



***Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Transitional Assistance***

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**Online Guide Transmittal 2017-90  
October 27, 2017**

**To: Department of Transitional Assistance Staff**  
**From:  Paul Sutliff, Assistant Commissioner for Field Operations**  
**Re: SNAP – SNAP Application for Seniors**

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**Overview**

The Department has revised, enhanced and renamed the *Simplified SNAP Application for Elderly Applicants*. Implementation date for this document is 11/1/17. In addition to a new title, *SNAP Application for Seniors*, the reading level was reduced, the font was increased for easier review, additional questions were incorporated that specifically apply to this population and the Notice of Rights, Responsibilities and Penalties (RR&P) section was simplified. Other SNAP applications and recertifications will be updated with the simplified RR&P language at a later date.

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**Purpose**

This Transmittal advises staff of revisions to and a new title of the *Simplified SNAP Application for Elderly Applicants*. It also transmits initial procedures for use of this form.

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**SNAP  
Application for  
Seniors -  
Enhancements**

Seniors who request a paper SNAP Application must be provided the *SNAP Application for Seniors*. All existing supplies of the *Simplified SNAP Application for Elderly Applicants* must be destroyed.

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However, since many clients and outreach providers may still have copies of the *Simplified SNAP Application for Elderly Applicants*, case managers must accept and process that version according to established procedures when submitted to the DPC or dropped-off in-person at a TAO.

Assisting  
Persons Section

This revised application contains enhancements designed to streamline the process of appointing Assisting Persons.

Question 16 on the application deals with the release of information for assisting persons or organizations. If the applicant completes this question s/he gives DTA permission to discuss case information with the identified agency or individual. Question 16 replaces the VARI-OI and/or a signed, dated statement from the client for the purposes of this application.

Question 17 addresses authorized representatives. If the applicant completes this question and proof of identity of the person listed as authorized representative is submitted, the applicant can authorize the identified person/agency to report changes and speak to DTA about the case. Question 17 replaces the Image-10/Image-10A for the purposes of this application.

For all other SNAP applications, established procedures remain the same. If the applicant wants to appoint an individual/agency as an authorized representative, the Image-10 and/or Image-10A are still required. If the applicant wants to give DTA permission to discuss their case information with the identified agency or individual, a signed and dated statement from the client or the completed VARI-OI is required.

Medical and  
Adult Dependent  
Care Costs  
Section

Since medical and dependent care costs can significantly impact SNAP benefit amounts, questions associated with these costs were enhanced to streamline the process of exploring them with applicants.

**Reminder:**

Adult dependent care costs can be self-declared. In addition, unlike other expenses, clients may verbally declare the addresses and frequencies of eligible transportation costs.

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**Questions**

If you have any policy or procedural questions, after conferring with the appropriate TAO personnel, please have your Systems Information Specialists or TAO management email the DTA Mailbox.

Systems issues should be directed to the Systems Support Help Desk.

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