DTA Connect "My Info" Guide for Clients (Mobile App)

To simplify the process of gathering self-declarable client information, a new method of reporting changes is available to you via DTA Connect. When you log in to DTA Connect web portal or mobile app, you will be able to update certain case information on the **"My Info"** tab. This allows you to tell us about certain changes. When you tell us about a change on DTA Connect in some instances:

- we can accept this as a self-declaration and no more information is needed, or
- we may require more information or documentation. If we need more, DTA will call you or send a verification checklist. Please make sure your phone number and mailing address are up to date.
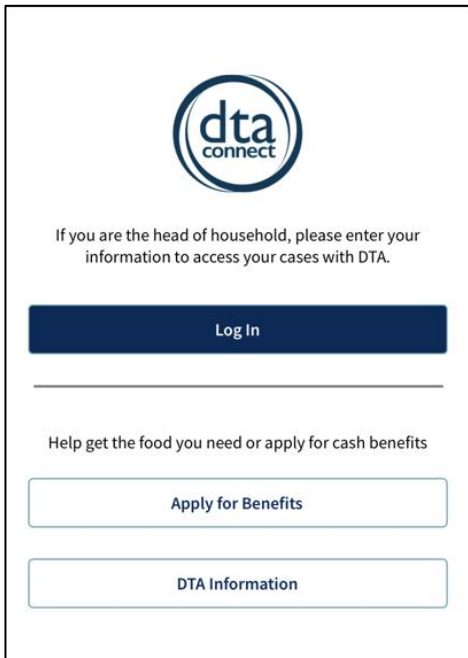
✦ *My Info*

A major feature of DTA Connect is the "My Info" page. This is an online portal where you can make updates to your case record any time. You may use DTA Connect to update the following items**:**

- *Residential Address*
- *Mailing Address*
- *Phone Number*
- *Preferred Language*
- *E-mail Address*
- *Shelter Expenses*
- *Utility Expenses (i.e., heat, non-heat, and phone)*
- *Dependent Care Expenses*

- *Medical Expenses and Health Insurance Costs for anyone in your SNAP case that is age 60+ or disabled*
- *Health Insurance Information for anyone in your TAFDC or EAEDC case that is aged 60+ or disabled*

> You can make these updates to your SNAP, TAFDC or EAEDC case or a combination of these programs. *

> ***Important:*** You may receive a mailed notification and/or be contacted by a DTA case manager for follow-up. Changes made by clients may need review and could require more information before being accepted.

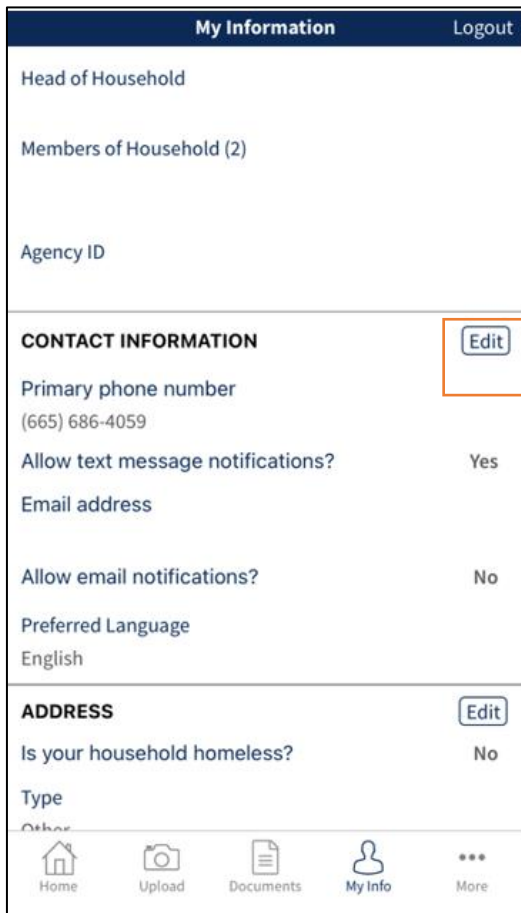# DTA Connect "My Info" Guide for Clients (Mobile App)

Here is the mobile app login screen.

