

Appendix C

Important DTA Forms and Advocacy FAQs

- Authorization for DTA to Release Information (Sample)
- Verification Fax Cover Sheet (Sample)
- Sample “Next Steps” on your SNAP application for SNAP outreach
- Massachusetts Official Voter Registration Form

- DTA Form: Request to Appoint an Authorized Representative
- DTA Form: Third Party Contact (“Collateral Contact”)
- DTA Form: Request to Employer for Employment Information
- DTA Form: Community College Enrollment Verification
- DTA Form: SNAP Work Requirement/Medical Report
- DTA Form: SNAP/ET Job Search Declaration & Activity Log
- DTA Form: Disability Accommodation Request/Appeal Forms
- DTA Form: Loss of Food/Household Misfortune Form
- DTA Fact Sheet: Instructions to Register for the My Account Page

- MLRI FAQ: SNAP and College Students
- MLRI FAQ: Child/Adult Dependent Care Deduction
- MLRI Form: Sample Client Statement of Shelter and Child Care Costs
- MLRI FAQ: Medical Expenses and Screening Form
- MLRI FAQ: Medical Expenses and MassHealth Recipients
- MLRI FAQ: Child Foster Care and Adult Foster Care Households
- MLRI FAQ: Power Outage/Food Loss: Replacement SNAP benefits
- MLRI flier: 3 Things You Need to Know about Photo EBT Cards

DEPARTMENT OF TRANSITIONAL ASSISTANCE
Authorization to Access DTA Client Case Information

REQUEST FOR ACCESS TO CLIENT RECORD OF : _____
(Client's Full Name)

1. Client Information:

Date of Birth ___ / ___ / ___ Address: _____

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

Number of Dependent children: _____

2. I hereby authorize _____
to have access to my DTA record and discuss my application or eligibility for DTA
benefits with a DTA case manager, supervisor or other employee.

3. I hereby certify that I am the client named above.

Date (Client's Signature)

For Department Use Only

4. I find that the information in item 1 and the signature in item 3 match the information and
signature in the client record.

Name of Dept. Employee (Print) Date

Verifications Fax Cover Sheet: Boston Web Unit SNAP Applications

SNAP APPLICANT NAME: _____

TO: SNAP Web Unit: FAX # 617-889-7842 Date of fax: _____ Number of Pages _____

FROM: _____ (Name and Organization's Name)

Organization's phone: _____ - _____ - _____ (ext: _____)

DATE of SNAP Web Application: _____ Client Agency ID (if known): _____ or Last 4 Digits of SSN: _____

The following verifications are attached:

ELIGIBILITY FACTOR	TYPE or DESCRIPTION OF DOCUMENT
<input type="checkbox"/> Proof of Identity:	
<input type="checkbox"/> Proof of residence (address):	
<input type="checkbox"/> Non-citizen status (if not US citizen):	
<input type="checkbox"/> Earned income or self-employment:	
<input type="checkbox"/> Unearned income (Soc Sec, UI, pension, etc):	
<input type="checkbox"/> Rental income received & property expenses:	
<input type="checkbox"/> Self-employment & business expenses:	
FOR INCOME DEDUCTIONS	TYPE or DESCRIPTION OF DOCUMENT
<input type="checkbox"/> Child Support paid to child outside home:	
<input type="checkbox"/> Medical expenses for elder/disabled member:	
<input type="checkbox"/> Amount of rent or home ownership costs and type of utilities (self-attestation allowed):	
<input type="checkbox"/> Child/dependent care (self-attestation allowed):	
OTHER DOCUMENTS INCLUDED (list):	
<input type="checkbox"/> Authorized Representation Form (signed client statement allowing helping agency to talk with DTA)	

Important verification reminders for helping agencies:

- One document can often serve as proof for multiple eligibility factors (for example, a pay stub can be used for identity, residence and wages). And no single document can be required by DTA.
- DTA can do third party "collateral contact" to verify missing information.
- Some information can be confirmed through data matches, such as Social Security, DOR Child Support and Unemployment. Some employer participate in the Work Number which DTA can use to verify wages.
- Some information can be supplied by a sworn statement unless questionable such as shelter costs, child/dependent care costs and U.S. Citizenship.

NEXT STEPS: SNAP Application for _____

Client name

The _____ helped you file a SNAP application online on _____.
Organization Date

The **NEXT STEPS** to complete your SNAP application are:

1. **An interview with DTA:**

The Boston DTA Web Unit will send call you at the phone number listed on your SNAP application. You should get a letter in advance from DTA telling you the date and time of the phone interview. Try to be near your phone at this time to answer any calls you receive. If you cannot make that interview or need to talk with someone sooner, call the Boston Web Application Hotline at **(617) 348-5656**. Leave a detailed message with your name, SSN and the best phone number to reach you.

If you miss DTA's phone call, you will get another letter saying you missed an interview. We recommend you call your Case Manager as soon as possible, or call the Web Hotline at **(617) 348-5656**.

2. **Sending in proofs:**

DTA will also send you a letter or "checklist" asking for verifications (proofs). You can submit documents to the Boston Web Unit by mail to 600 Washington Street, Boston, MA, 02111 or fax to (617) 889-7842. Or you can bring them to us and we will send them to DTA.

NOTE: Be sure to tell your DTA worker that this organization already faxed the documents you gave us that are listed on the attached Fax Cover sheet. We sent them to the Boston Web Unit on: _____ (date). DTA should not ask you to resend documents already sent to them.

3. **Your EBT card:**

You should get two DTA envelopes in the mail:

- An EBT card. This card will not have any benefits until your case is approved.
- A special PIN to use with the EBT card. Keep this number in a safe place. You can also change your PIN at any time.

4. **DTA letter about your SNAP benefits:**

Within 30 days of when you apply, you will get a letter from DTA about your SNAP application. This letter will say if your case was approved or denied. If it was approved, DTA will tell you how much SNAP you will get each month, the rules about the program and when to report changes. If your SNAP application is denied or if you have questions about the amount of your benefits, please call us so that we can try to help.

Please contact us at _____ if you missed your interview, are confused about the documents that DTA asked you to submit or your SNAP case was denied.

Massachusetts Official Mail-In Voter Registration Form

How to use this form

1. Check all the boxes that apply to you.
2. Print your name: last name, first name, middle name or initial.
3. Print your former name, if applicable.
4. Print the address where you live now: number and street name or rural route number and box number (do not provide a post office box number), apartment number, city or town and full zip code. Use the map[†] at right if you cannot otherwise identify your address.
5. Print the address where you receive all your mail, if it is different from the address entered on #4.
6. Print your date of birth: month, day and year.
7. Federal law requires that you provide your driver's license number to register to vote. If you do not have a current and valid Massachusetts driver's license, you must provide the last four digits of your social security number. If you have neither, you must write "none" in the box.
8. It is optional to provide your telephone number. If you include your telephone number and do not check "unlisted" it will be a public record.
9. Check a party, 'no party' or print a political designation (not a party).
10. Print the address where you were last registered to vote.
11. If a person is helping you because you are physically unable to sign this form, that assisting person must print his or her name and address and has the option to print his or her telephone number.
12. Read the oath.
13. Print today's date.
14. Sign your name.

This form may be mailed or hand-delivered to your city or town hall. If mailed, fold the form, tape it closed, place a first class stamp on it, print your city or town name and zip code for that city or town hall and drop into any mailbox.



