



Supplemental Nutrition Assistance Program (SNAP)

Application for Seniors

(For individuals and couples age 60 or older)

How do I apply for SNAP benefits?

- By mailing this application to:
DTA Document Processing Center
P.O. Box 4406
Taunton, MA 02780-0420
- By faxing this application to:
(617) 887-8765
- By going into any local DTA office

Make sure that you:

- Give us a phone number where we can call you during weekdays.
- Answer as many questions as you can. If you aren't sure how to answer a question, leave it blank and we will talk about it during your interview. **We will accept your application if it has your name, address (if any) and signature.**
- Read the Notice of Rights, Responsibilities and Penalties.
- Sign your name on the last page.

If you want more information or need help please call **1-877-382-2363** or visit our website at www.mass.gov/dta.

What happens after I apply?

We will call you for an interview to talk about your application.

- If we cannot reach you, we will mail you a letter for a scheduled phone interview.

Note: Let us know if you can't keep the scheduled interview or if you prefer to come to DTA for the interview. You can call us for the interview at any time during business hours.

- We will provide you an interpreter if you do not speak English.

See next page for more information. Keep this sheet for your records.

We may need **verification (proof)** of some of the things you tell us. During the interview we will tell you what verifications we need. We will also mail you a list. You have 30 days from the date we get your application to give us the verifications we need. Be sure to tell us if you need help!

We may ask for:

- Identity (who you are)
- Verification that you are a Massachusetts resident
- Your income: Earnings or self-employment, Veterans' benefits or a pension
- Non-citizen status if you are a non-citizen applying for SNAP
- Medical costs (this is not required but may make you eligible for more SNAP benefits if you give us verification)

If you tell us about your shelter or adult day care costs on this application, we may not need to ask you for more verification.

We will also mail you an Electronic Benefit Transfer (EBT) card if you need one. You may get the EBT card before we decide if you are eligible for benefits. You will also receive a Personal Identification Number (PIN) to use with your EBT card. This is so you can use your benefits as soon as they are available, if you are eligible. When you get your EBT card, you will also get more information on how to use it.

We will make a decision about your application and mail you a letter within 30 days. If we approve your application, we will tell you your benefit amount and when you will get your benefits. If we deny your application, we will tell you why.

See next page for more information. Keep this sheet for your records.



Massachusetts Department of Transitional Assistance

SNAP Application for Seniors

(For individuals and couples age 60 or older)

You may get SNAP benefits within 7 days if one of the following describes you:

- Does your income and money in the bank add up to less than your monthly housing expenses (including utilities)? Yes No
- Is your monthly income less than \$150 and is your money in the bank \$100 or less? Yes No
- Are you a migrant worker and is your money in the bank \$100 or less? Yes No

Information about you

Last Name	First Name	Middle Initial	Social Security Number
What is the best phone number to reach you:			<input type="checkbox"/> Male <input type="checkbox"/> Female
A good time of day to reach you by phone: Time: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon			Date of Birth:
Check all that apply: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
Home Address			Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State, Zip Code			
Mailing Address (if different):			
What is your primary language?			

1. Your Ethnicity/Race: We ask for this information to make sure we treat everyone fairly. Your answer is voluntary, and it will not affect your eligibility or benefit amount.

Ethnicity: Hispanic or Latino Yes No

Race: (check all applicable) American Indian or Alaska Native Asian
 Black or African American White
 Native Hawaiian or Other Pacific Islander

2. Are you a U.S. citizen? Yes No
3. Are you a resident of Massachusetts? Yes No
4. Do you need help because of a disability? We can give you extra help called accommodations. Accommodations can make working with us easier. Yes No
5. Do you or anyone in your household have military experience? Yes No

Information about your household

6. Do other people live with you? Yes No
- If yes, do you share meals more than half of the time? Yes No

7. List the people who live with you. **You do not need to give us the Social Security Number or citizenship status for noncitizens who are not applying for SNAP, even if they live with you.**

Last Name	First Name	Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female
What is this person's relationship to you?			Date of Birth:
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number	

Last Name	First Name	Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female
What is this person's relationship to you?			Date of Birth:
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number	

Financial Information

8. Tell us about your income and the income of anyone who lives with you.

Type of Income	Amount	Frequency of income (weekly, bi-weekly, monthly, etc.)	Whose income is this?
Social Security	\$	monthly	
SSI	\$	monthly	
Pension	\$		
Veterans' Benefits	\$		
Workers' Compensation	\$		
Wages from employment	\$		
Unemployment	\$		
Other (specify)	\$		

9. Do you need to pay for adult dependent care costs? Yes No

If yes, how much do you need to pay for? _____ per _____ (week, month, year, etc.)

10. Do you drive to and from adult dependent care? Yes No

If yes, address of the care provider _____

Number of times _____ (week, month, year, etc.)

