



*Commonwealth of Massachusetts*  
*Executive Office of Health and Human Services*  
*Department of Transitional Assistance*

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**Operations Memo 2013-30**  
**October 24, 2013**

**To:** Department of Transitional Assistance Staff

**From:**  Lydia Conley, Deputy Assistant Commissioner for Policy, Program and External Relations

**Re:** SNAP: General Household Misfortune Procedures

**Overview**

SNAP policy allows for the replacement of food lost during a household misfortune, such as a fire, flood, loss of electricity, equipment malfunction (such as refrigerator or freezer) or other disaster. Replacement is limited to the value of the food lost, not to exceed the total monthly benefit amount. For example, loss of food due to a fire often means that the entire monthly SNAP benefit must be replaced, while other situations, such as a loss of electricity, may result in only a portion of the benefit (e.g., perishable food) being replaced.

Clients may request replacement benefits because of a misfortune that is restricted to their household or because of a more widespread misfortune that has impacted a town, county, state or region.

In the event of a presidential declaration of disaster, **existing SNAP clients** who are negatively impacted will have SNAP benefits replaced under household misfortune rules. **Applicants** will be issued benefits under either a Disaster-SNAP (D-SNAP) program if one is activated for the disaster area, or under regular SNAP.

**Purpose of Memo**

This Operations Memo:

- identifies the eligibility requirements and discusses third party verification for household misfortune;
  - outlines procedures for generating a replacement benefit;
  - transmits the revised *Statement of Loss/Request for Replacement Food Due to a Household Disaster or Misfortune* (SNAP-9B) - Attachment A and a new form, the *Denial of Request for Replacement Benefits under Household Misfortune* (SNAP-DHMB) - Attachment B;
  - discusses information about waivers and extensions related to household misfortune; and
  - reminds staff about SSI Disaster Benefits for certain SSI recipients.
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**Requirements for Household Misfortune**

*Requirements*

When food purchased with SNAP benefits is destroyed in a household misfortune or disaster, the household will be eligible for replacement of the actual value of the loss, not to exceed one month's allotment if:

- the loss is reported orally or in writing within 10 days of the incident;
- the SNAP-9B form is completed and submitted to DTA within 10 days of the report of the loss; and

**Note:** No replacement should be approved without a signed SNAP-9B on file or other statement from the client that attests to the loss of food purchased with SNAP benefits, includes the reason for the replacement and is signed under the penalties of perjury.

- the household misfortune is verified.

*Verification*

The loss of food due to household misfortune also requires verification by a third party, such as the Red Cross, fire department, utility company, appliance repair service, landlord, Board of Health or by collateral contact. If case managers cannot effectively contact the Red Cross, utility company, fire department or community agency, the client can be asked to provide a collateral contact (i.e., a person outside of the household) for the verification. DTA staff must contact this person and if the information is verified, add a note next to the appropriate box on the SNAP-9B, enter a narrative on BEACON explaining the action taken, and place the form in the case record.

**Note:** A power outage valid for replacement benefits is defined as an outage that lasts four hours or more.

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**Procedures for Issuing Replacement SNAP Benefits**

*Processing Replacement Applications*

When a client reports a loss of food due to household misfortune, case managers must:

- ensure the client has completed and signed the SNAP-9B form;
  - file the SNAP-9B and any other documentation in the case record;
  - issue the replacement benefits on the Related Benefits page using the reason FSP Household Disaster if the client is eligible for household misfortune replacement benefits; or
  - deny the request using the SNAP-DHMB and file the form in the case record; and
  - annotate the BEACON Narrative tab with the action taken.
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**Associated Forms**

The SNAP-9B form has been revised. The Witness Signature line and the associated date originally under the Head of Household Signature line have been removed.

A new form, the SNAP-DHMB referenced above, was created for use when denying SNAP households that have requested replacement benefits because of household misfortune.

Both forms are available on Policy Online/Online Forms as fillable forms.

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**Waiver for Extension of Reporting Period**

If the Department obtains a waiver from the USDA to extend the time limit to both report a household misfortune and to complete the SNAP-9B form, DTA staff will be notified of this development, which will include the terms of the waiver.

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**Waiver for Mass Replacement of Benefits**

If the Department obtains a waiver to provide replacement benefits due to widespread household misfortune for a geographic area (e.g. city, town or county or specific zip codes), SNAP benefits will be automatically credited to the EBT accounts of eligible households impacted by the misfortune. Household verification **may** not be required in this instance. Staff would be notified of such a development and the specific procedures required.

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**SSI Special Benefits**

Operations Memo 2011-26 issued procedures for administering SSI Special Benefits. These benefits are considered noncountable income for SNAP. If a client applies for replacement SNAP benefits under household misfortune, and the client is also an SSI recipient who is elderly (age 65 or more) or disabled, the SNAP case manager should refer the client to apply for SSI Special Benefits with a cash program case manager.

