

OFFICE OF THE VETERAN ADVOCATE

“Understanding Massachusetts' Municipal Veterans Service Officer”

Appendices

Appendices A -1 through A -5

Appendix A-1

SOCIAL SECURITY DISABILITY APPLICATION

APPLICATION FOR DISABILITY INSURANCE BENEFITS

(Do not write in this space)

I apply for a period of disability and/or all insurance benefits for which I am eligible under Title II and Part A of Title XVIII of the Social Security Act, as presently amended.

1.	PRINT your name	FIRST NAME, MIDDLE INITIAL, LAST NAME
2.	Enter your Social Security Number	

Answer question 3 if English is not your preferred language. Otherwise, go to item 4.

3.	Enter the language you prefer to: speak	write
4.	(a) Enter your date of birth	
	(b) Enter name of city and state or foreign country where you were born.	
5.	(a) Are you a U.S. citizen?	<input type="checkbox"/> Yes (If "Yes," go to item 6) <input type="checkbox"/> No (If "No," answer (b))
	(b) Are you an alien lawfully present in the U.S.?	<input type="checkbox"/> Yes (If "Yes," answer (c)) <input type="checkbox"/> No (If "No," go to item 6)
	(c) When were you lawfully admitted to the U.S.?	
6.	(a) Enter your name at birth if different from item (1)	
	(b) Have you used any other names?	<input type="checkbox"/> Yes (If "Yes," answer (c)) <input type="checkbox"/> No (If "No," go to item 7)
	(c) Other name(s) used.	
7.	(a) Have you used any other Social Security number(s)?	<input type="checkbox"/> Yes (If "Yes," answer (b)) <input type="checkbox"/> No (If "No" go to item 8)
	(b) Enter Social Security number(s) used.	
8.	When do you believe your condition(s) became severe enough to keep you from working (even if you have never worked)?	
9.	Did you or your spouse (or prior spouse) work in the railroad industry for 5 years or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	(a) Do you have Social Security credits (for example, based on work or residence) under another country's Social Security System?	<input type="checkbox"/> Yes (If "Yes," answer (b)) <input type="checkbox"/> No (If "No," go to item 11)
	(b) List the country(ies):	
11.	(a) Are you entitled to, or do you expect to be entitled to, a pension or annuity (or a lump sum in place of a pension or annuity) based on your work after 1956 not covered by Social Security?	<input type="checkbox"/> Yes (If "Yes," answer (b) and (c)) <input type="checkbox"/> No (If "No," go to item 12)
	(b) <input type="checkbox"/> I became entitled, or expect to become entitled, beginning	MONTH YEAR
	(c) <input type="checkbox"/> I became eligible, or expect to become eligible, beginning	MONTH YEAR
I AGREE TO PROMPTLY NOTIFY the Social Security Administration if I become entitled to a pension or annuity based on my employment not covered by Social Security, or if such pension or annuity stops.		

12. (a) Have you ever been married? ☐ Yes (If "Yes," answer (b)) ☐ No (If "No," go to item 13)

(b) Give the following information about your current marriage. If not currently married, write "None." (If "None," go on to item 12(c))

Spouse's name (including maiden name)		When (Month, day, year)	Where (Name of City and State)
Marriage performed by:	Spouse's date of birth (or age)		Spouse's Social Security Number (If none or unknown, so indicate)
<input type="checkbox"/> Clergyman or public official			
<input type="checkbox"/> Other (Explain in Remarks)			

(c) Enter information about any other marriage if you:

- Had a marriage that lasted at least 10 years; or
- Had a marriage that ended due to the death of your spouse, regardless of duration; or
- Were divorced, remarried the same individual within the year immediately following the year of the divorce, and the combined period of marriage totaled 10 years or more. If none, write "None." Go on to item 12 (d) if you have a child(ren) who is under age 16 or disabled or handicapped (age 16 or over and disability began before age 22) and you are divorced from the child's other parent who is now deceased and the marriage lasted less than 10 years.

Spouse's name (including maiden name)		When (Month, day, year)	Where (Name of City and State)
How marriage ended		When (Month, day, year)	Where (Name of City and State)
Marriage performed by:	Spouse's date of birth (or age)	Date of spouse's death	Spouse's Social Security Number (If none or unknown, so indicate)
<input type="checkbox"/> Clergyman or public official			
<input type="checkbox"/> Other (Explain in Remarks)			

(d) Enter information about any marriage if you:

- Have a child(ren) who is under age 16 or disabled or handicapped (age 16 or over and disability began before age 22); and
 - Were married for less than 10 years to the child's mother or father, who is now deceased; and
 - The marriage ended in divorce
- If none, write "None." _____

Spouse's name (including maiden name)		When (Month, day, year)	Where (Name of City and State)
Date of divorce (Month, day, year)		Where (Name of City and State)	
Marriage performed by:	Spouse's date of birth (or age)	Date of spouse's death	Spouse's Social Security Number (If none or unknown, so indicate)
<input type="checkbox"/> Clergyman or public official			
<input type="checkbox"/> Other (Explain in Remarks)			

Use the "REMARKS" space on page 5 for marriage continuation or explanation.

13. If your claim for disability benefits is approved, your children (including adopted children, and stepchildren) or dependent grandchildren (including stepgrandchildren) may be eligible for benefits based on your earnings record.

List below: FULL NAME OF ALL such children who are now or were in the past 12 months UNMARRIED and:

- UNDER AGE 18
- AGE 18 TO 19 AND ATTENDING ELEMENTARY OR SECONDARY SCHOOL FULL-TIME
- DISABLED OR HANDICAPPED (age 18 or over and disability began before age 22)

14.	(a) Did you have wages or self-employment income covered under Social Security in all years from 1978 through last year?	<input type="checkbox"/> Yes (If "Yes," go to item 15)	<input type="checkbox"/> No (If "No," answer (b))
	(b) List the years from 1978 through last year in which you did not have wages or self-employment income covered under Social Security.		

15. Enter below the names and addresses of all the persons, companies, or Government agencies for whom you have worked this year and last year. IF NONE, WRITE "NONE" BELOW AND GO TO ITEM 16.				
NAME AND ADDRESS OF EMPLOYER (If you had more than one employer, please list them in order beginning with your last (most recent) employer)	Work Began		Work Ended (If still working show "Not Ended")	
	MONTH	YEAR	MONTH	YEAR
(If you need more space, use "Remarks".)				

16. Complete item 16 even if you were an employee.							
(a) Were you self-employed this year or last year?		<input type="checkbox"/> Yes (If "Yes," answer (b))			<input type="checkbox"/> No (If "No," go to item 17)		
(b) Check the year (or years) you were self-employed	In what type of trade/business were you self-employed? (For example, storekeeper, farmer, physician)	Were your net earnings from the trade or business \$400 or more? (Check "Yes" or "No")					
<input type="checkbox"/> This year							
<input type="checkbox"/> Last year		<input type="checkbox"/> Yes <input type="checkbox"/> No					

17.	(a) How much were your total earnings last year? Count both wage and self-employment income. (If none, write "None.") _____	Amount \$ _____
	(b) How much have you earned so far this year? (If none, write "None.") _____	Amount \$ _____

18.	(a) Are you still unable to work because of your illnesses, injuries, or conditions?	<input type="checkbox"/> Yes (If "Yes," go to item 19)	<input type="checkbox"/> No (If "No," answer (b))
	(b) Enter the date you became able to work.	MONTH, DAY, YEAR	

19.	Are your illnesses, injuries, or conditions related to your work in any way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----	--	------------------------------	-----------------------------

20.	Are you blind or do you have low vision even with glasses or contacts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----	--	------------------------------	-----------------------------

21.	(a) Have you filed, or do you intend to file, for any other public disability benefits (including workers' compensation, Black Lung benefits and SSI)?	<input type="checkbox"/> Yes (If "Yes," answer (b))	<input type="checkbox"/> No (If "No," go to item 22)
	(b) The other public disability benefit(s) you have filed (or intend to file) for is (Check as many as apply): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Veterans Administration Benefits </div> <div> <input type="checkbox"/> Welfare </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> Supplemental Security Income </div> <div> <input type="checkbox"/> Other (If "Other," complete a Workers' Compensation/Public Disability Benefit Questionnaire) </div> </div>		
22.	(a) Did you receive any money from an employer(s) on or after the date in item 8 when you became unable to work because of your illnesses, injuries, or conditions? If "Yes", give the amounts and explain in "Remarks".	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> Amount \$ _____	
	(b) Do you expect to receive any additional money from an employer, such as sick pay, vacation pay, other special pay? If "Yes," please give amounts and explain in "Remarks".	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> Amount \$ _____	
23.	Do you, or did you, have a child under age 3 (your own or your spouse's) living with you in one or more calendar years when you had no earnings?	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
24.	Do you have a dependent parent who was receiving at least one-half support from you when you became unable to work because of your disability? If "Yes," enter the parent's name and address and Social Security number, if known, in "Remarks".	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
25.	If you were unable to work before age 22 because of an illness, injury or condition, do you have a parent (including adoptive or stepparent) or grandparent who is receiving social security retirement or disability benefits or who is deceased? If yes, enter the name(s) and Social Security number, if known, in "Remarks" (if unknown, check "Unknown").	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown </div>	

REMARKS (You may use this space for any explanation. If you need more space, attach a separate sheet.)

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.

SIGNATURE OF APPLICANT	Date (Month, Day, Year)
Signature (First name, middle initial, last name) (Write in ink)	Telephone Number(s) at which you may be contacted during the day. (Include the area code)

DIRECT DEPOSIT PAYMENT INFORMATION (FINANCIAL INSTITUTION)			
Routing Transit Number	Account Number	<input type="checkbox"/> Checking	<input type="checkbox"/> Enroll in Direct Express
		<input type="checkbox"/> Savings	<input type="checkbox"/> Direct Deposit Refused

Applicant's Mailing Address (Number and street, Apt No., P.O. Box, or Rural Route) (Enter Residence Address in "Remarks," if different.)

City and State	ZIP Code	County (if any) in which you now live
----------------	----------	---------------------------------------

Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses. Also, print the applicant's name in Signature block.

1. Signature of Witness	2. Signature of Witness
Address (Number and street, City, State and ZIP Code)	Address (Number and street, City, State and ZIP Code)

FOR YOUR INFORMATION

An agency in your State that works with us in administering the Social Security disability program is responsible for making the disability decision on your claim. In some cases, it is necessary for them to get additional information about your condition or to arrange for you to have a medical examination at Government expense.

Privacy Act Statement Collection and Use of Information

Sections 202, 205, 223(a), and 226 of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on the claim for benefits.

We will use the information you provide to establish or determine benefits eligibility. We may also share the information for the following purposes, called routine uses:

- To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of our programs; and
- To student volunteers, individuals working under a personal services contract, and other workers who technically do not have the status of Federal employees, when they are performing work for SSA, as authorized by law, and they need access to personally identifiable information in SSA records in order to perform their assigned agency functions.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0059, entitled Earnings Recording and Self-Employment Income System, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1819 and 60-0089, entitled Claims Folders System, as published in the FR on October 31, 2019, at 84 FR 58422. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY DISABILITY INSURANCE BENEFITS

Person to Contact About Your Claim	SSA OFFICE	Date Claim Received
Telephone Number (Include Area Code)		
Your application for Social Security disability benefits has been received and will be processed as quickly as possible. You should hear from us within _____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed. In the meantime, if you change your address, or if there		is some other change that may affect your claim, you - or someone for you - should report the change. The changes to be reported are listed below. Always give us your claim number when writing or telephoning about your claim. If you have any questions about your claim, we will be glad to help you.
CLAIMANT	SOCIAL SECURITY CLAIM NUMBER	

CHANGES TO BE REPORTED AND HOW TO REPORT**FAILURE TO REPORT MAY RESULT IN OVERPAYMENTS THAT MUST BE REPAYED**

- You change your mailing address for checks or residence. To avoid delay in receipt of checks you should ALSO file a regular change of address notice with your post office.
- Your citizenship or immigration status changes.
- You go outside the U.S.A. for 30 consecutive days or longer.
- Any beneficiary dies or becomes unable to handle benefits.
- Custody Change - Report if a person for whom you are filing or who is in your care dies, leaves your care or custody, or changes address.
- You are confined to a jail, prison, penal institution or correctional facility for more than 30 continuous days for conviction of a crime, or you are confined for more than 30 continuous days to a public institution by a court order in connection with a crime.
- You become entitled to a pension, an annuity, or a lump sum payment based on your employment not covered by Social Security, or if such pension or annuity stops.
- Your stepchild is entitled to benefits on your record and you and the stepchild's parent divorce. Stepchild benefits are not payable beginning with the month after the month the divorce becomes final.
- You have an unsatisfied warrant for more than 30 continuous days for your arrest for a crime or attempted crime that is a felony of flight to avoid prosecution or confinement, escape from custody and flight-escape. In most jurisdictions that do not classify crimes as felonies, this applies to a crime that is punishable by death or imprisonment for a term exceeding one year (regardless of the actual sentence imposed).
- You have an unsatisfied warrant for more than 30 continuous days for a violation of probation or parole under Federal or State law.
- Change of Marital Status - Marriage, divorce, annulment of marriage.
- If you become the parent of a child (including an adopted child) after you have filed your claim, let us know about the child so we can decide if the child is eligible for benefits. Failure to report the existence of these children may result in the loss of possible benefits to the child(ren).
- You return to work (as an employee or self-employed) regardless of amount of earnings.
- Your condition improves.
- You are under full retirement and you apply for or begin to receive workers' compensation (including black lung benefits) or another public disability benefit, or the amount of your present workers' compensation or public disability benefit changes or stops, or you receive a lump-sum settlement.

HOW TO REPORT

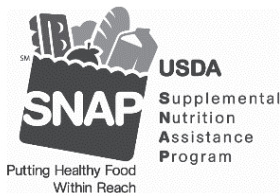
You can make your reports online, by telephone, mail, or in person, whichever you prefer. If you are awarded benefits, and one or more of the above change(s) occur, you should report by:

- Visiting the section "my Social Security" at our web site at www.socialsecurity.gov;
- Calling us TOLL FREE at 1-800-772-1213;
- If you are deaf or hearing impaired, calling us TOLL FREE at TTY 1-800-325-0778; or
- Calling, visiting or writing your local Social Security office at the phone number and address shown on your claim receipt.

For general information about Social Security, visit our web site at www.socialsecurity.gov.

Appendix A-2

Supplemental Nutrition Assistance Program (SNAP)



Massachusetts SNAP Benefits Application



How do I apply for SNAP benefits?

- Upload to [DTAConnect](#)
- Fax to **617-887-8765**
- Mail to the **DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420**
- Scan at a local **DTA office**

Last Name:		First Name:		Middle Name:	
Home Address:			City, State, Zip Code:		
Mailing Address (if different):			City, State, Zip Code:		
Phone Number:			Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DTA may send you text messages about due dates, case information, office closings, and other important information. Please note that message and data charges may apply.					
If you do not want DTA to text you, please check this box: <input type="checkbox"/>					
By signing, I agree that:					
<ul style="list-style-type: none">• I have read this entire form (or have had it read to me in a language that I understand), including the section about rights and responsibilities, and understand that I must comply with these rules;• the information I am giving is true and complete to the best of my knowledge;• I could go to prison or be required to pay fines if I knowingly give wrong or incomplete information;• DTA and other federal, state, and local officials may verify (check) any information I give.					
Signature:			Date:		

- We will accept your application if it has your name, address (if any), and signature.
- If approved, your SNAP benefits will be issued back to the date DTA got your application.
- Call us to complete an interview anytime between 8:15 AM and 4:45 PM, Monday through Friday, at 877-382-2363.

You may get SNAP benefits within 7 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 \$100 or less.

Do you have a Massachusetts Electronic Benefit Transfer (EBT) card? ☐ Yes ☐ No

EBT cards still work if a case reopens after being closed. If you do not have an EBT card, we can mail you one or print one at a local office. You may get an EBT card before we decide eligibility so you can use your benefits as soon as they are available, if you are eligible. When you get your EBT card, you will also get more information on how to use it.



**If you need help because of a disability,
we can give an accommodation to make it
easier to work with us. Call 1-877-382-2363
to ask about an accommodation.**



Are you a person with a disability?

**If yes, please check off your
impairment type(s):**

☐ Physical

☐ Hearing

☐ Visual

☐ Intellectual/Cognitive

☐ Emotional/Mental Health

☐ Other:

**What is your preferred method of
communication?**

☐ In-Person

☐ Telephone

☐ Video Relay Services (VRS)

VRS Phone Number: _____

**Has Massachusetts certified that you
have a disability?**

☐ Yes ☐ No

Information about you

Social Security Number:	Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------	----------------	--	---

Are you a U.S. Citizen? ☐ Yes ☐ No

What language do you prefer to speak?

NOTE: Noncitizens who are not applying for SNAP do not have to give their Social Security Number or citizenship status.

What is your race?*

☐ Black or African American
 ☐ American Indian or Alaska Native
 ☐ White
☐ Asian
 ☐ Native Hawaiian or Other Pacific Islander

What is your ethnicity?*

☐ Hispanic or Latino
 ☐ Not Hispanic or Latino

* Your answer will not affect your eligibility. We ask these questions to make sure that everyone is treated fairly regardless of race, color, or national origin. Leave blank if you prefer not to answer.

Household Members

Do other people live with you? ☐ Yes ☐ No

If **yes**, please fill out the section below. Only list children under age 22, your spouse, and/or any other people who buy and make the majority of meals with you. Noncitizens who are not applying for SNAP do not have to give their Social Security Number or citizenship status.

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Relationship to you?</u>	<u>Is this person a US citizen?</u>	<u>Is this person applying for SNAP benefits?</u>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Earned Income

Has anyone worked in the last 60 days? ☐ Yes ☐ No

If **yes**, please fill out the section below:

<u>Person with Income</u>	<u>Income Type</u>	<u>Employer</u>	<u>Frequency</u>	<u>Gross Earnings for Last 4 Weeks</u>
	<input type="checkbox"/> Wages <input type="checkbox"/> Self-Employment <input type="checkbox"/> Other:		<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other:	
	<input type="checkbox"/> Wages <input type="checkbox"/> Self-Employment <input type="checkbox"/> Other:		<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other:	
	<input type="checkbox"/> Wages <input type="checkbox"/> Self-Employment <input type="checkbox"/> Other:		<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other:	

Other Income

Does anyone receive **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**, please fill out the section below:

<u>Person with Income</u>	<u>Income Type</u>	<u>Frequency</u>	<u>Gross Amount</u>
		<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	
		<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	
		<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	

Shelter Costs

Is the household responsible to pay shelter costs? ☐ Yes ☐ No

If **yes**, please fill out the section below:

<u>Type:</u>	<u>Amount:</u>	<u>Frequency:</u>
<input type="checkbox"/> Rent	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other:
<input type="checkbox"/> Mortgage	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other:
<input type="checkbox"/> Property Taxes*	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other:
<input type="checkbox"/> Home Insurance*	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other:
<input type="checkbox"/> Condo fee	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other:
<input type="checkbox"/> Other:	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other:

* Leave Property Taxes and Home Insurance blank if these are included in the mortgage payment.

Utility Costs

Is the household responsible to pay utility costs **separate** from shelter costs? ☐ Yes ☐ No

If **yes**, please fill out the section below:

<input type="checkbox"/> Heat (oil, gas, electricity or propane, etc.)	<input type="checkbox"/> Electricity and/or gas (other than heating use); water; sewage; and/or trash collection
<input type="checkbox"/> Electricity for an air conditioner in the summer	
<input type="checkbox"/> A fee to use an air conditioner in the summer	<input type="checkbox"/> Phone or cell phone service (including pre-paid)

Dependent Care Costs

Is anyone responsible to pay for adult or child care costs? ☐ Yes ☐ No

If **yes**, please fill out the section below:

<u>Name of Child or Dependent</u>	<u>Amount Paid</u>	<u>Frequency</u>
_____	\$_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
_____	\$_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
_____	\$_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
_____	\$_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:

Does anyone travel to and/or from a dependent care provider? ☐ Yes ☐ No

If **yes**, please fill out the section below:

<u>Name of Dependent</u>	<u>Address of Care Provider</u>	<u>Number of Car Trips per Week</u>		<u>If Not Driving: Cost of Public Transportation, Taxi Cab, Shuttle, etc.</u>
		TO	FROM	

Medical Costs

Does anyone who is at least 60 years old and/or disabled have **out-of-pocket medical expenses**?

☐ Yes ☐ No

If **yes**, please fill out the section below:

<u>Name</u>	<u>Expense Type</u>	<u>Total Cost Per Month</u>
_____	<input type="checkbox"/> Medical Care <input type="checkbox"/> Health Insurance <input type="checkbox"/> Dental Care <input type="checkbox"/> Other (over-the-counter medications, medical supplies, etc.) <input type="checkbox"/> Medications	_____
_____	<input type="checkbox"/> Medical Care <input type="checkbox"/> Health Insurance <input type="checkbox"/> Dental Care <input type="checkbox"/> Other (over-the-counter medications, medical supplies, etc.) <input type="checkbox"/> Medications	_____
_____	<input type="checkbox"/> Medical Care <input type="checkbox"/> Health Insurance <input type="checkbox"/> Dental Care <input type="checkbox"/> Other (over-the-counter medications, medical supplies, etc.) <input type="checkbox"/> Medications	_____

NOTE: You can get credit for the costs you are responsible for paying even if you are behind or cannot pay them. Medical costs include co-pays, prescriptions, over-the-counter medications, health insurance, medical bills, transportation, and more.

Does anyone travel to and/or from medical care (such as a pharmacy, doctor, therapist, etc.)?

☐ Yes ☐ No

If **yes**, please fill out the section below:

<u>Name</u>	<u>Address of Medical Provider</u>	<u>Number of Car Trips per Week</u>		<u>Cost for Parking, Public Transportation, Taxi Cab, Shuttle, etc.</u>
		TO	FROM	

SNAP Work Program

Is anyone in a training program at least 80 hours per month?

☐ Yes ☐ No

If **yes**, who?

Is anyone working in exchange for goods and services (in-kind work)?

☐ Yes ☐ No

If **yes**, who?

Is anyone doing an unpaid internship?

☐ Yes ☐ No

If **yes**, who?

Is anyone volunteering?

☐ Yes ☐ No

If **yes**, who?

SNAP in Another State

Has anyone received SNAP benefits outside Massachusetts within the past 30 days?

☐ Yes ☐ No

If **yes**, who? _____

Assisting with Application

Do you want to give us permission to contact a person or agency if we cannot reach you by phone?*

☐ Yes ☐ No

If **yes**, please fill out the section below:

Name of Person or Agency: _____

Phone Number: _____

Address: _____

* We call this an Assisting Person/Agency. This role is only valid during the application period.

Authorization to Release Information

Do you want to give a person or agency permission to speak with DTA and get relevant confidential information about your case?*

☐ Yes ☐ No

If **yes**, please fill out the section below:

Name of Person or Agency: _____

Phone Number: _____

Address: _____

* This role cannot report changes or complete interviews. Permission expires after one year.

Authorized Representative for Certification

Do you want to give an agency or someone you trust permission to sign forms, report changes, complete interviews, and talk about your case with us?*

☐ Yes ☐ No

If **yes**, please fill out the section below:

Name of Person or Agency: _____

Phone Number: _____

Federal Employer Identification Number (Agency Only): _____

* Permission valid until cancelled.

Authorized Representative for EBT Transactions

Do you want to give someone you trust permission to get an EBT card to food shop for you using your SNAP benefits?*

☐ Yes ☐ No

If **yes**, please fill out the section below:

Name of Person: _____

Phone Number: _____





Address: _____

* Identity must be verified before a card is issued. Permission valid until cancelled.

- If you want to cancel an EBT card for an Authorized Representative, call 1-800-997-2555.
- If you want to cancel any of the above roles, call 1-877-382-2363.

What Happens Next?

Please keep the following pages for your records.

			
Phone Call	Send in Verifications	Get SNAP Benefits	Get Connected
We will call you for an interview. If we cannot reach you, we will mail you a letter for a scheduled phone interview. You can also call us at 1-877-382-2363, Monday through Friday from 8:15-4:45, to do an interview.	If needed, we will give you a list of documents to send so we can verify your eligibility. You have 30 days from when you apply to send us the documents. Tell us if you need help!	We will mail you a decision letter within 30 days. If approved, we will put benefits on your EBT card. If denied, we will tell you why.	Visit DTACconnect.com, use the DTA Connect mobile app, or call the DTA Assistance Line at 1-877-382-2363 to check case status, update case information, upload documents, and much more!

If you want more information or need help, call **1-877-382-2363** or visit Mass.gov/DTA.

ADDITIONAL RESOURCES

SNAP Path to Work: Find Employment & Training providers by going to SNAPpathtowork.org . Note: This is for SNAP-only clients	SNAP-Ed: Visit the SNAP Nutrition Education website at MAhealthyfoodsinasnap.org to find healthy recipes, cooking tips, and ways to keep your family active!
Massachusetts 2-1-1: Call 211 to find health and human services programs in your area.	Project Bread: Call Project Bread's Food Source Hotline at 1-800-645-8333 to find local food sources.

YOUR VERIFICATION OPTIONS

- You can use this checklist to submit verifications with this application. This will help us complete your application faster!
- If you do not have all the proofs, do NOT wait to submit your application! You can submit them later.
- For more information, visit Mass.gov/SNAPverifications.

☐ **If anyone in the household has earned income**, send us proof of gross income (before taxes) for the last four weeks, such as:

- ☐ Pay stubs, or record of payment
- ☐ Proof of any pay you got and hours worked
- ☐ If self-employed, business documents that show income and business expenses, such as:
 - ☐ Schedule C (1040 IRS form)
 - ☐ 1099 IRS form or other tax record
 - ☐ Other records such as invoices, bills, or receipts that show your income and/or business expenses

☐ **If anyone in the household has unearned income**, send us proof of the monthly amount, such as:

- ☐ Benefit or award letter
- ☐ Statement from agency making payments

NOTE: We can usually verify the amount of Social Security, SSI, DOR Child Support, or MA Unemployment Compensation benefits ourselves. We will tell you if you need to verify any of these items.

☐ **To prove Massachusetts residency**, you may submit one of the following:

- ☐ Rent receipt, lease, or Landlord Verification form
- ☐ Deed or mortgage statement, utility bill, or voter registration
- ☐ Shared Housing Verification form, or statement from someone you live with

☐ **If anyone in the household is making payments for child support**, please send us:

- ☐ Proof of the legal obligation to pay the child support (such as a court order) and
- ☐ Proof of recent payments

☐ **If any household member is a noncitizen applying for benefits**, please submit proof of noncitizen status, such as:

- ☐ Permanent Resident Card ("green card")
- ☐ Employment Authorization Card
- ☐ Temporary Resident Card
- ☐ Arrival-Departure Record (I-94)
- ☐ Stamp in passport
- ☐ Other document showing current or pending immigration status
- ☐ Statement from an immigration attorney about current or pending status

☐ **If any household member is elderly and/or disabled and has at least \$35 per month in medical expenses**, please submit proof of expenses (such as bills, invoices, or receipts). Some transportation costs for medical reasons can be self-declared.

Department of Transitional Assistance (DTA) Notice of Rights, Responsibilities and Penalties

- This notice lists rights and responsibilities for all DTA programs. You must follow the rules for programs you apply for.
- Please read these pages and keep them for your records.
- Let DTA know if you have any questions.

I swear under penalty of perjury that:

- I have read the information in this form, or someone read it to me.
- My answers in this form are true and complete to the best of my knowledge.
- I will give DTA information that is true and complete to the best of my knowledge during my interview and in the future.

I understand that:

- giving false or misleading information is fraud,
- misrepresenting or withholding facts to get DTA benefits is fraud,
- fraud is considered an Intentional Program Violation (IPV), and
- if DTA thinks I committed fraud, DTA can pursue civil and criminal penalties against me.

I also understand that:

- DTA will verify the information I give with my application. If any information is false, DTA may deny my benefits.
- I may also be subject to criminal prosecution for providing false information.
- If DTA gets information from a reliable source about a change in my household, my benefit amount may change.
- By signing this form, I give DTA permission to verify my eligibility for benefits, including:
 - Get information from other state or federal agencies, local housing authorities, out-of-state welfare departments, financial institutions, and Equifax Workforce Solutions (the Work Number). I also give these agencies permission to share information about my household's eligibility for benefits with DTA.
 - If DTA uses information from Equifax about my household earned income, I have the right to a free copy of my Equifax report if I request it within 60 days of DTA's decision. I have the right to question the information in the report. I may contact Equifax at: Equifax Workforce Solutions, 11432 Lackland Road, St. Louis, MO 63146, 1-800-996-7566 (toll free).
- I have a right to a copy of my application, including the information that DTA uses to decide about my household's eligibility and benefit amount. I can ask DTA for an electronic copy of the completed application.

How will DTA use my information?

By signing below, I give DTA permission to get information from and share information about me and members of my household with:

- Banks, schools, government, employers, landlords, utility companies and other agencies to check if I am eligible for benefits.
- Electric, gas and telephone companies so I can get utility discounts. The companies cannot share my information or use it for any other purpose.
- The Department of Housing and Community Development to enroll me in the Heat & Eat Program. This program helps people get the most SNAP benefits possible.
- The Department of Early and Secondary Education so my children can get free school meals.
- The Woman, Infants and Children (WIC) Program so that any children under age 5 or a pregnant woman in my household can get WIC.
- The United States Citizenship and Immigration Services (USCIS), to verify my immigration status. Information from USCIS may affect my household's eligibility and amount of DTA benefits.

Note: Even if you are not eligible for benefits due to immigration status, DTA will not report you to immigration authorities unless you show DTA a final order of deportation.

