Tips to protect your SNAP Food Stamp benefits

Did DTA stop your SNAP benefits even though you sent in papers DTA asked for? Is DTA asking you for documents you don’t have or don’t know how to get?

Here are some things you can do to get your SNAP benefits back.

Call DTA’s Assistance Line (877-382-2363)

How do I get through to a live DTA worker?

- You do not need to enter your personal information to get to a live worker. To reach a live worker, when you call the Assistance Line:
  - Select your language. (Press 1 for English, 2 for Spanish, etc.)
  - Press 1 for “current or former, or you filed an application”
  - Press 1 for “calling for an interview.” (You can do this to get a live DTA worker, even if you do not need an interview.)

- The DTA phone system will ask you to enter 4 pieces of information (your EBT card number, SSN, year of birth, and the zip code DTA has on file). You do not have to do this to reach a live worker. You only need this information to get your automated case information.

What if I can’t get through on the DTA Assistance Line?

- Keep trying. DTA says the worst times to call are early mornings and Mondays.

- We encourage you to keep trying and keep track of how many times you called – and report your efforts to State elected officials!

What should I ask for if I reach a live DTA worker?

- Tell DTA what documents you sent in and when. Ask the worker to look for the documents in the Document History in DTA’s computer system.

- If the worker finds the documents you sent in, ask if DTA has everything needed to open your case. If they do, the worker should process your case right away.

- If the worker says your case closed because documents are missing, ask what is missing and what date your SNAP case closed.
  - If it is less than 30 days since your case closed: Send your documents in again, then call DTA back and ask them to process the documents. If DTA gets the missing documents within 30 days of when your case closed, they should open your case. (They may not give you all the SNAP benefits you missed if they think the delay was your fault. If that happens, you can appeal this decision – see information below about appealing.)
If it is more than 30 days since your case closed: See information below about applying again and appealing.

What if DTA says it needs documents about a job?

- DTA has been sending out letters to SNAP clients asking for information about current and past jobs. DTA gets this information from an unfiltered computer match with the Department of Revenue.

- After getting a match, DTA sends a letter that says who the employer is. DTA asks for pay stubs, or a letter from the employer that shows when you stopped working. (See sample Attachment B). However, there are a lot of mistakes with these computer matches. DTA may ask for information about places you never worked, wages you already reported to DTA, old wages, or income that does not count (like work study, earnings of a high school student or a training stipend).

- If you do not have the verification DTA is asking for, try this:
  - Fill out a form called “Request for Employment Information.” This form is included in our packet – see Attachment C. Sign this form and send it back to DTA. Under SNAP rules, DTA workers must help you get verification if you need help. DTA should not cut off your SNAP if you ask for help by signing and sending in this form.
  - Write a “Self-Declaration” to tell DTA that the job stopped or that you never worked there. A self-declaration is a statement that you sign to give information about something. See Attachment D in our packet.

What if DTA says it needs other documents I do not have?

- Make a written request to DTA asking them to help get the verification. There is a sample form in our packet that you can fill out, sign and send to DTA. See Attachment E. Under DTA’s rules, DTA workers must help you get verification if you ask for help.

➡️ Call the Director for your local DTA Office

Why should I call the Director? When should I call?

- The Director for your local DTA office may be able to get your case reopened. Call the Director if you can’t get through on the Client Assistance Line or you didn’t get the help you needed. If the Director can’t fix your case, s/he may be able to explain what’s going on.

What should I say?

- Tell the Director what happened in your SNAP case, and ask for help. Explain that you tried the DTA Assistance Line already.
Where can I find the Director’s phone number?

- See Attachment A for the Director’s phone number. You can also try the main number for your local DTA office and ask for the Director.

Call the U.S. Department of Agriculture (USDA) New England Office

Why should I call the USDA New England Office?

- SNAP benefits are paid for by the federal government. USDA wants people to get the SNAP benefits that they are supposed to get. They want to know if people in Massachusetts are having problems with DTA. You can call the USDA Regional Office in Boston: 617-565-6370.

What should I say?

- Ask to talk to someone at USDA who can help with your Massachusetts SNAP benefits. Tell him or her you want to file a complaint about DTA cutting off your benefits.
- Explain what happened in your SNAP case and ask for help fixing it. Explain that you tried to reach DTA and that didn’t fix the problem.

Call your Massachusetts State Senator or State Representative

Why should I call my legislators?

- Most legislators try to help their constituents when they have problems. (You are a constituent if you live in the area that the legislator represents). Tell your legislator’s staff what happened in your SNAP case, and ask for help fixing it. Explain that you tried to contact DTA directly and that didn’t fix the problem.

Where can I find out who my legislators are and their phone numbers?

- Call 1-800-392-6090 (from within Massachusetts)
- Check online at www.wheredoivotema.com

Do a new application for SNAP benefits

Why should I reapply?

