



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

DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

JUDYANN BIGBY, M.D.
Secretary

JULIA E. KEHOE
Commissioner

Field Operations Memo 2010-03
January 19, 2010

To: Transitional Assistance Office Staff

From:  John Augeri, Assistant Commissioner for Field Operations

Re:  The Prefilled SNAP Recertification Forms: Your SNAP Recertification Form and the Updated Food Stamp Semiannual Report

Overview

In 2005, the Department implemented a prefilled recertification form for Universal Semiannual Reporting (USR) households. In an effort to streamline the SNAP recertification process, the Department will expand the use of a prefilled recertification form to additional SNAP households. A prefilled recertification form is a user-friendly tool that promotes efficiency and accuracy.

Beginning with recertifications due for March, the Department will mail the *Your SNAP Recertification Form* (Attachment A) to households identified on BEACON as Recertification. This memo introduces the *Your SNAP Recertification Form* and discusses its use for recertifying cases.

Your SNAP Recertification Form

The *Your SNAP Recertification Form*:

- replaces the SNAP application form marked R to denote its use as a recertification form;
- replaces the notice of SNAP benefit expiration;
- is prefilled with verified information known to the Department; and
- does not display information on a household member who is active in another SNAP household.

Your SNAP Recertification Form will be mailed with a multilingual card approximately 45 days before the end of the household's certification period. The notice of SNAP benefit expiration is now included on page 1 of the *Your SNAP Recertification Form*. Households will no longer receive a separate notice of SNAP benefit expiration. The benefit expiration language continues to inform clients of the certification end date and the last date by which the

Your SNAP Recertification Form

household must recertify if SNAP benefits are to continue uninterrupted.

Your SNAP Recertification Form is modeled after the USR form. The documents are similar in appearance, format and substance. Some questions on *Your SNAP Recertification Form* differ slightly from questions on the USR form because they represent changes made to improve the presentation, readability and general understanding of *Your SNAP Recertification Form*.

The form captures all the elements of a SNAP recertification form including household composition, noncitizen status, residence, earned/unearned income, and child support paid. **All aspects of the recertification process - the interview, the verification process and the length of the certification period remain unchanged.** The implementation of this prefilled form does not change the recertification process.

Sections of the Your SNAP Recertification Form

Part 1: People Who Live With You

Part 1 displays prefilled information about people who live in the household. The grantee must tell the Department if the person(s) still lives in the home by circling Yes or No.

Exception: The names of household members who are active in another SNAP household will not be prefilled. The grantee must list the names of any household member who receives SNAP benefits in another household.

Part 2: People Who Moved In

Part 2 collects information about any new household members since the date of the household's last recertification. **No information is prefilled from BEACON on this part of the form.** The grantee must enter the: name, date moved in, date of birth, relationship to grantee, SSN and citizenship status of the new household member(s). It is the case manager's responsibility to interview the household by phone and collect all necessary verification regarding the new household member(s).

Part 3: Changes in Noncitizen Status

Part 3 displays the prefilled name(s) and known noncitizen status (based on INS Designation) of any noncitizen household member. The grantee must enter any new noncitizen status information for any household member in this part of the form. The case manager must follow up on all noncitizen status changes and request verification as necessary. This information is critical to case processing since it may impact SNAP eligibility, benefit amount or both.

**Your SNAP
Recertification
Form
(Continued)**

Part 4: Income from a Job/Work

Part 4 collects information about the earned income of any existing household members and new household members. **No information is prefilled from BEACON on this part of the form except the required pay week dates.**

Households with earnings use the USR form to recertify; therefore, there will not be many cases with earnings that submit the *Your SNAP Recertification Form*. Households with earnings that submit a *Your SNAP Recertification Form* should be reviewed to determine if Universal Semiannual Reporting needs to be designated as the recertification type going forward. For more information on Universal Semiannual Reporting see a *User's Guide: Transitional Assistance Programs and BEACON*, Chapter IV-C.

