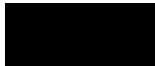


Massachusetts Department of Transitional Assistance



Agency ID: 

Date: 08/16/2017

Recipient Telephone: 

Dear 

It is time to recertify your SNAP benefits.

Your Supplemental Nutrition Assistance Program (SNAP) benefits are due to end on **09/30/2017**. To continue your SNAP benefits without delay, follow the instructions below. To recertify means that you must complete this form, be interviewed and give DTA all verifications we request. DTA will accept this form as long as you sign it, and we can read your name and address.

What you need to do

- This form shows the information we have about you. Check that the information is correct. If anything has changed or is not correct, cross it out and write the correct information.
- Give the signed form to DTA as soon as you can:
 - Mail to **DTA Document Processing Center, P.O. Box 4406, Taunton MA. 02780-0420**;
 - Fax to [\(617\) 887-8765](tel:617-887-8765); or
 - Bring to a local DTA office

Important Dates

- You have until **09/14/2017** to give your signed form to DTA, be interviewed and return all verifications. If not, your next SNAP payment will be less or will stop.
- If we get your signed form by **08/30/2017**, there will be more time to interview you and get your verifications.

The Interview

DTA will call you for an interview. If you miss your interview, you must call DTA to make a new time to talk, or your SNAP benefits may be delayed or stopped. DTA's phone number is on the bottom right of this page.

Need Help?

Call if you have questions or need help.

What are good times to reach you by phone?

Time(s) of day: _____

Circle all that apply: Monday Tuesday Wednesday Thursday Friday



If any of this has changed, write the new information here:

New Name: _____
New Address: _____
New Telephone: () _____

DTA Phone Number: [1-877-382-2363](tel:1-877-382-2363)
Fax Number: [\(617\) 887-8765](tel:617-887-8765)

SNAPRF

Please return this page.

Agency ID:

YOUR SNAP RECERTIFICATION FORM

PART 1: PEOPLE WHO LIVE WITH YOU

Use this section to tell us if the person(s) listed below still lives with you.

Name	Date of Birth		Circle Answer
		Still living With You?	YES NO
		Still living With You?	YES NO
		Still living With You?	YES NO
		Still living With You?	YES NO

List the name(s) of anyone living with you who receives SNAP benefits separately from you. This means the person has his/her own SNAP case or is active in another person's SNAP case.

Is anyone living with you pregnant? Yes No

Name of person who is pregnant _____

PART 2: PEOPLE WHO MOVED IN

Use this section to tell us if anyone moved into your home (including births) since **May 2017**.

- No one moved into my home.
- The person(s) listed below moved into my home.

Name	Date Moved In	Date Of Birth	Relationship To You	SSN
_____	__/__/__	__/__/__	_____	_____
_____	__/__/__	__/__/__	_____	_____

Circle Answer

Is this person a U.S. Citizen?

YES NO

Does this person(s) purchase food and/or prepare meals **separately** from you?

YES NO

DTA will contact you for more information about the person(s) who moved into your home.

PART 3: CHANGES IN NONCITIZEN STATUS

Use this section to report changes in the noncitizen status of anyone listed below since **May 2017**.

Name	Known Noncitizen Status	New Status
N/A	N/A	_____

Send proof of the new status.

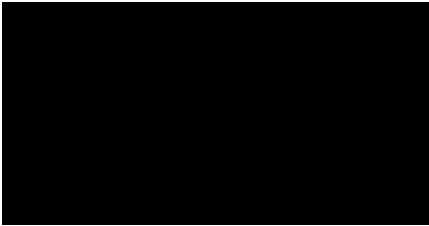
SNAPRF

Please return this page.

Agency ID: 

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

Massachusetts Department of Transitional Assistance



Agency ID: 

Date: 08/16/2017

IMPORTANT INFORMATION ABOUT VOTER REGISTRATION

Dear 

The National Voter Registration Act of 1993 requires the Department of Transitional Assistance (DTA) to give you the opportunity to register to vote. A voter registration application is enclosed. This letter itself is not a voter registration application. If you are not a U.S. citizen, you are not eligible to vote and you should not fill out a voter registration application.

