



**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 2008-28**  
**May 29, 2008**

**To:** Transitional Assistance Office Staff

**From:**  John Augeri, Assistant Commissioner for Field Operations

**Re:** Food Stamp Disability Verification for Elderly Noncitizens Receiving EAEDC

---

**Overview**

This Field Operations Memo focuses on noncitizens who are age 65 or over, are receiving EAEDC as elderly, and are not receiving food stamp benefits because they are subject to the five-year bar on receiving federal and state benefits.

Food stamp regulations at 106 CMR 362.220 provide that certain qualified noncitizens may be eligible for food stamps based on disability as defined in 106 CMR 361.210 regardless of the date of entry into the United States. Field Operations Memo 2008-11 described the Department's new automated process to outreach to disabled noncitizens receiving EAEDC whose disability is RSDI/SSI certified by Disability Evaluation Services (DES). However, when a noncitizen age 65 or older applies for EAEDC benefits, the eligibility is based on age and no medical report or disability supplement is required.

To provide elderly noncitizens with nutritional benefits and increase participation in the Food Stamp Program, elderly noncitizens receiving EAEDC may now verify disability for food stamp purposes by submitting a *Food Stamp Disability Verification for Elderly Noncitizens* form (Attachment A) signed by a licensed medical practitioner. This will enable elderly noncitizens to receive food stamp benefits, if otherwise eligible.

---

**Purpose of Memo**

This Field Operations Memo:

- introduces the new *Food Stamp Disability Verification for Elderly Noncitizens* form; and
  - describes AU Manager responsibilities for the use of this form during application, recertification and case maintenance.
- 

**New Form**

The *Food Stamp Disability Verification for Elderly Noncitizens* form provides noncitizen EAEDC applicants or clients who are 65 or over and who have been in the U.S. less than five years the opportunity to apply for food stamp benefits based on disability. It is a two-sided form with the Medical Release in English and Spanish. The form establishes that the client has a disability for food stamp purposes if a licensed medical practitioner provides the diagnoses and explanation required in Section II, answers *Yes* to each of questions 1, 2 and 3, and signs the form.

This form simplifies the disability determination process for EAEDC elderly noncitizens not receiving SSI because of the five-year bar, but who are likely to be determined disabled at an RSDI/SSI level in light of vocational, educational and LEP considerations.

**Important:** This form can only be used to establish disability for food stamp eligibility for noncitizen EAEDC applicants or clients who are 65 or over and who have been in the U.S. less than five years. It cannot be used to establish disability for any other DTA program, including EAEDC. The eligibility reason for EAEDC remains *elderly* for these clients.

---

**AU Manager Responsibilities: Applications**

When taking an EAEDC application for a noncitizen who is 65 or over and who has been in the U.S. less than five years, the AU Manager **must** explore the possibility that the applicant has a disability that, once verified, may qualify the applicant for food stamp benefits. The AU Manager must:

- ask the client if he or she has a disability and, if so, complete the food stamp portion of the BEACON application with the EAEDC application;
  - provide the applicant with a *Food Stamp Disability Verification for Elderly Noncitizens* form and explain how to have the form completed and how to return the form along with any other necessary verifications within required time frames; and
  - process the case following established procedures for completing an EAEDC and Food Stamp application.
-

**AU Manager  
Responsibilities:  
Applications  
(continued)**

If the applicant returns the *Food Stamp Disability Verification for Elderly Noncitizens* form within the required time frame, and a licensed medical practitioner has answered *Yes* to all three questions in Section II and provided all other information required in Section II, the AU Manager must:

- in the Disability window of BEACON, answer the Disabled prompt with *Yes* and enter *SSI Dsblld recipient /certified* in the *Determination Source* prompt. At the *Other Person Responsible* and *Review Required* prompt enter *No*.
- obtain other verifications as needed and approve the food stamp case within standard time frames, if eligible
- ensure the client has an EBT card. If not, be sure to issue one.

**Reminder:** Claiming certain expenses such as shelter, utility costs and medical expenses is optional. Although these expenses, if verified, may increase the amount of food stamp benefits, if they are not verified the food stamp case can be approved without them. Always remember with the elderly and/or disabled that it is important to explore possible medical deductions.

If the medical practitioner has checked *No* to any question in Section II of the form, the AU Manager must:

- select Ineligible Noncitizen in the *Reason Category* prompt on the AU tab of the AU Composition Results window to deny the food stamp application.

If the applicant does not return the Disability Verification form within the required time frame, deny the food stamp application for failure to provide verifications.

