



Agency ID: [REDACTED]  
06/27/2023



For Your Information  
**DTA has made a decision about your case**

**Transitional Aid to Families with Dependent Children (TAFDC):** Your TAFDC benefits will go from \$688.00 to \$603.00 on 07/17/2023 because

- Your household's income has changed.

**Supplemental Nutrition Assistance Program (SNAP):** Your SNAP benefits will go from \$429.00 to \$476.00 on 08/02/2023 because

- Your household's income has changed.
- Your cash benefits have changed.

**People in the household who are receiving benefits:**

Name	Age	Program(s)
[REDACTED]	28	TAFDC, SNAP
[REDACTED]	4	TAFDC, SNAP

**Your Reporting Requirements:**

Your TAFDC certification period is from 05/02/2023 through 11/01/2023.

The 24-month time limit for getting benefits apply to your case because you or another parent in the household must meet the TAFDC work rules.

Your SNAP certification period is from 11/02/2022 through 11/01/2023.

Your TAFDC case will be reviewed before 11/01/2023. We will schedule an

interview to talk to you.

Around 09/17/2023 we will mail you a form to review your SNAP case.

Because you get SNAP, you must tell us about these changes within 10 days of the change:

- Your household's income changes by more than \$100 per month;
- Your household's source of income changes - for example, you start or stop a job or get unemployment;
- Someone joins or leaves your household; or
- You move and your housing costs change.

If we receive information that your situation changed, we may change your benefit amount.

The post office does not forward DTA mail. To get notices about your case, you must tell us right away if your mailing address and/or phone number change.

### **Your Work Program:**

██████████ must meet the TAFDC work rules because their youngest child is age 2 or older. You must do a work activity for 20 hours per week.

██████████ is exempt from TAFDC work rules because they are a dependent. This means these rules do not apply to them.

If you work, we may not count all of your earnings when we calculate your TAFDC amount. While you are receiving TAFDC, you are eligible for employment, education and training opportunities and supports. Find out more on the DTA Pathways to Work website at [Mass.gov/DTA-Pathways-to-Work](https://www.mass.gov/DTA-Pathways-to-Work). DTA's Pathways to Work Program can help you plan how you will meet your requirements. Please call Case Manager Alice LeBoeuf at 857-291-5201 if there is a good reason you cannot participate at this time.

**Need help because of disability?** Tell us if you need help to understand or do something we ask because of a health problem or disability. This could be mental, physical, sensory, learning, intellectual, cognitive or developmental. We may be able to give you extra help or adjust a rule. This is called an accommodation. Call a Client Assistance Coordinator at 978-725-7100 for help with an accommodation.

**Assisting Person:** You can choose a trusted person to help manage your benefits. This person is called an “assisting person.”

**Legal Services:** Call Northeast Legal Aid(978-458-1465) to ask about free legal services.

**Nondiscrimination:** This institution is an equal opportunity provider.

We must not discriminate due to race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. If you think that we have discriminated against you, call 617-348-8555 to find out how to file a complaint.

**Connect with DTA!** You can use DTA Connect or call the DTA Assistance Line at 877-382-2363! If you have any questions about your case, need to make updates, need help because of a disability, are experiencing domestic violence, or have trouble reading or understanding this notice, call during business hours. Learn more at [Mass.gov/ContactDTA](https://www.mass.gov/ContactDTA).

**Appeals:** If you disagree with a DTA action, you have the right to appeal. If you appeal, you will have a hearing before an independent hearing officer. You will find information about how to appeal on the last page of this notice.

## Household Income and Costs On File

<b>Income</b>			
Income may be counted differently based on program rules. For more information, contact DTA or go to <a href="https://www.mass.gov/DTA/Calculations">Mass.gov/DTA/Calculations</a>			
Name	Type	How Often	Date & Amount (before taxes or other money is taken out)
██████████	Wages (██████████)	Monthly	05/01/2023: \$280.00
██████████ Z	Self-Employment (after subtracting \$100.00 for business costs)	Annual	06/01/2023: \$2180.00
██████████	Child Support Payment	Monthly	06/01/2023: \$50.00

<b>Costs</b>			
Make sure this information is correct. Household costs <i>may</i> change your benefits!			
<b>You told us you have market rate housing costs</b>			
Name	Type	How Often	Date & Amount
██████████	Rent	Monthly	11/04/2022: \$400.00
██████████	I am responsible for paying: Heating costs, Phone Service	Monthly	We give a standard credit for the utility types you are responsible for.