An applicant for SSI Special benefits must utilize all available resources such as SNAP benefits, funds from relief agencies (e.g., the Federal Emergency Management Agency and the Red Cross) before the department can authorize payment. For more information on SSI Special Benefits, refer to 106 CMR 327.390.

If an applicant for SSI Special Benefits is determined to be ineligible, the case manager must:

- issue an NFL-9 denying the applicant; and

**Note:** Be sure to use the citations pertinent to the denial reason.

- enter a narrative on BEACON explaining the action taken.

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**Questions**

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

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**Supplemental Nutrition Assistance Program (SNAP)  
Denial of Request for Replacement Benefits under Household Misfortune**

Date: \_\_\_\_\_

This notice is to inform you that the Department has denied your request for replacement SNAP benefits under 106 CMR 364.900 (C). Your request was denied because:

- You did not provide a signed *Statement of Loss/Request for Replacement Food Due to a Household Disaster or Misfortune* form.
- Your request for replacement SNAP benefits was not made within the allowable time frame.
- The household misfortune could not be verified.
- Other \_\_\_\_\_

\_\_\_\_\_

If you disagree with this decision, you have a right to a fair hearing. The reverse side of this notice contains important information about your hearing rights. To request a fair hearing, complete the reverse side of this notice.

\_\_\_\_\_  
Case Manager's Signature

\_\_\_\_\_  
Supervisor's Signature

## Request for an Appeal

**If you have trouble reading or understanding this notice, call Recipient Services at 1-800-445-6604 for help.**

**What is an appeal?** If you disagree with a Department (DTA) action, you have the right to appeal. If you appeal, you will have a hearing. Hearings are usually held in your local DTA office. If you cannot come to the office, you can have a phone hearing. An independent hearing officer will make the decision. At least ten days before the hearing, you will get a notice of the time and place of the hearing. At the hearing, a DTA employee will explain the reason for the DTA action. You or someone helping you can then explain why you disagree with the action. After the hearing, the hearing officer will make a decision and mail a copy to you.

**Can I bring someone to help me?** Yes. You can bring anyone you want, including a family member or friend to support or represent you. You can also bring witnesses to testify. You may be able to get free legal help. Call the Legal Advocacy and Resource Center (LARC) at **1-800-342-5297** or go to [www.masslegalhelp.org](http://www.masslegalhelp.org) for information about free legal services.

**How do I appeal?** Fill in the spaces below.

I, \_\_\_\_\_, wish to appeal the following decision by DTA \_\_\_\_\_

\_\_\_\_\_  
Your Name (Print) \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

City/ZIP \_\_\_\_\_

**If you have someone to help you with this appeal, please fill in their information:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

City/ZIP \_\_\_\_\_

**If you need special help due to a disability please contact the Division of Hearings at the numbers listed below.**

**Mail this request to DTA, Division of Hearings, P. O. Box 120167, Boston, MA 02112-0167 or by fax (both sides) to (617) 348-5311.**

**If you are currently receiving benefits** – If we get this request before the date your benefits are to be stopped or lowered, your benefits will continue until the appeal is decided. If you lose your appeal, you will have to pay back these benefits. If you receive SNAP, your benefits will stop when your certification period ends. If you receive TAFDC time limited benefits during your appeal and you lose, the months of benefits you received may count toward your time limit. If you do not want to get benefits during your appeal, check this box . If you choose not to get benefits during the appeal period, and win your appeal, DTA will pay you any benefits owed.

**What are the deadlines for appealing?** We must get your appeal request no later than 90 days from the date on this notice. But there are exceptions:

- You have 21 days to request a hearing on Emergency Assistance shelter benefits.
- There is no deadline if you appeal the amount of your SNAP benefits during your certification period.
- You have 120 days if DTA fails to act on your request for benefits or services.
- You generally have 120 days if the appeal is about coercive or improper conduct by a DTA employee.
- You only have 30 days if you are appealing because your state tax refund has been held to repay an overpayment of DTA benefits.

**Right to an interpreter** – You have the right to a free interpreter if you need one. The interpreter will keep all of the information about your case confidential. You also have the right to bring your own interpreter. If you need an interpreter, please call us at any of the phone or TTY numbers listed in the section below or check this box  and tell us your primary language or dialect: \_\_\_\_\_ and we will find an interpreter for you.

**What if I cannot come on the date of the hearing?** If you need to reschedule, please call at **(617) 348-5321** or **(800) 882-2017**. (If you are Deaf or hard-of-hearing, you can call **TTY (617) 348-5337** or **(800) 532-6238**.) If you do not reschedule and miss the hearing, we will send you a letter about your rights. If you had a good reason for missing the hearing, we may be able to give you a new hearing.