



SNAP Path to Work WPP Expansion Co-Enrollment Process Attachment A



<https://www.mass.gov/info-details/work-participant-program-wpp-expansion>

The website above is hidden and **intended for MassHire staff only** and is not to be shared with clients. MH staff who are working with WPP Expansion customers should bookmark and regularly utilize this website for important information and updates. Examples include:

- WPP Expansion eligibility and the enrollment process;
- SNAP work rules;
- The use of secure email;
- Updated PSIs (in eleven languages) are available on the webpage and below; and
- Contact information for DTA SNAP Employment & Training specialists and the JVS enrollment team.

After determining that the customer appears to be eligible for SNAP Path to Work/WPP Expansion co-enrollment:

1. Obtain a signed *Permission to Share Information (PSI)* form enabling the exchange of information between the Career Center, Jewish Vocational Service (JVS) and DTA.
2. Correctly enroll the customer in the WPP Expansion program on MOSES.
3. Inform JVS of newly enrolled participants by sending enrollment information and copy of signed PSI via secure email to SNAPETreferrals@jvs-boston.org. See the email template. JVS will complete the co-enrollment process by entering the enrollment information on DTA's Partner Activity Tracking Hub (PATH system).
4. Provide services and ensure that all participation hours and outcomes are recorded on MOSES.

Permission to Share Information (PSI) Form

A signed *Permission to Share Information (PSI)* form allows DTA and a contracted SNAP Outreach or DTA Pathways to Work provider organization (including MassHire Career Centers delivering WPP services) to exchange information for the purpose of helping with the SNAP case (SNAP Outreach) or determining DTA Pathways to Work eligibility and tracking program participation and progress (DTA Pathways to Work).

October 2024 Update: The PSI form is now available in eleven languages! See and download fillable versions of the new PSI below. To complete:

1. Enter the customer's information (name, DTA agency ID or last 4 of SSN, and DOB) in Section 1.
2. Enter the name of your MassHire Career Center where indicated in Section 3.
3. Have the customer sign and date Section 5.



**SNAP Path to Work
WPP Expansion Co-Enrollment Process
Attachment A**



Important reminders:

- A completed and signed PSI is required for every DTA client about whom information will be exchanged with JVS and/or DTA regarding SNAP Path to Work program eligibility, participation, and/or progress.
- A valid PSI form does not contain blank fields, indicates the program(s) for which permission is being granted, is legible, and has been signed and dated by the client.
- When completing the PSI form, do not check the SNAP Outreach permission box unless also a contracted [SNAP Outreach partner](#).
- The PSI form may be signed electronically (DocuSign or Adobe). A typed name is not the same as electronic signature. A wet signature is also acceptable.
- The date of birth (DOB) should be entered in MM/DD/YYYY format. Please confirm that the DOB entered on the PSI is accurate. An incorrectly entered DOB may result in the inability to match the customer to a DTA client record and denial of the enrollment.
- The permission to exchange information granted by a signed PSI form is valid for a period of two years from the date the client signed it or until the client revokes access.
- When the enrollment is entered on PATH, a letter will be mailed to the client reminding them of the above and explaining how to revoke access should the client choose to do so. Please note that the letter will list JVS as the SNAP Path to Work provider. Please let participants know to expect the letter to ensure that they do not mistakenly revoke access.



