



**Massachusetts Department of Transitional Assistance**  
**SNAP BENEFITS FOR YOU AND YOUR FAMILY**  
**APPLY TODAY! IT'S EASIER THAN YOU THINK!**



**HOW TO APPLY**

To apply for SNAP benefits, please fill out this application and mail it to DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420, or fax to 617-887-8765. If you want more information please call 1-877-382-2363 or visit our website at [www.mass.gov/dta](http://www.mass.gov/dta). You can also apply for SNAP benefits online by going to [www.mass.gov/vg/selfservice](http://www.mass.gov/vg/selfservice).

**IMPORTANT:** We will accept your application if it contains your name and address (*if you have one*) on page 1 and your signature on page 8. This minimal information will establish your application filing date. However, the remaining information on the form must be completed, and we must interview you to determine your eligibility. Benefits are provided from the date of application.

Please try to answer all the questions on the application. The more information we have, the more quickly we will be able to act on your application. If you aren't sure what a question means or how to answer it, leave it blank and we will talk about it during your interview. After we receive your application, we will contact you for an interview and ask you more questions. This interview will take place either in an office or over the telephone. If you need an interpreter to help you complete this form or for the interview, tell us and we will arrange for one. Below we list the types of things you will need to provide for your application. Please look at the list and gather the proofs you will need.

**YOU MAY GET SNAP BENEFITS WITHIN SEVEN DAYS IF ONE OF THE FOLLOWING IS TRUE:**

- Does your income and money in the bank add up to less than your monthly housing expenses?  yes  no
- Is your monthly income less than \$150 and your money in the bank \$100 or less?  yes  no
- Are you a migrant worker and is your money in the bank less than \$100?  yes  no

We are asking you about money in the bank to screen for expedited SNAP benefits. You will not be asked to give proof of your money in the bank. If we decide you cannot get SNAP benefits within 7 days (expedited service) and you disagree, or if you are determined eligible for expedited service, but do not receive your SNAP benefits by the seventh calendar day after the date you applied, you have a right to a conference with a supervisor.

To apply for SNAP benefits, you need to prove your income, expenses and other information. You only need to prove information that applies to you. For example, if you do not have a job, then you do not need to worry about earned income in the list below.

When you get SNAP benefits, you will be given an account, like a bank account. Each month, your SNAP benefits will be put into your account. To use your SNAP benefits, you will get an EBT card which you will use like an ATM or credit card. Your privacy is important and using the EBT card helps maintain that privacy. You can use your EBT card at grocery stores, convenience stores, markets and co-ops. You use it in the same way you would buy food with a debit/ATM or credit card.

Things you must provide, if they apply to you, to receive SNAP benefits

1. **Proof of Identity:** Driver's license, birth certificate or other proof of your identity.
2. **Proof of Massachusetts Residence:** Current rent receipt, lease, mortgage statement, tax document, homeowner's insurance or utility bills. If you are homeless, a motor vehicle registration, statement from a shelter, from the person you are staying with temporarily, or a verbal or written confirmation from someone we can contact who knows your situation.
3. **Earned Income:** Pay stubs or written statement from employer on letterhead showing income before taxes for the past four weeks.
4. **Other Income:** Most recent copy of Social Security check or copy of award letter, proof of unemployment compensation, workers' compensation, pension, child support or alimony.
5. **Self-Employment:** Most recent federal tax return (Schedule C Form) or last three months of business records.
6. **Rental Income:** If you get paid by someone who rents a room or apartment from you, a copy of the lease agreement or statement from your tenant showing the amount of rent paid.
7. **Noncitizen Status:** For all non-US citizens applying for SNAP benefits, alien registration card or other immigration document.
8. **Child Support Payments:** If you make child support payments to someone not living with you, show proof of the legal obligation to make the payment, such as a court order, tax returns showing legally obligated support payments, verification of withholding from unemployment compensation, and the amount paid.