*William Francis Galvin
Secretary of the Commonwealth*

You can use this form to:

- register to vote in Massachusetts; and/or
- change your name or address for voter registration only; and/or
- join a party, change from one party to another or leave a party.

To register to vote in Massachusetts you must:

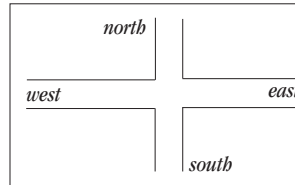
- **BE A U.S. CITIZEN;** and
- be a Massachusetts resident; and
- be at least 18 years old on or before the next election.

Penalty for Illegal Registration: Fine of not more than \$10,000 or imprisonment for not more than five years or both.

-Massachusetts General Laws, chapter 56 section 8.

Identification To Be Provided

Section 7 requires you to include your driver's license number or the last 4 digits of your social security number on this application. This information will be verified through the Registry of Motor Vehicles and the Commissioner of Social Security. If the information cannot be verified or you do not provide this information, you must provide identification either with this application or at your polling location when you go to vote. Sufficient identification includes a copy of a current and valid photo identification, current utility bill, bank statement, government check, paycheck or other government document showing your name and address.



[†]Using landmarks, draw the location of the place where you live if you cannot describe that location as a number and street or as a rural route and box number.

Follow the instructions listed above for proper delivery.

1	Check all that apply: Are you a Citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years of age or older on or before Election Day? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: If you checked "no" to either of these questions, do not complete this form.			
2	Full name: Miss Ms. Mrs. Mr.	last name	first name	middle name or initial. Jr. Sr. II III IV (circle one if appropriate)
3	Former name (if applicable): Miss Ms. Mrs. Mr.	last name	first name	middle name or initial. Jr. Sr. II III IV (circle one if appropriate)
4	Address where you live now (street number, street name, rural route number and box number): street number / street name / rural route number and box number apartment number city or town			zip code + 4-digit
5	Address where you receive all your mail (if different from #4): street number / street name / rural route number and box number apartment number city or town			zip code + 4-digit
6	Date of birth: month day year	7	Identification #: MA license # or last 4 digits of your SS #	8
Telephone (optional): <input type="checkbox"/> Check if unlisted () —				
9	Party enrollment or designation (check one): <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Green-Rainbow <input type="checkbox"/> No Party (unenrolled) <input type="checkbox"/> Political Designation (not a political party):			
10	Address at which you were last registered to vote: street number / street name / rural route number and box number / post office box apartment number city or town state zip code + 4-digit			
11	If the applicant is unable to sign this form, give the name, address and telephone number (optional) of the person helping the applicant: name address telephone number (optional)			
12	I hereby swear (affirm) that I am the person named above, that the above information is true, that I AM A CITIZEN OF THE UNITED STATES , that I am not a person under a guardianship which prohibits my registering to vote, that I am not temporarily or permanently disqualified by law from voting because of corrupt practices in respect to elections, that I am not currently incarcerated for a felony conviction, and that I consider this residence to be my home. Signed under the penalty of perjury.			
13	Today's date: month day year	14	Signed: Sign your name here.	



Request for Authorized Representative- Authorized Agency-Authorized Payee

Office Name _____

_____/_____/_____
Date

Office Address _____

Food Stamp Benefits

I authorize _____ to act as my representative for application and recertification of food stamp benefits only.
Print Name of Authorized Person

I authorize _____ to act as my representative for transaction of food stamps benefits only.
Print Name of Authorized Person

I authorize _____ to act as my representative for transaction of food stamps benefits only. I _____ am authorized by the above agency to receive the EBT card that will be used for transaction of food stamp benefits only.
Print Agency Name
Print Agency Representative Name

_____ Administrative Office Address

I authorize _____ to act as my representative for **both** application and recertification of food stamp benefits and transaction of food stamp benefits.
Print Name of Authorized Person

Print Recipient's Name

Recipient's Telephone

Recipient's Signature

Recipient's SSN

Authorized Representative's Signature or Agency Representative's Signature (for authorization only)

Authorized Representative's SSN or Agency's FEIN

Authorized Representative's Date of Birth

Worker's Name

Worker's Telephone

Cash Benefits

I authorize _____ to act as my authorized payee for all cash transactions on my behalf.
Print Name of Authorized Payee

Print Recipient's Name

Recipient's Telephone

Recipient's Signature

Recipient's SSN

Authorized Payee's Signature (for authorization only)

Authorized Payee's SSN

Authorized Payee's Date of Birth

Worker's Name

Worker's Telephone

YOUR RESPONSIBILITY

You must call 1-800-997-2555 to stop the person(s) you chose from being your Authorized Representative and/or Payee. If you do not call to stop the person(s) from being your Authorized Representative and/or Payee, he or she will continue to have access to your benefits even if your case closes and reopens at a later date.



Voluntary Authorization to Release Information

Release for Designated Organization, Employer or Individual

I hereby authorize
to release the information as requested below to the Department of Transitional Assistance.

Recipient Release

I hereby authorize the Department of Transitional Assistance (DTA) to contact the organization,
employer or individual designated above regarding **SELECT**
(Any information released will be kept confidential.)

Explain:

Applicant/Recipient

Date

Signature

Social Security Number (Optional)

Address

City/Town

ZIP

AU Manager Name

AU Manager Signature

Date

TAO Name Address

City/Town

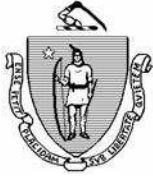
ZIP

AU Manager Telephone Number

Fax Number

Voluntary Authorization to Release Information is valid for 90 days from the date of the applicant/recipient signature.

VARI (10/2005)
25-430-1005-05



Request for Employment Information

Date: _____

To: _____
Employer

Re: _____
Name

Employer's Address

Address

City State ZIP

City State ZIP

SSN

Dear: _____

On behalf of the above named individual, we request that you indicate by checking the appropriate box below, whether or not he or she is currently in your employ and that you provide current wage information. **Do not complete this form if the individual has not signed the statement below.**

Worker

Local Office

Address

City State ZIP

Authorizing Statement

I authorize the employer named above to indicate to the Department of Transitional Assistance whether or not I am **currently** in their employ and authorize them to provide current wage information.

Individual Signature

Date

Employer Statement

The above individual is **not** currently in my employ. Date last worked / /

The above individual is currently in my employ. Date of Initial employment / /

Employer Signature

Date

Wage information for the indicated periods:

Date: / / Earnings:\$ _____.____ Date: / / Earnings:\$ _____.____ Date: / / Earnings:\$ _____.____
Hours: _____ Hours: _____ Hours: _____

Date: / / Earnings:\$ _____.____ Date: / / Earnings:\$ _____.____ Date: / / Earnings:\$ _____.____
Hours: _____ Hours: _____ Hours: _____

Community College Enrollment Verification Form*
for Supplemental Nutrition Assistance Program Benefits – SNAP

Student name: _____ DOB: _____

School name: _____

This form is used to determine eligibility for SNAP benefits, a federal needs-based program. Please complete all relevant sections and ensure that the information is accurate, as it is used to determine benefit eligibility.

1. Enrollment status: Full-time ½ time less than ½ time not enrolled

Degree: 1 year certificate Associates Degree Bachelor Degree
 Other _____ (specify)

2. Student's Course of Study or Major: _____

The above student's program/course of study/major meets the definition of career and technical education under the Carl D. Perkins Career and Technical Education Improvement Act of 2006 (Perkins IV)* program, or is considered by this college to be a course of study that will lead to employment.