11. Do you need to pay for out of pocket medical costs? Yes No

This can include co-pays, prescriptions, over-the-counter medicines, eyeglasses, dental care, hearing aid batteries, etc.

12. Do you drive to and from the doctor or pharmacy? Yes No

If yes, address of the doctor or pharmacy _____

Number of times _____ (week, month, year, etc.)

Do you need to pay for parking, \$ _____ per _____ (week, month, year, etc.)

13. Do you need to pay for rent? Yes No

If yes, how much do you need to pay for:

Rent \$ _____ per _____ (week, month, year, etc.)

14. Do you own your home? Yes No

If yes, how much do you need to pay for:

Mortgage \$ _____ per _____ (month, year, etc.)

Property Insurance \$ _____ per _____ (month, year, etc.)

Property Taxes \$ _____ per _____ (month, year, etc.)

Condo Fee \$ _____ per _____ (month, year, etc.)

15. Do you need to pay for any of the following?

- Heat (oil, gas, electricity or propane, etc.) Yes No
- Electricity for an air conditioner Yes No
- A fee to use an air conditioner Yes No
- Electricity and/or gas Yes No
- Phone or cell service phone service Yes No

Release of Information for Assisting Person or Organization

16. Is anyone helping you apply for SNAP benefits? We call this an Assisting Person/Organization.

Yes No

Do you want to give this person or organization permission to speak to DTA and share relevant confidential information about your case for up to one year from the date this application is signed?

Yes No

If yes, please list their information below:

Name of Person or Organization:

Phone Number of Person or Organization:

Address of Person or Organization:

NOTE: An Assisting Person must not complete the application interview on behalf of your household.

Authorized Representative

17. Do you want to give someone permission to:

- Sign the application and other forms, report changes, and talk about your case with us? Yes No
- Get an EBT card that lets her or him shop for you using your SNAP benefits? Yes No

We call this person an authorized representative. If you answer yes, please list their information below.

Last Name	First Name	Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female
What is this person's relationship to you?			Date of Birth:
Phone number of this person			
Address of this person			
Signature of this person			

Important: The person you choose must give us proof of identity. You can cancel or change this request at any time. EBT cards still work if a case reopens after being closed. If you don't want the person you choose to get and use your benefits be sure to tell us to cancel your card. Call 1-800-997-2555 to cancel your EBT card or 1-877-382-2363 to cancel an Authorized Representative.

Notice of Rights, Responsibilities and Penalties – Please Read Carefully

I certify that I have read, or have had read to me, the information in this application. My answers to the questions in this application are true and complete to the best of my knowledge. I also certify that information I provide to the Department during the application interview and in the future will also be true and complete to the best of my knowledge. I understand that giving false or misleading information is fraud. I also understand that misrepresenting or withholding facts to establish SNAP eligibility is fraud. This results in an Intentional Program Violation (IPV) and is punishable by civil and criminal penalties.

I understand that the Department of Transitional Assistance (DTA) administers SNAP. I understand that DTA has 30 days from the date of application to process my application. Further, I understand that:

- The Food and Nutrition Act of 2008 (7 U.S.C. 2011-2036) allows DTA to use my Social Security Number (SSN) and the SSN of each household member I apply for. DTA uses this information to determine my household's eligibility for SNAP. DTA verifies this information through computer matching programs. I understand that DTA uses it to monitor compliance with program regulations.
- Most of the time, households under the SNAP Simplified Reporting rules have to tell DTA changes at Interim Report (IR) and recertification with the exception of:
 - If my household's income exceeds the gross income threshold
 - If I am under the able-bodied adult without dependents (ABAWD) work requirements and my work hours drop below 20 hours weekly
- If DTA receives verified information about my household, my benefit amount may change
- If I am not under the SNAP Simplified Reporting rules or Transitional Benefits Alternative (TBA) rules, I must report to DTA changes to my 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**. For example, you must report changes in your household's income, size, or address.
- I have a right to speak to a supervisor if DTA finds me ineligible for emergency SNAP benefits and I disagree. I may speak to a supervisor if I am eligible for emergency SNAP benefits but do not get my benefits by the seventh calendar day after I applied for SNAP. I may speak to a supervisor if I am eligible for emergency SNAP benefits but do not get my Electronic Benefit Transfer (EBT) card by the seventh calendar day after I applied for SNAP.
- I may receive more SNAP benefits if I report and give verification to DTA of:
 - child or other dependent care costs, shelter costs, and/or utility costs
 - legally-obligated child support to a nonhousehold member
- If I am 60 years or older or if I am disabled and I pay for medical costs, I can report and give verification of these costs to DTA. This may make me eligible for a deduction and increase my SNAP benefits.
- Unless they meet an exemption, all SNAP recipients between the ages of 16 and 59 are work registered and subject to General SNAP Work Requirements. SNAP recipients between the ages of 18 and 49 may also be subject to the ABAWD Work Program requirements. DTA will inform nonexempt household members of the work requirements. DTA will inform nonexempt household members of exceptions and penalties for noncompliance.
- Most SNAP recipients may voluntarily participate in education and employment training services through the SNAP Path to Work program. DTA will give referrals to the SNAP Path to Work program if appropriate.

