



**Massachusetts**  
**SNAP Benefits Application for Seniors**  
 (For individuals and couples age 60 or older)



How do I apply for SNAP benefits?

- Apply online at [DTAConnect.com](http://DTAConnect.com). This is the fastest way!
- Fax this to **1-617-887-8765**
- Mail this to **DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420**
- Go into any **DTA office**

Last Name:	First Name:	Middle Name:
Home Address:		City, State, Zip Code:
Mailing Address (if different):		City, State, Zip Code:
Phone Number:	Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of housing do you live in? <input type="checkbox"/> Private Housing <input type="checkbox"/> Residential Facility <input type="checkbox"/> Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Migrant Campsite <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> Commercial Boarding House <input type="checkbox"/> Other		
By signing, I agree that: <ul style="list-style-type: none"> <li>• I have read this entire form (or have had it read to me in a language that I understand), including the section about rights and responsibilities, and understand that I must comply with these rules;</li> <li>• the information I am giving is true and complete to the best of my knowledge;</li> <li>• I could go to prison or be required to pay fines if I knowingly give wrong or incomplete information;</li> <li>• DTA and other federal, state, and local officials may verify (check) any information I give.</li> </ul>		
Signature:		Date:

- **We will accept your application if it has your name, address (if any), and signature.**
- **If approved, your SNAP benefits will be issued back to the date DTA got your application.**
- **Call us to complete an interview anytime between 8:15 AM and 4:45 PM, Monday through Friday, at 1-833-712-8027.**

**You may get SNAP benefits within 7 days if:**

- Your gross income and money in the bank add up to less than your monthly housing expenses; or
- Your monthly gross income is less than \$150, and your money in the bank is \$100 or less; or
- You are a migrant worker and your money in the bank is \$100 or less.

Do you have a Massachusetts Electronic Benefit Transfer (EBT) card?

Yes    No

EBT cards still work if a case reopens after being closed. If you do not have an EBT card, we can mail you one or print one at a local office. You may get an EBT card before we decide eligibility 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.



If you need help because of a disability, we can give an accommodation to make it easier to work with us.

Call 1-877-382-2363 to request an accommodation or help with the application.



Are you a person with a disability?

Yes

No

If yes, what is your preferred method of communication?

In-Person

Sign Language - In-Person

Telephone

Sign Language - Video Relay Services (VRS)

Your VRS Phone #:

\_\_\_\_\_

Has MassHealth certified that you have a disability?

Yes

No

DTA may send you text messages about due dates, case information, office closings, and other important information. Please note that message and data charges may apply.

If you **do not** want to receive texts from DTA, you can opt-out on DTA Connect, call us at 1-877-382-2363, or text OPT OUT if you receive a text.

**Information about you**

Social Security Number:

Date of Birth:

Gender:

Male  Female

Are you a U.S. Citizen?  Yes  No

What language do you prefer to speak?

**NOTE:** Noncitizens who are not applying for SNAP do not have to give their Social Security Number or citizenship status.

\_\_\_\_\_

What is your race?\*

Black or African American  American Indian or Alaska Native  White

Asian

Native Hawaiian or Other Pacific Islander

What is your ethnicity?\*

Hispanic or Latino

Not Hispanic or Latino

\* Your answer will not affect your eligibility. We ask these questions to make sure that everyone is treated fairly regardless of race, color, or national origin. Leave blank if you prefer not to answer.

### Household Members

Do other people live with you?  Yes  No

If **yes**, please fill out the section below. Only list children under age 22, your spouse, and/or any other people who buy and make the majority of meals with you.

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Relation to you?</u>	<u>Is this person a US citizen?</u>	<u>Is this person applying for SNAP benefits?</u>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Income

Does anyone receive **income** such as Employment, Unemployment Compensation, Child Support, Social Security, SSI, Workers' Compensation, Veterans' Benefits, Pensions or Rental Income?  Yes  No

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

<u>Person with Income</u>	<u>Income Type</u>	<u>Frequency</u>		<u>Gross Amount</u>
		<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	
		<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	
		<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	

## Shelter Costs

Is the household responsible to pay shelter costs?