Please indicate: YES NO

* A career and technical education program as defined under Appendix A of the Perkins IV Manual posted at <http://www.doe.mass.edu/cte/perkins/>

3. Student Participation in Work Study**

The above student is currently or will be participating in a federal or state work study program.

Please indicate: YES NO

** Students may qualify for SNAP benefits, regardless of course of study, if the student is participating in or has been approved and anticipates participating in a federal or state funded work study program.

Signature of Community College Official

Date

Print name

Title

Phone number

This form must be accompanied by a proof of enrollment, transcript or a list of registered courses.



SNAP/ET Job Search Declaration

*Massachusetts Department
of Transitional Assistance*

Case Manager Name _____

Name _____
(please print)

Address _____
(street) (city/town) (ZIP Code)

SSN _____

You are a SNAP/ET Job Search Program participant. _____
(Job Search Date)

You **must** complete the back of this form and return it to your DTA office
by _____
(Due Date)

- When you have done this activity:
- list the activities you completed on the back of this form;
 - sign and date the form; and
 - return the form to your DTA office.

If you have a good reason why you cannot complete this activity on time,
call your case manager right away.

I certify that I have completed the activities as listed on the back of this form.

Client's Signature _____

Date _____

Attachment B



Massachusetts Department of Transitional Assistance
REQUEST FOR AN ADA ACCOMMODATION

- Initial Request
- Modification of Initial Request

TAO

Date

Applicant/Client Name SSN

Street Address/City/ZIP

Reason for ADA Accommodation Request

Requested ADA Accommodation

Applicant/Client Signature	Date	Case Manager Signature	Date
----------------------------	------	------------------------	------

The Department has thirty (30) days to make a decision on your request. If a decision is not made within thirty days, you may file your accommodation request directly with the Central Office Accommodation Appeal Committee. Please see the back of this form. The Appeal Committee will have ten (10) days to make its decision.

If you have trouble reading or understanding this notice, please call 1-800-445-6604. We can help explain it to you.

Decision: **Approved** **Denied**

Approved Accommodation (if any):

Reason for denial, if applicable: _____

IMPORTANT: If you disagree with the decision reached by the TAO Accommodation Team you have the right to reconsideration by the Central Office Accommodation Appeal Committee. You must make your request for reconsideration within 45 days of this decision. Please see the back of this form.

Department Representative Signature	Date
-------------------------------------	------

ADA-1 (Rev. 8/2008)
15-200-0808-05

REQUEST FOR AN ADA ACCOMMODATION RECONSIDERATION

If you have trouble reading or understanding this notice, please call 1-800-445-6604.
We can help explain it to you.

I disagree with the decision on the reverse side of this notice and request the decision be reconsidered.

Applicant/Client Signature Date

Return to:

**Department of Transitional Assistance
Assistant Commissioner for Field Operations
600 Washington Street, 4th Floor
Boston, MA 02111**

IMPORTANT: The Central Office Accommodation Appeal Committee will have ten days to make its decision. If the Central Office Accommodation Appeal Committee upholds the TAO Accommodation Team decision, you have the right to a Fair Hearing.



Notice of Request for a Fair Hearing
Massachusetts Department of Transitional Assistance
Division of Hearings
P.O. Box 167, Boston, Massachusetts 02112-0167

If you have trouble reading or understanding this notice, please feel free to call Recipient Services at 1-800-445-6604. We can help explain it to you.

YOUR RIGHT TO APPEAL: If you disagree with any action or inaction taken by the Department of Transitional Assistance (DTA), you have the right to appeal and receive a fair hearing before an independent referee. DTA must receive your request for a fair hearing no later than 90 days from the date on this notice. Exceptions to the 90-day time limit are: (1) you have 21 days to request a hearing on Emergency Assistance (EA) shelter benefits, (2) you have 30 days from the date of mailing of the notice by the Department of Revenue to request a hearing regarding the intercept of your state tax refund, (3) you may appeal the amount of your Food Stamp (FS) benefits at any time during your FS certification period, if you think you are not receiving the correct amount, (4) you have up to 120 days if DTA fails to act on your request for services, and (5) you have up to 120 days to appeal alleged coercive action or otherwise improper conduct or up to one year under certain specified circumstances.

HOW TO APPEAL: If you wish to request a fair hearing, send this page with the bottom section completed to: **DTA, Division of Hearings (DOH), P.O. Box 120167, Boston, Massachusetts 02112-0167 or fax to (617) 348-5311.** Please keep the copy for your own records.

IF YOU ARE CURRENTLY RECEIVING BENEFITS, READ THIS SECTION: Your benefits will be continued until a decision is made on your appeal if DOH receives your appeal request within 10 days from the date on this notice. If you are appealing a FS issue, and your FS certification period ends before your appeal is decided, you will continue to receive the same FS benefits only until the end of your certification period. If you receive benefits during your appeal, but lose your appeal, DTA can recover the benefits to which you were not entitled. If you receive TAFDC time-limited benefits during an appeal, which you then lose, the months for which you have received benefits will count toward your time-limited benefits. If you do not wish to continue to receive benefits during your appeal, check Box A below. If you do not receive benefits during your appeal, and you win your appeal, DTA will promptly correct any underpayment.

WHEN THE HEARING WILL BE HELD: You will be given at least 10 days notice prior to the fair hearing of the date, time and place of the hearing to permit you time to prepare your case. If you wish to have a fair hearing scheduled sooner, check Box B below. Fair hearings on EA shelter benefits are expedited; you will be given at least two days notice prior to the fair hearing of its date, time and place. If you have good cause for not being able to attend the fair hearing, please contact DOH at (617) 348-5321 or 1-800-882-2017 (TTY (617) 348-5337 or 1-800-532-6238 for the Deaf or hard-of-hearing), before the hearing date, so that your hearing can be rescheduled. Failure to appear at the fair hearing without good cause may result in the dismissal of your appeal, except for the first scheduled hearing involving any aspect of the FS Program where good cause for rescheduling need not be demonstrated.

YOUR RIGHT TO BE ASSISTED AT THE HEARING: If you cannot speak English or understand it well or if you are Deaf or hard-of-hearing and wish to have DOH provide an interpreter, please write that on this appeal request or call DOH at (617) 348-5321 or 1-800-882-2017, (TTY (617) 348-5337 or 1-800-532-6238) at least a week before the hearing. At the hearing, you may be accompanied by an interpreter, attorney, or other representative at your expense. You may wish to contact a local legal services office or community agency for assistance. Information about local legal services offices and other services provided by community agencies in your area can be obtained by contacting your local office. These agencies may provide advice or representation at no cost to you.

You or your representative may subpoena witnesses, present evidence and cross-examine witnesses. The referee must make a decision on all evidence presented at the fair hearing. You or your representative will be permitted to see your case file before the hearing. If you want to review your case file, schedule an appointment with your worker before the hearing.

NONDISCRIMINATION NOTICE FOR CLIENTS: Under federal and state law the Massachusetts DTA does not discriminate on the basis of race, color, sex, sexual orientation, national origin, religion, creed, age or disability. If you have any questions or concerns, we encourage you to contact the Director of Equal Opportunity, DTA, 600 Washington Street, Boston MA 02111, Tel. (617) 348-8490 (TTY (617) 348-5532 for the Deaf or hard-of-hearing).