- If you cannot get your SNAP case reopened quickly using one of the tips above, you should reapply right away. Remember – if DTA will not reopen your SNAP case because they say a document is missing, fill out Attachment B or C.
Appeal the termination of your SNAP benefits

Why should I appeal?

- You may be able to get SNAP benefits back to the date that your benefits stopped. Bring missing documents to the hearing, or you can show DTA made a mistake in cutting you off.

Should I appeal and do a new application for SNAP benefits?

- Yes. You should reapply even if you are filing an appeal because the appeal will probably take a long time.

How do I file an appeal?

- Fill out DTA’s "Request for Appeal" form (Attachment F). Fax it to: 617-348-5311. Or mail to DTA, P.O. Box 4017, Taunton, MA 02780.

- After getting your appeal, DTA will schedule a hearing. The hearing can be held in person at the local office or by phone. If you want a phone hearing, call the Division of Hearings at 617-348-5321 to ask for a phone hearing.

Ask a community organization to help you with getting DTA to fix your case

- You can give your written consent to an organization who can call DTA to find out what is going on and help you get your case fixed. Fill out the "Written Consent to Access DTA Client Case Information" and have them fax it to DTA before they call DTA. See Attachment G.

ATTACHMENTS

A. DTA Local Office Director Names, phone numbers and direct lines
B. Sample DTA “DOR Employer Verification Notice” sent to clients
C. “Request for Employment Information” (allows DTA to contact employers directly for any information)
D. Sample “Self Declaration” form (a self-declaration can also be handwritten on any piece of paper)
E. Sample form for client to request DTA to provide help
F. Request for an Appeal form
G. Written Consent to Access DTA Client Case Information (for community organizations to assist DTA clients. Consent can also be handwritten on any piece of paper)

TIPS SHEET: Produced by Greater Boston Legal Services and the Mass Law Reform Institute

March 2015
# DTA Office List (current as of 12/2014)

<table>
<thead>
<tr>
<th>DTA Office</th>
<th>Director's Name</th>
<th>Director's #</th>
<th>Main #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brockton</td>
<td>Sandra Pellicane</td>
<td>508-895-7120</td>
<td>508-895-7000</td>
</tr>
<tr>
<td>Chelsea Center</td>
<td>Leonard James Boyle</td>
<td>617-551-1776</td>
<td>617-551-1700</td>
</tr>
<tr>
<td>Dudley Square</td>
<td>Neycole Howell</td>
<td>617-989-8765</td>
<td>617-989-6000</td>
</tr>
<tr>
<td>Fall River</td>
<td>Ou Nguon</td>
<td>508-646-6240</td>
<td>508-646-6200</td>
</tr>
<tr>
<td>Fitchburg</td>
<td>Maryalyce Cleveland</td>
<td>978-665-8708</td>
<td>978-665-8700</td>
</tr>
<tr>
<td>Framingham</td>
<td>Mary Walsh</td>
<td>508-661-6659</td>
<td>508-661-6600</td>
</tr>
<tr>
<td>Greenfield</td>
<td>Joanne LaCour</td>
<td>413-772-3414</td>
<td>413-772-3400</td>
</tr>
<tr>
<td>Holyoke</td>
<td>Michael Longley</td>
<td>413-552-5472</td>
<td>413-552-5400</td>
</tr>
<tr>
<td>Hyannis</td>
<td>Peter Danzell</td>
<td>508-862-6618</td>
<td>508-862-6600</td>
</tr>
<tr>
<td>Lawrence</td>
<td>Anne Louise Glynn</td>
<td>978-725-7190</td>
<td>978-725-7100</td>
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<tr>
<td>Lowell</td>
<td>Gail Clermont</td>
<td>978-446-2522</td>
<td>978-446-2400</td>
</tr>
<tr>
<td>Malden</td>
<td>Anne Lehane</td>
<td>781-388-7343</td>
<td>781-388-7300</td>
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<tr>
<td>New Bedford</td>
<td>Jeffrey Travers</td>
<td>508-961-2137</td>
<td>508-961-2000</td>
</tr>
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<td>Newmarket Square</td>
<td>Diane Deban</td>
<td>617-989-2322</td>
<td>617-989-2200</td>
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<tr>
<td>North Shore</td>
<td>Lisa Griffin</td>
<td>978-825-7373</td>
<td>978-825-7300</td>
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<td>Pittsfield</td>
<td>Nathan Skrocki</td>
<td>413-236-2035</td>
<td>413-236-2000</td>
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<td>Plymouth</td>
<td>John Fraga</td>
<td>508-732-3119</td>
<td>508-732-3100</td>
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<tr>
<td>Southbridge</td>
<td>Roxanne Smith-Miller</td>
<td>508-765-2412</td>
<td>508-765-2400</td>
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<tr>
<td>Springfield State</td>
<td>Melissa Pietraszkiewicz</td>
<td>413-858-1213</td>
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<td>Springfield Liberty</td>
<td>Claudette O'Sullivan</td>
<td>413-858-1116</td>
<td>413-858-1000</td>
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<td>Taunton</td>
<td>Frantz Monestime</td>
<td>508-884-5305</td>
<td>508-884-5300</td>
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<tr>
<td>Worcester</td>
<td>Call main number and ask for Assistant Director</td>
<td>508-767-3100</td>
<td>508-767-3100</td>
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Massachusetts Department of Transitional Assistance

