



Instructions for SSI Food Stamp Benefits Reapplication

This is our SSI Food Stamp Benefits Reapplication form. Please answer every question, read the Food Stamp Penalty warning notice, sign the form and return the form to your SSI Regional Office.

Your food stamp benefits will end soon. If you wish to continue receiving food stamp benefits, you must complete and mail this reapplication form to your SSI Regional Office by the date on the enclosed card. Return the completed reapplication form to

**Malden SSI Regional Office
200 Pleasant Street
Malden, MA 02148**

If you still want to receive food stamp benefits but do not complete and mail this reapplication form by the date on your card, there may not be time to process your reapplication. If you delay too long, you will lose some food stamp benefits. If you have completed the reapplication form but are awaiting verifications, return the reapplication form and attach a note saying what verifications are missing. Call the telephone number of your SSI Regional Office if you need help getting verifications and someone will help you. **The call to your office is toll-free.**

Telephone # 1-800-590-4820

All eligible SSI/Food Stamp recipients will receive food stamp benefits through the Electronic Benefit Transfer (EBT) system. EBT will allow SSI/FS recipients to access their food stamp benefits at Point-of-Sale terminals in food stores and ensure that your food stamp benefits are available when due.

Special Instructions for Completing the Reapplication Form

- Answer every question.
- Read the Penalty Warning carefully (page 4).
- On page 1 of the reapplication form put your telephone number where you can be reached weekdays between 9:00 a.m. and 4:30 p.m., or where a message can be left for you.
- After you have completed the reapplication form, sign the form and return the form to your SSI Regional Office.

For office use only

Date received: ___/___/___

SSI Food Stamp Benefits Reapplication Form

¡Importante! Si usted no puede leer esta solicitud, copias en español estarán disponibles en su oficina local de Asistencia Transicional.

Important: Complete this form only if you want to continue to receive food stamp benefits.

Name _____

Social Security Number _____

Street Address _____

City/Town _____

State _____

ZIP _____

Mailing Address _____

City/Town _____

State _____

ZIP _____

(_____) _____

Home Telephone Number

(_____) _____

Other Telephone Number

What language do you understand and speak fluently? _____

How long have you lived in Massachusetts? _____ years

1) Household Members

Do you live and eat alone? yes no

If no, do not complete this application; contact your SSI Regional Office to continue your food stamp benefits.

2) Citizenship

Are you a U.S. citizen? yes no

If not, what is your citizenship status? _____

If a noncitizen, submit a copy of the front and back of your Resident Alien Card.

3) Income from Work

Do you receive any money for working? yes no (includes self-employment)

If yes, do not complete this application; contact your SSI Regional Office to continue your food stamp benefits.

4) Income from Roomers and Boarders

Do you receive income from the rental of an apartment or from the rental of a room or for providing meals to someone? yes no

If yes, do not complete this application; contact your SSI Regional Office to continue your food stamp benefits.

5) Other Income

Do you receive income from any other sources? yes no (i.e., Alimony, Pension, State or Federal Veterans' Benefits, Unemployment or Workers' Compensation)

If yes, do not complete this application; contact your SSI Regional Office to continue your food stamp benefits.

6) Medical Expenses

Do you have any medical expenses over \$35 a month that are not paid by Medicare, private health insurance, or MassHealth? yes no If yes, how much over \$35? _____

You must give the Department copies of medical bills that you have received in the past year. The medical bills must show how much you were charged for the service and payments made by any third party, such as an insurance company, relative or friend. (Please note that special diets are not an allowable medical expense.)

7) Shelter Expenses (that you pay without help from any other person)

How much are your monthly shelter expenses? _____

Renter:

Rent Amount	How Often

Home Owner: List expenses below

Expense	Amount	How Often
mortgage		
insurance		
taxes		

If renter, provide current rent receipt or lease.

If homeowner, provide proof of most recent taxes, rebates and mortgage statement.

8) Utility Expenses (that you pay without help from any other person)

Do you pay your own heat and/or cooling costs separately from your rent or mortgage? yes no

Do you receive low-income housing energy assistance payments? yes no

Do you pay any of the following?

