



**FOOD STAMP BENEFITS FOR YOU AND YOUR FAMILY-- APPLY TODAY!
IT'S EASIER THAN YOU THINK!**

HOW TO APPLY

To apply for food stamp benefits, please fill out the attached application and return it to us. You should mail, fax or take the application to the Department of Transitional Assistance Office that serves your city or town. If you are not sure where the office is located, please call 1-800-249-2007 or visit our website at www.mass.gov/dta.

We must accept your application if it contains your name, address (if you have one) and signature. This minimal information will establish your application filing date. However, Part I and Part II of the form must be completed and we must interview you to determine your eligibility. If you are eligible, your food stamp benefits will start as of the date we receive your application.

Please try to answer all the questions on the application. The more information we have, the quicker we will be able to act on your application. If you aren't sure what a question means or how to answer it, leave it blank and we will talk about it during your interview.

After we receive your application we will contact you for an interview and ask you a few more questions. This interview will take place either in the office where you returned your application or over the telephone. If you need an interpreter to help you complete this form or for the interview, tell us and we will arrange for one.

On the other side of this page, we list the types of things you will need to provide for your application. Please look at the list and gather the proofs you will need.

USING FOOD STAMP BENEFITS

When you get food stamp benefits, you will be given an account, like a bank account. Each month, your food stamp benefits will be put into your account. To use your food stamp benefits, you will get a Bay State Access card which you will use like an ATM or credit card. Your privacy is important and using the Bay State Access card helps maintain that privacy. You can use your Bay State Access card at grocery stores, convenience stores, markets and co-ops. You use it in the same way you would buy food with a debit/ATM or credit card.

YOU MAY GET FOOD STAMP BENEFITS WITHIN SEVEN DAYS IF:

- your income and money in the bank add up to less than your monthly housing expense; or
- your monthly 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 less than \$100.

Call us today at 1-800-249-2007 or go to the office that serves your city or town.

If we decide you cannot get food stamp benefits within 7 days (expedited service) and you disagree, or if you are determined eligible for expedited service but you do not receive your food stamp benefits by the seventh calendar day after the date you applied, you have a right to a conference with a supervisor.

Remember---food stamp benefits can help you and your family buy the food you need for good health. You can use money you would have spent on food on other important things like rent or utility bills. It doesn't take that long---you owe it to yourself to apply today.

If you have any questions, please call 1-800-249-2007. You can also get information about food stamp benefits by visiting www.gettingfoodstamps.org on the Internet.

To apply for food stamp benefits, you need to prove your income, expenses and other information. You only need to prove information that applies to you. For example, if you do not have a job, then you do not need to worry about earned income in the list below.

Things you must provide, if they apply to you, to receive food stamp benefits.

1. **Proof of Identity:** Driver's license, birth certificate or other proof of your identity.
2. **Proof of Massachusetts Residence:** Mortgage, tax, home insurance or utility bills, rent receipt or lease. Certain households may not be able to reasonably verify residency.
3. **Unearned Income:** Most recent copy of Social Security check or copy of award letter; proof of unemployment, workers' compensation, pension, child support or alimony.
4. **Earned Income:** Pay stubs or written statement from employer showing income before taxes for the past four weeks.
5. **Self-Employment:** Most recent federal tax return (Schedule C Form) or last three months of business records.
6. **Rental Income:** If you get paid by someone who rents a room or apartment from you, a copy of the lease agreement or statement from your tenant showing amount of rent paid.
7. **Noncitizen Status:** For all non-US citizens applying for food stamp benefits, alien registration card or other immigration document.
8. **Bank Accounts:** Most recent checking account statement, updated savings passbook, credit union records, stocks, bonds, CDs or IRA and Keogh accounts.

Things you may provide, if they apply to you, to receive higher food stamp benefits. *Food stamp rules allow you to deduct certain expenses from your countable income. If you give us proof of any of the expenses from the list below, you may be able to receive higher food stamp benefits.*

1. **Shelter Costs:** The amount you pay for shelter can be shown by your rent receipt or lease agreement. Homeowners can verify through their mortgage statement, tax and home insurance bills.
2. **Utilities:** The type of utility expenses you pay can be shown by oil, gas, electricity bills, telephone (including cellular phone), or other utility expense such as garbage disposal, wood or coal.
3. **Medical Expenses:** If you or anyone in your household is age 60 or older or has a certified disability, the amount you pay for co-payments or premiums on health insurance, dentures, eyeglasses, hearing aid batteries, prescription medications, doctor-prescribed pain relievers, over-the-counter drugs, and transportation that you pay for to get to medical services.
4. **Child Care or Adult Dependent Care Expenses:** The amount you pay for dependent care expenses can be shown by a written statement from your child care provider, or a canceled check or money order paid to the child care provider.
5. **Child Support Payments:** If you make child support payments to someone not living with you, show proof of the legal obligation to make the payment and the amount paid.

