



Applying for Supplemental Nutrition Assistance Program (SNAP) Benefits

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

- Try to answer as many questions as you can.
- On page 1 of the application form put your telephone number where you can be reached during weekdays or where a message can be left for you.
- Remember to sign your name before you submit your application form.
- Be sure to read your Notice of Rights, Responsibilities and Penalties.
- You can file an incomplete application by filling in your name and address on Page 1 and your signature on Page 5 and completing the rest of the application later. This minimal information will establish your application filing date. You can then mail it to: DTA Document Processing Center, P.O. Box 4406, Taunton MA 02780-0420, or fax to (617) 887-8765.
- SNAP benefits will be effective back to the date you applied.

YOU MUST BE INTERVIEWED: DTA will review your application when it is received and will contact you to discuss the information you gave on your application.

Note: If DTA cannot reach you, you will receive a letter for a scheduled phone interview.

YOU MUST SUBMIT PROOFS: During your interview, DTA will explain what proofs and information you will need to give to receive SNAP benefits. DTA will send you a verification checklist with the items you need to provide. You have 30 days from the date your application is received to give us the proofs we need. Be sure to ask DTA for help if you are having difficulty obtaining these proofs. You can mail the proofs to: DTA Document Processing Center, P.O. Box 4406, Taunton MA 02780-0420, or fax to (617) 887-8765.

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



What Proofs Will I Need?

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

- **Identification Showing Your Name and Address:**
If you have no address, you must tell us where you are staying.
- **Proof of Income:**
An award letter or direct deposit statement of unearned income including interest income amounts and frequency of payments. If you are working, submit your last four pay stubs, direct deposit statements or copies of checks.
- **Social Security Numbers for All Members Applying**
- **Proof of Noncitizen Status:**
If you are not a citizen, provide proof of legal noncitizen status.
- **Proof of Certain Expenses:** Although optional, if you provide proof of either of the following, your SNAP benefits could be higher:
 - **Medical Expenses**
If you or anyone in your household is age 60 or older or has a certified disability, *out-of-pocket medical expenses must be verified* with receipts for co-payments or premiums on health insurance, or receipts for dentures, eyeglasses, hearing aids, hearing aid batteries, prescription medications, doctor-prescribed pain relievers or over-the-counter drugs, and transportation to get to and from medical services.
 - **Child Support Payments**
Proof, such as court documents, of child support payments you pay to someone not living with you, and amount paid.

Also tell us if you have any of the expenses below (this is optional, but these could make your SNAP benefits higher):

1. **Housing Costs:** rent or mortgage payments, real estate taxes or homeowners' insurance
2. **Utilities:** home heating oil, gas, electricity, telephone (including cell phones), or other utility expenses such as garbage disposal, wood or coal
3. **Child Care or Adult Dependent Care Expenses** in-home or out-of-home care

For more information about how you can get SNAP benefits call 1-877-382-2363.

Financial Information

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

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

13. Do you pay for adult day care expenses? Yes No

14. Do you pay for any other medical expenses such as prescriptions, over-the-counter medications, diabetic supplies, eyeglasses, dental expenses, hearing aid, etc.? Yes No

15. How much do you pay for your rent or mortgage each month? \$ _____

16. Do you pay for any of the following?

1. I pay to heat my home (oil, gas, electricity or propane, etc.) or share heating costs with others. Yes No

2. I have an air conditioner that I use in the summer, and I pay for electricity or share the cost with others. Yes No

3. I have an air conditioner that I use in the summer, and I pay a fee to use it. Yes No

4. I pay for electricity or gas or share this cost with others. Yes No

5. I pay for phone service, including cell phone service (not a pre-paid phone). Yes No

Authorized Representative

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

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

Expedited SNAP

YOU MAY GET SNAP BENEFITS WITHIN SEVEN DAYS IF ONE OF THE FOLLOWING IS TRUE:

- Does your income and money in the bank add up to less than your monthly housing expenses? Yes No
- Is your monthly income less than \$150 and your money in the bank \$100 or less? Yes No
- Are you a migrant worker and is your money in the bank less than \$100? 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 SNAP is fraud, an Intentional Program Violation (IPV), and is punishable by civil and criminal penalties.