In accepting proof of wages, case managers must consider the following guidelines:

- clients who receive weekly income must submit the four most recent consecutive pay stubs in accordance with the dates prefilled on the *Your SNAP Recertification Form*.
- clients who receive biweekly income must submit the two most recent consecutive pay stubs in accordance with the dates prefilled on the *Your SNAP Recertification Form*.
- clients who receive monthly income must submit the most recent month's pay stub in accordance with the dates prefilled on *Your SNAP Recertification Form*.

Note: The pay dates on paystubs submitted by clients will sometimes vary from the week ending dates prefilled on *Your SNAP Recertification Form*. This may be caused by an employer's established week ending dates or may be based on the time the client actually recertifies. Per Quality Control, the prefilled week ending dates on *Your SNAP Recertification Form* are guidelines for the client. Therefore, Quality Control will be flexible in situations where there is a one week variance in week ending dates or pay dates on pay stubs submitted.

Part 5: Child/ Adult Dependent Care Costs

Part 5 collects information about child/adult dependent care expenses paid since the date of the last recertification. **No information is prefilled from BEACON on this part of the form.** The grantee may indicate that no child/adult dependent care expenses are paid. The grantee may enter the name of any child/adult dependent, amount paid by the client, and the frequency of the payment in this part of the form.

Remember: Verification is not required for child/adult dependent care expenses unless the claims are questionable.

**Your SNAP
Recertification
Form
(Continued)**

Part 6: Other Income

Part 6; Section A displays prefilled unearned income for existing household members by type and amount. There is also a checkbox that allows the grantee to indicate that the known income amounts have not changed. The grantee must enter a new income amount, if applicable.

Part 6; Section B collects information about new unearned income for existing household members or new household members. The grantee must indicate the type of unearned income received by circling the appropriate answer. The grantee must then enter the name of the person receiving the income, relationship, type, frequency and amount of the new income.

Part 7: Self-Employment Income

Part 7 collects information about self-employment income. **No information is prefilled from BEACON on this part of the form.** The grantee must indicate if any household member(s) received self-employment income. If yes, the name(s) of the household member(s) must be entered. The case manager must follow up and request additional documentation as needed to verify and determine the self-employment income amount.

Part 8: Housing and Utilities

Part 8; Section A displays prefilled housing cost information. The name(s) of the household member(s) who is paying housing expenses, the housing expense type, and the housing expense amount is prefilled on the form. The grantee may indicate that housing costs have not changed.

Part 8; Section B allows the grantee to enter a new housing amount and indicate a new housing type.

Part 8; **Section C** displays prefilled utility information for the household based on the following rules:

- if the heating/cooling indicator is selected, the prefilled information will read: Our records indicate *you pay heating/cooling expenses separate from rent/mortgage.*
Note: If the client derives the heating/cooling SUA from H-EAT benefits, BEACON will indicate H-EAT benefits and the date of the H-EAT benefits. This will print in the For Department Use Only box. **This is useful for case managers so the heating/cooling SUA will not be removed prematurely at the time of recertification.** Refer to Field Operations Memo 2009-60.
 - if the nonheating indicator is selected, the prefilled information will read: Our records indicate *you pay expenses other than heating/cooling separate from rent/mortgage.*
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**Your SNAP
Recertification
Form
(Continued)**

- if the phone indicator is selected, the prefilled information will read: Our records indicate *you pay phone only separate from rent/mortgage*.
- if the CAP utility indicator is selected, the prefilled information will read: Our records indicate *None*.
- if the homeless indicator is selected, the prefilled information will read: Our records indicate *that you are homeless*.
- if the homeless indicator is selected, and one of the SUA indicators is also selected, the prefilled information will correspond to the SUA indicator that is selected.
- if none of the utility indicators are selected, the prefilled information will read: Our records indicate *you do not pay utility expenses separate from rent/mortgage*.

The grantee may also indicate that there are no changes in utility information.

Part 8; Section D: The grantee may indicate new utility information, if applicable, or may indicate that no utilities are paid separate from rent.

