



**Commonwealth of Massachusetts**  
*Executive Office of Health and Human Services*  
**Department of Transitional Assistance**  
600 Washington Street • Boston, MA 02111

DEVAL L. PATRICK  
Governor


TIMOTHY P. MURRAY  
Lieutenant Governor

JUDYANN BIGBY, M.D.  
Secretary

DANIEL J. CURLEY  
Commissioner

**Operations Memo 2012-55**  
**November 19, 2012**

**To:** Department of Transitional Assistance Staff

**From:**  Stephanie Brown, Assistant Commissioner for Policy, Program and External Relations

**Re:** SNAP: Prefilled Elderly/Disabled Recertification Form

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**Overview**

With the implementation of Build 45.1, during the weekend of November 18, the Department will begin mailing a new preprinted recertification form tailored specifically to elderly/disabled households with no earnings. The new recertification form is similar to the interim report form used in the Annual Reporting process, and in conjunction with the Elderly/Disabled No Interview waiver, streamlines the recertification process for elderly/disabled households. The SSI recertification form will continue to be used for recertifications at the Malden Centralized SSI office.

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**Purpose of memo**

The purpose of the memo is to introduce TAO staff to the new form.

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**Preprinted Elderly/Disabled Recertification Form**

The preprinted elderly/disabled recertification form (Attachment A) will be sent to households that contain elderly and/or disabled members only (disabled members must meet the disability standards at 106 CMR 361.210), regardless of age, who have no earned income. A special cover letter (Attachment B) has also been created with instructions about how to complete the form. The recertification form will be sent out 45 days prior to the recertification end date with a request that the recertification form be return as quickly as possible to avoid delays in processing.

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**Preprinted  
Elderly/Disabled  
Recertification  
Form  
(continued)**

The form is similar to the interim report form and has two parts. Part 1 “Current Household Information” displays preprinted information, about the household’s circumstances, based on the BEACON record at the time of recertification. The client is asked to review the information for accuracy. If the information is correct, the client is asked to check the No Change boxes provided, sign, date and return the entire form to their local TAO. If the client feels that there are changes to the information provided they are directed to make the change in the appropriate sections on Part 2 “Change Report” section of the form. The client must then sign, date and return the entire form to their local TAO.

Case managers must review the form completely and compare the information provided with prior recertifications and statements made by the household.

All changes must be verified in accordance with current policy. Case managers are reminded that shelter costs, utility costs and dependent care expenses can be self-declared.

No interview is required for households that receive the elderly/disabled recertification form, unless the information supplied is questionable, incomplete or contradictory or meets an exception listed below:

- The client reports that a member of the household is now employed. The household must be placed on annual reporting and must be interviewed;
- The client reports that a household member is now self-employed. The household must be given a 12 month certification as a change reporting household and must be interviewed; or
- If the client requests an interview, the case manger must arrange an interview.

For instructions on the waiver of the interview for elderly/ disabled households see Operations Memo 2011-29: Reinstatement of the Elderly/Disabled No Interview Waiver.

A Job Aid entitled “SNAP-Interview Waived Checklist” can be found under Job Aids/Desk Guides on the training link of DTA Online.

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**Questions**

If you have any questions, please have your Hotline designee call the Policy Hotline.

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BEACON FORM/NOTICE  
LANGUAGE WITH VARIABLE TEXT (ENGLISH)

## SNAP Elderly Disabled Recertification Form

72-100 Front Street CAN 710  
Holyoke, MA 01040

Massachusetts Department of Transitional Assistance

Sue Smith  
1 Oak Street  
Holyoke, MA 01040Agency ID: 123456  
Recipient SSN: XXX-XX-6789  
Holyoke TAO-DTA

Date: 09/14/2012

**Important: Please Read Before Completing**

Your Supplemental Nutrition Assistance Program (SNAP) benefits are due to end on **11/13/2012**. Attached is a pre-printed recertification form in two parts. Part 1: "Current Household Information" displays the information you have previously provided to us and Part 2: "Change Report Form" is to be used to report any changes to the information. Please review the information on The Current Household Information pages. If the information provided is correct select "No Change" in the boxes provided, then sign and return the entire form. If a change has occurred, please select "Change" in the boxes provided and make the change in the appropriate section of the Change Report Form and provide a verification of that change.

