of an accident or illness and not some other situation. Special rules apply to elder and disabled EAEDC recipients who are required to seek SSI. See **Question 42**.

49 What income is not counted?

DTA looks at total monthly income to decide eligibility. But not all income counts. 106 C.M.R. § 321.250.

The following items **do not count** as income:

- income of any SSI recipients in the household, including that of a spouse or child receiving SSI;
- foster care payments you receive for a foster child;
- SNAP benefits (food stamps);
- federal higher education (college level) grants, loans and work study;
- other higher education grants and scholarships that cannot be used to meet current living expenses;
- any loan that cannot be used to meet current living expenses;
- up to \$7,500 in relocation payments received by a tenant to leave a foreclosed property plus additional amounts you can verify are being used for relocation expenses, See DTA Transitions, Jan.. 2008, p. 7;
- payments from a reverse mortgage (loan that allows homeowner to withdraw equity from property), see DTA Transitions, April 2007, pp. 4-5;
- training stipends up to \$130 per month;
- reimbursements for education or training expenses;
- Youthbuild or Americorps earnings or payments to participants;
- earned income of a child under 14;
- earned income of a child age 14 or older who is a full-time student, or a part-time student and a part-time employee;
- Earned Income Tax Credit payments;
- assistance from social service or other organizations;

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- the first \$600 of a lump sum payment;
- housing subsidies received under any Massachusetts or federal housing program including utility allowances paid under such programs;
- earnings of temporary census employees;
- certain restricted cash gifts from persons who are not financially responsible for the EAEDC recipient (see **Question 57**).

Advocacy Reminder:

- ✓ This is not a complete list of noncountable income. The regulations describe over 30 types of noncountable income. Check the regulations for a complete list. 106 C.M.R. § 321.250.
- ✓ Some employees get “credits” that can be used to pay for benefits such as health insurance, child care, or life insurance. The “credits” may show up on your pay stub as income, but they are not counted for EAEDC or SNAP (food stamps) unless you have the option of taking the credits as cash. See DTA Transitions, Jan. 2006, p. 7 and Feb. 2006, p. 3.

50 What income is counted?

Earned and unearned income is counted unless it is specifically excluded.

- **Earned income.** Countable earned income includes wages, tips and salary. 106 C.M.R. § 321.210(A). See **Question 59** on how earned income is counted.
- **Self-employment.** 106 C.M.R. § 321.210(A). Earnings from self-employment including home businesses is counted. To determine the amount, DTA subtracts business expenses from self-employment income including rental and utility costs you pay to operate your business; the costs of purchase, loan or repair of equipment (computers, vehicles, etc.); the cost of materials or supplies. There are special rules for business expense deductions if your self-employment is from rent. 106 C.M.R. § 321.210(E).

Unearned income. Countable unearned income includes Social Security (but not SSI), unemployment compensation, veterans' benefits, alimony, pension benefits, income from trusts and other unearned income received by the EAEDC applicant or recipient. 106 C.M.R. § 321.210(B).

51 How does DTA count the income of a spouse?

Under the EAEDC rules, if you live together, your spouse has a legal obligation to support you and some of the spouse's income will be counted in determining your EAEDC grant. 106 C.M.R. § 321.230. See **Question 62**.

52 I am a sponsored noncitizen, is my sponsor's income counted?

If you entered the United States as a sponsored immigrant *and* your sponsor is providing you with financial support, the actual income you personally receive from your sponsor will be counted dollar for dollar as *unearned income* in calculating your eligibility. This is the same as any other unearned income you receive.

If your sponsor is *not* providing any support to you, DTA does *not count or "deem"* the sponsor's income. See DTA Transitions, March, 2000, p. 4 and DTA Field Operations Memo 2008-65 (December 9, 2008).

53 What is in-kind income and when does DTA count it?

In-kind income is something you get free, such as free rent, utilities, clothing, or food. DTA looks at in-kind income in figuring out the EAEDC grant amount. 106 C.M.R. § 321.210(C). Food stamps, MassHealth, housing subsidies and other benefits are *not* counted as in-kind income.

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DTA does *not* count in-kind income if it is:

- for only *a part of* a living expense identified in the In-Kind Income Chart (e.g., part of the rent); *or*
- for an expense *not contained* in the In-Kind Income Chart (e.g., transportation, training or school fees). 106 C.M.R. § 321.510.

In-Kind Income Chart

| Need | Living Alone | Shared Living |
|---------------|--------------|---------------|
| Rent/mortgage | \$110/month | \$56/month |
| Fuel | \$23/month | \$12/month |
| Utilities | \$17/month | \$9/month |
| Clothing | \$18/month | \$18/month |
| Food | \$42/month | \$42/month |

Example 1: Sarah is disabled and lives in the house that she bought when she was working. The mortgage is \$500 a month, which Sarah can't afford on her EAEDC grant. Sarah's sister Sue pays \$250 directly to the mortgage company every month so that Sarah can continue to have a place to live.

Sue's payments are income in-kind that does not cover the full cost of the mortgage, so none of her payments count as income. If Sue paid the full cost of the mortgage to the bank, DTA would deduct \$110 per month from Sarah's EAEDC grant as in-kind income.

Example 2: Carol, a 25-year-old disabled person participating in a Mass. Rehabilitation program lives rent-free with her parents but pays them \$100/month toward heat and utilities. She uses the rest of the money for food and travel costs to her program. Because Carol is not charged for rent, DTA counts \$110 per month as income to Carol, reducing her EAEDC grant by \$110.

But if Carol pays her parents something each month for both rent and utilities (e.g., her parents could decide to charge her \$75 for rent and \$25 for fuel/utilities and write this in a letter to DTA), there is no in-kind income. Then Carol would receive the full EAEDC grant with no in-kind income deduction. If her parents are on SSI or EAEDC themselves, Carol can pay the money directly to the mortgage and utility companies so that the payments won't count against her parents' benefits. Alternatively, her parents can deduct the payments as business expenses if they get EAEDC. 106 C.M.R. § 321.210(E).

54 What is lump sum income and why is it such a problem?

You are about to receive a settlement from an accident.

You finally got back money from unemployment compensation.

Your luck has finally changed—*or has it?*

Lump sum income is money that you do not get regularly, such as a lottery award, an inheritance, a lawsuit award or settlement, or an award for back unemployment compensation. 106 C.M.R. § 321.240.

If you get this money while you are on EAEDC, you will be ineligible for EAEDC for a certain number of months. This number of months is equal to the amount of the lump sum divided by the EAEDC assistance standard for your household size, after deducting the first \$600 in lump sum income. 106 C.M.R. § 321.240(D).

Example: Frances gets an EAEDC grant of \$303.70 a month. She learns an aunt has died and she receives a \$5,000 cash inheritance. She can deduct the first \$600 from the inheritance amount. \$4,400 divided by \$303.70 is 14. Frances is ineligible for EAEDC for 14 months (and some of the lump sum will count against her grant when she goes back on in the 15th month).

There are additional expenses that can be deducted against the lump sum (see **Question 55**) and certain situations where, if you run out of the money, you can have the period of ineligibility recalculated (see **Question 56**).

Advocacy Reminders:

- ✓ The lump sum rules only apply to money you get while you are on EAEDC. But if you got a lump sum within the 12 months before you applied for EAEDC, you may be subject to the transfer of assets rules. See **Question 47**. See DTA Transitions, Jan. 2004, p. 2.
- ✓ There is no lump sum rule for SNAP (food stamps) or MassHealth.
- ✓ Applying the lump sum to any money other than inheritances, lottery or other contest winnings, or damage awards may be illegal. Consult an advocate.
- ✓ Money in a pension fund is an asset and therefore should not be countable as income when it is withdrawn on a one-time basis, but DTA has said that a one-time withdrawal from pension funds may be considered lump sum income. See DTA Transitions, Feb. 2014, p. 5. DTA's position may not be correct or legal. Consult an advocate.
- ✓ Retroactive EAEDC benefits are not countable as income and therefore are not subject to the lump sum rule, 106 C.M.R. § 321.250(CC), and also are not countable as an asset in the month of receipt or the following month. 106 C.M.R. § 321.140(X).

55

Does DTA exclude any money from the lump sum rule?

DTA should exclude all money that the EAEDC rules say is noncountable, such as a lump sum of money from an earned income tax credit or a cash contribution from a non-legally responsible person. See **Question 49**. DTA should exclude the first \$600 in lump sum income. 106 C.M.R. § 321.240(B)(7).

DTA should exclude money from a lawsuit or settlement that was intended to replace property you lost or to reimburse you for expenses and which you actually used to pay for or replace these items. See 106 C.M.R. § 321.240(B)(3); 106 C.M.R. § 321.250(EE); DTA Transitions, May 2010, p. 3.

DTA should exclude money that someone (like a landlord or a utility company) refunded to you, if you originally paid them with money you got from DTA. 106 C.M.R. § 321.250(DD).

DTA should exclude up to \$7,500 in relocation payments you received to get you to leave a foreclosed property plus additional amounts you can verify are being used for relocation expenses. DTA Transitions, Jan. 2008, p. 7.

In addition, DTA should exclude money you spent for back bills you incurred while you were waiting for the lump sum, but this rule applies only if you spent the money for the following:

- medical care or health insurance;
- transportation costs (up to \$150 per month);
- purchase, replacement, or repair of basic household furniture or specific appliances (does *not* include television or other electronic equipment) up to \$2,500;
- basic repairs to your home up to \$2,500, provided you own the home;
- court-ordered judgments, including child support or alimony;
- taxes and other debts to the government.

See 106 C.M.R. § 321.240(B).

If someone else paid for these things for you and you paid the person back after you got the lump sum, you can deduct what you paid. However, you must have written verification that you owed the money and used the lump sum to pay your debt.

Sometimes DTA will exclude money received because of injury to a legally incompetent person (a child is legally incompetent), if the money is placed in an irrevocable trust for the injured person and is restricted for certain purposes. You will need a lawyer to set up the trust. 106 C.M.R. § 321.240(B).

Advocacy Reminder:

- ✓ Money you received before you applied for EAEDC is not subject to the lump sum rule but may be treated as an asset. See DTA Transitions, May 2010, pp. 3-4.

56 What happens if I run out of money before the lump sum time is up?

You can get your lump sum period of ineligibility recalculated only if:

- you had to spend the money or lost it because of a natural disaster;
- because you were battered, you had to spend the money on daily living expenses or no longer have the money, see DTA Transitions, Feb. 2008, p. 4;
- you spent the money on the expenses listed in **Question 55**;
- you were not eligible for SNAP (food stamps) and spent the money on food;
or
- your EAEDC assistance unit is bigger than it was when your period of ineligibility was calculated, or your EAEDC standard of assistance has increased for some other reason.

See 106 C.M.R. §§ 321.240(E) and (F).

Advocacy Reminder:

- ✓ Recalculation does not necessarily mean that you can get back on assistance right away. Because the lump sum rules are so complicated and because the consequences of spending your lump sum on disallowed expenses are so severe, it is important to consult the rules ***before*** you get the money, whenever possible. If a lawyer is representing you in a lawsuit that may bring you money, make sure the lawyer is familiar with the lump sum rules before trial or settlement of the case. ***Do not rely on oral information from your case worker about how you can spend a lump sum.***

57 Do gifts count as income?

Gifts from Persons with No Financial Responsibility

A friend, charity or relative (except for a parent of a minor child or a spouse) does not have financial responsibility for an EAEDC recipient and is a non-legally responsible person. The following gifts from nonlegally responsible persons do not count as income:

- gifts of less than \$30 in a three-month period, 106 C.M.R. § 321.250(N);
- gifts (cash or non-cash) that are restricted for a specific purpose, such as to buy a car, or paid to a vendor, such as a landlord or utility company. If the full amount of the expense is paid, the EAEDC recipient may be subject to an in-kind income deduction. See **Question 53**. 106 C.M.R. § 321.250(AA).

Gifts from Persons with Financial Responsibility

A spouse, or the parent of a minor child, has financial responsibility for the spouse or the child and is considered a legally responsible person. Contributions these individuals make are countable income. However, the following gifts *do not* count as income against EAEDC benefits:

- gifts (other than child support) of less than \$30 in a three-month period, 106 C.M.R. § 321.250(N);
- non-cash gifts to the recipient or money paid directly to a vendor on the recipient's behalf. If the payment covers the full amount of the expense, the EAEDC recipient may be subject to an in-kind income deduction. See **Question 53**. 106 C.M.R. § 321.210(C).

Example: Sue Rosen is on EAEDC. Her spouse gives \$200 directly to Sue's landlord. The gift is not countable as income since the money is paid to the landlord and not to Sue. If Sue receives the money directly from her husband, even if intended to pay the rent, it is countable income. If Sue's husband paid 100% of the rent, she would have an in-kind income deduction. See **Question 53**. If Sue's husband actually lives with her, all of his income above a shared living threshold amount is countable toward her. See **Question 62**.

Advocacy Reminders:

- ✓ Countable gifts (cash or non-cash) from non-legally responsible persons and countable non-cash gifts from legally responsible persons that cover the full expense of a need listed in the In-Kind Income Chart (for example rent) are counted at the in-kind value, not the actual value.
- ✓ One-time gifts that are countable are also treated as lump sum income. See **Question 54**. Recurring gifts (received more than once) that are countable are not treated as lump sum income, but are countable as income in the month the gift is received. Gifts that are noncountable should not be counted as lump sum income.
- ✓ To avoid risking a fraud referral by DTA, it is better to report changes that may affect eligibility such as receipt of gifts, even though DTA should not count these gifts if they meet the noncountable income rules.

58 How does DTA figure monthly income?

DTA looks at the income you expect to get in the month. If you get the income on a weekly basis, DTA multiplies the weekly amount by 4.333, which is the average number of weeks in a month. If you get the income every two weeks, DTA multiplies the biweekly income by 2.167. (For earned income, use the gross amount before taxes.) 106 C.M.R. § 321.290.

DTA should use the “best estimate” of the income you expect to receive. 106 C.M.R. § 702.920. If your job stopped or you expect to work fewer hours in the coming month, DTA should count the income you expect to receive, not the income you received before.

These rules apply to both earned and unearned income received by the household. However, for earned income, the EAEDC rules allow for certain deductions from gross income and business expenses for self-employment income.

Advocacy Reminder:

- ✓ DTA will average the income of workers who have a contractual annual salary. 106 C.M.R. § 321.290(A)(4). DTA should not average the income of

school employees and others who get their income during only part of the year but do not have an annual contract or are paid on an hourly basis. DTA may average the income of a teacher who is paid during the school year but has annual contract. DTA should not average the income of a school cafeteria worker who is paid during the school year and does not have an annual contract.

59 How does EAEDC count earned income?

If you have earned income, you are allowed deductions from earnings in calculating your EAEDC benefits. Because your earnings are not counted dollar-for-dollar against your grant, you will have more income (from combined EAEDC and earnings) than if you were not working.

You are allowed the following deductions:

- **\$150 for work expenses.** This is a flat amount deducted from gross income (before taxes or other payroll deductions) regardless of how much your work expenses really are. 106 C.M.R. § 321.270.
- **\$30 earned income disregard, plus 1/3 of what is left after the \$150 and \$30 deductions.** You can get this disregard for four consecutive months only. You will continue to receive the \$30 disregard for another eight months following these four months. 106 C.M.R. § 321.280.

The \$30 and 1/3 disregard means that part of your earnings is ignored as a "work incentive." This earnings disregard only applies to EAEDC applicants and recipients, not to spouses who live with the applicant or recipient and have earnings that are considered in determining the EAEDC grant amount. DTA may deny you the \$150 work expense deduction and the \$30 and 1/3 disregard if you did not report your earned income on time, you reduced your hours or quit your job without good cause, or you refused an actual job offer without good cause.

- **Dependent care costs.** If you have dependent care costs (for a disabled adult or child), you can deduct actual costs of care up to \$175 a month per dependent (\$200/month for a child under age two). Dependent care cost includes the cost of transportation to and from dependent care. The amount

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you can claim depends on the hours you work. See 106 C.M.R. § 321.275 for the chart which prorates this deduction.

Example: Jane Doe is a Mass. Rehabilitation Commission participant. She goes to a vocational training program, but she also just started working 10 hours/week at the local market earning \$8.00/ hour for \$80/week on average. DTA calculates her income to determine her EAEDC benefits as follows:

1. DTA computes her monthly earnings: $\$80/\text{week gross income} \times 4.333 = \$346.60/\text{month}$.
2. DTA subtracts the \$150 “work deduction” from gross income: $\$346.60 \text{ less } \$150 = \$196.60$.
3. DTA subtracts the \$30 earnings disregard: $\$196.60 \text{ less } \$30 = \$166.60$.
4. DTA subtracts 1/3 of \$166.60 from itself: $\$166.60 \text{ less } \$55.504 = \$111.10$. \$111.10 is her countable monthly income.

Jane will be eligible for an EAEDC grant of \$192.60 per month. (EAEDC grant of \$303.70 less \$111.10 = \$192.60). Jane is eligible for the \$30 and 1/3 disregard for four months only. After that, only \$150 and \$30 /month will be deducted from her gross earned income if she continues working for another eight months, which means Jane will receive \$137.10/month in EAEDC. Afterwards, Jane will only be able to deduct \$150 from her income and her grant will be \$107.10/month.

60 How much income can I have and still get EAEDC?

There are *three steps* in determining your grant.

- How **much countable income do you have?** The EAEDC rules look at *gross* income minus certain limited deductions for earned income.
- **How big is your household?** The EAEDC grant varies by household size.

- **What is your living arrangement?** The EAEDC rules have eight different budgets depending on whom you live with and where you live.

The following sections discuss the EAEDC income calculation, living arrangement and budgeting rules.

61 What are the EAEDC “living arrangements” and maximum grant amounts?

EAEDC has different "living arrangements" that set the maximum EAEDC benefit for each situation. 106 C.M.R. § 321.410 and 106 C.M.R. § 321.420. The living arrangements vary based on:

- Where you live,
- Who you live with, *and*
- If you have any **shelter costs**.

The following chart details the seven groups. The last three groups are for persons in institutionalized settings.

| Group | Who | Household Size | Maximum Grant |
|-------|---|----------------|---------------|
| A | Recipients with shelter costs who are not living with spouses seeking EAEDC or children receiving TAFDC | 1 | \$303.70 |
| | | 2 | 395.10 |
| | | 3 | 486.60 |
| | | Each add'l | 91.60 |
| B | Recipients living with a family with children that receives TAFDC and a legal obligation to support exists between family members | 1 | \$ 91.60 |
| | | 2 | 183.20 |
| | | Each add'l | 91.60 |
| D | Recipients who are homeless or have no shelter costs | 1 | \$ 92.80 |
| | | 2 | 184.40 |
| | | Each add'l | 91.60 |

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|---|---|----------------------|-----------------------------|
| | | | |
| H | Spouses living together where <u>both</u> are seeking EAEDC, <u>or</u> an elder or disabled EAEDC recipient who gets TAFDC for a relative child (niece, nephew, grandkid). | 1 2 Each add'l | \$202.50 263.40 61.10 |
| C | Recipients living in a halfway house, nursing home, public psychiatric facility, chronic hospital or other institutionalized setting eligible for a "personal needs allowance" or PNA | 1 | PNA-\$72.80 |
| E | Personal Needs Allowance for recipients living in licensed rest homes (See Question 63) | 1 | PNA-\$72.80 |
| F | Recipients living in therapeutic community centers | 1 | \$196.00 |

See also **Appendix F** in this *Guide* listing the full grant budget amounts.

DTA Policy Guidance:

DTA Online Guide: EAEDC > Financial Requirements > Living Arrangement > Living Arrangement

62 What will my grant be if I live with my spouse?

If you live with your spouse and do not have minor children living with you, your grant group depends on your spouse's income type.

- If your spouse receives EAEDC also, both of you will be budgeted in Group H and each of you will receive \$202.50/month in benefits less any countable income.

