



# Know Your Rights



## Maximizing SNAP Benefits

### The Dependent Care Deduction

#### Special SNAP rule for low-income families paying for the care of a child or disabled adult:

If you pay for the care of a child or disabled adult, you may qualify for more SNAP each month!

Every \$3 you spend on childcare may increase your SNAP benefits by \$1 – up to the maximum SNAP amount for your household. Tell DTA if you are responsible for child or adult care costs.

*EXAMPLE: Jane and her husband have two children, aged 5 and 8. Jane works 40 hours a week and her husband is in a full time training program. They need after school child care. Jane earns \$440/week. Jane's SNAP is \$394/month. She sends DTA a letter explaining they pay \$150 per week for after school care (including transportation). Jane's SNAP increases to \$589 per month!*

#### What dependent care costs can I claim?

You can claim child care costs OR adult care costs if you need the care because:

- You are working, were offered a job, or are looking for work
- You are in school or a job training program

**Day Care, at home child care or “baby sitting”:** All fees or costs you are responsible for, including co-payments

**Out-of-School Activities for any child under 18:** Costs or program fees for any supervised activity, including before and after school, school vacation, summer camps, YMCA, and Boys/Girls Club Fees

**Adult day care for a disabled or frail elder:** All fees or costs, including for adult day care settings, at home attendants, etc.

**Mileage (federal mileage rate):** If you drive the child or adult to/from the care provider, camp or school program, etc.

**Public Transportation Costs:** If you or your child takes a bus, subway, or train to/from the care provider, camp or school program, or a disabled adult is provided transportation to an adult day care center.

## How will telling DTA about dependent care costs help my SNAP?

You can **claim the full amount** of costs you pay. There is no cap on the amount you can claim. If you already get the maximum SNAP amount for your household (\$504/month for three people), telling DTA about child care or adult day care costs these costs will not make a difference. If you get less than the maximum SNAP amount, telling DTA about these costs can make a big difference!

## How do I claim child or adult care costs?

You can **self-declare your child care costs**. You can write it on your application, interim report or recertification form. You can also tell DTA about these costs at any time by writing down the costs on a piece of paper, sign and date it, and send it to DTA. You do NOT need to send in other proof, such as an invoice from the child care provider or a cancelled check. DTA should only ask for proof if the information you gave them is questionable.

Be sure to include **your transportation costs**, including the dates and addresses of the care provider. If you forget to do that, you can call the DTA Assistance Line and tell the DTA worker about you travel costs to and from day care. DTA can accept that information over the phone.

## What are my rights if my claim is denied?

- Call the DTA Assistance Line at **1-877-382-2363** to talk with a SNAP worker. If you disagree with what the SNAP worker says, you can also ask to speak to a Supervisor or the Office Director. Be sure to ask for the names of everyone you speak to.
- Call the DTA Ombudsman's office at **617-348-5354** and ask them to review the case.
- Request a hearing if you disagree with DTA's decision. You can have the hearing by phone or in person.
- Contact your local Legal Services office for help or more information: [www.masslegalhelp.org](http://www.masslegalhelp.org)

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### Sample form to declare dependent care costs:

To: The Department of Transitional Assistance

Date: \_\_\_\_\_

I am responsible for \$ \_\_\_\_\_ per week for care of following children/disabled adults living in my household:  
\_\_\_\_\_ (list names).

These costs are for: \_\_\_ day care \_\_\_ private child care costs \_\_\_ after school program \_\_\_ before school program  
\_\_\_ other (explain: \_\_\_\_\_)

Weekly travel costs to and from care: \_\_\_\_\_ Bus/Train \_\_\_\_\_ Taxi \_\_\_\_\_ Mileage (# of miles)

Name: \_\_\_\_\_ DTA Agency ID or last 4 SSN: \_\_\_\_\_

Signature: \_\_\_\_\_