SNAP Path to Work WPP Expansion Co-Enrollment Process Attachment A



<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p>Department of Transitional Assistance Permission to Share Information Form (PSI)</p> <p><small>Organizations must keep the signed PSI form on file and make the form available to DTA upon request.</small></p> </div> </div> <hr/> <div style="background-color: #FFD700; padding: 2px;">Section 1: DTA Client or Applicant</div> <p><small>Example Customer</small></p> <p>Client/Applicant Name _____</p> <p>1234567 _____ 12/02/1990 _____</p> <p><small>DTA Agency ID (if known) or Last Four Digits of SSN Date of Birth MM/DD/YYYY</small></p> <div style="background-color: #FFD700; padding: 2px;">Section 2: Information to be Shared (check one or both)</div> <p><input type="checkbox"/> I allow DTA and the SNAP Outreach partner organization named in Section 3 to share information about my DTA benefits, including my TAFDC, EAEDC and/or SNAP case and countable expenses that may impact my benefits.</p> <p><input checked="" type="checkbox"/> I allow DTA and the DTA Pathways to Work provider (SNAP Path to Work, TAFDC Pathways to Work and/or Secure Jobs provider) named in Section 3 to share information about my DTA benefits including TAFDC, EAEDC and/or SNAP case to determine my eligibility for the DTA Pathways to Work programs. I also allow the sharing of information about my participation and progress in the program.</p> <p><small>By signing below, I also give permission for DTA to get records about my employment status from other state agencies, federal agencies and from other employment verification sources.</small></p> <div style="background-color: #FFD700; padding: 2px;">Section 3: SNAP Outreach Partner/DTA Pathways to Work Provider</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><small>Jewish Vocational Service (JVS)</small> _____</td> <td style="width: 50%;"><small>(617) 399-3131</small> _____</td> </tr> <tr> <td><small>Name of Organization</small> _____</td> <td><small>Organization Phone</small> _____</td> </tr> <tr> <td><small>75 Federal Street, Boston, MA 02110</small> _____</td> <td><small>208</small> _____</td> </tr> <tr> <td><small>Address of Organization</small> _____</td> <td><small>Organization ID</small> _____</td> </tr> <tr> <td><small>MassHire Fall River Career Center</small> _____</td> <td></td> </tr> <tr> <td><small>Via MassHire Career Center</small> _____</td> <td></td> </tr> </table> <div style="background-color: #FFD700; padding: 2px;">Section 4: Right to Change Your Mind:</div> <p><small>You may change your mind and stop sharing this information. To stop it, you must:</small></p> <ul style="list-style-type: none"> • call 877-382-2363 during regular business hours and speak to a DTA Representative; or • sign a written request and: <ul style="list-style-type: none"> ○ send to DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780, or ○ fax to (617) 887-8765, or ○ upload it through the DTA Connect app, or ○ bring it to your local DTA office <div style="display: flex; justify-content: space-between; font-size: 8px; margin-top: 10px;"> Department of Transitional Assistance DTA Permission to Share Information (PSI) Form 09-330-0223-05 Rev 10/2024 </div>	<small>Jewish Vocational Service (JVS)</small> _____	<small>(617) 399-3131</small> _____	<small>Name of Organization</small> _____	<small>Organization Phone</small> _____	<small>75 Federal Street, Boston, MA 02110</small> _____	<small>208</small> _____	<small>Address of Organization</small> _____	<small>Organization ID</small> _____	<small>MassHire Fall River Career Center</small> _____		<small>Via MassHire Career Center</small> _____		<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p>Department of Transitional Assistance Permission to Share Information Form (PSI)</p> </div> </div> <hr/> <div style="background-color: #FFD700; padding: 2px;">Section 5: Signature</div> <p>I understand that by signing below, I am giving permission to DTA and the organization named in Section 3 to share information about my case.</p> <p style="text-align: center;"> _____ 10/23/2024 </p> <p style="text-align: center;"><small>Client/Applicant Signature Date</small></p> <p>This form is valid for two years from the date of the applicant/client signature, unless revoked (see Section 4).</p> <p>This institution is an equal opportunity provider.</p> <p>We must not discriminate due to race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. If you think that we have discriminated against you, contact 617-348-8555 to find out how to file a complaint.</p> <p>Esta institución es un proveedor que ofrece igualdad de oportunidades.</p> <p>No debemos discriminar por motivos de raza, color, nacionalidad, sexo (incluidas identidad de género y orientación sexual), discapacidad o edad, ni tomar represalias por actividades previas en defensa de los derechos civiles. Si cree que lo/la hemos discriminado, llame al 617-348-8555 para averiguar cómo presentar una queja.</p> <div style="display: flex; justify-content: space-between; font-size: 8px; margin-top: 10px;"> Department of Transitional Assistance DTA Permission to Share Information (PSI) Form 09-330-0123-05 Rev 10/2024 </div>
<small>Jewish Vocational Service (JVS)</small> _____	<small>(617) 399-3131</small> _____												
<small>Name of Organization</small> _____	<small>Organization Phone</small> _____												
<small>75 Federal Street, Boston, MA 02110</small> _____	<small>208</small> _____												
<small>Address of Organization</small> _____	<small>Organization ID</small> _____												
<small>MassHire Fall River Career Center</small> _____													
<small>Via MassHire Career Center</small> _____													

Blank SNAP WPP PSI Forms:

[SNAP WPP PSI form - English](#)

[SNAP WPP PSI form - Spanish](#)

[SNAP WPP PSI form - Arabic](#)

[SNAP WPP PSI form - Cape Verdean Creole](#)

[SNAP WPP PSI form - Haitian Creole](#)

[SNAP WPP PSI form - Khmer](#)

[SNAP WPP PSI form - Portuguese](#)

[SNAP WPP PSI form - Russian](#)

[SNAP WPP PSI form - Simplified Chinese](#)

[SNAP WPP PSI form - Traditional Chinese](#)

[SNAP WPP PSI form - Vietnamese](#)



SNAP Path to Work
WPP Expansion Co-Enrollment Process
Attachment A



The PSI form is for contracted DTA Pathways to Work provider and SNAP Outreach partner use only. The *Voluntary Consent to Release Information* (VARI-OI) form may be used to authorize the sharing of information between DTA and non-contracted organizations/people and for consent not related to SNAP Path to Work or SNAP Outreach activity. The VARI-OI can be accessed [here](#).