I, _____, hereby request a fair hearing before a referee of DOH.

- A. I do not wish to continue receiving the disputed amount of benefits during the appeal process.
- B. I request an expedited hearing.

The reason I wish to request a fair hearing is _____

Your Name (Print) _____ SSN _____

Address _____ Telephone () _____

City/ZIP _____ Date _____

Your Signature _____

My authorized representative is: Name _____ Title _____

Address _____ City/ZIP _____

Telephone () _____

Attachment A

DO YOU NEED HELP BECAUSE OF A DISABILITY?

Is it hard for you to apply for benefits? Is it hard for you to keep getting your benefits? The Department may be able to help. Under a law called the Americans with Disabilities Act (ADA), the Department can give you extra help called accommodations. ADA accommodations can make working with the Department easier.

Who can get an accommodation? What accommodations are available?

If you have a **physical or mental condition** that makes it hard for you to do certain things, you may be eligible for an ADA accommodation.

Examples: If you have a physical condition that makes getting to the office hard, we could go to your home or schedule a telephone appointment.

If you have a learning disability that makes it hard for you to understand Department notices, your case manager can explain them to you.

If it is hard for you to understand Department forms, your case manager can also help you fill out Department forms.

If you have trouble remembering things, we can make sure you get reminders.

There are many types of accommodations available.

How do you get an accommodation? JUST ASK!

If you think you need extra help, tell your case manager. Your case manager can help you. Your case manager will work with you and the office ADA Accommodation Team to figure out the best way to help.

ADA Accommodation Team members: _____

If you do not get the help you think you need, you can ask the Central Office Accommodation Team to review your request. After this review, you may also appeal to the Division of Hearings.

FREE LEARNING DISABILITY SCREENINGS! Do You Have Trouble Reading, Writing, Remembering or Understanding Things? Does this make it hard for you in school or at the workplace? If so, you may want one of the Department's free learning disability screenings for people applying for or receiving TAFDC.

Screening is the first step to getting you help. If it looks like you have a possible learning disability, we will pay for a full review. This review, also called an assessment, will include recommendations for services and supports that can help you reach your work and learning goals.

Ask for a free screening today!

Register for My Account Page (MAP)

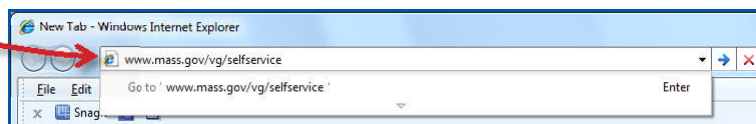
► Introduction

Why is **My Account Page (MAP)** useful? You can access your case information at any time on the Internet.

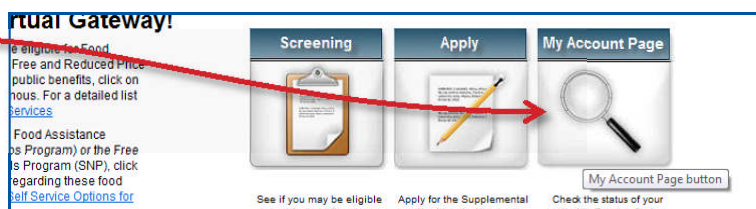
Who can use **My Account Page (MAP)**? You must be the **head of the household** receiving benefits within the last **90 days**, and have an **e-mail account**.

NOTE: MAP is not available to clients with a Heightened Level of Security.

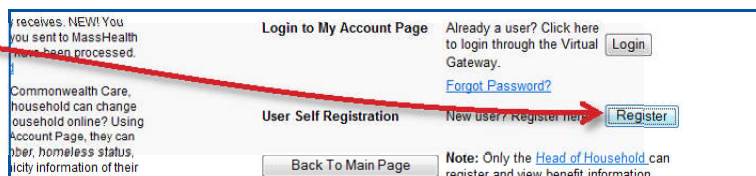
- 1 Go to: www.mass.gov/vg/selfservice



- 2 Click the **My Account Page** button.



- 3 Click the **Register** button.



- 4 Read the **Terms and Conditions**.

- 5 Click **I Accept** if you agree.

- 6 Select **My Account Page**.

- 7 Type your name into these boxes.

- 8 Type in any 4-digit number.

- 9 Select your birth month and birth day.

- 10 Type in your e-mail address twice.
You will receive a confirmation e-mail at this address.

- 11 Answer the **Security Question**.

- 12 Click **Submit**.

Step 1: Terms and Conditions

Virtual Gateway... conditions for individual users... Please read the following carefully... 1. **Applicability:** These VG Terms and Conditions of Use shall apply to your access to and use of the Virtual Gateway...

I Accept I Do NOT Accept

Step 2: Personal Information

Please highlight the Service to which you would like access and complete all of the sections below. When you are finished, click the "Submit" button.

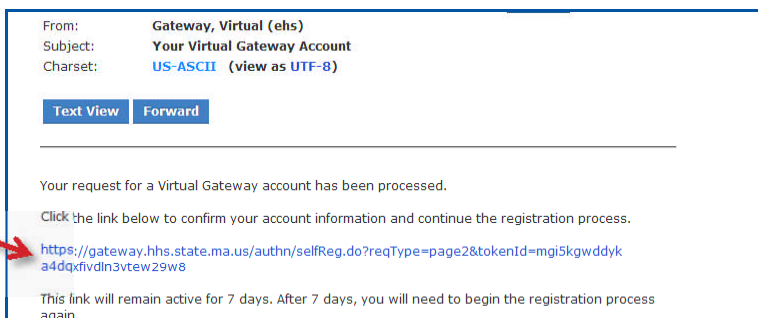
Service Name: **My Account Page**

First Name: John
Middle Initial: (Optional)
Last Name: Smith
4 Digit PIN: 7894
Birth Date (Month/Day/Year): 03/15
Email Address: address@example.com
Confirm Email Address: address@example.com

Security Question

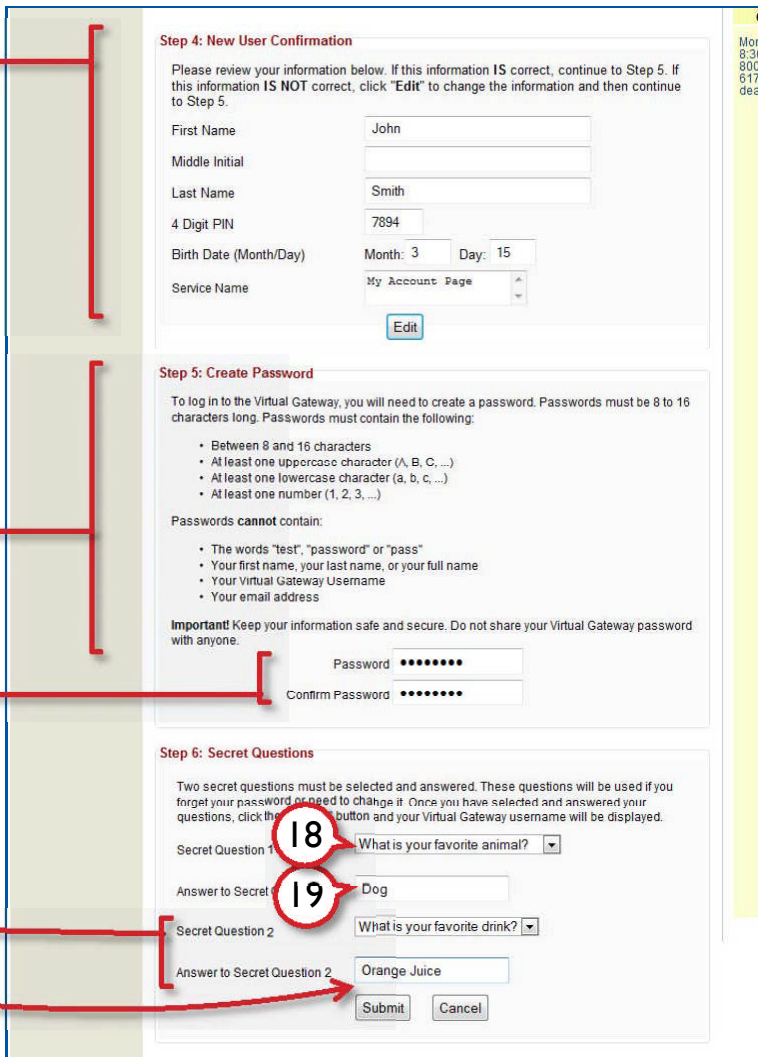
Answers that are numbers... What is the 1st letter in the word RED? R

