



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
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Field Operations Memo 2008-73
December 22, 2008

To: Transitional Assistance Office Staff
From:  John Augeri, Assistant Commissioner for Field Operations
Re: Supplemental Nutrition Assistance Program (SNAP): Replacement of Food Lost Due to 12/11/08 Ice Storm

Overview

A storm passed through Massachusetts on December 11, 2008, bringing significant sleet and ice and affecting much of the Commonwealth. The greatest impacts of the storm were seen in Central and Western Massachusetts. Large areas were without power for a significant period of time.

SNAP policy at 106 CMR 364.900 allows for the replacement of food destroyed by household misfortune such as loss of electricity or fire. Because of the large number of households affected by the power outage, the Department has requested and received a waiver from USDA that allows mass replacement of lost benefits via BEACON without the client having to complete the usually required *Statement of Loss/Request for Replacement Food Due to a Household Disaster or Misfortune* form.

Purpose of Memo

This Field Operations Memo:

- identifies the Massachusetts Emergency Management Agency (MEMA) designated affected cities and towns;
- describes the waiver received from USDA;
- explains the SNAP benefit mass replacement process; and
- reminds case managers of procedures for household misfortune situations.

**Replacement of
Lost Benefits
Based on Waiver**

USDA has granted the Department a waiver that allows the mass replacement of a portion of benefits to certain households in areas of the state affected by the storm. See Attachment A for a list of MEMA-designated cities and towns. The waiver allows the benefits to be replaced without the client being required to request and verify a loss of food. Verification is presumed, based upon reports from the MEMA.

On December 20, 2008, the Department issued replacement benefits, in the amount of 50 percent of the household's December issuance, to all SNAP households residing in the MEMA-designated areas with grantee SSNs ending in 0 - 7. The 50 percent allotment will allow for replacement of any perishables purchased with December benefits and lost due to the power outages. A minimum replacement of \$14 was issued.

USDA did not approve mass replacement benefits for households with grantee SSNs ending in 8 or 9 because those households' December benefits were issued after the storm hit. However, grantees with SSNs ending in 8 or 9 can apply for replacement benefits but must meet the requirements outlined at 106 CMR 364.900 and the Household Misfortune Replacement section of this memo.

Note: Households in the affected areas that requested and already received replacement benefits via the *FSP-9B, Statement of Loss/Request for Replacement Food Due to a Household Disaster or Misfortune* form were excluded from this issuance. Active SNAP households at zero benefits were also excluded.

MIS:

- identified all SNAP households eligible for replacement SNAP benefits by city or town;
- calculated the amount of the benefits to be restored;
- issued replacement benefits;
- will send a notice (Attachment B) this week to the affected households; and
- will annotate the BEACON Narratives tab with the statement "FNS waiver, replacement benefits issued due to 12/11/08 ice storm."

Note: The Narratives tab entry will appear in BEACON on 12/23/2008.

Case Manager Responsibilities

Case managers in affected areas must advise clients with SSNs ending in 0-7, who live in the MEMA-designated cities or towns and inquire about the replacement of lost benefits, that 50 percent of their December monthly allotment was replaced by the system on December 20th.

If a household that received such a replacement claims to have lost food in excess of the 50 percent amount issued, case managers must:

- have the client complete and sign the SNAP-9B *Statement of Loss/Request for Replacement Food Due to Household Disaster or Misfortune* form (Attachment C), which has been revised to reflect the name change to SNAP and is available in Policy Online in the Online Forms file;
- issue additional replacement benefits, if eligible. The household is only entitled to receive the difference between the requested amount and the 50 percent replacement amount. Total replacement benefits cannot exceed the maximum amount received by the household for December. Issue the additional replacement allotment via the Related Benefits window – FSP Household Disaster selection.
Note: If not eligible, deny the request using the NFL-9 form; and
- annotate the BEACON Narratives tab with the action taken.

Case managers must also advise households in the MEMA-designated areas with grantee SSN ending and 8 and 9 that replacement benefits may be requested under the Household Misfortune rules described below.

Case managers in TAOs serving areas not identified on the MEMA-designated list may also receive requests for replacement benefits, as isolated power outages may have occurred that resulted in loss of perishable food. These requests are to be handled in accordance with current Household Misfortune rules and procedures, as described in the next section of this memo.

Household Misfortune Replacements

SNAP policy allows for replacement of food lost during a household misfortune, such as a fire, flood, loss of electricity or other disaster. Replacement is limited to the value of the food lost, not to exceed the total monthly benefit amount. For example, loss due to a fire most likely means that the entire monthly allotment must be replaced, while other situations, such as a loss of electricity, may result in a portion of the benefit (e.g., perishable food) replaced. Replacement benefits cannot exceed the maximum monthly allotment received by the household.

