



Massachusetts Department of Transitional Assistance

SNAP (formerly Food Stamps) BENEFITS FOR YOU AND YOUR FAMILY

APPLY TODAY! IT'S EASIER THAN YOU THINK!

HOW TO APPLY

To apply for SNAP benefits, please fill out this application and return it to us. You should mail, fax or take the application to the Department of Transitional Assistance Office that serves your city or town. If you are not sure where the office is located, please call **1-866-950-FOOD** or visit our website at www.mass.gov/dta.

IMPORTANT: We will accept your application if it contains your name and address (if you have one) on page 1 and your signature on page 5. This minimal information will establish your application filing date. However, the remaining information on the form must be completed, and we must interview you to determine your eligibility. If you are eligible, your SNAP benefits will start as of the date we receive your application.

Please try to answer all the questions on the application. The more information we have, the more quickly we will be able to act on your application. If you aren't sure what a question means or how to answer it, leave it blank and we will talk about it during your interview. After we receive your application, we will contact you for an interview and ask you more questions. This interview will take place either in the office where you returned your application or over the telephone. If you need an interpreter to help you complete this form or for the interview, tell us and we will arrange for one. Below we list the types of things you will need to provide for your application. Please look at the list and gather the proofs you will need.

YOU MAY GET SNAP BENEFITS WITHIN SEVEN DAYS IF:

- . Your income and money in the bank add up to less than your monthly housing expenses; 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.

We are asking you about money in the bank to screen for expedited SNAP benefits. You will not be asked to give proof of your money in the bank. If we decide you cannot get SNAP benefits within 7 days (expedited service) and you disagree, or if you are determined eligible for expedited service, but do not receive your SNAP benefits by the seventh calendar day after the date you applied, you have a right to a conference with a supervisor.

To apply for SNAP benefits, you need to prove your income, expenses and other information. You only need to prove information that applies to you. For example, if you do not have a job, then you do not need to worry about earned income in the list below.

When you get SNAP benefits, you will be given an account, like a bank account. Each month, your SNAP benefits will be put into your account. To use your SNAP benefits, you will get a Bay State Access card which you will use like an ATM or credit card. Your privacy is important and using the Bay State Access card helps maintain that privacy. You can use your Bay State Access card at grocery stores, convenience stores, markets and co-ops. You use it in the same way you would buy food with a debit/ATM or credit card.

Things you must provide, if they apply to you, to receive SNAP benefits.

1. **Proof of Identity:** Driver's license, birth certificate or other proof of your identity.
2. **Proof of Massachusetts Residence:** Mortgage, tax, homeowners insurance or utility bills, rent receipt or lease. If you are homeless, a collateral contact, motor vehicle registration, statement from a shelter or a statement from the person you are staying with temporarily.
3. **Earned Income:** Pay stubs or written statement from employer on letterhead showing income before taxes for the past four weeks.
4. **Other Income:** Most recent copy of Social Security check or copy of award letter, proof of unemployment compensation, workers' compensation, pension, child support or alimony.
5. **Self-Employment:** Most recent federal tax return (Schedule C Form) or last three months of business records.
6. **Rental Income:** If you get paid by someone who rents a room or apartment from you, a copy of the lease agreement or statement from your tenant showing the amount of rent paid.
7. **Noncitizen Status:** For all non-US citizens applying for SNAP benefits, alien registration card or other immigration document.
8. **Child Support Payments:** If you make child support payments to someone not living with you, show proof of the legal obligation to make the payment, such as a court order, tax returns showing legally obligated support payments, verification of withholding from unemployment compensation, and the amount paid.

Things you may provide, if they apply to you, to receive higher SNAP benefits. SNAP rules allow you to deduct certain expenses from your countable income. If you give us proof of any of the expenses from the list below, you may be able to receive higher SNAP benefits.

1. **Housing Costs:** The amount you pay for housing can be shown by your rent receipt or lease agreement. Homeowners can verify these costs through their mortgage statement, real estate taxes and homeowners insurance bills.
2. **Utilities:** The type of utility expenses you pay can be shown by bills for oil, gas, electricity, telephone (including cellular phone), or bills for other utility expenses such as garbage disposal, wood or coal.
3. **Medical Expenses:** If you or anyone in your household is age 60 or older or has a certified disability, the amount of your out-of-pocket medical expenses can be shown by receipts for co-payments or premiums on health insurance, dentures, eyeglasses, hearing aid batteries, prescription medications, doctor-prescribed pain relievers, over-the-counter drugs, and transportation to get to medical services.
4. **Child Care or Adult Dependent Care Expenses:** The amount you pay for dependent care expenses can be shown by a written statement from your dependent care provider, or a canceled check or money order paid to the dependent care provider.

Note: Certain households, such as those with disqualified members, will be asked to provide information and verification of bank accounts and other assets.

