

**Massachusetts Department of Transitional Assistance
Bay State CAP Shelter Statement**

NAME OF FOOD ASSISTANCE RECIPIENT

SOCIAL SECURITY NUMBER

My monthly housing cost, not including utility bills, is:

\$450 or more a month

I understand that I can choose to get regular food assistance benefits at any time if I would get a higher benefit amount than the Bay State CAP amount. The regular amount might be higher if I:

- Pay more than \$35 a month in out-of-pocket medical expenses;
- Pay a higher amount for my shelter;
- Pay heating or cooling costs separately from my rent/mortgage;
- Pay child support for a child outside my home; or
- Pay for child or adult dependent care.

I can call my DTA case manager to find out if the regular food assistance benefit amount would be higher than the Bay State CAP amount.

SIGNATURE

DATE

Return the completed and signed form to:

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