- If your spouse has SSI, you will get a full Group A grant of \$303.70 minus any countable income you have. None of your spouse's SSI or other income will count and you are considered to be "living alone" for EAEDC purposes as long as you are responsible for some of the shelter costs.
- If your spouse has income other than EAEDC or TAFDC benefits,
 - ♦ subtract a Group H maximum grant of \$202.50 from your spouse's countable income; and
 - ♦ subtract the amount of your spouse's countable income above \$202.50 from a one-person Group A maximum grant of \$303.70.

The remainder, less any other countable income you have, is the amount of your EAEDC grant.

Example: Sally Farmer receives \$400/month in Unemployment Compensation. Frank, Sally's husband, has applied for EAEDC as a disabled person. Under the income-counting rules for spouses, Sally's income will be measured against a Group H level of \$202.50. This leaves \$197.50 of the \$400 in countable income toward Frank. Under the EAEDC living arrangement rules, Frank is budgeted in a Group A level at \$303.70/month. Counting Sally's income, Frank will receive \$106/month in EAEDC ($\$303.70 - 197.50 = \106).

If there are children in your home, the rules get more complicated and depend on who in your family is receiving EAEDC or TAFDC. Consult 106 C.M.R. §§ 321.410(A)(2) and (3).

63 What if I live in a rest home?

If you live in a licensed rest home and you do not have enough money to pay the monthly charge, DTA will pay the rest home the amount you cannot afford through the EAEDC program. DTA pays the difference between your income and the monthly rate, currently approximately \$50/day or \$1,500/month, after leaving you a monthly allowance of \$72.80. This is called your Personal Needs Allowance (PNA).

Part 3 ■ Financial Eligibility

DTA will send you the EAEDC benefits by check. You will be required by the rest home to sign the check over to the rest home as payment for living in the rest home. The rest home then gives you the monthly \$72.80 PNA.

You must meet all the other EAEDC eligibility rules, aside from monthly income limits, including being either elderly or disabled (see **Questions 2 and 26**) and having countable assets under \$250 (see **Question 46**).

EAEDC rest home cases are handled by DTA's Central Rest Home (CRH) unit. See Ops Memo 2014-32 (April 17, 2014).

Example 1: James McKay is 71 and has become frail. He has moved into the Seaview Rest Home. His monthly Social Security benefit is \$1,200 and he has no savings. Mr. McKay can keep \$72.80 for his Personal Needs Allowance (PNA) and will pay the rest of his income ($\$1,200 - \$72.80 = \$1,127.20$) to the rest home. DTA will pay to the rest home the difference between what McKay pays (\$1,127.20) and the state-approved monthly rate (currently \$1,500). In this case, DTA will pay \$272.80 to the rest home.

Example 2: Francisco Rivera, age 25, suffered a traumatic brain injury. He has never worked. He has no income and no savings. He is a Legal Permanent Resident but does not meet the S.S.I. immigration status rules. He moves into the Hampton Rest Home. He applies for EAEDC based on disability and provides a Medical Report and Disability Supplement showing that he is disabled. EAEDC will pay the rest home the monthly rate of approximately \$1,500 and will pay Francisco \$72.80 monthly which he can use for his personal needs.

DTA Policy Guidance:

DTA Online Guide: EAEDC > Financial Requirements > Rest Homes > Rest Homes: EAEDC Living Arrangement E; and Home > EAEDC > Basic Case Activities & Maintenance > Delivery of Benefits > Checks-EAEDC

Part 4 Benefits

64 What are the basic benefits available to EAEDC recipients?

Your monthly cash grant based on your living arrangement (see **Question 61**) and your family size (minus your countable income. See **Appendix F**. You will get half of your monthly grant twice a month.

Most EAEDC recipients also qualify for Supplemental Nutrition Assistance Program (SNAP, formally called food stamps) since the EAEDC grant is well within the SNAP income limits. 106 C.M.R. §§ 705.200, 705.220. Your eligibility for SNAP will depend on who you live with and if “purchase and prepare” most of your food with others or separately. SNAP also has different immigrant status rules than EAEDC. For more information on SNAP, consult the [2017 SNAP Advocacy Guide](#).

Question 67 lists other benefits available to some EAEDC recipients.

65 Do EAEDC recipients get health coverage?

Yes. EAEDC recipients automatically receive one of three kinds of MassHealth benefits depending on age, citizenship or immigration status and disability: MassHealth Standard, CarePlus or Family Assistance. 106 C.M.R. § 705.100(G), 130 C.M.R. §§ 505.002(K), 519.002(D) (Standard), 505.008(B) (CarePlus) or 505.005(G), 519.013(C) (Family Assistance). All three types of MassHealth cover inpatient hospital services; outpatient services in hospitals, community health centers, dental clinics, and family planning agencies; certain home health services; lab testing; x-rays; prescription drugs; medical equipment; mental health and substance abuse services; and eyeglasses and hearing aids.

Part 4 ■ Benefits

When you are found eligible for EAEDC, you will automatically qualify for MassHealth. You will receive a MassHealth card and your coverage will begin right away.

Most people will also be required to join a managed care plan, and depending on your choice, you may also receive a card from a Managed Care Organization. If you don't select a plan on your own, MassHealth will assign you a plan.

If your EAEDC cash benefits end, MassHealth will ask you to return a form to enable it to decide if you still qualify for MassHealth independently from EAEDC. For questions about your MassHealth coverage call the MassHealth Customer Service Center at 1-800-841-2900.

Advocacy Reminders:

- ✓ Even if you do not qualify for EAEDC, you may be eligible for other health coverage. Consult an advocate.
- ✓ If you have paid out-of-pocket for medical services incurred after applying for SSI or EAEDC, you may be entitled to reimbursement of some of the medical expenses. 106 C.M.R. § 705.160.
- ✓ If you do not have any health coverage, DTA will issue you a temporary MassHealth card if you need one to get medications filled or you have a doctor's appointment. Once your EAEDC case is approved, you get the MassHealth coverage that goes with your EAEDC.

66

When will I get my EAEDC payments?

EAEDC payments are issued twice a month either directly to your bank account or through the Electronic Benefits Transfer (EBT) system. See **Question 70**. 106 C.M.R. § 706.400.

The payments are deposited based on the last digit in your social security number so that they will arrive according to the following timetable.

| Timetable For Deposit of Cash Benefits | | |
|---|-------------------------|-----------------------|
| Last Digit of Social Security Number | Day of the Month | |
| | First Deposit | Second Deposit |
| 0 | 1 | 16 |
| 1 | 2 | 17 |
| 2 | 4 | 19 |
| 3 | 5 | 20 |
| 4 | 7 | 22 |
| 5 | 8 | 23 |
| 6 | 10 | 25 |
| 7 | 11 | 26 |
| 8 | 13 | 28 |
| 9 | 14 | 29 |
| Benefits due on a Sunday are deposited on Saturday. Benefits due on a holiday are deposited the day before the holiday. Unless it is a leap year, a benefit deposit due on February 29 is deposited on February 28. | | |

67 What other benefits do EAEDC recipients get?

Other benefits available to some recipients and former recipients include:

- **Up to \$1,100 for funeral and burial expenses** for a deceased EAEDC applicant or recipient who does not have the resources to pay for funeral and burial. This payment is also available to other deceased persons found without resources for a burial. The total expenses cannot go over \$3,500. 106 C.M.R. §§ 705.700-705.710; DTA Transitions, Sept. 2012, pp. 5-6 A funeral home typically contacts DTA about this benefit.
- **Relocation benefit** of up to \$1000 to secure permanent housing (by paying for expenses such as advance rent, security deposit, rent or utility arrears, storage, moving costs, or critical household furniture or equipment) for EAEDC households with children who have been in an emergency shelter or a domestic violence shelter or a temporary housing arrangement provided through the Department of Housing and Community Development for 60 days or more and for some older teens who have been in a teen living program for 60 days or more. 106 C.M.R. § 705.350. DTA Operations Memos 2012-19 (Apr. 25, 2012) and 2011-48 (Nov. 3, 2011); DTA Transitions, May 2008, p. 8, Feb. 2007, p. 4.
- Subject to available funding, DTA will pay for **transportation** costs if you need to move out of state. 106 C.M.R. §§ 705.800-705.840.

You can ask for these benefits at the local DTA office. If possible, put your request in writing and copy a copy of your request.

Advocacy Reminder:

- ✓ The DTA worker has a duty to help identify any DTA benefits you might be eligible for. 106 C.M.R. § 701.220(A).

68 What if DTA makes a mistake and owes me money?

DTA has to correct all underpayments. 106 C.M.R. § 706.210. An underpayment is any mistake that makes you get less than you should have gotten. For example, you might be underpaid because

- your worker closed or reduced your grant in error, *or*
- DTA counted income against you that should not have been counted.

If you are underpaid, you should ask DTA in writing to correct the underpayment back to the date of the incorrect payment. If DTA will not make the correction, you can appeal. See **Question 87**.

Advocacy Reminder:

- ✓ DTA regulations say that you can only get an underpayment corrected if you are a current recipient or would be a current recipient if the mistake causing the underpayment had not occurred. 106 C.M.R. § 706.210. These limits on underpayment correction may not be legal. Consult an advocate if DTA refuses to correct an underpayment because you are not a current recipient.

69 Can part of my benefits be paid directly to my landlord or utility company?

A payment directly to a landlord, mortgage company, or utility company is called a “**vendor payment**.” 106 C.M.R. § 706.600. Vendor payments can be voluntary or involuntary.

Voluntary vendor payments

You can ask DTA in writing to pay all or part of your benefits directly to your landlord, mortgage company, or utility company. You can also cancel your request in writing and get the benefits yourself. 106 C.M.R. § 706.630. DTA

Part 4 ■ Benefits

usually gives the vendor one month's notice before it stops a vendor payment. 106 C.M.R. §§ 706.680, 706.690.

Involuntary vendor payments

If you are behind on your bills, DTA may decide you have "mismanaged" your benefits and send all or part of your benefits to a landlord or utility company. DTA may presume that you have mismanaged your benefits whenever your housing expenses have not been paid regularly for three or more months without reasonable cause. DTA should not presume you have mismanaged your benefits and should not put you on vendor payments if

- Your income does not meet your basic needs.
- Putting you on vendor payments would increase your risk of domestic violence.
- Putting you on vendor payments would increase your risk of becoming homeless, for example if you are doubled up, don't have a lease, or would be at risk of eviction if DTA paid your landlord directly.

If DTA decides that you should go on vendor payments, it will require you to get a health and safety inspection report for your address. If your property passes inspection, DTA will put you on vendor payments. If it does not pass inspection, DTA may refer your case to the Department of Children and Families. 106 C.M.R. § 706.620 and 106 C.M.R. § 706.660; DTA Operations Memo 2013-48 (Sept. 12, 2013).

Advocacy Reminders:

- ✓ DTA has to give you advance notice and an opportunity to appeal before it starts sending your benefits to a landlord or utility company.
- ✓ A vendor payment for housing must be the amount of the monthly payment. A vendor payment for fuel or utilities must be the average monthly cost. DTA can pay your entire grant to your landlord or your utility company even if you are left without any money for other expenses. 106 C.M.R. § 706.650.
- ✓ Vendor payments for rent cannot be made if the housing does not comply with minimum standards for health and safety. DTA has to get a Board of Health certificate of compliance. 106 C.M.R. § 706.660.

70 How will I get my benefits—direct deposit or Electronic Benefits Transfer (EBT)?

Your EAEDC benefits will be deposited directly to your bank account if you have an account. Otherwise your EAEDC benefits will be paid through electronic benefits transfer (EBT). 106 C.M.R. § 706.400-706.420. You can no longer be paid by check except in special circumstances.

If you have a bank account, DTA generally requires you to receive your benefits by direct deposit except in certain situations. See DTA Field Operations Memo 2002-23 (September 30, 2002). Exceptions to this rule are allowed if the EAEDC recipient does not have access to public transportation to get to the bank; if the EAEDC recipient is disabled and use of direct deposit will create a hardship, or if the EAEDC recipient is a victim of battering and the abuser is a co-holder of the bank account. 106 C.M.R. § 706.410.

How to get and use your EBT card:

If you do not have a bank account, DTA will issue you an EBT card to withdraw money from your EBT cash benefits account and to access your SNAP (food stamp) benefits. 106 C.M.R. § 706.420 and 106 C.M.R. § 706.450.

- **Photo EBT:** A state law passed in 2013 requires some SNAP and cash recipients to have their photos on the EBT card. *Most EAEDC recipients are exempt from this rule* - because there are exemptions if you are age 60+, disabled, a victim of violence or meet other criteria. Also exempt are group homes and other third parties who help manage EAEDC are exempt. If you need a photo on your card for some reason, DTA will use your photo from Massachusetts Registry of Motor Vehicles if you have a state ID or driver license.. Otherwise, you may be asked to go to the local DTA office to have your photo taken. Massachusetts General Laws c. 18, § 2(B)(k); DTA Operations Memo 2014-28 (June 11, 2014).
- **Using your card:** You can use your EBT card to get your cash benefits wherever you see the *NYCE* logo (at bank ATMs). You can also use the card to get your cash benefits and to make your purchases wherever you see the *QUEST* logo. State law bars certain establishments from accepting EBT cards. This includes liquor stores, casinos, jewelry stores, manicure shops, and

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others. 106 C.M.R. § 701.225; DTA Operations Memo 2012-49 (Oct. 11, 2012). Some stores allow cash back with your EBT purchases. There is no EBT or ATM fee for cash back.

- **The PIN:** To use your card, you need to have a personal identification number (PIN). The PIN is the key that unlocks your account. DTA will assign you a PIN at the local office or by mail or by calling customer service at 1-800-997-2555. Choose a PIN that is easy for you to remember but hard for other people to guess. Keep your **PIN a secret**. Never write your PIN on your card.
- **Out-of-state or border state purchases:** You can use your EBT card at an out-of-state ATM that displays the NYCE logo. However, since not all states have NYCE, it is best to access your EBT cash assistance in Massachusetts.
- **Withdrawals:** You can make up to two ATM withdrawals a month from your EBT cash benefits account without being charged a fee. After that, the fee is 75 cents for each withdrawal. You can make as many ATM balance inquiries as you want without paying a fee.
- **Bank Fees:** Some banks charge another fee just for using their ATM. If you withdraw cash from an ATM owned by Bank of America, Citizens Bank or Sovereign Bank, you will not be charged a bank fee. Other ATM owners also offer free EBT cash withdrawals. *Always check the fee notices at the ATM before making a withdrawal.*
- **Customer Service Needs:** Call customer service at 1-800-997-2555:
 - If you have questions or problems using your EBT card or secret PIN; or to find out where you can use your card.
 - To change your PIN (you can also change your PIN at the local DTA office or to report a lost or stolen EBT card;
 - To find out our cash or SNAP (food stamp) account balance;
- **Authorized Representatives:** If you wish, you can pick someone you trust to make withdrawals from your EBT account or buy food for you with your EBT card, either on a regular basis or in an emergency. This is called an "authorized representative." If you want, you can ask DTA to issue two EBT cards – one for you and one for your authorized representative. An authorized representative has access to all your money and SNAP (food stamps), so be sure you trust the person you pick. 106 C.M.R. § 701.370.

- **Unused or idle benefits:** If you leave any of your benefits in your EBT account for more than a month, your worker may call you in for an eligibility review because DTA suspects you do not really need the money. If you want to prevent this from happening, you should regularly withdraw enough money from your account so that the balance will be less than your monthly grant, or you can switch to direct deposit. Even if you switch to direct deposit, keep in mind that cash balances count towards the asset limit for EAEDC eligibility (\$250 for individuals and \$500 for couples or families). DTA Operations Memo 2014-8 (Feb. 6, 2014).

If you do not withdraw money from your EBT account for 90 days, DTA will put a stop on your card. You have six months to get the stop lifted and get your benefits back. You will have to explain why you did not withdraw benefits for 90 days. 106 C.M.R. § 706.420(D); DTA Operations Memo 2014-8 (Feb. 6, 2014).

Direct Deposit

If you have a bank account, your cash benefits will be deposited directly to your bank account. You will still need to use your EBT card to get your SNAP (food stamp) benefits. If you do not want to have your cash benefits deposited to your bank account, you can get your cash benefits through EBT if you lack transportation to the bank or the co-owner of the account has abused you. Or, you can close your bank account and switch to getting your cash benefits through EBT.

Account fees and service charges depend on the bank. Most Massachusetts banks have a basic banking service account with no fees or low fees. See www.basicbanking.org. DTA gets information on bank balances and will cut off your benefits if you exceed the asset limit but will not review your bank balance to see if you are using your benefits and will not expunge unused benefits.

DTA Policy Guidance:

DTA Online Guide: Cross Programs > EBT > Overview Electronic Benefit Transfer (EBT)

Advocacy Reminders:

- ✓ In limited circumstances where you are temporarily absent from Massachusetts the local DTA office director can authorize sending a check to you. 106 C.M.R. § 706.400(C).
- ✓ If you have problems with your EBT card, for example if the machine tells you the wrong amount of your benefits, call EBT Customer Service at 800-997-2555. Contact an advocate if your problems are not fixed.
- ✓ Most EAEDC applicants and recipients are exempt from the photo EBT rules. Contact an advocate if the DTA office insists on having a photo on your EBT card and you think you meet an exception.

71

What should I do if I need to replace or change my EBT card?

Call EBT Customer Service, 1-800-997-2555, to report a lost or stolen card. You should call EBT Customer Service right away so that DTA can prevent someone else from using your card and taking money from your EBT account.

Note: DTA will not replace any cash stolen after an EBT withdrawal.

To get a replacement card, call or go to your local DTA office. DTA should issue your replacement card the day you request it or the following day.

Fee for EBT card Replacements: DTA will deduct a \$5 *replacement fee* from your next EAEDC payment. If your cash account does not have enough funds to collect the fee, it will be deducted from your SNAP benefits. See DTA Operations Memo 2014-7 (Feb. 6, 2014).

DTA should *not charge* you the \$5 replacement fee if:

- You need a replacement because of a disability. Ask for an accommodation.
- You need a replacement because of domestic violence.
- You have a new SSN or changed your name.

- Your card was lost or damaged in the mail.
- Your card is defective.
- DTA mailed you a card, but you request another card before the one that was mailed arrives or was used.
- You got an emergency card that does not have your name on it and you want a card with your name.
- You applied for benefits and got a card but you were not approved and never used the card.
- Your case was closed for 30 days or more, you reapply, and you no longer have the card that was issued before.
- You lost your card in a disaster or fire or flood.

If DTA plans to charge the \$5 replacement fee, DTA should hand to you or send you a notice that says you will be charged. If you think DTA made a mistake or you meet the criteria above, you can request a refund.

Multiple EBT card requests: If you request more than four replacement cards in a 12-month period, you will have to speak with a DTA worker to get another card. If your worker is not available, you should speak with the worker on duty. See DTA Operations Memo 2013-16 (Apr. 10, 2013).

Advocacy Reminders:

- ✓ You will not get notice of your right to appeal the \$5 fee and you will not get notice of the reasons a fee should not be charged. This lack of notice may not be legal. Consult an advocate if you want to challenge the fee.
- ✓ You may not get notice of denial and notice of appeal rights if a request for refund is denied. This may not be legal. Consult an advocate if your refund request is not granted.
- ✓ You can avoid a replacement fee by telling DTA to deposit your benefits to your bank account. Check with your local bank to see if you can open an account that does not charge fees.

DTA Policy Guidance:

DTA Online Guide: Cross Programs > EBT > EBT Card Fees, Replacements and Notices

72 What are the rules about what I can buy?

Under a state law, you are not allowed to use EAEDC cash benefits to pay for:

- alcohol,
- cigarettes or other tobacco products,
- lottery tickets or other gambling,
- jewelry,
- vacation services,
- court ordered fees, fines, bail or bail bonds,
- tattoos or body piercings,
- firearms and ammunition,
- pornographic material or performances, *or*
- a television, stereo, video game or console at a rent-to-own store.