You can use the app to begin applying for benefits, review DTA information, or log in to your current DTA Connect account.
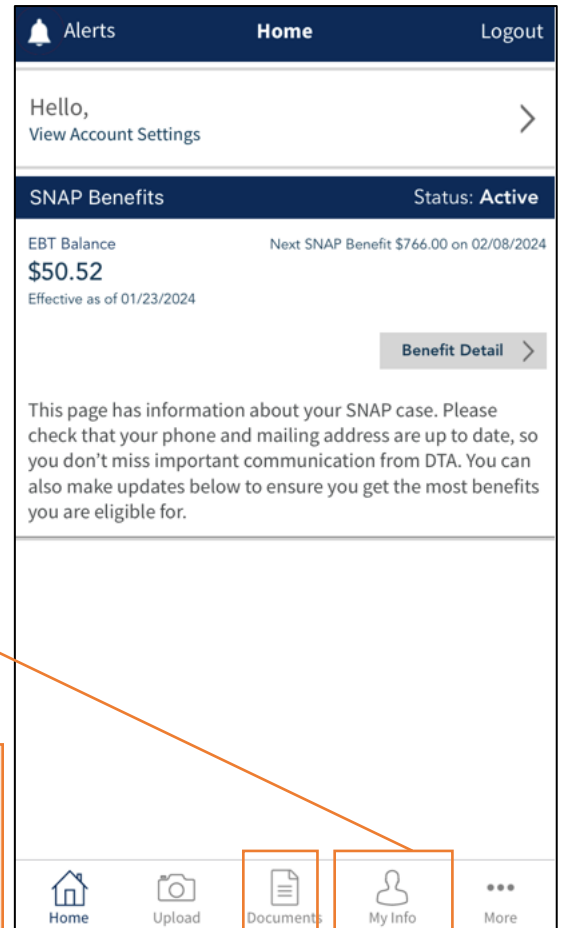
Upon logging into DTA Connect, select "My Info", shown here. Here you can:

- Review case information
- Make updates to your case

Here is a summary of your benefit(s)' EBT Balances, as well as an About Us window to show:

- Head of Household
- Members of Household
- Agency ID number, this number is how DTA identifies your case.

This is the "Documents" tab. If you need to upload documents for DTA to review, select this tab.

Whenever an Edit button is available, clicking on this button will allow you to update the information shown in each section.

Important Contact Information and Address details are shown.

If your household is responsible for Shelter Expenses or Utility Costs, this information will also appear on this page.

t&d

DTA Connect "My Info" Guide for Clients (Mobile App)

✦ Contact Information

My Information

Primary phone number

Allow text message notifications?

DTA may be able to send you text messages about due dates, case information, office closings, and other important information.

Email address

Preferred Language

English

Go Back   Submit

You can change your:

- Phone number
- Email address
- Preferred language

You can also choose whether you want to allow text message and email notifications of changes to your case.

Any change you make to your Contact Information will automatically be updated.

My Information   Logout

ADDRESS   [Edit]

Is your household homeless?   No

Type
Other

Residential address

DUDLEY, MA 01571

Mailing address   [Edit]
Same as Residential Address

GROSS INCOME

Household's Total Gross Income
0

SHELTER EXPENSES   [Edit]
None

UTILITY COSTS   [Edit]

Heat (oil, gas, electricity or propane, etc.)   No

Electricity for an air conditioner   No

A fee to use an air conditioner   No

Electricity and/or gas   No

🏠 Home   📷 Upload   📄 Documents   👤 My Info   ••• More

The Household's Total Gross Income will also be shown on the My Info page for SNAP only cases.

Gross Income <u>cannot</u> be changed or updated on the My Info page. Any changes that need to be reported must be done by going to the "Documents" tab to upload your documentation. You can also call the DTA Assistance Line (877) 382-2363, enter your Agency ID, and discuss your situation with a case manager.

t&d

DTA Connect "My Info" Guide for Clients (Mobile App)

Updates to home and mailing addresses can be made here.

Tell us if you do not have a regular nighttime residence or consider yourself to be homeless. If you are homeless, provide a mailing address so DTA can send you important paperwork.

If you change your home address, you will be asked to update your shelter expenses and utility costs after clicking Submit.

