

**Department of Transitional Assistance (DTA) Electronic Document Management (EDM) Mail/Fax Cover Sheet**

Please print clearly. Use this cover sheet when mailing or faxing documents to DTA.

**Head of Household Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sender**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last 4 digits of Soc. Sec. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AP ID *(if applicable)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of pages *(including cover sheet)*: \_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Agency (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Important Message

Do NOT photocopy cover sheets. Cover sheets must be originals, not copies. Use one cover sheet for each household. Do NOT use the same cover sheet to send items for more than one household.

Fax or Mail Information

Documents should be **sent** to the address below (mail or fax) to avoid a delay in processing.

**DTA Document Processing Center**

**PO Box 4406**

**Taunton, MA 02780-0420**

**Fax: 617-887-8765**

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