To be considered a timely application for recertification, federal law allows you until **10/30/2012** to return this form. To complete the recertification process an interview may be required to clarify information if you report a change that appears contradictory or questionable or we may need to request additional verification of the information you tell us. You will be contacted if an interview is necessary. Because this may cause a delay in the processing of your recertification and **to avoid any interruption in your benefits we ask that you please return the form to your Transitional Assistance Office at Holyoke TAO-DTA on or before 10/01/2012**.

Returning the form late might result in a delay in receiving your **November** benefits; if required verifications are late, your SNAP benefits may stop or be reduced; **Failure to return this recertification form will result in your benefits ending 11/13/2012**. You may mail, fax or drop off this recertification form to your local Transitional Assistance Office. Before returning the form please be sure to:

- Read and follow the instructions in each section to help prevent delays in processing your recertification.
- If there is no change to the information provided, select "No Change" in boxes provided, sign the last page of the Current Household Information form and return the entire form.
- If you are reporting a change, make the change in the appropriate section of the Change Report Form, sign the form on the last page of the change report form and return the entire form with any required verification.
- Please keep the Notice of Rights Responsibilities and Penalties attached to the back of this form for your records.

If you have any questions, please contact Recipient Services at 1 (800) 445-6604.

**Important:** Department mail is not forwarded by the post office. To get important notices about your case, you must tell us right away of a change in your mailing address and phone number.

**See Your Benefits Online:** You may get information about your DTA benefits online. Sign up for My Account Page (MAP) at [www.mass.gov/vg/selfservice](http://www.mass.gov/vg/selfservice). This will let you check the status of your case, your benefit level and see recent notices. You can print your own verification of benefits. You can also call the DTA Automated Hotline at 1-877-382-2363.

Your Case Manager: **Bob Joy**  
**Holyoke TAO-DTA**Case Manager Telephone Number  
**(413) 555-1234**  
TAO Fax Number:  
**(413) 784-1050**

**PART 1: CURRENT HOUSEHOLD INFORMATION**

Review the information provided. If the information is correct select **No change**. If you need to report a **change** select change and **make the change in the appropriate section of the attached change report form**.

**SECTION 1: ADDRESS & PHONE**

<b>Address of Residence</b> 1 Oak Street Holyoke, MA 01040	<b>Mailing Address</b> 1 Oak Street Holyoke, MA 01040
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No Change Change 

<b>Home phone:</b> (413) 555-5555	<b>Cell Phone:</b> (413) 555-1234
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**SECTION 2: PEOPLE IN SNAP HOUSEHOLD**

<b>Household Member</b> Sue Smith	<b>Date of Birth</b> 01/01/1943	<b>SSN</b> XX-XX-6789
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No Change Change 

If a person(s) has moved into or left your household please enter the change in Section 2 of the Change Report Form.

**SECTION 3: HOUSEHOLD INCOME**

Household Member	Type of Income	Average Weekly Income	Average Monthly Income
Sue Smith	SSI	N/A	\$835.00

No Change Change 

If you or a member of your household has become employed or self-employed please report that in section 3 of the change report form.