My Information	Logout
ADDRESS	Edit
Is your household homeless?	No
Type	
Other	
Residential address	

DUDLEY, MA 01571

Mailing address	Edit
Same as Residential Address	
GROSS INCOME	
Household's Total Gross Income	
0	
SHELTER EXPENSES	Edit
None	
UTILITY COSTS	Edit
Heat (oil, gas, electricity or propane, etc.)	No
Electricity for an air conditioner	No
A fee to use an air conditioner	No
Electricity and/or gas	No

Home   Upload   Documents   My Info   More

★ *Shelter Expenses*

My Information

Shelter expenses

What type of housing costs do you pay? Select all that apply. If you already have existing housing costs, only select the new housing costs you are adding.

Please only report the amount that your DTA household is responsible for paying. If home insurance, taxes, and/or condo fee are included in your mortgage, do not list those amounts separately.

☐ Rent

☐ Mortgage

☐ Property taxes

☐ Home insurance

☐ Condo fee

☐ None

Go Back	Continue

You can select any housing costs you are responsible for in total.

You can also update shelter expenses directly in the Shelter Expenses section.

t&d

DTA Connect "My Info" Guide for Clients (Mobile App)

My Information

Do you live in subsidized or affordable housing or get a voucher to help pay your rent? (Required)

○ Yes   ● No

How much do you pay for rent? (Required)

$ 250   Monthly ▼

+ Add another rent

Go Back   Continue

1	2 ABC	3 DEF
4 GHI	5 JKL	6 MNO
7 PQRS	8 TUV	9 WXYZ
.	0	⊗

The costs and how often they are paid can be entered on this page.

You must only enter the amount you are responsible to pay.

For example: You live with a roommate, and you do not share food. Your SNAP case is only for you. The total rent is $1000 per month, your share is $500 per month. You enter $500 per month as rent.

If there are multiple costs of the same type, those can be added here as well.

After all updates have been made, there is a summary to show the current expenses. You can update the amounts and frequencies again or add/remove them, if needed.

Click Submit when finished updating.

My Information

Shelter expenses

Rent

$ 250   Monthly ▼   ✕

+ Add New Housing Costs

Go Back   Submit

t&d

📌 *Utility Costs*

UTILITY COSTS	Edit
Heat (oil, gas, electricity or propane, etc.)	No
Electricity for an air conditioner	No
A fee to use an air conditioner	No
Electricity and/or gas	No
Phone or cell phone service	No

Utility costs are costs you have to heat or air condition your home, provide electricity, and/or phone service. Utility costs can be updated, if needed.

Internet is not an allowable expense.

My Information

Utility costs

Does your household have any utility costs? Select all that apply.

☑ Heat (oil, gas, electricity or propane, etc.)

☐ Electricity for an air conditioner

☐ A fee to use an air conditioner

☑ Electricity and/or gas

☑ Phone or cell phone service

☐ None

Select all the utility costs you are responsible to pay.

Go Back	Submit

📌 *Dependent Care Expenses*

DEPENDENT CARE EXPENSES —

None   Edit

My Information

Dependent care expenses

+ Add New Dependent Care Costs

Go Back   Submit
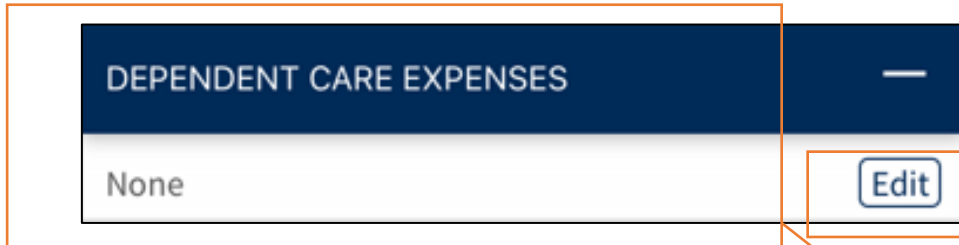
All current dependent care expenses will be shown here.

Selecting Edit will allow you add, update, or remove dependent care expenses.

If you need to add new dependent care expenses, select Add New Dependent Care Costs

My Information

Dependent care expenses

Does anyone listed below pay any dependent care costs? (Required)

Dependent care costs examples include payments for child and adult care, after-school or camp fees, extended day programs, or private care arrangements for dependent household members.

☑

Who does   pay dependent care for? (Required)

☑

☐

Go Back   Continue

Select the person responsible for the costs.

