



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. We must accept your application if, at a minimum, it contains your name, address (if you have one), and your signature. This information will establish your application filing date. However, the application must be completed and we must interview you for us to determine your eligibility. 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. If you are eligible, your food stamp benefits will start as of the date we receive your application. After we get 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.

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.

On the other side of this page, we list the types of things you will need to show us to prove the information you have provided. Please look at the list and get together 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 an EBT card which you will use like an ATM or credit card. Your privacy is important and using the EBT card helps maintain that privacy. You can use your EBT card at grocery stores, convenience stores, markets and co-ops. You use it in the same way someone would buy food with an ATM or credit card.

IF YOU NEED FOOD STAMP BENEFITS RIGHT AWAY (WITHIN SEVEN DAYS) AND:

- 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,

you should call us at 1-800-249-2007 or go to the office that serves your city or town.

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 more 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 pay for child care, then you do not need to worry about number 8 on the list below.

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

Things you need to provide, if they apply to you:

1. **Proof of Identity:** Driver's license, birth certificate or other proof of your identity.
2. **Proof of Residence:** If you own your home, proof of your mortgage, taxes and insurance. If you rent, a rent receipt or lease agreement or other proof of where you live.
3. **Utility Bills:** Gas, electric and telephone bills.
4. **Non-citizen Status:** For all non-US citizens applying for food stamp benefits, alien registration card or proof that INS knows you are living in the U.S.
5. **Bank Accounts:** Most recent checking account statement, updated savings passbook, credit union records, stocks, bonds, CD's or IRA and Keogh accounts. (Not required if you are a family with children under 19 or everyone you are applying for is on SSI or EAEDC.)
6. **Earned Income:** Pay stubs or written statement from employer showing income before taxes for the past four weeks.
7. **Self-Employment:** Most recent federal tax return (Schedule C Form) or last three months of business records.
8. **Child Care or Adult Dependent Care Expenses:** Written statement from your care provider, or a canceled check or money order paid to the care provider.
9. **Unearned Income:** Most recent copy of Social Security check or copy of award letter; proof of unemployment, workers' compensation, pension, child support, alimony.
10. **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. Also your mortgage, tax bill, home owner's insurance, water and sewerage bills.
11. **Medical Expenses:** If you or anyone in your household is age 60 or older or has a certified disability, we can deduct certain medical expenses you pay from your countable income. This includes co-payments or premiums on health insurance, dentures, eyeglasses, hearing aid batteries, prescription medications, doctor-prescribed pain relievers, vitamins and other over-the-counter drugs, and transportation that you pay for to get to medical services.
12. **Child Support Payments:** If you make child support payments to someone not living with you, proof of the legal obligation to make the payment and the amount paid.



Massachusetts Department of Transitional Assistance
Food Stamp Benefits Application

Source: (please check one)
 Project Bread DMH SSA DMR
 FEMA CNAP BMC Food Pantry
 Other _____

1. Information About You (answer all boxes)

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"/> Handicapped <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 a temporary address, list your permanent address.					
If you have a different mailing address, please list.					
Your phone number	Is the housing you live in		<input type="checkbox"/> Private Housing	<input type="checkbox"/> Public Housing	
	<input type="checkbox"/> Transitional Housing		<input type="checkbox"/> Residential Facility	<input type="checkbox"/> Commercial Boarding House	
	<input type="checkbox"/> Employer-Provided Housing		<input type="checkbox"/> Teen Living Program	<input type="checkbox"/> Migrant Campsite <input type="checkbox"/> Shelter	

_____/_____/_____

Applicant Signature **Date**

FOR DEPARTMENT USE ONLY		
ACTION	DATE COMPLETED	SIGNATURE OF STAFF
Application Received and Assigned	___/___/___	_____
Information entered on BEACON	___/___/___	_____
Interview Scheduled <input type="checkbox"/> Phone <input type="checkbox"/> Office	___/___/___	_____
Interview Held	___/___/___	_____

3. People Helping with your Application

Do you want to give permission to someone else to apply or get food stamp benefits for you? <input type="checkbox"/> yes <input type="checkbox"/> no			
Last Name	First Name	Middle Initial	Phone Number
Number	Street	City/Town	State Zip

You may be able to get expedited food stamp benefits within 7 days if you meet one of the following rules and appear eligible for the program. Please answer the following questions.

