



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
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Operations Memo 2011-44
September 1, 2011

To: Department of Transitional Assistance Staff

From:  Stephanie Brown, Assistant Commissioner for Policy, Program and External Relations

Re: SNAP: Household Misfortune Related to Hurricane Irene

Overview

Hurricane Irene passed through Massachusetts on August 28, 2011, bringing significant damage to a number of communities. Affected households who receive SNAP benefits may request replacement of food lost due to household misfortune, such as an extended power outage, a flood or an equipment failure (such as a refrigerator or freezer).

Purpose of Memo

The purpose of this memo is to remind staff of the SNAP household misfortune benefit in the wake of the recent hurricane damage to many areas of the state. The memo will remind staff of the household misfortune rules and the situations in which clients may be eligible for replacement.

Household Misfortune

The loss of food due to household misfortune requires that:

- The household reports the destruction or loss of food to the appropriate TAO within 10 days of the incident.
 - The household signs a statement attesting to the destruction or loss of food under the penalties of the SNAP Intention Program Violation (IPV) (Attachment A).
 - The Department verifies the misfortune through a collateral contact or documentation from a community agency or through a home visit.
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**Waiver of Third
Party Verification
for Certain Cities
and Towns**

In accordance with 106 CMR 364.900 (C)(1)(c), SNAP rules require independent verification of the misfortune. However, to reduce TAO staff's need to contact collaterals, Central Office has developed a list of cities and towns (Attachment B) that can be exempt from the requirement of verifying the misfortune through a collateral contact. The Department has been informed by utility companies across the state that the cities and towns listed on Attachment B have and in some cases continue to experience power outage.

If a SNAP client who lives in a city or town on this list requests replacement of food lost due to household misfortune, the client is not required to provide a collateral contact to verify the misfortune. Case managers may simply check the "Documentation" box on the SNAP-9B form, and write in "EPS Listing."

The Department must verify the misfortune through collateral contact or through a community agency such as the Red Cross, the Police or Fire Departments for residents of communities not listed on Attachment B.

**Case Manager
Responsibilities**

To process a request for replacement, the case manager must:

- ensure the client has completed and signed the SNAP-9B form;
- ensure the client has reviewed and understands the penalty warnings contained on the SNAP-9B form;
- issue the replacement benefits in the Related Benefits page using the reason *FSP Household Disaster* if the client is eligible for household misfortune replacement benefits;
- annotate the BEACON Narrative tab with the action taken; *and*
- file the SNAP-9B and any further documentation in the case record.

Replacement issuances must be provided to households within 10 days after the report of loss.

If the client is determined to be ineligible for replacement benefits under household misfortune, the case manager must deny the request using an NFL-9.

Questions

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



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**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

**Exempt Cities/Towns
As of September 1, 2011**

1. Acushnet	32. Hanson	63. Plympton
2. Attleboro	33. Harvard	64. Randolph
3. Auburn	34. Hingham	65. Rehoboth
4. Becket	35. Holland	66. Richmond
5. Bellingham	36. Holliston	67. Sandisfield
6. Berlin	37. Hopedale	68. Scituate
7. Blackstone	38. Hopkinton	69. Seekonk
8. Bolton	39. Kingston	70. Sharon
9. Bourne	40. Lakeville	71. Shelburne
10. Bridgewater	41. Leicester	72. Sherborn
11. Carver	42. Lenox	73. Somerset
12. Chester	43. Marion	74. Southboro
13. Colrain	44. Marlborough	75. Stoughton
14. Dartmouth	45. Marshfield	76. Sunderland
15. Dighton	46. Mattapoisett	77. Swansea
16. Douglas	47. Medfield	78. Uxbridge
17. Dover	48. Mendon	79. Tolland
18. Dudley	49. Middleboro	80. Tyngsborough
19. Duxbury	50. Middlefield	81. Tyringham
20. East Bridgewater	51. Millville	82. Upton
21. Easton	52. New Ashford	83. Wales
22. Erving	53. New Salem	84. Wareham
23. Essex	54. Norfolk	85. Washington
24. Fairhaven	55. Northborough	86. Wayland
25. Fall River	56. Norton	87. Webster
26. Foxborough	57. Norwell	88. West Bridgewater
27. Freetown	58. Oakham	89. Westborough
28. Grafton	59. Otis	90. Westport
29. Halifax	60. Pembroke	91. Wrentham
30. Hamilton	61. Plainville	
31. Hampden	62. Plymouth	