I understand that the information I provide with my application will be subject to verification by Federal, State and local officials, to determine if such information is true; if any information is false, SNAP benefits may be denied, and I may be subject to criminal prosecution for knowingly providing false information.

I understand that the Department of Transitional Assistance (DTA) administers SNAP, and that DTA has 30 days from the date of application to process the application. I understand that I must report to DTA any changes in my household income, assets, address, living arrangement, family size, employment or any other changes to my 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 Annual Reporting rules or Transitional Benefits Alternative (TBA) rules.

I understand that I have a right to speak to a supervisor, if I am determined ineligible for expedited SNAP benefits and I disagree, or if I am determined eligible for expedited service but do not receive my SNAP benefits by the seventh calendar day after the date I applied for SNAP.

I understand that if I choose to report child or other dependent care expenses, rent/mortgage, other shelter or utility expenses, I may receive a higher SNAP benefit. Also I understand that if I pay child support to a non-household member I can report and provide proof to DTA for this expense. If I do not report or verify the above-listed expenses(s), it 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).

Likewise I understand that, if I am 60 years or older or if I am disabled and I pay for medical expenses, I can report and verify these expenses to DTA. This may make me eligible for an income deduction and increase my SNAP benefits.

I understand that by signing below, 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.

By signing this form, 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, financial institutions and from Equifax Workforce Solutions that provides wage information to DTA. I also give permission to these agencies to give to DTA information about my household that concerns my SNAP benefits.

The Department may deny, stop or lower your benefits based on information in the report from Equifax Workforce Solutions, a consumer reporting agency. I have the right to a free copy of my report from Equifax if I request it within 60 days of the Department's decision. I have the right to question the accuracy or completeness of the information in my report.

I may contact Equifax at: Equifax Workforce Solutions, 11432 Lackland Road, St. Louis, MO 63146, 1-800-996-7566 (toll free).

Prior to being approved for benefits, immigration status may be verified through the United States Citizenship and Immigration Services (USCIS), formerly known as INS. I understand that DTA may submit information from my SNAP application to USCIS, and that any information received from USCIS may affect my household's eligibility and amount of benefits.

I understand that by signing below I also give permission to DTA to share information about me and my dependents under age 19 with the Department of Elementary and Secondary Education (DESE) 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 by signing below I authorize the DTA and the Massachusetts Executive Office of Health and Human Services to share information about my eligibility for public assistance benefits with electric distribution companies, gas distribution companies and eligible telecommunications carriers pursuant to confidentiality agreements executed by these companies for the sole purpose of certifying my eligibility for discount utility service rates. I also authorize DTA to share my information with the Department of Housing and Community Development (DHCD) for the purpose of enrolling me in the Heat & Eat Program.

I understand that I will receive a copy of the “Your Right to Know” brochure and the SNAP Program 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, or if I have trouble reading or understanding any of this information, I will contact DTA at: 1-877-382-2363.

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

Right to Register to Vote

I understand I have the right to register to vote at DTA. I understand that DTA will help me fill out the voter registration application form if I want help and that I am allowed to fill out the voter registration application form in private.

I understand that applying to register or declining to register to vote will not affect the amount of assistance I get from DTA.

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 may 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 be prohibited from receiving SNAP for one year to permanently, fined up to \$250,000, imprisoned up to 20 years or both. S/he may also be subject to prosecution under other applicable Federal and State laws. S/he may also be prohibited from receiving SNAP for an additional 18 months if court ordered. 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** Intentional Program Violation (IPV) 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*.
- The State may pursue an IPV against an individual who makes an offer to sell SNAP benefits or an EBT card online or in person.
- 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*.
- Paying for food purchased on credit is not allowed and can result in disqualification from SNAP.
- Individuals may not purchase products with SNAP benefits with the intent to discard the contents and return containers for cash.

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

The U.S. Department of Agriculture prohibits discrimination against its customers, employees and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information Hotline Numbers (click the link for a list of hotline numbers by State), found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

USDA is an equal opportunity provider and employer.

Massachusetts law also prohibits discrimination, including discrimination based on ancestry. To file a complaint in Massachusetts contact: Massachusetts Commission Against Discrimination, One Ashburton Place, Sixth Floor, Room 601, Boston, MA 02108; Phone: (617) 994-6000; TTY: (617) 994-6196.



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: _____