

DTA Connect “My Info” Guide for Clients (Web Portal)

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 60+ or disabled
- Health Insurance Information for anyone in your TAFDC or EAEDC case that is 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.

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Upon logging into DTA Connect you will go directly to the “My Info” tab. Here you can:

- Review case information
- Make updates to your case

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

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

Warning: This page has information about your TAFDC and SNAP case. Please check that your phone and mailing address are up to date, so you don't miss important communication from DTA. You can also make updates below to ensure you get the most benefits you are eligible for.

Hi,

TAFDC Benefits		View More
\$2.00 EBT Balance	Next benefit on 4.Jan.2024	

SNAP Benefits		View More
\$0.86 EBT Balance	Next benefit on 4.Jan.2024	

ABOUT US

- Head of Household
- Members of household (1)
- Agency ID

CONTACT INFORMATION

- Primary phone number
- Allow text message notifications? Yes
- Email address name@Obfuscated.com
- Allow email notifications? Yes
- Preferred Language English

ADDRESS

- Is your household homeless? No
- Type Private housing
- Residential Address FALL RIVER, MA 02720
- Mailing address Same as Residential Address

SHELTER EXPENSES

- Rent \$800.00 per Monthly

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.

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

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✦ Contact Information

Contact 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. Click yes if you would like to opt-in

Yes No

Email address

Allow email notifications? DTA may be able to send you email notifications about due dates, case information, office closings, and other important information. Click yes if you would like to opt-in

Yes No

Preferred Language

[Go Back](#) [Submit](#)

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[Contact us](#)
[Site Policies](#)
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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.

GROSS INCOME

Household's Total Gross Income	\$1,148.00 per Month
gesele Belli RSDI	\$1,148.00 per Month

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

Gross Income cannot 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.

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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.

Residential address

Is your household homeless? (Required)

Yes

No

What is your address? (Required)

Street Address

Zip

02720

City

FALL RIVER

State

MA

What is your housing type? (Required)

Private housing

Public, subsidized, affordable or low-cost housing

Other, such as a group home, shelter, drug/alcohol treatment center

Is this also your mailing address?

Yes

No

Updates to home and mailing addresses can be made here.

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

Shelter Expenses

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

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.

SHELTER EXPENSES

Edit

Rent

\$253.00 per Month

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Shelter expenses

How much do you pay for mortgage? (Required)

If home insurance, taxes, and/or condo fee are included in your mortgage, do not list those amounts separately in the other questions.

\$ 500 Monthly

+ Add another mortgage

How much do you pay for property taxes? (Required)

\$ 400 Quarterly

+ Add another property taxes

Go Back Continue

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.

Shelter expenses

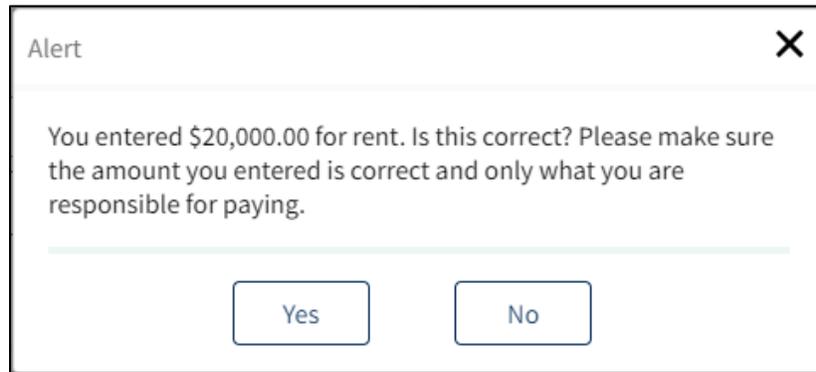
Housing Cost Type	Amount	Frequency	
Mortgage Principal	\$ 500.00	Monthly	Remove
Property Taxes	\$ 400.00	Quarterly	Remove

+Add New Housing Costs

Go Back Submit

Click Submit when finished updating.

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Alert

You entered \$20,000.00 for rent. Is this correct? Please make sure the amount you entered is correct and only what you are responsible for paying.