- The Department of Revenue (DOR) to verify my eligibility for income-based tax credits, such as Earned Income and Limited Income, and to see if I am eligible for "No Tax Status" or hardship status.
- The Department of Children and Families (DCF) to coordinate services offered jointly by DTA and DCF.

How does DTA use Social Security Numbers (SSNs)?

DTA is allowed to ask for SSNs under The Food and Nutrition Act of 2008 (7 U.S.C. 2011-2036) for SNAP and under M.G.L. c. 18 Section 33 for TAFDC and EAEDC. DTA uses SSNs to:

- Check the identity and eligibility of each household member I apply for through data matching programs.
- Monitor compliance with program rules.
- Collect money if DTA claims I got benefits that I was not eligible for.
- Help law enforcement agencies catch people hiding from the law.

I understand that I do not have to give DTA the SSN of any non-citizen in my household, including myself, who does not want benefits. The income of a non-citizen may count even if the non-citizen does not get benefits.

Right to an Interpreter

I understand that:

- I have a right to a free professional interpreter provided by DTA if I prefer to communicate in a language other than English.
- If I have a DTA hearing, I can ask DTA to give me a free professional interpreter, or if I prefer, I can bring someone to interpret for me. If I need DTA to give me an interpreter for a hearing, I must call the Division of Hearings at least one week before the hearing date.

Right to Register to Vote

I understand that:

- I have the right to register to vote through DTA.
- DTA will help me fill out the voter registration application form if I want help.
- I can fill out the voter registration application form in private.
- Applying to register or declining to register to vote will not affect my DTA benefits.

Employment Opportunities

I agree that DTA may share my name and contact information with employment and training providers, including:

- SNAP Path Work providers or DTA specialists for SNAP clients; and
- Contracted Employment and Training providers or Full Engagement Workers for TAFDC clients.

SNAP clients may voluntarily participate in education and employment training services through the SNAP Path to Work program.

Citizenship Status

I swear that all members of my household applying for DTA benefits are either U.S. citizens, or lawfully residing noncitizens.

Supplemental Nutrition Assistance Program

I understand that:

- DTA manages the SNAP program in Massachusetts.
- When I file an application with DTA (by phone, online, in person, or by mail or fax), DTA has 30 days from the date it got my application to decide if I am eligible.
 - If I am eligible for expedited (emergency) SNAP, DTA has to give me SNAP and make sure I have an Electronic Benefit Transfer (EBT) card within 7 days from the date they got my application.
 - I have a right to speak to a DTA supervisor if:
 - DTA says I am not eligible for emergency SNAP benefits, and I disagree.
 - I am eligible for emergency SNAP benefits, but do not get my benefits by the 7th day after I applied for SNAP.
 - I am eligible for emergency SNAP benefits but do not get my EBT card by the 7th day after I applied for SNAP.
- When I get SNAP, I have to meet certain rules. When I am approved for SNAP, DTA will give me a copy of the “Your Right to Know” brochure and the SNAP Program brochure. I will read the brochures or have someone read them to me. If I have any questions or need help reading or understanding this information, I can call DTA at 1-877-382-2363.
- **Telling DTA about changes in my household:**
 - If I am a SNAP Simplified Reporting household, I do not have to report most changes to DTA until the Interim Report or Recertification is due. The only things I have to report sooner are:
 - If my household’s income goes over the gross income threshold (listed on my approval notice).
 - I have to report this by the 10th day of the month after the month my income went over the threshold.
 - If I have to meet the Able-Bodied Adults Without Dependents (ABAWD) Work Rules and my work hours drop below 20 hours per week.
 - If everyone in my household is 60 or older, disabled, or under 18 years old, and no one has earnings from work, the only things I have to report are:
 - If someone starts working, or
 - Someone joins or leaves my household.
 - I have to report these changes by the 10th day of the month after the month of the change.
 - If I get SNAP through Transitional Benefits Alternative (TBA) because my TAFDC stopped, I do not have to report any changes to DTA for the 5 months that I get TBA.
 - If I get SNAP through Bay State CAP, I do not have to report any changes to DTA.

If I and everyone in my household gets cash assistance (TAFDC or EAEDC), I must report certain changes to DTA within 10 days of the change. See **When do I need to tell DTA about changes in my household? under Transitional Aid to Families with Dependent Children (TAFDC) and Emergency Aid to the Elderly, Disabled, and Children (EAEDC)** below.

- I may get more SNAP benefits if I report and give DTA proofs for the following, at any time:
- Child or other dependent care costs, shelter costs, and/or utility costs;
- Child support that I (or someone in my household) is legally required to pay to a non-household member; and
- Medical costs for members of my household, including myself, who are 60 or older or disabled.

Work rules for SNAP clients: If you get SNAP benefits and are between the ages of 16 and 59 you may need to meet general SNAP work rules or the ABAWD work rules unless you are exempt. DTA will tell me and members of my household if we need to meet any Work Rules, what the exemptions are, and what will happen if we do not meet the rules.

If you are under the SNAP Work Rules:

- You must register for work at application and when you recertify for SNAP. You register when you sign the SNAP application or recertification form.
- You must give DTA information about your employment status when DTA asks.
- You must report to an employer if referred by DTA.
- You must accept a job offer (unless you have a good reason not to).
- You must not quit a job of more than 30 hours a week without a good reason.
- You must not cut your work hours to less than 30 hours a week without a good reason.

SNAP Rules

- 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 eligible for.
- 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, or the recipient has given you permission to use their card on their behalf.

SNAP Penalty Warnings

I understand that if I or any member of my SNAP household intentionally breaks any of the rules listed above, that person will not be eligible for SNAP for one year after the first violation, two years after the second violation and forever after the third violation. That person may also be fined up to \$250,000, imprisoned up to 20 years, or both. They may also be subject to prosecution under Federal and State laws.

I also understand the following penalties. If I or a member of my SNAP household:

- Commit a **cash program** Intentional Program Violation (IPV) they will be ineligible for SNAP for the same period they are ineligible for cash assistance.
- Make a fraudulent statement about their identity or residency to get multiple SNAP benefits at the same time they will be ineligible for SNAP for **ten years**.
- Trade (buy or sell) SNAP benefits for a controlled substance/illegal drug(s), they will be ineligible for SNAP for **two years** for the first finding, and **forever** for the second finding.
- Trade (buy or sell) SNAP benefits for firearms, ammunition or explosives, they will be ineligible for SNAP forever.
- Make an offer to sell SNAP benefits or an EBT card online or in person the State may pursue an IPV against them.
- Pay for food purchased on credit they will be ineligible for SNAP.
- Buy products with SNAP benefits with the intent to discard the contents and return containers for cash they will be ineligible for SNAP.
- Flee to avoid prosecution, custody or confinement after conviction for a felony they will be ineligible for SNAP.
- Violate probation or parole, where law enforcement is actively seeking to arrest them they will be ineligible for SNAP.

Anyone who became a convicted felon after February 7, 2014 is ineligible for SNAP benefits if they are a fleeing felon or are violating probation or parole - in accordance with 7 CFR §273.11(n) - **and** were convicted as an adult of:

1. Aggravated sexual abuse under section 2241 of title 18, U.S.C.;
2. Murder under section 1111 of title 18, U.S.C.;
3. Any offense under chapter 110 of title 18, U.S.C.;
4. A Federal or State offense involving sexual assault, as defined in section 40002(a) of the 1994 VAWA (42 U.S.C. 13925a); or
5. An offense under State law determined by the Attorney General to be substantially similar to an offense described in this list.

Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 1-800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination:

- Complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf>, and at any USDA office. You can ask for a copy of the complaint form by calling 1-866-632-9992; or
- Write a letter addressed to USDA and put in the letter all of the information requested in the form.

Submit your completed form or letter to USDA by:

- mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue SW Washington, D.C. 20250-9410; or
- fax: 1-202-690-7442; or
- email: program.intake@usda.gov

This institution is an equal opportunity provider.

Transitional Aid to Families with Dependent Children (TAFDC) and Emergency Aid to the Elderly, Disabled, and Children (EAEDC)

TAFDC and EAEDC are cash assistance programs. To learn more and to apply, visit DTAConnect.com or call your local DTA office. This information only applies to households who are applying for or get TAFDC or EAEDC.

When do I need to tell DTA about changes in my household?

I must tell DTA about changes that could affect my TAFDC or EAEDC (cash benefits) within 10 days, except that I do not have to tell DTA about a change in my earnings of less than \$100 per month. This includes changes in my income, address, who I live with, family size, work, and health insurance.

How do I get health insurance?

- If I get TAFDC or EAEDC, I will get MassHealth too.
- If I am denied TAFDC or EAEDC, MassHealth will use my information to see if I am eligible for health insurance.
- If my EAEDC stops, I need to apply for MassHealth separately. To ask for an application call 1-800-841-2900.

If I get MassHealth, I agree that MassHealth may collect:

- money owed to me from another source for my medical care, and
- medical support from the absent parent of any child under age 19 who gets MassHealth benefits.

Are there special rules if I am eligible only because of an accident or injury?

If my family gets benefits from MassHealth or DTA because of an accident or injury, I must use any money I get for the accident or injury to pay them back. The money could be from an insurance policy, a settlement, or any other source. This applies even if I do not know what the possible sources of money are yet.

I agree to cooperate with MassHealth and DTA by:

- Filing claims for money from other sources.
- Telling MassHealth and DTA right away about any insurance claim, lawsuit, or other process to get money.
- Giving MassHealth and DTA new information when I get it.

If I don't cooperate, MassHealth and DTA may stop or deny my benefits. I agree that MassHealth and DTA may:

- Share information about my benefits in order to collect money to repay those benefits.
- See all records about money I might get due to the accident or injury, such as records at the Department of Industrial Accidents.

If I am getting EAEDC because I have a disability or I am over 65 years old, I have to apply for federal Supplemental Security Income (SSI) benefits. If I am approved for SSI benefits that cover the same time that I got EAEDC, the Social Security Administration will send some of my retroactive SSI to DTA to repay the EAEDC.

Important Notice About the Law and Your Benefits

An Intentional Program Violation (IPV) is intentionally giving a false or misleading statement or misrepresenting, hiding, or withholding facts, either orally or in writing, in order to establish or maintain eligibility for TAFDC or EAEDC benefits, or to gain benefits to which I am not entitled.

If I am found guilty of an IPV by a court of law, an administrative disqualification hearing, or by signing a waiver, I will be disqualified from receiving TAFDC or EAEDC benefits for a period of:

- 6 months for the first violation
- 12 months for the second violation
- forever for the third violation

In addition, other laws may apply.

Prohibitions on EBT Card Purchases

I understand it is illegal to use TAFDC or EAEDC funds held on an electronic benefit transfer (EBT) card to pay for the following: alcoholic beverages; tobacco products; lottery tickets; adult oriented material or performances; gambling; firearms and ammunition; vacation services; tattoos; body piercings; jewelry; televisions; stereos; video games or consoles at rent-to-own stores; recreational marijuana; court-ordered fees; fines; bail or bail bonds.

Prohibitions on Where I may Use My EBT Card

I understand it is illegal to use my electronic benefit transfer (EBT) card at the following locations: adult bookstores; adult paraphernalia stores or adult oriented performance establishments; ammunitions dealers; casinos; gambling casinos or gaming establishments; cruise ships; firearms dealers; jewelry stores; liquor stores; manicure shops or aesthetic shops; cash transmittal agencies to foreign countries; recreational marijuana stores or tattoo parlors.

Penalties for prohibited EBT card cash purchases

- **First Offense:** I must pay back DTA the amount spent.
- **Second Offense:** I must pay back DTA the amount spent and will lose cash benefits for two months.
- **Third Offense:** must pay back DTA the amount spent and will lose cash benefits permanently.

SIGNATURE:

By signing the application, I certify that I understand and agree to the "Rights, Responsibilities and Penalties."

Applicant Signature: _____

Date: _____



Massachusetts
SNAP Benefits Application for
Seniors
(For individuals and couples age 60 or older)



How do I apply for SNAP benefits?

- Upload to [DTAConnect](#)
- Fax to **617-887-8765**
- Mail to **DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420**
- Scan at a local **DTA** office

Last Name:		First Name:		Middle Name:	
Home Address:				City, State, Zip Code:	
Mailing Address (if different):				City, State, Zip Code:	
Phone Number:				Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of housing do you live in?					
<input type="checkbox"/> Private Housing		<input type="checkbox"/> Residential Facility		<input type="checkbox"/> Shelter	
<input type="checkbox"/> Transitional Housing		<input type="checkbox"/> Migrant Campsite		<input type="checkbox"/> Temporary Housing	
<input type="checkbox"/> Public Housing		<input type="checkbox"/> Commercial Boarding House		<input type="checkbox"/> Other	
By signing, I agree that:					
<ul style="list-style-type: none">• I have read this entire form (or have had it read to me in a language that I understand), including the section about rights and responsibilities, and understand that I must comply with these rules;• the information I am giving is true and complete to the best of my knowledge;• I could go to prison or be required to pay fines if I knowingly give wrong or incomplete information;• DTA and other federal, state, and local officials may verify (check) any information I give.					
Signature:				Date:	

- We will accept your application if it has your name, address (if any), and signature.
- If approved, your SNAP benefits will be issued back to the date DTA got your application.
- Call us to complete an interview anytime between 8:15 AM and 4:45 PM, Monday through Friday, at 1-833-712-8027.

You may get SNAP benefits within 7 days if:

- Your gross income and money in the bank add up to less than your monthly housing expenses; or
- Your monthly gross 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 \$100 or less.

Do you have a Massachusetts Electronic Benefit Transfer (EBT) card?

☐ Yes ☐ No

EBT cards still work if a case reopens after being closed. If you do not have an EBT card, we can mail you one or print one at a local office. You may get an EBT card before we decide eligibility so you can use your benefits as soon as they are available, if you are eligible. When you get your EBT card, you will also get more information on how to use it.



If you need help because of a disability, we can give an accommodation to make it easier to work with us.

Call 1-877-382-2363 to request an accommodation or help with the application.



Are you a person with a disability?

☐ Yes

☐ No

If yes, what is your preferred method of communication?

☐ In-Person

☐ Sign Language - In-Person

☐ Telephone

☐ Sign Language - Video Relay Services (VRS)

Your VRS Phone #:

Has MassHealth certified that you have a disability?

☐ Yes

☐ No

DTA may send you text messages about due dates, case information, office closings, and other important information. Please note that message and data charges may apply.

If you **do not** want to receive texts from DTA, you can opt-out on DTA Connect, call us at 1-877-382-2363, or text OPT OUT if you receive a text.

Information about you

Social Security Number:

Date of Birth:

Gender:

☐ Male ☐ Female

Are you a U.S. Citizen? ☐ Yes ☐ No

What language do you prefer to speak?

NOTE: Noncitizens who are not applying for SNAP do not have to give their Social Security Number or citizenship status.

What is your race?*

☐ Black or African American ☐ American Indian or Alaska Native ☐ White

☐ Asian

☐ Native Hawaiian or Other Pacific Islander

What is your ethnicity?*

☐ Hispanic or Latino

☐ Not Hispanic or Latino

* Your answer will not affect your eligibility. We ask these questions to make sure that everyone is treated fairly regardless of race, color, or national origin. Leave blank if you prefer not to answer.

Household Members

Do other people live with you? ☐ Yes ☐ No

If **yes**, please fill out the section below. Only list children under age 22, your spouse, and/or any other people who buy and make the majority of meals with you.

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Relation to you?</u>	<u>Is this person a US citizen?</u>	<u>Is this person applying for SNAP benefits?</u>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income

Does anyone receive **income** such as Employment, Unemployment Compensation, Child Support, Social Security, SSI, Workers' Compensation, Veterans' Benefits, Pensions or Rental Income? ☐ Yes ☐ No

If **yes**, please fill out the section below:

<u>Person with Income</u>	<u>Income Type</u>	<u>Frequency</u>		<u>Gross Amount</u>
		<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	
		<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	
		<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	

Shelter Costs

Is the household responsible to pay shelter costs?

If **yes**, please fill out the section below:

<u>Type:</u>	<u>Amount:</u>	<u>Frequency:</u>		
<input type="checkbox"/> Rent	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
		<input type="checkbox"/> Other:		
<input type="checkbox"/> Mortgage	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
		<input type="checkbox"/> Other:		
<input type="checkbox"/> Property Taxes*	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
		<input type="checkbox"/> Other:		
<input type="checkbox"/> Home Insurance*	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
		<input type="checkbox"/> Other:		
<input type="checkbox"/> Condo fee	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
		<input type="checkbox"/> Other:		
<input type="checkbox"/> Other	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
		<input type="checkbox"/> Other:		

* Leave Property Taxes and Home Insurance blank if these are included in the mortgage payment.

Utility Costs

Is the household responsible to pay utility costs **separate** from shelter costs?

☐ Yes ☐ No

If **yes**, check off all the utility costs that apply to you:

- | | |
|--|---|
| <input type="checkbox"/> Heat (oil, gas, electricity or propane, etc.) | <input type="checkbox"/> Electricity and/or gas
(other than heating use); water; sewage;
and/or trash collection |
| <input type="checkbox"/> Electricity for an air conditioner in the summer | |
| <input type="checkbox"/> A fee to use an air conditioner in the summer | <input type="checkbox"/> Phone or cell phone service
(including pre-paid) |

Dependent Care Costs

Is anyone responsible to pay for adult dependent care costs? ☐ Yes ☐ No

If **yes**, please fill out the section below:

Name of Dependent

Amount Paid

Frequency

\$ _____

☐ Weekly ☐ Biweekly ☐ Monthly

☐ Other:

\$ _____

☐ Weekly ☐ Biweekly ☐ Monthly

☐ Other:

Does anyone travel to and/or from a dependent care provider? ☐ Yes ☐ No

If **yes**, please fill out the section below:

<u>Name of Dependent</u>	<u>Address of Care Provider</u>	<u>Number of Car Trips per Week</u>		<u>If Not Driving: Cost of Public Transportation, Taxi Cab, Shuttle, etc.</u>
		TO	FROM	

Medical Costs

Does anyone who is at least 60 years old and/or disabled have **out-of-pocket medical expenses**? ☐ Yes ☐ No

If **yes**, please fill out the section below:

<u>Name</u>	<u>Expense Type</u>	<u>Total Cost Per Month</u>
	<input type="checkbox"/> Medical Care <input type="checkbox"/> Dental Care	
	<input type="checkbox"/> Health Insurance <input type="checkbox"/> Medications	
	<input type="checkbox"/> Other (over-the-counter medications, medical supplies, etc.)	
	<input type="checkbox"/> Medical Care <input type="checkbox"/> Dental Care	
	<input type="checkbox"/> Health Insurance <input type="checkbox"/> Medications	
	<input type="checkbox"/> Other (over-the-counter medications, medical supplies, etc.)	

NOTE: You can get credit for the costs you are responsible for paying even if you are behind or cannot pay them. Medical costs include co-pays, prescriptions, over-the-counter medications, health insurance, medical bills, transportation, and more.

Does anyone travel to and/or from medical care (such as a pharmacy, doctor, therapist, etc.)? ☐ Yes ☐ No

If **yes**, please fill out the section below:

<u>Name</u>	<u>Address of Medical Provider</u>	<u>Number of Car Trips per Week</u>		<u>Cost of Parking, Public Transportation, Taxi Cab, Shuttle, etc.</u>
		TO	FROM	

SNAP in Another State

Has anyone received SNAP benefits outside Massachusetts within the past 30 days? ☐ Yes ☐ No

If **yes**, who?

Assisting with Application

Do you want to give us permission to contact a person or agency if we cannot reach you by phone? ☐ Yes ☐ No

If **yes**, please fill out the section below:

Name of Person or Agency: _____

Phone Number: _____

Address: _____

* We call this an Assisting Person/Agency. This role is only valid during the application period.

Authorization to Release Information

Do you want to give a person or agency permission to speak with DTA and get relevant confidential information about your case? ☐ Yes ☐ No

If **yes**, please fill out the section below:

Name of Person or Agency: _____

Phone Number: _____

Address: _____

* This role cannot report changes or complete interviews. Permission expires after one year.

Authorized Representative for Certification

Do you want to give an agency or someone you trust permission to sign forms, report changes, complete interviews, and talk about your case with us?* ☐ Yes ☐ No

If **yes**, please fill out the section below:

Name of Person or Agency: _____

Phone Number: _____

Federal Employer Identification Number (Agency Only): _____

* Permission valid until cancelled.

Authorized Representative for EBT Transactions

Do you want to give someone you trust permission to get an EBT card to food shop for you using your SNAP benefits?* ☐ Yes ☐ No

If **yes**, please fill out the section below:

Name of Person or Agency: _____

Phone Number: _____

Address: _____

* Identity must be verified before a card is issued. Permission valid until cancelled.

- If you want to cancel an EBT card for an Authorized Representative, call 1-800-997-2555.
- If you want to cancel any of the above roles, call 1-877-382-2363.

What Happens Next?

Please keep the following pages for your records.



Phone Call

We will call you for an interview. If we cannot reach you, we will mail you a letter for a scheduled phone interview. You can also call us at 1-833-712-8027, Monday through Friday from 8:15-4:45, to do an interview.

Send in Verifications

If needed, we will give you a list of documents to send so we can verify your eligibility. You have 30 days from when you apply to send us the documents. Tell us if you need help!

Get SNAP Benefits

We will mail you a decision letter within 30 days. If approved, we will put benefits on your EBT card. If denied, we will tell you why.

Get Connected

Visit DTACconnect.com, use the DTA Connect mobile app, or call the DTA Assistance Line at 1-877-382-2363 to check case status, update case information, upload documents, and much more!

If you want more information or need help, call **1-833-712-8027** or visit Mass.gov/DTA.

ADDITIONAL RESOURCES

SNAP Path to Work: Find Employment & Training providers by going to SNAPpathtowork.org.

Note: This is for SNAP-only clients

Massachusetts 2-1-1: Call 211 to find health and human services programs in your area.

SNAP-Ed: Visit the SNAP Nutrition Education website at MAhealthyfoodsinasnap.org to find healthy recipes, cooking tips, and ways to keep your family active!

Project Bread: Call Project Bread's Food Source Hotline at 1-800-645-8333 to find local food sources.

YOUR VERIFICATION OPTIONS

- You can use this checklist to submit verifications with this application. This will help us complete your application faster!
- If you do not have all the proofs, do NOT wait to submit your application! You can submit them later.
- For more information, visit Mass.gov/SNAPverifications.

☐ **If anyone in the household has earned income**, send us proof of gross income (before taxes) for the last four weeks, such as:

- ☐ Pay stubs, or record of payment
- ☐ Proof of any pay you got and hours worked
- ☐ If self-employed, business documents that show income and business expenses, such as:
 - ☐ Schedule C (1040 IRS form)
 - ☐ 1099 IRS form or other tax record
 - ☐ Other records such as invoices, bills, or receipts that show your income and/or business expenses

☐ **If anyone in the household has unearned income**, send us proof of the monthly amount, such as:

- ☐ Benefit or award letter
- ☐ Statement from agency making payments

NOTE: We can usually verify the amount of Social Security, SSI, DOR Child Support, or MA Unemployment Compensation benefits ourselves. We will tell you if you need to verify any of these items.

☐ **To prove Massachusetts residency**, you may submit one of the following:

- ☐ Rent receipt, lease, or Landlord Verification form
- ☐ Deed or mortgage statement, utility bill, or voter registration
- ☐ Shared Housing Verification form, or statement from someone you live with

☐ **If anyone in the household is making payments for child support**, please send us:

- ☐ Proof of the legal obligation to pay the child support (such as a court order) and
- ☐ Proof of recent payments

☐ **If any household member is a noncitizen applying for benefits**, please submit proof of noncitizen status, such as:

- ☐ Permanent Resident Card (“green card”)
- ☐ Employment Authorization Card
- ☐ Temporary Resident Card
- ☐ Arrival-Departure Record (I-94)
- ☐ Stamp in passport
- ☐ Other document showing current or pending immigration status
- ☐ Statement from an immigration attorney about current or pending status

☐ **If any household member is elderly and/or disabled and has medical expenses**, please submit proof of expenses (such as bills, invoices, or receipts). Some transportation costs for medical reasons can be self-declared.

NOTE: The total medical expenses for the household must be higher than \$35 per month to be counted.

Department of Transitional Assistance (DTA) Notice of Rights, Responsibilities and Penalties

- This notice lists rights and responsibilities for all DTA programs. You must follow the rules for programs you apply for.
- Please read these pages and keep them for your records.
- Let DTA know if you have any questions.

I swear under penalty of perjury that:

- I have read the information in this form, or someone read it to me.
- My answers in this form are true and complete to the best of my knowledge.
- I will give DTA information that is true and complete to the best of my knowledge during my interview and in the future.

I understand that:

- giving false or misleading information is fraud,
- misrepresenting or withholding facts to get DTA benefits is fraud,
- fraud is considered an Intentional Program Violation (IPV), and
- if DTA thinks I committed fraud, DTA can pursue civil and criminal penalties against me.

I also understand that:

- DTA will verify the information I give with my application. If any information is false, DTA may deny my benefits.
- I may also be subject to criminal prosecution for providing false information.
- If DTA gets information from a reliable source about a change in my household, my benefit amount may change.
- By signing this form, I give DTA permission to verify my eligibility for benefits, including:
 - Get information from other state or federal agencies, local housing authorities, out-of-state welfare departments, financial institutions, and Equifax Workforce Solutions (the Work Number). I also give these agencies permission to share information about my household's eligibility for benefits with DTA.
 - If DTA uses information from Equifax about my household earned income, I have the right to a free copy of my Equifax report if I request it within 60 days of DTA's decision. I have the right to question the information in the report. I may contact Equifax at: Equifax Workforce Solutions, 11432 Lackland Road, St. Louis, MO 63146, 1-800-996-7566 (toll free).
- I have a right to a copy of my application, including the information that DTA uses to decide about my household's eligibility and benefit amount. I can ask DTA for an electronic copy of the completed application.

How will DTA use my information?

By signing below, I give DTA permission to get information from and share information about me and members of my household with:

- Banks, schools, government, employers, landlords, utility companies and other agencies to check if I am eligible for benefits.
- Electric, gas and telephone companies so I can get utility discounts. The companies cannot share my information or use it for any other purpose.

- The Department of Housing and Community Development to enroll me in the Heat & Eat Program. This program helps people get the most SNAP benefits possible.
- The Department of Early and Secondary Education so my children can get free school meals.
- The Woman, Infants and Children (WIC) Program so that any children under age 5 or a pregnant woman in my household can get WIC.
- The United States Citizenship and Immigration Services (USCIS), to verify my immigration status. Information from USCIS may affect my household's eligibility and amount of DTA benefits.

Note: Even if you are not eligible for benefits due to immigration status, DTA will not report you to immigration authorities unless you show DTA a final order of deportation.

- The Department of Revenue (DOR) to verify my eligibility for income-based tax credits, such as Earned Income and Limited Income, and to see if I am eligible for "No Tax Status" or hardship status.
- The Department of Children and Families (DCF) to coordinate services offered jointly by DTA and DCF.

How does DTA use Social Security Numbers (SSNs)?

DTA is allowed to ask for SSNs under The Food and Nutrition Act of 2008 (7 U.S.C. 2011-2036) for SNAP and under M.G.L. c. 18 Section 33 for TAFDC and EAEDC. DTA uses SSNs to:

- Check the identity and eligibility of each household member I apply for through data matching programs.
- Monitor compliance with program rules.
- Collect money if DTA claims I got benefits that I was not eligible for.
- Help law enforcement agencies catch people hiding from the law.

I understand that I do not have to give DTA the SSN of any non-citizen in my household, including myself, who does not want benefits. The income of a non-citizen may count even if the non-citizen does not get benefits.

Right to an Interpreter

I understand that:

- I have a right to a free professional interpreter provided by DTA if I prefer to communicate in a language other than English.
- If I have a DTA hearing, I can ask DTA to give me a free professional interpreter, or if I prefer, I can bring someone to interpret for me. If I need DTA to give me an interpreter for a hearing, I must call the Division of Hearings at least one week before the hearing date.

Right to Register to Vote

I understand that:

- I have the right to register to vote through DTA.
- DTA will help me fill out the voter registration application form if I want help.
- I can fill out the voter registration application form in private.
- Applying to register or declining to register to vote will not affect my DTA benefits.

Employment Opportunities

I agree that DTA may share my name and contact information with employment and training providers, including:

- SNAP Path Work providers or DTA specialists for SNAP clients; and
- Contracted Employment and Training providers or Full Engagement Workers for TAFDC clients.

SNAP clients may voluntarily participate in education and employment training services through the SNAP Path to Work program.

Citizenship Status

I swear that all members of my household applying for DTA benefits are either U.S. citizens, or lawfully residing noncitizens.

Supplemental Nutrition Assistance Program

I understand that:

- DTA manages the SNAP program in Massachusetts.
- When I file an application with DTA (by phone, online, in person, or by mail or fax), DTA has 30 days from the date it got my application to decide if I am eligible.
 - If I am eligible for expedited (emergency) SNAP, DTA has to give me SNAP and make sure I have an Electronic Benefit Transfer (EBT) card within 7 days from the date they got my application.
 - I have a right to speak to a DTA supervisor if:
 - DTA says I am not eligible for emergency SNAP benefits, and I disagree.
 - I am eligible for emergency SNAP benefits, but do not get my benefits by the 7th day after I applied for SNAP.
 - I am eligible for emergency SNAP benefits but do not get my EBT card by the 7th day after I applied for SNAP.
- When I get SNAP, I have to meet certain rules. When I am approved for SNAP, DTA will give me a copy of the “Your Right to Know” brochure and the SNAP Program brochure. I will read the brochures or have someone read them to me. If I have any questions or need help reading or understanding this information, I can call DTA at 1-877-382-2363.