To register to vote, fill out the enclosed Massachusetts voter registration application and send it to the local election official in your city or town, or bring it into a DTA office. **If you have any questions about registering to vote, or if you need help filling out the voter registration application, call one of the telephone numbers listed below or speak with an**

agency worker.

DTA Assistance Line at [1-877-382-2363](tel:1-877-382-2363)

NVRA-PREF

Agency ID: [REDACTED]

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with: Secretary of the Commonwealth, Elections Division, One Ashburton Place, Room 1705, Boston, MA 02108, Tel: [617-727-2828](tel:617-727-2828) or [1-800-462-8683](tel:1-800-462-8683).

If you need additional voter registration applications, please contact one of the numbers above.

IN-OFFICE VOTER PREFERENCE FORM: This portion of the form is to be completed during in-office transactions only.

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Yes [] No []

Signature: _____ Date: _____

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

YOUR SNAP RECERTIFICATION FORM

PART 4: INCOME FROM A JOB / WORK

Use this section to tell us if you or anyone listed in Part 1 or Part 2 worked or stopped working. **Do not list** the income of anyone living with you who receives SNAP benefits in his or her own SNAP case or who receives benefits in another SNAP case. **For each person working, mail, fax or drop off copies of paystubs for the weeks listed below.**

No one worked.

The person(s) listed below worked.

Name: _____ Employer: _____
 Start Date _____
 (If New _____ Job Title _____
 Job) _____
 How often is pay received? (weekly, bi-weekly, monthly etc.) _____

Please complete the following information for each week listed below:

Week Ending	Gross Pay Before Deductions	Date Received	Tips Not Included in Gross Pay	#of Hours Worked	Hourly Wage
Week 1 08/05/2017	\$ _____	__/__/__	\$ _____	_____	\$ _____
Week 2 08/12/2017	\$ _____	__/__/__	\$ _____	_____	\$ _____
Week 3 08/19/2017	\$ _____	__/__/__	\$ _____	_____	\$ _____
Week 4 08/26/2017	\$ _____	__/__/__	\$ _____	_____	\$ _____

Name: _____ Employer: _____
 Start Date _____
 (If New _____ Job Title _____
 Job) _____
 How often is pay received? (weekly, bi-weekly, monthly etc.) _____

Please complete the following information for each week listed below:

Week Ending	Gross Pay Before Deductions	Date Received	Tips Not Included in Gross Pay	#of Hours Worked	Hourly Wage
Week 1 08/05/2017	\$ _____	__/__/__	\$ _____	_____	\$ _____
Week 2 08/12/2017	\$ _____	__/__/__	\$ _____	_____	\$ _____
Week 3 08/19/2017	\$ _____	__/__/__	\$ _____	_____	\$ _____
Week 4 08/26/2017	\$ _____	__/__/__	\$ _____	_____	\$ _____

DTA will contact you if more information is needed. If you need more space to tell us about income from an additional job(s), please write it in Part 12.

The person(s) listed below stopped working.

Name: _____ Name: _____

Send proof, such as termination letter from the employer.
DTA will contact you if more information is needed.

YOUR SNAP RECERTIFICATION FORM

PART 5: CHILD/DEPENDENT CARE COSTSUse this section to tell us of your child/dependent care costs since **May 2017**.

Do you pay for dependent care expenses?

Yes

No

If yes, do you have a subsidy or a voucher to help pay for dependent care expenses?

Yes

No

Name of Child/Adult Dependent

Amount You Pay

(Wkly, Mthly)

\$ _____

\$ _____

If there are questions about your child or adult dependent care expenses, DTA may contact you for more information or proof.

PART 6: OTHER INCOME**SECTION A OTHER INCOME KNOWN TO THE DEPARTMENT**Use this section to tell us of changes in the income listed below since **May 2017**. No changes in Other Income for the person(s) listed below.

Name	Type of Income	Amount	New Amount
N/A	N/A	None	\$ _____

Send proof if income changed or stopped.

PART 6: OTHER INCOME (Continued)

SECTION B NEW OTHER INCOME

Use this section to tell us if you or anyone listed in Part 1 or Part 2 started receiving any of the following income types since **May 2017**.

