

# Commonwealth of Massachusetts Executive Office of Health and Human Services Department of Transitional Assistance 600 Washington Street • Boston, MA 02111

TIMOTHY MURPHY Secretary

JOHN A. WAGNER
Commissioner

Field Operations Memo 2005-50 October 3, 2005

To:

**Transitional Assistance Office Staff** 

Cescia Derderian, Assistant Commissioner for Field Operations

Re:

Bay State CAP Outreach Plan - Phase Two

# **Background**

The Commonwealth of Massachusetts Combined Application Project (Bay State CAP) created an easier way for eligible Supplemental Security Income (SSI) applicants/recipients to apply for food assistance. The Department of Transitional Assistance (DTA) implemented the project on February 1, 2005. As part of the initial implementation, DTA converted existing eligible Food Stamp Assistance Units (FS AUs) to Bay State CAP.

At the time of implementation, approximately 60,000 recipients of SSI were eligible for, but not receiving, FS benefits. Nutritional assistance in the form of food stamps would be a vital benefit to this vulnerable and underserved population in Massachusetts. In the waiver with the U.S. Department of Agriculture (USDA), DTA agreed to outreach to these individuals. The outreach to SSI recipients who appear to be eligible for Bay State CAP is taking place in two phases.

In Phase One, DTA targeted 30,000 Bay State CAP eligible individuals who were coded for SSI purposes in State Living Arrangement A (living alone). DTA chose these individuals, because the State Data Exchange (SDX) system provided all the information required to determine eligibility. More than 22,000 SSI recipients chose to enroll in Bay State CAP during the first phase, or about 75% of the targeted individuals. As a result of issues raised during the implementation of Phase One, modifications have been made to the Phase Two process.

## Overview of Phase Two

Phase Two will target three populations:

- Target Group 2A Bay State CAP eligible individuals who are coded for SSI purposes in State Living Arrangement A (living alone) who were not included in Phase One because their SSI (re)approval dates occurred after February 1, 2005.
- Target Group 2B SSI recipients who are coded for SSI purposes in State Living Arrangement B (sharing expenses) who are not group home residents. For individuals who share expenses, SDX does not provide all the information required to determine eligibility. DTA must explore the "purchase and prepare" arrangement for these households.

NOTE: Individuals living in homeless shelters are coded for SSI purposes as in State Living Arrangement B and are included in Target Group 2B.

Phase Two Outreach to target groups 2A and 2B will be implemented through automatic enrollment.

• Target Group 2GH - Residents of licensed group homes for the blind and disabled.

Phase Two Outreach to group home residents will be implemented through the more traditional means of mailing out Enrollment Forms that must be completed and returned to DTA before enrollment occurs.

# Phase Two Outreach to Target Groups 2A and 2B

# Phase Two Process -Groups 2A and 2B

*On the weekend of October 8,* MIS will select SSI recipients who meet the criteria for Target Populations 2A and 2B.

#### **BEACON** will:

- Create a pending Bay State CAP FS AU;
- Assign the AU to an AU Manager;
- Calculate the initial Bay State CAP Outreach benefit using Social Security Administration (SSA) income, the Bay State CAP Low Shelter Standard, and the Bay State CAP Standard Utility Allowance (SUA) to issue one month of benefits;
- Certify the AU for one month, through the November, 2005 benefit cycle;
- Generate a benefit authorization file to make benefits available on November 1, 2005; and
- Place a note in the BEACON Narratives tab in each Bay State CAP AU, stating: *CAP Outreach Benefit Issued for 11/2005*.

# Phase Two Outreach to Groups 2A and 2B (cont.)

On October 21, Outreach packages will be mailed. The packages will include a notice (see Attachments A and B) as well as the Bay State CAP Outreach and How to Use Your Bay State Access Card brochures.

On October 25, Bay State Access Cards will be mailed.

On October 26, Personal Identification Numbers (PINs) will be mailed.

*On November 1*, November Bay State CAP food assistance benefits will be available to target group members.

From November 1 to November 30 (30 days), target group members may choose to access Bay State CAP benefits by making a food purchase using the Bay State Access Card and PIN.

*On the weekend of December 3*, MIS will determine which target group members have accessed Bay State CAP benefits by the deadline.

