



Massachusetts Department of Transitional Assistance

SNAP Work Rules Exemption Form

Agency ID: _____

SNAP rules say that certain individuals are limited to 3 months of SNAP benefits unless they are working, volunteering, participating in certain employment and training programs, or are exempt. Answer the following questions to help DTA determine if you or someone in your SNAP household is exempt from the work rules. We will tell you if we need more information.

Name of individual who must meet the SNAP work rules:

Is this individual...

Getting a disability or illness benefit? ☐ Yes ☐ No

For example: Social Security Disability benefits, Supplemental Security Income (SSI), veteran's disability benefits, worker's compensation, short term disability, or Paid Family Medical Leave (PFML).

What is the name of the benefit? _____

Getting services now or in the past from Mass Commission for the Blind, Mass Commission for the Deaf and Hard of Hearing or the Department of Developmental Services? ☐ Yes ☐ No

Getting services from Mass Department of Mental Health or MassAbility? ☐ Yes ☐ No

If **yes**, is the illness/disability expected to last 90 days or more? ☐ Yes ☐ No

Pregnant? ☐ Yes ☐ No If **yes**, what is the estimated due date? _____

Caring for a child under 6 or caring for a person (adult or child) with a disability, even if not living in the same home? ☐ Yes ☐ No

Getting or did they apply for Unemployment benefits? ☐ Yes ☐ No

In school, a training program, or college at least half time? This includes refugee training programs, business or technical schools, trade or vocational schools, etc. ☐ Yes ☐ No

If **yes**, what is the name of the school/program? _____

What is the expected graduation or completion date? _____

Earning at least \$217.50 per week (or work 30 hours or more per week)? ☐ Yes ☐ No

Participating in a substance use treatment program? ☐ Yes ☐ No

Having a health problem or a disability that prevents them from working at least 30 hours per week? This could be mental, physical, sensory, learning, intellectual, cognitive, developmental, substance dependency or as a victim of domestic violence, sexual harassment, sexual assault or stalking.

☐ Yes ☐ No

An Indian, Urban Indian, or California Indian as described in the Indian Health Care Improvement Act? ☐

Yes ☐ No

Does this person have a stable night-time residence? ☐ **Yes** ☐ **No**

If you answered “**No**” to this question, please answer the below questions. If you answered “**Yes**,” you can leave these questions blank.

Do you have a high school diploma or equivalency (GED or HiSet)? ☐ **Yes** ☐ **No**

Have you been steadily employed or a full-time student for at least 6 months in the last year? ☐
Yes ☐ **No**

Do you regularly see a health care provider, such as a dentist, psychiatric care/therapy, or treatment for ongoing illness? ☐ **Yes** ☐ **No**

Have you been hospitalized in the last 6 months?
☐ **Yes** ☐ **No**

By signing below, I am agreeing under penalty of perjury that this information in this form is true and correct.

Signature

____/____/____

Date

People who get EAEDC and most people who get TAFDC cash benefits are exempt from the SNAP work rules. Learn how to apply at [DTAConnect.com](https://www.dtaconnect.com).

This institution is an equal opportunity provider.

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, call 617-348-8555 to find out how to file a complaint.

To give this form to DTA (or you can also write exemption information on a handwritten note):

- Upload to DTA Connect
- Mail to the DTA Document Processing Center: P.O. Box 4406, Taunton, MA 02780
- Fax to 617-887-8765
- Scan at a local DTA office
- Call the DTA Assistance Line at 877-382-2363