Yes No

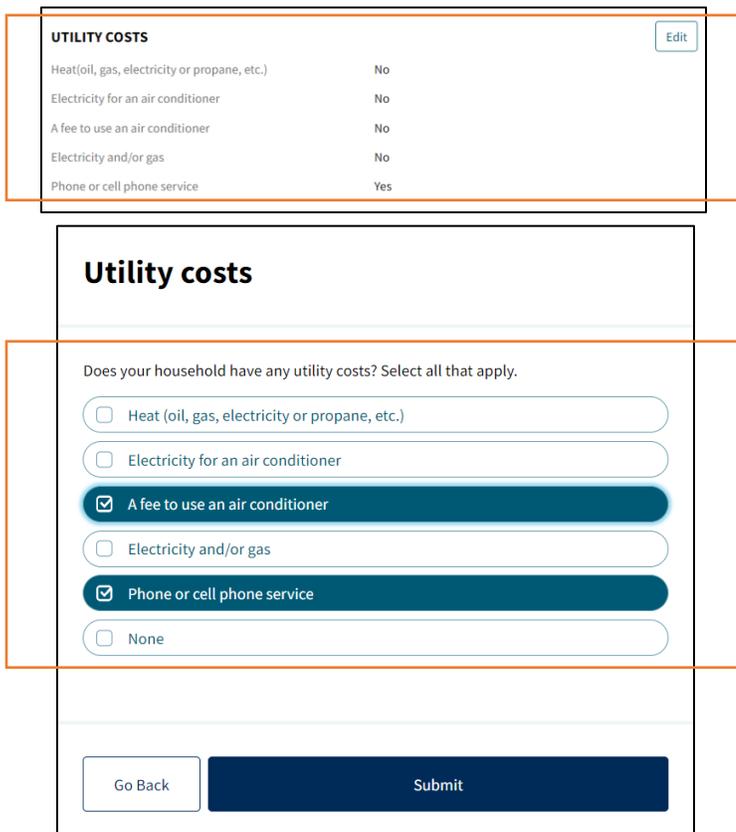


If a shelter expense amount is entered that seems too high compared to the income on file, DTA Connect will alert you about a possible error and ask to confirm the information entered.



If the amount entered is correct, DTA Connect will ask the client to confirm to the information in a following page as well. We may also need to speak with you.

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	Yes

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

Go Back Submit

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.

Select all the utility costs you are responsible to pay.

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✦ Dependent Care Expenses

DEPENDENT CARE EXPENSES

Any other transportation (public, ride)	\$40.00 Monthly
Dependent care	\$920.76 Monthly
Parking/tolls	\$40.00 Monthly

[Edit](#)

All current dependent care expenses will be shown here.

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

Dependent care expenses

Dependent care	Type	Amount	Frequency	
	Any other transportation (public, ride)	\$ 40.00	Monthly	Remove
	Dependent care	\$ 920.76	Monthly	Remove
	Parking/tolls	\$ 40.00	Monthly	Remove

[+ Add New Dependent Care Costs](#)

[Go Back](#) [Submit](#)

Here are the records that be updated.

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

Select the person responsible for the costs.

Select the dependent for whom the cost is being paid.

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.

[Select Person](#)

Who does [Select Dependent](#) pay dependent care for? (Required)

[Select Dependent](#)

[Add New](#)

[Go Back](#) [Continue](#)

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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

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

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.

Dependent care expenses

needs to pay dependent care for _____ because _____ is (Required)

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

\$ 100 Weekly

Does _____ pay for transportation for _____ to 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
 4
 5

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
 1 MAIN ST

Zip City State
 02720 FALL RIVER MA

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)

3 trips Biweekly

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

Yes
 No

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.

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



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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.

Child or Adult Dependent Care

address #1

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

\$ 10 Weekly

Go Back Continue

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.

Yes No

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

Yes No

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

\$ for each one-way trip

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

trips

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.

Choose if these are round trips transports.

Enter the cost for each one-way trip.

Enter the number and frequency of paying for this transportation.



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📌 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.

HEALTH INSURANCE & MEDICAL EXPENSES Edit		
Health insurance		
Medicare Part A Medicare	None	
Medicare Part B Medicare	\$174.70 Monthly	
MassHealth MassHealth	\$12.00 Monthly	
Medical expenses		
Transportation Mileage	None	

Health insurance				
Subscriber	Insurer	Type	Amount	Frequency
	Medicare	Medicare A	\$ 0.00	Monthly Remove
	Medicare	Medicare B	\$ 174.70	Monthly Remove
	MassHealth	MassHealth	\$ 12.00	Monthly Remove

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

[+ Add New Health insurance](#)

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

Medical expenses				
Subscriber	Type	Subtype	Amount	Frequency
	Transportation	Mileage		

[+ Add New Medical expenses](#)

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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*

Type	Subtype	Amount	Frequency	
Transportation	Mileage	\$ 0.00		
Payments	Doctor/hospital	\$ 20.00	Monthly	Remove
+ Add New Medical expenses				

*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.

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 4 5 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.

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.

Does drive to this medical appointments or the pharmacy? (Required)

Yes No

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

Street Address
1 MAIN ST

Zip City State
02720 FALL RIVER MA

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

Yes No

How often does drive to this medical appointments or the pharmacy? (Required)

4 trips Monthly



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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 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.

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