



MITT ROMNEY
Governor


KERRY HEALEY
Lieutenant Governor

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

TIMOTHY MURPHY
Secretary

JOHN A. WAGNER
Commissioner

Field Operations Memo 2005-50A
October 24, 2005

To: Transitional Assistance Office Staff
From:  Cescia Derderian, Assistant Commissioner for Field Operations
Re: Bay State CAP Outreach Plan – Notice of Supplemental Benefits

Background

Field Operations Memo 2005-50 provided information about Bay State CAP Phase Two Outreach activities. Instructions for processing an application for regular food stamp benefits for a pending Bay State CAP Outreach AU are found on pages 7 and 8.

Notice of Supplemental Benefits

Attached is the Notice of Supplemental Benefits referenced in 2005-50. It must be used when approving benefits for a pending Bay State CAP Outreach AU that applies for regular FS in October or November 2005.

- The *Notice of Supplemental Food Stamp Benefits* (see Attachment A-1) is used to issue a supplemental FS benefits payment for October and November (or for November only, depending on the date of application) to individuals who:
 - √ are determined to be not eligible for Bay State CAP, and
 - √ would receive a higher amount under the regular FS Program than under Bay State CAP.
- The *Notice of Supplemental Bay State CAP Benefits* (see Attachment A-2) is used to issue a supplemental Bay State CAP payment for October to individuals who:
 - √ are determined to be eligible for Bay State CAP, and
 - √ would receive a higher amount under Bay State CAP than under the regular FS Program.

TAO staff must make copies of the notices as needed.

Questions

If you have any questions, please have your Hotline designee call the Policy Hotline at 617-348-8478.

Date: _____

SSN: _____

Recipient Name

Street

City, State, Zip

Notice of Supplemental Food Stamp Benefits

Your application for food stamp benefits has been approved.

Food stamp benefits in the amount of \$_____ have been issued to you.

Check one:

This amount represents your October benefit and a supplement for November since you (re)applied in October 2005.

This amount represents a supplement for November since you (re)applied in November 2005.

Your monthly food stamp benefits in the amount of \$_____ will be available to you on 12/___/2005.

Date: _____

SSN: _____

Recipient Name

Street

City, State, Zip

Notice of Supplemental Bay State CAP Benefits

You have been approved for Bay State CAP food assistance benefits.

Bay State CAP food assistance benefits in the amount of \$_____ have been issued to you. These are your October 2005 benefits based on your (re)application for food stamp benefits on ____/____/____.

Your November benefits will be available on November 1. You must make a food purchase with your Bay State Access card to continue receiving Bay State CAP food assistance benefits.