Your EAEDC grant is intended to meet your basic living expenses, and the grant is so tiny there is rarely anything left over. After you apply for EAEDC, DTA will send you a flier that tells you about these purchase restrictions.

If DTA finds that you knowingly paid for one of the restricted items listed above and in violation of these rules,

- for the first offense, you will have to pay DTA back from your benefits for the amount of the purchase,
- for the second offense, you will have to pay DTA back and lose your portion of the cash assistance grant for two months,

- for the third offense, you will have to pay DTA back and permanently lose your portion of the cash assistance grant. Massachusetts General Laws c. 18, § 5I; DTA Operations Memo 2013-56 (Nov. 21, 2013).

Advocacy Reminders:

- ✓ There is also a list of places that are not supposed to accept EAEDC benefits held on an EBT card. These include jewelry stores, rent-to-own stores, manicure shops, cruise ships, and tattoo parlors. Massachusetts General Laws c. 18, § 5J. The law does not provide for penalties for recipients whose benefits are accepted by an establishment in violation of this law, but DTA says that the penalties for making prohibited purchases with EAEDC benefits also apply if you use your EBT card at an establishment that is not supposed to accept it. Check with an advocate if that is a problem for you.
- ✓ You have a right to use your EBT card to make purchases outside Massachusetts if you wish. DTA may try to close your case if DTA thinks that a pattern of EBT purchases outside Massachusetts shows that you are no longer a resident of Massachusetts. Purchases in New England cities and towns near to Massachusetts should not trigger case closures. DTA Operations Memo 2013-34 (July 26, 2013). Consult an advocate if this is a problem for you. You have a right to use other money – for example, a gift from a friend – to make restricted purchases, but not money from your EAEDC grant.

Part 5 Applications and Proofs

73 Where do I apply for EAEDC?

Apply for EAEDC at your local DTA office. 106 C.M.R. § 702.130. All DTA offices are open from 8:00AM to 5:00PM. If you are sick or disabled and cannot go to the office, tell the local office you want a home visit. 106 C.M.R. § 701.600. To find the address, phone number and key contact information for your local DTA office, see **Appendix H**.

Be sure to sign an application the first time you go into the DTA office. You can do this even if there is no worker there to take your application. 106 C.M.R. § 702.115 (B). The date you sign is the earliest date your benefits will begin if you are approved. 106 C.M.R. § 702.150. If you cannot get a DTA application form, write a request for EAEDC (and SNAP) on a piece of paper and sign the paper.

Everyone has the right to apply without delay, whether or not you appear to be eligible. You have the right to sign an application even if the worker thinks you are not eligible. 106 C.M.R. § 702.115(A).

DTA sometimes issues a “No Trespass Order” barring certain people from the DTA office. DTA Online Guide: Cross Programs > No Trespass Page Indicator and Page. This may not be legal. If it is a problem for you, call the Ombuds Office, 617-348-5354, which should make sure that you can apply and get your benefits on time.

Language Access:

DTA must provide a bilingual case manager or assistant or professional interpreter if you want one and you use American Sign Language or your primary language is not English, regardless of language, national origin or non-citizen

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status. See **Question 82**. There are no magic words you have to say to request an interpreter. A professional interpreter may be provided in-person or by telephone. 106 C.M.R. § 701.360; DTA Online Guide: Cross Programs > Interpreter Services > Guidelines for Providing Interpreter Services; DTA Operations Memos 2013-64 (Dec. 19, 2013), 2013-11 (Mar. 19, 2013); DTA Field Operations Memo 2008-16 (Apr. 1, 2008).

You can use your own interpreter if you want, but you cannot use a child to interpret for you except to schedule an appointment. Children under age 12 cannot be asked to interpret for any purpose. 106 C.M.R. § 701.360.

You have the right to refuse a particular interpreter if you are uncomfortable with the interpreter for personal or other reasons. You don't have to give a reason. DTA must then provide a professional telephone interpreter

DTA Online Guide: Cross Programs > Interpreter Services > Guidelines for Providing Interpreter Services; See also DTA Operations Memo 2013-11 (Mar. 19, 2013); DTA Field Operations Memo 2008-16 (Apr. 1, 2008).

Disability Accommodation:

If you have a vision, hearing or communication impairment, DTA should give you a chance to say or show what will help you understand what DTA is telling you and communicate with DTA. See DTA Operations Memo 2013-64 (Dec. 19, 2013).

If DTA does not offer you interpreter services in your language, you can file a complaint with the DTA Language Access Coordinator or the Office of Access and Opportunity. You must file your complaint in writing within 6 months of when you were denied interpreter services.

- To file a complaint with the DTA Language Access Coordinator submit your written complaint to:

Sarah Stuart
Associate Commissioner for Program & Policy Implementation
Department of Transitional Assistance
600 Washington Street Boston, MA 02111
sarah.stuart@state.ma.us

- To file a complaint with the Office of Access and Opportunity submit your written complaint to:

Office of Access & Opportunity
Office of the Governor
State House, Room 373
Boston, MA 02133
Email Address: Jabes.Rojas@state.ma.us

You can find DTA's Language Access Plan at
<http://www.mass.gov/eohhs/docs/dta/dta-language-access-2016.pdf>

See **Question 82** for more information about your language access rights and **Questions 79-81** for DTA's obligations to provide additional accommodations.

74 What proofs do I need?

A DTA intake worker will interview you and is supposed to help you with your application. You have to give DTA proof of your eligibility before your application will be approved. Your worker will give you a list of what you need to prove. 106 C.M.R. § 702.310(B). You can *mail, fax or deliver* your proofs or “verifications” to DTA. Be sure you mail photocopies, not the originals, in case they get lost in the mail. You can also ask an agency to fax copies to DTA. See **Question 76**.

If you do not have everything, give what you have. In many cases, you can sign a sworn statement to prove something. You can also sign a form letting your worker contact someone else to get the proof. 106 C.M.R. § 702.340; DTA Online Guide: EAEDC > Basic Case Activities & Maintenance > Verifications > Methods of Verifications - EAEDC

Some information is available to DTA in a database that DTA can access. If DTA can get the information from a database, it should not require you to provide the proof. DTA Operations Memo 2013-47 (Sept. 5, 2013); DTA Online Guide: Cross Programs > External Agency Matches > Matches - Overview. For example, DTA can get wage information for some jobs through a service called “The Work Number.” <http://www.theworknumber.com/>; DTA Online Guide: Cross

Part 5 ■ Applications and Proofs

Programs > External Agency Matches > The Work Number; DTA Operations Memo 2013-33 (July 19, 2013).

The following chart lists some additional items you might be asked for by DTA:

| If you are seeking benefits in this category: | You may be asked for these proofs: |
|---|--|
| Disability 106 C.M.R. § 320.200 | <ul style="list-style-type: none">■ Medical Report, filled out by your doctor■ Disability Supplement, filled out by you■ Proof you applied for SSI |
| Mass. Rehabilitation Commission (MRC) participant 106 C.M.R. § 320.250 | <ul style="list-style-type: none">■ MRC medical or psychiatric reports statement from a MRC counselor regarding your disability and MRC program activity |
| Caring for a disabled person 106 C.M.R. § 320.300 | <ul style="list-style-type: none">■ Statement from doctor regarding the disabled person's disability and need for your regular care■ Proof of income/assets of the disabled person |
| Elderly - age 65 or older 106 C.M.R. § 320.100 | <ul style="list-style-type: none">■ Proof of you age■ Proof you applied for SSI |
| Caretaker families 106 C.M.R. § 320.400 | <ul style="list-style-type: none">■ Division of Unemployment Assistance (DUA) work registration if you, the caretaker, chooses to be included in the grant, or proof of "good cause" to not register for work■ Proof of the age and identity of the child■ Proof you have legal custody or guardianship of the child (you have 6 months to get this proof) or proof of "good cause" to not get guardianship. See Question 28. |

Things you might be asked to bring are:

- proof of where you live and your Massachusetts residence (for example, a rent receipt, lease, utility bill, official letter or document listing your address, a landlord statement), unless you are homeless. 106 C.M.R. § 320.530; DTA Online Guide: EAEDC > General Nonfinancial Requirements > Residence > Residence.
- proof of who you are (for example, your driver's license, voter registration, birth certificate), or, if not available, a statement from someone who knows you personally. 106 C.M.R. § 320.510;
- the social security numbers for you and other people you are applying for, or proof that you have applied for them (unless exempt due to noncitizen status). You do not need to show the actual SSN cards, but just provide DTA with the SSN in writing or orally. 106 C.M.R. § 701.230;
- proof of your legal immigration status if you are not a U.S. citizen, such as a copy a copy of your green card, work authorization, documents or receipts from immigration authorities, statement from an attorney representing you or other proof of your status. 106 C.M.R. § 320.620; see **Question 37**;
- proof you are a U.S. citizen (if you are not an immigrant), 106 C.M.R. § 320.610 (such as your birth certificate, passport or voter registration). Your EAEDC application should not be delayed or denied pending DTA's receipt of proof of citizenship. DTA Field Operations Memo 2007-10 (Feb. 20, 2007); DTA Online Guide: EAEDC > General Nonfinancial Requirements > Noncitizen > Verification of Citizenship.
- proof of any income you receive (for example, pay stubs, employer statements, government checks or letters, etc.). 106 C.M.R. § 321.210;
- proof of any assets you own and have access to (money in the bank, vehicles, etc.). 106 C.M.R. § 321.120;
- proof that you applied for, or are not eligible for, Veterans' Services benefits or Unemployment Insurance. 106 C.M.R. § 702.720(B) and 106 C.M.R. § 702.700; *and/or*

Part 5 ■ Applications and Proofs

- proof that you have housing expenses - to determine living arrangement and to avoid the in-kind income deduction (for example, a lease, rent receipt, mortgage, or statement from a landlord. 106 C.M.R. § 321.410(B).

Advocacy Reminder:

There are many other proofs that DTA can ask for in a particular case. Do the best you can to get them, but if you cannot get them, ask for help from the worker and ask if you can verify the information by signing a statement. Your worker is supposed to help you get required proof when your worker has been told or is otherwise aware that you need help. See 106 C.M.R. § 702.310(B); DTA Operations Memos 2013-47 (Sept. 5, 2013) and 2010-55 (Nov. 23, 2010).

- ✓ If you need more time to get proofs, you can get an extension. If you have trouble, talk to an advocate.
- ✓ If you need extra help getting proofs because of your disability, ask your worker to assist you by making a reasonable accommodation. See **Questions 79-81**.
- ✓ If DTA schedules your appointment for a time that is bad for you, you can reschedule.
- ✓ Some information does not change and only needs to be verified once, unless there is a reason to think that it was wrong originally or has changed. For example, you should not need to re-verify your date of birth at redetermination or reapplication. DTA Operations Memo 2010-55 (Nov. 23, 2010); DTA Online Guide: EAEDC > Basic Case Activities & Maintenance > Verifications > Methods of Verifications – EAEDC.
- ✓ A single document can sometimes prove more than one eligibility factor. For example, a rent receipt can prove where you live and that you have rent expenses. DTA Operations Memo 2012-08 (Feb. 6, 2012).
- ✓ DTA will accept documents that are scanned, faxed or photocopied from the original unless the document appears questionable. DTA Operations Memo 2012-32 (July 12, 2012).

- ✓ DTA should send you a list of any proofs you are missing. DTA should give you time to provide the proofs. DTA Operations Memo 2012-17 (Apr. 25, 2012).

75 How much time do I have to bring in proofs?

You have 22 days to bring in the proofs or verifications so that you receive your first payment within 30 days. 106 C.M.R. § 702.160(A). If you need more time to get all the proofs, you can get extensions. You automatically get an 8-day extension if all the proofs are not in by the 22nd day. Your worker is supposed to send you a reminder letter telling you what proofs are missing and how much time you have to bring them in. If you need more time beyond this, you can get a 15-day extension if you ask for an extension in writing.

If you are denied EAEDC because you could not get the proofs within these time limits, you can still send the proofs within 30 days of the date you were denied. If the DTA office determines that the proofs you brought show you are eligible, they are supposed to reopen your case back to the date you first applied. You do not need to file a new application. 106 C.M.R. § 702.160(B).

Advocacy Reminder:

- ✓ If your application is denied for missing proofs or verifications, you can file a request for a hearing and bring the missing proofs to the hearing officer. If your proofs show that you were eligible when you applied, you should get approved for EAEDC benefits back to the date you applied. 106 C.M.R. § 343.500(A). See **Questions 88 & 89** on how to file an appeal.

76 How should I send my proofs?

You can fax or mail proofs to the Electronic Document Management (EDM) center, or you can bring the proofs to the local DTA office. You can also upload proofs directly to your case record through DTA Connect.

Be sure to **write your DTA agency ID number or the last four digits of your SSN** on every page.

■ **DTA Connect.** You can scan and upload your documents directly to your case file through DTA Connect. You get the DTA Connect App on a smart phone, set up a DTA Connect account, take a picture of your documents and then upload them to the case record immediately. See **Question 83**.

■ **Fax.** This is also fast, and you get a fax receipt. Fax to 617-887-8765

If your documents are two-sided, be sure to fax both sides.

- Keep your fax receipt and the original of the documents.
- Social service agencies may let you use their fax machine free of charge

■ **Mail.** Mail documents to the EDM at
Department of Transitional Assistance
P.O. Box 4406
Taunton, MA 02780-0420

- Try to make a copy of the document and mail the copy, not the original.
- Keep a record of the date you mailed the document.
- You can get pre-stamped envelopes addressed to DTA at the local DTA office.

■ **In person:** You can bring proofs to the local DTA office. See **Appendix H**.

- The local office should process urgent documents right away, or
- The local office will scan and send documents directly to your case record with special scanning equipment. It will be date stamped the same day.

Advocacy Reminders:

- ✓ Don't send or give originals to DTA.
- ✓ Be sure to write your name, DTA number (if you know it) *or* the last four digits of your SSN on every page.
- ✓ Do the best you can to keep a record of the date you sent or gave the document to DTA.

77 How long does it take to decide if I am eligible?

DTA must decide on your application within 30 days and either pay you benefits or deny your application. The 30-day time limit can be extended if you ask for more time to get proof of eligibility. If you get a notice from DTA saying your application is denied because you did not bring enough proof, you have **30 more days** from the date of the notice to give DTA more proof. 106 C.M.R. § 702.160. See also **Question 75**.

78 What if I need benefits right away?

You can get help with ***immediate needs*** within 24 hours of your application. 106 C.M.R. § 702.125(F). Be sure to tell the worker if you need help with immediate needs. DTA is supposed to screen you to determine if you qualify for an immediate needs payment. DTA Operations Memo 2013-35 (July 26, 2013).

- **Rent, utilities or fuel:** If you need help right away with rent, utilities or fuel ***and you appear to be eligible***, you can get an advance on your EAEDC benefits to pay for these things. The advance will be paid as a voucher to the landlord, utility or fuel company and the amount deducted out of your first EBT payment.

- **Food:** You may qualify for emergency or "expedited" SNAP (food stamps). This means you can get SNAP within seven (7) days of when you apply. 106 CMR § 365.800. Ask your worker about this. If, for some reason, you are not eligible for expedited SNAP, DTA may issue you a food voucher, which would be deducted from your first EAEDC payment.
- **Health Care:** You can get a temporary EAEDC Medical card when you apply for EAEDC. Even if you are ultimately denied EAEDC, you may still be eligible for MassHealth. See **Question 65**.

79 What if a disability makes it hard for me to meet DTA rules or use DTA services?

The federal Americans with Disabilities Act (ADA) requires DTA to provide equal access to programs and services to qualified people with disabilities. 42 U.S.C. § 12132; see 106 C.M.R. § 701.390; 106 C.M.R. § 360.250 (SNAP). See also DTA Online Guide: Cross Programs > Harper/ADA > ADA Overview.

Under the ADA you are a person with a qualifying disability if you have a disability that substantially impairs a major life activity, such as learning, understanding, walking, working, breathing, or caring for yourself. Disabilities include physical or mental health impairments, and intellectual disabilities. A temporary health problem like a broken leg may not a disability under the ADA. You can be disabled under the ADA even if you are not receiving any benefits on the basis of disability. See DTA Online Guide: Cross Programs > Harper/ADA > ADA Definition.

If a disability makes it hard for you to do the things DTA asks you to do to get and keep your benefits, you can ask DTA for a **reasonable accommodation**. An accommodation may be appropriate if your disability makes it hard for you to:

- understand DTA's notices and forms,
- meet deadlines,
- give DTA the proofs it asks for,

- communicate with DTA, *or*
- meet a specific rule or requirement.

Accommodations can be something you need only once, or something you need on an ongoing basis. Accommodations can include:

- giving you extra help to meet a rule,
- giving you extra time to meet a deadline,
- changing a requirement or rule,
- naming someone to talk to DTA for you or get copies of mail DTA send you,
- providing an auxiliary aid (such as an ASL interpreter)

Example 1: You have severe depression and post-traumatic stress disorder (PTSD). You need help getting verifications and you cannot go to the DTA office in person because taking public transportation and being in crowded waiting areas triggers your PTSD symptoms. You can ask DTA to help you get verifications and to waive any requirements for in-person appointments.

Example 2: Because of your learning disability, you need help understanding DTA notices and help completing the paperwork that DTA asks you to complete. DTA should accommodate you by explaining notices to you and by filling out the forms with you instead of requiring you to fill forms out by yourself.

Example 3: You have a hearing, vision, other condition that makes it hard for you to communicate. DTA should ask you what kind of help you prefer to communicate with DTA. This help is usually called an auxiliary aid. DTA should try to provide your preferred auxiliary aid. If that is not possible, DTA should work with you to find an acceptable alternative. See DTA Online Guide: Cross Programs > Harper/ADA > Working with Clients Who Need Auxiliary Aids.

Example 4: Because of your disability, you need help explaining to your health care provider that you need a form filled out to prove to DTA that you are disabled. You have a hard time communicating with third parties because of your disability. You need DTA to contact your health care provider to complete the medical report form to complete your EAEDC application.

Advocacy Reminders:

- ✓ An accommodation can be requested at any time, including after DTA has issued a notice stopping or lowering your benefits.
- ✓ Each DTA office now has Client Assistance Coordinators (CACs) to help with the accommodation process. See DTA Online Guide: Cross Programs > Harper/ADA > Client Assistance Coordinator Responsibilities.
- ✓ DTA workers can make home visits to take your application or interview you if needed to accommodate your disability. See DTA Transitions FYI, Nov. 2011.
- ✓ DTA cannot require you to accept a specific accommodation (such as requiring a helper or authorized representative to act for the client). Instead, DTA should work with you to find an accommodation that you agree to.
- ✓ DTA is not required to provide an accommodation which is a fundamental alteration of its programs. If that issue comes up, consult an advocate.

DTA Policy Guidance:

DTA Field Operations Memo 2010-30 (July 1, 2010); DTA Operations Memos 2013-25 (May 24, 2013) and 2013-64 (Dec. 19, 2013); DTA Online Guide: Cross Programs > Harper/ADA > ADA Overview.

80 How do I ask DTA for a reasonable accommodation?

DTA is supposed to ask you if you have a disability and need an accommodation. DTA is supposed to ask these questions at application and reevaluation. You can ask for an accommodation at these times, or at any time you need one.

You can ask your DTA case worker for an accommodation, or you can talk to the Client Assistance Coordinator (CAC) in your DTA office. Each DTA office has a CAC who can help with the accommodation process.

Once you ask for an accommodation, DTA should work with you to figure out how it can meet your needs. For example, if you ask for something DTA says it cannot do, instead of denying your request, DTA should discuss other options with you.

