

DTA DPC - P.O. Box 4406
Taunton, MA 02780-0420

Interim Report - 06 Months

Massachusetts Department of Transitional Assistance

Agency ID: [REDACTED]

Date: 11/28/2018

Important: PLEASE READ. This notice is about your SNAP benefits.

This is a SNAP Interim Report Form. DTA is sending this to you to review information in your SNAP case and for you to tell us if there are changes in the information about your household.

Please complete, sign and return this form no later than **12/28/2018**. By returning the completed form in time, and any verifications we need, you will make sure you keep getting SNAP benefits without interruption, if you are eligible. If DTA does not get your signed form in time, your benefits will end on **01/12/2019**.

What you need to do:

1. Read all information in "Current Household Information," beginning on page 2.
2. Write any new information needed in each section.
3. If there are no changes, check the No Changes box in that section.
4. Sign the last page.
5. If your address has changed, tell DTA right away. This is to make sure that you get important notices about your benefits. The post office does not forward DTA mail.

Return this whole report and all verifications by **12/28/2018** to: **DTA Document Processing Center, P.O. Box 4406, Taunton MA. 02780-0420** or fax to **(617) 887-8765**. You, or your authorized representative, may also bring it to a DTA office.

If you have any questions, please call DTA.

Phone: **1-877-382-2363**

Fax Number: **(617) 887-8765**

Please return this page.

CURRENT HOUSEHOLD INFORMATION

Please review the information below. If the information is correct, check the *No Change* box. If you need to report a change, select the *Change* box and add the information in the appropriate section. Please pay close attention to what verifications are needed.

PEOPLE IN SNAP HOUSEHOLD

Household Member	Date of Birth	SSN	No Change Change
<div></div>			<div></div>

H _____ te of Birth _____ Date Moved In _____ Date Left Home _____ Income
\$ _____
\$ _____

SSN or proof of non-citizen legal status required for those applying for SNAP.

EARNED INCOME (GROSS)

Household Member	Company	Average Weekly Income	Average Monthly Income	No Change Change
N/A	N/A	N/A	N/A	<div></div>

H _____ *Id members started to work or had hours or wages changed? If so, you must provide proof of the last 4 weeks gross pay for each job.*

You do not have to report an increase or decrease of less than \$100 per month in the total household gross earned income.

Household Member	Employer Name/Address	New Earnings Gross Amount	How Often Received
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

UNEARNED INCOME

Household Member	Type of Income	Average Weekly Income	Average Monthly Income	No Change Change
<div></div>	RSDI	\$0.00	\$93.00	<div></div>
	RSDI	\$0.00	\$1,058.00	
	RSDI	\$0.00	\$68.00	
	RSDI	\$0.00	\$93.00	
	RSDI	\$0.00	\$93.00	

H _____ *f the following sources:*
Social Security, SSI, Railroad Retirement, Child Support, Veterans' Benefits, Unemployment Compensation, or any other source?

You do not have to report an increase or decrease of less than \$50 per month in the total household gross unearned income.

Household Member	Income Source	Income Amount	How Often Received
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Please return this page.



ADDRESS & PHONE

Address of Residence

Mailing Address

No Change
Change

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

New Address/Phone: _____

Please tell us about changes in your shelter and utility expenses in the sections below.

SHELTER EXPENSES

Household Member	Type of Shelter Expenses	Frequency	Amount
N/A	N/A		None

No Change
Change

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Rent/Mortgage

\$ _____ per month

Taxes

\$ _____ per year

Home Insurance

\$ _____ per year

UTILITY EXPENSES

I pay for the following utilities:

Circle
Answer

1. I pay to heat my home (oil, gas, electricity or propane, etc.) or share heating costs with others. Yes No

2. I have an air conditioner that I use in the summer, and I pay for electricity or share the cost with others. Yes No

3. I have an air conditioner that I use in the summer, and I pay a fee to use it. Yes No

4. I pay for electricity or gas or share this cost with others. Yes No

5. I pay for phone service, including cell phone service (not a pre-paid phone). Yes No

☐ I do not pay for utilities separate from my rent.

Please return this page.

CHILD/DEPENDENT CARE EXPENSES

Household Member	Frequency	Amount	No Change Change
N/A	None	None	<div><div></div><div></div></div>

Household Member	Frequency	Amount	
<div></div>	<div></div>	\$ <div></div>	
<div></div>	<div></div>	\$ <div></div>	

C
YES NO

If **yes**, please fill out the section below

Address of the care provider	Number of times a week
City:	Zip code

COURT ORDERED CHILD SUPPORT

Household Member	Frequency	Amount	No Change Change
N/A	None	None	<div><div></div><div></div></div>

Household Member	Frequency	Amount
<div></div>	<div></div>	\$ <div></div>
<div></div>	<div></div>	\$ <div></div>

Please return this page.

MEDICAL EXPENSES

Household Member	Type of Medical Expense	Frequency	Amount	No Change Change
N/A	N/A	N/A	None	<div><div></div><div></div></div>
Household Member	Type of Expense	Frequency	Amount	
		\$		
		\$		

Anyone in your household age 60 or older or with a certified disability may report and prove medical costs to receive a higher SNAP amount, unless your household is already receiving the maximum SNAP benefit.

ADDITIONAL INFORMATION

If you have a change not listed above, please let us know by writing clearly on the lines below. You may also express concerns or questions you have. *Note: When you report a change, the Department must look at how this affects your SNAP benefits.*

Please return this page.

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.

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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.

Please return this page.

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.

Department Representative: _____

Applicant Signature: _____

Date: _____

Please return this page.