If yes, enter the amount per month.

Gas yes \$ _____ no

Telephone yes \$ _____ no

Electric yes \$ _____ no

Water yes \$ _____ no

Oil yes \$ _____ no

Garbage/Trash yes \$ _____ no

Submit proof of utility expenses.

9) Students

Do you receive any educational grants, educational scholarships or educational loans? yes no

If yes, do not complete this application; contact your SSI Regional Office to continue your food stamp benefits.

10) Authorized Representative

You can authorize someone, a relative or friend, to access your food stamp benefits for you to buy food. If you would like to have someone do this for you, print the person's name, address and telephone number below.

Name (Please Print)

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Area Code

Telephone

Address

City/Town

ZIP

Use of Your Social Security Numbers

Social Security numbers will be used in a computer File Matching System to verify the accuracy of information you provide at the time of application and during subsequent eligibility reviews for food stamp benefits or audits. The system compares information you provide on your application/ reapplication with information contained in computer files of banking institutions, public agencies and other relevant data holders.

All possible precautions will be taken during the computer matching process to ensure your rights of privacy.

Fair Hearing

You or your authorized representative may request a fair hearing either orally or in writing if you disagree with any action taken on your case. Your case may be presented at the hearing by any person you choose. We will consider this reapplication without regard to race, color, sex, age, disability, religion, national origin or political belief.

Your Signature & Food Stamp Penalty Warning! (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 Food Stamp Program (FSP) 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 the FSP. I understand that I must report to DTA any changes in my household income, assets, address, living arrangement, family size, employment or any other changes to my FSP household that may affect our 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 food stamp semiannual reporting rules.

I understand that for food stamp benefits, to receive a deduction for childcare expenses, rent or mortgage payments, utility or shelter expenses, child support paid to a non-household member, 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 food stamp 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 60 are automatically work registered and enrolled in the Food Stamp Employment and Training Program (FS/E&T). The automatic FS/E&T enrollment allows household members to easily access FS/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 food stamp 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 the 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 "Food Stamp Program" 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 worker. I can also call Recipient Services at 1-800-445-6604, if I have trouble reading or understanding any of this information.

I also swear that all members of my FSP household requesting food stamp benefits are either U.S. citizens or aliens in satisfactory immigration status.

Food Stamp Penalty Warning

I understand that if I or any member of my FSP household intentionally breaks any of the rules listed below, that person will be barred from the FSP 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. These rules are:

- Do not give false information or hide information to get food stamp benefits.
- Do not trade or sell food stamp benefits.
- Do not alter EBT cards to get food stamp benefits you are not entitled to receive.
- Do not use food stamp benefits to buy ineligible items, such as alcoholic drinks and tobacco.
- Do not use someone else's food stamp benefits or EBT card, unless you are an "authorized representative."

I also understand the following penalties:

- Individuals who commit a **cash program** IPV that is confirmed in an Administrative Disqualification Hearing (ADH), will be barred from the FSP 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 food stamp benefits *simultaneously* will be barred from the Food Stamp Program for **ten years**.
- Individuals who trade (buy or sell) food stamp benefits for a controlled substance/illegal drug(s), will be barred from the FSP for a period of **two years** for the first finding, and **permanently** for the second finding.
- Individuals who trade (buy or sell) food stamp benefits for firearms, ammunition or explosives, will be barred from the FSP **permanently**.
- Individuals who trade (buy or sell) food stamp benefits having a value of \$500 or more, will be barred from the FSP **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 the FSP.
- Individuals who fail to comply without good cause with Food Stamp Work Requirements, will be disqualified from the FSP 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 food stamp household, the entire household shall be ineligible to participate in the FSP for a period of **six months**.

I have read the Food Stamp Penalty Warning in my primary language.

Right to an Interpreter

I understand that I have a right to an interpreter provided by DTA if no adult in my FSP 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) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). USDA and HHS are equal opportunity providers and employers.

Your Signature

Date

Witness (when mark is used for signature)

Date

AU Manager Signature

Date

Case Narrative (For Dept. Use Only)