After your interview, you will get a list of things you will need to show us. **Pay stubs, utility bills and other proof must not be more than four weeks old from the day that you turn in your application.**



Massachusetts Department of Transitional Assistance
SNAP Benefits Application
 (formerly Food Stamps)

Source: (please check one) <input type="checkbox"/> CEO <input type="checkbox"/> Project Bread <input type="checkbox"/> DMH <input type="checkbox"/> DMR <input type="checkbox"/> BMC <input type="checkbox"/> Food Pantry <input type="checkbox"/> MRC <input type="checkbox"/> Other _____
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1. Information About You (Answer all boxes.) If you are a noncitizen who chooses NOT to apply for SNAP benefits, you do not need to tell us your Social Security number or immigration status.			
Last Name	First Name	Middle Initial	Social Security Number
Is this name your (check one) <input type="checkbox"/> Name at Birth <input type="checkbox"/> Maiden Name <input type="checkbox"/> Married Name <input type="checkbox"/> Prior Marriage Name <input type="checkbox"/> Alias			
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Are you pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	
Marital Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
What is your preferred language?			
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 <input type="checkbox"/> yes <input type="checkbox"/> no Race: (check all applicable) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			
Do you have a special situation? (Check all boxes that apply to you.)			
<input type="checkbox"/> Physical/Mental Impairment <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Interpreter Required <input type="checkbox"/> Sign Language Required <input type="checkbox"/> Other _____			

2. Information About Where You Live (Answer all boxes.)			
Your current address	Number and Street	Apt #	City, State, ZIP
Are you homeless? <input type="checkbox"/> yes <input type="checkbox"/> no	Is your current address temporary? <input type="checkbox"/> yes <input type="checkbox"/> no		Is your current address your mailing address? <input type="checkbox"/> yes <input type="checkbox"/> no
If a temporary address, list your permanent address.			
If you have a different mailing address, please list.			
Your daytime telephone number(s)			
(_____) _____ - _____ (_____) _____ - _____			
A good time of day to reach you by telephone: Time: _____			
Circle all that apply: Monday Tuesday Wednesday Thursday Friday			
Type of housing you live in			
<input type="checkbox"/> Private Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> Commercial Boarding House <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Residential Facility <input type="checkbox"/> Employer-provided Housing <input type="checkbox"/> Teen Living Program <input type="checkbox"/> Migrant Campsite <input type="checkbox"/> Shelter			

3. Person Helping with Your Application			
Last Name	First Name	Middle Initial	Telephone Number
Number and Street	City/Town		State ZIP

4. Authorized Representative
Do you want to give this person permission to apply or get SNAP benefits for you? <input type="checkbox"/> yes <input type="checkbox"/> no

5. Waiver of the Face-to-Face Interview

If you are unable to come to the DTA office for an interview, please check all reasons that apply.

- Elderly/Disabled
 Transportation Problems
 Work during DTA office hours
 Child Care/Care of Disabled Household Member
 Other _____

IMPORTANT: Be sure to list your telephone number(s) on page 1. We need to be able to call you if we have questions about your application or have to interview you over the phone.

6. Questions Regarding Citizenship Status

- a. Are you and all household members U.S. citizens by birth or naturalization? yes no
 If Yes, go to Question 7. If No, go to Part b, below.
- b. Under SNAP rules (106 CMR 362.220), a noncitizen who is unable or unwilling to provide immigration status information and/or Social Security number due to immigration status does not need to do so. This noncitizen will be ineligible for SNAP benefits. However, the remaining members of the household may apply for benefits.

1. List any household member(s) who chooses **NOT** to apply for SNAP benefits:

2. Check here if all members choose to apply:

7. Information About People You Live With - Please list everyone you live with. Do not include yourself. (Attach a separate sheet if necessary.) Noncitizens living with you who choose not to apply for SNAP benefits do not need to tell us their Social Security number or immigration status.

Last Name	First Name	Middle Initial	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to you
Do you purchase and prepare food together? <input type="checkbox"/> yes <input type="checkbox"/> no		Is this person applying for SNAP benefits? <input type="checkbox"/> yes <input type="checkbox"/> no		Social Security Number	
Marital Status				Pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	

Last Name	First Name	Middle Initial	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to you
Do you purchase and prepare food together? <input type="checkbox"/> yes <input type="checkbox"/> no		Is this person applying for SNAP benefits? <input type="checkbox"/> yes <input type="checkbox"/> no		Social Security Number	
Marital Status				Pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	

Last Name	First Name	Middle Initial	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to you
Do you purchase and prepare food together? <input type="checkbox"/> yes <input type="checkbox"/> no		Is this person applying for SNAP benefits? <input type="checkbox"/> yes <input type="checkbox"/> no		Social Security Number	
Marital Status				Pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	