13 Check your e-mail at the address you entered in Step 10.



14 Click the link in that e-mail. This link expires **seven days** after signing up.

15 Make sure all the information here is correct. If you need to change it, press the **Edit** button.



16 Follow these directions to create your password.

17 Type in your **password** twice.

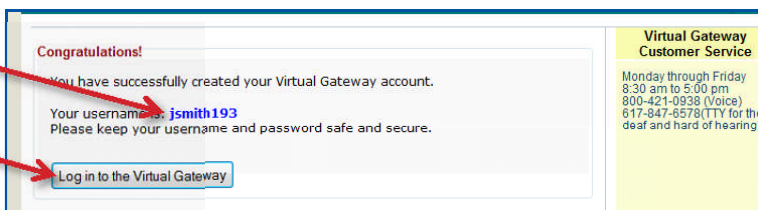
18 Select a secret question.

19 Type in your answer to that question.

20 Do it again down here.

21 Click **Submit**.

22 Write down your **username**.



23 Click **Log in to the Virtual Gateway**.



24 Type in your **username** from Step 22.

25 Type in the **password** from Step 17.

26 Click the **My Account Page** link.

27 Type in the **year you were born**.

28 Type in your **Social Security Number**.

29 Type in the **zip code** where you live or where you get your mail.

30 Fill in the rest of the numbers of your EBT card.

31 Click **Search**.

32 Click your name in the search results.

Name	Gender	Date of Birth	Zip Code
John Smith	Male	03/15/1962	02111



My Account Page (MAP)

▶ What is MAP?

My Account Page (MAP) offers online access to healthcare and food assistance benefit information such as MassHealth, SNAP, TAFDC, and EAEDC. For DTA programs, MAP is informational only.

▶ Website

www.mass.gov/vq/selfservice

▶ Access

Once registered, users can log in and access MAP any time (except for daily scheduled maintenance from 2:00am to approximately 8:00am).

No additional updates are required for your MAP account after you register.

Your MAP password never expires.

▶ Login

To view your MAP account:

1. Go to www.mass.gov/vq/selfservice
2. Click the My Account Page button.
3. Enter your username and password that you chose during registration
4. Click the Login button.
5. Once logged in, select My Account Page.

From here you can review your account information.

▶ Information you need to know

To view your MAP account, the following information must exactly match what is currently recorded with DTA:

1. Date of Birth,
2. Social Security Number, *and*
3. Residential Zip Code (where you live).

You also need at least one of the following:

- MassHealth Member ID Number (to see health benefits information), *or*
- Electronic Benefit Transfer (EBT Card) Number (to see food/cash assistance information).

Both if you are receiving both benefits (MassHealth and DTA benefits).

▶ DTA information in MAP

If you are receiving benefits from DTA and you are the head of household, you can see the following information with MAP:

1. Status of SNAP, TAFDC, or EAEDC benefits,
2. Amount of benefits,
3. Date of benefits,
4. Local DTA office and Case Manager,
5. DTA documents that have been sent to you by mail within the last 12 months.



Food Stamps/SNAP: Extra Financial Help for College Students

College is stressful and expensive. Don't let food be another financial worry.

The Supplemental Nutrition Assistance Program or "SNAP" (formerly called Food Stamps) helps many low income people buy food. More low income college students also qualify.

How can I be eligible if I am in college?

If you are in college more than half-time, you may qualify for SNAP if you meet any one of the conditions below:

- You receive either federal or state work-study during the school year (for any amount of work-study hours),
- You work for pay for 20 hours or more per week,
- You care for a child under the age of 12 (further rules apply) or you get TAFDC,
- You are going to school under a DTA-approved SNAP education or training activity or another government-sponsored education and training program,
- You attend a Mass. community college and are enrolled in a credit degree or certificate program that the college determines will increase your employability,
- You are age 50 or older, or you are under age 18, **OR**
- You have a temporary or permanent physical and/or mental impairment.

What proofs do I need to show if I get work study or if I attend a career-based community college program?

To prove you receive work study, give DTA a copy of your financial aid statement or any other proof of federal or state funded work study. You qualify as a work study recipient whether you attend a public or a private college.

To prove you are enrolled in a career or technical education program at a community college, DTA has a one-page form that you can bring to the college to get signed. Or, you can submit a letter from the college that states you are enrolled and that your degree or certificate program will lead to employment. Submit proof of your enrollment too.

How much in SNAP benefits will I receive?

The monthly SNAP benefit amount is calculated based on your countable income and your expenses. The *maximum* for one person (living alone, very little income) is \$189/month.

Countable income includes wages from a job or direct and regular money from your parents, unemployment insurance or other source. *However, income from a federal work-study program is not counted as income. Most educational monies are not counted if from federal funds, or if used to cover educational expenses (tuition, fees, books and supplies).*

Deductible expenses include shelter, such as rent & utilities, child care expenses so you can go to school or to work, and child support you pay for a child outside the home.

Can I get SNAP if I live with roommates?

If you buy & prepare more than half of your meals separately from your roommates, *you can apply for SNAP for yourself* separate from those you share housing with.

If you buy & prepare most of you meals *together*, you must apply for SNAP with your roommates; and they must also meet the other program rules and report their income.



Can I get SNAP if I still live with my parents?

If you are 22 or older, and if you buy and prepare more than half your meals separately from your parents, you can still apply for benefits for yourself.

If you are 18-22, federal rules do not allow you to get food stamps separately from your parents, even if you barely share meals with them. If you meet one of the above eligibility rules, you & your parents must apply for benefits together and report all family income.

Can I get SNAP if I live in a dorm?

If you live on-campus and get more than half your meals from a school meal plan, you don't qualify for SNAP/ food stamp benefits.

How do I apply for SNAP?

You can file an application for SNAP on-line, by mail/fax or in-person.

- To apply online, visit the website: <http://www.mass.gov/snap> and click on the words "SNAP Application".
- To apply in person, go to your local DTA Office. To find the your office, go to <http://webapps.ehs.state.ma.us/DTAOffices/default.aspx>

NOTE: Filing an application is the first step. You will also need to send documents to DTA to prove your eligibility and have an interview by phone (or, if you prefer, in person).