- | | | | | |
|---|--------------------------|---|--|--------------------------|
| | <i>Circle
Answer</i> | | | <i>Circle
Answer</i> |
| • TAFDC or EAEDC | YES NO | • Child Support - For Whom? _____ | | YES NO |
| • Unemployment Comp | YES NO | • Workers' Comp. or Insurance Payments | | YES NO |
| • Social Security or SSI | YES NO | • Educational Scholarship and Loans | | YES NO |
| • Rental Income | YES NO | • Veterans' or Other Pensions/Benefits | | YES NO |
| • Foster Care or
Guardianship Income | YES NO | • Interest income from CDs, Bank Accounts
or other Investments | | YES NO |
| • Income from Others | YES NO | • Any Other Income: Type? _____ | | YES NO |

Name of Person	Relationship To You	Type of Income	How Often Received	Amount
_____	_____	_____	_____	\$ _____

Send proof of new income. DTA will contact you if more information is needed.

PART 7: SELF EMPLOYMENT

Use this section to report if you, or anyone in Part 1 or Part 2 started receiving income from self-employment since **May 2017**.

- No one started receiving self-employment income.
- Yes, the person(s) listed below started receiving self-employment income.

Name: _____ Name: _____

Send proof of income, for example current tax return form, business records and business expenses. DTA will contact you if more information is needed.

SNAPRF

Please return this page.

Agency ID: XXXXXXXXXX

YOUR SNAP RECERTIFICATION FORM

PART 8: HOUSING AND UTILITIES

Use this section to tell us that you moved or to report changes in your rent, mortgage, or utility costs since **May 2017**.

SECTION A KNOWN HOUSING INFORMATION

Name	Known Housing Type	Known Housing Amount	How Often Paid?
	Rent	\$178.00	Monthly

No changes in Housing Costs.

SECTION B NEW HOUSING INFORMATION

I now pay \$_____ for rent/mortgage each month/week (Circle One)

Circle your housing type from the selection below.

My housing is: Public Private Subsidized

SECTION C NEW UTILITY INFORMATION

I pay for the following utilities:

Circle
Answer

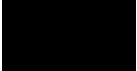
- | | | |
|---|-----|----|
| 1. I pay to heat my home (oil, gas, electricity or propane, etc.) or share heating costs with others. | Yes | No |
| 2. I have an air conditioner that I use in the summer, and I pay for electricity or share the cost with others. | Yes | No |
| 3. I have an air conditioner 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.

Be sure to send proof of any new or changed housing expenses and/or utility costs. DTA will contact you if more information is needed to understand any shelter and/or utility expense change(s).

SNAPRF

Please return this page.

Agency ID: 

YOUR SNAP RECERTIFICATION FORM

PART 9: MEDICAL EXPENSES

Use this section to report changes in monthly medical expenses for anyone **disabled or 60 years of age or older**. Report changes that happened since **May 2017**.

SECTION A MEDICAL EXPENSES KNOWN TO THE DEPARTMENT

No changes in medical expenses for the person(s) listed below.

Name	Medical Expense Type	Amount	New Amount
N/A	N/A	None	\$ _____

SECTION B NEW MEDICAL EXPENSES

Name	Medical Expense Type	New Amount
_____	_____	\$ _____

Send proof of new or changed medical expenses, including health insurance premiums and supplements. DTA will contact you if more information is needed.

PART 10: SUPPORT PAYMENTS

Use this section to report new or changed to legally obligated child support payments made for a person not living with you. Report changes that happened since **May 2017**.

SECTION A LEGALLY OBLIGATED SUPPORT PAYMENTS KNOWN TO THE DEPARTMENT

No changes in support payments listed below.

Name	Support Payment Type	Support Payment Amount	New Amount
N/A	N/A	None	\$ _____

SECTION B NEW LEGALLY OBLIGATED CHILD SUPPORT PAYMENTS

Name	Support Payment Type	New Amount
_____	_____	\$ _____

Send proof of your legal obligation to pay child support and proof of legally obligated child support payments. DTA will contact you if more information is needed.

SNAPRF

Please return this page.

Agency ID: XXXXXXXXXX

YOUR SNAP RECERTIFICATION FORM

PART 11: STUDENTS

Use this section to tell us if you, or anyone listed in Part 1 or Part 2 started or stopped attending high school/college since May 2017.

- No one started/stopped attending high school/college.
- The person(s) listed below started/stopped attending high school/college.

Name: _____ Name of School or College _____

DTA will contact you if more information is needed.