**SECTION 4: COURT ORDERED CHILD SUPPORT**

Household Member	Frequency	Amount
N/A	N/A	None

No Change Change **SECTION 5: CHILD CARE/DEPENDENT CARE EXPENSES**

Household Member	Frequency	Amount
N/A	N/A	N/A

No Change Change **SECTION 6: MEDICAL EXPENSES**

Household Member	Type of Medical Expense	Frequency	Amount
Sue Smith	Premium Health Insurance	Monthly	\$60.00

No Change Change **SECTION 7: SHELTER EXPENSES**

Household Member	Type of Housing Expense	Frequency	Amount
Sue Smith	Public Housing	Monthly	75.00

No Change Change

**SECTION 8: UTILITY EXPENSES**

Household Member  
Sue Smith

Type of Utility Expense  
Telephone

For DTA Purposes Only

No Change <input type="checkbox"/>
Change <input type="checkbox"/>

What you pay for utilities is separated into groups	Utility Group
I pay for heat, or I get fuel assistance.	Heating/Cooling
I pay for electric and I have an air conditioner that I use in the Summer.	Heating/Cooling
I do not pay electric, but I have an air conditioner that I use in the Summer and my landlord charges me a fee.	Heating/Cooling
I pay electric.	Nonheating
I pay for a phone. <i>(including cell phones, but not prepaid)</i>	Telephone
I do not pay any separate utilities.	Not Applicable (N/A)

**SECTION 9: ADDITIONAL INFORMATION**

Change

If you feel **you have a change** of circumstances that was **not listed** on the Current Household Information section of this report please **let us know by completing the additional information section (Section 9 of the change report form.)** You may also express any concerns or questions you may have in this section of the report.

**STOP: Please review the information in each section listed above, if you checked “No Changes” in all of the sections, go to the box at the bottom of this page and check “No Changes”, sign your name, date the form and return the entire form to your local office. You may mail, fax or drop off the Report at your local Department of Transitional Assistance office.** You may keep the Rights and Responsibilities pages at the end of this form.

If you have changes to report, please **make those changes on** the attached **Change Report Form**.

**Penalty Warning and Signature:**

I understand that if I or any member of my SNAP household intentionally breaks any of the rules listed below, that that person will be barred from the SNAP Household for one year after the first violation, two years after the second and permanently after the third. 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 SNAP benefits.
- Do not trade or sell SNAP benefits.
- Do not alter EBT cards to get SNAP benefits you are not entitled to receive.
- 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 have reviewed the information provided above and I have no changes to report at this time. No Change <input type="checkbox"/>
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I certify under penalty of perjury under the laws of the United States of America and the Commonwealth of Massachusetts that I have read (or have had read to me) and I understand the Notice of Rights, Responsibilities and Penalties and that the above information I have provided on this application is true, correct and complete. I also certify that all members of my SNAP household requesting SNAP benefits are either U.S. citizens or noncitizens in satisfactory immigration status.

X \_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\*See SNAP Privacy Act at the end of this form for an explanation of why SSNs are required and how they are used.

**Part 2: Change Report Form**

Please use this part of the Report to report changes from the information you just reviewed on the previous page in the "Current Household Information" section. Pay close attention to when verifications are requested for that change.

**SECTION 1: ADDRESS AND PHONE**

If you have **moved**, you must **verify** your **residency**.

**Acceptable verifications:** lease, rent receipt, statement from landlord, two pieces of mail received at new address, deed, mortgage statement.

New Address of Residence	
New City, State Zip	

New Mailing Address:	
New City, State Zip	

<b>New Telephone Number</b>	<b>Type (Please Circle One)</b>
( )	Home Cell Work Other
( )	Home Cell Work Other

**SECTION 2: PEOPLE IN SNAP HOUSEHOLD**

If you are **adding** a **new member(s)**, please **verify identity**.

**Acceptable verifications:** member's Social Security number (you only have to supply the number do not send SSN card), birth certificate, passport, baptismal certificate.