Things you may provide, if they apply to you, to receive higher SNAP benefits. *SNAP rules allow you to deduct certain expenses from your countable income.*

1. **Housing Costs:** rent receipt or mortgage statement, real estate taxes or homeowners' insurance bill.
2. **Utilities:** home heating oil, gas, electricity, telephone (including cell phones), or other utility expenses such as garbage disposal, wood or coal
3. **Child Care or Adult Dependent Care Expenses** in-home or out-of-home care
4. **Medical Expenses:** If you or anyone in your household is age 60 or older or has a certified disability, *out-of-pocket medical expenses must be verified* with receipts for co-payments or premiums on health insurance, or receipts for dentures, eyeglasses, hearing aids, hearing aid batteries, prescription medications, doctor-prescribed pain relievers or over-the-counter drugs, and transportation to get to and from medical services.

**Note:** Certain households, such as those with disqualified members, will be asked to provide information and verification of bank accounts and other assets.

After your interview, you will get a list of things you will need to show us. **Pay stubs, utility bills and other proof must not be more than four weeks old from the day that you turn in your application.**



Massachusetts Department of Transitional Assistance  
**SNAP Benefits Application**



Source: (please check one)

- CEO  Project Bread  DMH  
 DMR  BMC  Food Pantry  
 MRC  Other \_\_\_\_\_

|  |  |  |                               |
|--|--|--|-------------------------------|
| <b>1. Information About You (Answer all boxes.)</b> If you are a noncitizen who chooses <b>NOT</b> to apply for SNAP benefits, you do not need to tell us your Social Security number or immigration status.   |  |  |                               |
| Last Name  | First Name   | Middle Initial   | Social Security Number<br>- - |
| Is this name your (check one) <input type="checkbox"/> Name at Birth <input type="checkbox"/> Maiden Name <input type="checkbox"/> Married Name<br><input type="checkbox"/> Prior Marriage Name <input type="checkbox"/> Alias   |  |  |                               |
| Date of Birth  | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Are you pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no |                               |
| <b>Marital Status</b> (check one) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced<br><input type="checkbox"/> Separated <input type="checkbox"/> Widowed   |  |  |                               |
| What is your <b>preferred</b> language?  |  |  |                               |
| Your <b>ethnicity/race</b> : This information is collected to make sure everyone is treated fairly. Your answer is voluntary, and it will not affect your eligibility or benefit amount.<br><b>Ethnicity:</b> Hispanic or Latino <input type="checkbox"/> yes <input type="checkbox"/> no<br><b>Race:</b> (check all applicable)<br><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White |  |  |                               |
| Do you have a special situation? (Check all boxes that apply to you.)<br><input type="checkbox"/> Physical/Mental Impairment <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired<br><input type="checkbox"/> Interpreter Required <input type="checkbox"/> Sign Language Required <input type="checkbox"/> Other _____  |  |  |                               |

|  |                   |  |                  |
|--|-------------------|--|------------------|
| <b>2. Information About Where You Live and How to Contact You (Answer all boxes.)</b>  |                   |  |                  |
| Your current address   | Number and Street | Apt #  | City, State, ZIP |
| Are you homeless? <input type="checkbox"/> yes <input type="checkbox"/> no   |                   | Is your current address temporary? <input type="checkbox"/> yes <input type="checkbox"/> no            |                  |
|  |                   | Is your current address your mailing address? <input type="checkbox"/> yes <input type="checkbox"/> no |                  |
| If a temporary address, list your permanent address.   |                   |  |                  |
| If you have a different mailing address, please list.  |                   |  |                  |
| <b>Type of housing</b> you live in<br><input type="checkbox"/> Private Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> Commercial Boarding House<br><input type="checkbox"/> Transitional Housing <input type="checkbox"/> Residential Facility <input type="checkbox"/> Employer-provided Housing<br><input type="checkbox"/> Teen Living Program <input type="checkbox"/> Migrant Campsite <input type="checkbox"/> Shelter<br><input type="checkbox"/> Temporary Housing (eg. car, tent) <input type="checkbox"/> Student Housing (e.g. dormitory) |                   |  |                  |

**2. Information About Where You Live and How to Contact You (Continued)**

If you have an email address, please list: \_\_\_\_\_

Your **daytime** telephone number(s)

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

A good time of day to reach you by telephone: Time: \_\_\_\_\_

**Circle all that apply:**  Monday  Tuesday  Wednesday  Thursday  Friday

**3. Person Helping with Your Application**

|                   |            |                |                  |
|-------------------|------------|----------------|------------------|
| Last Name         | First Name | Middle Initial | Telephone Number |
| Number and Street |            | City/Town      | State ZIP        |

**4. Authorized Representative**

Do you want to give this person permission to apply or get SNAP benefits for you?  yes  no

**5. Waiver of the Face-to-Face Interview**

If you are unable to come to the DTA office for an interview, please check all reasons that apply.

