



Applying for Supplemental Nutrition Assistance Program (SNAP) Benefits

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

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

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

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

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

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

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

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



What Proofs Will I Need?

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

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

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

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

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

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

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



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

Applicant Information

1. Please fill out the following personal information.

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

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

Ethnicity: Hispanic or Latino Yes No

Race: (check all applicable)

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

Spoken Language: Please identify the language you speak _____

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

4. Are you a resident of Massachusetts? Yes No

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

Physical/Mental Impairment Hearing Impaired Visually Impaired

Interpreter Required Sign Language Required Other _____

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

Name of Assisting Person _____ Telephone Number of Assisting Person _____

Household Information

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

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

Financial Information

12. Do you or anyone else in your house receive any of the following types of income?

Type of Income	Amount of Income	Frequency of Income (Weekly, Bi-weekly or Monthly)	Name of Person Who Receives Income
Social Security	\$	monthly	
SSI	\$	monthly	
Pension	\$		
Veterans' Benefits	\$		
Workers' Compensation	\$		
Wages from Employment	\$		
Other (specify) _____	\$		
Other (specify) _____	\$		

13. Do you pay for adult day care expenses? Yes No
14. Do you pay for any other medical expenses such as prescriptions, over-the-counter medications, diabetic supplies, eyeglasses, dental expenses, hearing aid, etc.? Yes No
15. How much do you pay for your rent or mortgage each month? \$ _____
16. Do you pay for any of the following?
- Heating and/or air conditioning costs separate from your rent Yes No
 - Electricity or gas for cooking Yes No
 - A telephone, including cellular phones Yes No

Authorized Representative

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

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

Expedited

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

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

Signature

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

X.....
Applicant Signature

.....
Date

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

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

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

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

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

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

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

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

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

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

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

SNAP Penalty Warning

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

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

I also understand the following penalties:

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

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

Right to an Interpreter

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

Nondiscrimination Statement

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

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