The person(s) listed below is now a member of my household					
NAME	Date Moved In	Date of Birth	SSN*	Relationship to You	<u>US Citizen</u> <u>Circle Answer</u>
					Yes No
					Yes No

Does this person(s) purchase and prepare meals <b>separately</b> from you?	Yes No
Do any of these people <b>pay towards your rent or utilities</b> ?	Yes No

**If you answered Yes to the questions above:** Please explain the breakdown and arrangement:

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**The person(s) listed below no longer lives with me.**

Name	Date Moved Out

**SECTION 3: HOUSEHOLD INCOME**

**UNEARNED INCOME:** If you or someone in your household has had a change or new unearned income with the exception of: Social Security, SSI, Child Support paid through Massachusetts DOR, or Massachusetts Unemployment benefits, please provide verification.

**Acceptable verifications:** letter from agency making the payment, award letter, copy of check.

Name	Income Type	Amount	Frequency <i>Circle One</i>
			Weekly Bi-weekly Monthly Other
			Weekly Bi-weekly Monthly Other
Name	Income Type	Amount	Date Stopped

**EARNED INCOME OR SELF-EMPLOYMENT INCOME:** If you or someone in your household is now employed or self-employed please enter the information below. Proof of earnings is required and must be dated within 30 days of this letter. Send in copies of your last four weeks of consecutive pay information.

**Acceptable verifications for Earned income:** pay-stubs, employer statement on company letterhead.

**Acceptable verifications for Self-Employment:** current tax returns or quarterly tax reports.

If you have **changes** in your **earned income**, please fill out the information below:

Name:	Employer:
Frequency of Pay: ( <i>Circle one</i> )	Weekly Bi-Weekly Monthly Other

Please fill in the information from your last 4 weeks of pay information.

<b>Pay Date:</b>				
<b>Gross Pay:</b>				

Name:	Employer:
Frequency of Pay: ( <i>Circle one</i> )	Weekly Bi-Weekly Monthly Other

Please fill in the information from your last 4 weeks of pay information.

<b>Pay Date:</b>				
<b>Gross Pay</b>				

**SECTION 4: COURT ORDERED CHILD SUPPORT**

If you or a member of your household currently pays child support to someone not living with you, you must provide a copy of the court order or support order and a verification of the amount of actual payment. If you cannot provide this information, your benefit amount will be calculated without the deduction.

**Acceptable Verifications:** court order, DOR support order and proof of payment such as canceled checks, pay-stubs with payroll deduction.

*Circle Answer*

Does anyone in your household have a court ordered obligation to pay child support that is not listed above? **Yes No**

If **Yes**, fill out the section below and **SEND PROOF OF NEW COURT ORDERED CHILD SUPPORT AMOUNTS, AND PROOF OF PAYMENT**

Name of Child/Dependent	Amount Paid	Frequency: <i>Circle One</i>
	\$	Weekly Bi-weekly Monthly Other
	\$	Weekly Bi-weekly Monthly Other

**SECTION 5: CHILD CARE/DEPENDENT CARE EXPENSES**

You may **self-declare dependent care expenses** by entering the changed amounts below; however, you may be required to provide proof of dependent care changes if the changes appear to be questionable or contradictory to prior statements you have made.

**Acceptable verifications:** statement from day care facility, monthly bill, proof of transportation costs to and from day care facility or after school program.

Circle Answer

Do you have Child Care/Dependent Care Expenses?

**Yes No**

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

Name of Child/Dependent	Amount Paid	Frequency: <u>Circle One</u>
	\$	Weekly Bi-weekly Monthly Other
	\$	Weekly Bi-weekly Monthly Other
	\$	Weekly Bi-weekly Monthly Other

Circle Answer

Do you drive your child(ren) to child care?

**Yes No**

**If Yes**, please fill out the section below: (If you do, this might result in a larger child care deduction)

Miles per day to and from child care from home	Number of times a week
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**OR**

Address of Child Care/Babysitter :	Number of times a week:
City:	

**SECTION 6: MEDICAL EXPENSES**

**If you or a household member has had a change in medical expenses or have new medical expenses, please make the change below.** To be eligible for a medical expense, you must have costs that exceed \$35.00 a month. You only have to verify the first \$ 36.00 of the expense to receive a medical expense deduction of \$90.00. If your medical expenses exceed \$125.00 you must verify all expenses incurred. If you are reporting an increase in the amount of the medical expenses or health insurance costs you incur, you must submit proof of the new expense. **Examples of verifications:** printout of prescriptions from pharmacy, medical bills for surgery or outpatient care, proof of transportation costs to pharmacy or doctors' appointments or health insurance bill.