- Elderly/Disabled       Transportation Problems       Work during DTA office hours  
 Child Care/Care of Disabled Household Member       Other \_\_\_\_\_

**IMPORTANT: Be sure to list your telephone number(s) on page 1. We need to be able to call you if we have questions about your application or have to interview you over the phone.**

**6. Questions Regarding Citizenship Status**

- a. Are you and all household members U.S. citizens by birth or naturalization?  yes  no  
If Yes, go to Question 7. If No, go to Part b, below.
- b. Under SNAP rules (106 CMR 362.220), a noncitizen who is unable or unwilling to provide immigration status information and/or Social Security number due to immigration status does not need to do so. This noncitizen will be ineligible for SNAP benefits. However, the remaining members of the household may apply for benefits.

1. List any household member(s) who chooses **NOT** to apply for SNAP benefits:

\_\_\_\_\_

2. Check here if all members choose to apply:

**7. Information About People You Live With - Please list everyone you live with. Do not include yourself.**  
 (Attach a separate sheet if necessary.) Noncitizens living with you who choose not to apply for SNAP benefits do not need to tell us their Social Security number or immigration status.

|   |            |   |               |  |                     |
|---|------------|---|---------------|--|---------------------|
| Last Name   | First Name | Middle Initial  | Date of Birth | Gender<br><input type="checkbox"/> M <input type="checkbox"/> F    | Relationship to you |
| Do you purchase and prepare food together? <input type="checkbox"/> yes <input type="checkbox"/> no |            | Is this person applying for SNAP benefits? <input type="checkbox"/> yes <input type="checkbox"/> no |               | Social Security Number<br>- -                                      |                     |
| Marital Status  |            |   |               | Pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no |                     |

|   |            |   |               |  |                     |
|---|------------|---|---------------|--|---------------------|
| Last Name   | First Name | Middle Initial  | Date of Birth | Gender<br><input type="checkbox"/> M <input type="checkbox"/> F    | Relationship to you |
| Do you purchase and prepare food together? <input type="checkbox"/> yes <input type="checkbox"/> no |            | Is this person applying for SNAP benefits? <input type="checkbox"/> yes <input type="checkbox"/> no |               | Social Security Number<br>- -                                      |                     |
| Marital Status  |            |   |               | Pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no |                     |

|   |            |   |               |  |                     |
|---|------------|---|---------------|--|---------------------|
| Last Name   | First Name | Middle Initial  | Date of Birth | Gender<br><input type="checkbox"/> M <input type="checkbox"/> F    | Relationship to you |
| Do you purchase and prepare food together? <input type="checkbox"/> yes <input type="checkbox"/> no |            | Is this person applying for SNAP benefits? <input type="checkbox"/> yes <input type="checkbox"/> no |               | Social Security Number<br>- -                                      |                     |
| Marital Status  |            |   |               | Pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no |                     |

8. Is there a **child(ren) under age 18 living with you who is not your child**, and who is **not** under your supervision and control?  yes  no  
 If **yes**, who? \_\_\_\_\_
9. Is anyone living with you a **roomer** or **boarder** (person who pays for a room or room and meals)?  yes  no  
 If **yes**, what is this person's name? \_\_\_\_\_
10. Are **foster care payments** being made to your household for anyone living with you?  yes  no  
 If **yes**, for whom are the payments being made? \_\_\_\_\_
11. Are you or is anyone living with you a **resident of a state other than Massachusetts** or country other than the U.S. or are you or is anyone living with you intending to leave Massachusetts?  yes  no  
 If **yes**, who is not a resident or is intending to leave? \_\_\_\_\_
12. Are you or is anyone living with you **NOT a U.S. citizen**?  yes  no
13. Do you or anyone living with you who is 18 or older and a United States citizen and Massachusetts resident want to **register to vote**?  yes  no  
 If **yes**, who would like to register? \_\_\_\_\_
14. Are you or is anyone living with you physically or mentally **disabled** temporarily or long-term?  yes  no  
 If **yes**, who is disabled? \_\_\_\_\_

**15. Earnings**

Are you or is anyone living with you presently working, or were you or anyone else living with you working in the last 60 days?  yes  no

If **yes**, complete the following section. (Attach a separate sheet, if necessary.)