# Request for an Appeal

If you need help due to a disability or have trouble understanding this form, call DTA at 877-382-2363.

**What is an appeal?** An appeal is a request for a third party to review a decision that was made on your case. If you disagree with a DTA action, you have the right to appeal. If you appeal, you will have a hearing before an independent hearing officer. Hearings are typically conducted by phone, but you can request an in-person hearing to be held at a local DTA office, or a virtual hearing. At least 10 days before the hearing, DTA will mail you a notice of the date and time of the hearing. You can also view the notice on DTA Connect. You can bring any documents that you want the hearing officer to look at. At the hearing, a DTA employee will explain the reason for DTA's action. You or someone helping you can explain why you disagree. After the hearing, the hearing officer will mail you a decision.

**Can someone help me?** Yes. You can have anyone support or represent you. You can also bring witnesses to testify. You may be able to get free legal help. Your decision notice lists the free legal aid office in your area, or you can go to [masslegalhelp.org](http://masslegalhelp.org) for information about free legal services. If you are Deaf or hard-of-hearing, you can call MassRelay at 711 or 800-439-2370.

**What if I need an interpreter?** You have the right to bring your own interpreter, or we can provide a free, confidential interpreter if you need one. If you want DTA to provide you a free interpreter, check this box  and tell us your primary language or dialect:

\_\_\_\_\_.

**What if I need to reschedule?** Please call **617-348-5321** or **800-882-2017** at least one day before the hearing. If you do not reschedule and you miss the hearing, we will send you a letter about your rights. If you had a good reason for missing the hearing, we may be able to give you a new hearing.

**How do I appeal?** Fill in the spaces below and send this request with the first page of the notice.  
**By Mail: DTA, P.O. Box 4017, Taunton MA 02780-0314, By Fax: 617-348-5311, or drop off at a local DTA office.**

I want to appeal the following decision by DTA: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Agency ID: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

City/ZIP: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Method of Hearing: Telephone  In-Person  Virtual

**If you want someone to help you with this appeal, please fill in their information:**

Name: \_\_\_\_\_ Is this person a lawyer or public advocate?

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

City/ZIP: \_\_\_\_\_ Email Address: \_\_\_\_\_

**If you currently get cash benefits** - Your benefits will continue until the appeal is decided. If you get TAFDC time limited benefits and you lose your appeal, the months of benefits you received may count toward your time limit. If you get benefits until the appeal is decided and you lose your appeal, you will have to pay back these benefits.

**If you currently get SNAP benefits** - Your benefits will continue until the appeal is decided, or your SNAP certification period ends, whichever comes first. If you get benefits until the appeal is decided and you lose your appeal, you will have to pay back these benefits.

**If you do not want to get benefits during your appeal** - Check this box

If you get benefits until the appeal is decided and you lose your appeal, you will have to pay back these benefits. If you choose not to get benefits during the appeal period, and win your appeal, DTA will pay you any benefits owed.

**What are the deadlines for appealing?** We must get your appeal request no later than 90 days from the date the Department sent you written notice of the action you are appealing. But there are exception:

- You may appeal the current amount of your SNAP benefits anytime during your certification period.
- You have 120 days if DTA fails to act on your request for benefits or services.
- You generally have 120 days if the appeal is about coercive or improper conduct by a DTA employee.
- You have 30 days if your appeal is about your state tax refund being withheld to repay an overpayment of DTA benefits.



**English**

**Important!** The notice may affect your benefits. Please read it or have someone translate it for you right away. If you do not understand the information or need help translating it, please contact your Transitional Assistance Office right away or call 877-382-2363.

**American Sign Language**

I am an ASL user.