Telling DTA about changes in my household:

- If I am a SNAP Simplified Reporting household, I do not have to report most changes to DTA until the Interim Report or Recertification is due. The only things I have to report sooner are:
 - If my household's income goes over the gross income threshold (listed on my approval notice).
 - I have to report this by the 10th day of the month after the month my income went over the threshold.
 - If I have to meet the Able-Bodied Adults Without Dependents (ABAWD) Work Rules and my work hours drop below 20 hours per week.
- If everyone in my household is 60 or older, disabled, or under 18 years old, and no one has earnings from work, the only things I have to report are:
 - If someone starts working, or
 - Someone joins or leaves my household.
 - I have to report these changes by the 10th day of the month after the month of the change.
- If I get SNAP through Transitional Benefits Alternative (TBA) because my TAFDC stopped, I do not have to report any changes to DTA for the 5 months that I get TBA.
- If I get SNAP through Bay State CAP, I do not have to report any changes to DTA.

If I and everyone in my household gets cash assistance (TAFDC or EAEDC), I must report certain changes to DTA within 10 days of the change. See **When do I need to tell DTA about changes in my household? under Transitional Aid to Families with Dependent Children (TAFDC) and Emergency Aid to the Elderly, Disabled, and Children (EAEDC)** below.

- I may get more SNAP benefits if I report and give DTA proofs for the following, at any time:
- Child or other dependent care costs, shelter costs, and/or utility costs;
- Child support that I (or someone in my household) is legally required to pay to a non-household member; and
- Medical costs for members of my household, including myself, who are 60 or older or disabled.

Work rules for SNAP clients: If you get SNAP benefits and are between the ages of 16 and 59 you may need to meet general SNAP work rules or the ABAWD work rules unless you are exempt. DTA will tell me and members of my household if we need to meet any Work Rules, what the exemptions are, and what will happen if we do not meet the rules.

If you are under the SNAP Work Rules:

- You must register for work at application and when you recertify for SNAP. You register when you sign the SNAP application or recertification form.
- You must give DTA information about your employment status when DTA asks.
- You must report to an employer if referred by DTA.
- You must accept a job offer (unless you have a good reason not to).
- You must not quit a job of more than 30 hours a week without a good reason.
- You must not cut your work hours to less than 30 hours a week without a good reason.

SNAP Rules

- 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 eligible for.
- 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, or the recipient has given you permission to use their card on their behalf.

SNAP Penalty Warnings

I understand that if I or any member of my SNAP household intentionally breaks any of the rules listed above, that person will not be eligible for SNAP for one year after the first violation, two years after the second violation and forever after the third violation. That person may also be fined up to \$250,000, imprisoned up to 20 years, or both. They may also be subject to prosecution under Federal and State laws.

I also understand the following penalties. If I or a member of my SNAP household:

- Commit a **cash program** Intentional Program Violation (IPV) they will be ineligible for SNAP for the same period they are ineligible for cash assistance.
- Make a fraudulent statement about their identity or residency to get multiple SNAP benefits at the same time they will be ineligible for SNAP for **ten years**.
- Trade (buy or sell) SNAP benefits for a controlled substance/illegal drug(s), they will be ineligible for SNAP for **two years** for the first finding, and **forever** for the second finding.
- Trade (buy or sell) SNAP benefits for firearms, ammunition or explosives, they will be ineligible for SNAP forever.
- Make an offer to sell SNAP benefits or an EBT card online or in person the State may pursue an IPV against them.
- Pay for food purchased on credit they will be ineligible for SNAP.
- Buy products with SNAP benefits with the intent to discard the contents and return containers for cash they will be ineligible for SNAP.
- Flee to avoid prosecution, custody or confinement after conviction for a felony they will be ineligible for SNAP.
- Violate probation or parole, where law enforcement is actively seeking to arrest them they will be ineligible for SNAP.

Anyone who became a convicted felon after February 7, 2014 is ineligible for SNAP benefits if they are a fleeing felon or are violating probation or parole - in accordance with 7 CFR §273.11(n) - **and** were convicted as an adult of:

1. Aggravated sexual abuse under section 2241 of title 18, U.S.C.;
2. Murder under section 1111 of title 18, U.S.C.;
3. Any offense under chapter 110 of title 18, U.S.C.;
4. A Federal or State offense involving sexual assault, as defined in section 40002(a) of the 1994 VAWA (42 U.S.C. 13925a); or
5. An offense under State law determined by the Attorney General to be substantially similar to an offense described in this list.

Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 1-800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination:

- Complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf>, and at any USDA office. You can ask for a copy of the complaint form by calling 1-866-632-9992; or
- Write a letter addressed to USDA and put in the letter all of the information requested in the form.

Submit your completed form or letter to USDA by:

- mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue SW Washington, D.C. 20250-9410; or
- fax: 1-202-690-7442; or
- email: program.intake@usda.gov

This institution is an equal opportunity provider.

Transitional Aid to Families with Dependent Children (TAFDC) and

Transitional Aid to Families with Dependent Children (TAFDC) and Emergency Aid to the Elderly, Disabled, and Children (EAEDC)

TAFDC and EAEDC are cash assistance programs. To learn more and to apply, visit DTAConnect.com or call your local DTA office. This information only applies to households who are applying for or get TAFDC or EAEDC.

When do I need to tell DTA about changes in my household?

I must tell DTA about changes that could affect my TAFDC or EAEDC (cash benefits) within 10 days, except that I do not have to tell DTA about a change in my earnings of less than \$100 per month. This includes changes in my income, address, who I live with, family size, work, and health insurance.

How do I get health insurance?

- If I get TAFDC or EAEDC, I will get MassHealth too.
- If I am denied TAFDC or EAEDC, MassHealth will use my information to see if I am eligible for health insurance.
- If my EAEDC stops, I need to apply for MassHealth separately. To ask for an application call 1-800-841-2900.

If I get MassHealth, I agree that MassHealth may collect:

- money owed to me from another source for my medical care, and
- medical support from the absent parent of any child under age 19 who gets MassHealth benefits.

Are there special rules if I am eligible only because of an accident or injury?

If my family gets benefits from MassHealth or DTA because of an accident or injury, I must use any money I get for the accident or injury to pay them back. The money could be from an insurance policy, a settlement, or any other source. This applies even if I do not know what the possible sources of money are yet.

I agree to cooperate with MassHealth and DTA by:

- Filing claims for money from other sources.
- Telling MassHealth and DTA right away about any insurance claim, lawsuit, or other process to get money.
- Giving MassHealth and DTA new information when I get it.

If I don't cooperate, MassHealth and DTA may stop or deny my benefits. I agree that MassHealth and DTA may:

- Share information about my benefits in order to collect money to repay those benefits.
- See all records about money I might get due to the accident or injury, such as records at the Department of Industrial Accidents.

If I am getting EAEDC because I have a disability or I am over 65 years old, I have to apply for federal Supplemental Security Income (SSI) benefits. If I am approved for SSI benefits that cover the same time that I got EAEDC, the Social Security Administration will send some of my retroactive SSI to DTA to repay the EAEDC.

Important Notice About the Law and Your Benefits

An Intentional Program Violation (IPV) is intentionally giving a false or misleading statement or misrepresenting, hiding, or withholding facts, either orally or in writing, in order to establish or maintain eligibility for TAFDC or EAEDC benefits, or to gain benefits to which I am not entitled. If I am found guilty of an IPV by a court of law, an administrative disqualification hearing, or by signing a waiver, I will be disqualified from receiving TAFDC or EAEDC benefits for a period of:

- 6 months for the first violation
- 12 months for the second violation
- forever for the third violation

In addition, other laws may apply.

Prohibitions on EBT Card Purchases

I understand it is illegal to use TAFDC or EAEDC funds held on an electronic benefit transfer (EBT) card to pay for the following: alcoholic beverages; tobacco products; lottery tickets; adult oriented material or performances; gambling; firearms and ammunition; vacation services; tattoos; body piercings; jewelry; televisions; stereos; video games or consoles at rent-to-own stores; recreational marijuana; court-ordered fees; fines; bail or bail bonds.

Prohibitions on Where I may Use My EBT Card

I understand it is illegal to use my electronic benefit transfer (EBT) card at the following locations: adult bookstores; adult paraphernalia stores or adult oriented performance establishments; ammunitions dealers; casinos; gambling casinos or gaming establishments; cruise ships; firearms dealers; jewelry stores; liquor stores; manicure shops or aesthetic shops; cash transmittal agencies to foreign countries; recreational marijuana stores or tattoo parlors.

Penalties for prohibited EBT card cash purchases

- First Offense: I must pay back DTA the amount spent.
- Second Offense: I must pay back DTA the amount spent and will lose cash benefits for two months.
- Third Offense: must pay back DTA the amount spent and will lose cash benefits permanently.

SIGNATURE:

By signing the application, I certify that I understand and agree to the “Rights, Responsibilities and Penalties.”

Applicant Signature: _____

Date: _____

Appendix A-3

Common Housing Application for Massachusetts Programs (CHAMP)



CHAMP



Common Housing Application for Massachusetts Programs

Apply Online:

You may now apply for the Massachusetts Rental Voucher Program (MRVP), the Alternative Housing Voucher Program (AHVP) and State-Aided Public Housing*** online! MRVP is a rental assistance program for individuals and families of low income that provides participants with a subsidy to rent an apartment in the private market. AHVP is a rental assistance program for non-elderly persons with disabilities and of low income that provides participants with a subsidy to rent an apartment in the private market. State-Aided Public Housing is a housing program consisting of apartments that are owned by Local Housing Authorities (LHAs) which are directly rented to qualified and eligible applicants.

Please use the CHAMP website: <https://www.mass.gov/champ>

Apply On Paper:

If you do not want to apply online, please fill out the following application and mail or hand deliver it to any State-Aided Housing Agency. A State-Aided Housing Agency is a local housing authority or a regional administering agency.

Please complete all information requested on the application below. Not all questions are required, but you must respond to all questions and do not leave any question blank. Required questions are marked with an asterisk (*). Please write "not applicable (n/a)" or "decline to respond" as appropriate for non-required questions. Incomplete applications may not be fully processed.

Submit the completed application to a state-aided housing agency. Your application information will be entered online by that housing agency and your application will be submitted to the agencies that you selected. If you submit a paper application instead of applying online, you can still use the CHAMP website to make changes or updates to your application, including submitting documents for verification. To find a State-Aided Housing Agency, go to the Executive Office of Housing and Livable Communities Resource Locator at www.mass.gov/eohlc.

If you need additional space to provide an answer, please attach additional sheets.

*** You are not able to apply to State-Aided Congregate Public Housing (Shared Living) using the CHAMP Application. If you want to apply for State-Aided Congregate Public Housing (Shared Living) you must contact a Local Housing Authority that administers the Congregate Program.

1. Contact Information

Name and Date of Birth of Applicant/Head of Household

Date of Birth*

First Name

Middle Initial

Last Name

Suffix



Please provide your primary residential address

If you are currently homeless, please provide your shelter's address, the address at which you are temporarily housed, or if you do not currently have a place to live, the address of your last primary residence.

Street Address*			
Apt., Suite, Floor, etc.			
City/Town*	State*	Zip Code*	

Please provide your mailing address, only if different from the address listed above.

Street Address, PO Box or c/o*			
Apt., Suite, Floor, etc.			
City/Town*	State*	Zip Code*	

Please provide your phone and email

Home Phone	Mobile Phone	Work Phone
------------	--------------	------------

Email address (please note: you may receive digital notices at this email address)

Please provide a secondary contact person or alternative address

First Name	Middle Initial	Last Name	Suffix
------------	----------------	-----------	--------

Street Address, PO Box or c/o			
Apt., Suite, Floor, etc.			
City/Town	State	Zip Code	

Phone	Email
-------	-------

2. Current Housing Situation

Please tell us about your current housing situation. Depending on your current housing situation and your ability to verify your circumstance, you may be placed higher on specific waitlists. Making a false statement or misrepresentation may result in the denial of your application.

Note: You will be required to provide documentation to verify your current housing situation. The types of documents you may need to verify your housing situation may include, but are not limited to, a lease, rent receipts, utility bill, etc.

Are you now homeless or in imminent danger of becoming homeless?

Note: The definition of homeless for state-aided public housing programs is not the same as the definition used by homeless shelters and other subsidy programs. For more information visit: <https://www.mass.gov/info-details/homeless-priority-eligibility-and-screening>.

☐ Yes ☐ No

If yes, did you become homeless in any of the following ways? (Check all that apply.)

Note: You will be required to provide documentation to verify your claim below. The types of documents you may need to verify the reason you became homeless may include, but are not limited to, an official fire report, an official order of condemnation, a judgment for eviction, medical documentation of severe medical condition, police reports, medical reports, etc.

<https://www.mass.gov/doc/read-the-full-list-of-eligible-situations-and-required-documents/download>

- ☐ Displaced by fire.
- ☐ Displaced by natural forces (i.e. flood, earthquake).
- ☐ Displaced by urban renewal or eminent domain.
- ☐ Displaced by condemnation of home or code violations.
- ☐ No fault loss of housing - such as condominium conversion, owner wants unit for personal or family use, or discharge from nursing home or long-term care facility.
- ☐ Victim of abuse (domestic violence).
- ☐ Severe medical emergency.

If none of the above situations apply to you, you will be considered a standard applicant under the definition of homelessness for state-aided housing programs.

If yes, please check ALL of the following statements that apply to you.

- ☐ I do not have a place to live; OR, I am living in a situation that is a significant immediate threat to the life or safety of me or of a household member. Placement in an appropriate unit would remedy my living situation.
- ☐ I have been displaced or am about to be displaced from my primary residence. (Note: Primary residence means that this is a home occupied by your household for no less than nine months of the year, and that was not intended to be a temporary residence.)
- ☐ I have not caused or substantially contributed to the unsafe or life threatening situation.
(Applicants claiming Abusive Situation Priority do not need to demonstrate that they did not contribute to the unsafe or life-threatening situation.)
- ☐ I have tried to avoid or prevent the situation. I have done this by seeking assistance through the courts or appropriate administrative or enforcement agencies.
(Applicants claiming Abusive Situation Priority do not need to demonstrate that they tried to avoid or prevent the Abusive situation.)

Note: If you do not select all applicable statements above, you may not qualify as homeless for state-aided housing programs, and you may be considered a standard applicant.

Please provide your primary address from which you were displaced.

Street Address*

Apt., Suite, Floor, etc.

City/Town*

State*

Zip Code*

Choose where you would like local preference.

If you have indicated you are homeless, where would you like to receive local resident preference?

- ☐ Local Resident Preference in Current Residential Town
- ☐ Local Resident Preference in Displaced Town

On what day did you become, or will you become, displaced from your primary residence? A primary residence is a home occupied by your household for no less than nine months of the year, and that was not intended to be a temporary residence.

Month / Day / Year

Please provide additional details about your housing situation. Use and attach additional sheets of paper if necessary.

Details may include, but are not limited to:

- where you were displaced from and why;
- if you were evicted by your landlord, why you were evicted (e.g., non-payment of rent, condo conversion, etc);
- if there was a natural disaster, what type of disaster it was;
- if there was a fire, how did it start;
- if your unit was condemned, what was the reason;
- if you were displaced by public action, what was the nature of that public action;
- if you have a severe medical emergency, how has this impacted your housing situation.;



3. Employment, School, and Veteran Status

You may receive local resident preference based on where you are employed, where you live, and where your child attends school. For some programs, you may also receive a preference for Veterans of the U.S. Military and some members of their families.

Where is your current place of employment?

☐ I am not currently employed.

City/Town

State

Zip Code

Where do your children attend school?

You may receive local or regional preference for MRVP waitlists if you apply at a housing agency where your child attends school. If you have children that attend schools in different cities/towns, you may only list one.

☐ I have no children attending school.

City/Town

State

Zip Code

Are you or a household member a Veteran of the United States Armed Forces?

- ☐ I am a Veteran, or a member of my household is a Veteran.
- ☐ I, or a member of my household, is the spouse, surviving spouse, dependent parent or a child, or divorced spouse with a dependent child of a Veteran.

Please enter the dates of service of the Veteran in your household.

Start Date:Day/Month/Year

End Date:Day/Month/Year

Please check all that apply, if any.

- ☐ A U.S. Veteran in my household has a service-connected disability.
- ☐ A former member of my household is a deceased U.S. Veteran whose death has been determined by the Veteran's Administration to be service connected.

4. Language Access

Do you understand spoken English?

☐ Yes ☐ No

If no, what is your primary spoken language

Do you understand written English?

☐ Yes ☐ No

If no, what is your primary written language



5. Household Makeup*

Please enter the name and personal information of each member of the household who will be living in the unit, starting with the Head of Household. Please note:

- Responding to the racial and ethnic designation questions is optional. Your status with respect to tenant selection procedures may be affected by this information.
- Gender, relationship to Head of Household, and date of birth are required to determine your appropriate unit size. For household members who do not identify as male or female, please identify the gender with which they will share a bedroom.
- If provided, the Social Security Number will be used to verify income and assets.
- Responding to the disability question is optional. Your income determination may be affected by this information.

[Blank Space – Go to Next Page to Complete Household Makeup Section]

Household Makeup continued – Note: See below for valid responses. Optional questions need no response.
Please enter the name and personal information of each member of the household who will be living in the unit, starting with Head of Household.

Name of Applicant	Relationship to Head of Household[1]	Date of Birth	Gender	Racial Designation (optional)[2]	Ethnic Designation (optional)[3]	Occupation[4]	Social Security	Disabled (optional)[5]
First Name:	Head	Listed on first page of app						
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								

1. Relationship to Household: Head, Spouse/Partner, Brother/Sister, Child/Grandchild, Parent/Grandparent, Niece/Nephew, Cousin, or Foster Child.
2. Racial Designation: American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or White.
3. Ethnic Designation: Hispanic/Latino or Not-Hispanic/Latino.
4. Occupation: Employed, Retired, At Home, Student.
5. Disabled: Yes or No.



Is anyone in your household a Board Member or employee, or immediate family member of a Board Member or an employee, of any housing agencies where your household is applying?

If so, this will not necessarily disqualify your application.

☐ Yes ☐ No

If yes, please identify the household member and the relationship as well as the housing agency and the person's role at the housing agency.

What is the estimated annual income for your household next year?*

If the estimated annual income is none (\$0.00) please enter 0. Do not leave blank.

\$

Is a change in household composition expected?

☐ Yes ☐ No

<hr/>	<hr/>
-------	-------

Do you, or does a member of your household have a disability for which you need reasonable accommodation? The request can relate to units (e.g. grab bars) or policies and procedures.

☐ Yes ☐ No

If yes, please provide some additional details about your request:

[Blank Space – Go to Next Page]



6. Unit Details

These questions do not apply to all programs.

How many bedrooms do you believe you need?

We use guidelines to determine the number of bedrooms you qualify for. Boys and girls under the age of eight are expected to share a bedroom. Married couples (or those in a similar living arrangement) are also expected to share a bedroom. We realize that there may be special circumstances that affect how many bedrooms you need and the local housing agency staff will discuss those circumstances with you when your application is reviewed. Note that not all of these apartment sizes may be available.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

****Note that not all of these apartment sizes may be available.**

Does your household need a unit that is wheelchair accessible?*

☐ Yes ☐ No

Do you, or does a member of your household need a unit that is accessible for persons with sensory impairments such as visual alarms and notification devices for persons with hearing impairments?

☐ Yes ☐ No

Do you need a unit that does not require you or any member of your household to climb stairs?

If you answer 'yes' to this question, you will not be placed on waiting lists for any apartments that require you to climb stairs.

Please check the applicable box below.

☐ Yes, I need a unit that does not require me or any member of my household to climb stairs.

☐ No, I and all members of my household can live in a unit with stairs.

[Blank Space – Go to Next Page]

7. Massachusetts Rental Voucher Program (MRVP) Application Questions & Selections

The Massachusetts Rental Voucher Program (MRVP) gives housing vouchers to low-income families and individuals. MRVP participants pay at least 30% of their income in rent to the landlord, and the voucher covers the remainder of the rent. MRVP rules cover how income, unit size, and voucher amount are determined. MRVP vouchers are not time limited, meaning participants can keep their voucher for as long as they remain eligible.

MRVP has two types of vouchers: **mobile** and **project-based**. With a mobile voucher, participants find a unit and can live anywhere in Massachusetts. MRVP has rules around unit size, rent and inspections. When the participant moves, the voucher moves with them. Project-based vouchers are assigned to a specific unit at a specific property. Most of the time, if a participant moves, they lose their subsidy.

For more information on the Massachusetts Rental Voucher Program you can visit <https://www.mass.gov/mrvp> or you can visit the CHAMP website.

After reading about MRVP, would you like to apply for a MRVP Mobile Voucher?

☐ Yes If yes, you will be placed on all MRVP mobile voucher waitlists. *(LHAs will add all MRVP Mobile Waitlists).*

After reading about MRVP, would you like to apply for a Project-Based MRVP Voucher?

☐ Yes In order to apply for Project-Based MRVP Waitlists, please select the Waitlists that you wish to apply to. Project-based vouchers are assigned to a specific unit at a specific property in the communities listed below.

[Blank Space – Go to Next Page to Make Selections]

List of Project-Based MRVP Waitlist Selections*

In order to apply for Project-Based MRVP Waitlists, please select the Waitlists that you wish to apply to. Project-based vouchers are assigned to a specific unit at a specific property in the communities listed below.

Project-Based MRVP Waitlist		
<input type="checkbox"/> Athol	<input type="checkbox"/> East Longmeadow	<input type="checkbox"/> New Bedford
<input type="checkbox"/> Attleboro	<input type="checkbox"/> Gloucester	<input type="checkbox"/> Newton
<input type="checkbox"/> Bedford	<input type="checkbox"/> Holyoke	<input type="checkbox"/> Orange
<input type="checkbox"/> Bellingham	<input type="checkbox"/> Ipswich	<input type="checkbox"/> Peabody
<input type="checkbox"/> Beverly	<input type="checkbox"/> Lawrence	<input type="checkbox"/> Springfield
<input type="checkbox"/> Boston ¹	<input type="checkbox"/> Lexington	<input type="checkbox"/> Stoughton
<input type="checkbox"/> Braintree	<input type="checkbox"/> Littleton	<input type="checkbox"/> Wareham
<input type="checkbox"/> Brockton	<input type="checkbox"/> Lowell	<input type="checkbox"/> Warren
<input type="checkbox"/> Cambridge	<input type="checkbox"/> Mashpee	<input type="checkbox"/> Westfield
<input type="checkbox"/> Canton	<input type="checkbox"/> Monson	<input type="checkbox"/> Weymouth
<input type="checkbox"/> Clinton	<input type="checkbox"/> Nantucket ²	<input type="checkbox"/> Worcester

¹ Metro Housing Boston

² Housing Assistance Corp.

8. Alternative Housing Voucher Program (AHVP) Application Questions & Selections

The Alternative Housing Voucher Program (AHVP) provides rental assistance vouchers to low income, non-elderly persons with disabilities. The voucher provides a subsidy that can be used to rent a private market apartment anywhere in Massachusetts. AHVP Participants receive one bedroom vouchers (except for an appropriate reasonable accommodation).

For more information on the Alternative Housing Voucher Program you can visit <https://www.mass.gov/ahvp> or you can visit the CHAMP website.

After reading the above description, would you like to apply for AHVP?

☐ Yes If yes, you must complete all of the questions in this Part 8 and **you will be placed on all AHVP waitlists.** *(LHAs will add all AHVP Waitlists).*

If you do not wish to apply for AHVP go to Part 9.

AHVP Program Questions

Are you or a member of your household 59 years old or younger and a person with a disability?*

☐ Yes ☐ No

[Blank Space – Go to Next Page]

9. Public Housing Questions

State-aided Public Housing is housing managed and operated by Local Housing Authorities (LHA). Available apartments come in various bedroom sizes and there are various types of State-Aided Public Housing available for low-income families, elderly households, and persons with disabilities found throughout Massachusetts. Not all housing authorities manage every type of State-Aided Public Housing and they also may not have every bedroom size available. At the end of Part 9 you must make at least one Housing Selection that corresponds to which LHA and type of public housing you want to apply to.

After reading the above description, would you like to apply for State-Aided Public Housing?*

- ☐ Yes If yes, you must complete all of the questions in this Part 9 and select the individual Public Housing waitlists you would like to apply to below.

If you do not wish to apply for Public Housing go to Part 10.

Elderly/Handicapped Housing Questions

Are you applying for Elderly/Handicapped Housing?*

- ☐ Yes ☐ No (if applying for Family Housing only)

If you are applying for elderly/handicapped housing, you must indicate which type below*:

- ☐ Elderly (at least one household member must be at least 60 years)
- ☐ Non-elderly Handicapped (at least one household member is a person who is 59 years old or younger with a disability)

Do you currently have a voucher from the Massachusetts Alternative Housing Voucher Program (AHVP)?

- ☐ Yes ☐ No

Are you already a tenant and are you requesting a transfer to move from one apartment to another within the same Housing Authority?

☐ Yes ☐ No

If yes, what is the name of the housing authority where you currently live:

If yes, reason for transfer request (check one)

- ☐ Apartment too small for household
- ☐ Apartment too big for household
- ☐ Medical reason(s)
- ☐ Other (specify)

If yes, please provide some additional details about your transfer requests:

[Blank Space – Go to Next Page]



List of Housing Selections for Public Housing*

In order to apply for State-Aided Public Housing, you must check off at least one type of housing at one housing authority where you want to live.

Please mark the check box next to the Housing Selection where you want to apply and live. It is important to only apply for housing in cities or towns where you want to live. Please note that making a Housing Selection does not guarantee an offer of housing.

If you refuse to accept an offer of public housing, you will be removed from that public housing waiting list. If you refuse to accept a total of three offers of public housing, you will be removed from public housing waiting lists at all housing authorities where you have applied.

You can add or remove a type of housing or housing authority at any time. This means while submitting your application or after your application has been submitted. Those changes can be made by submitting a request in writing to any housing authority or online at the CHAMP website: <https://www.mass.gov/champ>.

You are not able to apply to State-Aided Congregate Public Housing (Shared Living) using the CHAMP Application. If you want to apply for State-Aided Congregate Public Housing (Shared Living) you must contact a Local Housing Authority that administers the Congregate Program.

Public Housing Types Available in CHAMP:

- Family public housing is for households of any age and any size. Household members must be related by blood, marriage, operation of law, or in a stable interdependent relationship.
- Elderly/Handicapped public housing is for households with at least one household member who is at least 60 years old OR is a person who is 59 years old or younger with a disability.