**IMPORTANT:** Be sure to complete this section if you or anyone else living with you is self-employed.

|           |            |            |                         |   |                         |                 |  |
|-----------|------------|------------|-------------------------|---|-------------------------|-----------------|--|
| Last Name |            | First Name |                         | Employer Name, Address & Telephone Number |                         |                 |  |
| Job Title | Start Date | End Date   | Hourly Wage<br>\$ _____ | Weekly Hours                              | Weekly Tips<br>\$ _____ | How Often Paid? | Permanent Job?<br><input type="checkbox"/> yes <input type="checkbox"/> no |

If job ended, last day of work \_\_\_\_/\_\_\_\_/\_\_\_\_

Record most recent wage information here:

| Date |    | Gross Amount | Hours |
|------|----|--------------|-------|
| From | To |              |       |
|      |    | \$ _____     |       |
|      |    | \$ _____     |       |
|      |    | \$ _____     |       |

**16. Other Income**

Are you or is anyone living with you eligible to receive or receiving **any other type of income** such as Unemployment Compensation, Child Support, Social Security, SSI, Workers' Compensation, Veterans' Benefits, Pensions or Rental Income?  yes  no

If **yes**, complete the following section. (Attach a separate sheet, if necessary.)

| Name | Type of Income | Amount | How often received? | Date Income Started |
|------|----------------|--------|---------------------|---------------------|
|      |                |        |                     |                     |
|      |                |        |                     |                     |

17. Do you or does anyone living with you have a court order (legal obligation) to pay **child support** to a child not living with you?  yes  no How often paid?  Monthly  Weekly Amount \$ \_\_\_\_\_

18. Do you or does anyone living with you have **child care or adult dependent care expenses**?  yes  no How often paid?  Monthly  Weekly Amount \$ \_\_\_\_\_

19. Do you or does anyone living with you who is 60 years old or older or who is disabled have **health insurance expenses**?  yes  no How often paid?  Monthly  Weekly Amount \$ \_\_\_\_\_

20. Do you or does anyone living with you who is 60 years old or older or who is disabled have **out-of-pocket medical expenses**?  yes  no If **yes**, complete the following section.

| Name | Type | How often paid? | Amount | Date you started paying |
|------|------|-----------------|--------|-------------------------|
|      |      |                 |        |                         |
|      |      |                 |        |                         |
|      |      |                 |        |                         |

## 21. Shelter Expenses

What type of shelter expenses do you have?

Rent/Mortgage  yes  no

Rent/Mortgage amount per month \$ \_\_\_\_\_

Property Taxes  yes  no

Other  yes  no

## 22. Utility Expenses

What type of utility expenses do you pay for **separate** from your rent?

1. I pay to heat my home (oil, gas, electricity or propane, etc.) or share heating costs with others.  yes  no
2. I have an air conditioner that I use in the summer, and I pay for electricity or share the cost with others.  yes  no
3. I have an air conditioner that I use in the summer, and I pay a fee to use it.  yes  no
4. I pay for electricity or gas or share this cost with others.  yes  no
5. I pay for phone service, including cell phone service (not a pre-paid phone).  yes  no

### **NOTICE OF RIGHTS, RESPONSIBILITIES AND PENALTIES (PLEASE READ CAREFULLY)**

I certify under penalty of perjury that I have read, or have had read to me, the information in this application and my answers to the questions in this application and such answers are true and complete to the best of my knowledge. I also certify under penalty of perjury that my answers on any supplement I may complete in the future will be true and complete to the best of my knowledge. I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts, either orally or in writing, to establish eligibility for SNAP is fraud, an Intentional Program Violation (IPV), and is punishable by civil and criminal penalties.