11/12/2014

DOR Employment Verification Notice

Dear [Name]

Below is the list of verifications you need to give us in order to determine if you can continue to receive assistance with DTA. You must submit these verifications to DTA, PO Box 4406, Taunton, MA 02780-0420 by 11/24/2014. If you do not give the required verifications, your case may be denied or closed. You can mail your verifications to:

DTA
PO Box 4406
Taunton MA 02780-0420

Please include your name and Agency ID on every page of the documents you submit to make sure they get to your case manager.

Need Help? If you have any questions or are having problems getting a verification, please call SNAP Worker at (877) 382-2363 as soon as possible.

<table>
<thead>
<tr>
<th>What You Need to Prove</th>
<th>Examples of Proofs You May Provide</th>
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<tbody>
<tr>
<td><strong>Employer Information</strong></td>
<td>You must provide verification of your current income. You must provide the pay stubs received for the most recent four weeks worked or a letter from the employer with this information. If no longer employed, you must provide a letter with your date of termination.</td>
</tr>
<tr>
<td>For Whom: [Name]</td>
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<tr>
<td>DTA has received information from a computer match that you or a member of your household may be employed at:</td>
<td></td>
</tr>
<tr>
<td>Employer: NATIONAL ABLE NETWORK, INC.</td>
<td></td>
</tr>
<tr>
<td>Address: 180 N. WABASH AVE SUITE CHICAGO IL 60601</td>
<td></td>
</tr>
<tr>
<td>FEIN: 237339397</td>
<td></td>
</tr>
<tr>
<td>Amount: 1,792.00</td>
<td></td>
</tr>
<tr>
<td>Start: 04/14/2014</td>
<td></td>
</tr>
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<td>End:</td>
<td></td>
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DORMatch

Agency ID: [Redacted]

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<tr>
<th>Date:</th>
<th>Earnings: $</th>
<th>Hours:</th>
<th>Date:</th>
<th>Earnings: $</th>
<th>Hours:</th>
<th>Date:</th>
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</table>
To: National ABLE Network

180 N. Wabash Ave

Chicago, IL

Employer

Employer's Address

City State ZIP

Re: Jane Doe

Name

123 Main Street

Address

Boston MA 02222

City State ZIP

Date: 3/15/15

Dear: National ABLE Network

On behalf of the above named individual, we request that you indicate by checking the appropriate box below, whether or not he or she is currently in your employ and that you provide current wage information. Do not complete this form if the individual has not signed the statement below.

FAX this document to: 877-382-2363

Or MAIL this document to:

Department of Transitional Assistance

P.O. Box 4406

Taunton, MA 02780-0420

Authorizing Statement

I authorize the employer named above to indicate to the Department of Transitional Assistance whether or not I am currently in their employ and authorize them to provide current wage information.

Jane Doe

Individual Signature

3/15/15

Employer Statement

- The above individual is not currently in my employ. Date last worked / / .

- The above individual is currently in my employ. Date of Initial employment / / .

Employer Signature

Date

Wage information for the indicated periods:

Date: / / Earnings:$ _____ Date: / / Earnings:$ _____ Date: / / Earnings:$ _____

Hours: _____ Hours: _____ Hours: _____

Date: / / Earnings:$ _____ Date: / / Earnings:$ _____ Date: / / Earnings:$ _____

Hours: _____ Hours: _____ Hours: _____

DORL-1 (Rev. 11/2010)

02-008-1110-05
Self-Declaration Form

(To be used only if there is no available documentation or collateral contact.)

I ________________________________ state that: (INCLUDE INFORMATION BEING VERIFIED)

(Client Name)

I state under the penalties of perjury that the information I have given above is true and correct.

______________________________ / _____ / _____

(Client Signature) (Date)

(Client Agency ID)
To: DTA

Date: ________________

From: ______________________ SSN: ______________________

My DTA Office is: ______________________

I can be reached at (telephone #): ______________________

I need help getting the verification DTA asked for. The verification I need help with is

________________________________________________________________________
________________________________________________________________________

The reason is: (check all that apply)

☐ I tried to get it but the person or place didn’t give it to me.