Select the dependent for whom the cost is being paid.

t&d
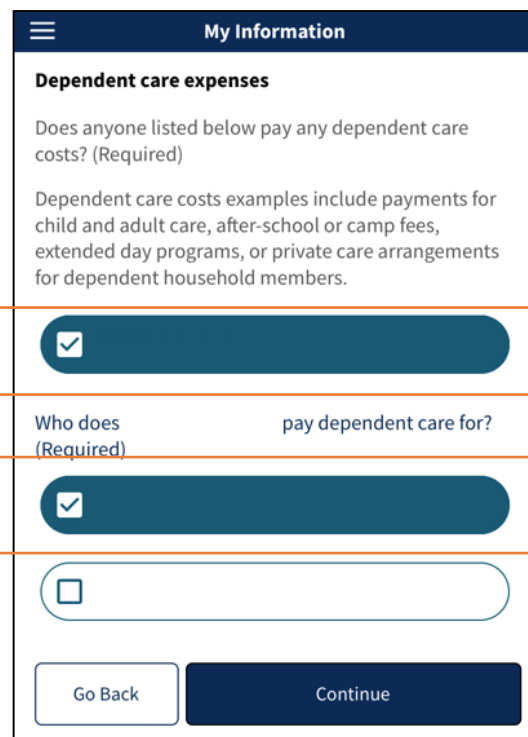
Select the reason why dependent care is being paid, such as:

- Attending training or education program
- Looking for a job
- Disability
- Employed, or
- Reason not listed

My Information

○ Attending training or education program

○ Looking for a job

○ Has a disability

● Employed

○ Reason not listed

How much does ___ pay for dependent care for ___ in total? (Required)

Enter the cost of the dependent care and the frequency of when this cost is paid.

If the dependent care is subsidized, please only report the amount that your DTA household is responsible for paying.

$ 200 | Weekly ▼

If you pay for transportation or drive your own vehicle to transport your dependent, select Yes here. Then, enter how many different providers the dependent is driven to.

Does ___ pay for transportation for ___ receive dependent care? (Required)

● Yes   ○ No

How many dependent care providers does ___ transport ___ to ? (Required)

For example, an afterschool program and camp program are 2 dependent care providers.

1 | **2** | 3 | More

Go Back | Continue

My Information

Child or Adult Dependent Care

Address #1

Does ___ drive ___ to this dependent care provider? (Required)

● Yes   ○ No

What is the address of this dependent care provider? (Required)

Street Address

Please enter House # / Apartment # / Unit #, if any.

Zip | City | State

Is this a roundtrip? A roundtrip is to and from the dependent care provider. (Required)

○ Yes   ○ No

How often does ___ drive ___ to this dependent care provider? (Required)

___ trips ___ ▼

If you drive your dependent yourself, select Yes. This will open several options in the same page.

Enter the address of the provider, whether the trips are roundtrips, and how often this transportation occurs. Your home address on file within your case will be used as part of the calculation for transportation credit.

t&d

Does _____ pay for any parking or tolls for trip to this dependent care provider?

(Required)

○ Yes   ○ No

Go Back   Continue

Enter if you pay for any parking or tolls for this travel.

My Information

Child or Adult Dependent Care

Address #1

How much does _____ pay for parking and/ or tolls for _____ trip to this dependent care provider? (Required)

$ 20   Monthly ▼

Go Back   Continue

If you had selected Yes to pay for parking or tolls, you will be taken to a page that asks how much these costs are and how frequent you pay for them.

My Information

If not driving, does _____ pay for _____ to travel to this dependent care provider by another mode of transportation? (Required)

Transportation mode examples include public transportation (bus/train), taxi, rideshare (Uber/Lyft), or paying a friend or a family member for a ride. (Required)

○ Yes   ○ No

If you do not drive the dependent yourself, you will be brought to this question. Select Yes if you use another mode of transportation to transport your dependent, such as bus, taxi, Uber/Lyft, or paying a friend or family member for a ride.

Is this a roundtrip? A roundtrip is to and from the dependent care provider. (Required)

○ Yes   ○ No

Choose if these are round trips transports.

How much does _____ pay for _____ to travel one-way to this dependent care provider? (Required)

$ 5   for each one-way trip

How often does _____ pay for _____ to travel to this dependent care provider? (Required)

| | trips | ▼ |

Enter the cost for each one-way trip.

Enter the number and frequency of paying for this transportation.

t&d

DTA Connect "My Info" Guide for Clients (Mobile App)

My Information

Dependent care expenses

Once all the dependent care information is entered, you will be able to see the summary of the costs.