- If a target group member accessed Bay State CAP benefits, BEACON will:
  - $\sqrt{\text{Switch the pending FS AU to active}}$
  - √ Recalculate the CAP benefit amount based on any new information from SSA;
  - $\sqrt{}$  Extend the AU certification for 35 months;
  - √ Place a note in the BEACON Narratives tab in each Bay State CAP AU stating: *CAP outreach benefits accessed. CAP extension notice sent, certification period extended and benefits recalculated.*
  - √ Generate a Bay State CAP Extension Notice (see Attachment C).
- If a target group member did not access Bay State CAP benefits, BEACON will:
  - √ Deny the pending FS AU for *Failure to Access CAP Outreach Benefits*;
  - √ Reduce Bay State CAP Outreach food assistance benefits to zero in the Electronic Benefit Transfer (EBT) account;
  - $\sqrt{}$  Remove the benefit from BEACON Benefit History; and
  - √ Place a note in the BEACON Narratives tab in each Bay State CAP
    AU stating: AU was denied because CAP outreach benefits not used.
    Outreach payment was removed from the EBT account.

# Phase Two Outreach to Groups 2A and 2B (cont.)

**Beginning December 6**, Bay State CAP Extension Notices will be mailed (*staggered*, *based on last digit of SSN*). The notice will provide the following information:

- Monthly Bay State CAP benefit amount;
- Extended certification period;
- Transitional Assistance Office (TAO);
- Assistance Unit Manager (AUM); and
- Information regarding shelter costs.

The Bay State CAP Shelter Statement (FS-BSC-3) requesting shelter cost information will be included in the mailing.

# **Phase Two Outreach to Licensed Group Home Residents**

# Phase Two Process – Licensed Group Home Residents

*On the weekend of October 8*, MIS will select SSI recipients who meet the criteria for Target Population 2GH.

#### **BEACON** will:

- Create a pending Bay State CAP FS AU;
- Assign the AU to an AU Manager;
- Calculate the initial Bay State CAP Outreach benefit using SSA income, the Bay State CAP Low Shelter Standard, and the Bay State CAP SUA to issue one month of benefits;
- Certify the AU through the November, 2005 benefit cycle;
- Generate a benefit authorization file to make benefits available on November 1, 2005; and
- Place a note in the BEACON Narratives tab in each Bay State CAP AU, stating: *CAP Outreach Benefit Issued for 11/2005*.

*On October 21*, Outreach packages will be mailed. The packages will include a notice (see Attachment D) and an Enrollment/Authorized Representative Form (see Attachment E).

*On November 1*, November Bay State CAP food assistance benefits will be available to the licensed group home residents.

*From November 1 to November 23 (23 days)*, licensed group home residents may choose to enroll by returning the Enrollment/Authorized Representative Form (FS-BSC-4) to the Malden Centralized SSI Office.

## Phase Two Outreach to Licensed Group Home Residents (cont.)

Using the information provided on the FS-BSC-4 form, the AU Manager assigned to the pending Bay State CAP AU must enter a request for an Agency/Home Health Care Card no later than close of business on 11/30/05. The CIS Clerk will generate and mail the card to the administrative office address indicated on the FS-BSC-4.

*On the weekend of December 3*, MIS will determine which licensed group home residents have a Bay State Access Card Request on BEACON.

- If a Bay State Access Card Request has been entered, BEACON will:
  - $\sqrt{\text{Switch the pending FS AU to active}}$
  - √ Recalculate the CAP benefit amount based on any new information from SSA;
  - $\sqrt{}$  Extend the AU certification for 35 months;
  - √ Place a note in the BEACON Narratives tab in each Bay State CAP AU stating: CAP Group Home Outreach AU enrolled. CAP extension notice sent, certification period extended and benefits recalculated.
  - √ Generate a Bay State CAP Extension Notice (see Attachment F).
- If a Bay State Access Card Request has not been entered, BEACON will:
  - √ Deny the pending FS AU for *Failure to Apply for CAP Outreach Benefits*;
  - √ Reduce Bay State CAP Outreach food assistance benefits to zero in the EBT account;
  - $\sqrt{}$  Remove the benefit from BEACON Benefit History; and
  - √ Place a note in the BEACON Narratives tab in each Bay State CAP
    AU stating: AU was denied because Group Home resident did not
    enroll in CAP. Outreach payment was removed from the EBT
    account.

**Beginning December 6**, a Bay State CAP Extension Notice will be mailed (*staggered*, *based on the last digit of SSN*). The notice will provide the following information:

- Monthly Bay State CAP benefit amount;
- Extended certification period;
- Transitional Assistance Office (TAO);
- Assistance Unit Manager (AUM); and
- Information regarding shelter costs.

