



Department of Transitional Assistance
Permission to Share Information Form (PSI)

Organizations must keep the signed PSI form on file and make the form available to DTA upon request.

Section 1: DTA Client or Applicant

Example Customer

Client/Applicant Name

1234567

12/02/1950

DTA Agency ID (if known) or Last Four Digits of SSN

Date of Birth MM/DD/YYYY

Section 2: Information to be Shared (check one or both)

- ☐ 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.
- ☒ 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.

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.

Section 3: SNAP Outreach Partner/DTA Pathways to Work Provider

Jewish Vocational Service (JVS)	(617) 399-3131
Name of Organization	Organization Phone
75 Federal Street, Boston, MA 02110	208
Address of Organization	Organization ID
MassHire Fall River Career Center	
Via MassHire Career Center	

Section 4: Right to Change Your Mind:

You may change your mind and stop sharing this information. To stop it, you must:

- call 877-382-2363 during regular business hours and speak to a DTA Representative; or
- sign a written request and:
 - 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

09-380-0123-05



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Section 5: Signature

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.

Example Signature

Client/Applicant Signature

10/23/2024

Date

This form is valid for two years from the date of the applicant/client signature, unless revoked (see Section 4).

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

Esta institución es un proveedor que ofrece igualdad de oportunidades.

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.

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