



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


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Commissioner

**Field Operations Memo 2009-31**  
**May 27, 2009**

**To:** Transitional Assistance Office Staff  
**From:**  John Augeri, Assistant Commissioner for Field Operations  
**Re:** Interim Contact with Certain SNAP Households

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**Overview**

Field Operations Memo 2008-14 transmitted procedures for extending certification periods for many SNAP households. Elderly/disabled households are to be assigned a 24-month certification period, and all other households are to receive a 12-month certification period, unless an exception (as described in the memo) applies.

This memo introduces two new interim contact notices that will be sent midway through the certification period to:

- elderly/disabled households that currently have a 24-month certification period; and
- households that currently have self-employment income and a 12-month certification period.

The purpose of these notices is to remind these clients of their responsibility to report changes in their household circumstances.

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**Interim Contact  
for  
Elderly/Disabled  
Households**

Beginning 5/29/2009, elderly/disabled SNAP households with a 24-month certification period will be sent a notice (Attachment A) automatically at the 12-month mark of the certification period. Case managers must verify and act on any reported changes received as a result of the mailing, following established procedures.

**Note:** No action is required by the case manager if these households do not report changes. No case closings will result from a failure to respond to these mailings.

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**Interim Contact  
for Households  
with Self-  
employment  
Income**

Also beginning 5/29/2009, SNAP households with a 12-month certification period that contain a member who is coded as receiving self-employment income will receive a notice (Attachment B) and a SNAP change report form (SNAP-5 (Rev. 2/2009)), sent automatically at the 6-month mark of the certification period. Case managers must verify and act on any changes received as a result of this mailing, following established procedures.

**Note:** No action is required by the case manager if these households do not report changes or return the SNAP-5. No case closings will result from a failure to respond to these mailings.

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**Questions**

If you have any questions, please have your Hotline designee call the Policy Hotline.

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**BEACON NOTICE  
LANGUAGE WITH VARIABLE TEXT**

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{BEACON\_USER\_STREET\_ADDRESS} CAN {#} Important Notice - Read Carefully  
{BEACON\_USER\_CITY, STATE, ZIP} Este Mensaje Es Importante - Lea Cuidadosamente

**Massachusetts Department of Transitional Assistance**

{RECIPIENT\_NAME} TAO\_NAME:  
{RECIPIENT\_ADDRESS}  
{RECIPIENT\_CITY/TOWN, STATE, ZIP} {MM/DD/YYYY}

It has been 12 months since your Supplemental Nutrition Assistance Program (SNAP) case (formerly food stamps) was reviewed. Since that time, you may have experienced changes in your household's circumstances. Changes such as an increase or decrease in income, shelter costs, family size or medical expenses can affect your benefits.

It is important that you report these changes as soon as possible to make sure you are receiving the correct amount of SNAP benefits. If you have changes to report or if you are not sure of what changes need to be reported and require assistance, please call \_\_\_\_\_ and ask for your case manager \_\_\_\_\_.

You may contact Recipient Services at 1-800-445-6604 if you are having trouble reading or understanding this letter.

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LANGUAGE WITH VARIABLE TEXT**

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**Massachusetts Department of Transitional Assistance**

{RECIPIENT NAME}	TAO_NAME:
{RECIPIENT ADDRESS}	
{RECIPIENT_CITY/TOWN, STATE, ZIP}	{MM/DD/YYYY}

It has been six months since your Supplemental Nutrition Assistance Program (SNAP) case (formerly food stamps) was reviewed. Since that time, you may have experienced changes in your self-employment income and expenses.

To receive the correct amount of SNAP benefits, you must report certain changes in your circumstances within 10 days of the change. The enclosed SNAP Change Report form explains the changes you must report. If your income has changed, you must provide verification of this change. Among the acceptable types of verification for self-employment income are copies of your business records for the last three months or your most recent federal tax return (Schedule C).

If you are unsure about what changes you must report or you require assistance, please call \_\_\_\_\_ and ask for your case manager \_\_\_\_\_.

You may call Recipient Services at 1-800-445-6604, if you have trouble reading or understanding this notice.