



*The 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


JOHN W. POLANOWICZ
Secretary

STACEY MONAHAN
Interim Commissioner

Tel.: 617-573-1600
Fax: 617-348-8575
www.mass.gov/dta

**Operations Memo 2013-13A
March 28, 2013**

To: Department of Transitional Assistance Staff

From:  Stephanie Brown, Assistant Commissioner for Policy, Program and External Relations

Re: Returned Mail Processing – Automation of Central Office Returns

Overview

The Department has begun to automate more of its returned mail processing for mailings where undeliverable mail is returned to Central Office. The most recent mailing was the annual informational mailing about federal Earned Income Tax Credit (EITC), Massachusetts Earned Income Credit (EIC) and child care assistance detailed in Operations Memo 2012-57: *Earned Income Tax Credit (EITC), Massachusetts Earned Income Credit (EIC), Child Care Assistance and Agency ID Number*.

Effective immediately, mail returned to Central Office is scanned and transmitted into an electronic format for semi-automated processing.

Purpose

The purpose of this memo is to:

- advise staff how the mail will be processed; and
 - obsolete Operations Memo 2013-13: Returned Mail Processing Automation of Central Office Returns.
-

**Mass Mailing
Returned Mail
(Automated
Process
Forwarding
Address)**

For cases with a forwarding address, MIS will automatically update the address on BEACON and send the new SP-RMN (Attachment A) requesting verification of address and other information. A due date of 10 days (day 30 for applications) from issuance of the SP-RMN will be annotated on the form. If the verification is not received by close of business on the due date, MIS will automatically close the case for Failure to provide required verification.

Annual Reporting (AR) cases will have their address automatically updated on BEACON, but will not receive the SP-RMN because these clients are not required to report an address change until issuance of the Interim Report or Reevaluation.

**Mass Mailing
Return Mail
(Automated
Process – No
Forwarding
Address)**

All returned mail without a forwarding address, with the exception of AR cases, will be issued an SP-RMN with a 10 day due date (day 30 for applications), requesting verification of address. If the verification is not received by close of business on the due date of the return of the SP-RMN, MIS will automatically close the case for Whereabouts unknown. Applications will be denied for failure to provide required verifications.

**BEACON
Narrative**

In addition to updating the address and issuing the SP-RMN, MIS will annotate the BEACON Narrative and attach an electronic copy of the returned mail envelope prior to the end of the due date period.

**Excluded
Households**

The following SNAP certification types are excluded from this returned mail process:

- Transitional Benefits Alternative (TBA)
 - Bay State Combined Application Project (CAP)
-

Questions

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

**BEACON FORM/NOTICE
LANGUAGE WITH SAMPLE TEXT (ENGLISH)**

SP-RMN

72-100 Front Street CAN 710
Holyoke, MA 01040

Massachusetts Department of Transitional Assistance

Sue Smith
1 Oak Street
Holyoke, MA 01040

Agency ID: 123456

Holyoke TAO-DTA

Date: **02/01/2013**

Important: Please Read Before Completing

The U.S. Postal Service has told us that you have moved. Department mail is not forwarded by the post office. You must tell us within 10 days of a change in your address and phone number.

You must **verify** where you live. Please complete the section below telling us your address and phone number and give us proof of your address.

Acceptable verifications: lease, rent receipt, statement from landlord, two pieces of mail received at address, deed, or mortgage statement.

Address where you live	
City, State Zip	

Mailing Address:	
City, State Zip	

Telephone Number	Type (Please Circle One)
()	Home Cell Work Other
()	Home Cell Work Other

Attached is a pre-printed address and household verification form in two parts. Part 1: "Current Household Information" shows your current information and Part 2: "Change Report Form" will show us changes to the information. Please review the information on the Part 1. If the information provided is correct select "No Change" in the boxes provided, then sign and return the **entire form**. If there is a change, please select "Change" in the boxes provided and make the change in the appropriate section of the "Change Report Form." You must also give us proof of that change by **02/11/2013**.

Please call your case manager if you have questions about this notice. **Your benefits may be stopped if you do not return this notice.** You will receive a separate notice if your benefits are going to be stopped.

Important: See Your Benefits Online: You may get information about your DTA benefits online. Sign up for My Account Page (MAP) at www.mass.gov/vg/selfservice. This will let you check the status of your case, your benefit level and see recent notices. You can print your own verification of benefits. You can also call the DTA Automated Hotline at 1-877-382-2363.

Your Case Manager: **Bob Joy**
Holyoke TAO-DTA

Case Manager Telephone Number
(413) 555-1234
TAO Fax Number:
(413) 784-1050

PART 1: CURRENT HOUSEHOLD INFORMATION

Review the information provided. If the information is correct select **No change**. If you need to report a change select change and make the change in the appropriate section of the attached change report form.