**Arabic**

**هام!** يمكن لهذا البلاغ أن يؤثر على الفوائد الخاصة بك. الرجاء قرأته أو الطلب من شخص ما ترجمته لك على الفور. في حال لم تفهم المعلومات الواردة أو كنت بحاجة إلى المساعدة في ترجمته، يرجى منك مخاطبة مكتب المساعدة الأتقالية الخاص بك على الفور أو الإتصال 877-382-2363.

**Armenian**

**Կարևոր է:** Սույն ծանուցումը կարող է ազդել Ձեր նպաստների վրա: Խնդրում ենք կարդալ այն, կամ խնդրել որևէ մեկին անմիջապես թարգմանել այն Ձեզ համար: Եթե Դուք չեք հասկանում այս տեղեկությունները, կամ այն թարգմանելու համար օգնության կարիք ունեք, խնդրում ենք անմիջապես կապվել Ձեր Անցումային աջակցության գրասենյակի հետ կամ զանգել 877-382-2363.

**Amharic**

**ጠቃሚ !** ማስታወቂያው በእርስዎ ጥቅማ ጥቅሞች ላይ ተጽእኖ ሊያሳድር ይችላል። እባክዎ አሁኑኑ ያንብቡት ወይም ሌላ ሰው እንዲተረጎምዎት ያድርጉ። መረጃውን ካልተረዱት ወይም የትርጉም እገዛ ካሰፈሉገዎ፣ እባክዎ አሁኑኑ ከሽግግር ጊዜ ድጋፍ ጽ/ቤት ጋር ይገናኙ ወይም ስልክ ይደውሉ። 877-382-2363.

**Chinese**

**重要!** 本通知可能会影响到您的福利。请立即仔细阅读，或请人把它翻译为您的母语。如果您不理解这份文件中的信息或需要翻译，请马上联系“过渡期援助办公室（Transitional Assistance Office）”或致电：877-382-2363.

**French**

**Important !** L'avis peut affecter vos prestations. Veuillez immédiatement le lire ou vous le faire traduire. Si vous ne comprenez pas les informations ou si vous avez besoin d'aide pour les traduire, veuillez immédiatement contacter votre Bureau d'assistance transitoire ou appeler 877-382-2363.

**Greek**

**Σημαντικό!** Η ειδοποίηση μπορεί να επηρεάσει την ασφαλιστική σας κάλυψη σας. Παρακαλούμε διαβάστε ή ζητήστε από κάποιον να σας το μεταφράσει αμέσως. Αν δεν καταλαβαίνετε τις πληροφορίες ή χρειάζεστε βοήθεια σχετικά με τη μετάφραση, παρακαλούμε επικοινωνήστε με το Transitional Assistance Office [Γραφείο Μεταβατικής Βοήθειας] αμέσως ή καλέστε 877-382-2363.

**Haitian Creole**

**Enpòtan!** Notis sa ka afekte benefis ou. Tanpri li oswa fè yon moun tradwi l pou ou lamenn. Si w pa konprann enfòmasyon an oswa w bezwen èd pou tradwi l, tanpri kontakte Ofis Asistans Tranzisyonèl ou lamenn oswa rele 877-382-2363.

**Italian**

**Importante!** Il comunicato potrebbe incidere sui Suoi benefit. Si prega di leggerlo o di chiedere a qualcuno di farlo tradurre per Lei immediatamente. Se non capisce le informazioni riportate o ha bisogno di aiuto per tradurle, La preghiamo di contattare subito l'Ufficio di Transitional Assistance o di telefonare al numero 877-382-2363.

**Khmer**

**សំខាន់!** សេចក្តីជូនដំណឹងនេះអាចមានផលប៉ះពាល់ចំពោះអត្ថប្រយោជន៍នានារបស់អ្នកទេ។ សូមអានសេចក្តីជូនដំណឹងនេះ ឬក៏ច្យុះនាណាម្នាក់បកប្រែជូនអ្នកភ្លាម។ ប្រសិនបើអ្នកមិនយល់អំពីព័ត៌មាននេះទេ ឬក៏ត្រូវការជំនួយផ្នែកបកប្រែសេចក្តី ជូនដំណឹងនេះ សូមទំនាក់ទំនងជាមួយការិយាល័យជំនួយការបណ្តោះអាសន្ន (ទទួលសិក្សនាល 1សសិសតានចេ្យីថថិថ) ឬក៏ហៅទូរស័ព្ទទៅ 877-382-2363.