To get more information about SNAP in Massachusetts, visit Project Bread's website: www.gettingSNAP.org

- **If you are denied SNAP benefits because of your school status, contact Legal Services nearest you.** Go to: www.masslegalhelp.org

Examples

Example: Nina is 23 years and lives with her disabled mom. She is a full-time student at a local private college. Nina has financial aid that includes 10 hours a week of work study, and sometimes she works odd jobs off campus. She buys and prepares most of her food separately from her mom.

Nina is an eligible student because she receives work study. Because Nina is over age 22 and shares less than half her meals with her mother, she can be a separate SNAP household. To determine her benefits, Nina's earned income is countable income. Any federal financial aid she receives does not count as income. Her mother's income does not count because her mother is not part of her SNAP household. Nina's private or state-funded financial aid or loans count only if available to meet actual living expenses.

Example 2: Mark is a full-time college student in a health science degree program at a local community college, pre-nursing track. He has no work study. Mark lives off-campus with two other roommates, he buys his own groceries and cooks his own meals. At times, he cooks dinner with his roommates a few times a week, but not all the time.

Mark meets the student eligibility rules because he attends a community college and is enrolled in a career based program (health science). Since Mark buys and prepares more than half of his meals separately from his roommates, he can apply for SNAP for just himself. Any federal financial aid Mark may receive does not count in calculating his benefits. Non-federal financial aid and loans count as income only if available to meet his living expenses.



More Food Stamp/SNAP Benefits for Families with Child Care Expenses

For all low-income families:

- If you pay expenses for the care of **any child under 18 or disabled adult**, your family can receive increased SNAP benefits (formerly called “food stamps”)!
- Every **\$3** you spend on childcare may increase your SNAP benefits by **\$1** – up to the maximum SNAP amount for your household!
- You can claim any dependent care costs you incur when -
 - You are working, or are looking for a job
 - You are attending school or work-related training
 - You are doing volunteer work or another activity required by the SNAP Employment/Training (E&T) Program

Q. What can you claim as expenses?

Child or Adult Care...	All payments you are responsible for, including co-payments, for a child or disabled adult
Out-of-School Activities for any child under 18...	Any supervised activity, including before and after school, school vacation, summer camps, YMCA, and Boys/Girls Club fees
Mileage (at 56.5 cents per mile as of Feb 2013)...	If you drive your child to/from the child care, or camp or school program
Public Transportation Costs...	If you or your child takes a bus, subway, or train to/from the child care, or camp or school program

Q. Is there a limit or cap on the expenses I can claim?

- **NO.** You can claim the full amount of costs you pay.

*For example: A mother with two children who earns \$1800/month before taxes and pays \$600 for rent (heat not included) will get **\$254** in SNAP. If she pays \$300/month in child care and related travel, her SNAP will go up to **\$344/month**.*

Q. How do I claim child care expenses?

- You can **self-attest to your child care expenses**. You can write it on your application or recertification form, or give your DTA worker a signed statement. DTA should ask for proofs *only if* the information you provide is questionable. A sample form is found on the back of this sheet.

Sworn Statement of Child Care Costs for Food Stamp/SNAP Eligibility

Your Name: _____ Your Agency ID: _____

Address where you live: _____

Children needing child care

1. _____ Age _____ 2. _____ Age _____
Name Name

3. _____ Age _____ 4. _____ Age _____
Name Name

(List additional children in care on another paper.)

My child care costs: (This includes direct care, co-pays, camps, other payments for care) *(Please mark one)*

I pay \$ _____/day OR \$ _____/week

My transportation costs: (This includes travel to and from the child care, camp, or school programs)

1. By car *(DTA currently allows the federal mileage rate** if you use your car)*

I drive _____ miles round trip, for _____ days per week

2. By public transportation *(Please mark one)*

I pay \$ _____/day OR \$ _____/week

► Your signature:

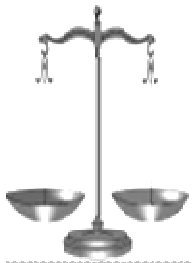
I swear that the above information about my monthly child care costs is true to the best of my knowledge and belief:

Signature: _____ Date: _____

► You can **self-attest to** child care expenses on your food stamp/SNAP application or recertification form (which is signed under penalty of perjury), or you can use this form to attest to shelter costs. You have a right to claim these costs if you need child care to go to work, a training program or look for work. You do not need to provide a statement from your child care provider unless the information you provide is questionable.

You can also claim the cost of care needed for a **disabled adult** while you work, look for work or go to school. This includes adult day care services and transportation costs, or paying someone to provide care in your home for a disabled adult household member.

** The Federal mileage rate as of February 2013 is 56.5 cents per mile.



SNAP Benefits for Elder/Disabled Households: The Medical Expense Deduction

Know Your Rights
In Massachusetts

For more help contact your local legal services program or visit
.masslegalhelp.org

For All Seniors (age 60 or over) and Persons with Disabilities:

If you have out-of-pocket medical expenses, your SNAP benefits may increase! DTA allows a \$90 deduction from income if you have medical expenses *over* \$35 per month. This deduction can increase your benefits. If you pay over \$125/month in expenses, you might get even more SNAP.

NOTE: In March of 2014, DTA will increase the standard \$90/mo medical deduction to \$155/mo if you prove medical expenses over \$35 per month. This could have a big impact on your SNAP!!

Q. What kinds of medical related expenses can I claim?

Basic Care costs...

If you pay directly for any medical, dental care, mental health, physical therapy, hospital based care, home health and nursing care. ... or if you pay any insurance premiums, co-payments or deductibles.

Alternative Care...

If you pay for acupuncture, chiropractic, homeopathy or herbal treatments prescribed by a licensed practitioner.

Health Care Supplies and Equipment...

If you buy special creams, ointments, pain magnets, incontinence supplies, commodes or other supplies and/or equipment recommended by your licensed health practitioner.

Over-the-counter drugs...

If you buy pain relievers, insulin, antacids, vitamins, allergy pills other remedies recommended by your health practitioner.

Mileage or the cost of public transport...

If you drive your car to appointments or to pick up drugs at the pharmacy, you can claim the federal mileage rate (currently 56.5 cents/mi) - or what you pay for a taxi, bus, subway or train.

Housekeeper and caregiver expenses...

If you need a housekeeper or care attendant to care for you because of your age or disability.

Vision or hearing care devices, other one-time expenses...

If you buy eyeglasses, contacts, hearing aides, speech or communication equipment, or have monthly usage fees, OR if you pay emergency medical care not covered by insurance.

Q. Is there a limit or cap on the expenses I can claim?

▶ If you have proof of medical expenses over \$35/month, DTA will automatically allow a standard \$90 deduction. You need to show proofs of at least \$35.01 /month to get this deduction. Remember, in 2014, the standard deduction will increase to \$155. This can make a big difference in the SNAP math!

▶ If you have more than \$125/month in un-reimbursed medical expenses, DTA will deduct the actual amount of these expenses in calculating your income (after the first \$35). There is **no cap** on what you can claim if you have proof of your un-reimbursed health-care expenses.

For example: Jane Smith is 78. She receives \$1,000 in Social Security plus MassHealth. She pays \$300/mo rent plus utilities including AC. Without claiming medical expenses, Mrs. Smith gets \$80/mo SNAP. If she has over \$35 in co-pays and private transport to the MD or pharmacy, her SNAP will increase to \$150 per month (in March 2014 when the standard medical deduction increases to \$155).