Name	Medical Expense Type	Amount Paid	Frequency: <u>Circle one</u>
		\$	Weekly Bi-weekly Monthly Other
		\$	Weekly Bi-weekly Monthly Other
		\$	Weekly Bi-weekly Monthly Other



**SECTION 7: SHELTER EXPENSES**

You may **self-declare shelter expenses** by entering the changed amounts below; however, you may be required to provide proof of shelter cost changes if the changes appear to be questionable or contradictory to prior statements you have made.

**Acceptable verifications:** landlord statement, rent receipt, lease, mortgage bill, tax bill and insurance bills.

Household Member	Type	Frequency of payment (Weekly, Monthly, Yearly, etc.)	Amount
	Rent		
	Mortgage		
	Taxes		
	Insurance		
	Condominium Fees		

- Do you receive a Section Eight housing subsidy?      **Yes**  **No**
- Do you live in subsidized housing?                      **Yes**  **No**
- Do you live in public housing?                              **Yes**  **No**

**SECTION 8: UTILITY EXPENSES**

You may **self-declare utility expenses** by entering the changed amounts below; however, you may be required to provide proof of shelter cost changes if the changes appear to be questionable or contradictory to prior statements you have made.

**Acceptable of verifications:** current bills for gas, electric, oil or telephone, landlord statement, rent receipt, lease.

Household Member	Type of Utility Expense

Please check off all that apply to you	
I pay for heat, or I get fuel assistance.	√
I pay for electric and I have an air conditioner that I use in the Summer.	
I do not pay electric, but I have an air conditioner that I use in the Summer and my landlord charges me a fee.	
I pay electric.	
I pay for a phone. <i>(including cell phones, but not prepaid)</i>	
I do not pay any separate utilities.	

**SECTION 9: ADDITIONAL INFORMATION**

**Please use this section to report any additional information that you feel may affect your benefit or to express any concerns or questions you may have.**

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**If you are reporting changes, please make sure you:**

- **Sign and Date** this change report form;
- If you are reporting changes **include any required verification**. If there is a **change in earned income** you must **provide four weeks of your most recent pay information**
- **Return the Entire Form to your local Department of Transitional Assistance Office.**

**Remember:** If you have **no changes to report**, you can simply **check no changes, sign and date the last page of the Current Household Information section** of this report and return the entire report. You may keep the Rights and Responsibilities pages at the end of this form.

**SNAP Privacy Act**

- (i) The collection of this information, including the social security number (SSN) of each household member, is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011–2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the Supplemental Nutrition Assistance Program (SNAP). We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.
- (ii) This information may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.
- (iii) If a SNAP claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.
- (iv) Providing the requested information, including the SSN of each household member, is voluntary. However, failure to provide an SSN will result in the denial of food stamp benefits to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.

I certify under penalty of perjury under the laws of the United States of America and the Commonwealth of Massachusetts that I have read (or have had read to me) and I understand the Notice of Rights, Responsibilities and Penalties and that the above information I have provided on this application is true, correct and complete. I also certify that all members of my SNAP household requesting SNAP benefits are either U.S. citizens or noncitizens in satisfactory immigration status.

**X** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant Signature** **Date**

**Important: This Notice is For Your Information Only.**  
**You Do Not Need to Sign or Return this Notice to DTA.**

**Your Rights, Responsibilities and SNAP 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 SNAP 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 SNAP. I understand that I must report to DTA any changes in my household income, assets, address, living arrangement, family size, employment or any other changes to my SNAP 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** unless I am allowed by DTA to report changes under the SNAP Annual Reporting rules or Transitional Benefits Alternative (TBA) rules.