Note: Shelter and utility expenses are optional verifications in SNAP. If the grantee claims new or changed housing or utility expenses but fails to provide proof of a new or changed amount, the case must **not** be closed. However, SNAP benefits will be calculated without the unverified expense amount. For purposes of the SNAP benefit calculation, the unverified expense amount that must be entered by the case manager must be zero.

Part 9: Medical Expenses

Part 9; Section A displays prefilled medical expense information for an elderly or disabled household member(s). The name of the person with the medical expense, medical expense type, and medical expense amount are prefilled. The grantee may indicate that medical expenses have not changed.

Part 9; Section B collects information about new medical expenses for a household member(s). The grantee must enter the name, medical expense type and the medical expense amount.

Note: Medical expenses that have not changed do not have to be verified. Medical expenses are optional verifications in SNAP. If the grantee claims new/changed medical expenses but fails to provide proof of a new or changed amount, the case must **not** be closed. In this instance, SNAP benefits will be calculated based on instructions in Field Operations Memo 2008-15: Standard Medical Deduction for the Food Stamp Program.

**Your SNAP
Recertification
Form
(Continued)**

Part 10: Support Payments

Part 10; Section A displays prefilled information about legally obligated child support payments known to BEACON. The name of the household member(s) who pays child support, the support payment type (*child support or arrearage*) and the known support amount is prefilled. The grantee may also enter a new support amount for the same obligation.

Part 10; Section B collects information about any household member with **new** child support obligation and payments. The grantee must list the name of household member(s), the support payment type and the amount.

Remember: Alimony payments are not an allowable SNAP deductible expense.

Part 11: Students

Part 11 collects information about students. **No information is prefilled from BEACON on this part of the form.** The grantee must indicate if a household member(s) started or stopped attending high school or college. The case manager must follow up with a school verification form or an EDUC-1 form, as appropriate.

Part 12: Additional Explanations/Comments

The grantee may use this section to explain answers or share additional information with the Department.

**Available in
Document
History**

Similar to the USR form, case managers will be able to view and retrieve the *Your SNAP Recertification Form* from Document History. If a client loses the *Your SNAP Recertification Form*, case managers must print and manually place the form into an envelope and mail it to the client. If the client has access to a SNAP application form, the case manager should instruct the client to use a SNAP application form, if this will save time for the client.

**Updates to
USR Form**

In conjunction with this initiative, the USR form was updated with the following changes to further align the USR form with the *Your SNAP Recertification Form*:

- the USR form was renamed *Your SNAP Semiannual Report* to reflect the program name change;
- the Asset Question was eliminated from the USR form to make the form consistent with the SNAP Application and the *Your SNAP Recertification Form*;

Reminder: Noncategorically-eligible households are subject to an asset limit. For more information on categorically eligible households, see Field Operations Memo 2008-27.

**Updates of
USR Form
(Continued)**

- the Notice of Rights, Responsibilities and Penalties has been updated on the USR form to match the revised language used in the SNAP Application and the *Your SNAP Recertification Form*;
 - check boxes were eliminated in certain parts of the document and replaced with instructions to circle the Yes or No; and
 - other miscellaneous changes were made:
 - the *Recipient Telephone* on Page 1 now appears under the name field as it appears on the *Your SNAP Recertification Form*;
 - AU Manager was changed to case manager throughout the document;
 - food stamps was changed to SNAP throughout the document; and
 - Section 5, the Child/Dependent Care section was updated to reflect the current policy that no longer requires verification of dependent care expenses. The heading of Section 5 now reads Child/Adult Dependent Care Expenses to align with the *Your SNAP Recertification Form*.
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Obsolete

This memo obsoletes Field Operations Memo 2008-47, *Revised Food Stamp Recertification Notice*.

Questions

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

**BEACON FORM
SAMPLE NOTICE (ENGLISH)**

**131 Davidson Street CAN 825
Lowell, MA 01852**

YOUR SNAP RECERTIFICATION FORM

Massachusetts Department of Transitional Assistance

**Mary Smith
1 Main Street
Lowell, MA 01852-1562**

**SSN: 999-99-9996
Lowell TAO**

Date: 10/22/2009

Recipient Telephone **508 999-9996**

Your Supplemental Nutrition Assistance Program - SNAP (formerly Food Stamp) benefits are due to end on 12/09/2009. To continue receiving SNAP benefits, you must recertify by **11/20/2009**.