Housing Location		Elderly/Handicapped		Family Housing	
County	Community	# of bedrooms	Apply	# of bedrooms	Apply
Barnstable	Barnstable	1, 2	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Bourne	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Brewster	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Chatham	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Dennis	1, 2	<input type="checkbox"/>	3, 4	<input type="checkbox"/>
	Falmouth	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Harwich	N/A		2, 3	<input type="checkbox"/>
	Mashpee	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Orleans	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Provincetown	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Sandwich	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Yarmouth	1	<input type="checkbox"/>	N/A	
Berkshire	Adams	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Dalton	1, 2	<input type="checkbox"/>	3	<input type="checkbox"/>
	Great Barrington	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Great Barrington – Sheffield	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Lee	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Lenox	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Pittsfield	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Stockbridge	1, 2	<input type="checkbox"/>	N/A	
	Williamstown	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
Bristol	Acushnet	1	<input type="checkbox"/>	N/A	
	Attleboro	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Dartmouth	1	<input type="checkbox"/>	N/A	
	Dighton	1	<input type="checkbox"/>	N/A	
	Easton	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Fairhaven	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Fall River	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Mansfield	1, 2	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	New Bedford	1, 2	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	North Attleborough	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Norton	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Seekonk	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Somerset	1	<input type="checkbox"/>	N/A	
	Swansea	1	<input type="checkbox"/>	N/A	
	Taunton	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>

Housing Location		Elderly/Handicapped		Family Housing	
County	Community	# of bedrooms	Apply	# of bedrooms	Apply
Bristol	Westport	1	<input type="checkbox"/>	N/A	
Essex	Amesbury	1	<input type="checkbox"/>	1, 2, 3, 5	<input type="checkbox"/>
	Andover	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Beverly	1, 2	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Danvers	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Essex	1	<input type="checkbox"/>	N/A	
	Georgetown	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Gloucester	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Groveland	N/A		3	<input type="checkbox"/>
	Hamilton	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Haverhill	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Ipswich	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Lawrence	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	Lynn	1	<input type="checkbox"/>	2, 3, 4, 5	<input type="checkbox"/>
	Lynnfield	1	<input type="checkbox"/>	N/A	
	Manchester	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Marblehead	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Merrimac	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Methuen	1	<input type="checkbox"/>	1, 2, 3, 4, 5	<input type="checkbox"/>
	Middleton	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Nahant	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Newburyport	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	North Andover	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Peabody	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	Rockport	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Rowley	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Salem	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Salisbury	1	<input type="checkbox"/>	N/A	
	Saugus	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Swampscott	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Topsfield	1	<input type="checkbox"/>	N/A	
	Wenham	1	<input type="checkbox"/>	N/A	
	West Newbury	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
Franklin	Franklin County – Bernardston	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Franklin County – Buckland	N/A		2, 4	<input type="checkbox"/>
	Franklin County – Charlemont	N/A		2, 4	<input type="checkbox"/>

Housing Location		Elderly/Handicapped		Family Housing	
County	Community	# of bedrooms	Apply	# of bedrooms	Apply
Franklin	Franklin County – Gill	1	<input type="checkbox"/>	N/A	
	Franklin County – Northfield	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Franklin County – Orange	N/A		2, 3, 4	<input type="checkbox"/>
	Franklin County – Shelburne	1, 2	<input type="checkbox"/>	N/A	
	Greenfield	1	<input type="checkbox"/>	2, 3, 4, 5	<input type="checkbox"/>
	Montague	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Orange	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
Hampden	Agawam	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Brimfield	1, 2	<input type="checkbox"/>	N/A	
	Chicopee	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	East Longmeadow	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Holyoke	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Ludlow	1, 2	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Monson	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Palmer	1	<input type="checkbox"/>	N/A	
	Southwick	1	<input type="checkbox"/>	3, 4	<input type="checkbox"/>
	Springfield	1, 2	<input type="checkbox"/>	3, 4	<input type="checkbox"/>
	West Springfield	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Westfield	1, 2	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Wilbraham	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
Hampshire	Amherst	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Belchertown	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Easthampton	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Granby	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Hadley	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Hatfield	1	<input type="checkbox"/>	N/A	
	Northampton	1, 2, 4	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	Northampton – Hampshire County – Cummington	1	<input type="checkbox"/>	N/A	
	Northampton – Hampshire County – Huntington	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	South Hadley	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Ware	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
Middlesex	Acton	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Arlington	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Ashland	1	<input type="checkbox"/>	N/A	
	Ayer	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Bedford	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>

Housing Location		Elderly/Handicapped		Family Housing	
County	Community	# of bedrooms	Apply	# of bedrooms	Apply
Middlesex	Belmont	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Billerica	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Burlington	1, 2	<input type="checkbox"/>	3	<input type="checkbox"/>
	Chelmsford	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Concord	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Dracut	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Everett	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Framingham	1, 2	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	Groton	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Holliston	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Hopkinton	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Hudson	1	<input type="checkbox"/>	N/A	
	Lexington	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Littleton	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Lowell	1	<input type="checkbox"/>	1, 2, 3, 4, 5	<input type="checkbox"/>
	Malden	1	<input type="checkbox"/>	N/A	
	Marlborough Cda Housing Division	1	<input type="checkbox"/>	N/A	
	Maynard	1	<input type="checkbox"/>	N/A	
	Medford	1	<input type="checkbox"/>	N/A	
	Melrose	1	<input type="checkbox"/>	2, 3, 5	<input type="checkbox"/>
	Natick	1, 2	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Newton	1, 2	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	North Reading	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Pepperell	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Reading	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Somerville	1, 2	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Stoneham	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Sudbury	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Tewksbury	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Tyngsborough	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Wakefield	1	<input type="checkbox"/>	2	<input type="checkbox"/>
	Waltham	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Watertown	1	<input type="checkbox"/>	1, 2, 3, 4, 5	<input type="checkbox"/>
	Westford	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Wilmington	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Winchester	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>

Housing Location		Elderly/Handicapped		Family Housing	
County	Community	# of bedrooms	Apply	# of bedrooms	Apply
Middlesex	Woburn	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
Nantucket	Nantucket	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
Norfolk	Avon	1	<input type="checkbox"/>	N/A	
	Bellingham	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Braintree	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Brookline	1, 2, 3	<input type="checkbox"/>	1, 2, 3, 4, 5	<input type="checkbox"/>
	Canton	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Cohasset	1	<input type="checkbox"/>	N/A	
	Dedham	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Foxborough	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Franklin	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Holbrook	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Medfield	1, 2	<input type="checkbox"/>	N/A	
	Medway	1	<input type="checkbox"/>	N/A	
	Millis	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Milton	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Needham	1	<input type="checkbox"/>	N/A	
	Norfolk	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Norwood	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Plainville	1	<input type="checkbox"/>	N/A	
	Quincy	1, 2	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Randolph	1	<input type="checkbox"/>	N/A	
	Sharon	1	<input type="checkbox"/>	2	<input type="checkbox"/>
	Stoughton	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Walpole	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Wellesley	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Weymouth	1	<input type="checkbox"/>	1, 2, 3, 4, 5	<input type="checkbox"/>
	Wrentham	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
Plymouth	Abington	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Bridgewater	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Brockton	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Carver	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Duxbury	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	East Bridgewater	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Halifax	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Hanson	1	<input type="checkbox"/>	N/A	

Housing Location		Elderly/Handicapped		Family Housing	
County	Community	# of bedrooms	Apply	# of bedrooms	Apply
Plymouth	Hingham	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Hull	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Kingston	1	<input type="checkbox"/>	N/A	
	Marshfield	1	<input type="checkbox"/>	3, 4, 6	<input type="checkbox"/>
	Mattapoisett	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Middleborough	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Norwell	1	<input type="checkbox"/>	N/A	
	Pembroke	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Plymouth	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Rockland	1	<input type="checkbox"/>	N/A	
	Scituate	1	<input type="checkbox"/>	N/A	
	Wareham	1	<input type="checkbox"/>	N/A	
	West Bridgewater	1	<input type="checkbox"/>	N/A	
	Whitman	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
Suffolk	Boston : Archdale	N/A		1, 2, 3, 4, 5, 6	<input type="checkbox"/>
	Boston : Basilica	1	<input type="checkbox"/>	N/A	
	Boston : Fairmount	N/A		2, 3	<input type="checkbox"/>
	Boston : Faneuil	N/A		2, 3, 5	<input type="checkbox"/>
	Boston : Franklin Field	1, 2	<input type="checkbox"/>	2	<input type="checkbox"/>
	Boston : Gallivan Boulevard	N/A		2, 3, 4	<input type="checkbox"/>
	Boston : L Street, Msgr Powers	1, 2	<input type="checkbox"/>	N/A	
	Boston : Scattered Site Apartments	N/A		1, 2, 3, 4	<input type="checkbox"/>
	Boston : South Street	N/A		1, 2, 3, 4	<input type="checkbox"/>
	Boston : West Broadway	N/A		1, 2, 3, 4, 5, 6	<input type="checkbox"/>
	Boston – Beacon (Camden)	N/A		1, 2, 3	<input type="checkbox"/>
	Boston – Trinity (East Boston)	N/A		N/A	
	Chelsea	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Revere	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	Winthrop	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
Worcester	Athol	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	Auburn	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Barre	1	<input type="checkbox"/>	N/A	
	Blackstone	1	<input type="checkbox"/>	N/A	
	Charlton	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Clinton	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Dudley	1	<input type="checkbox"/>	N/A	

Housing Location		Elderly/Handicapped		Family Housing	
County	Community	# of bedrooms	Apply	# of bedrooms	Apply
Worcester	Fitchburg	1, 2	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	Gardner	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Grafton	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Holden	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Hopedale	1	<input type="checkbox"/>	N/A	
	Lancaster	1	<input type="checkbox"/>	N/A	
	Leicester	1	<input type="checkbox"/>	N/A	
	Leominster	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Lunenburg	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Mendon	1	<input type="checkbox"/>	N/A	
	Milford	1	<input type="checkbox"/>	1, 2, 3, 4, 5	<input type="checkbox"/>
	Millbury	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	North Brookfield	1	<input type="checkbox"/>	2	<input type="checkbox"/>
	Northborough	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Northbridge	1, 2	<input type="checkbox"/>	N/A	
	Oxford	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Oxford - Brookfield	N/A		2	<input type="checkbox"/>
	Shrewsbury	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Southborough	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Southbridge	1	<input type="checkbox"/>	3, 4	<input type="checkbox"/>
	Spencer	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Sterling	1	<input type="checkbox"/>	N/A	
	Sutton	1	<input type="checkbox"/>	N/A	
	Templeton	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Upton	1	<input type="checkbox"/>	N/A	
	Uxbridge	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Warren	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Webster	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	West Boylston	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	West Brookfield	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Westborough	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Winchendon	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Worcester	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>

[Blank Space – Go to Next Page]

10. Applicant's Certification and Fair Information Practices Act – Statement of Rights*

Review and complete the Applicant's Certification and sign the Fair Information Practices Act – Statement of Rights.

Applicant's Certification*

- I understand that this application is not an offer of housing.
- **For Public Housing:**
 - I understand that a housing authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, without good cause, my application will be removed from the waiting list for that program at that housing authority;
 - If I reapply for that program at that housing authority, my application will not receive any priorities or preferences that were previously granted or requested on the prior application for a three year period.
 - I understand that if I fail to accept a total of three offers of housing from across all of the programs and housing authorities where I have applied, that my application will be removed from all programs at all housing authorities to which I have applied. I understand that I can reapply, but that all of the dates and times of my applications will be changed to the date of my new application and my application will not receive any priorities or preferences that were granted or requested on the prior application for a three year period.
- **For AHVP:**
 - I understand that AHVP Participants only receive one bedroom vouchers (except for an appropriate reasonable accommodation). I understand that if my household increases and I need a larger apartment where the rent is not affordable with the AHVP one bedroom ceiling rent, I cannot receive any higher amount of rental assistance from the AHVP and should apply for assistance from a different housing program.
 - AHVP is administered locally by participating local housing authorities (LHAs). I understand that I will only be added to the AHVP waitlists which I have selected. While I can only receive one AHVP voucher, I understand that I may be contacted by multiple LHAs at the same time to start the eligibility process. I understand that I am responsible for providing the necessary information and documentation to each and every LHA as requested, regardless of whether I have already provided that information or documentation to another LHA, and that failure to do so may result in the denial of my application.
 - I understand that if I am found ineligible by a particular LHA, I will still remain on the waitlists of the remaining LHAs to which I applied.
 - I understand that if I am found eligible and am issued an AHVP voucher, I will be removed from the waitlists of all AHVP LHAs. I understand that if I am already an active AHVP voucher holder or participant, or have already been offered an AHVP Voucher, I cannot be offered an additional AHVP voucher and accordingly, my application will not appear on a waitlist and may be removed from the waitlists of any or all AHVP LHAs.
- **For MRVP:**
 - I understand that if I am found eligible and am issued a mobile MRVP voucher, I will be removed from the waitlists for a mobile MRVP voucher at all State-Aided Housing Agencies. I understand that if I am already an active mobile MRVP voucher holder or participant, or have already been offered a mobile MRVP voucher, I cannot be offered an additional mobile MRVP voucher and accordingly, my application will not appear on a waitlist and may be removed from the waitlists of any or all State-Aided Housing Agencies that issue mobile MRVP vouchers.
- Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written Unit Offer for Public Housing, a notification of a unit approval for AHVP, or a voucher in writing under MRVP from a housing agency. I understand that it is my responsibility to update my application online OR inform a housing agency in writing of any change of address, income, or household composition or any other information regarding my application.
- Before a housing agency can offer me participation in state-aided public housing or rental assistance programs, I must provide them with written documentation that verifies my circumstances and eligibility.
- I authorize housing agencies where I have applied to make inquiries to verify the information I have provided in this application.
- I understand that if I am found ineligible by a particular housing agency, I will still remain on the waitlists of the remaining housing agencies where I applied.
- I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application.
- I understand that housing agencies I have applied to will request a Criminal Offender Record Information from the Criminal Justice Information Services and may perform internet searches including credit checks and other background investigations for all adult members of the household.

- I understand that if I have made any intentionally false or misleading statements when applying for state-aided public housing or rental assistance, my application will be disqualified and there may be additional consequences.
- I understand that my application information will be transferred to . When more than one application I have submitted has conflicting information, for example different addresses, the application information with the newer date will be used. I understand that I may update all information either at one housing authority or online: www.mass.gov/champ/.
- I understand that the online application may be subject to data transmission errors that may make the application incomplete. I understand that EOHLC is not responsible for these errors.
- By using this application, I agree to all of these conditions.

Signed under the pains and penalties of perjury,

Print name*:

Signature*:

Date*:

[Blank Space – Go to Next Page]

Fair Information Practices Act - Statement of Rights

Local Housing Agencies collect information about applicants and tenants for their housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest, and to verify the accuracy of information submitted. Where permitted by law, it may be released to government agencies, other housing agencies, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing agency staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing agencies' use and disclosure of the information it collects. Applicants may give or withhold their permission when requested by the housing agency to provide information. However, failure to permit the housing agency to obtain the required information may result in delay or ineligibility for programs. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant, you have the following rights in regards to the information collected about you.

- No information may be used for any purpose other than those described above without your consent.
- No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
- You or your authorized representative have a right to inspect and copy any information collected about you.
- You may ask questions and receive answers from the housing agency about how we collect and use your information.
- You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to a local housing agency where you have applied and it will notify you in writing of its decision and of your right to appeal to the Executive Office of Housing and Livable Communities.

I have read and understand this Fair Information Practices Statement of Rights.

Print name*:

Signature*:

Date*:

[Blank Space – Go to Next Page]



This form can be filled out online at <https://publichousingapplication.ocd.state.ma.us/screening/>

Applicant Permission to Release Information

What is the purpose of this form?

- This form gives a State-Aided Housing Agency permission to ask you for certain information to verify the information you provide in your application for state-aided public housing or a state rental housing voucher. A State-Aided Housing Agency is a local housing authority or a regional administering agency. State rental housing vouchers include the Massachusetts Rental Housing Voucher Program (MRVP) and the Alternative Housing Voucher Program (AHVP).
- This form gives a State-Aided Housing Agency permission to use and share certain information with the Massachusetts Executive Office of Housing and Livable Communities (EOHLC) to help evaluate housing programs.
- This form gives permission to State-Aided Housing Agencies and/or EOHLC to share some of your personal information.

Your personal information will only be shared as outlined in this form and as required or allowed by law. Please read carefully before signing this form.

What Personal Information Will State-Aided Housing Agencies and/or EOHLC Share?

Shared information may include, but is not limited to:

- biographic information (e.g., name, date of birth);
- demographic information (e.g., address, race, ethnicity, language); and
- income, employment, and other information related to your application for initial eligibility/qualification for, or participation in state-aided Public Housing, MRVP, or AHVP.

What Personal Information Will Not Be Shared?

This form will not be used to share personally identifiable information related to any of the following subjects. If a State-Aided Housing Agency and/or EOHLC requires any personally identifiable information related to the following subjects, they will ask for separate written permission for your:

- Medical Information;
- Criminal Information;
- Verification of a Disability;
- Information related to any priority or preference claims, including homelessness and domestic violence ;and
- Reasonable Accommodation Information, including that a reasonable accommodation was requested, granted, or denied and/or any medical information submitted as part of a request for reasonable accommodation.

How will your personal information be kept secure?

The personal information you provide through this release will be securely maintained in accordance with applicable law and regulation, including but not limited to M.G.L. c. 66A, Fair Information Practices Act and 760 CMR 8.00, Privacy and Confidentiality.

Can I have access to my personal information and challenge it if it is not accurate or relevant?

Yes. Under 760 CMR 8.05(1), you, or your authorized representative, may file an objection with the State-Aided Housing Agency or EOHLC objecting to the accuracy, completeness, pertinence, timeliness, relevance, use or dissemination of your personal data or the denial of access to your personal data.

What happens if I do not sign this Release Form?

Failure to sign this form may result in the denial of assistance, suspension or termination of housing assistance, or repayment of assistance.

Will I be notified if information obtained because of this release form results in an action being taken against me?

Yes. You will be notified in writing of actions taken against you because of information gained from verification processes, provided an opportunity to contest the actions, and given information on how to do so.

How long does this Release Form last?

The release is effective from the date of signature until you are housed.

Permission to Verify the Information I Have Provided

- I give permission for all individuals, companies, agencies, offices of the state and federal governments, and their designated contractors, subcontractors, and agents to release any information about me and my household members to State-Aided Housing Agencies and/or EOHLC to verify the information I provided in my application.
- I also give permission for State-Aided Housing Agencies and/or EOHLC to obtain information (by any means, including oral, written, electronic, facsimile or telephonic) about me and my household members to verify the information I provided in my application to determine eligibility and qualification for the housing programs.

Permission to Share My Information

I give permission for State-Aided Housing Agencies and/or EOHLC:

- To use my personal information to inform research, analysis and program evaluation by EOHLC, other state agencies, or external partners on EOHLC programs or other initiatives that will help EOHLC improve state-aided housing assistance programs;
- To use my personal information to make referrals to other state-funded initiatives and benefit programs for eligibility determination, recruitment, and outreach purposes (I do not have to participate in these programs); and
- To comply with state reporting and record keeping requirements.

I agree to cooperate in requests to provide information to the State-Aided Housing Agencies and/or EOHLC and I understand if I do not, it may result in me being disqualified or ineligible for state-aided public housing, AHVP, and/or MRVP.

I have read or been read and understand this form. A photocopy or digital copy of this release is as valid as the original.

Head of Household Printed Name

Head of Household Signature*

**If typed, my typed name represents my signature*

Date

Appendix A-4

Transitional Aid to Families with Dependent Children (TAFDC)

Application available only online.

Appendix A-5

Emergency Aid to the Elderly, Disabled, and Children (EAEDC)

Application available only online.

Appendix B

VA Form 21

APPLICATION FOR ACCREDITATION AS SERVICE ORGANIZATION REPRESENTATIVE

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE: The information requested on this form is solicited under 38 U.S.C., Section 5902, which authorizes VA to recognize representatives of approved organizations for the preparation, presentation, and prosecution of claims under laws administered by VA. The requested information will enable VA to determine your eligibility for accreditation as a representative of a recognized service organization. Your disclosure of this information to us is voluntary, but your failure to provide full information could delay or preclude your accreditation. The Privacy Act authorizes VA to disclose the information outside VA for certain routine uses, which have been published in the Federal Register with reference to a VA system of records entitled, "Accreditation Records-VA" (01VA022). Such routine uses include verification of the identity, status, and service organization affiliation of representatives, civil or criminal law enforcement, communications with members of Congress of their representatives, Government litigation, and notification to service organizations of information relevant to a refusal to grant or a suspension or termination of accreditation.

RESPONDENT BURDEN: VA may not conduct or sponsor, and you are not required to respond to, this collection of information unless it displays a valid OMB Control Number. The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

SECTION I - TO BE EXECUTED BY DESIGNEE (Type or print)

1. LAST NAME - FIRST NAME - MIDDLE NAME		2A. HOME ADDRESS	2B. BUSINESS ADDRESS
3. BRANCH OF SERVICE (Check applicable boxes) <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NON-VETERAN <input type="checkbox"/> NOAA <input type="checkbox"/> PUBLIC HEALTH SERVICE <input type="checkbox"/> SPACE FORCE <input type="checkbox"/> OTHER (Specify) _____			
4. LIST OF DATES OF ALL ACTIVE SERVICE	5. CHARACTER OF DISCHARGE(S)		6. METHOD OF QUALIFICATION <input type="checkbox"/> COMPLETED APPROPRIATE TRAINING <input type="checkbox"/> EXPERIENCE REPRESENTING CLAIMANTS
7A. NAME OF ORGANIZATION WHICH YOU WILL REPRESENT	7B. EMAIL AT ORGANIZATION		7C. PHONE NUMBER AT ORGANIZATION
7D. RELATIONSHIP TO ORGANIZATION		7E. COUNTY OR TRIBAL VETERANS SERVICE OFFICERS	
ARE YOU A MEMBER IN GOOD STANDING OF THE ORGANIZATION SHOWN IN ITEM 7A? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A PAID EMPLOYEE OF THE ORGANIZATION SHOWN IN ITEM 7A, WORKING FOR THE ORGANIZATION FOR NOT LESS THAN 1000 HOURS ANNUALLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A PAID COUNTY OR TRIBAL EMPLOYEE: A) WHO WORKS FOR THE COUNTY OR TRIBAL GOVERNMENT NOT LESS THAN 1000 HOURS ANNUALLY; B) WHO HAS SUCCESSFULLY COMPLETED VA-APPROVED STATE TRAINING AND EXAMINATION; AND C) WHO WILL RECEIVE REGULAR STATE SUPERVISION AND MONITORING OR ANNUAL TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
8. ARE YOU ACCREDITED TO ANY OTHER ORGANIZATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," give name of organization(s)) _____			
9A. ARE YOU EMPLOYED IN ANY CIVIL OR MILITARY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," give name of agency or department) _____		9B. HAVE YOU EVER HELD A FEDERAL GOVERNMENT POSITION WHICH INVOLVED ANY ACTION RESPECTING CLAIMS IN THE DEPARTMENT OF VETERANS AFFAIRS OR THE VETERANS ADMINISTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	

It is understood and agreed that neither the designee nor the organization will charge or accept any fee or other gratuity for services rendered a claimant; that neither will publish or divulge any confidential information except as provided by law or regulation; and that any breach of these conditions will be sufficient basis for revocation of accreditation.

10. SIGNATURE OF DESIGNEE (NEW CERTIFICATIONS ONLY) (Ink Signature)	11. DATE OF SIGNATURE (MM/DD/YYYY)
---	------------------------------------

SECTION II - TO BE EXECUTED BY PROPER CERTIFYING OFFICER OF RECOGNIZED ORGANIZATION

CERTIFICATION: Subject to the foregoing agreement, the undersigned hereby certifies that the designee is of good character and reputation, is qualified by training or experience to present claims, and that the foregoing statements are believed to be correct.

- ☐ We therefore recommend primary accreditation.
☐ We therefore recommend cross-accreditation based on the designee's accreditation with (give name of organization): _____
☐ We therefore recertify the qualifications of this representative.

12. SIGNATURE AND TITLE OF CERTIFYING OFFICER (Ink Signature)	13. NAME OF ORGANIZATION
14. ADDRESS OF CERTIFYING OFFICER	15. DATE OF SIGNATURE (MM/DD/YYYY)

PENALTY: The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine or imprisonment or both (18 U.S.C. 1001).

Appendix C

EOVS VS1



The Commonwealth of
Massachusetts
Executive Office of Veterans' Services
VS 1 Document

Application Date		Application Time	
------------------	--	------------------	--

Applicant's Name		Date of Birth	
Street Address		Case Number	
City or Town		Social Security Number	

Spouse's Name		Spouses' Social Security Number	
---------------	--	---------------------------------	--

DEMOGRAPHICS

Street	Apartment Number	City/Town	State	Zip	Phone

Veteran Information

Last Name	First Name	Middle Initial	Suffix	Date of Birth

Branch of Service	Service Date Start	Discharge Date

Applicant's Ethnicity: This information is collected in order to make sure that everyone is treated fairly. Your answer is voluntary and will not affect your eligibility or the amount of your benefit.

Gender	Spoken Language	Hispanic or Latino	Are you a US Citizen

Race

American Indian or Alaskan Native	<input type="radio"/>
Asian	<input type="radio"/>
Black or African American	<input type="radio"/>
Hawaiian or Pacific Islander	<input type="radio"/>
White	<input type="radio"/>
Other	<input type="radio"/>

Special Situation

Physical/Mental Impairment	<input type="radio"/>
Hearing Impaired	<input type="radio"/>
Visually Impaired	<input type="radio"/>
Interpreter Required	<input type="radio"/>
Sign Language Required	<input type="radio"/>
Other	<input type="radio"/>

RECIPIENTS

Last Name	First Name	Middle Initial	Suffix	Date of Birth	Gender	US Citizen

EMPLOYMENT

Last Employer		Lenth of Employment (Months)	
Last Employer Community		Occupation	
Self-Employed?		Reason for Ch. 115 Application	

SHELTER

Real Estate Owned by the Applicant and/or Spouse		List address and description of the real estate	
Date of Original Mortgage		Original Mortgage Amount	
Current Mortgage Balance		Is this a multi-family property	
Monthly income from this property		Is there a 2 nd mortgage or equity line	
Have you sold or transferred any real estate within the last 36 months?			
Do you pay for any of the following			

Heat and/or AC separate from rent	<input type="checkbox"/>
Electricity or gas for cooking	<input type="checkbox"/>
Telephone (including Cellular)	<input type="checkbox"/>

AUTOMOBILES OR VEHICLES

Automobiles owned or leased by the Applicant and/or Spouse

Vehicle Type	Model	Year	License Plate	State

OBLIGATIONS

Is the applicant obligated to pay Child Support?	<input type="checkbox"/>	Has the applicant received Ch. 115 from another community?	<input type="checkbox"/>
Is the applicant in arrears for any support payments?	<input type="checkbox"/>	Is there an assignment or lien against this case	<input type="checkbox"/>
Is the applicant in receipt of any other public assistance?	<input type="checkbox"/>	Is there a Court Record which could affect this case?	<input type="checkbox"/>

INVESTMENTS

List the name(s), account number(s) and current value of all IRs, Savings Bonds, Money Market Accounts, CDs, 401(k) accounts or any other type of savings, investment or retirement account of any kind.

Type	Account Name	Account Number	Current Value

Has the applicant transferred any Bonds, Bank Books, or any amount of Money; made an irrevocable beneficiary on any insurance or assigned any insurance

Yes ☐ No ☐

Does the applicant have a joint account with any other person?

Yes ☐ No ☐

Does the applicant have a living will?

Yes ☐ No ☐

Has the applicant created any real property trusts?

Yes ☐ No ☐

List all outstanding creditors and amounts owed, including any personal or auto loans.

Creditor	Amount Owed

Give full details of any bank withdrawals in the past 12 months OTHER THAN monthly living expenses

--

LIFE INSURANCEDoes the applicant have life insurance? ☐Does the spouse have life insurance? ☐

Insured Person	Amount	Monthly Premium	Policy Number	Company	Beneficiary

MEDICAL INSURANCE**Applicant****Spouse**

Does the applicant have medical insurance		Does the spouse have medical insurance?	
Company name		Company Name	
Type of Insurance		Type of Insurance	
Monthly premium amount		Monthly premium amount	
Does the applicant have Medicare A		Does the spouse have Medicare A	
Effective date		Effective date	
Does the applicant have Medicare B		Does the spouse have Medicare B	
Effective date		Effective date	
Does the applicant have Medicare D		Does the spouse have Medicare D	
Does the applicant have a Prescription Drug Plan		Does the spouse have a Prescription Drug Plan	
Cost per month		Cost per month	
Does the applicant have Prescription Advantage		Does the spouse have Prescription Advantage	
Does the applicant have Low Income Subsidy		Does the spouse have Low income subsidy	

REQUIRED DOCUMENTS

Based on responses, the following documents are reequired for this application

- ☐ Discharge paper
- ☐ Proof of residency (rent receipt, proof of mortgage payment, letter from a shelter, letter from a family member)
- ☐ Recent three months of checking account bank statements
- ☐ Recent three months of savings account bank statements
- ☐ Applicant's income verification (Applicant's stubbs from 4 recent paychecks)
- ☐ Inability to Work (letter from a doctor indicating applicaant's inability to work and the future prognosis)
- ☐ Childrens birth records (and dependents under age 18)
- ☐ Minor children in school (letter from each child's school indicating that the children are regularly in attendance)
- ☐ Social Security (the benefit approval letter (for Social Security, Supplemental Social Security (SSI) or Social Security Disability Insurance (SSDI)
- ☐ VA Disability or Pension award statement(s)
- ☐ Retirement Income or Pension statement
- ☐ Worker's Compensation Statement (including the names of the attorneyu and the insurance company)
- ☐ Unemployment Compensation Statement
- ☐ Marriage Certificate
- ☐ Death Certificate of the Veteran (if applying as a surviving spouse)
- ☐ Signed Computer Match Consent notice
- ☐ Signed Child Support Release for DOR
- ☐ Signed Employment Plan
- ☐ Medical Evaluation Form
- ☐ Notice of Determination



The Commonwealth of
Massachusetts
Executive Office of Veterans' Services
VS 1 Document

Applicant		Case Number	
-----------	--	-------------	--

Applicant's Initials	Spouse's Initials	Each Statement below must be read and initialed by both the applicant and the spouse.
		I have completely read all of the pages of this application. If I had a question on any issue, I asked for an answer from my Veteran Service Officer and received an answer that I understood.
		I have not concealed money on hand or in the bank (in either my own name or that of some other person for my benefit) or any ownership in personal or real property of any kind.
		I hereby agree to notify the Veterans' Service Officer/Agent immediately of any change in my circumstances including, but not limited to, if I obtain employment; win or receive money from any source; receive any merchandise in lieu of money; change my address; leave the state for more than SEVEN days; sell any real or personal property; or receive an inheritance.
		I have read, signed and accepted the provisions of Chapter 367, Section 54A, of the Acts or 1978, which is the computer match notice.
		I am not receiving Veterans Benefits from any other city or town in Massachusetts, or benefits of any other type from any other state or federal agency other than those listed on this application.
		I understand and agree that any false statement in this application, or a violation of this agreement, will cause the refusal of future assistance.
		I declare under the penalty of perjury that the statements herein made are correct and true.

Signature of Applicant

Signature of Spouse

Printed / Typed name of spouse

I, the undersigned Veterans' Service Officer/Agent, have asked the applicant for a response to every question on this application or for all information sought on this form. I have reviewed all the responses to the requested information on this application and I am making the following recommendation:

☐

I AM RECOMMENDING BENEFITS FOR THIS APPLICANT

☐

I am NOT recommending benefits for this applicant

Date

VSO's Printed or typed name

Appendix D

VA Service-Connected Disability Compensation Claims Application

NOTICE TO VETERAN/SERVICE MEMBER OF EVIDENCE NECESSARY TO SUBSTANTIATE A CLAIM FOR VETERANS DISABILITY COMPENSATION AND RELATED COMPENSATION BENEFITS

This notice provides information regarding the evidence necessary to substantiate a claim for:

Disability Service Connection	Special Monthly Compensation
Compensation Claims Submitted Prior to Discharge	Benefits Based on a Veteran's Seriously Disabled Child
Compensation under 38 U.S.C. 1151	Increased Disability Compensation
Automobile Allowance/Adaptive Equipment	Individual Unemployability
Secondary Service Compensation	Specially Adapted Housing/Special Home Adaptation
Temporary Total Disability Rating	Presumptive Service Connection

When to Use this Form

Use this notice and the attached application to submit a claim for veterans' disability compensation and related compensation benefits. This notice informs you of the evidence necessary to decide your claim. After you submit your claim on the attached application you **will not** receive an initial letter regarding your claim. You **do not** need to submit another application.