**I understand that the information I provide with my application will be subject to verification by Federal, State and local officials, to determine if such information is true; if any information is false, SNAP benefits may be denied, and I may be subject to criminal prosecution for knowingly providing false information.**

I understand that the Department of Transitional Assistance (DTA) administers SNAP, and that DTA has 30 days from the date of application to process the application. I understand that I must report to DTA any changes in my household income, assets, address, living arrangement, family size, employment or any other changes to my household that may affect our eligibility. I understand that I must report these changes to DTA in person, in writing or by phone **within 10 days of the change** unless I am allowed by DTA to report changes under the SNAP Annual Reporting rules or Transitional Benefits Alternative (TBA) rules.

I understand that I have a right to speak to a supervisor, if I am determined ineligible for expedited SNAP benefits and I disagree, or if I am determined eligible for expedited service but do not receive my SNAP benefits by the seventh calendar day after the date I applied for SNAP.

I understand that if I choose to report child or other dependent care expenses, rent/mortgage, other shelter or utility expenses, I may receive a higher SNAP benefit. Also I understand that if I pay child support to a non-household member I can report and provide proof to DTA for this expense. If I do not report or verify the above-listed expenses(s), it could mean that I will receive less SNAP benefits each month and will be seen as my statement that the household does not want to receive a deduction for the unreported or unverified expense(s).

Likewise I understand that, if I am 60 years or older or if I am disabled and I pay for medical expenses, I can report and verify these expenses to DTA. This may make me eligible for an income deduction and increase my SNAP benefits.

I understand that by signing below, all household members between the ages of 16 and 59 are automatically work registered and enrolled in the SNAP Employment and Training Program (SNAP/E&T). The automatic SNAP/E&T enrollment allows household members to easily access SNAP/E&T services. Nonexempt household members will be notified of work requirements, have exemptions and penalties for noncompliance explained and be referred to an employment activity, if appropriate.

By signing this form, I give permission to DTA to verify and investigate the information I have given that relates to my eligibility for assistance. I give permission to DTA to get any records or data and to verify information given on this application with other agencies, including federal and state agencies, local housing authorities, out-of-state welfare departments, financial institutions and from Equifax Workforce Solutions that provides wage information to DTA. I also give permission to these agencies to give to DTA information about my household that concerns my SNAP benefits.

The Department may deny, stop or lower your benefits based on information in the report from Equifax Workforce Solutions, a consumer reporting agency. I have the right to a free copy of my report from Equifax if I request it within 60 days of the Department's decision. I have the right to question the accuracy or completeness of the information in my report. I may contact Equifax at: Equifax Workforce Solutions, 11432 Lackland Road, St. Louis, MO 63146, 1-800-996-7566 (toll free).

Prior to being approved for benefits, immigration status may be verified through the United States Citizenship and Immigration Services (USCIS), formerly known as INS. I understand that DTA may submit information from my SNAP application to USCIS, and that any information received from USCIS may affect my household's eligibility and amount of benefits.

I understand that by signing below I also give permission to DTA to share information about me and my dependents under age 19 with the Department of Elementary and Secondary Education (ESE) so that my dependents are automatically certified for school breakfast and lunch programs. I also give permission to DTA to share information about me, my dependents under age 5 and anyone pregnant in my household with the Department of Public Health (DPH) so that these individuals are referred to the Women, Infants and Children (WIC) Program for nutrition services.

I understand that by signing below I authorize the DTA and the Massachusetts Executive Office of Health and Human Services to share information about my eligibility for public assistance benefits with electric distribution companies, gas distribution companies and eligible telecommunications carriers pursuant to confidentiality agreements executed by these companies for the sole purpose of certifying my eligibility for discount utility service rates. I also authorize DTA to share my information with the Department of Housing and Community Development (DHCD) for the purpose of enrolling me in the Heat & Eat Program.

I understand that I will receive a copy of the "Your Right to Know" brochure and the SNAP Program brochure, that I must read or have them read to me and that I must understand their contents and my rights and responsibilities. If I have any questions about the brochures or if I have trouble reading or understanding any of this information, any of this information I will contact DTA at: 1-877-382-2363.

I also swear that all members of my SNAP household requesting SNAP benefits are either U.S. citizens or non-citizens in satisfactory immigration status.