Q. How do I claim medical expenses?

You can claim medical expenses on your application or at any point while you are receiving SNAP. Be sure to keep copies of bills that you pay and appointment letters that show the dates you traveled. Send these proofs to your DTA case worker. A sample checklist is on the back to help you keep track.

SNAP MEDICAL EXPENSE DEDUCTION CHECKLIST

**You will need to send DTA proof of medical expenses (such as bills or receipts).

MEDICAL CARE NOT REIMBURSED BY INSURANCE (e.g., doctor/clinic visits, dental care, psychotherapy, rehabilitation, hospital or outpatient care, nursing or home health care)

Type of care	Cost/Month
	\$
	\$

HEALTH INSURANCE (e.g., premiums, co-payments, deductibles)

Type of cost	Cost/Month
	\$
	\$

ALTERNATIVE HEALTH TREATMENTS (e.g. acupuncture, chiropractics, homeopathy or herbal treatments)

Type of treatment	Cost/Month
	\$
	\$

TRANSPORTATION/LODGING TO OBTAIN MEDICAL TREATMENT OR SERVICES (e.g., mileage for use of your private car *at 56.5 cents per mile*; actual cost of bus, subway, shuttle, or taxi)

Type of transportation	Cost/Month
	\$
	\$

PRESCRIPTION MEDICATION

Type of medication	Cost/Month
	\$
	\$
	\$
	\$
	\$

OVER-THE-COUNTER MEDICATION RECOMMENDED BY A HEALTH CARE PROVIDER (e.g., pain relievers, antacids, vitamins, insulin, herbal supplements)

Type of medication	Cost/Month
	\$
	\$
	\$

HEALTH-RELATED SUPPLIES PRESCRIBED BY A HEALTH CARE PROVIDER (e.g., foot care, incontinence supplies, dentures, hearing aides, batteries for hearing aides/other medically-related devices, eyeglasses, contacts, contact lens cleaning supplies)

Type of supply	Cost/Month
	\$
	\$
	\$
	\$
	\$

HEALTH EQUIPMENT (e.g., sick room equipment, purchase/repair of wheelchair or mobility aid, prosthetics, personal emergency response system, communication equipment for the hearing, speech or visually impaired)

Type of equipment	Cost/Month
	\$
	\$
	\$

OTHER EXPENSES (e.g., securing and maintaining service animals, attendant services, housekeeper)

Type of expense	Cost/Month
	\$
	\$
	\$

TOTAL COST OF MEDICAL EXPENSES PER MONTH: \$

I certify that I incur the medical expenses listed above. I have included the verifications I have available. I request that the Department of Transitional Assistance consider these expenses and assist me with getting any additional proofs required.

X _____
Signature

Date

Printed Name

Agency ID (if known)

Form prepared by Massachusetts Law Reform Institute (Rev. Jan. 2014)



SNAP and Medical Expenses: Increase SNAP Benefits for MassHealth Recipients

Persons who are elderly (age 60 or over) or disabled may be able to increase their SNAP (food stamp) benefits by claiming out-of-pocket medical expenses. This is true even if you receive MassHealth (Medicaid) benefits.

What are some of the out-of pocket costs MassHealth recipients incur?

- Co-payments for prescription drugs
- Over-the-counter “medicine chest” items including:
Pain relief, allergy or cough/cold remedies, skin or eye treatments, incontinence supplies, hearing aid batteries, vitamins, insulin and other health care products recommended by your doctor (but not including special diet food or dietary/nutritional supplements),
- Dental care including appointment costs, dentures and dental supplies,
- Transportation to doctors, health centers and your drug store:
By car: Mileage, parking and tolls when traveling
Public transportation: including “The Ride” and MBTA

If you have \$35 or more per month in un-reimbursed health care costs—including the above – report these to your SNAP worker. These costs could increase your SNAP if you are getting less than the full SNAP benefit.

What proofs should you give your SNAP case manager?

If you have co-pays for prescriptions—a pharmacy printout of your monthly co-payments, or other proof of what you paid.

If you pay for over-the-counter health supplies—copies of your receipts or a list of items recommended from your provider and information on how much they cost.

Note: DTA does not need to see the names of the drugs you take (you can white them out), but DTA does need the date of purchase and price of the co-payment or item.

If you use your own car— write down your monthly health care visits including the number of round trip miles you drive from your home to your doctor or drug store (use MapQuest or other mileage tracker) Include copies of tolls and parking receipts. DTA allows the federal mileage rate (currently 56.5 cents/mile) as well as tolls and parking.

If you buy a T-pass or you pay for The RIDE— a receipt for your T-Pass if you mainly use your T-pass for healthcare trips to your doctors and the pharmacy. Otherwise, proof of what you spend on buses, taxis or public transportation to get to health care.

Note: Sometimes MassHealth will agree to cover the cost of certain over-the-counter drugs or health supplies prescribed by your doctor or for some of your transport costs. Talk to your MassHealth case manager to learn how this special approval process works and what your doctor needs to do.

If DTA denies your request to increase your SNAP benefits and you think this is incorrect, contact your local Legal Services program. They may be able to advise you on the steps to take to get DTA to fix the problem, or to file an appeal.



Foster Care Families and SNAP/Food Stamps

SNAP Benefits for Foster Care Families

Low income families who provide foster care may be entitled to higher SNAP benefits. If you are caring for a foster child, you have the choice to include or exclude your foster child in the SNAP application.* This is true even though your family and foster child share all food together.

Why is the choice to include or exclude your foster child important?

Unlike other situations where a child under 18 (or 22 if living with parents) must be part of the household, a SNAP household can **choose** to *include or exclude* the foster child from the SNAP unit.*

If your foster child is excluded from the SNAP household, the foster care payments do NOT count as income to your household. Further, if your foster child receives SSI, RSDI or child support payments, this income also does NOT count. For this reason, it is usually better to exclude your foster child to maximize the SNAP/food stamp benefits for the rest of your household. (The foster child cannot get benefits as a separate SNAP household.)

Example: Sam and Susan Howard have two children of their own and care for a foster child, Jimmy. The Howards receive foster care payments of roughly \$500/month . They can apply for SNAP/food stamps for themselves and their two children, as a 4 person household, excluding Jimmy and the monthly DCF foster payment as income. (If Jimmy also received Social Security survivors benefits or SSI, that too would not be counted.) Alternatively, Sam and Susan could apply for SNAP for themselves, their two children, and the foster child, Jimmy. But, if they include Jimmy, the foster care payments will be used in the calculation of SNAP benefits for five people and likely be lower than if Jimmy was excluded .

How do I change my SNAP benefit members?

You can ask DTA to remove your foster child from the SNAP household at anytime. Do this in writing. DTA is should also advise foster families of the option to include or exclude a foster child in the SNAP application.

How do I apply for SNAP?

If you are not already receiving SNAP benefits, you can file an application for SNAP on-line, by mail or in-person. To apply online, visit the website: <http://www.mass.gov/snap> and click on "SNAP Application." To apply in person, contact your local DTA Office. To get more information about SNAP in Massachusetts, visit Project Bread's website www.gettingSNAP.org

Can I get free school meals for my foster child?

Yes. All foster children are eligible for free school meals. This is true whether or not you get SNAP benefits for the foster child. Be sure the school knows you are enrolling a foster child. DCF should help you notify the school. The free meals continue through the entire school year, even if the child moves to another school or is no longer a foster child. If you get SNAP or TAFDC benefits for your own children, or you are low income, they too are entitled to free school meals.