### **Laotian**

**ສິ່ງສຳຄັນ!** ແຈງການອາດຈະມີຜົນກະທົບຕໍ່ຕົນຊ່ວຍເຫຼືອຂອງທ່ານ. ກະລຸນາອ່ານ ຫຼືໃຫ້ຜູ້ໃດຜູ້ໜຶ່ງແປມັນໃຫ້ກັບທ່ານຮູ້.

ຖ້າທ່ານບໍ່ເຂົ້າໃຈຂໍ້ມູນ ຫຼືຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປມັນ, ກະລຸນາຕິດຕໍ່ຫາຫ້ອງການຊ່ວຍເຫຼືອໄລຍະຫັ້ນປ່ຽນຂອງທ່ານທັນທີ ຫຼືໂທຫາ 877-382-2363.

### **Polish**

**Uwaga!** Powiadomienie może mieć wpływ na Państwa świadczenia. Proszę się z nim zapoznać lub poprosić kogoś o jego przetłumaczenie. Jeśli Państwo nie rozumieją jego treści lub potrzebują pomocy w przetłumaczeniu powiadomienia, prosimy o natychmiastowy kontakt z Biurem Pomocy Przejściowej (Transitional Assistance Office) lub kontakt pod numerem 877-382-2363.

### **Portuguese**

**Importante!** O aviso pode afetar os seus benefícios. Leia o aviso ou peça para alguém traduzir agora mesmo. Se não entender as informações ou precisar de ajuda para traduzi-las, entre em contato com o Departamento de Assistência Transitória agora mesmo, ou ligue para 877-382-2363.

### **Russian**

**Внимание!** Настоящее уведомление может повлиять на Ваши компенсационные выплаты. Пожалуйста, сразу же прочтите его или попросите кого-нибудь перевести его. Если Вы не понимаете информацию или Вам нужен ее перевод, пожалуйста, свяжитесь с отделом помощи Transitional Assistance Office или позвоните 877-382-2363.

### **Serbo-Croatian – Cyrillic script**

**Важно!** Ово обавештење може да утиче на ваше бенефиције. Молимо вас да га прочитате или да вам га неко преведе одмах. Ако не разумете информацију или вам је потребна помоћ при преводу, молимо вас да контактирате или позовете вашу Канцеларију за помоћ при транзицији 877-382-2363.

### **Serbo-Croatian – Latin script**

**Važno!** Ovo obavještenje može uticati na vaše beneficije. Molimo vas da ga pročitate ili da vam ga neko prevede odmah. Ako na razumijete informaciju ili vam je potrebna pomoć pri prevodu, molimo vas da odmah kontaktirate ili pozovete vašu Kancelariju za pomoć pri tranziciji 877-382-2363.

### **Slovenian**

**Pomembno!** To obavestilo lahko vpliva na vaše benefikacije. Prosim vas da ga preberete, ali vam ga negde prevede takoj. Če ne zastopite informacijo, ali vam je potrebna pomoč pri prevodu, prosimo da takoj kontaktirate oziroma pokličete vašo Pisarno za pomoč pri tranziciji 877-382-2363.

### **Somali**

**Muhiim!** Ogeysiiskan waxa laga yaabaa inuu saameeyo dheefahaaga. Fadlan akhri ama qof ha kuu tarjumo isla markiiba. Haddii aad fahmi weydo macluumaadka ama aad u baahato gargaar xagga tarjumaadda, fadlan la soo xiriir Xafiiska Gargaarka Kalguurrka isla markiiba ama soo wac. 877-382-2363.

### **Español**

**¡Importante!** El aviso puede afectar sus beneficios. Sírvase leerlo o pídale a alguien que se lo traduzca de inmediato. Si no entiende la información o necesita que le ayuden con la traducción, comuníquese con su Oficina de Ayuda Transicional (Transitional Assistance Office) o llame 877-382-2363.