I understand that for SNAP benefits, to receive a deduction for childcare expenses, rent or mortgage payments, utility or shelter expenses, child support paid to a non-household member, or medical expenses, I must report and provide verification to DTA. Failure to report or verify, the above-listed expenses(s), could mean that I will receive less SNAP benefits each month, and will be seen as my statement that the household does not want to receive a deduction for the unreported or unverified expense(s).

I understand that by signing below, all household members between the ages of 16 and 60 are automatically work registered and enrolled in the SNAP Employment and Training Program (SNAP/E&T). The automatic SNAP/E&T enrollment allows household members to easily access SNAP/E&T services. Nonexempt household members will be notified of work requirements, have exemptions and penalties for noncompliance explained and be referred to an employment activity, if appropriate.

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, local housing authorities, 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 SNAP 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 Elementary and Secondary Education (DESE) 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 (DPH) 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 DTA 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 also authorize DTA to share my information with the Department of Housing and Community Development (DHCD) for the purpose of enrolling me in the Heat & Eat Program.

I understand that I will receive a copy of the "Your Right to Know," brochure and the "SNAP 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 or any of this information, I will ask my worker. I can also call Recipient Services at 1-800-445-6604 if I have trouble reading or understanding any of this information.

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

## Right to Register to Vote

I understand I have the right to register to vote at DTA. We can help you register to vote.

## 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 be barred from SNAP 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 SNAP benefits.
- Do not trade or sell SNAP benefits.
- Do not alter EBT cards to get SNAP benefits you are not entitled to receive.
- 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 IPV** that is confirmed in an Administrative Disqualification Hearing (ADH), will be barred from the SNAP 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 SNAP benefits *simultaneously*, will be barred from SNAP for **ten years**.
- Individuals who trade (buy or sell) SNAP benefits for a controlled substance/illegal drug(s), will be barred from SNAP for a period of **two years** for the first finding, and **permanently** for the second finding.
- Individuals who trade (buy or sell) SNAP benefits for firearms, ammunition or explosives, will be barred from SNAP **permanently**.
- Individuals who trade (buy or sell) SNAP benefits having a value of \$500 or more, will be barred from SNAP **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 SNAP.
- Individuals who fail to comply without good cause with SNAP Work Requirements, will be disqualified from SNAP 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 SNAP household, the *entire* household shall be ineligible to participate in SNAP for a period of **six months**.

I have read and signed the SNAP Penalty Warning in my primary language.

## 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.

## 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, or disability. Under the Food Stamp Act, as amended, 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, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). USDA and HHS are equal opportunity providers and employers.

**BEACON FORM/NOTICE  
LANGUAGE WITH SAMPLE TEXT (ENGLISH)**

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72-100 Front Street CAN 710  
Holyoke, MA 01040

**Massachusetts Department of Transitional Assistance**

Sue Smith  
1 Oak Street  
Holyoke, MA 01040

Agency ID: 123456  
Recipient SSN: XXX-XX-6789  
Holyoke TAO-DTA

Dear Sue Smith,

Attached you will find a recertification form created especially for households of elderly and/or disabled clients who have no earned income. The form is prefilled with the information that you have previously told us about.

If the information provided on “Part 1: Current Household Information” of the form is correct, the form includes a section that allows you to report that there is no change to the information.

If the information provided on the form is incorrect or if you have changes to report, Part 2: Change Report Form, is provided to report any changes or corrections to the information. You must also provide a verification of the change.

An interview is not required: however, we may need to contact you to clarify information that you provide to us or to request additional information and/or verification(s). If we need to interview you, you will be contacted by a case manager.

Please carefully read and follow the instructions provided on the form and **return the entire completed form** by mailing, faxing, or bringing the form to your local Department of Transitional Assistance Office.