DTA may ask for medical proof that you need the accommodation. If you need an accommodation but do not have the medical evidence DTA asks for, you can ask the CAC to help you get it.

DTA Policy Guidance:

DTA Online Guide: Cross Programs > Harper/ADA > ADA and Reasonable Accommodations et seq.

81 What are my rights if DTA denies my reasonable accommodation request?

You can ask DTA Central to review a local office decision denying a disability accommodation.

The DTA local office should give you a written decision on your request for reasonable accommodation no later than 30 days from your request. If the local office denies your request or any part of it, you can ask the DTA Central Office Accommodation Appeal Committee to review the decision by filling out the back of the form and giving it to your worker. The Committee has 10 days to make a decision on the reconsideration request. You can also file your request directly with the Committee if the local office does not decide your request in 30 days. See DTA Online Guide: Cross Programs > Harper/ADA > ADA Reasonable Accommodation Decision Timelines.

You can appeal a DTA Central decision denying a disability accommodation

If the DTA Central Office Accommodation Appeal Committee Denies your request for accommodation in whole or in part or does not make a decision in 10 days from your request for a decision, you can request a hearing by filling out the back of the form and sending it to the Division of Hearings. See **Part 7** on appeal rights.

Try to get a legal advocate to help you with your request for review and your appeal. See **Appendix I** for a list of legal services offices.

82 What if I do not speak English?

If English is not your primary language, DTA must provide you with a bilingual DTA worker or an interpreter (in person or by telephone) if you want one. 106 C.M.R. § 701.360. See **Question 73**.

DTA notices in another language

DTA currently provides the computer-generated (BEACON) notices and forms in lonely English and Spanish. DTA sends a “babel” flier in other languages recommending you get the information sent to you translated.

Advocacy Reminders:

- ✓ Under federal law, DTA must provide you with an interpreter if you need one. DTA should not tell you to bring your own interpreter. See Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d. DTA should not tell you to have a family member interpret for you.
- ✓ You can find DTA’s Language Access Plan at <http://www.mass.gov/eohhs/docs/dta/dta-language-access-2016.pdf>.
- ✓ You can file a complaint with the DTA Language Access Coordinator if DTA does not offer you an interpreter. See **Question 73**.
- ✓ For more information on the federal and state government’s duties to persons with limited English proficiency (LEP), see www.lep.gov and <https://www.justice.gov/crt/executive-order-13166>.
- ✓ Contact your local legal services office if you are denied an interpreter, or get DTA materials in a language you can not read.

DTA Policy Guidance:

DTA Online Guide: Cross Programs > Interpreter Services > Guidelines for Providing Interpreter Services.

83 How can I find out what is happening with my case and see my case information?

Talk to your worker, a supervisor, an Assistant Director or even a Director

- You can call your DTA worker to ask about your case. Your worker's name and phone number should be on any notices you get from DTA. You can get the worker's name by calling the DTA Assistance Line at 1-877-382-2363.
- If you cannot reach your worker you can call your worker's supervisor, an Assistant Director, or even the Director. For the phone number of the local DTA office, go to: <http://eohhs.ehs.state.ma.us/DTAOffices>
- You have a right to a copy of anything that is in your file. 106 C.M.R. § 701.330; DTA Transitions, Nov. 2012, p. 4.

Use “DTA Connect” to see case information

DTA Connect is a new mobile app for DTA clients. It is free and can be downloaded for iPhones at the App store or for Androids on Google play. DTA Connect can be used on a smartphone or tablet (such as an iPad).

Once the app is downloaded, you or the agency you work with can log in with your *Social Security Number (SSN)* and *year of birth* to see information about your case. (You cannot use DTA Connect if you have a heightened level of security on your case due to domestic violence).

DTA Connect includes information on your case, including:

- Case status, monthly benefit amount, next benefit issue date, EBT card balance and recertification due date.
- Alerts including upcoming appointments or deadlines.
- Copies of DTA notices sent in the previous 90 days.

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- Whether documents submitted in the previous 90 days have been processed.

DTA Connect can also be used to *send DTA proofs or give DTA information*:

- Send DTA verifications or documents by taking a picture in the app. These documents will go directly to your case record!
- Ask for a letter verifying the amount of benefits you get from DTA.
- Tell DTA about a new address or phone number.
- Opt-in or opt-out of text messages from DTA.

Note: DTA Connect also lets you enter an email address and sign up for eNotification. *We do not encourage this unless you check emails constantly.*

Use the Interactive Voice Response (IVR) system

You can get some information about your case by calling the IVR. To reach the IVR, call the DTA Assistance Line at 1-877-382-2363. You will need to enter your social security number and year of birth to get information about your case. This is an automated system, not a live person. It is available round the clock, every day of the week. The IVR can tell you:

- if DTA has approved or denied your benefits or has not yet made a decision,
- the amount of benefits you will receive and your next payment date,
- the date DTA last received a document from you,
- the location of your local DTA office.

Use the “My Account Page” or MAP

If you have access to the Internet, an email address, and have your EBT card, you can set up a “My Account Page” (MAP). Follow these steps to set up your MAP:

Step 1: Visit www.mass.gov/vg/selfservice and click on “My Account Page.” You will need an e-mail address to start the process. If you do not have an email, you can create a free email through Gmail, Yahoo, Hotmail and other email services.

Step 2: Look out for an email sent back to you from the MAP with a special web link. This takes just a couple of minutes.

Step 3: Click on the web link in the DTA email you receive from the Virtual Gateway. You will be asked to create a *password* and answer two

“security questions.” You will be given an assigned “username” – typically the first letter of your first name followed by last name and possibly a number---for example, Msmith2. *Be sure you write this down*—the username will also be sent to the email you provided.

Step 4: To get access to your personal case information, you now need to log-in and click on the “My Account Page” link in the middle of the screen. Then you need to enter the following *three* pieces of information:

- Your year of birth,
- Your full SSN, *and*
- Your full EBT card number (make sure the name on the account matches the spelling of your name on the EBT card).

This information is required *each time* you log-on to the MAP. You can change your email address or user profile any time.

There’s lots of information about your cash or SNAP case including:

- the status of your EAEDC or SNAP case
- the amount of monthly benefits and date of next payment
- all DTA notices and forms sent to you in the past 12 months
- a list and status of the documents received by mail or fax in the past 18 months (you will not see a copy of the actual document sent in)
- names and dates of birth of your household members and address and phone number DTA has on file for you.
- the address and contact information for your local DTA office

You can print out information about your monthly benefits to give to another program (e.g. if you apply for housing or Fuel Assistance, not that EAEDC cash may count for these programs but SNAP does not. You can also print out recent *forms* that DTA has sent to fill out, including a SNAP interim report or recertification form.

Call the DTA Ombuds Office

If you need more information or you are not satisfied with the information you get, call the DTA Ombuds Office, 617-348-5354. The Ombuds Office was created to help applicants and recipients fix problems they may have with their DTA case. You can also file a complaint with the Ombuds Office.

DTA Policy Guidance:

Online Guide Sections: Cross Programs > MAP > My Account Page (MAP) FAQs and DTA Connect > DTA Connect

84 Is my information kept confidential?

DTA must not release information about you to any third party without your written permission. 106 C.M. R. § 701.320. If you want DTA to share information about you with an advocate or anyone else, you will need to sign a written statement of consent (or release) that says DTA can share your information.

Advocacy Reminders:

- ✓ You or the advocate helping you can fax the consent to the Electronic Document Management Center: Fax 617-887-8765. Or you can upload this consent statement directly to your case record through the DTA Connect app. See **Question 83**. DTA staff are authorized to discuss your case with the advocate if you or the advocate have sent a consent form to DTA.
- ✓ DTA can also do a three-way call with you and your advocate when you give your verbal agreement over the phone.
- ✓ An advocate may be able to talk to the Ombuds Office, see **Question 83**, or the worker or supervisor without a release by setting up a three-way call with you, DTA and the advocate.
- ✓ DTA does not need your permission to release information about you to law enforcement in connection with a criminal investigation or similar purposes.

See also DTA Operations Memo 2010-50 (Nov. 1, 2010).

Part 6 Proving Continuing Eligibility

85 How often will my eligibility be reviewed?

DTA generally reviews ("reevaluates") eligibility for most recipients at a minimum every 12 months. See DTA Online Guide: EAEDC > Basic Case Activities & Maintenance > Reevaluations > Reevaluations Overview.

DTA can review your case sooner than that if it thinks your eligibility may have changed or if the Disability Evaluation Service (DES) decides your disability needs to be reviewed or has changed. 106 C.M.R. § 702.210.

DTA can complete your reevaluation over the phone or in person. See DTA Online Guide: EAEDC > Basic Case Activities & Maintenance > Reevaluations > Reevaluations Overview.

When DTA reviews your case, it can only make you bring in proof of those things that might have changed since the last review. 106 C.M.R. § 702.230.

If your worker thinks DTA needs more proofs, the worker is supposed to send you a checklist (VC-1) listing the proofs that are needed.

If your disability is being reviewed, you will be sent a medical report for your doctor to fill out *and* a disability supplement for you to fill out. 106 C.M.R. § 702.315.

Tell your worker if you need an extension to get the proofs, help filling out forms, or a referral to a doctor. If you do not get the proofs on time, your worker will send you a notice saying your benefits will stop. You still have 30 days from the date of that notice to bring in the proofs and your worker will reopen your case if the proofs show you are eligible. 106 C.M.R. § 702.240.

You might also be asked to come in for a quality control (QC) review. 106 C.M.R. §§ 701.430, 706.700-706.710. This is a special review to make sure the

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local DTA office is following the rules. If you are asked to go to a QC review, you have to go or your worker will stop your benefits.

If DTA thinks your eligibility has changed, it has to send you an advance notice before it stops or reduces your benefits. 106 C.M.R. §§ 702.500, 343.140. If you ask for a fair hearing before the termination or reduction go into effect, your benefits will continue until a hearing officer decides your case. 106 C.M.R. § 702.610. See **Part 7, Appeal Rights**.

Advocacy Reminders:

- ✓ Tell your DTA worker if you need an appointment at a special time because of work, a medical problem, care of a disabled household member or other reason. If DTA schedules an appointment for a time that is bad for you, call your worker before the appointment to reschedule. If your worker will not reschedule, call the supervisor, Assistant Director, Director or the DTA Ombuds Office, 617-348-5354.
- ✓ Tell your DTA worker if you are unable to come to the office because of a disability and you need an accommodation.
- ✓ If you miss your interview appointment and do not call to reschedule, DTA will close your case. If you complete the reevaluation within 30 days of the closing, your case will be reinstated. See DTA Online Guide: EAEDC > Basic Case Activities & Maintenance > Reevaluations > Reevaluations Case Manager Responsibilities.
- ✓ Each time you go to the DTA office, ask to sign a log if there is one. If you are dropping off proof, ask to have a copy made and date-stamped. Write down the name of the DTA staff you talk to. You can use this as proof later if DTA cannot find the verification or says you missed your appointment.
- ✓ If you are sending proof by mail, use the DTA postage-paid envelope if you have one. Try to keep a copy of anything you mail and make a note on the copy of the date that you mailed it. See **Question 76**.
- ✓ If getting to the DTA office is hard for you, takes a long time, or costs too much, ask your DTA worker if you can have your interview by telephone or a home visit. Check with an advocate if DTA will not meet with you by telephone. Although DTA rules do not provide for telephone meetings for

Part 6 ■ Proving Continuing Eligibility

EAEDC, an advocate may be able to help you persuade DTA to meet with you by telephone.

- ✓ If you have email you can choose to get notices electronically instead of by mail. The email will tell you that there is a notice that you can see on your My Account Page (MAP). You can also access notices on your smartphone or tablet on DTA's DTA Connect app. See **Question 83**. DTA Operations Memo 2014-41 (June 12, 2014).

86

When do I have to report changes?

You have 10 days to report changes that could make you ineligible or decrease your benefits. This includes changes in income or assets, who lives with you, or if you move to a new address. 106 C.M.R. § 701.420.

Report changes that will increase your benefits, such as a drop in income, at any time.

Because it is hard to know what changes may affect your eligibility, it is good to report other changes promptly too. For example, you should report a change of address even if it will not affect your eligibility so that DTA notices will not be mailed to the wrong address.

Advocacy Reminders:

- ✓ What if you can't reach your worker to report a change? If possible, mail or fax information about the change to the Electronic Document Management (EDM) center and keep a copy and proof that you sent it. You can also take a picture of and upload documents to your case record through DTA Connect. See **Questions 76** and **83**.
- ✓ If you call your DTA worker to report a change, make sure he or she makes a note in the case record. You should also keep a record of any phone calls you make to report a change (or try to report a change). You may need this record later to prove that you tried to report a change.

Part 6 ■ Proving Continuing Eligibility

- ✓ You can report a change of address or a new phone number to the Interactive Voice Response (IVR) system. You can also report a new address or phone number through DTA Connect. See **Question 83**.
- ✓ Be sure to report a change of address and tell the post office about the change. If DTA mail is returned to you without a forwarding address, DTA will send you a request for verification of address and will close your case if you do not respond within 10 days (30 days for applications). DTA Operations Memo 2013-13A (March 28, 2013).
- ✓ If you move to an address covered by a different DTA office, your case should be transferred to the new office unless you are doubled up with a host family in public or subsidized housing. If there is a problem, ask to speak with the Transfer Specialist in the new office. DTA Operations Memo 2012-39 (Aug. 27, 2012).

Part 7 Appeal Rights

87 What are my rights if DTA won't give me benefits, or reduces or stops my benefits?

If DTA denies benefits, or stops or lowers your benefits, you can ask for a "fair hearing." A fair hearing is a formal meeting at the local DTA office or a formal telephone or video conference. A hearings officer runs the hearing and decides who is right. 106 C.M.R. § 343.110.

You can ask for a fair hearing to challenge any DTA decision or action you disagree with. You can also challenge DTA's failure to act. 106 C.M.R. § 343.230.

Most DTA notices have a form on the back which you can use to request a fair hearing. See **Question 89** for more on how to file an appeal and **Appendix G** for a copy of the DTA "Request for a Fair Hearing" form. **Appendix I** lists the local legal services offices that may be able to advise or represent you.

Denials

You can appeal most actions DTA takes. For example, you can appeal if:

- DTA denies your application for any reason, including because the Disability Evaluation Service decides you are not disabled or because DTA decides you have too much income or assets;
- DTA denies or ignores your request for emergency services;
- DTA denies or ignores a request to correct an EAEDC underpayment. See **Question 68** regarding underpayments;
- DTA does not increase your EAEDC (for example, when your income goes down or you have;

Part 7 ■ Appeal Rights

- DTA denies or ignores your request to accommodate your disability.

You can ask for a hearing if the worker says you've been denied but never sends you written notice. You can also ask for a hearing if the worker just ignores your request.

Cuts, overpayments or terminations

In most situations, DTA must give you at least 10 days advance notice before your benefits are stopped or reduced. You can ask for a hearing if your benefits are stopped or reduced or if DTA says you were overpaid. See **Question 88** on whether you can keep your benefits while you are waiting for a hearing decision. You can also reapply for benefits while you are waiting for a hearing.

Worker bad conduct

You can ask for a hearing if your worker threatens you, makes unreasonable demands that do not follow the rules, violates your privacy, or doesn't treat you with dignity and respect. 106 C.M.R. § 343.235.

88

How much time do I have to ask for a fair hearing?

You usually have 90 days to get your fair hearing request to the Division of Hearings.

You have 120 days to ask for a hearing in worker bad conduct cases and cases where DTA fails to act on a request. 106 C.M.R. § 343.140.

What happens to your benefits while you are waiting for a decision on your appeal?

- In most situation, if your benefits are being cut off or reduced, you can keep your benefits while you are waiting for a hearing decision by making sure that the Division of Hearings gets your fair hearing request no later than 10 days after it sent notice of the cut-off or reduction, or before the effective date of the action, whichever is later. 106 C.M.R. § 343.250.

DTA can recover benefits you got while you were waiting for a hearing *if* you lose. 106 C.M.R. § 706.260. See **Question 95** for limits on recovering overpayments. Getting benefits while you are waiting for the hearing decision is called “aid pending appeal.”

Advocacy Reminders:

- ✓ It is almost always a good idea to appeal any denial, termination, or reduction in benefits you disagree with promptly. The appeal form asks if you do *not* want your benefits to continue while you wait for a hearing decision. It is almost always a good idea not to choose this option *except* when your EAEDC benefits are being terminated because DES denied your disability.
 - ***EAEDC terminations*** based on DES saying that you are *not disabled*:
 - If your doctor can say on a new medical report that you are disabled for at least 60 days, you can reapply for EAEDC right away and get EAEDC based on the new application. If that happens, you may not want to get aid pending your appeal.
 - If you have a question about getting aid pending, contact a legal advocate.
- ✓ Save any notices you get from DTA *and* the envelopes the notices come in. You may need the postmark on the envelope to show when the notice was sent.

See **Appendix G** for a copy of the Fair Hearing Request form.

89 How do I ask for a fair hearing?

You can ask for a hearing by

- sending a fax to Division of Hearings, FAX 617-348-5311, *or*
- writing to DTA Hearings, P.O. Box 4017, Taunton, MA, 02780-0314.

Fax is better because it is faster and you can get a fax receipt showing when you sent the request to the Division of Hearings.

Part 7 ■ Appeal Rights

Call 617-348-5321 or 1-800-882-2017 to see if DTA got your hearing request.

DTA has forms you can use to ask for a hearing. See sample in **Appendix G**. If you got written notice of DTA's decision, you can ask for a hearing by filling out the back of one copy of the notice. You can also just write your own letter. 106 C.M.R. § 343.240.

You should write the reason why you want a fair hearing. It is best to give a general reason, such as "I disagree with DTA's decision." If you are not sending the hearings division the original notice of action from DTA, you should give more detail about what action you want to appeal. You can also ask on your appeal form that:

- the hearing be held in your home if you are disabled and homebound, 106 C.M.R. § 343.310;
- an interpreter be provided for either a foreign language or for American Sign Language (ASL), 106 C.M.R. § 343.450(A)(9); and
- an "expedited" (quickly scheduled) appeal, if you do not have benefits and need help quickly, 106 C.M.R. § 343.300(A)(9).

Be sure to send your hearing request to the Division of Hearings, *not* your local DTA office.

90 I have the proof my worker wanted, should I still ask for a hearing?

You should always ask for a hearing, even if you now have the proof your worker wanted. If your worker approves your case while you are waiting for the hearing, you can withdraw (cancel) your fair hearing request so you do not have to go to the hearing. You can mail or fax your withdrawal to the Division of Hearings, see **Question 89**. If DTA approved your case or agreed to some or all of what you were asking for, you should write that in the withdrawal.

If you can give your worker the missing proof within 30 days of the notice denying or cutting your benefits, your benefits should be approved or reinstated. 106 C.M.R. § 702.160(B). You may also be able to get your worker to approve

your case if you bring in the proof after 30 days. 106 C.M.R. § 702.240, 343.350(B).

If the worker does not agree to approve your benefits at the amount you think is correct, you should go ahead with the hearing and provide your evidence to the hearing officer. The hearing officer is required under the fair hearing rules to accept any evidence presented at the hearing and determine if you were eligible, even if it was not provided to DTA before. 106 CMR 343.500(A).

91 How should I present my case at the hearing?

The hearing is your last chance to make sure DTA has the facts supporting your position, including any documents.

- Try to get a legal advocate to represent you at the hearing or to give you advice about representing yourself. 106 C.M.R. § 343.150. See **Appendix I** for a list of Legal Services offices. You can also bring a friend or relative for support or to assist you. 106 C.M.R. § 701.350.
- DTA should schedule you for a face-to-face hearing unless you ask for a video or telephone hearing. For most people, a face-to-face hearing is better. It is easier to understand what is happening at a face-to-face hearing, easier to handle documents, and easier for the hearing officer to determine who is telling the truth.
- If you need an interpreter, you should ask for one when you write your hearing request and at the hearing. 106 C.M.R. § 343.410. If you forgot to ask for an interpreter on your hearing request, you also can call the Division of Hearings at 1-800-882-2017 to request one for the hearing.
- You or your advocate can look at your entire file before the hearing (you need to get an appointment) and can use any papers from your file as proof. 106 C.M.R. § 343.340. This includes any information in your electronic (Beacon) file, and DTA must print out copies of any screens or information from your electronic file that you request. See DTA Transitions, January 2007, p. 7. You or your advocate can also ask DTA to send you papers and information from your file. 106 C.M.R. §§ 343.340.

Part 7 ■ Appeal Rights

- You should bring with you any proof you have. This includes proof you did not have before. The hearing officer must accept proof even if was not provided to DTA prior to the hearing. 106 C.M.R. §§ 343.410, 343.500(A).
- If your hearing is being conducted by telephone or video, you should insist on an opportunity to fax documents to the hearing officer. You should also insist that copies of any document DTA presents to the hearing officer be copied for you.
- You can bring witnesses. You can also get a paper ordering a witness to come to your hearing; this paper is called a "subpoena." 106 C.M.R. § 343.360. For example, you could have a subpoena sent to the vocational expert who reviewed your case and decided you are not disabled based on vocational factors. Talk with a legal advocate about how to do this.

Face-to-face hearings and most telephone and video hearings take place at your local DTA office in a separate room. Only the people who need to be there are allowed in—the DTA worker(s), you, your representative (if any), any witnesses, and the hearing officer. Everyone must testify under "oath or affirmation." The hearing must be recorded. 106 C.M.R. §§ 343.450, 343.500, 343.550.

Disability related hearings:

If the hearing is about whether you meet the disability requirements for the EAEDC program, a representative from the Disability Evaluation Service (DES) will testify over a speaker phone about DES' decision. The DES representative who testifies may not be the health professional who made the disability decision.

- You have the right to ask the DES representative to explain the specific reason for the DES decision. You can also remind the hearing officer that this individual, and in fact no one at DES, has personally examined you. You can argue that your treating health provider's opinion should be given more weight in the appeal than the opinions of medical persons who have never examined you.
- If you believe that DTA is using evidence that is unfair or unreliable—for example, an accusation from an unidentified person—tell the hearing officer that you "object." Objecting may make the hearing officer think twice about relying on this information. Also, if you lose the hearing and appeal to court, the court can consider whether the hearing officer made a mistake by admitting the evidence you objected to.

- If you are not receiving benefits, you can ask the hearing officer to decide your case right away with an "interim" (not final) decision.

Advocacy Reminders:

- ✓ DTA regulations allow it to schedule your hearing by telephone or video, 106 C.M.R. § 343.120, but it is current DTA policy not to schedule a telephone hearing unless you ask for one, and DTA does not currently schedule video hearings. If DTA schedules you for a telephone or video hearing and you want a face-to-face hearing, call the Division of Hearings right away (617-348-5321 or 1-800-882-2017) and say you want a face-to-face hearing. If DTA won't give you a face-to-face hearing, be sure to say on the record of the hearing that you want a face-to-face hearing.
- ✓ The hearing officer must take evidence and decide the issues "de novo" (anew) based on what is presented at the hearing. The eligibility date is the date all eligibility conditions were met regardless of when the evidence was submitted. 106 C.M.R. § 343.500.
- ✓ You can ask the hearing officer to keep the record open to submit additional evidence after the hearing date. 106 C.M.R. § 343.500.
- ✓ If you think the interpreter is not interpreting correctly, object to the hearing and ask for a different interpreter. See **Question 82**. DTA Field Operations Memo 2012-11(March 19, 2013).

92 When will I get a decision and what should I do if you lose?

If you asked for a hearing because your application was denied, the hearing officer must decide your case within 45 days after you appeal.

In all other cases, the hearing officer must decide within 90 days of your appeal. Time will be added for any delays caused because you asked for a rescheduling or more time to submit proofs or written arguments. 106 C.M.R. § 343.140.

If you win, you should get any benefits DTA owes you within 30 days of the decision. 106 C.M.R. § 343.640. If you lose your fair hearing, don't give up! Reapply for benefits, and get in touch with your local Legal Services office right away. See **Appendix I**.

You have 14 days to ask for a remand and 30 days to file in superior court to challenge the hearing officer's decision (be sure to allow time to get the court papers ready). 106 C.M.R. §§ 343.710, 343.720.

Advocacy Reminder:

- ✓ You can fax your remand request to the DTA Commissioner, fax number **617-348-8575**.

93 Can I fix problems without going to a hearing?

You can always try to fix problems by talking with your worker, your worker's supervisor, the Assistant Director or the Director.

You can also ask the DTA Ombuds Office, 617-348-5354. When the issue is missing verification and the verification has been provided, DTA is required to take action to adjust your benefits. 106 C.M.R. §§ 702.240, 343.350(B).

Even if you are trying to fix the problem, you should be sure to ask for a hearing right away. You can always cancel the hearing if you settle your case or decide not to pursue the appeal. 106 C.M.R. § 343.350.

For legal help, call the nearest Legal Services office. See **Appendix I**.

Advocacy Reminders:

- ✓ Advocates may need a signed release from the client to discuss a client's case with a DTA worker, supervisor, assistant director, director or the Ombuds Office. You can fax the release to the Electronic Document Management (EDM) Center, **fax 617-887-8765**.
- ✓ If you cannot send a release, you may be able to do a three-way call with the client, DTA and the advocate.

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Part 8 Overpayments and Fraud

94 What if I am overpaid?

If you get more benefits than you are eligible for, DTA can recover the overpayment. An overpayment can happen because of a DTA mistake, your mistake, or because you got benefits while you were waiting for a hearing decision and lost the hearing. 106 C.M.R. § 706.220. These mistakes are considered Unintentional Program Violations (UPVs). DTA Online Guide: Cross Programs > Overpayment and Recovery > Unintentional Program Violations.

If DTA thinks the overpayment happened because of your mistake or because you committed fraud, it may consider the overpayment an Intentional Program Violation (IPV) or refer your case to the Bureau of Special Investigations (BSI). 106 C.M.R. § 706.240.

DTA can also try to recover EAEDC benefits you used to buy alcohol, tobacco products, lottery tickets, or other prohibited items. See **Question 72**. 106 C.M.R. § 706.250(D).

95 Do I have to repay an unintentional program violation?

First, DTA will decide if the overpayment was “intentional” (for example, fraud) or “unintentional” or was the result of a DTA mistake, called an “agency error.”

If the overpayment happened because of your mistake or a DTA mistake and DTA agrees is an “unintentional overpayment,” DTA does not seek recovery (repayment) of an overpayment

Part 8 ■ Overpayments and Fraud

- If the overpayment occurred 12 or more months before DTA discovered the problem. See DTA Online Guide: Cross Programs > Overpayment and Recovery > Unintentional Program Violations.
- If the overpayment is less than \$125 and you are not a current recipient. See 106 C.M.R. § 706.280; DTA Field Operations Memo 2006-24 (May 19, 2006).
- If you cannot repay the overpayment within three years without financial hardship, DTA may reduce the claim to the amount that can be recovered in three years. If you are a current recipient, DTA will not reduce the claim below what could be collected through automatic benefit reduction (\$10 or 10 percent of the EAEDC benefits (Standards of Assistance) you are getting, whichever is greater). See DTA Online Guide: Cross Programs > Overpayment and Recovery > Unintentional Program Violations.

The date of discovery is the date the overpayment is verified or the date the household fails to respond to or verify an overpayment inquiry. See DTA Operations Memo 2014-35 (May 15, 2015).

- DTA considers information it gets from a match with the original source of the information to be verified when DTA receives it. Examples are unemployment benefits reported by the Division of Unemployment Assistance and Social Security benefits reported by the Social Security Administration. In these cases, the day DTA receives the match is the date the overpayment is considered verified.
- DTA does not consider wage information it gets from the Department of Revenue to be “verified” when DTA receives it. Such information is considered verified when the household provides paystubs or when the household fails to respond to a notice to verify wage information.

Advocacy Reminders:

- ✓ If DTA says you were overpaid, you can appeal. See **Question 87**. You can also ask DTA to send you a copy of the overpayment packet (overpayment information) in your case. If you think DTA made a mistake you should tell them.

- ✓ DTA may suspend collection for an unintentional program violation if you are no longer a recipient or DTA determines that collecting the claim will cost more than the amount it will be able to get from you.
- ✓ If you failed to report a change, but it would not have affected your benefits, then there is no overpayment (for example, if you failed to report income considered noncountable).
- ✓ If you do not report a change by mistake, the overpayment period begins when the change would have been effective if it had been reported on time. See DTA Online Guide: Cross Programs > Overpayment and Recovery > Unintentional Program Violations. For example, you usually have 10 days to report a change and then DTA has to give you at least 10 days' notice before it takes action to reduce or terminate your benefits. The overpayment therefore should not begin until the date the DTA notice would have been effective if you had reported on time, usually 20 or more days from when the change occurred.
- ✓ DTA can offset an underpayment (money DTA owes you) by an established overpayment (money you owe DTA). 106 C.M.R. § 706.210.

96

What is an intentional program violation? What is welfare fraud?

An intentional program violation (IPV) is purposely giving false or misleading information, hiding information in order to get benefits you are not eligible for, or not reporting a change that would reduce or end your benefits. 106 C.M.R. § 706.300. Purposely giving false or misleading information or hiding information in order to get benefits may also be welfare fraud and may trigger criminal prosecution.

Advocacy Reminders:

- ✓ DTA uses Social Security Number (SSN) matches with the Department of Revenue, Registry of Motor Vehicles, banks and other financial institutions, the Department of Correction and other state and federal agencies to detect

Part 8 ■ Overpayments and Fraud

unreported income, assets or other eligibility factors. See **Question 39**. If you disagree with an action DTA is taking based on information from a computer match, you have a right to appeal. See **Part 7**.

- ✓ Contact an advocate if you are notified of an IPV or administrative disqualification hearing.
- ✓ You might consider arguing any of the following, if they are relevant to your situation, to help show that DTA did not meet its burden of proving that you committed an IPV:
 - DTA failed to give you written notice about your requirements in your own language;
 - You reported a change to the DTA office but DTA failed to record the change or lost the documents (always keep proof of reporting a change);
 - DTA relied on information from its computer system that you can show is not accurate;
 - You have a mental impairment which prevented you from purposely acting to defraud DTA. A statement from a health provider, such as a therapist, may be useful in showing that you did not act purposely.

97

When can my benefits be stopped for an intentional program violation?

If you are found guilty of an IPV by a court of law or by a DTA hearing officer, or you waived your right to an IPV hearing or signed a consent agreement in court, you will not be eligible for EAEDC benefits *for yourself* for

- 6 months for the first violation,
- 12 months for the second violation, *and*
- forever for the third violation. 106 C.M.R. §§ 706.305, 706.340.

Part 8 ■ Overpayments and Fraud

DTA has to follow special notice and hearing rules if it has charged you with an IPV. 106 C.M.R. § 706.320-706.345.

If you are not currently receiving benefits, DTA will wait to start the disqualification period until you reapply and become eligible in the future. 106 C.M.R. § 706.305(A).

In addition to disqualifying you from benefits for an IPV, DTA will recover the overpayment by taking money out of your current or future benefits. See **Questions 99-100**.

There are separate but similar IPV rules for food stamps. 106 C.M.R. §§ 367.500-367.800.

Advocacy Reminders:

- ✓ Although DTA can recover the overpayment by *cutting* benefits for children or other people who were on the same grant with the person who committed the IPV, DTA can only *stop* benefits for the person who committed the intentional program violation.
- ✓ The period of disqualification must begin with the first possible month after written notice of the IPV decision. 106 C.M.R. § 706.305. If DTA misses that date, you should not be disqualified for additional months that DTA missed.
- ✓ An IPV is a very serious matter. Contact Legal Services right away if you get notice of an IPV. See **Appendix I**.
- ✓ You can lose benefits forever if a court convicts you of fraud of \$1,000 or more, even if this is the first conviction. You can lose your benefits for ten years if a court convicts you of intentionally trying to get benefits from two states at the same time. 106 C.M.R. § 706.305(B).

98 What should I do if I am contacted by the Bureau of Special Investigations (BSI)?

If DTA thinks you were overpaid because of your mistake or because you committed fraud, it may refer your case to BSI. 106 C.M.R. § 706.240. DTA may also refer applications to BSI if the worker thinks you are lying about something.

BSI may tell you to come in for an interview. You do not have to go to the interview. Your benefits will not stop just because you do not go to the interview. But, if you do not go, BSI may decide to send the case back to DTA to collect the overpayment or refer the case for a prosecution for welfare fraud.

If you do go a BSI interview, ***you have the right to remain silent. Anything you say can be used against you.*** Try to consult with an advocate before you say anything. It may be best to remain silent even if you have not done anything wrong. You do not have to give BSI names of people to talk to.

Do not sign anything unless BSI has shown you how it figured the overpayment, you are sure that all the calculations are correct, and you agree with everything in the statement you are signing. Do not agree to a repayment schedule that you will not be able to keep or that will cause your family hardship. If you are unsure, consult an advocate first.

99 Can DTA cut my benefits to pay itself back?

If you are a current recipient, DTA can recover both fraud and non-fraud overpayments by reducing your monthly benefits. 106 C.M.R. § 706.250. This includes overpayments that happened because of a DTA mistake, your mistake or because you got benefits while you were waiting for a hearing ***and*** you lost the hearing. 106 C.M.R. § 706.220.

DTA will reduce your EAEDC by 10% of your Standard of Assistance (grant). 106 C.M.R. § 706.290(B). For example, if you have no other income and get a

grant of \$303 a month, DTA will cut your grant by 10%, or \$30.30 a month, to pay an overpayment.

BSI or DTA may try to get you to agree to a bigger reduction. You can refuse. 106 C.M.R. § 706.290(B). Be careful not to agree to repay so much that you do not have enough for your expenses.

You have the right to advance notice and an opportunity for a hearing before your benefits are reduced. 106 C.M.R. §§ 706.210, 343.225. DTA may say you cannot challenge the overpayment at this point, so if you think the overpayment did not happen or the amount is not correct, you should request a hearing when you first get notice of the overpayment and should not wait to receive notice of the reduction before asking for a hearing.

DTA can also recover the overpayment by not paying you for an underpayment you are owed. This is called "offsetting."

100 How does DTA collect overpayments if I am not receiving benefits?

DTA has several ways of collecting overpayments from former recipients.

Tax intercept. The Department of Revenue (DOR) may intercept your *state* tax refund to pay back an overpayment. Before your state tax refund is intercepted, you should get notice from DTA. You can ask for a DTA hearing to show that you were not overpaid or that the amount of the overpayment is wrong. See **Part 7**. You will also get notice after the intercept, but DTA says you cannot challenge the overpayment after the intercept, so try not to wait for the intercept to ask for a hearing.

Wage attachment. DTA regulations also allow DTA to attach your wages to collect overpayments established by a court order, DTA hearing, or agreement. G.L. c. 18, § 30; 106 C.M.R. § 706.295. The first \$500 a week in gross wages cannot be attached. G.L. c. 235, § 34.

Offsetting a payment from another agency. DTA can collect an overpayment by stopping a payment owed to you by another state agency, such as a

Part 8 ■ Overpayments and Fraud

transportation reimbursement. G.L. c. 7A, § 3; 815 C.M.R. § 9.00. Consult an advocate if this happens to you.

Other collection methods. DTA can turn over the debt to a collection agency. A collection agency is not permitted to harass you, cannot threaten to take the first \$500 a week in gross wages, and can only take amounts in excess of \$2,500 from a bank account. G.L. c. 235, § 34; 940 C.M.R. § 7.07(18).

101 Can I go to jail? Will I have a criminal record?

If BSI decides that you committed welfare fraud and that the overpayment was not just a mistake, you can be prosecuted. If you get notice of a criminal complaint, you should plead "not guilty" and ask the court to appoint a lawyer for you. Legal Services programs do not represent people in criminal matters but they may be able to help you and your lawyer figure out whether BSI correctly computed what you owe.

If you plead guilty or you are found guilty, you will probably not have to go to jail, but the criminal record may make it harder for you to get a job, get credit, or get housing. A criminal record may also cause immigration problems. You may have to pay back the money the court decides you owe. If the court finds that you committed an IPV, your benefits can be stopped. If you are convicted of or plead guilty to fraud of \$1,000 or more, you may be permanently ineligible for EAEDC. 106 C.M.R. § 706.305. See **Question 97**.

APPENDIX A
EAEDC MEDICAL REPORT FORM

| PATIENT INFORMATION | |
|---|---|
| <hr/> <div style="text-align: center;">Last Name</div> | <hr/> <div style="text-align: center;">First Name</div> |
| <hr/> <div style="text-align: center;">Date of Birth</div> | <hr/> <div style="text-align: center;">Social Security Number</div> |
| <hr/> <div style="text-align: center;">Address (Street, City, State, Zip Code)</div> | |
| <div style="text-align: center;">()</div> <hr/> <div style="text-align: center;">Telephone Number</div> | |

Massachusetts Department of Transitional Assistance

EAEDC Medical Report

General Instructions to Medical and Mental Health Care Providers

Your patient has applied for cash and medical assistance under a DTA program as disabled. To be eligible, your patient must file an EAEDC Medical Report so that eligibility can be determined. Regulations for a disability determination require that a diagnosis be supported by specific clinical findings. The medical data provided by you in the report (clinical findings, diagnosis, test results) will be used by DTA to determine disability.

For these purposes, an individual is disabled if he or she has an impairment or combination of impairments that is expected to last 60 days or more and that substantially reduces or eliminates the applicant's or client's ability to support himself or herself.

If you need a copy of DTA's regulations regarding a disability determination, telephone (617) 348-5299 and leave a message or refer to DTA's regulations by visiting the Mass.gov website at:

<http://www.mass.gov/eohhs/docs/dta/g-reg-320.pdf>

The Department will pay for the medical evaluations needed to complete a Medical Report, including diagnostic tests, through its regular medical billing system (newMMIS). Please use your regular MassHealth Provider Number when submitting invoices for these services.

- The EAEDC Medical Report must be signed by a Competent Medical Authority. Please refer to page **10** for details before proceeding further.
- The EAEDC Medical Report must include an objective report of clinical findings and current functioning.
- It is essential that, when you complete the EAEDC Medical Report, you supply *all relevant information*.
- Complete the EAEDC Medical Report in full with respect to the conditions that are relevant to the patient. Sign and return it to the patient or mail it to: DTA Document Processing Center, P.O. Box 4406, Taunton MA 02780-0420, or fax to (617) 887-8765 indicated on page **11**.

| |
|--|
| <p>Call UMASS/Disability Evaluation Services (DES) at 1-800-888-3420 with questions you may have regarding the completion of this report.</p> |
|--|

EAEDC Medical Report

Department of Transitional Assistance (DTA) and Disability Evaluation Services (DES) Medical Records Release Form

Sign this form to let your medical and mental health care provider share information with UMASS/Disability Evaluation Services (DES).