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

<u>Type:</u>	<u>Amount:</u>	<u>Frequency:</u>		
<input type="checkbox"/> Rent	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
		<input type="checkbox"/> Other:		
<input type="checkbox"/> Mortgage	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
		<input type="checkbox"/> Other:		
<input type="checkbox"/> Property Taxes*	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
		<input type="checkbox"/> Other:		
<input type="checkbox"/> Home Insurance*	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
		<input type="checkbox"/> Other:		
<input type="checkbox"/> Condo fee	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
		<input type="checkbox"/> Other:		
<input type="checkbox"/> Other	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
		<input type="checkbox"/> Other:		

\* Leave Property Taxes and Home Insurance blank if these are included in the mortgage payment.

## Utility Costs

Is the household responsible to pay utility costs **separate** from shelter costs?

Yes  No

If **yes**, check off all the utility costs that apply to you:

- |  |  |
|--|--|
| <input type="checkbox"/> Heat (oil, gas, electricity or propane, etc.)       | <input type="checkbox"/> Electricity and/or gas<br>(other than heating use); water; sewage;<br>and/or trash collection |
| <input type="checkbox"/> Electricity for an air conditioner in the<br>summer |  |
| <input type="checkbox"/> A fee to use an air conditioner in the<br>summer    | <input type="checkbox"/> Phone or cell phone service<br>(including pre-paid)   |

### Dependent Care Costs

Is anyone responsible to pay for adult dependent care costs?  Yes  No

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

<u>Name of Dependent</u>	<u>Amount Paid</u>	<u>Frequency</u>		
_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly
		<input type="checkbox"/> Other:		
_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly
		<input type="checkbox"/> Other:		

Does anyone travel to and/or from a dependent care provider?  Yes  No

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

<u>Name of Dependent</u>	<u>Address of Care Provider</u>	<u>Number of Car Trips per Week</u>		<u>If Not Driving: Cost of Public Transportation, Taxi Cab, Shuttle, etc.</u>
		TO	FROM	

**Medical Costs**

Does anyone who is at least 60 years old and/or disabled have **out-of-pocket medical expenses**?  Yes  No

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

<u>Name</u>	<u>Expense Type</u>	<u>Total Cost Per Month</u>
_____	<input type="checkbox"/> Medical Care <input type="checkbox"/> Dental Care <input type="checkbox"/> Health Insurance <input type="checkbox"/> Medications <input type="checkbox"/> Other (over-the-counter medications, medical supplies, etc.)	_____
_____	<input type="checkbox"/> Medical Care <input type="checkbox"/> Dental Care <input type="checkbox"/> Health Insurance <input type="checkbox"/> Medications <input type="checkbox"/> Other (over-the-counter medications, medical supplies, etc.)	_____

**NOTE:** You can get credit for the costs you are responsible for paying even if you are behind or cannot pay them. Medical costs include co-pays, prescriptions, over-the-counter medications, health insurance, medical bills, transportation, and more.

Does anyone travel to and/or from medical care (such as a pharmacy, doctor, therapist, etc.)?  Yes  No

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

<u>Name</u>	<u>Address of Medical Provider</u>	<u>Number of Car Trips per Week</u>		<u>Cost of Parking, Public Transportation, Taxi Cab, Shuttle, etc.</u>
		TO	FROM	



### SNAP in Another State

Has anyone received SNAP benefits outside Massachusetts within the past 30 days?  Yes  No

If **yes**, who?

---

### Assisting with Application

Do you want to give us permission to contact a person or agency if we cannot reach you by phone?  Yes  No

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

Name of Person or Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\* We call this an Assisting Person/Agency. This role is only valid during the application period.

### Authorization to Release Information

Do you want to give a person or agency permission to speak with DTA and get relevant confidential information about your case?  Yes  No

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

Name of Person or Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\* This role cannot report changes or complete interviews. Permission expires after one year.

### Authorized Representative for Certification

Do you want to give an agency or someone you trust permission to sign forms, report changes, complete interviews, and talk about your case with us?\*

Yes  No

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

Name of Person or Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Federal Employer Identification Number (Agency Only): \_\_\_\_\_

\* Permission valid until cancelled.

### Authorized Representative for EBT Transactions

Do you want to give someone you trust permission to get an EBT card to food shop for you using your SNAP benefits?\*

Yes  No

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

Name of Person or Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\* Identity must be verified before a card is issued. Permission valid until cancelled.

- If you want to cancel an EBT card for an Authorized Representative, call 1-800-997-2555.
- If you want to cancel any of the above roles, call 1-877-382-2363.

# What Happens Next?

Please keep the following pages for your records.



## Phone Call

We will call you for an interview. If we cannot reach you, we will mail you a letter for a scheduled phone interview. You can also call us at 1-833-712-8027, Monday through Friday from 8:15-4:45, to do an interview.

## Send in Verifications

If needed, we will give you a list of documents to send so we can verify your eligibility. You have 30 days from when you apply to send us the documents. Tell us if you need help!

## Get SNAP Benefits

We will mail you a decision letter within 30 days. If approved, we will put benefits on your EBT card. If denied, we will tell you why.

## Get Connected

Visit [DTAConnect.com](http://DTAConnect.com), use the DTA Connect mobile app, or call the DTA Assistance Line at 1-877-382-2363 to check case status, update case information, upload documents, and much more!

If you want more information or need help, call **1-833-712-8027** or visit [Mass.gov/DTA](http://Mass.gov/DTA).

## 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 the SNAP Nutrition Education website at [MAhealthyfoodsinasnap.org](http://MAhealthyfoodsinasnap.org) to find healthy recipes, cooking tips, and ways to keep your family active!

**Project Bread:** Call Project Bread's Food Source Hotline at 1-800-645-8333 to find local food sources.

# YOUR VERIFICATION OPTIONS

- You can use this checklist to submit verifications with this application. This will help us complete your application faster!
- If you do not have all the proofs, do NOT wait to submit your application! You can submit them later.
- For more information, visit [Mass.gov/SNAPverifications](https://www.mass.gov/SNAPverifications).

- If anyone in the household has earned income**, send us proof of gross income (before taxes) for the last four weeks, such as:
- Pay stubs, or record of payment
  - Proof of any pay you got and hours worked
  - If self-employed, business documents that show income and business expenses, such as:
    - Schedule C (1040 IRS form)
    - 1099 IRS form or other tax record
    - Other records such as invoices, bills, or receipts that show your income and/or business expenses

- If anyone in the household has unearned income**, send us proof of the monthly amount, such as:
- Benefit or award letter
  - Statement from agency making payments

NOTE: We can usually verify the amount of Social Security, SSI, DOR Child Support, or MA Unemployment Compensation benefits ourselves. We will tell you if you need to verify any of these items.

- To prove Massachusetts residency**, you may submit one of the following:
- Rent receipt, lease, or Landlord Verification form
  - Deed or mortgage statement, utility bill, or voter registration
  - Shared Housing Verification form, or statement from someone you live with

- If anyone in the household is making payments for child support**, please send us:
- Proof of the legal obligation to pay the child support (such as a court order) and
  - Proof of recent payments

**If any household member is a noncitizen applying for benefits**, please submit proof of noncitizen status, such as:

- Permanent Resident Card (“green card”)
- Employment Authorization Card
- Temporary Resident Card
- Arrival-Departure Record (I-94)
- Stamp in passport
- Other document showing current or pending immigration status
- Statement from an immigration attorney about current or pending status

**If any household member is elderly and/or disabled and has medical expenses**, please submit proof of expenses (such as bills, invoices, or receipts). Some transportation costs for medical reasons can be self-declared.

NOTE: The total medical expenses for the household must be higher than \$35 per month to be counted.

## 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 form. My answers to the questions in this form 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. Further, 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](http://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 form 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 form 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.
- Contact third parties to verify information related to eligibility on my behalf. This includes, but is not limited to, employers, landlords, and utility companies.
- 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.
- Share information about me and my dependents with the Department of Revenue (DOR) for the purpose of verifying my eligibility for income-based tax credits as determined by DOR, including Earned Income and Limited Income and determining if I am eligible for "No Tax Status" or hardship status.

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.

### 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**.
- 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.



## **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, audiotope, 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 1-800-877-8339. 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](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 1-866-632-9992. 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: 1-202-690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

## **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.

## **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.