PART 12: ADDITIONAL EXPLANATIONS/COMMENTS

Use this space to explain any of your answers:


DTA will contact you if additional information is needed to complete your recertification.

Be sure to sign the last page of this form and:

- Mail to DTA Document Processing Center, P.O. Box 4406, Taunton MA. 02780-0420;
- Fax to [\(617\) 887-8765](tel:617-887-8765); or
- Bring to a local DTA office

SNAPRF

Please return this page.

Agency ID: 

NOTICE OF RIGHTS, RESPONSIBILITIES AND PENALTIES (PLEASE READ CAREFULLY)

I certify under penalty of perjury that I have read, or have had read to me, the information in this application and my answers to the questions in this application and such answers are true and complete to the best of my knowledge. I also certify under penalty of perjury that my answers on any supplement I may complete in the future will be true and complete to the best of my knowledge. I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts, either orally or in writing, to establish eligibility for SNAP is fraud, an Intentional Program Violation (IPV), and is punishable by civil and criminal penalties.

I understand that the information I provide with my application will be subject to verification by Federal, State and local officials, to determine if such information is true; if any information is false, SNAP benefits may be denied, and I may be subject to criminal prosecution for knowingly providing false information.

I understand that the Department of Transitional Assistance (DTA) administers SNAP, and that DTA has 30 days from the date of application to process the application. I understand that I must report to DTA any changes in my household income, assets, address, living arrangement, family size, employment or any other 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** unless I am allowed by DTA to report changes under the SNAP Simplified Reporting rules or Transitional Benefits Alternative (TBA) rules. Further, if my household is subject to Simplified Reporting Rules, I understand that I must tell DTA when my monthly gross income goes above the income limit for my household size if DTA included this amount in the approval letter sent to me.

I understand that I have a right to speak to a supervisor, if I am determined ineligible for expedited SNAP benefits and I disagree, or if I am determined eligible for expedited service but do not receive my SNAP benefits by the seventh calendar day after the date I applied for SNAP.

I understand that if I choose to report child or other dependent care expenses, rent/mortgage, other shelter or utility expenses, I may receive a higher SNAP benefit. Also I understand that if I pay child support to a non-household member I can report and provide proof to DTA for this expense. If I do not report or verify the above-listed expenses(s), it could mean that I will receive less SNAP benefits each month and will be seen as my statement that the household does not want to receive a deduction for the unreported or unverified expense(s).

Likewise I understand that, if I am 60 years or older or if I am disabled and I pay for medical expenses, I can report and verify these expenses to DTA. This may make me eligible for an income deduction and increase my SNAP benefits.

I understand that by signing below, all household members between the ages of 16 and 59 are automatically work registered for SNAP Employment and Training Program (SNAP/E&T) purposes. I give permission to DTA to share information about me and members of my household with contracted E&T Providers. DTA will also share E&T Provider information with my household. Through this exchange of information my household will be notified of E&T opportunities and be able to easily access SNAP/E&T services. I further understand that household members subject to work requirements will be informed of exemptions, and penalties for noncompliance. Additionally, I understand that DTA will share nonexempt household member information with Department of Public Health, Department of Housing and Community Development, Massachusetts Rehabilitation Commission, and other state agencies to verify exemptions to the SNAP work program requirement. DTA staff will assist nonexempt household members in finding an allowable employment, training or volunteer activity.

By signing this form, I give permission to DTA to verify and investigate the information I have given that relates to my eligibility for assistance. I give permission to DTA to get any records or data and to verify information given on this application with other agencies, including federal and state agencies, local housing authorities, out-of-state welfare departments, financial institutions and from Equifax Workforce Solutions that provides wage information to DTA. I also give permission to these agencies to give to DTA information about my household that concerns my SNAP benefits.

The Department may deny, stop or lower your benefits based on information in the report from Equifax Workforce Solutions, a consumer reporting agency. I have the right to a free copy of my report from Equifax if I request it within 60 days of the Department'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](tel:1-800-996-7566) (toll free).

Prior to being approved for benefits, immigration status may be verified through the United States Citizenship and Immigration Services (USCIS), formerly known as INS. I understand that DTA may submit information from my SNAP application to USCIS, and that any information received from USCIS may affect my household's eligibility and amount of benefits.