HOW TO FILL OUT THIS FORM

Your medical and mental health care provider will only send medical records to UMASS/Disability Evaluation Services if you fill out the form right. Follow these steps:

- 1. Fill out this Medical Records Release Form before you give the EAEDC Medical Report to your medical and mental health care provider. A medical and mental health care provider is a doctor, nurse, psychologist, psychiatrist, therapist, nurse practitioner, physical therapist, chiropractor, hospital, health center, clinic or other medical or mental health provider.**
- 2. Fill out every section of the Medical Records Release Form. DES can only get your medical information if you fill out every section. DES will decide your case without the information if DES cannot get it.**
- 3. Sign and date the Medical Records Release Form with a pen. Do not sign with a pencil. Sign the form yourself. You cannot use a copy or stamp of your signature.**

SECTION I

Your Name and Address

| | |
|---------------------------------|----------------------------------|
| Print name of applicant/client: | Telephone Number: () |
| Street address: | Date of birth: |
| City/Town | State: ZIP: |

SECTION II

Health Care Provider's Name and Address

| |
|---|
| Name of doctor, nurse, psychologist, psychiatrist, therapist, nurse practitioner, physical therapist, chiropractor, hospital, health center, clinic or other medical or mental health provider. |
| Street address: |
| City/Town State: ZIP: |
| Telephone Number: () |

(continued on back) ►

EAEDC Medical Report

SECTION III

I allow the medical and mental health care provider listed in Section II to share with DTA and Disability Evaluation Services (DES):

- my medical records;
- other information about my time in a hospital;
- other information about any of my medical care.

I allow the medical and mental health care provider to share all information about my health. This includes information about:

- my mental health;
- my AIDS/HIV status;
- drug and alcohol abuse;
- how my health problems affect my ability to work;
- how my health problems affect what I do every day.

✓ **Check here if you do NOT allow the medical and mental health care provider to share your AIDS/HIV status:**

SECTION IV

I understand that I can cancel this permission at any time. I can cancel this permission by sending a letter to my medical and mental health care provider. I understand that this permission ends six months from the date I sign this Medical Records Release Form, if I do not cancel it before then.

I understand that my medical and mental health care provider may send information to DTA and DES before I cancel my permission. I understand that my medical and mental health care provider cannot get the information back after sending it.

I understand that it is my choice to let my medical and mental health care provider share medical information with DTA and DES. I do not have to give permission. I also understand that DTA and DES will decide about my disability without the information if I do not let my medical and mental health care provider share it.

SECTION V

| | |
|--------------------------------|-------|
| Signature of applicant/client: | Date: |
|--------------------------------|-------|

If the person signing this form has legal authority to act for the applicant/client (such as a legal guardian), give us the following information:

| | |
|--|-------|
| Signature of person completing this form: | |
| Printed name: | Date: |
| What kind of authority do you have to sign for the applicant/client? | |

EAEDC Medical Report

Medical Standards

You may reference the Department's Medical Standards at 106 CMR 320.200 or at:
http://www.mass.gov/Eeohhs2/docs/dta/g_reg_320.pdf

| Check the standards that apply to this patient's impairment(s): | |
|---|---|
| Musculoskeletal System | Endocrine System |
| Special Senses & Speech | Multiple Body System |
| Respiratory System | Neurological System |
| Cardiovascular System | Mental Disorder |
| Digestive System | Immuno - suppressive Disorder |
| Genitourinary System | Neoplastic Diseases - Malignant |
| Hemic & Lymphatic Systems | Medically Equivalent/Combination of Impairments |
| Skin | |

Part I – Medical Information

| IA. Physical Examination - Please include both normal and abnormal findings. (For mental health or cognitive conditions only, skip to Part II.) | | | | | |
|---|-----------------|---------|------------------------------------|--------|-------------------|
| Date of exam: ____/____/____ (Must be within 30 days of this report being completed.) | | | Have you seen this patient before? | | |
| Patient complains of: | | | | | |
| Medical history - Include hospitalizations within the past five years. (List facilities, dates and reasons for admission(s): | | | | | |
| Temperature: | Blood Pressure: | Height: | Weight: | Pulse: | Respiratory Rate: |

EAEDC Medical Report

| IA. Physical Examination - Please include both normal and abnormal findings. (For mental health or cognitive conditions only, skip to Part II.) | |
|---|--|
| General appearance: | |
| HEENT: | |
| Cardiovascular system: | |
| Lungs: | |
| Abdomen: | |
| Musculoskeletal exam (Please include range of motion of affected joints.): | |
| Neurological system <ul style="list-style-type: none"> • Reflexes: • Motor Strength: • Sensation (light touch, pin prick, vibration and position): • Cranial Nerves: • Cerebellar function (include observed ambulation): • Mental status (i.e., oriented X3, confused, etc.) | |
| Skin: | |
| Additional findings not noted above (i.e. lab findings, x-rays, MRI's, referrals with dates): | |
| Is the patient's condition chronic? <input type="checkbox"/> no <input type="checkbox"/> yes If the patient's condition is chronic, is improvement expected? <input type="checkbox"/> no <input type="checkbox"/> yes If improvement is expected, what is the year and month that improvement is expected? _____ | |
| Additional comments: | |
| | |

EAEDC Medical Report

I B. Physical Examination -Assessment and Plan

| <u>Diagnosis</u> | <u>List of Medications</u> | <u>Treatment Plan</u> |
|--|----------------------------|-----------------------|
| <p>Diagnosis:</p> <p>Onset Date: ____/____/____ If known, date of diagnosis: ____/____/____ Anticipated duration:</p> | | |
| <p>Diagnosis:</p> <p>Onset Date: ____/____/____ If known, date of diagnosis: ____/____/____ Anticipated duration:</p> | | |
| <p>Diagnosis:</p> <p>Onset Date: ____/____/____ If known, date of diagnosis: ____/____/____ Anticipated duration:</p> | | |
| <p>Diagnosis:</p> <p>Onset Date: ____/____/____ If known, date of diagnosis: ____/____/____ Anticipated duration:</p> | | |
| <p>Diagnosis:</p> <p>Onset Date: ____/____/____ If known, date of diagnosis: ____/____/____ Anticipated duration:</p> | | |

Which of the above, if any, is a result of accident or injury?

If applicable, please give a general description:

EAEDC Medical Report

Part II – Mental Health and Cognitive Information

| II A. Mental Health and Cognitive Examination Please include both normal and abnormal findings. (If no mental health or cognitive conditions, skip to Part III.) | |
|---|------------------------------------|
| Date of exam: ____/____/____ (Must be within 30 days of this report being completed.) | Have you seen this patient before? |
| Patient complains of: | |
| History- Include hospitalizations within the past five years. List facilities, dates and reasons for admission(s). | |
| Current clinical signs and symptoms (i.e., sleep disturbance, anhedonia, panic attacks, flashbacks, nightmares, etc.): | |
| Appearance/attitude/behavior: | |
| Orientation (person, date, place): | |
| Mood and affect: | |
| Speech (pressured, paucity of speech, etc.): | |
| Thought process (dissociation, blocking, flight of ideas, etc.): | |
| Thought content (phobias, obsessions, delusions, ideas of reference, etc): | |
| Perceptions (i.e., hallucinations): | |
| Cognition (level of intellectual function, ability to concentrate, ability to learn): | |
| Additional comments: | |

EAEDC Medical Report

II B. Mental Health and Cognitive Examination - Assessment and Plan

| <u>Diagnosis</u> | <u>List of Medications</u> | <u>Treatment Plan</u> |
|---|----------------------------|-----------------------|
| Diagnosis: Onset Date: ____/____/____ If known, date of diagnosis: ____/____/____ Anticipated duration: | | |
| Diagnosis: Onset Date: ____/____/____ If known, date of diagnosis: ____/____/____ Anticipated duration: | | |
| Diagnosis: Onset Date: ____/____/____ If known, date of diagnosis: ____/____/____ Anticipated duration: | | |
| Diagnosis: Onset Date: ____/____/____ If known, date of diagnosis: ____/____/____ Anticipated duration: | | |
| Diagnosis: Onset Date: ____/____/____ If known, date of diagnosis: ____/____/____ Anticipated duration: | | |

Which of the above, if any, is a result of accident or injury?

If applicable, please give a general description:

EAEDC Medical Report

Part III – Additional Impairments

| III. Additional Impairments |
|--|
| <p>List any other impairment(s) that may affect the patient's ability to work. List the impairment(s) and any resulting limitations in functioning. If you know the medical and mental health care provider who diagnosed or treated the patient for it, provide the medical and mental health care provider's name, address and telephone number.</p> |
| |

Part IV – Effect on Activities of Daily Living

| IV. In as much as you know, does the patient's medical, mental health, and/or cognitive condition(s) impact ability to perform daily activities such as: | | |
|--|--------------|---|
| Activity | Check if yes | If yes, please describe the impact on daily activities: (Attach additional page if needed) |
| Personal hygiene and dressing | | |
| Ordinary housework | | |
| Food shopping | | |
| Driving | | |
| Managing medications | | |
| Using a computer | | |
| Placing an emergency phone call | | |
| Visiting family and/or friends | | |
| Other | | |

EAEDC Medical Report

Part V – Conclusions

**Does this patient have a physical, mental health, or cognitive impairment(s) affecting ability to work?
(Check one of the following.)**

No, this patient does not have a physical, mental health, or cognitive impairment(s) affecting his or her ability to work.

Yes, this patient does have a physical, mental health, or cognitive impairment(s) affecting his or her ability to work which is NOT expected to last sixty (60) days or more.

Yes, this patient does have a physical, mental health, or cognitive impairment(s) affecting his or her ability to work AND the impairment(s) is expected to last :

60 to 90 days
 3 to 6 months
 6 to 12 months
 more than a year

Yes, this patient has a physical, mental health, or cognitive impairment(s) that does not meet or equal the Department’s Medical Standards or the SSI Listing of Impairments but does affect his or her ability to work AND the impairment(s) is expected to last :

60 to 90 days
 3 to 6 months
 6 to 12 months
 more than a year

Part VI – Signature of *Competent Medical Authority*

This Medical Report must be signed by a **Competent Medical Authority**. Per 106 CMR 701.600, a Competent Medical Authority is a physician, osteopath, nurse practitioner, or psychologist licensed by the Commonwealth of Massachusetts, including a physician or psychiatrist from a Veterans Administration Hospital or clinic or from a Massachusetts Department of Mental Health facility or, for the limited purpose of diagnosing pregnancy and pregnancy-related incapacity, a nurse-midwife or who meets the educational and certification requirements mandated by Massachusetts state law and/or regulations.

Printed Name of *Competent Medical Authority*

(_____)_____
Telephone Number

Address (Street, City, State, Zip Code)

Signature of *Competent Medical Authority*

____/____/____
Date

You may be contacted by someone at UMASS/Disability Evaluation Services (DES) if there are questions about this Medical Report. It is important to respond to these inquiries as they may relate to your patient’s eligibility for benefits through the Department of Transitional Assistance.

EAEDC Medical Report

THIS REPORT MUST BE COMPLETED IN ITS ENTIRETY, SIGNED AND
RETURNED TO THE PATIENT OR MAILED TO:

**DTA Document Processing Center,
P.O. Box 4406
Taunton, MA 02780-0420
Or
Fax to (617) 887-8765**

By: ____/____/____

APPENDIX B

EAEDC DISABILITY SUPPLEMENT

This DTA document is also available for downloading in both English and Spanish. You can access it on www.MassLegalServices.org in the Benefits Category.

Department of Transitional Assistance
Emergency Aid to the Elderly, Disabled and Children
Disability Supplement

Do you need help to fill out the attached form? Call DTA at 1-877-382-2363. DTA can help you fill out the form.

You told DTA that you cannot work because of one or more health problems. UMASS/Disability Evaluation Services (DES) decides for DTA if you are disabled under the Emergency Aid to the Elderly, Disabled and Children (EAEDC) program. DES will look at your medical records and other information to make this decision.

The attached form is called a “Disability Supplement.” DES needs answers to the questions on this form to decide if you are disabled under DTA’s rules. The form asks questions about your health problems and where you get treatment. The form also asks questions about your work history, your time in school, and what you do each day.

To get EAEDC based on your disability, you must:

- fill out the Disability Supplement and mail it to: DTA, P.O. Box 4406, Taunton, MA 02780-0420, or Fax to 617-887-8765;
- submit an EAEDC Medical Report; and
- cooperate with DES.

If you do not do these things DTA may deny or close your case.

Tell DTA right away if you need help to fill out the Disability Supplement.

Tell DTA right away if you need help to find a doctor.

Department of Transitional Assistance
Emergency Aid to the Elderly, Disabled and Children
Disability Supplement

HOW TO FILL OUT THE DISABILITY SUPPLEMENT:

- **Sign and date a Medical Records Release Form for each medical and mental health provider listed on page 3, Part 2: Information about all Your Medical and Mental Health Providers. Medical and mental health providers may include doctors, nurses, psychologists, psychiatrists, therapists, nurse practitioners, physical therapists, social workers, chiropractors, hospitals, health centers, or clinics from whom you receive treatment. It is very important that you sign and date a different form for each provider. DES will return the forms to you if you do not sign and date a different form for each provider.**

- Type or print clearly.

- Use a pen. Do not use a pencil.

- Fill out the form the best you can. Call DTA if you have questions or need help to fill out the form. You can also call the DES Help Line at 1-888-497-9890 for help filling out this form.

- Write down details about every medical **and** mental health problem you have.

- Mail the completed original form to: DTA, P.O. Box 4406, Taunton, MA 02780-0420.

DTA will send the Disability Supplement and the EAEDC Medical Report to DES. DES will review the forms. DES will ask for medical records from all of the doctors and other health care providers that you list on the form. DES will call you or send you a letter if it needs more information.

DES will decide your case faster if you fill out every part of the Disability Supplement. DES will decide your case faster if you sign and date a separate Medical Records Release Form for **each** medical and mental health provider.

Disability Supplement

Tell DTA if you need help with this form. You can also call the UMASS/Disability Evaluation Services (DES) Help Line at 1-888-497-9890.

Information about you

| | | | |
|--------------------------|-------------------|--|--|
| Last Name | First Name | Middle Initial | Social Security Number - - |
| Street Address | | Apartment Number/Suite | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| City/Town | | ZIP Code | Date of Birth / / |
| Home Telephone Number | Cell Phone Number | Work/Other Phone Number | |
| Case Name (if different) | | Case Social Security Number (if different) | |

Fill out every section of this form. If you do not fill out every section, we may not be able to decide if you are disabled.

We may need to schedule a doctor's appointment for you. What are the best times for you to go to an appointment? Please check all the times that are best for you.

| | | | | |
|---|---------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Any time is ok | | | | |
| <input type="checkbox"/> Monday A.M. | <input type="checkbox"/> Tuesday A.M. | <input type="checkbox"/> Wednesday A.M. | <input type="checkbox"/> Thursday A.M. | <input type="checkbox"/> Friday A.M. |
| <input type="checkbox"/> Monday P.M. | <input type="checkbox"/> Tuesday P.M. | <input type="checkbox"/> Wednesday P.M. | <input type="checkbox"/> Thursday P.M. | <input type="checkbox"/> Friday P.M. |

| |
|--|
| Did you apply for Social Security or SSI/SSDI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, did you see a doctor for an exam? Doctor's Name: _____ |
| Date of exam: ____/____/____ |

| |
|---|
| Have you ever experienced domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, are you working with a domestic violence specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please tell us the person's name and phone number: |

Disability Supplement**Part 1. Your Health Problems**

List and describe all your medical and mental health problems. Write down everything that makes it hard for you to work. Write down details about a problem even if you do not get treatment or take medicine for the problem.

| List your medical and/or mental health problems. | Describe the symptoms or pain related to each health problem. | Date when problem started. | Medications |
|---|--|-----------------------------------|--------------------|
| <i>Depression</i> EXAMPLE | <i>Very tired all the time. Hard to get out of bed in the morning. I cry a lot during the day. I can't control when I cry.</i> | <i>April 2007</i> | <i>None</i> |
| <i>Back pain</i> EXAMPLE | <i>Pain starts in my lower back and goes down my leg</i> | <i>June 2002</i> | <i>Skelexin</i> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Did any of your health problems start because of an accident or injury? Yes No

If yes, please explain:

Disability Supplement

Part 2. Information about all your Medical and Mental Health Providers

Did you get any health care in the past year? Yes No

Please list every doctor, nurse, psychologist, psychiatrist, therapist, nurse practitioner, physical therapist, social worker, chiropractor, hospital, health center, or clinic that treated you for any of your health problems since they started. If you cannot remember them all, do the best you can. You can write on a separate piece of paper if you run out of space.

| Name of Doctor, Nurse, Psychologist, Therapist, Nurse Practitioner, Physical Therapist, Social Worker, Chiropractor, Hospital, Health Center, or Clinic | Reason for Visit | Was this visit in the past year? |
|---|------------------|--|
| | | <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 |
| | | <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 |

Please fill out a Medical Records Release Form for each doctor, nurse, psychologist, psychiatrist, therapist, nurse practitioner, physical therapist, social worker, chiropractor, hospital, health center, or clinic on this list. Be sure to sign and date each form.

These Medical Records Release Forms are at the end of this form.

Part 3. Where You Live

Where do you live? (Check one.)

| | | | |
|---|--|-------------------------------------|---|
| <input type="checkbox"/> House or apartment | <input type="checkbox"/> Homeless | <input type="checkbox"/> Group Home | <input type="checkbox"/> State Facility |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Rehabilitation Hospital | | <input type="checkbox"/> Other (describe) |

Disability Supplement**Part 4. What You Can Do**

Are you:

 Right Handed? Left Handed?Do your medical or mental health problems **make it hard for you** to do any of the following things?

| | If Yes, check here | If yes, please explain: |
|--|--------------------------|--|
| Dress and bathe EXAMPLE | ✓ | <i>My shoulder pain makes it hard for me to lift my arm over my head. This makes it hard to put on shirts or wash my hair.</i> |
| Do regular housework EXAMPLE | ✓ | <i>When I am depressed, I don't care if my house is clean.</i> |
| Sit | <input type="checkbox"/> | |
| Stand | <input type="checkbox"/> | |
| Walk | <input type="checkbox"/> | |
| Bend | <input type="checkbox"/> | |
| Reach | <input type="checkbox"/> | |
| Lift | <input type="checkbox"/> | |
| Remember | <input type="checkbox"/> | |
| See | <input type="checkbox"/> | |
| Hear | <input type="checkbox"/> | |
| Use your hands | <input type="checkbox"/> | |
| Dress and bathe | <input type="checkbox"/> | |
| Do regular housework | <input type="checkbox"/> | |
| Listen to music | <input type="checkbox"/> | |
| Watch TV | <input type="checkbox"/> | |
| Use a computer | <input type="checkbox"/> | |
| Read | <input type="checkbox"/> | |
| Talk on the phone | <input type="checkbox"/> | |
| Arts and Crafts | <input type="checkbox"/> | |
| Go outside | <input type="checkbox"/> | |
| Go for a walk | <input type="checkbox"/> | |
| Get from one place to another | <input type="checkbox"/> | |
| Go shopping | <input type="checkbox"/> | |
| Go to the doctor | <input type="checkbox"/> | |
| Visit friends and family | <input type="checkbox"/> | |

Disability Supplement**Part 4. What You Can Do (continued)**

| Do your medical or mental health problems make it hard for you to do any of the following things? | | |
|--|--------------------------|-------------------------|
| | If Yes, check here | If yes, please explain: |
| Go out to eat | <input type="checkbox"/> | |
| Go to school | <input type="checkbox"/> | |
| Handle money | <input type="checkbox"/> | |
| Use an ATM | <input type="checkbox"/> | |
| Drive a car | <input type="checkbox"/> | |
| Take a bus or train | <input type="checkbox"/> | |
| Play sports | <input type="checkbox"/> | |
| Other (describe) | <input type="checkbox"/> | |

Part 5. Your Language

| | |
|---------------------------------------|---|
| Do you speak English? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited |
| Do you understand English? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited |
| Do you read English? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited |
| Do you write English? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited |
| What is your first language? | |
| Can you read in your first language? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited |
| Can you write in your first language? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited |

Part 6. School

| 1. Check the highest grade of school you finished. | | | | | | | | | |
|--|-----------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | <input type="checkbox"/> GED | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17+ |

| | |
|--|--|
| What year did you finish this grade? | |
| Where did you go to school? | |
| Did you repeat any grades? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Were you in special education? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure |
| Did you finish more than 12 years of school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please list your degree and major: | |

Disability Supplement

| | |
|---|--|
| Did you get any other training? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please fill out the sections below. | |

| Type of Training | Year | Finished | Certified/Licensed? |
|------------------|------|--|--|
| Building Trades | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Electronics | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cooking | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Auto Mechanic | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Computers | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hairdressing | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cosmetology | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nurse's Aide | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Secretarial | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other (describe) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | |

Part 7. Your Work

| | |
|-----------------------------------|--|
| Do you work now? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, when did you stop working? | Date: ___/___/___ |

| | |
|---|--|
| Did any of your medical or mental health conditions cause problems at work? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, explain: | |
| | |

Disability Supplement

List all your jobs from the last 15 years. Do the best that you can. If you do not know the exact dates, write your best guess. Start with the job you have now or your last job. Add a piece of paper if you need more space. You can attach a resume if you have one. To help you complete this part we included an example below.