Attached to this notice is the form you should use to recertify. The form has been pre-printed with information that you told us about you, the people living with you and your household income and expenses.

Be sure to answer ALL of the questions on the form. **Sign the last page of this form and return all pages** to your Transitional Assistance Office at **Lowell TAO - DTA**. If you do not recertify, your SNAP benefits will stop. If you are late recertifying, your SNAP benefits may also be late. If necessary verification is late, your SNAP benefits may stop or be reduced.

Your SNAP amount will be based on what you tell us. Your case manager may contact you to follow-up on your answers or ask for necessary verification. If you are available when your case manager calls, the interview may be conducted at that time or your case manager will schedule an interview for another date. Please note that if you miss the scheduled interview, it is your responsibility to reschedule or your SNAP benefits may be delayed or denied.

DTA is required to accept your application as long as it is **signed** and contains a legible name and address. You may file an application in person, by mail, fax, or through an authorized representative.

A good time of day to reach you by phone: Time(s): _____

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

If your name, address or telephone number has changed since December/2008, please complete:

New Name _____

New Address _____

New Telephone () _____

Your Case Manager: **Joe Smith**
Lowell TAO - DTA

Case Manager Telephone Number:
508-999-9999
TAO Fax Number:
508-999-9998

**You may mail, fax or drop off this report and
verifications to your Transitional Assistance Office.**

PART 1: PEOPLE WHO LIVE WITH YOU

Use this section to tell us if the person(s) listed below still lives with you. *Circle Answer*

Ann Smith **DOB 12/22/2000** Still living with you? **YES** **NO**

List the name(s) of anyone living with you who receives SNAP benefits separately from you. This means the person has his/her own SNAP case or is active in another person's SNAP case.

Is anyone living with you pregnant? yes no

Name of person who is pregnant _____

PART 2: PEOPLE WHO MOVED IN

Use this section to tell us if anyone moved into your home (including births) since {Name of Month/YYYY}.

- No one moved into my home.
- The person(s) listed below moved into my home.

Name	Date Moved In	Date of Birth	Relationship to You	SSN
_____	_____	_____	_____	_____

Circle Answer

Is this person a U.S. Citizen? **YES** **NO**
 Does this person(s) purchase food and/or prepare meals **separately** from you? **YES** **NO**

Your case manager will contact you for more information about the person(s) who moved into your home.

PART 3: CHANGES IN NONCITIZEN STATUS

Use this section to report changes in the noncitizen status of anyone listed below since {Name of Month/YYYY}.

Name	Known Noncitizen Status	New Status
_____	_____	_____

Send proof of the new status.

You may mail, fax or drop off this report and verifications to your Transitional Assistance Office.

PART 4: INCOME FROM A JOB/WORK

Use this section to tell us if you or anyone listed in Part 1 or Part 2 worked or stopped working. **Do not list** the income of anyone living with you who receives SNAP benefits in his or her own SNAP case or who receives benefits in another SNAP case. **For each person working, mail, fax or drop off copies of paystubs for the weeks listed below.**

- No one worked.
 The person(s) listed below worked.

Name _____ Employer _____
 Start Date (If New Job) _____ Job Title _____

How often is pay received? (weekly, bi-weekly, monthly etc.) _____

Please complete the following information for each week listed below:

	Gross Pay Before Deductions	Date Received	Tips Not Included In Gross Pay	# of Hours Worked	Hourly Wage
WEEK 1 10/09/2009	\$ _____	_____	\$ _____	_____	\$ _____
WEEK 2 10/17/2009	\$ _____	_____	\$ _____	_____	\$ _____
WEEK 3 10/24/2009	\$ _____	_____	\$ _____	_____	\$ _____
WEEK 4 10/30/2009	\$ _____	_____	\$ _____	_____	\$ _____

Name _____ Employer _____
 Start Date (If New Job) _____ Job Title _____

How often is pay received? (weekly, bi-weekly, monthly etc.) _____

Please complete the following information for each week listed below:

	Gross Pay Before Deductions	Date Received	Tips Not Included In Gross Pay	# of Hours Worked	Hourly Wage
WEEK 1	\$ _____	_____	\$ _____	_____	\$ _____
WEEK 2	\$ _____	_____	\$ _____	_____	\$ _____
WEEK 3	\$ _____	_____	\$ _____	_____	\$ _____
WEEK 4	\$ _____	_____	\$ _____	_____	\$ _____

Your case manager will contact you if more information is needed. If you need more space to tell us about income from an additional job(s), write it in Part 12.

The person(s) listed below stopped working.

Name _____ Name _____

Send proof of termination letter from your employer. Your worker will contact you if more information is needed.

You may mail, fax or drop off this report and verifications to your Transitional Assistance Office.

PART 5: CHILD/ADULT DEPENDENT CARE COSTS

Use this section to tell us of your child/dependent care costs since **December/2008**.

Do you pay for dependent care expenses? Yes No

If yes, do you have a subsidy or a voucher to help you pay for dependent care expenses? Yes No

Name of Child/Adult Dependent	Amount You Pay	(Wkly, Mthly)
_____	_____	_____
_____	_____	_____

If there are questions about your child or adult dependent care expenses, your case manager may contact you for more information or proof.

PART 6: OTHER INCOME

SECTION A OTHER INCOME KNOWN TO THE DEPARTMENT

Use this section to tell us of changes in the income listed below since **December/2008**.

No changes in Other Income for the person(s) listed below.

Name	Type of Income	Amount	New Amount
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Send proof if income changed or stopped.

You may mail, fax or drop off this report and verifications to your Transitional Assistance Office.

YOUR SNAP RECERTIFICATION FORM

PART 6: OTHER INCOME (Continued)**SECTION B NEW OTHER INCOME**

Use this section to tell us if you or anyone listed in Part 1 or Part 2 began receiving any of the income types listed below since **December/2008**.

- | | <i>Circle Answer</i> | | <i>Circle Answer</i> |
|--------------------------------------|----------------------|----------------------------------------------------------------|----------------------|
| | YES NO | | YES NO |
| • TAFDC or EAEDC | YES NO | • Child Support – For Whom? _____ | YES NO |
| • Unemployment Comp | YES NO | • Workers' Comp. or Insurance Payments | YES NO |
| • Social Security or SSI | YES NO | • Educational Scholarship and Loans | YES NO |
| • Rental Income | YES NO | • Veterans' or Other Pensions/Benefits | YES NO |
| • Foster Care or Guardianship Income | YES NO | • Interest income from CDs, Bank Accounts or other Investments | YES NO |
| • Income from Others | YES NO | • Any Other Income: Type? _____ | YES NO |

Name	Relationship To You	Type of Income	How often Received	Amount
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Send proof of new income. Your case manager will contact you if more information is needed.

PART 7: SELF EMPLOYMENT

Use this section to report if you anyone in Part 1 or Part 2 started receiving income from self-employment since **December/2008**.

- No one started receiving self-employment income.
- Yes, the person(s) listed below started receiving self-employment income.

Name _____

Send proof of income, for example current tax return form, business records and business expenses.

You may mail, fax or drop off this report and verifications to your Transitional Assistance Office.

PART 8: HOUSING AND UTILITIES

Use this section to tell us that you moved or to report changes in your rent, mortgage, or utility costs since **December/2008**.

SECTION A KNOWN HOUSING INFORMATION

Name	Known Housing Type	Known Housing Amount	How Often Paid?
Mary Smith	Subsidized	\$180.00	Monthly

No changes in Housing Costs.

SECTION B NEW HOUSING INFORMATION

I now pay \$ _____ for rent/mortgage each _____ month/week

Circle your housing type from the selection below

My housing is: **Public** **Private** **Subsidized**

SECTION C KNOWN UTILITY INFORMATION

Our records indicate *you do not pay utility expenses separate from rent/mortgage*.