### **Tagalog**

**Importante!** Maaaring maapektuhan ng paunawang ito ang inyong mga benepisyo. Paki basa ito o hilingin sa ibang taon na kaagad itong isalin sa inyong wika para sa inyo. Kung hindi niyo naiintindihan ang impormasyon o kailangan niyo ng tulong sa pagsalin nito, mangyaring makipag-ugnayan sa inyong Transitional Assistance Office sa lalong madaling panahon o tumawag 877-382-2363.

### **Vietnamese**

**Lưu ý quan trọng!** Thông báo này có thể ảnh hưởng đến quyền lợi trợ cấp của quý vị. Vui lòng đọc kỹ hoặc nhờ người dịch cho quý vị ngay. Nếu quý vị không hiểu thông tin này hay cần được giúp phiên dịch thông tin này, vui lòng liên lạc Văn phòng Cơ quan Trợ cấp Chuyển tiếp ngay hoặc gọi 877-382-2363.



# TAFDC is more than a cash payment!

## You may be eligible for additional supports

### Pathways to Work: connecting you to the right program

- MassHire Work Participant Program
- Employment and Training
- Young Parent Program
- DTA Works Internships
- Basic Education and College
- Community Partnerships

### Supports: help to meet your needs

- No cost childcare to give children a safe start and support parents working on their goals
- \$80 a month to help cover the cost of getting to and from work and work-related activities
- Voucher to pay for the High School Equivalency credential test (HiSET) or GED
- Learning disability screening and assessment to support a client's learning style and needs

To learn more about these opportunities, see:

[Mass.gov/TAFDCPathways](https://www.mass.gov/TAFDCPathways)

### ***When you begin working:***

- You can keep your pay and your TAFDC Benefits for the first 6 months if your income is under 200% of the Federal Poverty Line.
- Your earned income will only count for SNAP and may impact your SNAP benefits.

To learn more visit:

[Mass.gov/info-details/while-getting-tafdc](https://www.mass.gov/info-details/while-getting-tafdc)

### ***If you are working when your TAFDC case closes, you may be eligible for Transitional Support***

#### ***Services (TSS) Stipends:***

- 1st month- \$280
- 2nd month- \$210
- 3rd month- \$140
- 4th month- \$70

**\$700 Total**



Please keep for your records. You can submit these verifications at any time.

## EXPENSES CAN INCREASE SNAP BENEFITS

Tell us if you have any of the costs below, even if you are not able to pay them.

If you do not know what we have on record, call the DTA Assistance Line at 877-382-2363 or look at the notices we have sent on [DTAConnect.com](http://DTAConnect.com) or the DTA Connect mobile app.

Your own signed statement (self-declaration) can verify certain expenses. We will let you know if we need more information.

**You can give us a signed statement if you have to pay for any of the following:**

**Shelter Costs**, including Rent, Mortgage, Property Taxes, Home Insurance, and/or Condo Fees

**Utility Costs**, including Heating, Air Conditioning, Electricity, Trash Collection, Water and Sewer, and/or Phone

**Dependent Care Costs**, including payments to a child-care provider or caretaker for a disabled adult

**Medical Costs:** Seniors (at least age 60) or clients with disabilities can claim medical expenses over \$35 per month. Medical costs include co-pays, prescriptions, over-the-counter medications, health insurance, medical bills, transportation, and more.

**To Verify:** If your total monthly medical expenses are more than \$35 but less than \$190, you can give us a signed statement.

If your total monthly medical expenses are more than \$190, send us proof of the costs such as bills, invoices, or receipts.

**Child Support Payments:** Tell us if you pay legally-obligated child support.

**To Verify:** Send us verification of the legal obligation to pay the child support (such as a court order) and proof of recent payments.

For more information, visit [mass.gov/SNAPverifications](http://mass.gov/SNAPverifications).

### Additional Resources

**SNAP Path to Work:** Find Employment & Training providers by going to [snappathtowork.org](http://snappathtowork.org).  
Note: This is for SNAP-only clients.

**Massachusetts 2-1-1:** Call 211 to find health and human services programs in your area.

**SNAP-Ed:** Visit [MAhealthyfoodsinaSNAP.org](http://MAhealthyfoodsinaSNAP.org) to find healthy recipes, cooking tips, and ways to keep your family active!

**Project Bread:** Call the Food Source Hotline at 800-645-8333 to find local food sources.