After your interview, you will get a list of things you will need to show us. **Pay stubs, utility bills and other proof must not be more than four weeks old from the day that you turn in the Food Stamp Benefits Application.**



Massachusetts Department of Transitional Assistance
Food Stamp Benefits Application

Source: (please check one) <input type="checkbox"/> CEO <input type="checkbox"/> Project Bread <input type="checkbox"/> DMH <input type="checkbox"/> DMR <input type="checkbox"/> BMC <input type="checkbox"/> Food Pantry <input type="checkbox"/> MRC <input type="checkbox"/> Other _____
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Part I

1. Information About You (answer all boxes) If you are a noncitizen who chooses not to apply for food stamp benefits, you do not need to tell us your Social Security Number or immigrant status.

Last Name		First Name		Middle Initial	Social Security Number	
Is this name your (check one) <input type="checkbox"/> Name at Birth <input type="checkbox"/> Maiden Name <input type="checkbox"/> Married Name <input type="checkbox"/> Prior Marriage Name <input type="checkbox"/> Alias				Marital Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Your ethnic origin (check one) This information is collected to make sure everyone is treated fairly. Your answer is voluntary and it will not affect your eligibility or benefit amount. <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> White not Hispanic <input type="checkbox"/> Alaskan American					Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Do you have a special situation? (check all boxes that apply to you) <input type="checkbox"/> Physical/Mental Impairment <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Interpreter Required <input type="checkbox"/> Sign Language Required <input type="checkbox"/> Other _____				What is your preferred language? Are you pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no		

2. Information About Where You Live (answer all boxes)

List your current address	Number and Street	Apt#	City State ZIP
Are you homeless? <input type="checkbox"/> yes <input type="checkbox"/> no		Is your current address temporary? <input type="checkbox"/> yes <input type="checkbox"/> no	
		Is your current address your mailing address? <input type="checkbox"/> yes <input type="checkbox"/> no	
If temporary address, list your permanent address.			
If you have a different mailing address, please list.			
Your telephone number (____) _____ - _____			
Is the housing you live in <input type="checkbox"/> Private Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> Commercial Boarding House <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Residential Facility <input type="checkbox"/> Employer-Provided Housing <input type="checkbox"/> Teen Living Program <input type="checkbox"/> Migrant Campsite <input type="checkbox"/> Shelter			

3. People Helping With Your Application

Last Name		First Name		Middle Initial	Telephone Number
Number Street		City/Town		State	ZIP

4. Authorized Representative

Do you want to give this person or someone else permission to apply or get food stamp benefits for you? yes no

5. Waiver of the Face-to-Face Interview

If you are unable to come to the DTA office for an interview, please check all that apply.

- Elderly/Disabled Transportation Problems Work during DTA office hours
- Child care/Care of Disabled Household Member Other _____

A good time to reach you by telephone: Time: _____

Circle all that apply: Monday Tuesday Wednesday Thursday Friday

6. Questions Regarding Citizenship Status

A. Are you and all household members U.S. citizens by birth or naturalization? yes no
If Yes, go to Question 7. If No, go to Part B, below.

B. Under TAFDC and Food Stamp regulations at 106 CMR 203.675 and 106 CMR 362.220, a noncitizen who is unable or unwilling to provide Immigration Status information and/or Social Security Number due to immigration status does not need to do so. This noncitizen will be ineligible for TAFDC and/or Food Stamp benefits. However, the remaining members of the household may apply for benefits.

1. List any household member(s) who chooses not to apply for benefits:

2. Check here if all members choose to apply:

7. Domestic Violence

Are you or is anyone in your household a victim of Domestic Violence currently or in the past? yes no

Applicant Signature

____/____/_____
Date

By completing Part I and signing here, you have started the food stamp application process. To complete this process you must fill out Part II of this form, have an in-person or phone interview with us and give us the proof we need to determine your eligibility.

Applicant Name:
Social Security Number:

Part II

1. Information About People You Live With - Please list everyone you live with and do not include yourself. (Attach a separate sheet if necessary). Noncitizens living with you who choose not to apply for food stamp benefits do not need to tell us their Social Security Number or immigration status.					
Last Name	First Name	Middle Initial	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to you
Do you purchase and prepare food together? <input type="checkbox"/> yes <input type="checkbox"/> no		Is this person applying for food stamp benefits? <input type="checkbox"/> yes <input type="checkbox"/> no		Social Security Number	
Marital Status				Pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	

Last Name	First Name	Middle Initial	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to you
Do you purchase and prepare food together? <input type="checkbox"/> yes <input type="checkbox"/> no		Is this person applying for food stamp benefits? <input type="checkbox"/> yes <input type="checkbox"/> no		Social Security Number	
Marital Status				Pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	

Last Name	First Name	Middle Initial	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to you
Do you purchase and prepare food together? <input type="checkbox"/> yes <input type="checkbox"/> no		Is this person applying for food stamp benefits? <input type="checkbox"/> yes <input type="checkbox"/> no		Social Security Number	
Marital Status				Pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	