An Other Agency Certification of Shelter Expenses (FS-ACSE) form will be included in the mailing.

# Bay State CAP Outreach Call Center

The Bay State CAP Outreach notice mailed on 10/21 will instruct target group members to call 1-888-203-4610 if they have questions about Bay State CAP. Beginning on 10/24/05, a Bay State CAP Outreach Call Center will be established. The Outreach Call Center will be staffed by DTA personnel.

## AU Manager Responsibility for *Active* Bay State CAP Outreach Cases

No AU Manager action is necessary to create a Bay State CAP Outreach AU, issue Bay State CAP food assistance benefits, or activate a Bay State CAP AU for a target group member.

The Bay State CAP Extension notice mailed in December will tell the Bay State CAP recipient the name and phone number of their AU Manager.

Upon receipt of a completed and signed Bay State CAP Shelter Statement (FS-BSC-3) form from 2A and 2B target population members, the AU Manager must:

- Enter \$450 on the Shelter Expense Window in BEACON; and
- Go to the Verifications Tab and select Housing Expense Amount; in the Verified With Window, select Other (Specify) and type *Bay State CAP Outreach AU*.

No additional verification of the shelter expense amount is required.

Once the AU Manager processes the change in the Interview Wrapup Window, BEACON will recalculate Bay State CAP benefits using the new information.

Upon receipt of a completed Other Agency Certification of Shelter Expenses (FS-ACSE) form from licensed group home residents, the AU Manager must:

- Enter shelter cost information in the Shelter Expense Window NOTE: Remember to subtract \$152 from the reported shelter amount in the "For DTA Use Only" section of the FS-ACSE prior to entering the information into BEACON;
- Enter SUA information in the SUA Window in BEACON; and
- Go to the Verifications Tab and select Housing Expense Amount and Utility Expense Amount (SUA); for both, in the Verified With Window, select Other (Specify) and type *FS-ACSE*.

Once the AU Manager processes the changes in the Interview Wrapup Window, BEACON will recalculate Bay State CAP benefits using the new information.

NOTE: If the AU Manager enters utility information in the SUA Window on a Bay State CAP AU, the shelter amount must also be entered in the Shelter Expense Window.

# FS Applications for Pending Bay State CAP Outreach AUs

Processing FS
Applications for
a Pending Bay
State CAP
Outreach AU

Some individuals for whom a pending Bay State CAP AU has been created will make an application during October or November. When this occurs, the AU Manager (Mail-In, Drop-Off, or Walk-in applications) or TAO Web Liaison (Web applications) must assess if the applying AU meets the Bay State CAP criteria outlined in Field Operations Memo 2005-4.

## A. Applicant does not meet Bay State CAP criteria

- AU Manager must:
  - √ Contact the Malden Centralized SSI Office (or appropriate TAO) and request that the case be transferred;
  - √ Initiate the Recertification process in BEACON (which will switch the AU to regular FS);
  - √ Process as regular FS application (phone interview, request for verifications, etc);
  - $\sqrt{}$  If application is approved, recertify with December start date;
  - √ Calculate Supplemental Payment for October and/or November (depending on the application date) and enter amount owed into the Related Benefit Window (remember to take into account the November CAP benefit amount recorded in the Results tab):
  - √ Mail a Notice of Supplemental Benefits for each approved application owed benefits; and
  - √ Place a note in the BEACON Narratives tab stating: Approved regular FS—AU does not meet Bay State CAP criteria. Supplemental Benefit calculated and issued.

# B. Applicant meets Bay State CAP criteria

- Using *What If*, the AU Manager must calculate regular FS benefits and Bay State CAP benefits, if the applicant provides information of high shelter costs. If regular FS benefits are higher, the AU Manager must:
  - √ Follow the instructions above for AUs that do not meet Bay State CAP criteria; and
  - √ Place a note in the BEACON Narratives tab stating: *Approved regular FS—Bay State CAP benefits lower than regular FS benefits. Supplemental Benefit calculated and issued.*

NOTE: Bay State CAP Outreach AUs do not need to be denied since these individuals did not apply for these benefits and regular FS benefits will be higher.