☐ I don’t understand what is needed.

☐ I don’t understand how to get what DTA is asking for.

☐ DTA is asking for something that I think is incorrect.

☐ I am disabled and need help to get the verification.

☐ I want DTA to contact the person or place listed here to get the information needed. By signing below, I give DTA permission to get information necessary for my case:

Name of person or company: ______________________

Phone number and/or address: ______________________

________________________________________________________________________

________________________________________________________________________

Signature

(Optional)
I give permission to DTA to talk to the following person or agency about my DTA benefits:

________________________________________________________________________

Signature
Request for an Appeal

If you have trouble reading or understanding this notice, call Recipient Services at 1-800-445-6604 for help.

What is an appeal? If you disagree with a Department (DTA) action, you have the right to appeal. If you appeal, you will have a hearing. Hearings are usually held in your local DTA office. If you cannot come to the office, you can have a phone hearing. An independent hearing officer will make the decision. At least ten days before the hearing, you will get a notice of the time and place of the hearing. At the hearing, a DTA employee will explain the reason for the DTA action. You or someone helping you can then explain why you disagree with the action. After the hearing, the hearing officer will make a decision and mail a copy to you.

Can I bring someone to help me? Yes. You can bring anyone you want, including a family member or friend to support or represent you. You can also bring witnesses to testify. You may be able to get free legal help. Call the Legal Advocacy and Resource Center (LARC) at 1-800-342-5297 or go to www.masslegalhelp.org for information about free legal services.

How do I appeal? Fill in the spaces below.

I, ___________________________, wish to appeal the following decision by DTA ________

Your Name (Print) ___________________________
SSN ___________________________
Telephone ( ) ___________________________
City/ZIP ___________________________

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

Name ___________________________ Title ___________________________
Address ___________________________ Telephone ( ) ___________________________
City/ZIP ___________________________

If you need special help due to a disability please contact the Division of Hearings at the numbers listed below.

Mail this request to DTA-Hearings, P. O. Box 4017, Taunton, MA 02780-0314 or by fax (both sides) to (617) 348-5311.

If you are currently receiving benefits – If we get this request before the date your benefits are to be stopped or lowered, your benefits will continue until the appeal is decided. If you lose your appeal, you will have to pay back these benefits. If you receive SNAP, your benefits will stop when your certification period ends. If you receive TAFDC time limited benefits during your appeal and you lose, the months of benefits you received may count toward your time limit. If you do not want to get benefits during your appeal, check this box □. If you choose not to get benefits during the appeal period, and win your appeal, DTA will pay you any benefits owed.

What are the deadlines for appealing? We must get your appeal request no later than 90 days from the date on this notice. But there are exceptions:

- You have 21 days to request a hearing on Emergency Assistance shelter benefits.
- There is no deadline if you appeal the amount of your SNAP benefits during your certification period.
- You have 120 days if DTA fails to act on your request for benefits or services.
- You generally have 120 days if the appeal is about coercive or improper conduct by a DTA employee.
- You only have 30 days if you are appealing because your state tax refund has been held to repay an overpayment of DTA benefits.

Right to an interpreter – You have the right to a free interpreter if you need one. The interpreter will keep all of the information about your case confidential. You also have the right to bring your own interpreter. If you need an interpreter, please call us at any of the phone or TTY numbers listed in the section below or check this box □ and tell us your primary language or dialect: ___________________________ and we will find an interpreter for you.

What if I cannot come on the date of the hearing? If you need to reschedule, please call at (617) 348-5321 or (800) 882-2017. (If you are Deaf or hard-of-hearing, you can call TTY (617) 348-5337 or (800) 532-6238.) If you do not reschedule and miss the hearing, we will send you a letter about your rights. If you had a good reason for missing the hearing, we may be able to give you a new hearing.

ARN-SAV (English) (Rev. 1/2014)
DEPARTMENT OF TRANSITIONAL ASSISTANCE
Written Consent to Access DTA Client Case Information

REQUEST FOR ACCESS TO CLIENT RECORD OF: ____________________________
(Print Client's Full Name)

1. Client Information:
   Date of Birth ___/___/___  Address: ______________________________________
   Last 4 digits of SS#: ______  or DTA "Agency ID" number: ________________
   Number of Dependent children: _____

2. I hereby authorize ___________________________ to have access to my DTA SNAP or cash assistance case record, including any electronic records. I authorize this organization to discuss my application or benefits with a DTA case manager, supervisor, director or other DTA employee. This form is valid for 12 months unless I have stated otherwise on this form or in other communication.

3. I hereby certify that I am the client named above.

   Date ___________________________________ (Client's Signature)

For Department Use Only

4. I find that the information in item 1 and the signature in item 3 match the information and signature in the client record.

   Name of Dept. Employee (Print) ___________________________ Date ________