If you are filing a new claim or a claim for increased disability compensation for an evaluation decided <u>more than one year ago</u> ...	please complete and submit VA Form 21-526EZ, <i>Application for Disability Compensation and Related Compensation Benefits</i> .
If you disagree with an evaluation decided within the past year and have new and relevant evidence OR If you are filing a supplemental claim (a claim after an initial claim for the same or similar benefit was previously decided) and have new and relevant evidence ...	please complete and submit VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i> **

** You may also file a request for higher-level review (VA Form 20-0996, *Decision Review Request: Higher-Level Review*) or appeal to the Board of Veterans' Appeals (VA Form 10182, *Decision Review Request: Board Appeals (Notice of Disagreement)*). For additional information on all of these different options, please visit <https://www.va.gov/decision-reviews/>.

Want to apply electronically? You can apply online at www.va.gov. If you sign in or create an account, we can prefill parts of your application and save your work in progress. You can also upload all your supporting documents with your claim, and submit it through the Fully Developed Claims (FDC) program, then track claim status online. Get Started at <https://www.va.gov/disability/how-to-file-claim/>.

NOTE: You may wish to contact an accredited veterans service officer (VSO) to assist you with your application. For a list of accredited veterans service organizations go to <https://www.va.gov/ogc/recognizedvsos.asp>. You may also contact your state office of veterans affairs at <https://www.va.gov/statedva.htm>, should you need further assistance with the application process.

Want your claim processed faster? The FDC Program is the **fastest** way to get your claim processed without any risk to participate! To participate in making a claim for veterans disability compensation or related compensation benefits, submit your claim in accordance with the "FDC Program" shown on the following information pages 2 through 8. If you are making a claim for veterans non service-connected pension benefits, use VA Form 21P-527EZ, *Application for Pension*. If you are making a claim for survivor benefits, use VA Form 21P-534EZ, *Application for DIC, Death Pension, and/or Accrued Benefits*. VA forms are available at www.va.gov/vaforms. A separate expedited claims processing program available for current active duty Servicemembers is explained on page 5 under *Compensation Claims Submitted Prior to Discharge*.

NOTE: Participation in the FDC Program is optional and will not affect the benefits to which you are entitled. If you file a claim in the FDC Program and it is determined that other records exist and VA needs the records to decide your claim, then VA will simply remove the claim from the FDC Program and process it in the Standard Claim Process. If you wish to file your claim in the FDC Program, see FDC Program (Optional Expedited Process) on page 2. If you wish to file your claim under the process in which VA traditionally processes claims, see Standard Claim Process on page 2.

SUBMITTING A CLAIM

When submitting a claim(s) for **Veterans Disability Compensation and Related Compensation Benefits** the following information tells you what you need to do and what VA will do during the FDC Program (Optional Expedited Process) or the Standard Claim Process:

1. HOW TO SUBMIT A CLAIM

Submit your claim on a VA Form 21-526EZ (Attached). Make sure you complete and sign your application. The information on pages 2 through 8 describes the evidence you need to submit, how VA will help you obtain evidence and what the evidence must show to support your claim.

2. WHAT YOU NEED TO DO

The table on page 2 describes the information and evidence you need to submit based on whether you wish to have your claim considered in the FDC Program (Optional Expedited Process) or in the Standard Claim Process. You will need to indicate how you want your claim to be processed by checking the appropriate box in Item 1, on page 9 of this form.

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>You must:</p> <ul style="list-style-type: none"> • Submit all relevant private treatment records, if they exist • Identify any relevant treatment records available at a Federal Facility, such as a VA medical center • Identify the location and sufficient information to obtain your National Guard and Reserve personnel and service treatment records <i>(if applicable)</i> <p>If your claim involves a disability that you had before entering service and that was made worse by service, please provide any information or evidence in your possession regarding the health condition that existed before your entry into service.</p> <p>NOTE: If you decide to submit your claim through the FDC Program, please indicate FDC in Item 1 of the application on page 8.</p>	<p>If you know of evidence not in your possession and want VA to try to get it for you;</p> <p>You must:</p> <ul style="list-style-type: none"> • Complete and sign VA Form 21-4142, <i>Authorization to Disclose Information to the Department of Veterans Affairs (VA)</i> and VA Form 21-4142a, <i>General Release for Medical Provider Information to the Department of Veterans Affairs (VA)</i>, identifying any private medical records you wish VA to request for you • Give VA enough information about other relevant evidence so that we can request it from the person or agency that has it <p>If the holder of the evidence declines to give it to VA, asks for a fee to provide it, or otherwise cannot get the evidence, VA will notify you and provide you with an opportunity to submit the information or evidence. <i>It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.</i></p> <p>If your claim involves a disability that you had before entering service and that was made worse by service, please provide any information or evidence in your possession regarding the health condition that existed before your entry into service.</p>
<p>You must:</p> <ul style="list-style-type: none"> • Send the information and evidence <i>along</i> with your claim <p>If you submit additional information or evidence <i>after</i> you submit your "fully developed" claim, then VA will remove the claim from the FDC Program (Optional Expedited Process) and process it in the Standard Claim Process. If we decide your claim before one year from the date we receive the claim, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support the claim.</p>	<p>You are strongly encouraged to:</p> <ul style="list-style-type: none"> • Send any information or evidence as soon as you can <p>You have up to one year from the date we receive the claim to submit the information and evidence necessary to support your claim. If within 30 days, you do not provide any evidence or do not provide us with the information needed to assist you with obtaining evidence, we may decide your claim prior to the expiration of the one year period. If we decide the claim before one year from the date we receive the claim, you will still have the remainder of the one year period to submit additional information or evidence necessary to support the claim.</p>
<p>If any of the special circumstances in the table below titled "<i>Special Circumstances</i>" applies to you;</p> <p>You must:</p> <ul style="list-style-type: none"> • Send the information and evidence identified in the "<i>Special Circumstances</i>" table below at the same time as your claim 	<p>If any of the special circumstances in the table below titled "<i>Special Circumstances</i>" applies to you;</p> <p>You are strongly encouraged to:</p> <ul style="list-style-type: none"> • Send the information and evidence identified in the "<i>Special Circumstances</i>" table below at the same time as your claim. If you do not submit the needed information or evidence with your claim but it is needed to make a decision, VA will request it from you.

SPECIAL CIRCUMSTANCES
<p>Under the special circumstances shown below, you <i>must</i> also submit along with your claim the following:</p> <ul style="list-style-type: none"> • If you were treated at a Veterans Center, submit a completed VA Form 21-4142 • If claiming dependents, submit a completed VA Form 21-686c, <i>Application Request to Add and/or Remove Dependents</i>. If claiming a child in school between the ages of 18 and 23; also submit a completed VA Form 21-674, <i>Request for Approval of School Attendance</i>. If claiming benefits for a seriously disabled (helpless) child, also submit all, relevant, private medical treatment records pertaining to the child's pertinent disabilities • If claiming Individual Unemployability, submit a completed VA Form 21-8940, <i>Veteran's Application for Increased Compensation Based on Unemployability</i> • If claiming any mental health conditions(s), submit a completed VA Form 21-0781, <i>Statement in Support of Claimed Mental Health Disorder(s) Due to an In-Service Traumatic Event(s)</i>.

SPECIAL CIRCUMSTANCES (Continued)

Under the special circumstances shown below, you must also submit along with your claim the following:

- **If claiming Specially Adapted Housing or Special Home Adaptation**, submit a completed VA Form 26-4555, *Application in Acquiring Specially Adapted Housing or Special Home Adaptation Grant*
- **If claiming Auto Allowance**, submit a completed VA Form 21-4502, *Application for Automobile or Other Conveyance and Adaptive Equipment*
- **If claiming additional benefits because you or your spouse require Aid and Attendance**, submit a completed VA Form 21-2680, *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance*; or if claiming Aid and Attendance based on nursing home attendance, a VA Form 21-0779, *Request for Nursing Home Information in Connection with Claim for Aid and Attendance*

NOTE: VA forms are available online at www.va.gov/vaforms.

3. HOW VA WILL HELP YOU OBTAIN EVIDENCE FOR YOUR CLAIM

The table below describes the information and evidence VA will assist you in obtaining based on whether you wish to have your claim considered in the FDC Program (Optional Expedited Process) or in the Standard Claim Process.

FDC Program (Optional Expedited Process)	Standard Claim Process
VA will: <ul style="list-style-type: none"> • Retrieve relevant records from a Federal facility, such as a VA medical center, that you adequately identify and authorized VA to obtain • Provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim 	VA will: <ul style="list-style-type: none"> • Retrieve relevant records from a Federal facility, such as a VA medical center, that you adequately identify and authorized VA to obtain • Provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim • Make every reasonable effort to obtain relevant records not held by a Federal facility that you adequately identify and authorize VA to obtain. These may include records from State or local governments and privately held evidence and information you tell us about, such as a private doctor or hospital records from current or former employers

4. WHERE TO SEND INFORMATION AND EVIDENCE

You may send your application and any evidence in support of your claim by using the following methods shown in the table below.

MAIL TO	SUBMIT ONLINE
Department of Veterans Affairs Evidence Intake Center PO Box 4444 Janesville, WI 53547-4444	VA gov: www.va.gov Direct Upload: AccessVA

5. WHAT THE EVIDENCE MUST SHOW TO SUPPORT YOUR CLAIM

The table below provides a guide to the evidence tables showing what evidence you must provide to support your claim.

If you are claiming...	See the evidence table titled...
You have a disability that was caused or aggravated by your service	Disability Service Connection
You have a qualifying disability that arose as a result of a presumption of exposure	Presumptive Service Connection
Your service-connected disability caused or aggravated an additional disability	Secondary Service Connection
Your service-connected disability has worsened	Increased Disability Compensation
Compensation and you are a service person who is about to be discharged	Compensation Claims Submitted Prior to Discharge
Your service-connected disability caused you to be hospitalized or to undergo surgery or other treatment	Temporary Total Disability Rating
Your service-connected disability(ies) prevents you from getting or keeping substantial employment	Individual Unemployability
You have a disability caused or aggravated by VA medical treatment, vocational rehabilitation, or compensated work therapy	Compensation Under 38 U.S.C. 1151
Your service-connected disability(ies) causes you to be in need of aid and attendance or the be confined to your residence	Special Monthly Compensation
Adapting and/or purchasing a residence	Special Adapted Housing or Special Home Adaptation
Adapting and/or purchasing a vehicle	Auto Allowance
A Severely Disabled Spouse	Special Monthly Compensation
A Severely Disabled Child	Helpless Child

EVIDENCE TABLES

Disability Service Connection

To support a claim for **service connection**, the evidence must show:

- You had an injury in service, or a disease that began in or was made permanently worse during service, or there was an event in service that caused an injury or disease; **AND**
- You have a current physical or mental disability. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable; **AND**
- A relationship exists between your current disability and an injury, disease, symptoms, or event in service. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence.

To support a claim for **service connection based upon a period of active duty for training**, the evidence must show:

- You were disabled during active duty for training due to disease or injury incurred or aggravated in the line of duty; **AND**
- You have a current physical or mental disability. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable; **AND**
- There is a relationship between your current disability and the disease or injury incurred or aggravated during active duty for training. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence.

To support a claim for **service connection based upon a period of inactive duty training**, the evidence must show:

- You were disabled during inactive duty training due to an injury incurred or aggravated in the line of duty or an acute myocardial infarction, cardiac arrest, or cerebrovascular accident during inactive duty training; **AND**
- You have a current physical or mental disability. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable; **AND**
- There is a relationship between your current disability and your inactive duty training. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence.

In order to file a **supplemental claim**, you must submit or identify new and relevant evidence.

- To qualify as new, the evidence must not have been part of the evidentiary record at the time of the prior decision.
- In order to be considered relevant, the additional evidence must tend to prove or disprove a matter at issue in the claim.

Presumptive Service Connection

To support a claim for presumptive service connection the evidence must show:

- You served in a recognized location that qualifies you for the presumption of exposure; **AND/OR**
- You have a current disability that qualifies you for the presumption of service connection. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable.

Under certain circumstances, VA may presume that certain current diseases were caused by service, even if there is no specific evidence proving this in your particular claim. Service connection is presumed for certain diseases for the following veterans:

- Former prisoners of war;
- Veterans who have certain chronic or tropical diseases that become evident within a specific period of time after discharge from service;
- Veterans who were exposed to ionizing radiation, mustard gas, or Lewisite while in service;
- Veterans who were exposed to certain herbicides, such as by service in/on:
 - Vietnam or qualifying offshore waters, from January 9, 1962, through May 7, 1975;
 - a unit determined by VA or the Department of Defense to have operated in the Korean DMZ, from September 1, 1967, through August 31, 1971;
 - individuals who performed service in the Air Force or Air Force Reserve and regularly and repeatedly operated, maintained, or served onboard C-123 aircraft known to have used to spray an herbicide agent during the Vietnam era;
 - Thailand at any United States or Royal Thai base, from January 9, 1962, through June 30, 1976;
 - Laos, from December 1, 1965, through September 30, 1969;
 - Cambodia at Mimot or Krek, Kampong Cham Province, from April 16, 1969, through April 30, 1969;
 - Guam or American Samoa, or in the territorial waters thereof, from January 9, 1962, through July 31, 1980;
 - Johnston Atoll or on a ship that called at Johnston Atoll, from January 1, 1972, through September 30, 1977.
- Veterans who served at Camp Lejeune for no less than 30 days (consecutive or nonconsecutive) between August 1, 1953 and December 31, 1987; or
- Veterans who served in the Gulf War:
 - On or after August 2, 1990, and served in:
 - Bahrain; Iraq; the neutral zone between Iraq and Saudi Arabia; Kuwait; Oman; Qatar; Saudi Arabia; Somalia; United Arab Emirates; the Gulf of Aden; the Gulf of Oman; the Persian Gulf; the Arabian Sea; the Red Sea; Afghanistan; Israel; Egypt; Turkey; Syria; or Jordan; **OR**
 - On or after September 11, 2001, and served in:
 - Afghanistan; Djibouti; Egypt; Jordan; Lebanon; Syria; Yemen; or Uzbekistan.

EVIDENCE TABLES (Continued)

Secondary Service Connection

To support a claim for **compensation based upon an additional disability** that was caused or aggravated by a service-connected disability, the evidence must show:

- You currently have a physical or mental disability shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable, in addition to your service-connected disability; **AND**
- Your service-connected disability either caused or aggravated your additional disability. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence. However, VA may presume service-connection for cardiovascular disease developing in a claimant with certain service-connected amputation(s) of one or both lower extremities.

Increased Disability Compensation

If VA previously granted service connection for your disability and you are seeking an **increased evaluation** of your service-connected disability, we need medical or lay evidence to show a worsening or increase in severity and the effect that worsening or increase has on your ability to work.

Compensation Claims Submitted Prior to Discharge

Under the Benefits Delivery at Discharge (BDD) program you can submit a disability claim 90 to 180 days prior to your anticipated separation date from active duty. Claims are accepted from active duty Servicemembers, including reservists serving on active duty in an Active Guard Reserve (AGR) role under 10 U.S.C. and full-time National Guard members serving in an AGR role under 32 U.S.C.

BDD program participants can have their VA medical examinations conducted while they are still on active duty. You are encouraged to file your claim as close to the 180 day mark as possible to ensure your examinations can be scheduled and completed prior to your discharge from active duty. The BDD program requires that Servicemembers be available to report for examinations for 45 days following submission of a disability claim. Claims and additional contentions received with less than 90 days remaining on active duty, claim types that are excluded from the BDD program, or where the Servicemember is unable to report for an examination within the BDD required time frame will be processed under the standard VA claims process, the Fully Developed Claim (FDC) program or any other qualifying program.

BDD Program Criteria for Claim(s) for Disability Compensation and Related Compensation Benefits Submitted Prior to Separation from Active Duty:

- be within 90 to 180 days of discharge;
- be available to report for examinations for 45 days following the submission of a disability claim;
- provide a completed *Separation Health Assessment - Part A Self Assessment* (obtain from: www.benefits.va.gov/compensation/dbq_publicdbqs.asp);
- submit copies of service treatment records for the current period of service with the BDD claim;
- provide an anticipated release from active duty date; *and*
- complete a VA Form 21-526EZ.

Temporary Total Disability Rating

In order to support a claim for a **temporary total disability rating due to hospitalization**, the evidence must show:

- You were treated for more than 21 days for a service-connected disability at a VA or other approved hospital; **OR**
- You underwent hospital observation at VA expense for a service-connected disability for more than 21 days.

In order to support a claim for a temporary total disability rating due to surgical or other treatment performed by a VA or other approved hospital or outpatient facility, the evidence must show:

- The surgery or treatment was for a service-connected disability; **AND**
- The surgery required convalescence of at least one month; **OR**
- The surgery resulted in severe postoperative residuals, such as incompletely healed surgical wounds, stumps of recent amputations, therapeutic immobilizations, house confinement, or the required use of a wheelchair or crutches; **OR**
- One major joint or more was immobilized by a cast without surgery.

Individual Unemployability

In order to support a claim for a **total disability rating based on individual unemployability**, the evidence must show:

- That your service-connected disability or disabilities are sufficient, without regard to other factors, to prevent you from performing the mental and/or physical tasks required to get or keep substantially gainful employment; **AND**
- Generally, you meet certain disability percentage requirements as specified in 38 Code of Federal Regulations 4.16 (i.e. one disability ratable at 60 percent or more, **OR** more than one disability with one disability ratable at 40 percent or more and a combined rating of 70 percent or more).

In order to support a claim for an **extra-schedular evaluation based on exceptional circumstances**, the evidence must show:

- That your service-connected disability or disabilities present such an exceptional or unusual disability picture, due to such factors as marked interference with employment or frequent periods of hospitalization, that application of the regular schedular standards is impractical.

EVIDENCE TABLES (Continued)

Compensation Under 38 U.S.C. 1151

In order to support a claim for **compensation under 38 U.S.C. 1151**, the evidence must show that, as a result of VA hospitalization, medical or surgical treatment, examination, or training, you have:

- An additional disability or disabilities; **OR**
- An aggravation of an existing injury or disease; **AND**
- The disability was the direct result of VA fault such as carelessness, negligence, lack of proper skill, or error in judgment, or not a reasonably expected result or complication of the VA care or treatment; **OR**
- The direct result of participation in a VA Veterans Readiness and Employment or compensated work therapy program.

Special Monthly Compensation

In order to support a claim for **increased benefits based on the need for aid and attendance**, the evidence must show that, due to your service-connected disability or disabilities:

- You require the aid of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing yourself, attending to the wants of nature, adjusting prosthetic devices, or protecting yourself from the hazards of your daily environment (38 Code of Federal Regulation 3.352(a)); **OR**
- You are bedridden, in that your disability or disabilities requires that you remain in bed apart from any prescribed course of convalescence or treatment (38 Code of Federal Regulation 3.352(a)).

In order to support a claim for **increased benefits based on an additional disability or being housebound**, the evidence must show:

- You have a single service-connected disability evaluated as 100 percent disabling **AND** an additional service-connected disability, or disabilities, evaluated as 60 percent or more disabling; **OR**
- You have a single service-connected disability evaluated as 100 percent disabling **AND**, due solely to your service-connected disability or disabilities, you are permanently and substantially confined to your immediate premises.

In order to support a claim for **increased benefits based on your spouse's need for aid and attendance**, per the provisions of 38 C.F.R. § 3.351(c), the evidence must show:

- Your spouse is blind or so nearly blind as to have corrected visual acuity of 5/200 or less, in both eyes, or concentric contraction of the visual field to 5 degrees or less; **OR**
- Your spouse is a patient in a nursing home because of mental or physical incapacity; **OR**
- Your spouse requires the aid of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting him or her from the hazards of his or her daily environment (See 38 C.F.R. § 3.352(a) for complete explanation).

IMPORTANT: For additional benefits to be payable for a spouse, the veteran must be entitled to compensation and evaluated as 30 percent or more disabling.

Specially Adapted Housing or Special Home Adaptation

To support your claim for **specially adapted housing (SAH)**, the evidence must show you are a:

- Veteran entitled to compensation under 38 U.S.C. Chapter 11 for a permanent and totally disabling qualifying condition; **OR**
- Servicemember on active duty who has a permanent and totally disabling qualifying condition incurred or aggravated in the line of duty.

To support that you have a **qualifying condition for SAH** the evidence must show:

- Amyotrophic lateral sclerosis (ALS); **OR**
- Loss (amputation) or loss of use of:
 - *both* lower extremities; **OR**
 - *one* lower extremity **and** *one* upper extremity affecting balance **or** propulsion; **OR**
 - *one* lower extremity **plus** residuals of organic disease or injury affecting balance or propulsion creating a need for regular, constant use of a wheelchair, braces, crutches or canes as a normal mode of getting around (although getting around by other methods may occasionally be possible); **OR**
- Loss or loss of use of *both* upper extremities precluding use of the arms at or above the elbow; **OR**
- Permanent but not total disability due to blindness in *both* eyes, (having central visual acuity of 20/200 or less in the better eye with the use of a standard correcting lens); **OR**
- A severe burn injury, meaning full thickness or sub-dermal burns that have resulted in contractures with limitation of motion of:
 - *two or* more extremities; **OR**
 - *at least one* extremity **and** the trunk.

EVIDENCE TABLES (Continued)

Specially Adapted Housing or Special Home Adaptation (Continued)

To support your claim for **SAH** the evidence may alternatively show you are a:

- Veteran who served and became permanently disabled from a qualifying condition on or after September 11, 2001; **OR**
- Servicemember on active duty who was permanently disabled in the line of duty from a qualifying condition on or after the same date.

To support that you have a **qualifying condition under the alternative service criteria** the evidence must show:

- Loss (amputation) or loss of use of:
 - *one or more* lower extremities, severely affecting the functions of balance or propulsion and creating a need for regular, constant use of a wheelchair, braces, crutches or canes as a normal mode of getting around (although getting around by other methods may occasionally be possible).

To support your claim for a **special home adaptation (SHA) grant** the evidence must show you are a:

- Veteran entitled to compensation under 38 U.S.C. Chapter 11 for a qualifying condition; **OR**
- Servicemember on active duty who has a qualifying condition incurred or aggravated in the line of duty.

To support that you have a **qualifying condition for SHA** the evidence must show:

- the loss, or permanent loss of use, of at least a foot or a hand; **OR**
- Permanent **and** total disability from loss, **or** loss of use, of *both* hands; **OR**
- Permanent **and** total disability from a severe burn injury meaning
 - deep partial thickness burns that have resulted in contractures with limitation of motion of *two or more* extremities **or** of *at least one* extremity **and** the trunk; **OR**
 - full thickness **or** sub-dermal burns that have resulted in contracture(s) with limitation of motion of *one or more* extremities **or** the trunk; **OR**
 - residuals of inhalation injury (including, but not limited to, pulmonary fibrosis, asthma, and chronic obstructive pulmonary disease).

Auto Allowance

To support a claim for **automobile allowance or adaptive equipment**, the evidence must show that you have a service-connected disability resulting in:

- the loss, or permanent loss of use, of at least a foot or a hand; **OR**
- permanent impairment of vision of both eyes, resulting in:
 - vision of 20/200 or less in the better eye with corrective glasses; **OR**
 - vision of 20/200 or better, if there is a severe defect in your peripheral vision; **OR**
- deep partial thickness or full thickness burns resulting in scar formation that cause contractures and limit motion of one or more extremities of the trunk and preclude effective operation of an automobile; **OR**
- amyotrophic lateral sclerosis (ALS).

NOTE - You may be entitled to **only** adaptive equipment if you have ankylosis ("freezing") of at least one knee or one hip due to service-connected disability. Medical evidence, including a VA examination, will show these things. VA will provide an examination if it determines that one is necessary.

Helpless Child

To support a claim for **benefits based on a veteran's child being helpless**, the evidence must show that the child, before his or her 18th birthday, became permanently incapable of self-support due to a mental or physical disability.

IMPORTANT: For additional benefits to be payable for a child, the veteran must be entitled to compensation and evaluated as 30 percent or more disabling.

6. ADDITIONAL INFORMATION

How VA Determines the Effective Date

If we grant your claim, the beginning date of your entitlement or increased entitlement to benefits will generally be based on the following factors:

- When we received your claim; **OR**
- When the evidence shows a level of disability that supports a certain rating under the rating schedule.

If VA received your claim prior to or within one year of your separation from the military, entitlement will be from the day following the date of your separation as long as the disability was present at that time.

How VA Determines the Disability Rating

When we find disabilities to be service-connected, we assign a disability rating. That rating can be changed if there are changes in your condition. Depending on the disability involved, we will assign a rating from 0 percent to as much as 100 percent. VA uses a schedule for evaluating disabilities that is published as title 38, Code of Federal Regulations, Part 4. In rare cases, we can assign a disability level other than the levels found in the schedule for a specific condition if your impairment is not adequately covered by the schedule.

We consider evidence of the following in determining disability rating:

- Nature and symptoms of the condition;
- Severity and duration of the symptoms; **AND**
- Impact of the condition and symptoms on employment.

Examples of evidence that you should tell us about or give to us that may affect how we assign a disability evaluation include the following:

- Information about on-going treatment records, including VA or other Federal treatment records, you have not previously told us about;
- Social Security determinations;
- Statements from employers as to job performance, lost time, or other information regarding how your condition(s) affect your ability to work;

OR

- Statements discussing your disability symptoms from people who have witnessed how the symptoms affect you.

For more information on VA benefits, visit our web site at www.va.gov.

You are entitled to a hearing at any time in the claims process. If you wish to have a hearing or have other questions, contact VA online through Ask VA: <https://ask.va.gov> or call us toll-free at 1-800-827-1000 (TTY:711).

VA forms are available at www.va.gov/vaforms.

SECTION III: HOMELESS INFORMATION

IMPORTANT: The following questions (Items 14A through 14F) should **only** be completed if you are currently homeless or at risk of becoming homeless. If this item does not apply to you, skip to Section IV.

14A. ARE YOU CURRENTLY HOMELESS?

- ☐ YES (If "Yes," complete Item 14B regarding your living situation)
- ☐ NO

14B. CHECK THE BOX THAT APPLIES TO YOUR LIVING SITUATION:

- ☐ LIVING IN A HOMELESS SHELTER
- ☐ NOT CURRENTLY IN A SHELTERED ENVIRONMENT (e.g., living in a car or tent)
- ☐ STAYING WITH ANOTHER PERSON
- ☐ FLEEING CURRENT RESIDENCE
- ☐ OTHER (Specify)

14C. ARE YOU CURRENTLY AT RISK OF BECOMING HOMELESS?

- ☐ YES (If "Yes," complete Item 14D regarding your living situation)
- ☐ NO

14D. CHECK THE BOX THAT APPLIES TO YOUR LIVING SITUATION:

- ☐ HOUSING WILL BE LOST IN 30 DAYS
- ☐ LEAVING PUBLICLY FUNDED SYSTEM OF CARE (e.g., homeless shelter)
- ☐ OTHER (Specify)

14E. POINT OF CONTACT (Name of person VA can contact in order to get in touch with you)

14F. POINT OF CONTACT TELEPHONE NUMBER (Include Area Code)

 - - Enter International Phone Number
(If applicable)**SECTION IV: EXPOSURE INFORMATION**

15A. ARE YOU CLAIMING ANY CONDITIONS RELATED TO TOXIC EXPOSURES? **NOTE:** See Page 4 of the Instructions for further information on the evidence needed to support your claim for presumptive service connection. (You can also refer to the following websites for more information: PACT ACT (<https://www.va.gov/PACT>) and PUBLIC HEALTH MILITARY EXPOSURES (<https://www.publichealth.va.gov/exposures/index.asp>))

- ☐ YES (If "Yes," complete Items 15B, 15C, 15D and 15E) ☐ NO (If "No," skip to Item 16, Section V: Claim Information)

15B. DID YOU SERVE IN ANY OF THE FOLLOWING GULF WAR HAZARD LOCATIONS?

Iraq; Kuwait; Saudi Arabia; the neutral zone between Iraq and Saudi Arabia; Bahrain; Qatar; the United Arab Emirates; Oman; Yemen; Lebanon; Somalia; Afghanistan; Israel; Egypt; Turkey; Syria; Jordan; Djibouti; Uzbekistan; the Gulf of Aden; the Gulf of Oman; the Persian Gulf; the Arabian Sea; and the Red Sea.

- ☐ YES ☐ NO

WHEN DID YOU SERVE IN THESE LOCATIONS? (MM-YYYY)

Note: Please provide an approximate time frame (month and year).

 - FROM: TO: -

15C. DID YOU SERVE IN ANY OF THE FOLLOWING HERBICIDE (e.g., Agent Orange) LOCATIONS?

Republic of Vietnam to include the 12 nautical mile territorial waters; Thailand at any United States or Royal Thai base; Laos; Cambodia at Mimot or Krek; Kampong Cham Province; Guam or American Samoa; or in the territorial waters thereof; Johnston Atoll or a ship that called at Johnston Atoll; Korean demilitarized zone; aboard (to include repeated operations and maintenance with) a C-123 aircraft known to have been used to spray an herbicide agent (during service in the Air Force and Air Force Reserves).