2. Is there a **child(ren) under age 18 living with you who is not your child**, and who is **not** under your supervision and control? yes no

If **yes**, who? _____

3. Is anyone living with you a **boarder** (person who pays for a room and meals)? yes no

If **yes**, who is a boarder? _____

4. Are **foster care payments** being made for anyone living with you? yes no

If **yes**, for whom are the payments being made? _____

5. Are you or anyone living with you a **resident of a state or country other than Massachusetts** or are you or anyone living with you intending to leave Massachusetts? yes no

If **yes**, who is not a resident or is intending to leave? _____

6. Are you or is anyone living with you **NOT a U.S. citizen**? yes no

7. Do you or anyone living with you who is 18 or older and a United States citizen and a Massachusetts resident want to **register to vote**? yes no

If **yes**, who would like to register? _____

8. Are you or is anyone living with you physically or mentally **disabled** temporarily or long term? yes no

If **yes**, who is disabled? _____

9. Earnings

Are you or is anyone living with you presently working or were you or anyone else living with you working in the last 60 days? yes no

If **yes**, complete the following section. (Enter work information for anyone living with you and attach separate sheet, if needed.)

Last Name, First Name				Employer Name, Address & Telephone Number			
Job Title	Start Date	End Date	Hourly Wage \$	Weekly Hours	Weekly Tips \$	How Often Paid?	Permanent Job <input type="checkbox"/> yes <input type="checkbox"/> no

If job ended, last day of work _____

Record wage information here:

Date		Gross Amount	Hours
From	To		
		\$	
		\$	
		\$	
		\$	
		\$	

10. Unearned Income

Are you or is anyone living with you eligible to receive or receiving **any other type of income** such as Unemployment Compensation, Child Support, Social Security, SSI, Workers' Compensation, Veterans Benefits or Pensions? yes no

If **yes**, complete the following section. (Attach a separate sheet, if necessary.)

Name	Type of Assistance	Amount	How often received?	Date Income Started

11. Do you or does anyone living with you have a court order or other legal obligation to pay **child support** to someone not living with you? yes no

How often do you pay? Monthly Weekly Amount \$ _____

12. Do you or does anyone living with you have a **child or adult dependent care expenses**? yes no

How often do you pay? Monthly Weekly Amount \$ _____

13. Does anyone living with you who is 60 years old or older or who is disabled have **health insurance**? yes no

How often do you pay? Monthly Weekly Amount \$ _____

14. Does anyone living with you who is 60 years old or older or who is disabled have out-of-pocket medical expenses? yes no

If **yes**, complete the following section.

Name	Type	How often paid?	Amount	Date you started paying

15. Shelter Expenses

What type of shelter expenses do you have?

Rent/Mortgage yes no Amount per month \$ _____

Property Taxes yes no

Others yes no

16. Utility Expenses

What type of utility expenses do you pay for?

Heating and/or air conditioning costs yes no

Any other utilities (not including heating/air conditioning) yes no

A telephone only, including cellular phone yes no

17. Do you pay heating and/or air conditioning costs separately from your rent? yes no

18. Have you received or do you think you will receive Fuel Assistance payments? yes no

19. Questions Regarding Money in the Bank and Other Assets



If you are a family with a child(ren) under 19, a pregnant woman living alone or if everyone you are applying for is on SSI or EAEDC, you do not have to answer these questions. If either situation applies to you, SKIP THESE QUESTIONS. All other applicants must answer these questions.

- A.** Do you or does anyone living with you have either cash on hand or any type(s) of bank account, stocks, bonds or securities? yes no

If **yes**, complete the following section.

Name	Type	Institution Name	Account Number	Amount

- B.** Do you or does anyone living with you have either life, burial or pre-paid funeral insurance? yes no

If **yes**, who has life, burial or prepaid funeral insurance? _____

- C.** Do you or does anyone living with you have building(s), land, real estate or burial plots? yes no

If **yes**, complete the following section.

Name/Owner	Type/Description/Location	Fair Market Value	Mortgage Amount

- D.** Do you or does anyone living with you have any pension(s) or retirement account(s)? yes no

If **yes**, complete the following section.

Name	Type	Institution Name	Account Number	Amount

- E.** Have you or has anyone living with you received a tax refund or an Earned Income Credit (EIC)? yes no

If **yes**, complete the following section.

Name	Type of Refund			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	

- F.** Have you or has anyone living with you sold, traded, given away or transferred anything of value in the past three months? yes no

If **yes**, complete the following section.

Name	Type	Date of Transfer	Reason	Gross Value

Food Stamp Penalty Warning (Please Read Carefully)

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 no adult in my Food Stamp household is able to speak or understand English. I also understand that I can get an interpreter for any DTA fair hearing or bring one of my own. If I need an interpreter for a hearing, I must call the Division of Hearings at least one week before the hearing date.

Nondiscrimination Statement

In accordance with Federal 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.