4. Is the total of your gross monthly income before taxes and assets you can access easily less than your total combined monthly rent (or mortgage) and utilities? yes no
5. Do you have monthly income before taxes of less than \$150 and assets that you can access easily of \$100 or less? yes no
6. Are you a migrant or seasonal farmworker with assets of \$100 or less? yes no

If you answered yes to question 4, 5, or 6, you should go to the office that serves your city or town to apply. If you do not understand these questions, ask the worker to explain them. You have a right to a conference with a supervisor, if we decide you cannot get food stamp benefits within 7 days 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.

7. Domestic Violence

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

8. Information about People you live with - Please list everyone you live with and do not include yourself. (Attach a separate sheet if necessary). People living with you who do not want 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 & 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		Ethnicity	Preferred Language		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 & 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		Ethnicity	Preferred Language		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 & 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		Ethnicity	Preferred Language		Pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no

9. Is there a **child(ren) living with you who is not your child**, who is under 18 and who is **not** under your supervision and control? yes no
If **yes**, who? _____
10. Is anyone living with you a **boarder** (person who pays for a room or room and meals)? yes no
If **yes**, who is a boarder? _____
11. Are **foster care payments** being made for anyone living with you? yes no
If **yes**, for whom are the payments being made? _____
12. 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? _____
13. Are you or is anyone living with you **NOT a U.S. citizen**? yes no
If **yes**, who is not a U.S. citizen? _____
14. 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? _____
15. Are you or is anyone living with you physically or mentally **disabled** temporarily or long term? yes no
If **yes**, who is disabled? _____

Work, Earnings and Unearned Income

16. 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.)

Name			Employer Name, Address & Telephone #				
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		
		\$	
		\$	
		\$	
		\$	
		\$	

17. Are you or is anyone living with you eligible to get or getting **any other type of income** such as Child Support, Social Security, SSI, Workers' Compensation or Veterans Benefits? yes no
 If **yes**, complete the following section. (Attach a separate sheet, if necessary.)

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

Expenses

18. 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
 If **yes**, who has a child support expense? _____

19. Do you or does anyone living with you have any **child or adult dependent care expenses**? yes no
 If **yes**, who has a dependent care expense? _____

20. Do you or does anyone living with you who is 60 years old or older or who is disabled have **health insurance**? yes no
 If **yes**, what kind? _____

21. Do you or 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
			\$	/ /

22. What type of housing expenses do you have?

	How much paid?	How often paid?
Rent (amount you are responsible for)		
Mortgage (Principal)		
Mortgage (Interest)		
Property Taxes		
Homeowner's Insurance		
Condo fees		
Other (specify)		

23. What type of utility expenses do you have?

	How much paid?	How often paid?
Gas		
Electric		
Phone/Utility Installation		
Water and Sewerage		
Oil		
Garbage/Trash Collection		
Other		

24. Do you pay heating and/or cooling costs separately from your rent? yes no

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



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, your application is complete. Please read the signature page information, sign and date the application and return it to us. Please see the blue cover page for information if you are not sure where to return your application.

All other applicants, please answer the questions below about **Money in the Bank and Other Assets**, and then please read the signature page information, sign and date the application and return it to us. Please see the blue cover page for information if you are not sure where to return your application.

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.

26. 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	Institution Name	Type and Account #	Amount

27. 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? _____

28. Do you or does anyone living with you have any 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

29. 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/Owner	Type	Name of Institution	Account Number	Amount

30. Have you or has anyone living with you received a tax refund or an Earned Income Credit (E.I.C.)?

yes no If **yes**, complete the following section.

Name	Type of Refund	E.I.C. amount	Amount
	<input type="checkbox"/> Earned Income Credit <input type="checkbox"/> Federal Income Tax <input type="checkbox"/> State Income Tax		

31. 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.