



**Department of Transitional Assistance  
APPLICATION FOR SNAP BENEFITS  
(For Pure SSI Households)**

Source: SSA

**You can submit this form to DTA by:**

- Faxing to 617-887-8765; or,
- Mailing to the DTA Document Processing Center: P.O. Box 4406, Taunton, MA 02780

**YOU MAY GET SNAP BENEFITS WITHIN 7 DAYS IF ONE OF THE FOLLOWING DESCRIBES YOU** (check appropriate boxes):

- Your income and money in the bank add up to less than your monthly housing expense; or
- Your monthly income is \$150 or less 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.

Last Name:	First Name:	M.I.	Social Security Number:
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Date of Birth:    /    /                      Gender:  M  F                      Preferred Language:

Current Address:

Number and Street:	Apt. No.	City	State:	ZIP
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Mailing Address (If Different) Telephone Number:

- You are living in a:
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Private Housing      | <input type="checkbox"/> Residential Housing       | <input type="checkbox"/> Teen Living Program |
| <input type="checkbox"/> Public Housing       | <input type="checkbox"/> Commercial Boarding House | <input type="checkbox"/> Migrant Camp Site   |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Employer Provided Housing | <input type="checkbox"/> Shelter             |

Are You Homeless?    Yes     No

How many people live in your household (not including yourself)?

		Yes	No								
1. Do you want to give permission to someone else to apply or get SNAP benefits for you?											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Last Name:</td> <td style="width: 25%;">First Name:</td> <td style="width: 10%;">M.I.</td> <td style="width: 40%;">Phone Number:</td> </tr> <tr> <td colspan="4">Address:</td> </tr> </table>				Last Name:	First Name:	M.I.	Phone Number:	Address:			
Last Name:	First Name:	M.I.	Phone Number:								
Address:											
2. Is anyone in your household pregnant? .....		<input type="checkbox"/>	<input type="checkbox"/>								
3. Is there a child in your household who is not your child, who is under 18, and who is not under your control and supervision? .....		<input type="checkbox"/>	<input type="checkbox"/>								
4. Is anyone in your household a boarder? .....		<input type="checkbox"/>	<input type="checkbox"/>								
5. Are foster care payments being made for anyone in your household?.....		<input type="checkbox"/>	<input type="checkbox"/>								
6. Is anyone in your household NOT a resident of Massachusetts or is intending to leave Massachusetts?.....		<input type="checkbox"/>	<input type="checkbox"/>								

7. Is anyone in your household NOT a U.S. citizen? .....
8. Does anyone in your household want to register to vote?.....
9. Is anyone in your household physically or mentally disabled? .....
10. Is anyone in your household currently working or has worked at any time in the last sixty days?.....
11. Is anyone in your household eligible to receive or receiving any other type of income such as child support, Social Security, Workers' Compensation, Veterans Benefits? .....
12. Does anyone in your household have a legal obligation to pay child support to someone not living in the household? .....
13. Does anyone in your household have child or adult day care expenses?.....
14. Does anyone in your household have health insurance expenses?.....
15. Does anyone in your household who is 60 or older or is disabled have out-of-pocket medical expenses?.....
16. What type of shelter expenses do you have? Rent/Mortgage .....    
Property Taxes .....    
Other .....
17. Do you pay for:  Heating and/or cooling costs separately from your rent/mortgage  
 Any other utilities (not including heating/cooling)  
 A telephone, including cellular phone
18. Have you received, or do you think you will receive Fuel Assistance payments? .....

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In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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 (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

**1. mail:**

Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or

**2. fax:**

(833) 256-1665 or (202) 690-7442; or

**3. email:**

[FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

*By signing this application, I hereby certify under penalty of perjury that the answers in this application and/or any supplemental documents or information I may provide to the Department of Transitional Assistance in the future are accurate and complete to the best of my knowledge. I understand that providing inaccurate information or withholding information that affects my SNAP eligibility can lead to civil and criminal penalties. I also certify that all members of my food stamp household requesting SNAP benefits are either U.S. citizens or noncitizens in satisfactory immigration status.*

\_\_\_\_\_ / / \_\_\_\_\_  
Applicant Signature Date