# FS Applications for Pending Bay State CAP Outreach AUs (cont.)

- If Bay State CAP benefits are higher and the pending CAP AU is located in the Malden Centralized SSI Office, the AU Manager must:
  - √ Contact the Malden Centralized SSI Office. The Malden Centralized SSI Office must:
    - Calculate a supplemental payment for October (for AUs that applied in October); and
    - Place a note in the BEACON Narratives tab stating: October FS benefits calculated and to be issued as Supplemental Benefit for 10/05.
- If Bay State CAP benefits are higher and the pending CAP AU is located in the TAO, the AU Manager must:
  - Calculate a supplemental payment for October (for AUs that applied in October); and
  - Place a note in the BEACON Narratives tab stating: October FS benefits calculated and to be issued as Supplemental Benefit for 10/05.

Once the steps listed above have been taken, the Director/Director Designee of either the Malden Centralized SSI Office or the TAO where the CAP case resides must:

- Call the Help Desk at 617-348-5290 with the amount owed (Central Office staff will ensure that payment is issued);
- Manually complete and mail a Denial Notice for each denied application. Use the FSNL-2 form for denials. The denial reason is: *Because you have been approved for Bay State CAP food assistance benefits:*
- Mail a Notice of Supplemental Benefits for each approved application owed benefits; and
- Place a note in the BEACON Narratives tab stating: *Active Bay State CAP—FS application denied*.

#### Questions

If you have any questions, please have your Hotline designee call the Policy Hotline at 617-348-8478.

#### **Massachusetts Department of Transitional Assistance**

{RECIPIENT\_NAME} {RECIPIENT\_SSN} {RECIPIENT\_ADDRESS} {BEACON\_USER\_OFFICE NAME} {RECIPIENT\_CITY/TOWN, STATE, ZIP}

10/21/2005

## BAY STATE CAP FOOD ASSISTANCE A New Way to Help You Pay for Food

Dear {Recipient}:

The Massachusetts Department of Transitional Assistance (DTA), Social Security Administration (SSA) and United States Department of Agriculture worked together to bring you a new food assistance program called Bay State CAP. We are writing to tell you that based on SSA information you are automatically eligible for this new program.

Bay State CAP was designed to provide more money for food for elders and people with disabilities who receive Supplemental Security Income (SSI). Just like food stamps, you can use Bay State CAP food assistance benefits to buy food in supermarkets or pay for prepared meals at special meal programs.

You are eligible for Bay State CAP if:

- ♦ You live alone;
- ♦ You live with other people but buy and prepare most of your meals separately from them; or
- You are homeless.

If you choose to participate in Bay State CAP:

- You will get food assistance benefits for 36 months.
- Your food assistance benefits will be deposited in an account created just for you.
- ♦ You will use your Bay State Access Card and PIN like a credit or debit card when you go food shopping.

Your November benefit in the amount of {BENEFIT\_AMOUNT} has already been deposited in an account for you.

- You will receive your Bay State Access Card in the mail in a day or two. Be sure to watch your mail for your Bay State Access Card.
- You will receive your PIN a day or two after you receive your Bay State Access Card. Be sure to watch your mail for an envelope with a gray backing, It will have a return address of DTA Bay State CAP.

If you choose to join Bay State CAP, simply make a food purchase with your Bay State Access Card by November 30, 2005.

If you choose not to be part of Bay State CAP, do not use your Bay State Access Card. Your account will be closed and reduced to zero on December 1, 2005.

You will receive a separate letter in December telling you about your continued eligibility, monthly food assistance amount and case worker name.

Your December food assistance benefit will be placed in your account by December 15.

You have the right to name someone to go food shopping for you. This person is called your Authorized Representative. You can call 1-888-203-4610 to get more information about Authorized Representatives.

If you choose not to be part of Bay State CAP, do not use your Bay State Access Card. Your account will be closed and reduced to zero on November 30, 2005.

If you have any questions about Bay State CAP or this notice, please call 1-888-203-4610 and a DTA worker will help you. The enclosed brochure will also tell you more about Bay State CAP.

If you have questions about using your Bay State Access Card and PIN, please call 1-800-997-2555 and a customer service representative will help you.

Bay State CAP can help you buy nutritious foods. We encourage you to take advantage of this new benefit.

#### **Massachusetts Department of Transitional Assistance**

{RECIPIENT\_NAME} {RECIPIENT\_SSN} {RECIPIENT\_ADDRESS} {BEACON\_USER\_OFFICE NAME} {RECIPIENT\_CITY/TOWN, STATE, ZIP}

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#### BAY STATE CAP FOOD ASSISTANCE A New Way to Help You Pay for Food

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You are eligible for Bay State CAP if:

- ♦ You live with other people but buy and prepare most of your meals separately from them (most means 11 or more meals per week); or
- You are homeless residing in a shelter.