---

**AU Manager  
Responsibilities  
for Current  
EAEDC Elder  
Noncitizens**

MIS has identified approximately 2000 elder noncitizens receiving EAEDC and subject to the five-year bar. Many of these clients could be eligible for food stamps based on disability. The Department is planning to outreach to these clients to encourage them to apply for food stamp benefits. You will be notified when this occurs.

---

**AU Manager Responsibilities for Current EAEDC Elder Noncitizens (continued)**

In the meantime, when conducting an EAEDC reevaluation or case maintenance activity for an elder noncitizen 65 or over and subject to the five-year bar, the AU Manager **must** explore the possibility that the client might have a disability that, once verified, may qualify the client to receive food stamp benefits. If the client indicates a disability, complete a food stamp application and provide the client with a *Food Stamp Disability Verification for Elderly Noncitizens* form. Follow the procedures described above for case processing.

---

**Interpreter Services**

AU Managers are reminded that interpreter services are available for those noncitizens who have limited English proficiency. Refer to Field Operations Memo 2008-16, *Department Interpreter Services Enhancements* for detailed information on the requirements and procedures for providing interpreter services, and A & F Memo FY2007-9, *DTA Telephonic Interpreter Services*. This memo and additional related information can be found in DTA Online by clicking on the Administration and Finance tab at the top of the homepage and selecting *Interpreter Services* under *Human Resource Management*. The additional information at this site includes a list of TAO interpreters, the Interpreter Request Form and guidance on how to use TeleInterpreters' Language Services.

---

**Questions**

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

---



Massachusetts Department of Transitional Assistance

## Food Stamp Disability Verification for Elderly Noncitizens

### Section I: Medical Release

By signing below I authorize release of the medical information in Section II of this form to the Department of Transitional Assistance.

Applicant's Printed Name

Applicant's Signature

Social Security Number

Address

City/Town

ZIP

### Section II: Medical Practitioner's Statement

To qualify for food stamps, the individual named above needs to verify that she or he is disabled.

For this purpose, disability is defined as (1) having a severe physical or mental impairment, (2) that has lasted or is expected to last for 12 months or result in death, and (3) that makes the person unable to engage in past work or in any other substantial work in light of the person's age, education, and work experience.

Disability must be verified by a licensed medical practitioner.

We appreciate your completing this form. **All parts *must* be completed.**

Diagnoses:

- \_\_\_\_\_
- \_\_\_\_\_
1. Is/are the impairment(s) severe (more than slight)?  Yes  No
  2. Will the impairment(s) last 12 months or result in death?  Yes  No
  3. Is this person unable to perform substantial gainful employment on a sustained basis in light of the individual's physical and/or mental impairment(s), age, education, language barriers and work experience?  Yes  No

If this person cannot perform substantial gainful employment, explain (*must* be completed):

\_\_\_\_\_

\_\_\_\_\_

I certify that I am a licensed medical practitioner, that I have examined the above individual, and that the information provided is true and accurate.

Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



Departamento de Asistencia Transicional de Massachusetts

## Verificación de discapacidad para personas mayores no ciudadanos que solicitan Cupones de Alimentos

### Sección I: Autorización del historial médico

Al firmar abajo, autorizo la entrega del historial médico ubicado en la Sección II de este formulario al Departamento de Asistencia Transicional.

Nombre del Solicitante (en letra de imprenta)

Firma del Solicitante

Número Seguro Social (SSN)

Dirección

Ciudad/Pueblo

Código Postal

### Section II: Medical Practitioner's Statement

To qualify for food stamps, the individual named above needs to verify that she or he is disabled.

For this purpose, disability is defined as (1) having a severe physical or mental impairment, (2) that has lasted or is expected to last for 12 months or result in death, and (3) that makes the person unable to engage in past work or in any other substantial work in light of the person's age, education, and work experience.

Disability must be verified by a licensed medical practitioner.

We appreciate your completing this form. **All parts *must* be completed.**

Diagnoses:

1. Is/are the impairment(s) severe (more than slight)?  Yes  No
2. Will the impairment(s) last 12 months or result in death?  Yes  No
3. Is this person unable to perform substantial gainful employment on a sustained basis in light of the individual's physical and/or mental impairment(s), age, education, language barriers and work experience?  Yes  No

If this person cannot perform substantial gainful employment, explain (*must* be completed):

I certify that I am a licensed medical practitioner, that I have examined the above individual, and that the information provided is true and accurate.

Name (please print) \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_