Please list other location(s) where you served, if not listed above:

- ☐ YES ☐ NO

WHEN DID YOU SERVE IN THESE LOCATIONS? (MM-YYYY)

Note: Please provide an approximate time frame (month and year).

 - FROM: TO: -

15D. HAVE YOU BEEN EXPOSED TO ANY OF THE FOLLOWING? (Check all that apply)

- ☐ ASBESTOS ☐ MUSTARD GAS ☐ RADIATION
- ☐ SHAD (Shipboard Hazard and Defense) ☐ MILITARY OCCUPATIONAL SPECIALTY (MOS)-related toxin ☐ CONTAMINATED WATER AT CAMP LEJEUNE
- ☐ OTHER (Specify)

WHEN WERE YOU EXPOSED? (MM-YYYY)

Note: Please provide an approximate time-frame (month and year).

 - FROM: TO: -

15E. IF YOU WERE EXPOSED MULTIPLE TIMES, PLEASE PROVIDE ALL ADDITIONAL DATES AND LOCATIONS OF POTENTIAL EXPOSURE

SECTION V: CLAIM INFORMATION**(For additional space, use Section XIII: Claim Information (Addendum))**

16. LIST THE CURRENT DISABILITY(IES) OR SYMPTOMS THAT YOU CLAIM ARE RELATED TO YOUR MILITARY SERVICE AND/OR SERVICE-CONNECTED DISABILITY (If applicable, identify whether a disability is due to a service-connected disability; confinement as a prisoner of war; exposure to Agent Orange, asbestos, mustard gas, ionizing radiation, or Gulf War environmental hazards; or a disability for which compensation is payable under 38 U.S.C. 1151)

NOTE: List your claimed conditions below. See the following three examples for guidance on how to complete Section V.

EXAMPLES OF DISABILITY(IES)	EXAMPLES OF EXPOSURE TYPE	EXAMPLES OF HOW THE DISABILITY(IES) RELATES TO SERVICE	EXAMPLES OF DATES
Example 1. HEARING LOSS	NOISE	HEAVY EQUIPMENT OPERATOR IN SERVICE	JULY 1968
Example 2. DIABETES	AGENT ORANGE	SERVICE IN VIETNAM WAR	DECEMBER 1972
Example 3. LEFT KNEE, SECONDARY TO RIGHT KNEE		INJURED LEFT KNEE WHEN BRACE ON RIGHT KNEE FAILED	6/11/2008

SECTION V: CLAIM INFORMATION (Continued)
(For additional space, use Section XIII: Claim Information (Addendum))

CURRENT DISABILITY(IES)	IF DUE TO EXPOSURE, EVENT, OR INJURY, PLEASE SPECIFY (e.g., Agent Orange, radiation, burn pits)	EXPLAIN HOW THE DISABILITY(IES) RELATES TO THE IN-SERVICE EVENT/EXPOSURE/INJURY	APPROXIMATE DATE DISABILITY(IES) BEGAN OR WORSENERD
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

17. LIST VA MEDICAL CENTER(S) (VAMC) AND DEPARTMENT OF DEFENSE (DOD) MILITARY TREATMENT FACILITIES (MTF) WHERE YOU RECEIVED TREATMENT AFTER DISCHARGE FOR YOUR CLAIMED DISABILITY(IES) LISTED IN ITEM 16 AND PROVIDE APPROXIMATE BEGINNING DATE (Month and Year) OF TREATMENT. IF ADDITIONAL SPACE IS NEEDED ATTACH A SEPARATE SHEET AND INCLUDE YOUR NAME, SOCIAL SECURITY NUMBER AND ITEM NUMBER.

NOTE: If treatment began from 2005 to present, you **do not** need to provide dates in Item 17B.

A. ENTER THE DISABILITY TREATED AND NAME/LOCATION OF THE TREATMENT FACILITY	B. DATE OF TREATMENT (MM-YYYY)	C. CHECK THE BOX IF YOU DO NOT HAVE DATE(S) OF TREATMENT
	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Don't have date
	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Don't have date
	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Don't have date

NOTE: IF YOU WISH TO CLAIM ANY OF THE FOLLOWING, COMPLETE AND ATTACH THE REQUIRED FORM(S) AS STATED BELOW. (VA forms are available at www.va.gov/vaforms)

For:	Required Form(s):
Supplemental Claims	VA Form 20-0995
Dependents	VA Form 21-686c and, if claiming a child aged 18-23 years and in school, VA Form 21-674
Individual Unemployability	VA Form 21-8940 and 21-4192
Mental Health Condition(s)	VA Form 21-0781
Specially Adapted Housing or Special Home Adaptation	VA Form 26-4555
Auto Allowance	VA Form 21-4502
Veteran/Spouse Aid and Attendance benefits	VA Form 21-2680 or, if based on nursing home attendance, VA Form 21-0779

SECTION VI: SERVICE INFORMATION

18A. DID YOU SERVE UNDER ANOTHER NAME? <input type="checkbox"/> YES (If "Yes," complete Item 18B) <input type="checkbox"/> NO (If "No," skip to Item 19A)		18B. LIST THE OTHER NAME(S) YOU SERVED UNDER: 	
19A. BRANCH OF SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> SPACE FORCE <input type="checkbox"/> NOAA <input type="checkbox"/> USPHS		19B. COMPONENT <input type="checkbox"/> ACTIVE <input type="checkbox"/> RESERVES <input type="checkbox"/> NATIONAL GUARD	
20A. MOST RECENT ACTIVE SERVICE DATES ENTRY DATE: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> EXIT DATE: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		20B. PLACE OF LAST OR ANTICIPATED SEPARATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
20C. DID YOU SERVE IN A COMBAT ZONE SINCE 9-11-2001? <input type="checkbox"/> YES <input type="checkbox"/> NO	20D. ADDITIONAL PERIODS OF SERVICE (Indicate enlistment and discharge date(s), if applicable) FROM: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
21A. ARE YOU CURRENTLY SERVING OR HAVE YOU EVER SERVED IN THE RESERVES OR NATIONAL GUARD? <input type="checkbox"/> YES (If "Yes," complete Items 21B through 21F) <input type="checkbox"/> NO (If "No," skip to Item 22A)		21B. COMPONENT <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> RESERVES	21C. OBLIGATION TERM OF SERVICE FROM: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
21D. CURRENT OR LAST ASSIGNED NAME AND ADDRESS OF UNIT: 		21E. CURRENT OR ASSIGNED PHONE NUMBER OF UNIT (Include Area Code) 	21F. ARE YOU CURRENTLY RECEIVING INACTIVE DUTY TRAINING PAY? <input type="checkbox"/> YES <input type="checkbox"/> NO
22A. ARE YOU CURRENTLY ACTIVATED ON FEDERAL ORDERS WITHIN THE NATIONAL GUARD OR RESERVES? <input type="checkbox"/> YES (If "Yes," complete Items 22B & 22C) <input type="checkbox"/> NO	22B. DATE OF ACTIVATION: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		22C. ANTICIPATED SEPARATION DATE: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23A. HAVE YOU EVER BEEN A PRISONER OF WAR? <input type="checkbox"/> YES (If "Yes," complete Item 23B) <input type="checkbox"/> NO	23B. DATES OF CONFINEMENT FROM: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

SECTION VII: SERVICE PAY (Retired Pay, Separation Pay, and Disability Severance Pay)

24A. ARE YOU RECEIVING MILITARY RETIRED PAY? <input type="checkbox"/> YES (If "Yes," complete Items 24C and 24D) <input type="checkbox"/> NO	24B. WILL YOU RECEIVE MILITARY RETIRED PAY IN THE FUTURE? <input type="checkbox"/> YES (If "Yes," explain below (e.g. future Reserve/National Guard retirement, pending MEB/PEB and also complete Items 24C and 24D)) <input type="checkbox"/> NO		
24C. BRANCH OF SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> SPACE FORCE <input type="checkbox"/> NOAA <input type="checkbox"/> USPHS		24D. MONTHLY AMOUNT \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	25. RETIRED STATUS <input type="checkbox"/> RETIRED <input type="checkbox"/> PERMANENT DISABILITY RETIRED LIST <input type="checkbox"/> TEMPORARY DISABILITY RETIRED LIST

IMPORTANT INFORMATION ON MILITARY RETIRED PAY (Includes all Uniformed Services Retired Pay):

Submission of this application constitutes a waiver of military retired pay in an amount equal to VA compensation awarded, if you are entitled to both benefits. Your retired pay may be reduced by the amount of VA compensation awarded. Receipt of the full amount of military retired pay and VA compensation at the same time **may** result in an overpayment, which **may** be subject to collection. If you qualify for concurrent receipt of VA compensation and military retired pay, the waiver of retired pay will not apply. If you do not want to waive any retired pay to receive VA compensation, you should check the box in **Item 26**.

Note that if you check the box in Item 26, you will not receive VA compensation, if granted. If you are currently in receipt of VA compensation and you check the box in Item 26, your VA compensation will be terminated, if you are also eligible for military retired pay.

IMPORTANT: VA COMPENSATION PAY IS NON-TAXABLE. THEREFORE, VA COMPENSATION PAY MAY BE THE GREATER BENEFIT.

☐ **26. Do NOT pay me VA compensation. I do NOT want to receive VA compensation in lieu of retired pay.**

SECTION XI: ALTERNATE SIGNER CERTIFICATION AND SIGNATURE
(NOTE: REQUIRED ONLY IF ITEM 33A IS BLANK)

NOTE: An alternate signer signature **will not** be accepted unless a valid VA Form 21-0972, *Alternate Signer Certification*, is of record or attached to this request.

I certify that by signing on behalf of the claimant, that I am a court-appointed representative; **OR**, an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; **OR**, a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; **OR**, a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; **AND**, that the claimant is under the age of 18; **OR**, is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; **OR**, is physically unable to sign this form.

I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a judge's signature and a date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.

36A. ALTERNATE SIGNER SIGNATURE (REQUIRED)

36B. DATE SIGNED (MM-DD-YYYY)

- -

SECTION XII: POWER OF ATTORNEY (POA) SIGNATURE
(NOTE: POA'S CANNOT SIGN FOR AN ORIGINAL CLAIM ONLY)

I certify that the claimant has authorized the undersigned representative to file this claim on behalf of the claimant and that the claimant is aware and accepts the information provided in this document. I certify that the claimant has authorized the undersigned representative to state that the claimant certifies the truth and completion of the information contained in this document to the best of claimant's knowledge.

NOTE: A POA's signature **will not** be accepted unless at the time of submission of this claim a valid VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative*, or VA Form 21-22a, *Appointment of Individual As Claimant's Representative*, indicating the appropriate POA is of record with VA.

37A. POA/AUTHORIZED REPRESENTATIVE SIGNATURE

37B. DATE SIGNED (MM-DD-YYYY)

- -

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

PRIVACY ACT NOTICE: The form will be used to determine allowance to compensation benefits (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. VA may make a "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration. Your response is required in order to obtain or retain benefits. Information that you furnish may be utilized in computer matching programs with other Federal or State agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs. Social Security information: You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0747, and it expires 11/30/2025. Public reporting burden for this collection of information is estimated to average 25 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden to VA Reports Clearance Officer at VACOPaperworkReduAct@VA.gov. Please refer to OMB Control No. 2900-0747 in any correspondence. Do not send your completed VA Form 21-526EZ to this email address.

SECTION XIII: CLAIM INFORMATION (ADDENDUM)

(Please submit this page with the completed application if you have additional disabilities to add to your claim. If more space is needed, please make additional copies of this page to submit with your application.)

LIST THE CURRENT DISABILITY(IES) OR SYMPTOMS THAT YOU CLAIM ARE RELATED TO YOUR MILITARY SERVICE AND/OR SERVICE-CONNECTED DISABILITY (If applicable, identify whether a disability is due to a service-connected disability; confinement as a prisoner of war; exposure to Agent Orange, asbestos, mustard gas, ionizing radiation, or Gulf War environmental hazards; or a disability for which compensation is payable under 38 U.S.C. 1151)

NOTE: List your claimed conditions below. See the following three examples on guidance on how to complete Section XIII.

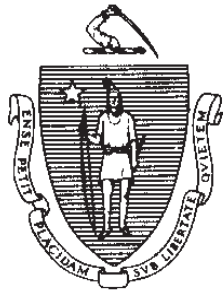
EXAMPLES OF DISABILITY(IES)	EXAMPLES OF EXPOSURE TYPE	EXAMPLES OF HOW THE DISABILITY(IES) RELATES TO SERVICE	EXAMPLES OF DATES
Example 1. HEARING LOSS	NOISE	HEAVY EQUIPMENT OPERATOR IN SERVICE	JULY 1968
Example 2. DIABETES	AGENT ORANGE	SERVICE IN VIETNAM WAR	DECEMBER 1972
Example 3. LEFT KNEE, SECONDARY TO RIGHT KNEE		INJURED LEFT KNEE WHEN BRACE ON RIGHT KNEE FAILED	6/11/2008

CURRENT DISABILITY(IES)	IF DUE TO EXPOSURE, EVENT, OR INJURY, PLEASE SPECIFY (e.g., Agent Orange, radiation, burn pits)	EXPLAIN HOW THE DISABILITY(IES) RELATES TO THE IN-SERVICE EVENT/EXPOSURE/INJURY	APPROXIMATE DATE DISABILITY(IES) BEGAN OR WORSENE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Appendix E

A GUIDE FOR ESTABLISHING VETERANS' SERVICE DISTRICTS UNDER CHAPTER 115

A Guide for Establishing Veterans' Services Districts Under Chapter 115



Deval L. Patrick, Governor
Timothy P. Murray, Lieutenant Governor
JudyAnn Bigby, M.D., Secretary, Executive Office of Health and Human Services
Coleman Nee, Secretary, Department of Veterans' Services
A Directive Promulgated and Published by the Executive Department of the
Commonwealth of Massachusetts

April 2011



When the British settled Massachusetts, they brought with them the laws of England, where each town was responsible for taking care of their own poor. Although families were expected – and legally required in some cases – to care for their dependent members, if an individual had no family who could provide support, then she or he looked to the town’s Overseers of the Poor (usually the town’s aldermen or selectmen). For more than two centuries, Massachusetts towns were responsible for supporting townsfolk who could not support themselves. Sadly, by the 1820s, a gradual shift toward institutionalizing the poor in almshouses or workhouses began to dominate the way in which Massachusetts towns dealt with their indigent residents, including veterans and their dependents. By 1840, there were 180 poorhouses,

even though several years earlier a legislative committee had toured the state without finding one institution that they felt could serve as a model for others. Early in the twentieth century, the state ultimately took over the responsibility for the Commonwealth’s poorest citizens.

Fortunately for our veterans and their families, the Massachusetts legislature had enacted our first State and Military Aid statutes in 1861 to assist indigent veterans and the widows and orphans of veterans killed during the Civil War. These laws (now known as chapter 115) preserved the Commonwealth’s centuries’ old tradition of local communities providing direct aid and assistance to needy and distressed veterans and their dependents at the local level.

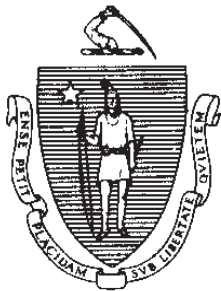
Shortly before the Civil War ended in the spring of 1865, President Lincoln gave his *Second Inaugural Address* offering these thoughts: “With malice toward none, with charity for all, with firmness in the right as God gives us to see the right, let us strive on to finish the work we are in, to bind up the nation’s wounds, ***to care for him who shall have borne the battle and for his widow and his orphan***, to do all which may achieve and cherish a just and lasting peace among ourselves and with all nations.” From these profound words, a mighty legacy arises for each of us to fulfill for our veterans and their families living in our neighborhoods.

Of course, now, as then, an overriding concern is to provide adequate assistance for our veterans and their dependents at the lowest possible cost. As Secretary of the Massachusetts Department of Veterans’ Services, I am pleased to promulgate this directive to guide and explain how the Commonwealth’s 351 municipalities may, if they so choose, duly establish and effectively operate a veterans’ services district by consolidating local veterans’ services and conserving costs. Questions regarding formation of veterans’ services districts should be directed to the Department of Veterans’ Services at (617) 210-5480 during regular business hours. Information also may be accessed on the Department of Veterans’ Services website at: <http://www.mass.gov/veterans>.

Coleman Nee, Secretary
Commonwealth of Massachusetts
Department of Veterans’ Services

Table of Contents

Frequently Asked Questions.....	1
Overview.....	5
Application for Approval of a Veterans' Services District from the Secretary.....	6
Role and Duties of the Director of a Veterans' Services District.....	8
Minimum Personnel Staffing Requirements and Guidelines.....	11
Withdrawing from a Veterans' Services District.....	12
An Example: Central Hampshire Veterans' Services District.....	13
Appendix.....	18
M.G.L. c. 4, § 7(43).....	18
M.G.L. c. 115, §§ 1 and 6A.....	20-21
108 CMR 2.02.....	21, 26
2009 Mass. Acts c. 60, §§ 1-2, <i>et seq.</i>	21
1972 Mass. Acts c. 471, §§ 1-3, <i>et seq.</i>	22
M.G.L. c. 115, §§ 10, 11, and 14.....	22-24
108 CMR 12.01-12.04, <i>et seq.</i>	24
M.G.L. c. 115, §§ 1 and 3.....	26
108 CMR 3.01 and 3.07.....	27
108 CMR 8.01.....	28
M.G.L. c. 40, § 51.....	30
Sources.....	31



Promulgated and Published by
Coleman Nee, Secretary
Commonwealth of Massachusetts
Department of Veterans' Services
600 Washington Street, Suite 1100
Boston, MA 02111
Telephone: (617) 210-5480
www.mass.gov/veterans

Frequently Asked Questions

What does the Massachusetts Department of Veterans' Services do?

The Massachusetts Department of Veterans' Services (DVS) is the Commonwealth's lead agency for overseeing the general welfare of the Commonwealth's nearly 400,000 veterans and their families. DVS establishes policy, proposes legislation, and advocates for adequate funding for the Commonwealth's veterans' benefits program under chapter 115 of the Massachusetts General Laws, and other veterans' programs and services. Although DVS works closely with the U.S. Department of Veterans Affairs (VA), DVS should not be confused with the VA, which is an agency of the federal government.

DVS interfaces daily with Veterans' Services Officers (VSOs) throughout Massachusetts to provide guidance and training for the administration of veterans' benefits under chapter 115 of the general laws. VSOs are city and town employees of DVS's municipal counterparts, who provide chapter 115 veterans' benefits at the local level directly to distressed and needy veterans and their eligible family members. The DVS Secretary authorizes veterans' benefits paid by VSOs, and reimburses cities and towns for seventy-five percent (75%) of municipal outlays that the Secretary deems lawful and proper. Municipalities seeking to consolidate their chapter 115 operations to promote efficiencies can request permission from the Secretary of DVS to establish and operate a "veterans' services district." Formation of veterans' services districts comes under the general direction of the DVS Secretary, who has established uniform standards which municipalities must meet before a proposed veterans' services district will receive approval by the Secretary.

DVS also liaisons with the VA regarding federal veterans' benefits and works to secure federal funding that might be available to assist Massachusetts indigent veterans and their dependents. At the time of publishing, DVS oversees three federal grants for employment training and homelessness. DVS provides oversight for 16 outreach programs and 13 transient housing and homeless shelters operated by non-profit contractors. Through its Statewide Advocacy for Veterans Empowerment (SAVE) outreach program, DVS also provides peer-to-peer suicide intervention and prevention support through its SAVE Outreach Team for veterans returning from Iraq and Afghanistan.

In addition, DVS operates the Women Veterans' Network (Network), with the vision of being the central resource for women veterans in Massachusetts. A key strength of the Network is its collaboration with the VA, the U.S. Department of Labor Women's Bureau, the Massachusetts National Guard Federal Women's Program, the Defense Department Task Force on Military Sexual Trauma, the U.S. Office on Women's Health, Veteran Centers throughout the Commonwealth, and others.

Another part of DVS's mission is the operation of two Massachusetts Veterans Memorial Cemeteries in Agawam and Winchendon. Certain deceased veterans can be buried in these veterans cemeteries at no cost, and eligible deceased spouses can be buried for a nominal fee.

Who is considered a veteran under the law?

The word “veteran” is a legal term defined under the Massachusetts General Laws (M.G.L.) chapter 4, section 7, clause 43, and is somewhat complex. The legal meaning of “veteran” also is augmented for specific circumstances under M.G.L. chapter 115, sections 1 and 6A. All the legal criteria for determining who is a veteran are not fully addressed here. Generally speaking, to be a “veteran” under Massachusetts law, a person is required to have either:

- 180 days of active duty service during peace time (active duty for training does not qualify) and his or her last discharge or release from active duty must be under conditions other than dishonorable (honorable or general discharge);
– OR –
- 90 days of active duty (active duty for training does not qualify), one day of which is during “wartime service,” and her or his last discharge or release from active duty must be under conditions other than dishonorable (honorable or general discharge). The dates of the various “wartime service” eras are specifically set forth under M.G.L. c. 4, § 7(43). One exception to the 90 days of active duty “wartime service” requirement is for *Vietnam I* era veterans, who are required to have served 180 days active duty, with at least one day of “wartime service.”

What are Chapter 115 veterans' benefits?

Several kinds of veterans' benefits are available under chapter 115 of the Massachusetts General Laws (M.G.L.), including Persian Gulf War veterans' bonuses, semi-annual annuities for certain disabled veterans and Gold Star parents and spouses, burial benefits, and various types of financial assistance for indigent veterans and their eligible dependents. Chapter 115 financial assistance benefits are needs-based, means-tested income assistance for food, shelter, clothes, home heating fuel, medical care, and burial expenses for veterans and eligible family members, including Gold Star parents, widows, and dependent children whose income is under two hundred percent (200%) of the Federal Poverty Level.

Who pays for Chapter 115 veterans' benefits?

Persian Gulf War veterans' bonuses and semi-annual annuities for certain disabled veterans and Gold Star parents and spouses are paid directly to eligible applicants by the Secretary of the Massachusetts Department of Veterans' Services (DVS). Generally speaking, chapter 115 financial assistance benefits for food, shelter, clothes, home heating fuel, medical care, and burial expenses are paid directly to eligible applicants by municipalities through their municipal Veterans' Services Officers (VSOs), who then request authorization from the DVS Secretary for reimbursement. Seventy-five percent (75%) of these municipal outlays are reimbursed to the cities and towns by the Secretary.

What is a Veterans Services Officer or VSO?

The Massachusetts Department of Veterans' Services (DVS) and many of the veterans' services departments operated by the cities and towns of the Commonwealth use the term, "Veterans' Services Officer" or "VSO," for short. These terms are meant to describe a "veterans' agent" appointed pursuant to section 3 of chapter 115 of the Massachusetts General Laws, and chapter 471 of the Massachusetts Acts of 1972, if applicable. A veterans' agent is a municipal employee appointed annually by the mayor of each city or the selectmen of each town to disburse chapter 115 veterans' benefits to eligible residents of their local community. A veterans' agent must be a "veteran" under Massachusetts law.

What are the duties and responsibilities of the Veterans Services Officer or VSO?

A veterans' agent (sometimes referred to as a "Veterans' Services Officer" or "VSO," for short) is a city or town employee duly appointed each April by her or his municipal employer. A director of a veterans' services district is actually a veterans' agent who discharges his or her duties and obligations of behalf of each municipality within a district. Like a veterans' agent, the director of a veterans' services district may be referred to as a "Veterans' Services Officer" or "VSO."

VSOs are charged with the affirmative obligation to determine local applicants' eligibility and need for income assistance under the Commonwealth's chapter 115 veterans' benefits program for necessities such as food, shelter, clothes, home heating fuel, medical care, and burial expenses. VSOs also are responsible for obtaining authorization from the Secretary of the Massachusetts Department of Veterans' Services (DVS) after issuing payments of chapter 115 veterans' benefits to eligible applicants.

A VSO's affirmative obligation along these lines also carries with it the requirement of gathering and submitting all substantiating documents and information to DVS so that the local community can be reimbursed by the DVS Secretary. Cities and towns generally are reimbursed for seventy-five percent (75%) of their municipal outlays for chapter 115 veterans' benefits that the Secretary deems lawful and proper. Usually, the VSO is the municipal employee who is responsible for tendering chapter 115 veterans' benefit payments directly to their local community's eligible recipients. A more complete recitation of the affirmative obligations of veterans' agents or VSOs is set forth, by and large, under sections 3.01, 3.07, 8.01, 12.01, and 12.04 of title 108 of the Code of Massachusetts Regulations (CMR), and throughout chapter 115 of the Massachusetts General Laws (M.G.L.).

What is a Veterans' Services District?

Municipalities seeking to consolidate their chapter 115 operations to promote efficiencies can request permission from the Secretary of the Massachusetts Department of Veterans' Services (DVS) to establish and operate a "veterans' services district." As part of the district application process, municipalities must show their ability to adhere to all legal requirements and meet the DVS Secretary's uniform standards. *A Guide for Establishing Veterans' Services Districts under Chapter 115* explains how the Commonwealth's 351 municipalities may, if they so choose, duly establish and effectively operate veterans' services districts by consolidating the veterans' services operations of a reasonable number of towns, or a single city paired with a reasonable number of towns, to conserve municipal administrative costs.

Where can I go for more information?

Anyone seeking more information about veterans' benefits or veterans' services districts should first telephone their own local municipal veterans' services department located in their own city or town hall and speak with their local Veterans' Services Officer (VSO). The names and telephone numbers of local VSOs can be obtained from City or Town Clerks. If you have trouble finding the name and telephone number of your local VSO, then you may call the Massachusetts Department of Veterans' Services' (DVS) main telephone number at (617) 210-5480, and ask the DVS receptionist. Additional information is available from DVS's Chief Authorizer, who is available to answer "general questions" about veterans' benefits and veterans' services districts during regular business hours. No legal advice about veterans' benefits is provided by DVS.

Overview

Effective July 1, 2009, Chapter 60 of the Massachusetts Acts of 2009 established the Massachusetts Regionalization Advisory Commission (Commission). The Commission was vested with the authority to review all aspects of regionalization, including possible opportunities, benefits, and challenges to regionalizing governmental services within the Commonwealth. The Commission considered the costs and effects of regionalizing all such services including, but not limited to, veterans' services. Included among the Commission's 19 members were the Secretary of the Massachusetts Department of Veterans' Services (DVS) and his designees.

Concurrent with the efforts of the Commission, the Secretary of DVS formed a working committee which examined empirical data about existing veterans' services districts, as well as the legal requirements for duly establishing and operating such districts. The results of these studies have prompted the Secretary to establish uniform standards which municipalities must meet in order to receive the approval of the Secretary to establish and operate veterans' services districts.

Naturally, the driving concern for municipalities seeking approval from the Secretary to form veterans' services districts is the desire to consolidate local veterans' services to conserve costs and achieve administrative efficiencies. However, because the Secretary is charged under law with the general direction and oversight of veterans' services districts, the overarching concern is that cities and towns seeking to form a district must demonstrate that the veterans' benefits and services to be provided to veterans and dependents residing in the prospective district shall not be diminished.

With this key consideration in mind, the Secretary's working committee carefully contemplated the issue of adequate personnel staffing levels relative to the aggregate population of proposed veterans' services districts. To foster and assure robust delivery of information, advice, and assistance to veterans and their dependents residing in a proposed district, the Secretary has established minimum personnel staffing requirements and guidelines to be considered in determining the appropriate ratio of veterans' services personnel and support staff to the aggregate population of the prospective district.

A Guide for Establishing Veterans' Services Districts under Chapter 115 explains how the Commonwealth's 351 municipalities may apply to the Secretary for approval to establish and operate veterans' services districts under Massachusetts law.

Application for Approval of a Veterans' Services District from the Secretary

A Guide for Establishing Veterans' Services Districts under Chapter 115 is a directive promulgated pursuant to the authority vested in the Secretary of the Massachusetts Department of Veterans' Services (DVS) under sections 2 and 14 of chapter 115 of the Massachusetts General Laws (M.G.L.) for the guidance of all persons concerned with the Commonwealth's chapter 115 veterans' benefits program, including formation and operation of veterans' services districts.

By law, formation of veterans' services districts comes under the general direction of the DVS Secretary, who has established uniform standards which municipalities must meet before a proposed veterans' services district will receive approval by the Secretary. Section 12.02 of title 108 of the Code of Massachusetts Regulations (CMR) provides: "[t]he Secretary, relying upon the statutory authority of M.G.L. c. 115, § 14, requires any municipalities contemplating the formation or expansion of a district to submit a request for approval prior to forming or expanding a district."

Accordingly, a reasonable number of towns, or a single city paired with a reasonable number of towns, seeking to consolidate their chapter 115 veterans' services operations to promote efficiencies and conserve municipal administrative costs shall request permission from the Secretary of DVS to establish and operate a "veterans' services district." At the time of publishing, no particular form for making application to the Secretary for approval to establish and operate a "veterans' services district" is mandated. However, applications shall address fully the prospective district's ability to implement and adhere to the legal requirements of M.G.L. c. 115, chapter 471 of the Massachusetts Acts of 1972 (Mass. Acts), title 108 of the CMR, and the Secretary's uniform standards under this directive.

The Secretary's uniform standards for duly forming and effectively operating veterans' services districts appear throughout this directive, and include without limitation such considerations as the role and duties of the director of a veterans' services district, minimum personnel staffing requirements and guidelines for veterans' services districts, mandatory reapplication for veterans' services districts, and reasonable geographical proximity of municipalities within the district.