If you choose to join Bay State CAP:

- You will get food assistance benefits for 36 months.
- Your food assistance benefits will be deposited in an account created just for you.
- ♦ You will use your Bay State Access Card and PIN like a credit or debit card when you go food shopping.

Your November benefit in the amount of {BENEFIT\_AMOUNT} has already been deposited in an account for you.

- ♦ You will receive your Bay State Access Card in the mail in a day or two. <u>Be sure</u> to watch your mail for your Bay State Access Card.
- ♦ You will receive your PIN a day or two after you receive your Bay State Access Card. Be sure to watch your mail for an envelope with a gray backing. It will have a return address of *DTA Bay State CAP*.

If you choose to join Bay State CAP, simply make a food purchase with your Bay State Access Card by November 30, 2005.

By using your Bay State Access Card to purchase food, you are declaring that:

- ♦ you purchase and prepare most of your meals separately from others you live with ("most" means 11 or more meals per week); or
- ♦ you are homeless residing in a shelter.

If you choose not to be part of Bay State CAP, do not use your Bay State Access Card. Your account will be closed and reduced to zero on December 1, 2005.

Your December food assistance benefit will be placed in your account by December 15.

You will receive a separate letter in December telling you about your continued eligibility, monthly food assistance amount, and case worker name.

You also have the right to name someone to go food shopping for you. This person is called your Authorized Representative. You can call 1-888-203-4610 to get more information about Authorized Representatives.

If you choose not to be part of Bay State CAP, do not use your Bay State Access Card. Your account will be closed and reduced to zero on December 1, 2005.

If you have any questions about Bay State CAP or this notice, please call 1-888-203-4610 and a DTA worker will help you. The enclosed brochure will also tell you more about Bay State CAP.

If you have questions about using your Bay State Access Card and PIN, please call 1-800-997-2555 and a customer service representative will help you.

Bay State CAP can help you buy nutritious foods. We encourage you to take advantage of this new benefit.

#### **Massachusetts Department of Transitional Assistance**

{RECIPIENT\_NAME} {RECIPIENT\_SSN} {RECIPIENT\_ADDRESS} {BEACON\_USER\_OFFICE NAME} {RECIPIENT\_CITY/TOWN, STATE, ZIP}

12/XX/2005

## BAY STATE CAP FOOD ASSISTANCE A New Way to Help You Pay for Food

Dear {Recipient}:

Congratulations on accessing your Bay State CAP food assistance benefits. We are glad you took advantage of this new benefit program.

Your certification period for Bay State CAP benefits is from {FS\_CYCLICAL\_START\_DATE} through {FS\_CYCLICAL\_END\_DATE}.

Your monthly Bay State CAP benefit amount will be {FS AMOUNT}.

You already received your monthly benefit for November. Your December food assistance benefit will be placed in your account by December 15.

Beginning in January 2006, you will receive your Bay State CAP benefits on the {FS BENEFIT DAY} of each month.

Your monthly food assistance benefit amount is based on a standard shelter amount. If you pay \$450 or more per month for shelter (rent/mortgage), you may be eligible for higher Bay State CAP benefits. Complete and sign the enclosed Bay State CAP Shelter Statement if you pay more than \$450 per month for shelter costs.

If you pay less than \$450 per month for shelter, do nothing to continue getting your food assistance benefits.

Your Bay State CAP worker is {WORKER\_NAME} at {USER\_TELEPHONE\_NUMBER}. Please call your worker if you have any questions about your case.

You are entitled to {FS\_TYPE} benefits, if eligible, without regard to age, race, color, sex, handicap, religious creed, national origin, or political beliefs. If you believe that the Department, in making your eligibility determination, has discriminated against you, contact your local Transitional Assistance Office to find out how you can file a complaint.

To ask about free legal services, call: {LEGAL\_SERVICE\_INF}.

#### **Massachusetts Department of Transitional Assistance**

Attn: House Manager
{RECIPIENT\_NAME} {RECIPIENT\_SSN}
{RECIPIENT\_ADDRESS} {BEACON\_USER\_OFFICE NAME}
{RECIPIENT\_CITY/TOWN, STATE, ZIP}

10/21/2005

#### BAY STATE CAP FOOD ASSISTANCE A New Way to Help You Pay for Food

Dear {Recipient}:

The Massachusetts Department of Transitional Assistance (DTA), Social Security Administration (SSA) and United States Department of Agriculture worked together to bring you a new food assistance program called Bay State CAP. We are writing to tell you that based on SSA information you may be eligible for this new program.