Example:

| Job Title | Dates Worked | |
|---|--------------------------------------|----------------------------------|
| <i>Packer</i> | From (Month/Year): <i>March 2004</i> | To (Month/Year): <i>May 2005</i> |
| Job Duties (List everything you did): | | |
| <i>Put three golf balls into a small box. Packed 24 small boxes into a case. Sealed the case with packing tape. Loaded cases onto a platform.</i> | | |
| How many hours did you work each week? | How much did you make an hour? | Reason for leaving: |
| <i>40</i> | <i>\$9.00/hour</i> | <i>Moved</i> |

| Job Title | Dates Worked | |
|--|--------------------------------|---------------------|
| | From (Month/Year): | To (Month/Year): |
| Job Duties (List everything you did): | | |
| | | |
| How many hours did you work each week? | How much did you make an hour? | Reason for leaving: |
| | | |

| Job Title | Dates Worked | |
|--|--------------------------------|---------------------|
| | From (Month/Year): | To (Month/Year): |
| Job Duties (List everything you did): | | |
| | | |
| How many hours did you work each week? | How much did you make an hour? | Reason for leaving: |
| | | |

Disability Supplement

| Job Title | | Dates Worked | |
|---|---------------------------------------|----------------------------|------------------|
| | | From (Month/Year): | To (Month/Year): |
| Job Duties (List everything you did): | | | |
| | | | |
| How many hours did you work each week? | How much did you make an hour? | Reason for leaving: | |

| Job Title | | Dates Worked | |
|--|--|----------------------------|------------------|
| | | From (Month/Year): | To (Month/Year): |
| Job Duties (List everything you did): | | | |
| | | | |
| How many hours did you work per week? | How much did you make per hour? | Reason for leaving: | |

| Job Title | | Dates Worked | |
|---|---------------------------------------|----------------------------|------------------|
| | | From (Month/Year): | To (Month/Year): |
| Job Duties (List everything you did): | | | |
| | | | |
| How many hours did you work each week? | How much did you make an hour? | Reason for leaving: | |

Disability Supplement

Check each of the things you do in your job. If you do not work, check each thing you did in your last job.

| | | | |
|--|---|---|---|
| <input type="checkbox"/> Doing paperwork | <input type="checkbox"/> Using a computer | <input type="checkbox"/> Assembling | <input type="checkbox"/> Operating machines |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Serving people | <input type="checkbox"/> Counting & packing | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Using phone | <input type="checkbox"/> Driving a car or truck | <input type="checkbox"/> Moving things | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Using office machines | <input type="checkbox"/> Using cash register | <input type="checkbox"/> Driving forklift | <input type="checkbox"/> Using power tools |
| <input type="checkbox"/> Other (please describe) | | <input type="checkbox"/> Using hand tools | |

Circle the number of hours you do each thing in your job. If you do not work, circle the number of hours you did each thing in your last job.

| Activity | Hours in a Day | | | | | | | | |
|---------------|----------------|---|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Walk or stand | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Sit | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Reach | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

| Check the weight you lift or carry most: | Check the heaviest weight you lift: |
|---|---|
| <input type="checkbox"/> Less than 10 lbs. | <input type="checkbox"/> Less than 10 lbs. |
| <input type="checkbox"/> 10 lbs. | <input type="checkbox"/> 10 lbs. |
| <input type="checkbox"/> 20 lbs. | <input type="checkbox"/> 20 lbs. |
| <input type="checkbox"/> 25 lbs. | <input type="checkbox"/> 25 lbs. |
| <input type="checkbox"/> 50 lbs. | <input type="checkbox"/> 50 lbs. |
| <input type="checkbox"/> 100 lbs. | <input type="checkbox"/> 100 lbs. |
| <input type="checkbox"/> More than 100 lbs. | <input type="checkbox"/> More than 100 lbs. |

Part 8. Your Comments

Use this space to write more information needed, including information about why you cannot work.

Disability Supplement

Part 9. Help with This Form

| | | | |
|--|------------------------------|-----------------------------|--|
| Did you need help to fill out this form? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If yes, why did you need help? | | | |

Part 10. Your Signature

| |
|--|
| THIS SECTION MUST BE COMPLETED. |
| <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Applicant/Client/Guardian Date</p> |

If this form is being filled out by someone with the legal authority to act on behalf of the applicant/client or a legal guardian, give us the following information:

| |
|---|
| Signature of person filling out this form: _____ Print name: _____ Authority of person filling out this form on behalf of the applicant/client: _____ |
|---|

Part 11. Your Permission to Share Information

| | |
|--|--|
| Do you give permission to share information about this application with anyone besides your health care providers? (For example: relative, friend, legal representative.) DES may send copies of notices to this person. This does not authorize release of medical records. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, person's name: _____ Relationship to you: _____ Address: _____ Phone number(s): _____ | |
| <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Applicant or Client Date</p> | |

**For Office Use Only
DTA Comments and Signature**

| |
|--|
| <p style="text-align: center;">_____</p> <p style="text-align: center;">Authorized Signature Date</p> |
|--|

Department of Transitional Assistance (DTA) and Disability Evaluation Services (DES) Medical Records Release Form

Sign this form to let your medical or mental health care provider share information with UMASS/Disability Evaluation Services (DES).

HOW TO FILL OUT THIS FORM

Your medical or mental health care provider will only send medical records to UMASS/Disability Evaluation Services if you fill out the form right. Follow these steps:

- 1. Fill out a separate Medical Records Release Form for each medical or mental health care provider. A medical provider is a doctor, nurse, nurse practitioner, physical therapist, social worker, chiropractor, hospital, health center or clinic from whom you receive treatment. A mental health care provider is a psychologist, psychiatrist or therapist.**
- 2. Fill out every section of the form. DES can only get your medical information if you fill out every section. DES will decide your case without the information if DES cannot get it.**
- 3. Sign and date the form with a pen. Do not sign with a pencil. Sign the form yourself. You cannot use a copy or stamp of your signature.**

SECTION I

Your Name and Address

| | | |
|---------------------------------|--------|--------------------------|
| Print name of applicant/client: | | Telephone Number: () |
| Street address: | | Date of birth: |
| City/Town | State: | ZIP: |

SECTION II

Health Care Provider's Name and Address

| | | |
|---|--------|------|
| Name of doctor, nurse, psychologist, psychiatrist, therapist, nurse practitioner, physical therapist, social worker, chiropractor, hospital, health center or clinic from whom you receive treatment: | | |
| Street address: | | |
| City/Town | State: | ZIP: |
| Telephone Number: () | | |

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SECTION III

I allow the medical or mental health care provider listed in Section II to share with DTA and Disability Evaluation Services (DES):

- my medical records;
- other information about my time in a hospital; and
- other information about any of my medical care.

I allow the medical or mental health care provider to share all information about my health. This includes information about:

- my mental health;
- my AIDS/HIV status;
- drug and alcohol abuse;
- how my health problems affect my ability to work; and
- how my health problems affect what I do every day.

✓ Check here if you do NOT allow the medical or mental health care provider to share your AIDS/HIV status:

SECTION IV

Any medical information that the health care provider releases to DTA and the Disability Evaluation Service will continue to be protected by federal privacy laws.

I understand that I can cancel this permission at any time. I can cancel this permission by sending a letter to my medical or mental health care provider. I understand that this permission ends six months from the date I sign this Medical Records Release Form, if I do not cancel it before then.

I understand that my medical or mental health care provider may send information to DTA and DES before I cancel my permission. I understand that my medical or mental health care provider cannot get the information back after sending it.

I understand that it is my choice to let my medical or mental health care provider share medical information with DTA and DES. I do not have to give permission. I also understand that DTA and DES will decide about my disability without the information if I do not let my medical or mental health care provider share it.

SECTION V

| | |
|--------------------------------|-------|
| Signature of applicant/client: | Date: |
|--------------------------------|-------|

If the person signing this form has legal authority to act for the applicant/client (such as a legal guardian), give us the following information:

| | |
|--|-------|
| Signature of person completing this form: | |
| Printed name: | Date: |
| What kind of authority do you have to sign for the applicant/client? | |

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| | |
|--|-------|
| Signature of person completing this form: | |
| Printed name: | Date: |
| What kind of authority do you have to sign for the applicant/client? | |

Social Security Administration
Consent for Release of Information

Form Approved
OMB No. 0960-0566

Instructions for Using this Form

Complete this form only if you want us to give information or records about you, a minor, or a legally incompetent adult, to an individual or group (for example, a doctor or an insurance company). If you are the natural or adoptive parent or legal guardian, acting on behalf of a minor, you may complete this form to release only the minor's non-medical records. If you are requesting information for a purpose not directly related to the administration of any program under the Social Security Act, a fee may be charged.

NOTE: Do not use this form to:

- Request us to release the medical records of a minor. Instead, contact your local office by calling 1-800-772-1213 (TTY-1-800-325-0778), or
- Request information about your earnings or employment history. Instead, complete form SSA-7050-F4 at any Social Security office or online at www.ssa.gov/online/ssa-7050.pdf.

How to Complete this Form

We will not honor this form unless all required fields are completed. An asterisk (*) indicates a required field. Also, we will not honor blanket requests for "all records" or the "entire file." You must specify the information you are requesting and you must sign and date this form.

- Fill in your name, date of birth, and social security number or the name, date of birth, and social security number of the person to whom the information applies.
- Fill in the name and address of the individual (or organization) to whom you want us to release your information.
- Indicate the reason you are requesting us to disclose the information.
- Check the box(es) next to the type(s) of information you want us to release including the date ranges, if applicable.
- You, the parent or legal guardian acting on behalf of a minor, or the legal guardian of a legally incompetent adult, must sign and date this form and provide a daytime phone number where you can be reached.
- If you are not the person whose information is requested, state your relationship to that person. We may require proof of relationship.

PRIVACY ACT STATEMENT

Section 205(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. The information you provide will be used to respond to your request for SSA records information or process your request when we release your records to a third party. You do not have to provide the requested information. Your response is voluntary; however, we cannot honor your request to release information or records about you to another person or organization without your consent.

We rarely use the information provided on this form for any purpose other than to respond to requests for SSA records information. However, in accordance with 5 U.S.C. § 552a(b) of the Privacy Act, we may disclose the information provided on this form in accordance with approved routine uses, which include but are not limited to the following: 1. To enable an agency or third party to assist Social Security in establishing rights to Social Security benefits and/or coverage; 2. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; 3. To comply with Federal laws requiring the disclosure of the information from our records; and, 4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and other Social Security programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U.S. Government agencies in your telephone directory or you may call 1-800-772-1213 (TTY 1-800-325-0778).** You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

Social Security Administration
Consent for Release of Information

Form Approved
OMB No. 0960-0566

SSA will not honor this form unless all required fields have been completed (*signifies required field).

TO: Social Security Administration

*Name

*Date of Birth

*Social Security Number

I authorize the Social Security Administration to release information or records about me to:

*NAME

*ADDRESS

UMass Medical School

PO Box 2795 Worcester, MA 01613-9938

Disability Evaluation Services

*I want this information released because:

There may be a charge for releasing information.

*Please release the following information selected from the list below:

You must check at least one box. Also, SSA will not disclose records unless applicable date ranges are included.

- Social Security Number
- Current monthly Social Security benefit amount
- Current monthly Supplemental Security Income payment amount
- My benefit/payment amounts from _____ to _____
- My Medicare entitlement from _____ to _____
- Medical records from my claims folder(s) from _____ to _____
If you want SSA to release a minor's medical records, do not use this form but instead contact your local SSA office.
- Complete medical records from my claims folder(s)
- Other record(s) from my file (e.g. applications, questionnaires, consultative examination reports, determinations, etc.) _____

I am the individual to whom the requested information/record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury in accordance with 28 C.F.R. § 16.41(d)(2004) that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that any applicable fees must be paid by me.

*Signature: _____ *Date: _____

Relationship (if not the individual): _____ *Daytime Phone: _____

Form SSA-3288 (07-2010) EF (07-2010)

APPENDIX C
DES DISABILITY TRACKING FORM

Disability Determination Tracking Form

To be completed by AU Manager

| | | | |
|---|--|--|--------------------------------|
| 1. Name (Last, First, MI) | | 2. Date of Birth | 3. Telephone Number () |
| 4. Address (Number and Street) | | 5. Case Name | |
| 6. Case SSN | | 7. City/Town | |
| 8. State | | 9. ZIP Code | |
| 10. SSN | | 11. AU Manager's Name | |
| 12. CAN | | 13. Office No. | |
| 14. Office Telephone Number | | 15. Status | |
| <input type="checkbox"/> TAFDC Applicant <input type="checkbox"/> TAFDC Recipient <input type="checkbox"/> EAEDC Applicant <input type="checkbox"/> EAEDC Recipient Number of months of time-limited benefits remaining for individual named in #1 _____. If a <i>TAFDC two-parent</i> assistance unit, number of months of time-limited benefits remaining for the other parent _____. | | 15A. Priority Has the individual received a decision of "not disabled" within the previous 60 months? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Individual <input type="checkbox"/> Family | | 16. Review/Request Date | |
| 17. Date to PRO | | | |

To be completed by Professional Review Organization (PRO)

| | | | |
|---|--------------------------------|---|---|
| 18. PRO Decision Date | 19. Decision | | |
| | Disabled? Decision Code | SSI <input type="checkbox"/> Yes <input type="checkbox"/> No | EAEDC <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | TAFDC <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 20. Onset Date | 21. Diagnosis Code(s) | 22. Disability Review Date | 23. Fair Hearing Date |
| 24. Disability Examiner's Signature | | | ID No. |
| 25. Vocational Examiner's Signature | | | ID No. |
| 26. Physician's Signature | | | ID No. |
| 27. PRO Team Leader's Signature (if applicable) | | | ID No. |

Remarks:

Instructions for Completing the Disability Determination Tracking Form

1-10: Disabled individual information: If any of this information changes, notify PRO.

11-14: Transitional Assistance Office information

15: Status Indicator: (check one)

- TAFDC Applicant or TAFDC Recipient
 - record the number of months of time-limited benefits remaining whether the individual is currently **exempt** or **nonexempt**. For example, if an individual is currently exempt and has not used any time-limited benefits enter 24 months. For two-parent families the number of months remaining must be recorded for both parents, not just the parent claiming the disability.
- EAEDC Applicant or EAEDC Recipient
 - indicate either EAEDC individual or EAEDC family case.

15A: Priority:

- Indicate if the individual has received a decision of “not disabled” within the previous 60 months.

16: Review/Request Date: (Circle one)

Review

- date of AU Manager’s review for continuing eligibility

Request

- date of application for EAEDC or TAFDC

17: Date to PRO: (PRO Disability Liaison use only)

Items 18 through 27 are completed by PRO.

19: Decision: Identifies the PRO disability decision.

Decision Code

- Result of the PRO determination using EAEDC or TAFDC disability criteria (see A User’s Guide: Transitional Assistance Programs and BEACON, Chapter XIII, Section H for a description of the codes.)

20: Onset Date: Start date of the individual’s disability as determined by PRO

21: Diagnosis Code(s): (PRO use only)

22: Disability Review Date: End date of the individual’s disability as determined by PRO

23: Fair Hearing Date: (PRO use only)

Remarks: For use by DTA or PRO, when warranted.

APPENDIX D
THE GRID

EAEDC Grid

106 CMR: Department of Transitional Assistance

Trans. by S.L. 1274 A

Emergency Aid to the Elderly, Disabled and Children
Categorical Requirements

Chapter 320

Rev. 3/2004

(5 of 9)

Page 320.220

| Age | Education | Previous Work Experience | Decision |
|-----------|--|--|--------------|
| 55 & over | Illiterate or unable to communicate in English | Unskilled or none | Disabled |
| 55 & over | Less than 12th grade - at least literate | Unskilled or none | Disabled |
| 55 & over | Less than 12th grade | Skilled or semiskilled - skills not transferable | Disabled |
| 55 & over | Less than 12th grade | Skilled or semiskilled - skills transferable | Not Disabled |
| 55 & over | High school graduate or more - does not provide for direct entry into skilled work | Unskilled or none | Disabled |
| 55 & over | High school graduate or more - provided for direct entry into skilled work | Unskilled or none | Not Disabled |
| 55 & over | High school graduate or more - does not provide for direct entry into skilled work | Skilled or semiskilled - skills not transferable | Disabled |
| 55 & over | High school graduate or more - does not provide for direct entry into skilled work | Skilled or semiskilled - skills transferable | Not Disabled |
| 55 & over | High school graduate or more - provides for direct entry into skilled work | Skilled or semiskilled - skills not transferable | Not Disabled |

Rev. 3/2004

(6 of 9)

Page 320.220

| Age | Education | Previous Work Experience | Decision |
|---------|--|--|--------------|
| 50 - 54 | Illiterate or unable to communicate in English | Unskilled or none | Disabled |
| 50 - 54 | Less than 12th grade - at least literate | Unskilled or none | Disabled |
| 50 - 54 | Less than 12th grade | Skilled or semiskilled - skills not transferable | Disabled |
| 50 - 54 | Less than 12th grade | Skilled or semiskilled - skills transferable | Not Disabled |
| 50 - 54 | High school graduate or more - does not provide for direct entry into skilled work | Unskilled or none | Disabled |
| 50 - 54 | High school graduate or more - provided for direct entry into skilled work | Unskilled or none | Not Disabled |
| 50 - 54 | High school graduate or more - does not provide for direct entry into skilled work | Skilled or semiskilled - skills not transferable | Disabled |
| 50 - 54 | High school graduate or more - does not provide for direct entry into skilled work | Skilled or semiskilled - skills transferable | Not Disabled |
| 50 - 54 | High school graduate or more - provides for direct entry into skilled work | Skilled or semiskilled - skills not transferable | Not Disabled |

106 CMR: Department of Transitional Assistance

Trans. by S.L. 1274 A

**Emergency Aid to the Elderly, Disabled and Children
Categorical Requirements**

Chapter 320

Rev. 3/2004

(7 of 9)

Page 320.220

| Age | Education | Previous Work Experience | Decision |
|------------------------------|--|--|--------------|
| Younger Individual Age 45-49 | Illiterate or unable to communicate in English | Unskilled or none | Disabled |
| Age 45-49 | Less than 12th grade - at least literate | Unskilled or none | Not Disabled |
| Age 45-49 | Less than 12th grade | Skilled or semiskilled - skills not transferable | Not Disabled |
| Age 45-49 | Less than 12th grade | Skilled or semiskilled - skills transferable | Not Disabled |
| Age 45-49 | High school graduate or more | Unskilled or none | Not Disabled |
| Age 45-49 | High school graduate or more | Skilled or semiskilled - skills not transferable | Not Disabled |
| Age 45-49 | High school graduate or more | Skilled or semiskilled - skills transferable | Not Disabled |
| Younger Individual Age 18-44 | Illiterate or unable to communicate in English | Unskilled or none | Not Disabled |
| Age 18-44 | Less than 12th grade - at least literate | Unskilled or none | Not Disabled |
| Age 18-44 | Less than 12th grade | Skilled or semiskilled - skills not transferable | Not Disabled |
| Age 18-44 | Less than 12th grade | Skilled or semiskilled - skills transferable | Not Disabled |
| Age 18-44 | High school graduate or more | Unskilled or none | Not Disabled |
| Age 18-44 | High school graduate or more | Skilled or semiskilled - skills not transferable | Not Disabled |
| Age 18-44 | High school graduate or more | Skilled or semiskilled - skills transferable | Not Disabled |

APPENDIX E

**AUTHORIZATION FOR REIMBURSEMENT
OF INTERIM ASSISTANCE**

This DTA document is also available for downloading in both English and Spanish. You can access it on www.MassLegalServices.org in the Benefits Category.