8. Is there a **child(ren) under age 18 living with you who is not your child**, and who is **not** under your supervision and control? yes no
 If **yes**, who? _____

9. Is anyone living with you a **roomer** or **boarder** (person who pays for a room or room and meals)? yes no
 If **yes**, what is this person's name? _____

10. Are **foster care payments** being made to your household for anyone living with you? yes no
 If **yes**, for whom are the payments being made? _____

11. Are you or is anyone living with you a **resident of a state other than Massachusetts** or country other than the U.S. or are you or is anyone living with you intending to leave Massachusetts? yes no
 If **yes**, who is not a resident or is intending to leave? _____

12. Are you or is anyone living with you **NOT a U.S. citizen**? yes no

13. Do you or anyone living with you who is 18 or older and a United States citizen and Massachusetts resident want to **register to vote**? yes no
 If **yes**, who would like to register? _____

14. Are you or is anyone living with you physically or mentally **disabled** temporarily or long-term? yes no
 If **yes**, who is disabled? _____

15. Earnings

Are you or is anyone living with you presently working, or were you or anyone else living with you working in the last 60 days? yes no

If **yes**, complete the following section. (Attach a separate sheet, if necessary.)
IMPORTANT: Be sure to complete this section if you or anyone else living with you is self-employed.

Last Name		First Name		Employer Name, Address & Telephone Number			
Job Title	Start Date	End Date	Hourly Wage \$ _____	Weekly Hours	Weekly Tips \$ _____	How Often Paid?	Permanent Job? <input type="checkbox"/> yes <input type="checkbox"/> no

If job ended, last day of work ____/____/____

Record most recent wage information here:

Date		Gross Amount	Hours
From	To		
		\$	
		\$	
		\$	

16. Other Income

Are you or is anyone living with you eligible to receive or receiving **any other type of income** such as Unemployment Compensation, Child Support, Social Security, SSI, Workers' Compensation, Veterans' Benefits, Pensions or Rental Income? yes no
 If **yes**, complete the following section. (Attach a separate sheet, if necessary.)

Name	Type of Income	Amount	How often received?	Date Income Started

17. Do you or does anyone living with you have a court order (legal obligation) to pay **child support** to a child not living with you? yes no
 How often paid? Monthly Weekly Amount \$ _____

18. Do you or does anyone living with you have **child care or adult dependent care expenses**? yes no
 How often paid? Monthly Weekly Amount \$ _____

19. Do you or does anyone living with you who is 60 years old or older or who is disabled have **health insurance expenses**? yes no
 How often paid? Monthly Weekly Amount \$ _____

20. Do you or does anyone living with you who is 60 years old or older or who is disabled have **out-of-pocket medical expenses**? yes no
 If **yes**, complete the following section.

Name	Type	How often paid?	Amount	Date you started paying

21. Shelter Expenses

What type of shelter expenses do you have?
 Rent/Mortgage yes no Rent/Mortgage amount per month \$ _____
 Property Taxes yes no
 Other yes no

22. Utility Expenses

What type of utility expenses do you pay for **separate** from your rent?

Heating (gas, oil or electric) and/or air conditioning costs	<input type="checkbox"/> yes <input type="checkbox"/> no
Any other utilities (not including heating/air conditioning)	<input type="checkbox"/> yes <input type="checkbox"/> no
A telephone only, including cellular phone	<input type="checkbox"/> yes <input type="checkbox"/> no

Have you received or do you think you will receive Fuel Assistance benefits? yes no

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 Supplemental Nutrition Assistance Program (SNAP) 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, 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 dependent care expenses, rent or mortgage payments, utility or shelter expenses 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 59 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 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.

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 with penalties up to \$250,000 in fines, imprisonment up to 25 years, or both. 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** violation that is confirmed in an Administrative Disqualification Hearing (ADH) will be barred from 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 SNAP for **ten years**.
- Individuals who trade (buy or sell) SNAP benefits for a controlled substance/illegal drug(s), will be barred from 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 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 SNAP for a period of **six months**.

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) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). You may also contact the Massachusetts Commission Against Discrimination (MCAD) or the Office of Diversity, Equal Opportunity and Civil Rights (see Your Right to Know brochure for more information). USDA is an equal opportunity provider and employer.



APPLICANT'S SIGNATURE: By signing this application, I hereby certify under penalty of perjury that I have read (or have had read to me) and I understand and agree to the "Rights and Responsibilities," and the answers in this application and any additional documents I provide to the Department in the future are accurate and complete to the best of my knowledge. I have read the SNAP Penalty Warning in my primary language, have had it read to me or have had it interpreted for me. I also certify that all members of my SNAP household requesting SNAP benefits are either U.S. citizens or noncitizens in satisfactory immigration status.

Applicant Signature: _____

Date: ____ / ____ / ____