SECTION 1: PEOPLE IN HOUSEHOLD

Household Member	Date of Birth	SSN
Sue Smith	01/01/1943	XX-XX-6789

No Change <input type="checkbox"/> Change <input type="checkbox"/> Enter a change in Section 1 of Change Report
--

If a person(s) has moved into or left your household please enter the change in Section 1 of the Change Report Form.

SECTION 2: SHELTER EXPENSES AND TYPE

Household Member	Type of Housing Expense	Frequency	Amount
Sue Smith	Public Housing	Monthly	\$60.00

No Change <input type="checkbox"/> Change <input type="checkbox"/> Enter a change in Section 2 of Change Report
--

SECTION 3: UTILITY EXPENSES

Household Member	Type of Utility Expense	For DTA Purposes Only
Sue Smith	Telephone	

No Change <input type="checkbox"/> Change <input type="checkbox"/> Enter a change in Section 3 of Change Report
--

What you pay for utilities is separated into groups	Utility Group
I pay for heat, or I get fuel assistance.	Heating/Cooling
I pay for electric and I have an air conditioner that I use in the Summer.	Heating/Cooling
I do not pay electric, but I have an air conditioner that I use in the Summer and my landlord charges me a fee.	Heating/Cooling
I pay electric.	Nonheating
I pay for a phone. <i>(including cell phones, but not prepaid)</i>	Telephone
I do not pay any separate utilities.	Not Applicable (N/A)

SECTION 4: Additional Information

Change

If you feel you have a change of circumstances that was not listed on the Current Household Information section of this report please let us know by completing the additional information section (Section 4 of the change report form.) You may also express any concerns or questions you may have in this section of the report.

Part 2: Change Report Form

Please use this part of the Report to report changes from the information you just reviewed on the previous page in the "Current Household Information" section. Pay close attention to when verifications are requested for that change.

SECTION 1: PEOPLE IN HOUSEHOLD

If you are **adding** a new member(s), please **verify identity**.

Acceptable verifications: member's Social Security number (you only have to supply the number do not send SSN card), birth certificate, passport, baptismal certificate.

The person(s) listed below is now a member of my household					
NAME	Date Moved In	Date of Birth	SSN*	Relationship to You	<u>US Citizen</u> <u>Circle Answer</u>
					Yes No
					Yes No

Does this person(s) purchase and prepare meals separately from you?	Yes No
Does this person pay towards your rent or utilities ?	Yes No

If you answered **Yes** to the questions above: Please explain the breakdown and arrangement:

The person(s) listed below no longer lives with me.

Name	Date Moved Out

SECTION 7: SHELTER EXPENSES AND TYPE

Acceptable verifications: Current rent receipt, Landlord Verification form or lease agreement, mortgage statement, tax or home insurance bills. You may **self-declare shelter expenses** by entering the changed amounts below for **SNAP benefits only**; however, you may be required to provide proof of shelter cost changes if the changes appear to be questionable or contradictory to prior statements you have made.

Household Member	Type	Frequency of payment (Weekly, Monthly, Yearly, etc.)	Amount
	Rent		
	Mortgage		
	Taxes		
	Insurance		
	Condominium Fees		

Do you live in subsidized housing? Yes No

Do you live in public housing? Yes No

SECTION 3: UTILITY EXPENSES

You may **self-declare utility expenses** by entering the changed amounts below; however, you may be required to provide proof of utility cost changes if the changes appear to be questionable or contradictory to prior statements you have made.

Acceptable of verifications: current bills for gas, electric, oil or telephone, landlord statement, rent receipt, lease.

Household Member	Type of Utility Expense

Please check off all that apply to you	
I pay for heat, or I get fuel assistance.	<input checked="" type="checkbox"/>
I pay for electric and I have an air conditioner that I use in the Summer.	<input type="checkbox"/>
I do not pay electric, but I have an air conditioner that I use in the Summer and my landlord charges me a fee.	<input type="checkbox"/>
I pay electric.	<input type="checkbox"/>
I pay for a phone. <i>(including cell phones, but not prepaid)</i>	<input type="checkbox"/>
I do not pay any separate utilities.	<input type="checkbox"/>

SECTION 4: ADDITIONAL INFORMATION

Please use this section to report any additional information that you feel may affect your benefit or to express any concerns or questions you may have.

If you are reporting changes, please make sure you:

- **Sign and Date this change report form;**
- If you are reporting changes **include any required verification.**
- **Return the Entire Form to your local Transitional Assistance Office.**

I certify under penalty of perjury under the laws of the United States of America and the Commonwealth of Massachusetts that the above information is true, correct and complete.

X _____ **Date** _____

Applicant Signature