### **Right to Register to Vote**

I understand I have the right to register to vote at DTA. I understand that DTA will help me fill out the voter registration application form if I want help and that I am allowed to fill out the voter registration application form in private. I understand that applying to register or declining to register to vote will not affect the amount of assistance I get from DTA.



## SNAP Penalty Warning

I understand that if I or any member of my SNAP household intentionally breaks any of the rules listed below, that person may be barred from SNAP for *one year* after the first violation, *two years* after the second violation and *permanently* after the third violation. The person may be prohibited from receiving SNAP for one year to permanently, fined up to \$250,000, imprisoned up to 20 years or both. S/he may also be subject to prosecution under other applicable Federal and State laws. S/he may also be prohibited from receiving SNAP for an additional 18 months if court ordered. These rules are:

- Do not give false information or hide information to get SNAP benefits.
- Do not trade or sell SNAP benefits.
- Do not alter EBT cards to get SNAP benefits you are not entitled to receive.
- Do not use SNAP benefits to buy ineligible items, such as alcoholic drinks and tobacco.
- Do not use someone else's SNAP benefits or EBT card, unless you are an authorized representative.

I also understand the following penalties:

- Individuals who commit a **cash program** Intentional Program Violation (IPV) that is confirmed in an Administrative Disqualification Hearing (ADH), will be barred from SNAP for the same period the individual is barred from cash assistance.
- Individuals who make a fraudulent statement or representation about their identity or place of residence to receive multiple SNAP benefits *simultaneously* will be barred from SNAP for **ten years**.
- Individuals who trade (buy or sell) SNAP benefits for a controlled substance/illegal drug(s), will be barred from SNAP for a period of **two years** for the first finding, and **permanently** for the second finding.
- Individuals who trade (buy or sell) SNAP benefits for firearms, ammunition or explosives, will be barred from SNAP **permanently**.
- Individuals who trade (buy or sell) SNAP benefits having a value of \$500 or more, will be barred from SNAP **permanently**.
- The State may pursue an IPV against an individual who makes an offer to sell SNAP benefits or an EBT card online or in person.
- Individuals who are fleeing to avoid prosecution, custody or confinement after conviction for a felony, or are violating a condition of probation or parole, are *ineligible* to participate in SNAP.
- Individuals who fail to comply without good cause with SNAP Work Requirements will be disqualified from SNAP for a period of **three months** for the first finding, **six months** for the second finding and **twelve months** for the third finding. If the individual found to have failed to comply for a third time is the head of the SNAP household, the *entire* household shall be ineligible to participate in SNAP for a period of **six months**.
- Paying for food purchased on credit is not allowed and can result in disqualification from SNAP.
- Individuals may not purchase products with SNAP benefits with the intent to discard the contents and return containers for cash.

## Right to an Interpreter

I understand that I have a right to an interpreter provided by DTA if no adult in my SNAP household is able to speak or understand English. I also understand that I can get an interpreter for any DTA fair hearing or bring one of my own. If I need an interpreter for a hearing, I must call the Division of Hearings at least one week before the hearing date.

## Nondiscrimination Statement

The U.S. Department of Agriculture prohibits discrimination against its customers, employees and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information Hotline Numbers (click the link for a list of hotline numbers by State), found online at [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

USDA is an equal opportunity provider and employer.

Massachusetts law also prohibits discrimination, including discrimination based on ancestry. To file a complaint in Massachusetts contact:

Massachusetts Commission Against Discrimination, One Ashburton Place, Sixth Floor, Room 601, Boston, MA 02108; Phone: (617) 994-6000; TTY: (617) 994-6196.



**APPLICANT'S SIGNATURE:** By signing this application, I hereby certify under penalty of perjury that I have read (or have had read to me) and I understand and agree to the "Rights and Responsibilities," and the answers in this application and any additional documents I provide to the Department in the future are accurate and complete to the best of my knowledge. I have read the SNAP Penalty Warning in my primary language, have had it read to me or have had it interpreted for me. I also certify that all members of my SNAP household requesting SNAP benefits are either U.S. citizens or noncitizens in satisfactory immigration status.

Applicant Signature: \_\_\_\_\_

Date \_\_\_\_\_