



Please be sure to read the pamphlet, Your Right to Know, and all other materials carefully. Apply for all assistance today and, if you are eligible, your benefits will date back to your application date. Ask your worker if you have questions or need more information.

To apply for assistance and/or request more information, please check the appropriate boxes.

- | | | |
|---|--|---|
| <input type="checkbox"/> I would like to apply for cash assistance: | I would like to speak to a worker about: | I would like more information about: |
| <input type="checkbox"/> Transitional Aid to Families with Dependent Children/
Aid to Families with Dependent Children | <input type="checkbox"/> Immediate help with rent/mortgage and/or utilities | <input type="checkbox"/> Employment and training |
| <input type="checkbox"/> Emergency Aid to the Elderly, Disabled and Children | <input type="checkbox"/> Immediate food (Expedited Food Stamps or food vouchers) | <input type="checkbox"/> Child Support |
| | <input type="checkbox"/> Immediate medical needs (MassHealth card) | <input type="checkbox"/> Health Care <input type="checkbox"/> Housing |
| <input type="checkbox"/> I would like to apply for Food Stamps | <input type="checkbox"/> I would like help with past medical bills | <input type="checkbox"/> I would like to apply for Emergency Assistance |

You may qualify for expedited Food Stamps if you meet one of the following criteria and appear eligible for the program. Expedited means that we must provide you with food stamps within five calendar days of the date you apply or sooner if the fifth day falls on a weekend or holiday. Please answer the following questions. Does your household:

- | | | |
|---|--|--|
| <input type="checkbox"/> yes <input type="checkbox"/> no have combined gross monthly income and liquid assets that are less than your combined monthly rent (or mortgage) and utilities; or | <input type="checkbox"/> yes <input type="checkbox"/> no have gross monthly income of less than \$150 and liquid assets of \$100 or less; or | <input type="checkbox"/> yes <input type="checkbox"/> no have no place of its own to live; or |
| | | <input type="checkbox"/> yes <input type="checkbox"/> no is it a migrant or seasonal farmworker household and has assets of \$100 or less? |

If you do not understand any of the questions, ask the worker to explain them.

Signing this form establishes your application date for Emergency Assistance, Cash Assistance, Food Stamps, or Cash Assistance and Food Stamps. If your application for cash assistance is denied, you may file a separate application for other cash programs. If you apply for both cash assistance and food stamps but are determined ineligible for cash assistance, a food stamp determination will be made based on available information. If your cash assistance application is denied but you want to apply for Medical Assistance, your date of application for Medical Assistance is the date you return your completed Medical Assistance application to the local office.

Name _____ Street Address _____ City/Town _____ ZIP Code _____

Telephone Number _____ Applicant Social Security Number _____ Applicant DOB _____ Applicant Signature _____ Date _____

For a two-parent household only

Name (Other Parent) _____ Other Parent Social Security Number _____ Other Parent DOB _____

Witness Signature (when mark is used instead of signature) _____

I have discussed immediate needs and reviewed the food stamp expedited service criteria with the applicant.

Department Representative Signature _____ Date of Receipt _____

For Use in Special Cash Application Situations

On _____, I received a telephone call from the following applicant requesting assistance.

I attest to the fact that on _____, I requested assistance.

Name of Applicant _____

Applicant Signature _____ Date _____

Address _____

Witness Signature (when mark is used instead of signature) _____

Department Representative Signature _____

Department Representative Signature _____ Date of Receipt _____