Dependent Care

$ 200   Weekly

Parking/tolls

$ 20   Monthly

Once all the dependent care information is entered, you will be able to see the summary of the costs.

Mileage

Any other transportation (public, ride)

$ 5   for each one-way trip

+ Add New Dependent Care Costs

Go Back   **Submit**

You may be asked to confirm the cost if it exceeds the current income in your case.

Alert

You entered $225.00 for Dependent Care. Is this correct? Please make sure the amount you entered is correct and only what you are responsible for paying.

Yes   No

★ *Health Insurance & Medical Expenses*

You can also see a summary of Health Insurance and/or Medical Expenses we have on file. If you only have a TAFDC and/or EAEDC case, only a Health Insurance summary may be viewed or edited.

If you or anyone in your SNAP case is age 60+ or disabled, you can tell us about their out-of-pocket health insurance or medical costs that they pay. This includes transportation costs to and from medical appointments and pharmacies.

My Information   Logout

Electricity for an air conditioner	No
A fee to use an air conditioner	No
Electricity and/or gas	No
Phone or cell phone service	Yes

HEALTH INSURANCE & MEDICAL EXPENSES —

Health Insurance   [Edit]

Medicare - Medicare A
None

Medicare - Medicare B
$174.70 Monthly

MassHealth - MassHealth
$12.00 Monthly

Medical Expenses

Transportation - Mileage
None

Home   Upload   Documents   My Info   More

t&d

DTA Connect "My Info" Guide for Clients (Mobile App)

My Information

Medicare - Medicare B

$ 174.70   Monthly ▼   ✕

+ Add New Health Insurance

Transportation - Mileage

$ 0.00   Monthly ▼

+ Add New Medical Expenses

Go Back   Submit

Amounts and frequencies can be updated or completely removed, if no longer applicable.

New Health Insurance or Medical Expense records can be added by choosing the highlighted options.

When entering frequency of medical expenses, there are several options, including, but not limited to:

- Weekly
- Biweekly (every 2 weeks)
- Monthly
- Bimonthly (every 2 months)
- Quarterly (every 3 months)
- Yearly
- Semiannual (twice a year)
- One-time*

*A one-time expense is an expense that is not recurring, such as a medical procedure or purchase of medical equipment. DTA will calculate this expense and other one-time medical expenses in a way that maximizes the SNAP dollars your household can receive.

My Information

Medical Expenses

Does   travel to medical appointments or the pharmacy? (Required)

⦿ Yes   ○ No

How many medical appointments and/or pharmacies does   travel to? (Required)

1   2   3   More

Like dependent costs, you will be asked about travel to medical appointments and/or the pharmacy, as well as the number of appointments or pharmacies you travel to.

t&d

My Information

Medical appointment/
Pharmacy Address 1

Does _____ drive to this medical appointment or pharmacy? (Required)

○ **Yes**   ○ No

What is the address of the medical appointment or pharmacy? (Required)

Street Address

Please enter House # / Apartment # / Unit #, if any.

Zip   City

Is this a roundtrip? A roundtrip is to and from the medical appointment or pharmacy. (Required)

○ **Yes**   ○ No

Again, you will be asked about the destination's address, if these are roundtrips, and how often you travel to these medical expense-related places.

Attestation

Since your household has medical expenses that exceed $190 per month, all medical expenses must be verified for DTA to give you a larger medical deduction. Please upload copies of any relevant receipts and bills to your DTA Connect account. If you need help submitting proof of your expenses, contact DTA.

If you do not provide all verifications of your medical expenses, your household is only eligible for a standard medical deduction of $155 to your SNAP case.

☑ I confirm that _____ has greater than $35 per month in medical expenses and I understand that if I do not provide verifications of all my medical expenses, I may only receive a standard medical deduction of $155.

Go Back   Submit

Reporting Monthly Medical Expenses: Above $190

If you update your medical expenses and the total is above $190 per month, DTA Connect will ask you to electronically sign a self-declaration/attestation that you have at least more than $35 per month in medical expenses. This is so your household may receive a standard medical deduction ($155) in your SNAP calculation until you submit documentation of *all* medical expenses for DTA to process a medical deduction reflective of your actual medical expense amount. A Verification Checklist (VC-1) will be sent to the mailing address DTA has with additional information on how to submit documentation.

t&d