Massachusetts Department of Transitional Assistance  
Supplemental Nutrition Assistance Program  
SNAP Work Requirement Medical Report

Patient/Participant Name
________________________________________________________________________

Address  ___________________________________________________________________________________________________
_________________________________________________________________________________________________

The above listed individual requests verification of their physical or mental condition and/or participation in your program. Please complete this form. You or the patient/participant should return it to the DTA address listed above:

Please answer one or more of the following questions in the box below. Please sign and date this form including your profession or position in your agency.**

** This form may be signed by any of the following: physician, physician’s assistant, designated representative of the physician’s office, nurse practitioner, osteopath, licensed or certified psychologist, drug and alcohol abuse counselor, certified mental health counselor, licensed independent clinical social worker, licensed certified social worker, and certified midwife. For purposes of verifying an individual’s participation in a rehab or counseling program (question #2), the director of the program or the individual’s counselor may also sign this statement.

I certify that the information provided above is true and accurate.

________________________________________________________________________
Name (please print) ____________________ Title/profession** ____________________ Date form signed ___/____/________

Signature ____________________ Address ____________________ Phone ____________________

Give this form to DTA
• By Mail: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420
• By fax: (617) 887-8765
• Upload to the DTA Connect App

Give this form to DTA
• By Mail: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420
• By fax: (617) 887-8765
• Upload to the DTA Connect App

This institution is an equal opportunity provider.

FSPWR-WP-MED (Rev. 12/2017)  
09-320-1217-05