- DTA may also share the names and contact information of SNAP recipients with SNAP Path to Work providers for recruitment purposes. I understand that members of my household may be contacted by DTA SNAP Path to Work specialists or contracted providers to explore SNAP Path to Work participation options. For more information about the SNAP Path to Work program, visit www.snappathtowork.org.

I understand that the information I give with my application will be subject to verification to determine if it is true. If any information is false, DTA may deny my SNAP benefits. I may also be subject to criminal prosecution for providing false information.

I understand that by signing this application I give DTA permission to verify and investigate the information I give that relates to my eligibility for SNAP benefits, including permission to:

- Get documents to prove information on this application with other state agencies, federal agencies, local housing authorities, out-of-state welfare departments, financial institutions and from Equifax Workforce Solutions. I also give permission to these agencies to give DTA information about my household that concerns my SNAP benefits.
- If applicable, verify my immigration status through the United States Citizenship and Immigration Services (USCIS). I understand that DTA may check information from my SNAP application with USCIS. Any information received from USCIS may affect my household's eligibility and amount of SNAP benefits.
- Share information about me and my dependents under age 19 with the Department of Elementary and Secondary Education (DESE). DESE will certify my dependents for school breakfast and lunch programs.
- Share information about me, my dependents under age 5 and anyone pregnant in my household with the Department of Public Health (DPH). DPH refers these individuals to the Women, Infants and Children (WIC) Program for nutrition services.
- Share information, along with the Massachusetts Executive Office of Health and Human Services, about my eligibility for SNAP with electric companies, gas companies and eligible phone and cable carriers to certify my eligibility for discount utility rates.
- Share my information with the Department of Housing and Community Development (DHCD) for the purpose of enrolling me in the Heat & Eat Program.

DTA may deny, stop or lower my benefits based on information from Equifax Workforce Solutions. I have the right to a free copy of my report from Equifax if I request it within 60 days of DTA's decision. I have the right to question the accuracy or completeness of the information in my report. I may contact Equifax at: Equifax Workforce Solutions, 11432 Lackland Road, St. Louis, MO 63146, 1-800-996-7566 (toll free).

I understand that I will get a copy of the "Your Right to Know" brochure and the SNAP Program brochure. I will read or have read to me the brochures and 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 contact DTA. If I have trouble reading or understanding any of this information, I will contact DTA. DTA can be reached at: 1-877-382-2363.

I swear that all members of my SNAP household requesting SNAP benefits are either U.S. citizens or lawfully residing noncitizens.

Right to Register to Vote

I understand I have the right to register to vote at DTA. I understand that DTA will help me fill out the voter registration application form if I want help. I am allowed to fill out the voter registration application form in private.

I understand that applying to register or declining to register to vote will not affect the amount of benefits I get from DTA.

SNAP Penalty Warning

I understand that if I or any member of my SNAP household intentionally breaks any of the rules listed below, that person will not be eligible for SNAP for *one year* after the first violation, *two years* after the second violation and *forever* after the third violation. That person may also be fined up to \$250,000, imprisoned up to 20 years or both. S/he may also be subject to prosecution under other applicable Federal and State laws. These rules are:

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

I also understand the following penalties:

- Individuals who commit a **cash program** Intentional Program Violation (IPV) will be ineligible for SNAP for the same period the individual is ineligible from cash assistance.
- Individuals who make a fraudulent statement about their identity or residency to get multiple SNAP benefits *at the same time* will be ineligible for SNAP for **ten years**.
- Individuals who trade (buy or sell) SNAP benefits for a controlled substance/illegal drug(s), will be ineligible for SNAP for **two years** for the first finding, and **forever** for the second finding.
- Individuals who trade (buy or sell) SNAP benefits for firearms, ammunition or explosives, will be ineligible for SNAP **forever**.
- Individuals who trade (buy or sell) SNAP benefits having a value of \$500 or more, will be ineligible for SNAP **forever**.
- The State may pursue an IPV against an individual who makes an offer to sell SNAP benefits or an EBT card online or in person.
- Individuals who are fleeing to avoid prosecution, custody or confinement after conviction for a felony, or are violating probation or parole, are *ineligible* for SNAP.
- Paying for food purchased on credit is not allowed and can result in disqualification from SNAP.
- Individuals may not buy products with SNAP benefits with the intent to discard the contents and return containers for cash.

Right to an Interpreter

I understand that I have a right to an interpreter provided by DTA if no adult in my SNAP 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 civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



APPLICANT'S SIGNATURE: By signing this application, I certify that I understand and agree to the "Rights, Responsibilities and Penalties."

Applicant Signature: _____

Date: _____