More help: If you are denied SNAP benefits or free school meals, contact the Legal Services office in your region. See: www.masslegalhelp.org

*You can find the rules about foster care payments and SNAP benefits in the Code of Federal Regulations: 7 CFR 273.1(b)(4), 273.9(c)(15), and the Code of Massachusetts Regulations: 106 CMR 361.240(F)



Adult Foster Care and SNAP/Food Stamps

SNAP Benefits for Caregivers of Adult Foster Care Recipients

Low-income persons who provide in-home care to disabled adults through the Adult Foster Care (AFC) program may be entitled to higher SNAP benefits. A household has the choice to include or exclude adult foster care members in the SNAP application.* This is true even if the SNAP household shares family meals with the AFC individual.

What is Adult Foster Care?

Adult Foster Care (also called Adult Family Care) is a program for frail elders and adults with disabilities who cannot live alone. MassHealth pays qualified AFC caregivers up to \$18,000 a year to provide in-home care to elder and disabled MassHealth recipients who would otherwise be institutionalized. Here's more on AFC: <http://www.massresources.org/adult-family-care.html> Some adult foster caregivers may also be low-income, and thus qualify for SNAP benefits.

Why is the choice to include or exclude important?

If the foster adult is excluded from the SNAP household, none of the foster care payments for, or income of, the elder or disabled individual count for SNAP eligibility purposes.* By excluding the adult foster care payments and any personal income received by the fostered adult, the care-giving household often qualifies for higher monthly SNAP.

For example: The Wilsons are foster caregivers for 88 year old Mary Smith. Jane Wilson provides the daily foster care and John Wilson works part time earning \$1,000/month. The Adult Foster Care Program pays Jane \$1,500 a month. Mary Smith also receives \$800 in Social Security. Under the SNAP rules, the Wilsons can apply for SNAP benefits for a 2 person household, excluding Mary Smith from the SNAP household. Only the \$1,000 income earned by John is countable income for SNAP purposes. This is true even though the Wilsons purchase and prepare the food jointly for themselves and Mary Smith.

How does a caregiver change the SNAP benefit members?

An AFC caregiver can make a written request to DTA to remove a foster adult from the SNAP household at anytime. If the head of the SNAP household is also the fostered adult, that person would need to make a request to terminate the SNAP benefits and a new SNAP account should be opened with through the caregiver.

How does a caregiver apply for SNAP?

You can file an application for SNAP on-line, by mail or in-person. To apply online, visit the website: <http://www.mass.gov/snap> and click on "SNAP Application." To apply in person, contact your local DTA Office. To get more information about SNAP in Massachusetts, visit Project Bread's website www.gettingSNAP.org

More help: If you are denied SNAP benefits, contact the Legal Services office in your region. See: www.masslegalhelp.org

*You can find the rules about foster care payments and SNAP benefits in the Code of Federal Regulations: 7 CFR 273.1(b)(4), 273.9(c)(15), and the Code of Massachusetts Regulations: 106 CMR 361.240(F)



Power Outage/Food Loss: Replacement SNAP Benefits

Perishable food can begin to spoil after just 4 hours without power. If you lose power and your food spoils, you may be able to get Replacement SNAP benefits to replace food that spoiled.

SNAP rules provide for replacement of food lost by SNAP recipients due to “household misfortune.” You can get funds to replace the food you purchased with your SNAP benefits. A federal or state disaster declaration is not required.

Household misfortune includes losing food from your home if:

- a local or neighborhood power outage lasts 4 hours or more,
- your utilities are shut off (for any reason),
- your freezer or refrigerator stops working, or
- a fire, flood, or storm causes damage.

Household misfortune can also include lost food due to loss of power to many homes in your city or county caused by severe weather or a widespread power failure.

How do I apply for replacement SNAP?

Within 10 days of the incident or end of the outage, contact your DTA case manager to report the loss of food. You can do this in person, by phone, fax, or mail.

Within 10 days of reporting the loss, you also need to give DTA a signed “Statement of Loss” describing what happened and the dollar value of the food you lost. This can also serve as your initial report. Bottom line: the sooner you get DTA this form, the faster the SNAP replacement benefits. (A copy of the DTA Statement of Loss form is on the back of this flier).

What happens next?

DTA will verify the power outage or fire through news media sources, fire department reports or the Red Cross. If you have suffered a utility shut off or appliance failure, DTA may ask you for proofs. You do not need to show them the spoiled food! If you are eligible, DTA can replace the value of the food lost up to one month’s SNAP benefit, depending on how much food you lost.

Other ways SNAP can help persons recover in emergencies:

- If a wide spread natural disaster affects many people in your community, the federal government allows households not already receiving SNAP to get Disaster SNAP (D-SNAP). This is an emergency food SNAP replacement benefit with higher income eligibility rules.
- If you have little or no income or cash in the bank and are not already receiving SNAP, you may be eligible to get expedited (fast) SNAP benefits. Expedited SNAP benefits are provided within 7 days. Otherwise, it can take up to 30 days to qualify.



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

I, _____, SSN _____ - _____ - _____
(Print Full Name)

EBT Card # _____

of _____
(Street, City, State, Zip Code)

am in need of replacement food because food I 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)

I can be contacted at (____) _____ - _____
(Telephone Number)

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, I may be charged with perjury or subject to an Intentional Program Violation. If I am found to have committed an Intentional Program Violation, I will be ineligible for SNAP benefits for 12 months for the first violation, 24 months for the second violation, and permanently for the third violation.

Head of Household 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

3 Things You Need To Know About Photo EBT Cards

Massachusetts state law now requires that certain EBT card holders be issued Photo EBT Cards with their picture. If you receive SNAP or cash benefits, you may get a letter from DTA about the new photo EBT card.

1. About half of SNAP households will have a photo EBT card.

Under state law, households will get a photo-less EBT card when the head of household is:

- Age 60 or older,
- Disabled or blind,
- Under age 19,
- A victim of domestic violence, or
- You have a sincere religious objection to a photo.

If you get a DTA letter about the photo EBT card, but you meet one of the above categories, call your DTA worker. You should be **exempt** from having a photo on your EBT card, unless you want one.

2. Every SNAP household member has the right to use the EBT card.^{*i}

Stores cannot refuse to accept the EBT card from household members, such as spouses or older children. This is true even if their name or photo is not on the card. In addition, caregivers you authorize can also use your EBT card to food shop for you.

Just like a debit card, your PIN is what keeps your benefits safe and is your electronic signature. If the proper PIN is used, the shopper should be able to use the card.

3. Stores cannot treat SNAP recipients differently from other shoppers.^{*}

A store clerk cannot ask to see your EBT photo card unless they routinely ask **everyone** using credit or debit cards to show a photo ID. Also, stores that accept EBT cards cannot set up “SNAP-only” checkout lines or discriminate against SNAP households.

If a household member is not allowed to use the EBT card, or if you are being hassled or treated different from others shoppers, call your local Legal Services office. Go to www.masslegalhelp.org for more information.

^{*}Federal rules protect the right of all authorized members to use the EBT card and to not be discriminated against, under the following Code of Federal Regulations: 7 CFR 274.7(A), 7 CFR 274.8(b)(5)(iv), 7 CFR. 278.2(b)