To provide a rational basis upon which the Secretary will consider a request for approval to form a veterans' services district, 108 CMR 12.02(2)(a) through 12.02(2)(f) mandates that certain information be furnished as part of the application process as follows:

- the names of each municipality seeking to form a veterans' services district;
- the population of each prospective constituent municipality;
- the position title of each person to be employed;
- the central office location;
- each satellite office location (if any); and
- the hours of operation for the central office and every satellite office (if any).

All veterans' services districts (*de jure* and *de facto*) purporting to exist prior to April 1, 2011, shall make re-application to the Secretary of DVS for approval of district status not later than 30 days prior to the end of each constituent municipality's fiscal year. Each such veterans' services district shall make re-application to the Secretary of DVS for approval of district status every two years thereafter. Each such applicant must demonstrate to the Secretary the district's ability to adhere to all legal requirements, meet the Secretary's uniform standards, and demonstrate that veterans' benefits and services to be provided to veterans and dependents residing in the prospective district shall not be diminished.

All other municipalities seeking approval of the DVS Secretary to establish and operate a veterans' services district may make initial application to the Secretary for approval of district status at any time. Each such veterans' services district shall make re-application to the Secretary for approval of district status not later than one year from the date of the Secretary's initial approval. Each such veterans' services district shall make re-application to the Secretary for approval of district status every two years thereafter. Each such applicant must demonstrate to the Secretary the district's ability to adhere to all legal requirements, meet the Secretary's uniform standards, and demonstrate that the veterans' benefits and services to be provided to veterans and dependents residing in the prospective district shall not be diminished.

Should the Secretary, in his sole discretion, determine at any time that a veterans' services district is not in compliance with any of the legal requirements of M.G.L. c. 115, chapter 471 of the 1972 Mass. Acts c. 471, title 108 of the CMR, and/or the Secretary's uniform standards under this directive, then the Secretary may deem such veterans' services districts dissolved. The Secretary may permit the dissolved district to reapply for approval of district status.

The Secretary's uniform standards for duly forming and effectively operating veterans' services districts, appear throughout this directive, including without limitation such considerations as the role and duties of the director of a veterans' services district, minimum personnel staffing requirements and guidelines for veterans' services districts, mandatory reapplication for veterans' services district, and reasonable geographical proximity of municipalities within the district. Information about the Central Hampshire Veterans' Services District, including its Inter-Municipal Agreement, is furnished as an example, but should not necessarily be construed as a model veterans' services district.

Role and Duties of the Director of a Veterans' Services District

The director of a veterans' services district is actually a veterans' agent who discharges his or her duties and obligations of behalf of each municipality within a district. Like a veterans' agent, the director of a veterans' services district may be referred to as a "Veterans' Services Officer" or "VSO."

VSOs are charged with the affirmative obligation to determine local applicants' eligibility and need for income assistance under the Commonwealth's chapter 115 veterans' benefits program for necessities such as food, shelter, clothes, home heating fuel, medical care, and burial expenses. VSOs also are responsible for obtaining authorization from the Secretary of the Massachusetts Department of Veterans' Services (DVS) after issuing payments of chapter 115 veterans' benefits to eligible applicants.

A VSO's affirmative obligation along these lines also carries with it the requirement of gathering and submitting all substantiating documents and information to DVS so that the local community can be reimbursed by the DVS Secretary. Cities and towns generally are reimbursed for seventy-five percent (75%) of their municipal outlays for chapter 115 veterans' benefits that the Secretary deems lawful and proper. Usually, the VSO is the municipal employee who is responsible for tendering chapter 115 veterans' benefit payments directly to their local community's eligible recipients. A more complete recitation of the affirmative obligations of veterans' agents or VSOs is set forth, by and large, under sections 3.01, 3.07, 8.01, 12.01, and 12.04 of title 108 of the Code of Massachusetts Regulations (CMR), and throughout chapter 115 of the Massachusetts General Laws (M.G.L.).

In addition to the requirements contained in M.G.L. c. 4, § 7(43), M.G.L. c. 115, and title 108 of the CMR, the Secretary has determined (based his authority under M.G.L. c. 115, §§ 2 and 14) that municipalities' applications to establish and operate veterans' services districts shall contain full position descriptions for each prospective director of the veterans' services district and other veterans' agents, as needed, reflecting each such Veterans' Services Officer's knowledge, skills, and abilities as follows:

- The function and purpose of a VSO is to deliver essential services to the veterans and their eligible dependents residing in the municipalities that comprise the veterans' services district.
- The VSO shall take all applications for M.G.L. c. 115 veterans' benefits and shall make initial determinations of eligibility; forward requests for authorization for reimbursement to the Secretary of DVS; pay benefits and prepare and submit monthly returns of veterans' benefits paid by each constituent community within the veterans' services district.

- In each constituent municipality within the veterans' services district, the VSO shall maintain a depository of military discharges and service records of veterans residing in each such municipality within the district, makes copies, and forwards copies, as appropriate. Except as provided by law, VSOs are obligated under M.G.L. c. 40, § 51 to safeguard and protect from unauthorized disclosure the names of any persons residing in each of the constituent municipalities of the district who receive veterans' benefits under M.G.L. c. 115.
- The VSO shall be accountable for the proper interment of the remains of any veteran or adult dependent of a veteran in accordance with current regulations. The VSO shall prepare and submit documentation of veterans' and eligible dependents' burial expenses for partial reimbursement of funeral and burial or interment expenses from the Secretary of DVS.
- Except in constituent communities where the VSO is serving as the veterans' burial agent, the VSO should work with each constituent municipality's veterans' graves officer to ensure that each town and city within the veterans' services district is in compliance with the applicable general laws, regulations, and policies regarding proper interment and care of veterans' graves. The VSO should coordinate with each constituent community's graves officer responsible for the maintenance of veterans' graves, including the placement of a United States flag on each veteran's grave on Memorial Day each year.
- The VSO should provide outreach services by providing referrals and assistance to veterans and their dependents regarding available benefits and services, including G.I. Bill benefits under the various G.I. Bill iterations; educational assistance; home purchases; tax exemptions; pensions; reemployment rights; civil service; burials and hospitalizations; and adjudication of claims for federal veterans' benefits against the U.S. Department of Veterans Affairs (VA). The VSO should establish outreach programs that incorporate efforts to work with federal, state, and local governmental bodies and agencies, as well as private entities, as needed, including accessing federal veterans' benefits from the VA and employment assistance through Massachusetts Career Centers, and the U.S. Department of Labor's workforce training programs.
- The VSO should conduct public information campaigns to ensure that the eligible client population is aware of current laws. The VSO should keep current with changes in the laws which affect veterans' benefits and services by attending professional development programs and by communicating with DVS.
- The VSO should coordinate and supervise the observance of Memorial Day and Veterans' Day in the constituent communities within the veterans' services district in conjunction with each constituent community's veterans' council.

- The VSO should arrange for the lowering of all flags within the veterans' services district on occasions of public mourning and upon orders from district officials, constituent communities, the Governor, and the President of the United States. The VSO should work with the municipalities comprising the veterans' services district and the U.S. Department of Defense, in cooperation with the families of lost and fallen veterans, to honor veterans lost in the line of duty and fallen veterans.

MINIMUM PERSONNEL STAFFING REQUIREMENTS AND GUIDELINES FOR VETERANS' SERVICES DISTRICTS

Aggregate Population of Municipalities Comprising Veterans' Services District	Full-Time Director of Veterans' Services District	Part-Time Director of Veterans' Services District	Full-Time Deputy Director or Assistant Director of Veterans' Services District	Part-Time Deputy Director or Assistant Director of Veterans' Services District	Full-Time Veterans' Agents	Part-Time Veterans' Agents	Full-Time Clerical Staff	Part-Time Clerical Staff
700,001 and Over	1	0	Optional	Optional	Ad Hoc	Ad Hoc	Ad Hoc	Ad Hoc
550,001 to 700,000	1	0	Optional	Optional	3	2	4	Optional
480,001 to 550,000	1	0	Optional	Optional	3	2	3	1
410,001 to 480,000	1	0	Optional	Optional	3	2	3	Optional
340,001 to 410,000	1	0	Optional	Optional	2	2	3	Optional
270,001 to 340,000	1	0	Optional	Optional	2	1	3	1
210,001 to 270,000	1	0	Optional	Optional	2	1	3	Optional
150,001 to 210,000	1	0	Optional	Optional	2	Optional	3	Optional
120,001 to 150,000	1	0	Optional	Optional	1	1	2	1
100,001 to 120,000	1	0	Optional	Optional	1	1	2	Optional
90,501 to 100,000	1	0	Optional	Optional	1	Optional	2	1
70,001 to 90,500	1	0	Optional	Optional	1	Optional	2	Optional
61,001 to 70,000	1	0	Optional	Optional	1	Optional	1	1
55,001 to 61,000	1	0	Optional	Optional	1	Optional	1	Optional
35,001 to 55,000	1	0	Optional	Optional	Optional	1	1	Optional
20,001 to 35,000	1	0	Optional	Optional	Optional	Optional	1	Optional
15,501 to 20,000	1	0	Optional	Optional	Optional	Optional	Optional	1
12,000 to 15,500	1	0	Optional	Optional	Optional	Optional	Optional	Optional
1 to 11,999	Optional	1	Optional	Optional	Optional	Optional	Optional	Optional

Withdrawing from a Veterans' Services District

A City's Withdrawal from a Veterans' Services District:

Any city that is a constituent member of a duly established veterans' services district may, by vote of its city council, withdraw from the district at the end of the city's fiscal year if such withdrawal is voted not less than sixty days prior to the end of the city's fiscal year and notice of such vote is filed with the other municipalities comprising the district.

A Town's Withdrawal from a Veterans' Services District:

Any town that is a constituent member of a duly established veterans' services district may, by vote of its selectmen, withdraw from the district at the end of the town's fiscal year if such withdrawal is voted not less than sixty days prior to the end of the town's fiscal year and notice of such vote is filed with the other municipalities comprising the district.

Mandatory Reapplication for Veterans' Services District:

Whenever a city or town exercises its option as provided by law to withdraw from a veterans' services district, the Secretary of the Massachusetts Department of Veterans' Services (DVS) deems the same a dissolution of the veterans' services district from which the city or town has withdrawn. If more than one former constituent municipality of the dissolved veterans' services district remains and desires to reconstitute the dissolved district, then such remaining former constituent municipalities must reapply for approval from the Secretary to reestablish and operate a "new" veterans' services district. Reapplications for district status must demonstrate the proposed reconstituted district's ability to implement and adhere to all requirements of law and the Secretary's uniform standards. Reapplications for district status need not include all remaining constituent municipalities of the dissolved veterans' services district, and may include "new" municipalities seeking to join in the reconstitution of the district.

An Example: Central Hampshire Veterans' Services District

Information about the Central Hampshire Veterans' Services District, including its Inter-Municipal Agreement, is furnished as an example, but should not necessarily be construed as a model veterans' services district.

District Composition:

At the time of publishing, the Central Hampshire Veterans' Services District is comprised of one city and seven towns with a total district population of 73,013, reported as follows:

<u>Municipality</u>	<u>Population</u>
(1) City of Northampton	28,370
(2) Town of Amherst	36,246
(3) Town of Chesterfield	1,270
(4) Town of Cummington	972
(5) Town of Goshen	957
(6) Town of Pelham	1,399
(7) Town of Williamsburg	2,522
(8) Town of Worthington	<u>1,277</u>
District Total	73,013

Ref: M.G.L. c. 115, §§ 2, 10, and 14; 1972 Mass. Acts c. 471, §§ 1-3 *et seq.*

Reasonable Geographical Proximity of Municipalities within the District:

Six of the eight municipalities within the Central Hampshire Veterans' Services District are adjoining, that is, they touch and share common boundaries. Although the other two towns in the district adjoin one another, they do not adjoin any of the other six municipalities. However, in consideration of the significant geographic feature between the City of Northampton and the Town of Amherst (*i.e.*, the Connecticut River), and whereas both municipalities are adjacent to the Town of Hadley, the Secretary of the Massachusetts Department of Veterans' Services (DVS), in his sole discretion, has concluded that the reasonable geographical proximity standard favors the circumstances peculiar to the Central Hampshire Veterans' Services District.

Ref: M.G.L. c. 115, §§ 2, 10, and 14; 1972 Mass. Acts c. 471, §§ 1-3, *et seq.*; 108 CMR 12.00.

Personnel Staffing for the District:

At the time of publishing, the Central Hampshire Veterans' Services District employs three veterans' services officers, and an adequate number of clerical support staff. Specifically, the district employs one full-time director of the veterans' services district, two veterans' agents (one full-time, one part-time), and one full-time clerical support worker. The district's staffing reflects the spirit and substance of the Secretary's minimum personnel staffing requirements and guidelines for veterans' services districts.

Ref: M.G.L. c. 4, § 7(43); M.G.L. c. 115, §§ 1, 3, 10, 11, and 14; 1972 Mass. Acts c. 471, §§ 1-3, *et seq.*; 108 CMR 2.02; 108 CMR 12.00.

Business Hours and Locations within the District:

At the time of publishing, the Central Hampshire Veterans' Services District's main office is located in the Northampton city hall, separate and apart from other city offices, and maintains regular business hours from 8:30 a.m. to 4:00 p.m., five days per week (Monday through Friday). The main office is staffed by the district's one full-time clerical support member. The district maintains an office at the Amherst town hall, separate and apart from other town offices, and maintains regular business hours from 8:30 a.m. to 4:00 p.m., three days per week (Monday, Wednesday, and Friday). One day per week (Monday), generally for two hours, the district maintains a presence separate and apart from the other town operations at the Williamsburg town hall. Office hours for all other constituent towns of the district are held biweekly, generally for two hours, in the town halls of each town separate and apart from the other operations of each town. The district's three Veterans' Services Officers (VSOs) periodically rotate their schedules in and amongst the eight constituent municipalities of the district to foster and assure robust delivery of information, advice, and assistance to veterans and their dependents residing in these communities.

Ref: M.G.L. c. 115, §§ 10, 11, and 14; 1972 Mass. Acts c. 471, §§ 1-3, *et seq.*; 108 CMR 12.00.

Inter-Municipal Agreement of the Central Hampshire Veterans' Services District:

(Reproduced with permission of the Director, Central Hampshire Veterans' Services District)

VETERANS' SERVICES INTER-MUNICIPAL AGREEMENT

Between the City of Northampton and the Towns of Amherst, Chesterfield, Cummington, Pelham, Williamsburg, Goshen and Worthington for Fiscal Year 2012

Pursuant to c. 40, sec. 4A, this Agreement, approved by the Northampton City Council and the Selectboards of the participating Towns, is hereby entered into and is effective from this first day of July, 2010, by and between the City of Northampton and the Towns of Amherst, Chesterfield, Cummington, Pelham, Williamsburg, Goshen and Worthington. This agreement contractually enables the Director of Northampton's Veterans Services Office (hereafter "the Northampton Office"), and such other Veterans Service Officers as shall be

on staff of such office, to perform the duties of such office for all of the towns which are party to this agreement. The term of this contract shall be for Fiscal Year 2012: July 1, 2011 through June 30, 2012.

1. Such duties will be performed in the Northampton office of the City's Veterans' Services Officer during regularly scheduled business hours or in the member towns during weekly office hours there.
2. It is understood and agreed that the distribution of benefits payable to Veterans in the member towns under the provisions of Chapter 115 of the Massachusetts General Laws shall be paid by the Treasurer of the member Town in which that Veteran resides.
3. It is understood and agreed that the seventy-five percent (75%) reimbursement of Veterans' benefits from the Commonwealth of Massachusetts will be credited to the member Town in which that Veteran resides.
4. The Veterans' Service Officer of Northampton shall serve as the Director of the Northampton Office and will supervise all Staff in their duties as related to the Office in the various Towns.
5. A Member Board shall be created on acceptance of this agreement with one representative from each member community. Each community shall have one vote in matters that come before the Board. The Board shall meet no less than twice a year.
6. The Northampton Office shall work with local Veterans Councils from the member communities to assist the Councils in coordinating all ceremonies and parades in all member communities.
7. The Northampton Office shall comply with the DVS Directive, dated June 8, 2009, to move to a paperless Web-VSMIS system in August of 2009. In anticipation of this transition to paperless benefits, member communities shall make available to the Veterans' Services Officer such technology as may be required to comply with the paperless directive, or will make appropriate arrangements with the Director as needed.
8. For the Fiscal Year 2012, each member community will be responsible for its own procurement of flags. Beginning in FY 2011, each member town will contribute 25% of the cost of procuring flags for their community to the Northampton Office and the Northampton Office shall procure and distribute all flags in FY 2012.
9. Assessments to the District shall be made payable to the City of Northampton, and mailed to the Central Hampshire Veterans' Services District Office, 240 Main Street, Northampton, MA 01060 no later than July 20, 2012. For Fiscal Year 2012,

assessments are made based on population. The Assessments for Fiscal Year 2011 shall be as follows:

- a. Amherst.....\$70,808.00
- b. Chesterfield.....\$ 4,198.00
- c. Cummington....\$ 3233.00
- d. Pelham.....\$ 4,620.00
- e. Williamsburg....\$ 8,031
- f. Worthington....\$ 4,182.00
- g. Northampton...\$87,557.00
- h. Goshen.....\$ 3,158.00

All remaining costs associated with the operation of the Central Hampshire Veterans Services Office shall be paid by the City of Northampton.

If additional towns opt to join the Inter-Municipal Veterans' Services Agreement in FY 2012, it is understood that the annual assessments will change.

This agreement may be renewed on an annual basis by mutual written agreement of all the parties.

City of Northampton:

Mayor Mary Clare Higgins

date

Town of Amherst:

John Musante, Town Manager of Amherst

date

Town of Chesterfield:

David Kielson, Select Board Chair

date

Town of Cummington:

Russel L. Sears III, Select Board Chair

date

Town of Pelham:

Edward Martin, Select Board Chair

date

Town of Williamsburg:

Denise Bannister, Select Board Chair

date

Town of Worthington:

Evan Johnson, Select Board Chair

date

Town of Goshen:

E. J. Brennan, Select Board Chair

date

Appendix

The following provisions are not the official versions of the Massachusetts General Laws (M.G.L.), the Massachusetts Acts and Resolves (Mass. Acts), or the Code of Massachusetts Regulations (CMR). Reasonable efforts have been undertaken to assure the validity of the information provided at the time of publishing; however, do not depend on this information without first consulting official editions of the M.G.L., Mass. Acts, and CMR.

Veteran

M.G.L. c. 4, § 7. Definitions of statutory terms; statutory construction.

In construing statutes the following words shall have the meanings herein given, unless a contrary intention clearly appears:

* * *

Forty-third, “Veteran” shall mean (1) any person, (a) whose last discharge or release from his wartime service as defined herein, was under honorable conditions and who (b) served in the army, navy, marine corps, coast guard, or air force of the United States, or on full time national guard duty under Titles 10 or 32 of the United States Code or under sections 38, 40 and 41 of chapter 33 for not less than 90 days active service, at least 1 day of which was for wartime service; provided, however, than any person who so served in wartime and was awarded a service-connected disability or a Purple Heart, or who died in such service under conditions other than dishonorable, shall be deemed to be a veteran notwithstanding his failure to complete 90 days of active service; (2) a member of the American Merchant Marine who served in armed conflict between December 7, 1941 and December 31, 1946, and who has received honorable discharges from the United States Coast Guard, Army, or Navy; (3) any person (a) whose last discharge from active service was under honorable conditions, and who (b) served in the army, navy, marine corps, coast guard, or air force of the United States for not less than 180 days active service; provided, however, that any person who so served and was awarded a service-connected disability or who died in such service under conditions other than dishonorable, shall be deemed to be a veteran notwithstanding his failure to complete 180 days of active service.

“Wartime service” shall mean service performed by a “Spanish War veteran”, a “World War I veteran”, a “World War II veteran”, a “Korean veteran”, a “Vietnam veteran”, a “Lebanese peace keeping force veteran”, a “Grenada rescue mission veteran”, a “Panamanian intervention force veteran”, a “Persian Gulf veteran”, or a member of the “WAAC” as defined in this clause during any of the periods of time described herein or for which such medals described below are awarded.

“Spanish War veteran” shall mean any veteran who performed such wartime service between February fifteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two.

“World War I veteran” shall mean any veteran who (a) performed such wartime service between April sixth, nineteen hundred and seventeen and November eleventh, nineteen

hundred and eighteen, or (b) has been awarded the World War I Victory Medal, or (c) performed such service between March twenty-fifth, nineteen hundred and seventeen and August fifth, nineteen hundred and seventeen, as a Massachusetts National Guardsman.

“World War II veteran” shall mean any veteran who performed such wartime service between September 16, 1940 and July 25, 1947, and was awarded a World War II Victory Medal, except that for the purposes of chapter 31 it shall mean all active service between the dates of September 16, 1940 and June 25, 1950.

“Korean veteran” shall mean any veteran who performed such wartime service between June twenty-fifth, nineteen hundred and fifty and January thirty-first, nineteen hundred and fifty-five, both dates inclusive, and any person who has received the Korea Defense Service Medal as established in the Bob Stump National Defense Authorization Act for fiscal year 2003.

“Korean emergency” shall mean the period between June twenty-fifth, nineteen hundred and fifty and January thirty-first, nineteen hundred and fifty-five, both dates inclusive.

“Vietnam veteran” shall mean (1) any person who performed such wartime service during the period commencing August fifth, nineteen hundred and sixty-four and ending on May seventh, nineteen hundred and seventy-five, both dates inclusive, or (2) any person who served at least one hundred and eighty days of active service in the armed forces of the United States during the period between February first, nineteen hundred and fifty-five and August fourth, nineteen hundred and sixty-four; provided, however, that for the purposes of the application of the provisions of chapter thirty-one, it shall also include all active service between the dates May seventh, nineteen hundred and seventy-five and June fourth, nineteen hundred and seventy-six; and provided, further, that any such person who served in said armed forces during said period and was awarded a service-connected disability or a Purple Heart, or who died in said service under conditions other than dishonorable, shall be deemed to be a veteran notwithstanding his failure to complete one hundred and eighty days of active service.

“Lebanese peace keeping force veteran” shall mean any person who performed such wartime service and received a campaign medal for such service during the period commencing August twenty-fifth, nineteen hundred and eighty-two and ending when the President of the United States shall have withdrawn armed forces from the country of Lebanon.

“Grenada rescue mission veteran” shall mean any person who performed such wartime service and received a campaign medal for such service during the period commencing October twenty-fifth, nineteen hundred and eighty-three to December fifteenth, nineteen hundred and eighty-three, inclusive.

“Panamanian intervention force veteran” shall mean any person who performed such wartime service and received a campaign medal for such service during the period commencing December twentieth, nineteen hundred and eighty-nine and ending January thirty-first, nineteen hundred and ninety.

“Persian Gulf veteran” shall mean any person who performed such wartime service during the period commencing August second, nineteen hundred and ninety and ending on a date to be determined by presidential proclamation or executive order and concurrent resolution of the Congress of the United States.

“WAAC” shall mean any woman who was discharged and so served in any corps or unit of the United States established for the purpose of enabling women to serve with, or as auxiliary to, the armed forces of the United States and such woman shall be deemed to be a veteran.

None of the following shall be deemed to be a “veteran”:

(a) Any person who at the time of entering into the armed forces of the United States had declared his intention to become a subject or citizen of the United States and withdrew his intention under the provisions of the act of Congress approved July ninth, nineteen hundred and eighteen.

(b) Any person who was discharged from the said armed forces on his own application or solicitation by reason of his being an enemy alien.

(c) Any person who has been proved guilty of wilful desertion.

(d) Any person whose only service in the armed forces of the United States consists of his service as a member of the coast guard auxiliary or as a temporary member of the coast guard reserve, or both.

(e) Any person whose last discharge or release from the armed forces is dishonorable.

“Armed forces” shall include army, navy, marine corps, air force and coast guard.

“Active service in the armed forces”, as used in this clause shall not include active duty for training in the army national guard or air national guard or active duty for training as a reservist in the armed forces of the United States.

M.G.L. c. 115, § 1. Definitions.

The following words, as used in this chapter, unless the context otherwise requires, shall have the following meaning:--

* * *

“Veteran”, any person who (a) is a veteran as defined in clause Forty-third of section seven of chapter four; or (b) meets all the requirements of said clause Forty-third except that instead of performing wartime service as so defined he has served on active duty in the Mexican border service, between June thirteenth, nineteen hundred and sixteen, and February third, nineteen hundred and seventeen; or (c) is entitled to the Civil War, Indian Campaign, Spanish Campaign, or Spanish War Service Medal; or (d) meets all the requirements of said clause Forty-third except that instead of performing ninety days active service, at least one day of which was for wartime service, he has performed active service in the armed forces of the United States at any time between April sixth, nineteen hundred and seventeen and

November eleventh, nineteen hundred and eighteen, inclusive; or (e) meets all the requirements of said clause Forty-third, except that instead of performing wartime service as so defined he is entitled to any of the following campaign badges: First Nicaraguan, Haitian, Dominican, Yangtze River, Second Yangtze River, Second Nicaraguan, Vera Cruz, Mexican Service; provided, that in any case the service of such person was credited to Massachusetts, or such person has resided in the commonwealth for 1 day.

M.G.L. c. 115, § 6A. Veteran; definition.

As used in this section and in sections 6B and 6C, the word “veteran” shall mean a person who has performed service as defined in clause Forty-third of section 7 of chapter 4 and whose last discharge or release from the armed forces of the United States was under other than dishonorable conditions and who is a resident of the commonwealth.

108 CMR 2.02: Definitions.

Unless the context otherwise requires, terms used in 108 CMR shall have the following meanings:

* * *

Veteran means any person who satisfies the definition of Veteran in M.G.L. c. 4, § 7, clause forty-third, and M.G.L. c. 115, §§ 1 and 6A.

Massachusetts Regionalization Advisory Commission

2009 Mass. Acts c. 60, §§ 1-2, *et seq.*

Sect 1. Notwithstanding any general or special law to the contrary, there shall be a 19 member Massachusetts regionalization advisory commission consisting of the following members: the secretary of the executive office for administration and finance, or his designee, who shall serve as chair of the commission; the secretary of the executive office of health and human services or his designee; the secretary of the executive office of energy and environmental affairs or his designee; the secretary of the executive office of public safety or his designee; the secretary of the executive office of transportation and public works or his designee; the secretary of the executive office of elder affairs or his designee; the secretary of the executive office of veterans' affairs or his designee; the secretary of the executive office of labor and workforce development or his designee; the secretary of the executive office of education or his designee; the secretary of the executive office of housing and economic development or his designee; the president of the senate or his designee; the speaker of the house of representatives or his designee; the minority leader of the senate or his designee; the minority leader of the house of representatives or his designee; a representative from the metropolitan area planning council; a representative from the Massachusetts Municipal Association; and 3 members to be appointed by the governor all of whom shall have knowledge and experience in 1 or more of the following areas: municipal government and services, municipal agreements, shared services or regionalization. Each member shall serve without compensation.

The commission shall review all aspects of regionalization including possible opportunities, benefits and challenges to regionalizing services within the commonwealth. The commission shall consider the costs and effects of regionalizing all services including, but not limited to:

education, public safety, public health, public works, housing, veterans' services, workforce development, municipal finance and structure, elder services and transportation.

The commission shall submit its finding and recommendations for regionalizing services, together with drafts of legislation necessary to carry those recommendations into effect by filing the same with the clerks of the house of representatives and senate, the house and senate committees on ways and means and the joint committee on municipalities and regional government not later than April 30, 2010.

Sect. 2. This act shall take effect as of July 1, 2009.

Veterans' Services District

1972 Mass. Acts c. 471, §§ 1-3, *et seq.*

Sect. 1. Notwithstanding any provision of law to the contrary, any city or town having a part-time veterans' agent or part-time director of veterans' services shall, at the end of the term of such agent or director, whether by resignation, retirement or otherwise, either join a Veterans' Services district in the manner provided by section ten of chapter one hundred fifteen of the General Laws, or appoint a full-time veterans' agent or director of veterans' services.

Sect. 2. The provisions of section one of this act shall not apply to any city or town so long as the incumbent of the office of part-time veterans' agent or part-time director of veterans' services in such city or town, on the effective date of this act, continues to hold such office by reappointment.

Sect. 3. The provisions of section one shall not apply to any town having a population of less than twelve thousand persons.

M.G.L. c. 115, § 10. Creation; directors; districts; treasurer of district.

The mayors of cities and the selectmen of towns, other than cities and towns which become part of a district as authorized by the second paragraph of this section, shall cause to be established and maintained in their respective cities and towns a department for the purpose of furnishing such information, advice and assistance to veterans and their dependents as may be necessary to enable them to procure the benefits to which they are or may be entitled relative to employment, vocational or other educational opportunities, hospitalization, medical care, pensions, and other veterans' benefits. Each department so established and maintained shall be known as the department of veterans' services, and the officer in charge thereof shall be known as the director of veterans' services. Such director and any assistant or deputy director appointed under this section or section eleven shall be a veteran and shall be appointed in a city by the mayor, with the approval of the city council, and in a town by the selectmen.

Two or more adjoining towns, or two or more adjoining municipalities only one of which is a city, may, in a city by vote of the city council thereof, and in a town by vote of the selectmen thereof, form a district for the purposes set forth in the first paragraph of this section,

including the appointment and compensation of a director of veterans' services, for the enforcement therein of such purposes and of such other provisions of law as it may be his duty to enforce. Any constituent city or town by vote may withdraw from the district at the end of any fiscal year of such city or town if such withdrawal is voted in the manner aforesaid not less than sixty days prior to the end of such fiscal year and notice of such vote is filed with the other municipalities comprising the district.

The director of veterans' services of each district established under authority of the preceding paragraph shall, under the direction of the district board referred to in section eleven, perform the duties of his office in each of the municipalities comprising his district.

