

**Domestic Violence**

Are you or is anyone in your household a victim of Domestic Violence currently or in the past?  yes  no  
 Is the abusive person in the household?  yes  no  
 Do you wish to have your case treated with an increased level of security due to a domestic violence situation? This means you must come into the office for any case activity and that no information will be given out over the phone.  yes  no

**Signatures**

You have applied for the following assistance: Application Date

<input type="checkbox"/> TAFDC	/ /
<input type="checkbox"/> Food Stamps	/ /
<input type="checkbox"/> EAEDC	/ /
<input type="checkbox"/> Emergency Assistance	/ /

Signing this form establishes your application date for Emergency Assistance, Cash Assistance and/or food stamp benefits. If your application for cash assistance is denied, you may file a separate application for other cash programs. If you apply for both cash assistance and food stamps but are determined to be ineligible for cash assistance, a food stamp determination will be made on available information.

I attest to the fact on \_\_\_/\_\_\_/\_\_\_\_\_, I requested assistance.

\_\_\_\_\_  
*Applicant Signature* *Date*

\_\_\_\_\_  
*Witness Signature (when mark is used instead of signature)* *Date*

\_\_\_\_\_  
*Authorized Representative Signature* *Date*

I have discussed immediate needs and reviewed the food stamp expedited service criteria with the applicant.

\_\_\_\_\_  
*Assistance Unit Manager Signature* *Date*

\_\_\_\_\_  
*Signed Telephone Request* *Date*



**Massachusetts Department of Transitional Assistance  
 Request for Assistance**

TAO Name Address & Telephone

Please be sure to read the *Your Right to Know* brochure, and all other materials carefully. Apply for all assistance today, and if you are eligible, your benefits will date back to your application date. Tell your worker if you have questions or need more information.

**Application**

What is your primary reason for applying?  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have a secondary reason for applying?  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have a special situation? (check the appropriate boxes)

Handicapped     
  Hearing Impaired     
  Interpreter Required     
  Sign Language Required  
 Visually Impaired     
  Other \_\_\_\_\_

*Dept. Use Only*

How did you receive this application? (check one)

Walk in     
  Telephone Exception     
  Federal Telephone Call     
  Home Visit     
  Mail In

Who is making the request? (check one)

Applicant/Recipient     
  Federal Emergency Management Agency     
  Project Bread  
 Social Security Administration     
  Other (explain) \_\_\_\_\_

**Assessed Person/Grantee**

What is your name?

Last Name	First Name	Middle	Suffix	Gender
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Is this name your (check one)

Name at Birth     
  Maiden Name     
  Married Name  
 Prior Marriage Name     
  Known by     
  Alias

Do you have an alternate name?  yes  no If yes, complete the following.

Last Name	First Name	Middle	Suffix
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Social Security Number (SSN) \_\_\_\_\_

What is your date of birth? / / Do you have an alternate SSN?  yes  no

If yes, what is it? \_\_\_\_\_

**Assessed Person/Grantee (cont)**

What is your marital status? (check one)

- Divorced
- Separated
- Married
- Never Married

What is your ethnic origin? (check one)

- American Indian
- Black not Hispanic
- Asian/Pacific Islander
- White not Hispanic
- Alaskan American
- Hispanic

What is your preferred language?

**Address**

What is your current address?

Number \_\_\_\_\_ Street Name \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

What type of housing do you live in? (check one)

- Commercial Boarding House
- Employer Provided Housing
- Migrant Campsite
- Public Housing
- Teen Living Program
- Private Housing
- Residential Facility
- Shelter
- Transitional Housing

Is your permanent residence address the same as the current residence address?  yes  no

If no, what is your permanent address (complete the following)

Number \_\_\_\_\_ Street Name \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Is your mailing address the same as the current or permanent residence address? If neither, complete the following.

Number \_\_\_\_\_ Street Name \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

What is your telephone number? ( ) \_\_\_\_\_ - \_\_\_\_\_ Are you homeless?  yes  no

If yes, what is your homeless address?

Number \_\_\_\_\_ Street Name \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone \_\_\_\_\_

**Programs**

What programs are you applying for? (check all that apply)

- Transitional Aid to Families with Dependent Children (TAFDC)
- Food Stamp Benefits (FS)

Emergency Aid to Elderly, Disabled and Children (EAEDC)

Emergency Assistance (EA)

Date of application / / Date of Disaster (if applicable) / /

Do you have any immediate needs?  yes  no (check all that apply)

- Rent/Mortgage/Utilities
- Medical
- Food

You may qualify for expedited food stamp benefits if you meet one of the following criteria and appear eligible for the program. Expedited means that we must provide you with food stamp benefits within seven calendar days of the date you apply or sooner if the seventh day falls on a holiday. Please answer the following questions.

Have combined gross monthly income and liquid assets that are less than your

combined monthly rent (or mortgage) and utilities?  yes  no

Have gross monthly income of less than \$150 and liquid assets of \$100 or less?  yes  no

Is it a migrant or seasonal farmworker household and has assets of \$100 or less?  yes  no

If you do not understand the questions that you were asked, ask the worker to explain them. You have a right to a conference with a supervisor, if you are determined ineligible for expedited food stamp benefits and you disagree, or if you are determined eligible for expedited service but you do not receive your food stamp benefits by the seventh calendar day after the date you applied.

**Assisting Person**

Are there any people who are assisting with your application, an emergency contact or assisting with financial affairs?  yes  no

If yes, what role is the person providing? (check one)

- Authorized Payee
- Assisting with Application
- Emergency Contact
- Authorized Representative
- Conservator
- Representative Payee

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

Social Security Number \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone \_\_\_\_\_