Secure Email

You must send email securely if it contains personally identifiable information (PII) like social security numbers, full names, or other information that could be used to identify a customer.

The referral email sent to JVS must be sent securely.

Go to: <https://securemail.mass.gov/encrypt>

Find secure email setup and use instructions here: <https://www.mass.gov/info-details/work-participant-program-wpp-expansion>

THE COMMONWEALTH OF MASSACHUSETTS

Secure Email

Please provide your email address to proceed.

Welcome to Commonwealth of Massachusetts NEW Secure Email Delivery System This system may only be used to send/receive secure emails to/from Commonwealth of Massachusetts Email Domains.

The Commonwealth moved to a new Secure Mail System on September 24, 2024:

If this is your first time accessing the new system, *you'll be asked to register.*

Attention: By signing in you acknowledge that you have read and agree to the Terms of Use governing your Secure Email Account [here](#)

Email Address

[Continue](#)



**SNAP Path to Work
WPP Expansion Co-Enrollment Process
Attachment A**



JVS Enrollment Email Template

MassHire XXX requests enrollment of the following individual(s) into the SNAP Path to Work program. We confirm that we have completed the MOSES enrollment (Basic, Full, check off SNAP, and enroll in Career Center Specific Program) for each client, and that the signed Permission to Share Information (PSI) is attached.

Participant Name: XXX

Participant full Social Security Number or DTA Agency ID: XXX-XX-XXXX

This participant has the following barriers: Transportation, Dependent Care, Finances, Other (please list)

The participation plan is XX hours per week for 6 months from the approved enrollment date.

The cost of transportation presents a barrier to this participant. The participant lives in XXX County.

Example, Explanations & Instructions:

JVS Secure Email

Attach signed PSI form for each enrollee.

From miriam.kaufmann@mass.gov

To SNAPeReferrals.csnapetreferrals@jvs-boston.org

Cc

Bcc

Subject SECURE: WPP Expansion Enrollment Participant Last Name

JVS cannot enroll a participant without a signed PSI and the required assessment data entered in the Full and Education tabs in MOSES.

To match the participant to the correct DTA client and enroll them in the SNAP Path to Work program via PATH, JVS needs the customer's DOB AND either the nine-digit SSN or the DTA Agency ID number. Most clients do not know their DTA Agency ID numbers..

MassHire Downtown Boston requests enrollment of the following individual(s) into the SNAP Path to Work program. We confirm that we have completed the MOSES enrollment (Basic, Full, check off SNAP, and enroll in Career Center Specific Program) for each client, and that the signed Permission to Share Information (PSI) is attached.

Participant Name: John Smith
Participant full Social Security Number or DTA Agency ID: 123-45-6789
This participant has the following barriers: Transportation, Dependent Care
The participation plan is 20 hours per week for 6 months from the approved enrollment date.
The cost of transportation presents a barrier to this participant. The participant lives in Suffolk County.

Delete any barriers listed on the template that do not apply. If "Other" is used, please describe.

Let JVS know if participation plan changes so it can be updated on PATH.

Delete transportation section if not applicable. The amount received depends on the county in which customer lives.

DEPARTMENT OF CAREER SERVICES

| 34



**SNAP Path to Work
WPP Expansion Co-Enrollment Process
Attachment A**



ABAWD Work Rules:

Some SNAP recipients (age 18-64) may need to meet the Able- Bodied Adults without Dependents (ABAWD) Work Rules to receive SNAP for more than 3 months in a 3-year period (the current “ABAWD clock”). Participation in SNAP WPP for 20 hours per week (80 hours per month) is one way that people can meet the ABAWD work rules.

Information about the work rules, including videos in multiple languages, forms to help people verify that they are exempt from or meeting the work rules, [flyers](#), and more, can be found here: <https://www.mass.gov/info-details/work-rules-for-snap-clients>

When establishing the participation plan for people subject to the ABAWD rules, keep the 20 hours per week (80 hour per month) obligation in mind if the client plans to meet the requirement through E&T participation.

When properly enrolled in WPP Expansion on MOSES and DTA’s PATH system, additional proof of participation is generally not needed. MassHire customers who are not enrolled in WPP Expansion who are subject to SNAP work rules may ask career center staff to complete the [ABAWD Training Program Information Request Form \(TPIR\)](#) to get credit for training activity. This form is not needed for those who are properly enrolled in WPP Expansion.

You must also make sure that all participation hours are recorded on MOSES each month, to ensure that they are captured by the Crystal report and the customer is not sanctioned in error.