For Department Use Only

No changes in Utilities

SECTION D NEW UTILITY INFORMATION

I now pay for the following utilities. *Circle all that apply:*

Heating/Cooling: heating /air conditioning

Nonheat: electricity (nonheat), gas (nonheat), water, sewer, trash/garbage removal

Phone Only: phone, cell phone

I do not pay for utilities separate from my rent

Be sure to send proof of any new or changed housing expenses and/or utility costs. Your case manager will contact you if more information is needed to understand any shelter and/or utility expense change(s).

You may mail, fax or drop off this report and verifications to your Transitional Assistance Office.

PART 9: MEDICAL EXPENSES

Use this section to report changes in monthly medical expenses for anyone **disabled or 60 years of age or older**. Report changes that happened since **December/2008**.

SECTION A MEDICAL EXPENSES KNOWN TO THE DEPARTMENT

No changes in medical expenses for the person(s) listed below.

Name	Medical Expense Type	Amount	New Amount
			\$ _____

SECTION B NEW MEDICAL EXPENSES

Name	Medical Expense Type	New Amount
_____		\$ _____

Send proof of new or changed medical expenses, including health insurance.

PART 10: SUPPORT PAYMENTS

Use this section to report new or changed legally obligated child support payments made for a person not living with you. Report changes that happened since **December/2008**.

SECTION A LEGALLY OBLIGATED SUPPORT PAYMENTS KNOWN TO THE DEPARTMENT

No changes in support payments listed below.

Name	Support Payment Type	Support Payment Amount	New Amount
			\$ _____

SECTION B NEW LEGALLY OBLIGATED CHILD SUPPORT PAYMENTS

Name	Support Payment Type	New Amount
_____		\$ _____

Send proof of your legal obligation to pay child support and proof of legally obligated child support payments.

You may mail, fax or drop off this report and verifications to your Transitional Assistance Office.

YOUR SNAP RECERTIFICATION FORM

PART 11: STUDENTS

Use this section to tell us if you or anyone listed in Part 1 or Part 2 started or stopped attending high school/college since **December/2008**.

- No one started/stopped attending high school/college.
- The person(s) listed below started/stopped attending high school/college.

Name _____ Name of School or College _____

Your case manager will contact you if more information is needed.

PART 12: ADDITIONAL EXPLANATIONS/COMMENTS
Use this space to explain any of your answers:

Your case manager will contact you if additional information is needed to complete your recertification.

Be sure to sign the last page of this form and return all pages to your case manager.

You may mail, fax or drop off this report and verifications to your Transitional Assistance Office.

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 the Supplemental Nutrition Assistance Program (SNAP) is fraud, an Intentional Program Violation (IPV), and is punishable by civil and criminal penalties.

I understand that the Department of Transitional Assistance (DTA) administers SNAP. I understand that I must report to DTA any changes in my household income, address, living arrangement, family size, employment or any other changes to my SNAP household that may affect my 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 semiannual reporting rules.

I understand that, for SNAP benefits, to receive a deduction for dependent care expenses, rent or mortgage payments, utility or shelter expenses or medical expenses, I must report and provide verification to DTA. Failure to report or verify the above-listed expenses(s) 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).

I understand that 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.

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 and financial institutions. I also give permission to these agencies to give to DTA information about my household that concerns my SNAP benefits.

I understand that I also give permission to DTA to share information about me and my dependents under age 19 with the Department of Education (DOE) 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 I authorize 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 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 any of this information, I will ask my case manager. I can also call Recipient Services at 1-800-445-6604 if I have trouble reading or understanding any of this information.

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 will 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 also face criminal prosecution under applicable state and federal laws with penalties up to \$250,000 in fines, imprisonment up to 25 years, or both. 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** violation 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**.
- 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**.

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

In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). You may also contact the Massachusetts Commission Against Discrimination (MCAD) or the Office of Diversity, Equal Opportunity and Civil Rights (see Your Right to Know brochure for more information). USDA is an equal opportunity provider and employer.

Your Name (please print) _____

Your Signature

____/____/_____
Date

Be sure to sign above and return all pages to your case manager.