Can SSA use this authorization form to protect my filing date for SSI benefits?

SSA can use this form to protect your filing date if you checked the “Initial Claims Only” block. When you sign this form, you are saying that you have the intention of filing for SSI benefits if you have not already applied for benefits.

You have sixty (60) days from the date the state receives this form to file for SSI benefits. Your eligibility to receive SSI benefits can be as early as the date you sign this authorization if you file within the 60-day time period. If you file for SSI benefits after the 60-day time period, this form will not protect your filing date. Your filing date will be later than the date you sign this form.

How do I appeal a state’s decision if I do not agree with the decision?

You can disagree with a decision the state made during the reimbursement process. You will receive a state notice telling you how to appeal the decision. You cannot appeal to SSA if you disagree with any state decision.

Within 10 working days after the state receives the reimbursement money from SSA, the state must send you a notice. The notice will tell you three things: (1) the amount of the payments the state paid you; (2) that SSA will send you a letter explaining how SSA will pay the remaining SSI money (if any) due you, and (3) about your right to a hearing with the state, including how to request the hearing.

What Happens if SSA mistakenly sends the payment to me?

I understand that if I am found eligible to receive SSI payments, and by mistake the payment is sent to me, when it should have been sent to DTA, then DTA can demand that I pay to it the amount of money that SSA determines is due DTA. If I do not pay this amount, I understand DTA can seek to collect this amount from me through a court action or other legal remedy. The Commissioner of the SSA will not be a party to, or responsible for, participating in DTA’s efforts to recover any IAR due it, under these circumstances.

_____ Date _____
Signature of Individual Receiving Interim Assistance

_____ Date _____ GR Code 22160
Signature of State Representative



AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE

INITIAL CLAIM OR POSTELIGIBILITY CASE

| | |
|----------------|------------------------|
| Name | Social Security Number |
| Street Address | City/State/ZIP Code |

The term “state” means the Massachusetts Department of Transitional Assistance.

What actions am I authorizing when I sign this authorization and I check the “Initial Claim Only” block?

Initial Claim Only

You are authorizing the Commissioner of the Social Security Administration (SSA) to reimburse the state for some or all of the money the state gives you. This money helps you while SSA decides if you are eligible to receive SSI benefits. If you become eligible, SSA pays the State from the retroactive SSI benefits due you. The reimbursement covers the time from the first month you are eligible to receive SSI benefits through the first month your monthly SSI benefit begins.

If the state cannot stop the last payment made to you, SSA can reimburse the state for this additional payment amount.

What actions am I authorizing when I sign this authorization and I check the “Posteligibility Case Only” block?

Posteligibility Case Only

You are authorizing the Commissioner of the Social Security Administration (SSA) to reimburse the state for some or all of the money the state gives you. This money helps you while SSA decides if your SSI benefits can be reinstated after being terminated or suspended. If your SSI benefits resume, SSA pays the state from the retroactive SSI benefits due you. The reimbursement covers the time from the day of the month the reinstatement is effective through the first month your monthly SSI benefit resumes.

If the state cannot stop the last payment made to you, SSA can reimburse the state for this additional payment amount.

How can the state use this form when blocks for initial claims and posteligibility cases are part of the form?

The state can use this form for one case situation at a time, either an initial claim or a posteligibility case. If both blocks are checked the form is not valid. You and the state must sign and date a new form with only one block checked.

What kind of state payment qualifies for reimbursement by SSA?

SSA can reimburse a state for a payment that is paid only from state or local funds. The state cannot be reimbursed for payments made wholly or partially from Federal funds.

How does SSA determine how much of my SSI money to pay the state?

SSA decides the amount of payment based on two considerations. First, SSA looks at the amount of money claimed by the state, and second, SSA looks at the amount of your retroactive SSI money available to pay the state. SSA can reimburse the state for a payment made in a month only when you receive a state payment and an SSI payment for the same month. SSA will not pay the state more money than you have for the SSI retroactive period.

How long is this authorization effective for the state and me if I checked the “Initial Claims Only” block?

This authorization is in effect for you and the state for twelve (12) months. The 12 months begin with the date the state notifies SSA through an electronic system that the state has received the authorization and ends 12 months later. You and a state representative must sign and date the authorization for the authorization to be valid.

Exceptions apply to this rule. The state must send SSA the authorization within a certain time frame. For a state using an electronic system, SSA must receive the authorization information within 30 calendar days of the state matching your SSI record with your state record. If the information is late, SSA will not accept the information sent by the state. SSA will not pay any of your retroactive SSI benefits to the state. SSA will send you any SSI money that may be due you, based on SSA’s regular payment rules.

Can the authorization stay effective longer than the 12-month period? Can the authorization end before or after the 12-month period ends?

The authorization can stay effective longer than the 12-month period, if you

- apply for SSI benefits before the state has the authorization form, or
- apply within the 12-month period the authorization is effective, or
- file a valid appeal of SSA’s determination on your initial claim.

The period of the authorization can end before the 12-month period ends, or end after the 12-month period ends when any of these actions take place:

- SSA makes the first SSI payment on your initial claim; or
- SSA makes a final determination on your claim; or
- the state and you agree to terminate this authorization.

The authorization period will end with the day of the month any of these actions take place.

How long is this authorization effective for the state and me if I check the “Posteligibility Case Only” block?

This authorization is in effect for you and the state for twelve (12) months. The 12 months begin with the date the state notifies SSA through an electronic system that the state has received the authorization and end 12 months later. You and a state representative must sign and date the authorization for the authorization to be valid.

Exceptions apply to this rule. The state must send SSA the authorization within a certain time frame. For a state using an electronic system, SSA must receive the authorization information within 30 calendar days of the state matching your SSI record with your state record. If the information is late, SSA will not accept the information sent by the state. SSA will not pay any of your retroactive SSI benefits to the state. SSA will send you any SSI money that may be due you, based on SSA’s regular payment rules.

Can the authorization stay effective longer than the 12-month period? Can the authorization end before or after the 12-month period ends?

The authorization can stay in effect longer than the 12-month period if you file a valid appeal. You must file your appeal within the time frame SSA requires.

The period of the authorization can end before the 12-month period ends, or can end after the 12-month period ends when any of these actions take place:

- SSA makes the first SSI payment on your posteligibility case after a period of suspension or termination; or
- SSA makes a final determination on your appeal; or
- the state and you agree to terminate this authorization.

The authorization period will end with the day of the month any of these actions take place.

APPENDIX F
EAEDC STANDARDS OF ASSISTANCE

Emergency Aid to Elderly, Disabled and Children Program

Living Arrangements - Standards of Assistance

106 C.M.R. 321.420

| Assistance Unit Size | Table A* | Table B* | Table C* | Table D* | Table H* |
|----------------------|-----------|----------|----------|----------|-----------|
| 1 | \$ 303.70 | \$ 91.60 | \$ 72.80 | \$ 92.80 | \$ 202.50 |
| 2 | 395.10 | 183.20 | | 184.40 | 263.40 |
| 3 | 486.60 | 274.80 | | 275.70 | 324.40 |
| 4 | 578.20 | 366.40 | | 367.30 | 385.50 |
| 5 | 669.80 | 458.00 | | 458.90 | 446.60 |
| 6 | 761.10 | 549.60 | | 534.30 | 507.40 |
| Incremental | 91.60 | 91.60 | | 91.60 | 61.10 |

*"A" applies to individuals living alone or living with others except as in "B" or "H" below.

"B" applies to certain individuals who live with a spouse or dependents receiving TAFDC.

"C" applies to individuals living in rest homes, halfway houses and other medical institutions

"D" applies to people with no shelter expenses, including people who live in an emergency shelter which provides free housing, fuel and utilities.

"H" applies to members of a married couple.

APPENDIX G

REQUEST FOR AN APPEAL (FAIR HEARING)

This DTA document is also available for downloading in both English and Spanish. You can access it on www.MassLegalServices.org in the Benefits Category.

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.

Mail this request to: DTA, P.O. Box 4017, Taunton MA 02780-0314 or fax (both sides) to (617) 348-5311.

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 |

APPENDIX H
DEPARTMENT OF TRANSITIONAL
ASSISTANCE OFFICES LISTING

SOUTHERN REGION - REGIONAL DIRECTOR: SANDRA PELLICANE Office: (617) 348-5710
DTA Cell: (617) 869-0808

| TAO | OFFICE | MAIN TELEPHONE | FAX | DIRECTOR | DIRECT TELEPHONE | ASSISTANT DIRECTOR | TELEPHONE | ADDRESS |
|-----|-------------|----------------|----------------|-----------------|------------------|-------------------------------------|----------------------------------|---|
| 097 | FALL RIVER | (508) 646-6200 | (617) 887-8765 | OU NGUON | (508) 646-6240 | MICHAEL BARRY STEPHANIE MARSHALL | (508) 646-6295 (508) 646-6312 | 1567 NORTH MAIN SREET FALL RIVER, MA 02720 |
| 020 | HYANNIS | (508) 862-6600 | (617) 887-8765 | PETER DANZELL | (508) 862-6618 | WENDY BUTTRICK | (508) 862-6647 | 181 NORTH STREET, HYANNIS, MA 02601 |
| 204 | NEW BEDFORD | (508) 961-2000 | (617) 887-8765 | ANNE-MARIE BECK | (508) 961-2139 | ERIN DONNELLY DAVID BUREK | (508) 961-2044 (508) 961-2082 | OCEANSIDE PLAZA 160 WEST RODNEY FRENCH BOULEVARD 02744-1300 |
| 242 | PLYMOUTH | (508) 732-3100 | (617) 887-8765 | SABRE IBRAHIM | (508) 732-3119 | NANCY AMARAL | (508) 732-3118 | 61 INDUSTRIAL PARK ROAD PLYMOUTH, MA 02360 |
| 297 | TAUNTON | (508) 884-5300 | (617) 887-8765 | NELSON ABREU | (508) 884-5314 | KRISTEN WEBSTER | (508) 884-5374 | 21 SPRING STREET, TAUNTON, MA 02780 |

| TAO | OFFICE | MAIN TELEPHONE | FAX | DIRECTOR | DIRECT TELEPHONE | ASSISTANT DIRECTOR | TELEPHONE | ADDRESS |
|-----|------------------|----------------|----------------|----------------|------------------|---|--|---|
| 044 | BROCKTON | (508) 895-7000 | (617) 887-8765 | SEAN BEASLEY | (508) 895-7120 | SARAH MALONEY BRYAN RODRIGUEZ | (508) 895-7117 (508) 895-7087 | 60 MAIN STREET, BROCKTON, MA 02301 |
| 490 | DUDLEY SQUARE | (617) 989-6000 | (617) 887-8765 | NEYCOLE HOWELL | (617) 989-2401 | GEORGE FITZGERALD-CASTRO TARA MEOLI PATRIA ESPINAL | (617) 989-6171 (617) 989-6133 (617) 989-2400 | 2201 WASHINGTON STREET ROXBURY, MA 02119 |
| 425 | NEWMARKET SQUARE | (617) 989-2200 | (617) 887-8765 | DIANE DEBAN | (617) 989-2322 | JENNIFER BARTHELEMY JENNY CAMPOS ELIZABETH CZOLPINSKI | (617) 989-2302 (617) 989-2306 (617) 989-2236 | 1010 MASSACHUSETTS AVENUE BOSTON, MA 02118 |
| 247 | QUINCY | (617) 249-8200 | (617) 887-8765 | KARYN GONZALEZ | (617) 249-8169 | LEAH SHIELS TARSHIMA WASHINGTON | (617) 249-8192 (617) 249-8193 | 1515 HANCOCK STREET Suite 105 QUINCY, MA 02169 |

| TAO | OFFICE | MAIN TELEPHONE | FAX | DIRECTOR | DIRECT TELEPHONE | ASSISTANT DIRECTOR | TELEPHONE | ADDRESS |
|-----|--|----------------|----------------|-------------------------|------------------|---|--|---|
| 116 | GREENFIELD | (413) 772-3400 | (617) 887-8765 | JOANNE LACOUR | (413) 772-3414 | VACANT | | 143 MUNSON STREET, UNIT #3 GREENFIELD, MA 01301 |
| 140 | HOLYOKE | (413) 552-5400 | (617) 887-8765 | KELLY LACEY | (413) 552-5449 | JOSE (JOE) BRANCO ZOY SOULIS | (413) 552-5439 (413) 552-5416 | 72-100 FRONT STREET, HOLYOKE, MA 01040 |
| 239 | PITTSFIELD | (413) 236-2000 | (617) 887-8765 | DENI EVANS | (413) 236-2012 | DANIELLE BOULE | (413) 236-2024 | 160 NORTH STREET, SUITE 201 PITTSFIELD, MA 01201 |
| 285 | SPRINGFIELD STATE - SNAP PROCESSING | (413) 858-1300 | (617) 887-8765 | MELISSA PIETRASZKIEWICZ | (413) 858-1116 | MELISSA GIROUX | (413) 858-1240 | 310 STATE STREET, SPRINGFIELD, MA 01105 |
| 343 | SPRINGFIELD LIBERTY | (413) 858-1000 | (617) 887-8765 | MELISSA PIETRASZKIEWICZ | (413) 858-1116 | JOEL ACKER PATRICIA BOYD CARMEN LOPEZ | (413) 858-1137 (413) 858-1071 (413) 858-1180 | 95 LIBERTY STREET, SPRINGFIELD, MA 01103 |

| TAO | OFFICE | MAIN TELEPHONE | FAX | DIRECTOR | DIRECT TELEPHONE | ASSISTANT DIRECTOR | TELEPHONE | ADDRESS |
|-----|-------------|----------------|----------------|----------------------|------------------|--|--|--|
| 099 | FITCHBURG | (978) 665-8700 | (617) 887-8765 | JENNIFER TAIT | (978) 665-8708 | STEPHANIE WILLIAMS | (978) 665-8756 | 473 MAIN STREET, FITCHBURG, MA 01420 |
| 102 | FRAMINGHAM | (508) 661-6600 | (617) 887-8765 | MARY WALSH | (508) 661-6670 | LINA STOLNIK-YOFFE | (508) 661-6629 | 300 HOWARD STREET FRAMINGHAM, MA 01702 |
| 282 | SOUTHBRIDGE | (508) 765-2400 | (617) 887-8765 | JOYCE CLEMENCE | (508) 765-2440 | VACANT | | 1 NORTH STREET, SUITE B SOUTHBRIDGE, MA 01550 |
| 352 | WORCESTER | (508) 767-3100 | (617) 887-8765 | LORI JACQUES-BASINER | (508) 767-3158 | CARLOS RESTO ELIZABETH ROCHE NOLA WARD | (508) 767-3130 (508) 767-3107 (508) 767-3135 | 13 SUDBURY STREET, WORCESTER, MA 01609 |

| TAO | OFFICE | MAIN TELEPHONE | FAX | DIRECTOR | DIRECT TELEPHONE | ASSISTANT DIRECTOR | TELEPHONE | ADDRESS |
|-----|----------------|----------------|----------------|-------------------------|------------------|---|--|---|
| 252 | CHELSEA CENTER | (617) 551-1700 | (617) 887-8765 | MICHAEL CAPONE | (617) 660-1850 | ELIZABETH BOURAS LISA FISCHER AT PRAK (Interim) | (617) 660-1817 (617) 660-1848 (617) 660-1846 | 80 EVERETT AVENUE, CHELSEA, MA 02150 |
| 152 | LAWRENCE | (978) 725-7100 | (617) 887-8765 | ANNE LOUISE GLYNN | (978) 725-7190 | JAY COLON ELAINE DEVITO | (978) 725-7122 (978) 725-7132 | 280 MERRIMACK STREET, SUITE 202 LAWRENCE, MA 01843 |
| 163 | LOWELL | (978) 446-2400 | (617) 887-8765 | ADRIANNE ANDERSON-FLOYD | (978) 446-2467 | LINDA MCKINLEY ERIN QUINN | (978) 446-2522 (978) 446-2524 | 131 DAVIDSON STREET, LOWELL, MA 01852 |
| 168 | MALDEN | (781) 388-7300 | (617) 887-8765 | ANNE LEHANE | (781) 338-1203 | MARTINE CÉSAR LUCIA TRAMONTOZZI | (781) 388-7396 (781) 338-1200 | 245 COMMERCIAL STREET MALDEN, MA 02148 |
| 262 | NORTH SHORE | (978) 825-7300 | (617) 887-8765 | SYLVIA HOSMAN | (978) 825-7390 | SCOTT WYNNE MEGAN NICHOLLS | (978) 825-7482 (978) 825-7373 | 45 CONGRESS STREET, SUITE 4120 SALEM, MA 01970 |

APPENDIX I
MASSACHUSETTS LEGAL SERVICES
OFFICES

MASSACHUSETTS LEGAL SERVICES OFFICES

Intake and Referrals for Clients

Eastern Region Legal Intake (ERLI) Boston617-603-1700

Regional Legal Services Offices

Community Legal Aid/Central West Justice Center
Northampton413-584-4034
Pittsfield413-499-1950
Springfield.....413-781-7814
Worcester.....508-752-3718
 Satellite Offices: Fitchburg, Greenfield, Holyoke, Milford,
 North Adams, and Southbridge– By Appt. Only855-252-5342
Community Legal Services & Counseling Center, Camb.....617-661-1010
Greater Boston Legal Services, Boston 617-371-1234; 800-323-3205
 GBLS/Cambridge & Somerville Legal Services, Camb.617-603-2700
MetroWest Legal Services, Framingham 508-620-1830; 800-696-1501
Northeast Justice Ctr., and Northeast Legal Aid, Lowell, Lynn 978-458-1465; 800-336-2262
South Coastal Counties Legal Services / Justice Center of Southeast Mass.800-244-9023
 Brockton508-676-6265
 Fall River508-676-6265
 Hyannis508-775-7020
Volunteer Lawyers Project, Boston617-423-0648

Law School Clinics

Boston College Legal Assistance Bureau, Newton617-552-0248
Harvard Legal Aid Bureau, Cambridge617-495-4408
Legal Services Center, Jamaica Plain617-522-3003

Statewide Legal Services and Support Centers

Center for Law and Education, Boston617-451-0855
Center for Public Representation, Newton617-965-0776
Center for Public Representation, Northampton (INTAKE)413-587-6265
Children’s Law Center of Mass, Lynn781-581-1977
Disability Law Center, Boston (INTAKE) 617-723-8455; 800-872-9992
Disability Law Center, Northampton 413-584-6337; 800-222-5619
Health Law Advocates, Boston617-338-5241
Mass. Advocates for Children, Boston617-357-8431
Massachusetts Law Reform Institute, Boston 617-357-0700; 800-717-4133
Mental Health Legal Advisors Committee, Boston 617-338-2345; 800-342-9092
National Consumer Law Center, Boston617-542-8010
Prisoners Legal Services, Boston617-482-2773
Shelter Legal Services/Veterans Legal Services (serves Greater Boston).....857-317-4474

Legal Resource Finder – Online Resource

For the most current listing of legal services programs, intake hours and case priorities, go to www.massLRF.org (Legal Resource Finder) which provides contact information for legal aid programs, other non-profits, government agencies and court based programs. www.massLRF.org also provides links to legal information and self-help materials on specific issues.