The treasurer of one of the municipalities comprising such district, designated by the district board thereof, shall be treasurer of the district and shall give to the district a bond, with a surety company authorized to transact business in the commonwealth as surety, for the faithful performance of his duties as treasurer of the district in such sum and upon such conditions as said district board may require. The district treasurer shall disburse the money received under the provisions of section eleven upon warrants approved by the district board.

M.G.L. c. 115, § 11. District boards; powers; apportionment of expenses; payment of costs and expenses by district members.

In every district established under authority of section ten there shall be a board composed of the mayor or his designee of such city, if any, as may be included in the district and the chairman of the board of selectmen or its designee of each of the towns, if any, included in said district and the town manager or his designee in a municipality with a town council form of government, if any, included in said district. Said board shall appoint, fix the compensation of, and may remove the director of veterans services of said district. Said board may appoint, fix the salary of, and remove, a deputy or assistant to such director, if in the opinion of said board such an officer is necessary.

Said board may determine the expenses of said director and deputy or assistant and of the department under the charge of said director, and may apportion said expenses among the several municipalities comprising such district on the basis of the taxable valuation of said municipalities as last established by the general court as a basis of apportionment for state and county taxes, or on the basis of the population of each municipality in such district based on the most recent federal census, or by any other means determined by a unanimous vote of said board to be fair and equitable to each community. Said board shall promptly thereafter notify the treasurers of said municipalities of such apportionment. Every city or town treasurer so notified shall, annually in December, certify the amount of such apportionment to the board of assessors of his municipality, who shall include such amount in the tax levy of the following year.

Upon order of the district board the city or town treasurer of each of the constituent members of the district shall from time to time pay to the district treasurer a sum or sums not exceeding, in the aggregate, the amount certified by the board as its respective share of the costs and expenses of the district. In case a city or town becomes a member of a district at a time when it is too late to permit an assessment as provided by sections ten to fourteen,

inclusive, such city or town may appropriate and pay to the district treasurer an amount representing its proportionate share of the expense of the district for the period ending December thirty-first in the year in which such city or town becomes a member of the district.

M.G.L. c. 115, § 14. Control and direction of commissioner; separate and independent location.

Departments established and maintained under sections ten to fourteen, inclusive, shall be under the general direction of the commissioner, and they shall be physically located independently of, and separate and apart from, any other public or private agency, board, bureau, social agency or society, except a department or agency disbursing aid or relief or veterans' benefits under this chapter.

108 CMR 12.00: Districts and Duties of Veterans' Agents.

Section

12.01: Providing Required Services to the Veterans and Dependents

12.02: Prior Approval of Secretary Necessary to Form or Expand a District

12.03: Requirements of St. 1972, c. 471 for Full-time Veterans' Agents

12.04: Duties of Veterans' Agents

12.01: Providing Required Services to the Veterans and Dependents

(1) The directors of veterans' services of every district shall perform the duties of their office in each of the municipalities comprising such district.

(2) The Secretary requires every district, whether existing or newly formed, to maintain a central office within the district to insure that veterans and their dependents will be able to contact and receive such proper advice and assistance by a district's director of veterans' services.

(3) Districts are encouraged to maintain satellite offices in the municipal buildings in other municipalities within said district where veterans and their dependents can meet in confidence with the district director.

(4) In every central office maintained within the district, the hours of operation shall be the hours of operation of the main municipal building of that municipality. In every office or municipal building, the name of the District Director, hours of operation, locations of every office within said district, and telephone numbers shall be posted conspicuously and readily accessible for all to read.

12.02: Prior Approval of Secretary Necessary to Form or Expand a District

(1) The Secretary, relying upon the statutory authority of M.G.L. c. 115, § 14, requires any municipalities contemplating the formation or expansion of a district to submit a request for approval prior to forming or expanding a district.

(2) To provide a rational basis upon which the Secretary will consider any request for approval to form a district, the following information must be provided:

- (a) the names of each municipality seeking to form a district,
- (b) the population of each municipality,
- (c) the position title of each person to be employed
- (d) the central office location,
- (e) any satellite office location, and
- (f) hours of operation for the central office and every satellite office.

12.03: Requirements of St. 1972, c. 471 for Full-time Veterans' Agents

Notwithstanding any provision of the law to the contrary, any city or town having a population over 12,000 and having a part-time veterans' agent or part-time director or veterans' services shall, at the end of term of such agent or director, whether by resignation, retirement or otherwise, either join a veterans' services district in manner provided by M.G.L. c. 115 § 10, or appoint a full-time veterans' agent or director of veterans' services. These provisions shall not apply to any city or town so long as the incumbent of the office of part-time veterans' agent or part-time director of veterans' services holds such office by reappointment.

12.04: Duties of Veterans' Agents

- (1) With the approval of the Secretary, a municipality may assign non-veterans' business to full-time veterans' agents for the municipality, provided he or she is available to perform veterans' business during normal hours of town or city hall business. The full-time veterans' agent shall not hold any other full-time position in the municipality.
- (2) In addition to administering public assistance benefits under M.G.L. c. 115, the veterans' agent shall also assist veterans in obtaining VA compensation and pension.
- (3) The veterans' agent shall furnish information, advice and assistance to veterans and their dependent to enable them to procure the benefits to which they are or may be entitled relative to employment, vocational or other educational opportunities, hospitalization, medical care, and other veterans' benefits.
- (4) The veterans' agent shall acquire and have on hand copies of current booklets and other printed matter pertaining to statutory rights of veterans provided under state and federal laws. They shall also work in close coordination with existing federal agencies established for the aid of veterans, and they shall enlist the support of hospitals within their respective communities or districts for carrying out their mission.

Veterans' Agent

M.G.L. c. 115, § 1. Definitions.

The following words, as used in this chapter, unless the context otherwise requires, shall have the following meaning:--

* * *

“Veterans' agent” or “Part-time veterans' agent”, a veteran, as defined in clause Forty-third of section seven of chapter four, appointed under section three to disburse veterans' benefits in any city or town, or, if no such appointment has been made, the mayor of the city or the selectmen of the town disbursing such benefits; in Boston, the veterans' benefits and services commissioner.

M.G.L. c. 115, § 3. Appointment of veterans' agents; powers and duties.

The mayor of each city except Boston shall, and the selectmen of each town may, annually in April, appoint a veterans' agent to act for him or them in the disbursement of veterans' benefits by such city or town; provided, however, that in each town having a part time veterans' agent the town clerk shall receive applications and assist applicants for, veterans' benefits, and shall turn over said applications to the veterans' agent. Two or more contiguous towns may, by vote of the selectmen, appoint one person to serve as veterans' agent for such towns and may apportion the payment of compensation among such towns.

Every veterans' agent shall, from time after the original allowance of any claim for veterans' benefits, make such investigations of the necessities and qualifications of the claimant as to prevent the payment of any such benefits contrary to any provision of this chapter.

Every such agent shall, within three days after his receipt of an application from or in behalf of a civil war veteran, his wife or widow, for special care, under the provisions of section two, notify the commissioner thereof upon blank forms approved by him; upon his refusal or unreasonable neglect to give such notice, such agent shall be punished by a fine of twenty-five dollars.

Upon the request of any veteran, the veterans' agent for the city or town in which he resides shall record his discharge or release papers, without charge, in books kept by him for that purpose. Said agent shall keep an index of papers so recorded, and copies thereof, if attested by him, shall be admissible in evidence to the same extent and with the same effect as the originals.

108 CMR 2.02: Definitions.

Unless the context otherwise requires, terms used in 108 CMR shall have the following meanings:

* * *

Veterans' Agent means a Veterans' Services Officer appointed pursuant to M.G.L. c. 115, § 3 and St. 1972, c. 471, if applicable.

108 CMR 3.00: Eligibility for Veterans' Benefits.

Section

3.01: Determination of Eligibility

* * *

3.07: Supporting Documents for Benefits Application

3.01: Determination of Eligibility

(1) Residence. The veterans' agent shall make the initial determination of the residence of an applicant for veterans' benefits. The Secretary shall decide all controversies among towns, or between an applicant and a veterans' agent, regarding the applicant's residence. Veterans' agents may take applications on behalf of their counterparts in adjoining cities and towns, but shall not be responsible for providing benefits, which are the responsibility of the city or town where the applicant resides.

(2) Homeless Applicant. An applicant lacking a present abode shall be required to provide an affidavit stating his identity, his last place of residence, and his intention to establish an abode within the city or town in which he applies.

(3) Veterans' Agent's Determination and Recommendation. The veterans' agent shall determine an applicant's eligibility and need for benefits on the basis of information obtained from the applicant and through the agent's own investigation. The veterans' agent then shall make a determination on the type and level of benefits, if any, which shall be granted to the applicant unless the determination requires prior approval. The veterans' agent shall not deny an application for benefits on the ground that it does not present a situation conforming to a pattern for which there are predetermined standards of assistance. The determination of a veterans' agent that an applicant is or is not eligible for or does or does not need veterans' benefits shall be supported by adequate evidence. The determination and recommendation of the veterans' agent shall be made available in writing to the applicant and shall include facts supporting the determination and recommendation and reference to the applicable statutes or regulations.

(a) The veterans' agent shall not deny an application or withhold benefits payments solely because of delays in the administrative or investigatory process.

(b) Whenever the veterans' agent determines that an application shall be approved, he or she shall promptly send written notification to the applicant on a Notice of Determination form prescribed by the Secretary advising the applicant of the amount of benefits to be provided and the effective date, and the applicants' right of appeal if dissatisfied with the amount or the effective date of benefits.

3.07: Supporting Documents for Benefits Application

(1) The applicant shall submit to the veterans' agent, who shall submit to DVS, supporting documents to verify the military service, dependent status, marital status, income, school enrollment verification, and other categories as listed in 108 CMR 3.07: *Table 1*. The veterans' agent shall send legible copies of these documents, and any other documents requested by the authorizer to DVS.

(2) The veteran's agent shall submit to DVS written verification of the full-time status of a student in each February and October that a child over the age of 18 is attending high school, college, or other institution of higher learning. For children under the age of 18 written verification of student status shall be submitted with the January update.

(3) Requests for reimbursement of any services rendered to or on behalf of a recipient must be accompanied by the following:

(a) Receipt on bill provider's letterhead.

(b) Names, addresses of providers and license numbers where applicable.

108 CMR 8.00: Investigations, Appeals, Terminations, and Refunds.

Section

8.01: Investigations

* * *

8.01: Investigations

(1) Agent's Responsibility.

(a) In order to ensure the proper level of benefits are paid to the recipient, the veterans' agent has the legal responsibility to conduct periodic investigations into the applicant's eligibility and need for such benefits. The purpose of the investigation is to assess changes in the applicant's need for financial assistance, his or her own ability to meet those needs and his or her eligibility for veterans' benefits. Hearsay information on the applicant's reputation or the unsupported opinions of the veterans' agent shall not be a sufficient basis for the disqualification of an applicant.

(b) The veterans' agent shall not rely on information gathered by any other party in preparing recommendations on the continuation of benefits to the applicant. If the veterans' agent does rely on such information and it is subsequently determined that benefits have been paid contrary to statute or regulation, DVS shall not provide reimbursement for such payments.

(c) The veterans' agent shall respond to all inquiries from DVS concerning the needs of the applicant, his or her work history or ability to work, his or her financial status, and any other information concerning the applicant's compliance with 108 CMR 8.00. Failure to respond in a timely manner may result in disallowance of benefits. The Secretary may approve benefits contingent upon the veterans' agent responding to the Secretary's request for information. Any failure to respond within either a designated period or with the next regular submission of requests for authorization shall be deemed untimely. The recipient shall fully cooperate with the veterans' agent pursuant to the Secretary's request for information.

(2) Sources of Information.

(a) The Department of Public Health, Registry of Vital Records and Statistics, maintains a central repository of records concerning births, deaths and marriages within the Commonwealth. The veterans' agent may collect such information from that office, rather than contacting individual cities and towns.

(b) The War Records Section of the Adjutant General's Office maintains complete records on the military service of veterans whose place of residence was Massachusetts at the time of their discharge. When an applicant does not have the necessary discharge or release document in his or her possession at the time of the application, the veterans' agent shall obtain the basic background details and then request a certificate of military service from the War Records Section. Other sources of military records are the VA Regional Offices and the Military Personnel Records Center in St. Louis, Missouri.

(c) Records of divorce, separation, adoption and similar proceedings may be obtained from the Probate Court which had jurisdiction over the matter.

(d) Information on an applicant's compliance with support orders may be obtained from the probation officer in the appropriate Probate and Family Court.

(e) The veterans' agent, with the full cooperation of the applicant, shall obtain information on the wages or reasons for unemployment of an applicant from the applicant's employer. The veterans' agent also may obtain such information on wages earned by an applicant's spouse or children, provided that the spouse and children are members of the applicant's household. If obtaining a wage earner's report would jeopardize an individual's employment, the veterans' agent should obtain a copy of the employee's pay stubs from the applicant.

(f) In accordance with M.G.L. c. 115, § 2, the veterans' agent has the authority to obtain information upon written request, regarding deposits or loans to the credit of an applicant from the Treasurer designee of a financial institution:

1. savings bank
2. savings and loan association (supervised by the Commonwealth's Commissioner of Banks)
3. federal savings and loan association

(g) The applicant or spouse shall provide the veterans' agent with a waiver or authorization allowing release of the information referred to in 108 CMR 8.01(2)(a) through (f).

M.G.L. c. 40, § 51. Publication of information concerning persons receiving aid from governmental agencies forbidden; exceptions; penalties.

No town or officer thereof shall publish or disclose in any manner to others than officers of any city, town or other governmental agency or the duly authorized agents of such officers the names of any persons residing in such town who received benefits under chapter one hundred and fifteen, except that a duly incorporated charitable corporation shall be informed, upon its request, as to whether or not any designated person has received such benefits. No department, board or commission, or agent thereof, of a town providing aid, guidance or advice solely to persons who are in active military or naval service during the time of war, or who were formerly in such service, or to the dependents of any such persons, shall furnish any records or information to any social service index, so called, or exchange information with any other agency, except as hereinbefore provided. Whoever violates any provision of this section shall be punished by a fine of not less than twenty-five nor more than five hundred dollars.

Sources

Second Inaugural Address, Abraham Lincoln, March 4, 1865, public record.

General Court of the Commonwealth of Massachusetts legislative report: *The Quincy Report on Poor Relief*, by Josiah Quincy, 1821, public record.

“Almshouse, Workhouse, Outdoor Relief: Responses to the Poor in Southeastern Massachusetts, 1740–1800,” by Jennifer Turner in *Historical Journal of Massachusetts*, Summer 2003.

The Discovery of the Asylum: Social Order and Disorder in the New Republic, by David J. Rothman (Little, Brown & Co., 1971).

“Town Meeting Auctions Poor Woman to Lowest Bidder,” by Mass Moments Editorial Staff, October 17, 2005, Massachusetts Foundation for the Humanities website.

“Historical Background on the Poor and Poor Relief in Early 19th Century New England,” Old Sturbridge Village website.



Appendix F

Veteran Service Districts Map Legend

Municipality	Population	Municipality	Population	Municipality	Population	Municipality	Population
Aquinnah	439	Boxford	8,203	Agawam	28,692	Adams	8,166
Chilmark	1,212	North Andover	30,915	Granville	1,538	Clarksburg	1,657
Edgartown	5,168	Gloucester	29,729	Russell	1,643	Dalton	6,330
Gosnold	70	Hamilton	7,561	Southwick	9,232	Florida	694
Oak Bluffs	5,341	Manchester-by-the-Sea	5,395	Tolland	471	Lanesborough	3,038
Tisbury	4,815	Rockport	6,992	Lancaster	8,441	New Ashford	250
West Tisbury	3,555	Wenham	4,979	Leominster	43,782	North Adams	12,961
Barnstable	48,916	Lynn	101,253	Sterling	7,985	Savoy	645
Bourne	20,452	Swampscott	15,111	Ashburnham	6,315	Williamstown	7,513
Brewster	10,318	Essex	3,675	Ashby	3,193	Amherst	39,263
Chatham	6,594	Georgetown	8,470	Gardner	21,287	Chesterfield	1,186
Dennis	14,674	Ipswich	13,785	Princeton	3,495	Cummington	829
Eastham	5,752	Newbury	6,716	Westminster	8,213	Goshen	960
Harwich	13,440	West Newbury	4,500	Athol	11,945	Hadley	5,325
Mashpee	15,060	Rowley	6,161	Orange	7,569	Huntington	2,094
Orleans	6,307	Amesbury	17,366	Petersham	1,194	Middlefield	385
Provincetown	3,664	Merrimac	6,723	Phillipston	1,726	Northampton	29,571
Sandwich	20,259	Newburyport	18,289	Royalston	1,250	Pelham	1,280
Truro	2,454	Salisbury	9,236	Ashfield	1,695	Williamsburg	2,504
Wareham	23,303	Bedford	14,383	Bernardston	2,102	Worthington	1,193
Wellfleet	3,566	Carlisle	5,237	Buckland	1,816	Hinsdale	1,919
Yarmouth	25,023	Lexington	34,454	Charlemont	1,185	Peru	814
Marion	5,347	Acton	24,021	Colrain	1,606	Pittsfield	43,927
Mattapoissett	6,508	Boxborough	5,506	Conway	1,761	Richmond	1,407
Rochester	5,717	Sudbury	18,934	Deerfield	5,090	Washington	494
Carver	11,645	Marlborough	41,793	Greenfield	17,768	Windsor	831
Plymouth	61,217	Medway	13,115	Hawley	17,768	Alford	486
Plympton	2,930	Holliston	14,996	Heath	723	Egremont	1,372
North Attleboro	30,834	Hopkinton	18,758	Erving	1,665	Great Barrington	7,172
Plainville	9,945	Ashland	18,832	Leverett	1,865	Monterey	1,095
Wrentham	12,178	Uxbridge	14,162	Leyden	734	Mount Washington	160
Avon	4,777	Douglas	8,983	Monroe	118	New Marlborough	1,528
Braintree	39,143	Sutton	9,357	New Salem	983	Otis	1,634
Rockland	17,803	Northbridge	16,335	Northfield	2,866	Sandsfield	989
Milton	28,630	Millbury	13,831	Plainfield	633	Sheffield	3,327
Randolph	34,984	Webster	17,776	Rowe	424	Stockbridge	2,018
Medfield	12,799	Dudley	11,921	Shelburn	1,884	Tyringham	427
Walpole	26,383	Southbridge	17,740	Shutesbury	1,717	West Stockbridge	1,343
Needham	32,091	Charlton	13,315	Sunderland	3,663		
Wayland	13,943	Oxford	13,347	Warwick	780		
Wellesley	29,550	Auburn	16,889	Wendell	924		
Weston	11,851			Whatley	1,607		
Westwood	16,266						

Appendix G

Taxpayer's Guide to Local Property Tax Exemptions – Veterans



TAXPAYER'S GUIDE TO LOCAL PROPERTY TAX EXEMPTIONS

VETERANS

Clauses 22, 22A, 22B, 22C, 22D, 22E, 22F, 22H

The Department of Revenue (DOR) has created this fact sheet to provide general information about local property tax exemptions for veterans. **It is not designed to address all questions or issues and does not change any provision of the Massachusetts General Laws. To find out about the specific eligibility and application requirements in your city or town, you must contact your local board of assessors.** The DOR cannot determine your eligibility or give you legal advice. Property taxes are assessed and collected by cities and towns, not by the DOR. Under state law, only your board of assessors, as the local tax administrator, can decide whether you qualify for an exemption. If you disagree with its decision, you may appeal to the state Appellate Tax Board (or county commissioners if your county's government has not been abolished).

INTRODUCTION

Cities and towns may give property tax exemptions to some individuals as defined by state law. An exemption discharges the taxpayer from the legal obligation to pay all or a portion of the tax assessed for the fiscal year. Exemptions are found in various clauses of Massachusetts General Laws Chapter 59, Section 5 ([M.G.L. c. 59, § 5](#)).

Clauses 22, 22A, 22B, 22C, 22D, 22E, 22F and 22H provide exemptions to some veterans, their spouses who own the domicile and their surviving spouses, and some surviving parents and spouses of active duty military personnel who died during or due to military service.

APPLICATIONS	You must file an application for each fiscal year with the assessors in the city or town where your property is located. The application is due on April 1, or three months after the actual tax bills are mailed, whichever is later. <i>Filing on time is required. By law, the assessors may not waive this filing deadline, nor act on a late application, for any reason.</i> Filing an application does not entitle you to delay your tax payment.
DOCUMENTATION	You must provide the assessors with whatever information is reasonably required to establish eligibility. This information may include, but is not limited to: <ol style="list-style-type: none">1. Evidence of residency, ownership, domicile and occupancy.2. Certification of a service-connected disability or death from the U.S. Department of Veterans Affairs (VA) or branch of U.S. military service from which discharged or in which served.

For more information, please contact your local assessors.

NUMBER OF EXEMPTIONS	With limited exceptions, you may only receive one exemption under M.G.L. c. 59, § 5 for each fiscal year. If you qualify for more than one, you will receive the one that provides the greatest benefit. You may receive an exemption and if qualified, defer all or a part of the balance of the reduced tax.
VETERAN	Veterans are individuals who served on active duty in the Armed Forces of the United States for certain time periods during peace or wartime eras and were discharged from military service. Their last discharge or release must have been under other than dishonorable conditions.
ELIGIBILITY REQUIREMENTS	You must satisfy tests relating to residency, domicile, ownership and service-connected disability or awards. You must meet <u>all</u> eligibility requirements as of July 1 of the tax year. (<i>The fiscal year of cities and towns begins July 1 and ends the following June 30.</i>) If you do not meet all requirements as of July 1, you <u>cannot</u> receive all or any portion of the exemption for that tax year.
RESIDENCY	Veterans must have (1) been domiciled in Massachusetts for at least 6 consecutive months before entering military service, <u>or</u> (2) lived in Massachusetts for at least 2 consecutive years before the tax year begins (or at least 1 consecutive year before the tax year begins, if the legislative body of your city or town has voted, subject to local charter, to accept this local option).
DOMICILE	You must occupy the property as your domicile. If you are a spouse of a veteran, you and the veteran must occupy the property as your domicile. Your domicile is where your principal and legal home is located, your family, social, civic and economic life is centered and you plan to return whenever you are away. You may have more than one residence, but only one domicile.
OWNERSHIP	<p>You must own the property.</p> <ol style="list-style-type: none"> 1. Your ownership interest must be worth at least an amount ranging from \$2,000 to \$10,000, depending on the exemption. You may own this interest solely, as a joint owner or as a tenant in common. 2. If you hold a life estate in the domicile, you are the owner. 3. If your domicile is held in a trust, you are the owner only if: <ol style="list-style-type: none"> a. You are a trustee or co-trustee of that trust, and b. You have a sufficient beneficial interest in the domicile. <p>If the legislative body of your city or town has voted, subject to local charter, to accept a local option, and you do not hold title to your domicile under a trust (or conservatorship or other fiduciary arrangement), you may still be considered the owner.</p>

EXEMPTION CREDIT	If the assessors decide you are eligible and grant an exemption, the amount granted is credited toward and reduces the tax assessed on your domicile for that fiscal year. You will only receive a refund if the entire tax for the year has already been paid at the time the exemption is granted.
SALE OF DOMICILE	If you are selling your domicile, you should make your attorney aware that you receive a property tax exemption that reduces the tax owed for the fiscal year. The sale is a private financial transaction and as a party, you are responsible for seeing that the exemption is properly credited at the closing, through escrow or other arrangements, when the parties make adjustments for local property taxes or charges. Your city or town is not responsible for seeing that you and the buyer allocate the property taxes so you get the benefit of the exemption.
WHO IS ELIGIBLE AND EXEMPTION AMOUNTS	
Clause 22 - \$400	<ol style="list-style-type: none"> 1. Veterans with a service-connected disability of 10% or more. 2. Veterans awarded the Purple Heart. 3. Surviving parents of military personnel who died in military service (Gold Star Parents). 4. Spouses (where the domicile is owned by the veteran's spouse), and surviving spouses (who have never remarried), of veterans entitled to exemption under Clause 22. 5. Surviving spouses (who have never remarried) of World War I veterans as long as their assets (whole worth), less any mortgage on the property, do not exceed \$20,000.
Clause 22A - \$750	<ol style="list-style-type: none"> 1. Veterans who (1) suffered in the line of duty the loss or permanent loss of use of one foot or one hand or one eye, or (2) received the Congressional Medal of Honor, Distinguished Service Cross, Navy Cross or Air Force Cross. 2. Prisoners of war. 3. Spouses (where veteran's spouse owns the domicile) or surviving spouses of veterans entitled to exemption under Clause 22A.
Clause 22B - \$1,250	<ol style="list-style-type: none"> 1. Veterans who suffered in the line of duty the loss or permanent loss of use of both feet, both hands or both eyes. 2. Spouses (where veteran's spouse owns the domicile) or surviving spouses of veterans entitled to exemption under Clause 22B.
Clause 22C - \$1,500	<ol style="list-style-type: none"> 1. Veterans who suffered total disability in the line of duty and received assistance in acquiring "specially adapted housing" which they own and occupy as their domicile. 2. Spouses (where veteran's spouse owns the domicile) or surviving spouses of veterans entitled to exemption under Clause 22C.

Clause 22D – Full	<p>Surviving spouses (who have never remarried) of (1) military personnel (including members of the National Guard on active duty) who went missing in action during active duty and are presumed to have died, or (2) military personnel (including members of the National Guard on active duty) or veterans who died as a proximate result of injuries sustained or illnesses contracted during active duty service.</p> <p>A surviving spouse must have lived in Massachusetts for at least 2 consecutive years before the tax year begins (or lived in Massachusetts for at least 1 consecutive year before the tax year begins, if the legislative body of your city or town has voted to accept this local option). If not, the deceased military or guard member or veteran had to have been domiciled in Massachusetts for at least 6 consecutive months before entering the service.</p>
Clause 22E - \$1,000	<ol style="list-style-type: none"> 1. Veterans who have a service-connected disability of 100%. 2. Spouses (where veteran's spouse owns the domicile) or surviving spouses of veterans entitled to exemption under Clause 22E.
Clause 22F – Full	<ol style="list-style-type: none"> 1. Veterans who are paraplegics, or have a 100% disability for service-connected blindness. 2. Spouses (where veteran's spouse owns the domicile) or surviving spouses of veterans entitled to exemption under Clause 22F.
Clause 22H - Full	<p>If the legislative body of your city or town has voted, subject to local charter, to accept Clause 22H, a local option, surviving parents or guardians of (1) military personnel (including members of the National Guard on active duty) who went missing in action during active duty and are presumed to have died, or (2) military personnel (including members of the National Guard on active duty) or veterans who died as a proximate result of injuries sustained or illnesses contracted during active duty service.</p> <p>A surviving parent or guardian must have lived in Massachusetts for at least 5 consecutive years before the tax year begins. If not, the deceased military or guard member or veteran had to have been domiciled in Massachusetts for at least 6 consecutive months before entering the service.</p>
<p>Clause 22A, 22B, 22C, 22E and 22F exemptions are prorated for a domicile greater than a single-family house. The exemption is the same percentage of the tax as the part of the house occupied by the veteran, or if deceased, the surviving spouse, for example, 50% if one unit of a two-family house is occupied by the veteran or surviving spouse.</p>	

APPEALS	
Appellate Tax Board	<p>The Appellate Tax Board (ATB) is an independent, quasi-judicial state board that hears taxpayer appeals from local assessors' decisions on property tax abatements and exemptions. If county government has not been abolished, appeals may be made to the county commissioners instead, but assessors may and usually do transfer those appeals to the ATB. ATB decisions may be appealed to the Appeals Court and, ultimately, to the Supreme Judicial Court.</p> <p>You can obtain the ATB's guide to the property tax appeal process from its website (www.mass.gov/atb) or by calling 617-727-3100.</p>
Appeal of Action of Assessors	<p>You have three months from the date of the assessors' decision on your exemption application to appeal to the ATB. This includes decisions to deny any exemption or to grant an exemption that provides a lesser benefit. If the application was deemed denied, your appeal must be filed within three months of the deemed denied date. As a general rule, if the real estate tax on your domicile is over \$5,000, you must also have paid all preliminary and actual tax installments on time for the ATB to hear your appeal.</p> <p>The assessors may grant the exemption or higher exemption in final settlement of your application during the three month period for filing an appeal. In that case, you do not have to have filed an appeal with the ATB. However, if a settlement is not reached and an exemption not granted during that period, you must have filed your appeal by the deadline. If not, the ATB cannot hear the appeal.</p>

ASSESSMENT AND EXEMPTION CALENDAR	
January 1	Property Tax Assessment Date for Next Fiscal Year
July 1	Fiscal Year Begins Real Estate Exemption Eligibility Date for Fiscal Year
October - December	Actual Tax Bills Mailed for Fiscal Year
November 1 (Semi-annual Payment Communities) February 1 (Quarterly Payment Communities)	1 st Actual Tax Installment Payment Due ¹
April 1, or 3 Calendar Months from Mailing of Actual Tax Bill if later	Personal Exemption Applications to Assessors Due ²
3 Calendar Months from Filing of Application (or Date of Written Extension Given by Taxpayer)	Assessors Grant or Deny Exemption Application Deemed Denied if Assessors Have Not Acted
3 Calendar Months from Assessors' Action on Application, or Deemed Denial of Application	Appeal to ATB Due

¹ Contact your assessors. The due date depends on the payment system used in your community and the date actual tax bills were mailed for fiscal year.

² Some assessors may accept applications before actual tax bills are mailed. If not, or your application is not approved, you must apply by this deadline to claim the exemption.