I understand that by signing below I also give permission to DTA to share information about me and my dependents under age 19 with the Department of Elementary and Secondary Education (ESE) so that my dependents are automatically certified for school breakfast and lunch programs. I also give permission to DTA to share information about me, my dependents under age 5 and anyone pregnant in my household with the Department of Public Health (DPH) so that these individuals are referred to the Women, Infants and Children (WIC) Program for nutrition services.

I understand that by signing below I authorize the DTA and the Massachusetts Executive Office of Health and Human Services to share information about my eligibility for public assistance benefits with electric distribution companies, gas distribution companies and eligible telecommunications carriers pursuant to confidentiality agreements executed by these companies for the sole purpose of certifying my eligibility for discount utility service rates. I also authorize DTA to share my information with the Department of Housing and Community Development (DHCD) for the purpose of enrolling me in the Heat & Eat Program.

I understand that I will receive a copy of the "Your Right to Know" brochure and the SNAP Program brochure, that I must read or have them read to me and that I must understand their contents and my rights and responsibilities. If I have any questions about the brochures or any of this information, or if I have trouble reading or understanding any of this information, I will contact DTA at: [1-877-382-2363](tel:1-877-382-2363) .

I also swear that all members of my SNAP household requesting SNAP benefits are either U.S. citizens or non-citizens in satisfactory immigration status.

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 and that 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 assistance 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 may be barred from SNAP for one year after the first violation, *two years* after the second violation and *permanently* after the third violation. The person may be prohibited from receiving SNAP for one year to permanently, 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.

S/he may also be prohibited from receiving SNAP for an additional 18 months if court ordered. 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 entitled to receive.
- 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) that is confirmed in an Administrative Disqualification Hearing (ADH), will be barred from SNAP for the same period the individual is barred from cash assistance.
- Individuals who make a fraudulent statement or representation about their identity or place of residence to receive multiple SNAP benefits simultaneously will be barred from SNAP for ten years.
- Individuals who trade (buy or sell) SNAP benefits for a controlled substance/illegal drug(s), will be barred from SNAP for a period of **two years** for the first finding, and **permanently** for the second finding.
- Individuals who trade (buy or sell) SNAP benefits for firearms, ammunition or explosives, will be barred from SNAP

permanently.

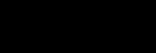
- Individuals who trade (buy or sell) SNAP benefits having a value of \$500 or more, will be barred from SNAP

permanently.

- 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 a condition of probation or parole, are ineligible to participate in SNAP.

SNAPRF

Please return this page.

Agency ID: 

-
- Individuals who fail to comply without good cause with SNAP Work Requirements will be disqualified from SNAP for a period of ***three months*** for the first finding, ***six months*** for the second finding and ***twelve months*** for the third finding. If the individual found to have failed to comply for a third time is the head of the SNAP household, the entire household shall be ineligible to participate in SNAP for a period of ***six months***.
 - Paying for food purchased on credit is not allowed and can result in disqualification from SNAP.
 - Individuals may not purchase 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

The U.S. Department of Agriculture prohibits discrimination against its customers, employees and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information Hotline Numbers (click the link for a list of hotline numbers by State), found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

USDA is an equal opportunity provider and employer.

Massachusetts law also prohibits discrimination, including discrimination based on ancestry.? To file a complaint in

Massachusetts contact:

Massachusetts Commission Against Discrimination (Comisión de Massachusetts contra la Discriminación), One Ashburton Place, Sixth Floor, Room 601, Boston, MA 02108; Teléfono: [\(617\) 994-6000](tel:6179946000); TTY: [\(617\) 994-6196](tel:6179946196).

APPLICANT'S SIGNATURE:

By signing this application, I hereby certify under penalty of perjury that I have read (or have had read to me) and I understand and agree to the "Rights and Responsibilities," and the answers in this application and any additional documents I provide to the Department in the future are accurate and complete to the best of my knowledge. I have read the SNAP Penalty Warning in my primary language, have had it read to me or have had it interpreted for me. I also certify that all members of my SNAP household requesting SNAP benefits are either U.S. citizens or noncitizens in satisfactory immigration status.

Applicant Signature: _____

Date: _____

SNAPRF

Please return this page.

Agency ID:

