



Food Stamp Benefits Recertification for Universal Semiannual Reporting Households

Your food stamp benefits will end soon. If you want to keep getting food stamp benefits, you must fill out and either mail or take this form to your Transitional Assistance Office by the date on the enclosed letter.

If you still want to get food stamp benefits but do not fill out and return this form by the date on your letter, there may not be time to process your recertification. If you wait too long, you will lose some food stamp benefits. If you have filled out the form but are waiting for verifications, return the form with a note saying what verifications are missing.

Answer the questions honestly and completely. If you have information that we need but you refuse to give it to us, your household will not be eligible for food stamp benefits. You or another household member or your authorized representative may fill out this form at home and either mail it or take it to your Transitional Assistance Office. Your food stamp benefits may change as a result of the information that you give us.

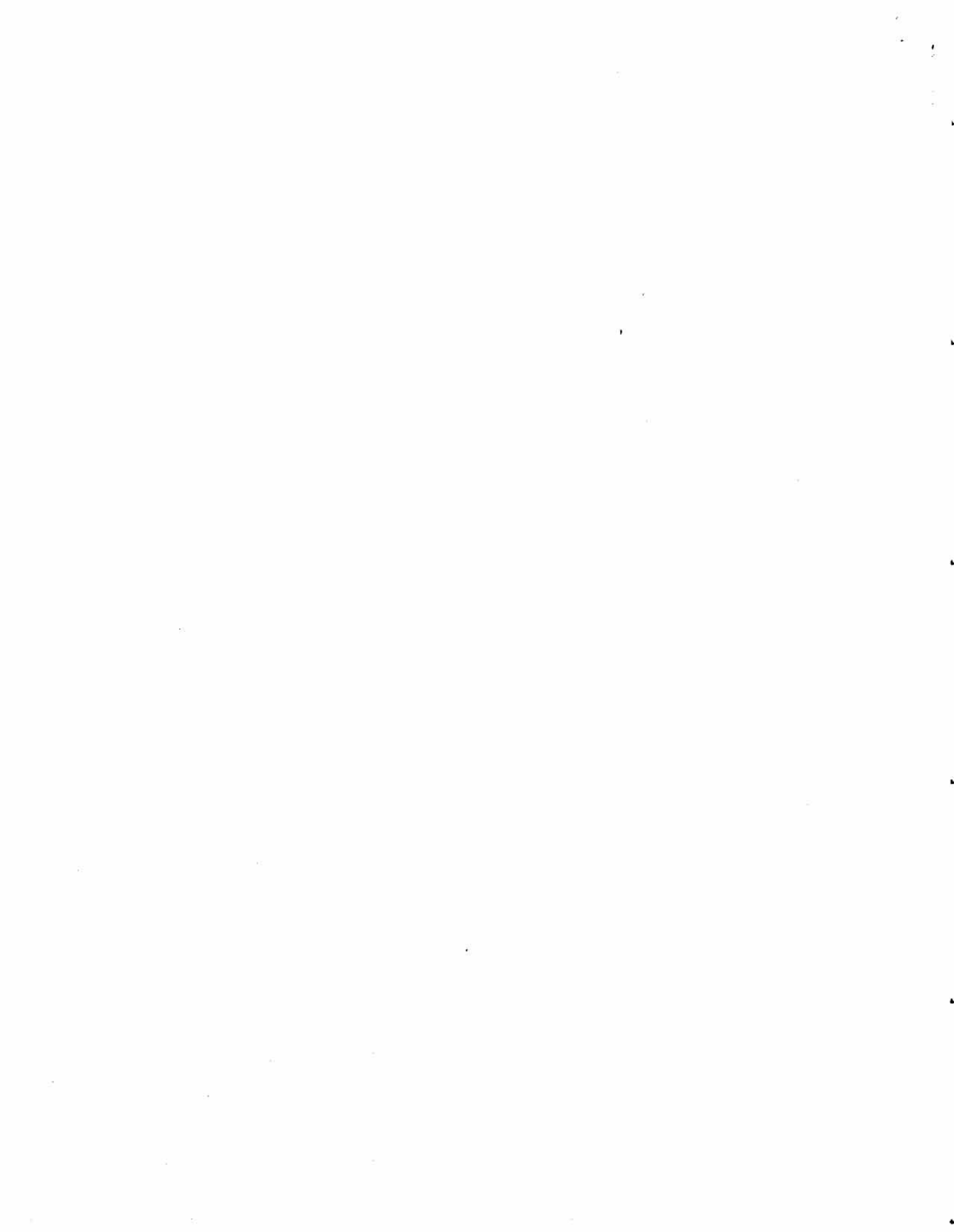
Special Instructions for filling out the form

- Answer **every** question.
- On page 1 put your telephone number where we can call you weekdays between 9:00 a.m. and 4:30 p.m., or where a message can be left for you.
- If you answer **Yes** to question 3, send copies of the last four (4) consecutive weeks of pay stubs from the date you mail this form for all working household members.
- If you answer **Yes** to question 4, send copies of recent check(s) or payment document(s) or a written statement from the agency or person making the payment.
- If you answer **Yes** to question 5, send copies of every medical bill that you have received in the past year for each disabled or elderly person. Bills must show how much you were charged for the service and payments made by any third party, such as insurance company, relative or friend.
- If you answer **Yes** to question 6, send copies of cancelled check(s) or money order(s) payable to the child-care provider.
- If you answer **Yes** to question 7, send a copy of the court order or agreement with the Child Support Enforcement Division.
- If you answer **Yes** to question 8, send copies of current rent receipt, lease, mortgage statement or taxes and rebate statement; send current utility and telephone bill and current heating bill if you pay heat; send written statement from the other person with whom you are living which states your monthly costs and the entire monthly costs if you are sharing expenses.
- If you answer **Yes** to question 9, send copies of current account statement(s) from all bank/financial institutions for savings, checking, CDs, IRA, etc., dated within 45 days before the date you mail this form; proof of most recent taxes, rebates and information about the value of property, any amount owed on property and how property is used.
- If you answer **Yes** to question 10, send copies of recent check(s) or payment document(s) or a written statement from the agency making the payment.
- Read the Penalty Warning carefully (page 6).
- Be sure to sign the form and either mail or take this form to your Transitional Assistance Office by the date on the enclosed letter.

You will get this form twice a year to recertify for food stamp benefits.

Once a year you may get a special notice to come into your Transitional Assistance Office for a recertification interview.

To continue getting your food stamp benefits this form must be filled out, signed and received in the Transitional Assistance Office with all the necessary verifications by the date on the enclosed letter. If you have questions filling out this form, call your worker.



Food Stamp Benefits Recertification for Universal Semiannual Reporting Households

For office use only
Date received: ___/___/___

¡Importante! Si usted no puede leer esta solicitud, copias en español estarán disponibles en su oficina local de Asistencia Transicional.

Important: Complete this form only if you want to continue to receive food stamp benefits.

1) Information about you

Your Name		Date of Birth	U.S. Citizen <input type="checkbox"/> yes <input type="checkbox"/> no		Social Security Number
Your Street Address		City/Town	State	ZIP Code	
Your Mailing Address (if other than street address)		City/Town	State	ZIP Code	
If you do not have a street address, tell us where you live					Are you a boarder? <input type="checkbox"/> yes <input type="checkbox"/> no
Home Telephone Number ()	Hours available	Other Telephone Number ()		Hours available	

2) Information about people you live with

Fill in the names of all people who live in your household.
(Attach separate sheet, if needed.)

Last Name	First	MI	U.S. Citizen <input type="checkbox"/> yes <input type="checkbox"/> no	Alien Number	Date of Birth	Social Security Number	Relationship to you	Date moved in
			<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					

Have you or has anyone in your household **changed** their citizenship status? yes no

If yes, _____
Name New Citizenship Status

If yes, send copy of the front and back of the appropriate Resident Alien Card or citizenship papers.

3) Information about income from work

Are you or is anyone in your household still working and/or working at the same job? yes no

Have you or has anyone in your household started a job or a second job? yes no

Have you or has anyone in your household stopped working? yes no

If yes, _____
Name Reason for leaving (layoff, fired, strike, quit) Terminated Date

3) Information about income from work (con't)

Fill out the following for each household member with a full, temporary or part-time job. If a member has more than one job, list each job separately. Include members who get income from an employment and training program. Do not include self-employed household members. For members currently on strike, enter income before the strike as well as any current income.

Household member	Name of employer/temp. agency	Amount of each pay stub before deductions (such as taxes, union dues or retirement) are taken out	Tips	How often paid?

Do you or does anyone in your household have income from self-employment? yes no
If yes, call your worker for instructions.

Send copies of the last four (4) consecutive weeks of pay stubs from the date that you mail this form for all working household members.

4) Information about Other Income

Do you or does anyone in your household have income from any of the following sources: TAFDC, EAEDC, Social Security, SSI, Workers' Compensation, Child Support or any other source? yes no
 If yes, fill out the following and see instructions on cover sheet.

Source of Income	Household member who gets the income	Amount of payment or check	How often paid?
		\$	
		\$	
		\$	
		\$	
		\$	

Do you or does anyone in your household get rental income? yes no
If yes, call your worker for instructions.

5) Elderly or Disabled

Are you or is anyone in your household aged 60 or older or receiving SSI benefits, Social Security Disability payments, disability-related medical assistance (MA/DA), government disability retirement benefits, railroad retirement disability benefits, or Veterans' Disability benefits because he or she is a disabled veteran, a disabled spouse, or a disabled child of a deceased veteran? yes no

If yes, please name _____ See instructions on cover sheet.

Medical Expenses

(List only those expenses which you or a member of your household (named above) must pay directly. Do not list medical expenses, or portions of these expenses, paid by public or private medical plans, such as Medicare, MassHealth, or Blue Cross/Blue Shield.)

Medical Expenses (con't)

Medical Expenses	Amount	How often is payment due?	Name of household member with these expenses
<input type="checkbox"/> Medical and Dental Services	\$		
<input type="checkbox"/> Hospital or Nursing Care	\$		
<input type="checkbox"/> Health Insurance and Medicare Premiums	\$		
<input type="checkbox"/> Drugs Prescribed by a Doctor	\$		
<input type="checkbox"/> Dentures, Hearing Aids and Eyeglasses	\$		
<input type="checkbox"/> Transportation Costs for Medical Care	\$		
<input type="checkbox"/> Services of Attendant/Nurse	\$		
<input type="checkbox"/> Other (explain) _____	\$		

6) Information about child-care expenses

Do you or does anyone in your household pay someone to babysit or care for a child or disabled adult so that you or another household member can work or attend training? yes no If yes, see instructions on cover letter. If yes, please name person(s) working, attending training, etc.

Name _____

Name of person who provides this care	How much do you pay this person?	How often?	His or her telephone number

His or her address	City	State	ZIP Code

Does anyone outside your household pay or help pay any of the child-care expenses you have? yes no
If yes, how much do they pay? \$ _____ How often do they pay? _____

Do you get any help paying for child-care costs from an employment and training program or educational assistance program? yes no If yes, how much? \$ _____

7) Information about child support expenses

Do you or does anyone in your household pay legally obligated child support expenses? yes no
If yes, fill out the following information and see instructions on cover sheet.

Name of person with legal obligation	How much paid?	How often paid?
	\$	
	\$	

8) Information about shelter and shared expenses

Have you **moved** or had a **change** in shelter expenses in the past 90 days? yes no
If yes, list your new expenses below and see instructions on cover letter.

Date of Move _____

	Amount	How often is payment due?
Rent or Mortgage Payment	\$	
Property Taxes (if not included in mortgage)	\$	
Insurance on Home (if not included in mortgage)	\$	

8) Information about shelter and shared expenses (con't)

Do you get any help paying for shelter costs from housing subsidy programs, such as Chapter 707, HUD or Section 8? yes no If yes, how much? \$ _____

Fill out the following for the utility expenses your household pays if you **moved** or had a **change**.

Utilities	Amount	How often is payment due?
<input type="checkbox"/> Telephone (basic rate)	\$ _____	
<input type="checkbox"/> Water and Sewerage	\$ _____	
<input type="checkbox"/> Garbage and Trash	\$ _____	
<input type="checkbox"/> Initial Installation of Utilities	\$ _____	
<input type="checkbox"/> Electricity	\$ _____	
<input type="checkbox"/> Gas	\$ _____	
<input type="checkbox"/> Oil	\$ _____	
<input type="checkbox"/> Other (coal, wood)	\$ _____	

Do you or does anyone outside your household pay or help pay any of the shelter or utility expenses you have? yes no If yes, which bills do they pay or help you pay? _____

How much do they pay? \$ _____ How often do they pay? _____

Do you pay heating and/or cooling costs separately from your rent? yes no

Do you get low-income housing energy assistance payments? yes no

9) Assets

Do you or does anyone in your household have any of the following?

yes no If yes, fill out the following and see instructions on cover letter.

Cash on Hand Savings/Credit Union Accounts Checking Accounts Stocks/Bonds/Other IRA/Keogh

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Do you or does anyone in your household have either life insurance, burial insurance or pre-paid funeral policies?

yes no If yes, fill out the following and see instructions on cover letter.

Name	Type	Policy Number	Face Value	Pre-Paid Amount	Carrier/Undertaker	Cash Surrender Value	Start Date
			\$ _____	\$ _____		\$ _____	
			\$ _____	\$ _____		\$ _____	

Do you or does anyone in your household have any building(s), land, real estate or burial plots?

yes no If yes, complete the following section. (Attach separate sheet, if needed.)

Name	Type/Description/Location	Fair Market Value	Mortgage Amount	Equity Value
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____

Do you or does anyone in your household have any pension(s) or retirement accounts?

yes no If yes, complete the following section.

Name	Type	Name of Institution	Account Number	Amount	Start Date
				\$	
				\$	

Have you or has any member of your household received a tax refund or an Earned Income Credit (E.I.C.)?

yes no If yes, complete the following section.

Name	Type	Retained E.I.C. amount	Amount
	<input type="checkbox"/> Earned Income Credit <input type="checkbox"/> Federal Income Tax <input type="checkbox"/> State Income Tax	\$	\$
	<input type="checkbox"/> Earned Income Credit <input type="checkbox"/> Federal Income Tax <input type="checkbox"/> State Income Tax	\$	\$

Have you or has anyone in your household sold, traded, given away or transferred anything of value?

yes no If yes, complete the following section.

Name and Relationship	Type	Date of Transfer	Reason	Gross Value
				\$
				\$

10) Information about students

Do you or does anyone in your household between the ages of 18 and 50 who is not in high school go to school ?

yes no If yes, fill out the following and see instructions on cover sheet.

Do any of the students listed below get educational grants, scholarships, income from work-study or loans?

yes no

Name of Student	School or program	Hours of class per week

11) Your Signature & Food Stamp Penalty Warning! (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 the Food Stamp Program is fraud, an Intentional Program Violation (IPV), and is punishable by civil and criminal penalties.

I understand that the Department of Transitional Assistance (DTA) administers the Food Stamp Program. I understand that I am allowed by DTA to report changes under the food stamp semiannual reporting rules.

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, out-of-state welfare departments and financial institutions. I also give permission to these agencies to give to DTA information about my household that concerns my food stamp 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 Education 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 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 Department of Transitional Assistance 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 understand that I will receive a copy of the "Your Right to Know," brochure and the Food Stamp 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, I will ask my DTA worker.

I also swear that all members of my food stamp household requesting food stamp benefits are either U.S. citizens or aliens in satisfactory immigration status.

Food Stamp Penalty Warning

I understand that if I or any member of my food stamp household intentionally breaks any of the rules listed below, that person will be barred from the Food Stamp Program for **one year** after the first violation, **two years** after the second violation and **permanently** after the third violation. The person may also face criminal prosecution under applicable state and federal laws. These rules are:

- Do not give false information or hide information to get food stamp benefits.
- Do not trade or sell food stamp benefits.
- Do not alter EBT cards to get food stamp benefits you are not entitled to receive.
- Do not use food stamp benefits to buy ineligible items, such as alcoholic drinks and tobacco.
- Do not use someone else's food stamp 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 the Food Stamp Program 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 food stamp benefits *simultaneously*, will be barred from the Food Stamp Program for **ten years**.

- Individuals who trade (buy or sell) food stamp benefits for a controlled substance/illegal drug(s), will be barred from the Food Stamp Program for a period of **two years** for the first finding, and **permanently** for the second finding.
- Individuals who trade (buy or sell) food stamp benefits for firearms, ammunition or explosives, will be barred from the Food Stamp Program **permanently**.
- Individuals who trade (buy or sell) food stamp benefits having a value of \$500 or more, will be barred from the Food Stamp Program **permanently**.
- 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 the Food Stamp Program.
- Individuals who fail to comply without good cause with Food Stamp Work Requirements, will be disqualified from the Food Stamp Program 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 food stamp household, the *entire* household shall be ineligible to participate in the Food Stamp Program for a period of **six months**.

Right to an Interpreter

I understand that I have a right to an interpreter provided by DTA if neither I nor any adult member of my food stamp household is able to speak or understand English.

I also understand that I have a right to an interpreter at any fair hearing with the Department if I cannot speak or understand English and there is no other adult in my food stamp household who can speak or understand English. I understand that I may bring an interpreter to the hearing or request the Department to provide an interpreter. To request an interpreter, I understand that I must call the Division of Hearings at least one week before the date of my hearing.

Nondiscrimination Statement

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). Write HHS Director, Office of Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

Your Signature

_____/_____/_____
Date

Witness (when mark is used for signature)

_____/_____/_____
Date

AU Manager Signature

_____/_____/_____
Date