Bay State CAP was designed to provide more money for food for elders and people with disabilities who receive Supplemental Security Income (SSI). You are eligible for Bay State CAP because you are eligible for food stamps as a resident of a licensed group home for the blind or disabled.

You can choose to enroll in Bay State CAP by completing the enclosed form and returning it to DTA on or before November 23, 2005.

If you choose to enroll in Bay State CAP:

- ◆ Bay State CAP food assistance benefits will be deposited in an account created just for you for the next 36 months.
- Your group home administrator will use a special Bay State Access Card and PIN to deposit food assistance monies into a food account.

Your November benefit in the amount of {BENEFIT\_AMOUNT} has already been deposited in an account for you.

You will receive a separate letter telling you about your continued eligibility, monthly food assistance amount, and case worker name during the month of December. Your next monthly food assistance benefit will be placed in your account by December 15.

If you choose not to be part of Bay State CAP, do not complete the enclosed Enrollment Form. Your account will be closed and reduced to zero on November 30, 2005.

If you have any questions about Bay State CAP or this notice, please call 1-888-203-4610 and a DTA worker will help you. The enclosed brochure will also tell you more about Bay State CAP.

Bay State CAP can help you buy nutritious foods. We encourage you to take advantage of this new benefit.



# Bay State CAP Enrollment for Group Home Residents Request for Authorized Representative

| Print Group Home Resident's Name     |  | Group Home Resident's SSN                   |  |
|--------------------------------------|--|---|--|
| I wo                                 | ould like to enroll in the Bay State CAP Progra  | m   |  |
|                                      | I authorize Print Name of House Manager and recertification of food stamp benefits only. | to act as my representative for application |  |
|                                      | I authorize  | am authorized by the above Officer's Name   |  |
|                                      | Administrative Office Address  Administrative Office FEIN                                |   |  |
| Grou                                 | up Home Resident's Signature   |   |  |
| House Manager's Signature            |  | House Manager's Telephone Number            |  |
| Agency Financial Officer's Signature |  | Agency Financial Officer's Telephone Number |  |
|                                      | Please return form no later than 11/23/05.   |   |  |
|                                      | Malden Centralized<br>200 Pleasant Street—I<br>Malden, MA (<br>Attn: Anne Louis          | DTA 5 <sup>th</sup> Floor<br>02148          |  |

Failure to return timely will result in the termination of Bay State CAP benefits.

#### **Massachusetts Department of Transitional Assistance**

Attn: House Manager
{RECIPIENT\_NAME} {RECIPIENT\_SSN}
{RECIPIENT\_ADDRESS} {BEACON\_USER\_OFFICE NAME}
{RECIPIENT\_CITY/TOWN, STATE, ZIP}

12/XX/2005

#### BAY STATE CAP FOOD ASSISTANCE A New Way to Help You Pay for Food

Dear {Recipient}:

Congratulations on enrolling in the Bay State CAP food assistance program. We are glad you took advantage of this new benefit program.

Your certification period for Bay State CAP benefits is from {FS CYCLICAL START DATE} through {FS CYCLICAL END DATE}.

Your monthly Bay State CAP benefit amount will be {FS AMOUNT}.

You already received your monthly benefit for November. Your December food assistance benefit will be placed in your account by December 15.

Beginning in January 2006, you will receive your Bay State CAP benefits on the {FS\_BENEFIT\_DAY} of each month.

Your monthly food assistance benefit amount is based on a standard shelter amount and a deduction for utilities which does not include heat/cooling costs. If you pay a separate amount for the heating/cooling expense of the group residence, you may be eligible for higher food stamp benefits. Complete and sign the enclosed Other Agency Certification of Shelter Expenses for Licensed Group Home Residents statement if you are responsible for contributing to the heating/cooling expenses of the home.

If you are not responsible for contributing to the heating/cooling bills of the group residence do nothing to continue getting your food assistance benefits.

Your Bay State CAP worker is {WORKER\_NAME} at {USER\_TELEPHONE\_NUMBER}. Please call your worker if you have any questions about your case.

You are entitled to {FS\_TYPE} benefits, if eligible, without regard to age, race, color, sex, handicap, religious creed, national origin, or political beliefs. If you believe that the Department, in making your eligibility determination, has discriminated against you, contact your local Transitional Assistance Office to find out how you can file a complaint.

To ask about free legal services, call: {LEGAL\_SERVICE\_INF}.