**Household
Misfortune
Replacements –
cont.**

Case managers must:

- have the client complete and sign the SNAP-9B *Statement of Loss/Request for Replacement Food Due to a Household Disaster or Misfortune* form;
- obtain appropriate verification of the loss, e.g., fire department, utility company, or Red Cross;
- if approved, issue the requested replacement benefits in the Related Benefits window using the reason *FSP Household Disaster*. Remember that the replacement amount cannot exceed the monthly benefit amount the household received.
- if not approved, deny the request using an NFL-9 form.

Questions

If you have any questions, please have your Hotline designee call the Policy Hotline.

Cities and Towns Receiving Automated Replacement SNAP Benefits

Amesbury	Hardwick	Peru
Andover	Harvard	Petersham
Ashburnham	Haverhill	Phillipston
Ashfield	Hawley	Plainfield
Ashby	Heath	Princeton
Athol	Hinsdale	Rowe
Auburn	Holden	Royalston
Ayer	Hubbardston	Russell
Barre	Huntington	Rutland
Beckett	Lancaster	Salisbury
Berlin	Lawrence	Sandisfield
Bernardston	Lee	Savoy
Billerica	Leicester	Shelburne
Blandford	Leominster	Shirley
Bolton	Leverett	Shrewsbury
Boxford	Leyden	Shutesbury
Boylston	Littleton	Southboro
Brookfield	Lowell	Spencer
Buckland	Lunenburg	Sterling
Charlemont	Methuen	Sturbridge
Charlton	Middlefield	Sutton
Chelmsford	Millbury	Templeton
Cheshire	Monroe	Tewksbury
Chester	Monterey	Tolland
Chesterfield	Montgomery	Townsend
Clinton	Mt. Washington	Tyngsborough
Colrain	New Salem	Warwick
Cummington	New Braintree	Wendall
Conway	Newbury	West Boylston
Dracut	Newburyport	West Brookfield
Dunstable	North Andover	West Newbury
East Brookfield	Northborough	Westhampton
Erving	Northfield	Westborough
Fitchburg	North Brookfield	Westford
Florida	Oakham	Westminster
Gardner	Orange	Winchendon
Goshen	Otis	Windsor
Grafton	Oxford	Worcester
Granville	Paxton	Worthington
Groton	Pepperell	

{RETURN_ADDRESS_CAN#}

Important Notice - Read Carefully
Este Mensaje Es Importante - Lea Cuidadosamente

Massachusetts Department of Transitional Assistance

{RECIPIENT NAME}
{RECIPIENT ADDRESS}
{RECIPIENT CITY/TOWN, STATE, ZIP}

{RECIPIENT SSN}
{BEACON USER OFFICE NAME}

{MM/DD/YYYY}

Dear {Grantee}:

Because you live in an area that was severely affected by the ice storm on December 11, 2008, and may have lost food in a power outage, the Department has issued you emergency replacement Supplementary Nutrition Assistance Program (SNAP) food benefits (formerly Food Stamps) in the amount of {AMOUNT_RECEIVED} on {ISSUE_DATE}. This is provided pursuant to a United States Department of Agriculture waiver. This benefit is available to you now.

Because you have already received these emergency SNAP food benefits, you do not need to contact your case manager about them.

If you disagree with the amount of your SNAP benefits, you have the right to a fair hearing. The back side of this notice contains important information about your hearing rights. To request a hearing, complete the back side of this notice.

If you have any questions about this notice, you may call Recipient Services toll free at 1-800-445-6604.



**Statement of Loss/Request for Replacement Food
Due to a Household Disaster or Misfortune**

I, _____, of _____
(Name) (Street)
_____, Massachusetts
(City/ZIP)

EBT Card # _____ certify that I am in need of replacement food because
food I had purchased with my Supplemental Nutrition Assistance Program (SNAP) benefits, in the
amount of \$_____, was destroyed in a household disaster/misfortune.

The household disaster/misfortune that occurred on _____ was: (Explain)
(Date)

I certify under penalty of perjury that the information I have given in this statement is correct and true.
I understand that if I intentionally made a false or misleading statement about the destruction of my food
purchased with SNAP benefits, or misrepresent, conceal, or withhold any facts, I may be prosecuted for
an Intentional Program Violation. Prosecution for an Intentional Program Violation may result in my
ineligibility to participate in SNAP for a period of 12 months for the first violation, 24 months for the
second violation, and permanently for the third violation.

Head of Household Signature Date

Witness Signature Date

The occurrence of the household disaster/misfortune outlined above was confirmed by:

- Home Visit on _____
Date
- Collateral Contact with _____ on _____
Name Date
- Documentation from _____ on _____
Community Agency Date

Case Manager Date