

**Massachusetts Department of Transitional Assistance  
Simplified Food Stamp Application for Elderly Applicants**  
(Individuals and Couples Age 60 or Older)

Attachment A

**Applicant Information**

1. Please fill out the following personal information.

Your Name (Last, First, MI)		SSN:
Telephone Number	Can we reach you during the day at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:
Home Address (Street, Apt #)		Are you currently homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State, Zip Code		
Mailing Address (if different)		

2. Your Ethnicity/Race: 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.

Ethnicity: Hispanic or Latino  Yes  No

Race: (check all applicable)

American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

3. Are you a U.S. citizen?  Yes  No

4. Are you a resident of Massachusetts?  Yes  No

5. Do you have a special situation? Check all boxes that apply to you.

Physical/Mental Impairment  Hearing Impaired  Visually Impaired  
 Interpreter Required  Sign Language Required  Other \_\_\_\_\_

**Household Information**

6. Are you married?  Yes  No
7. If yes, does your husband or wife live with you?  Yes  No
8. Do you have any children under age 22 living with you?  Yes  No
9. Do other people live and share meals with you?  Yes  No

10. List the people who live with you.

First Name	Last Name	SSN	Date of Birth	Sex	U.S. Citizen	Relationship to You
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Send applications to:

Department of Transitional Assistance  
131 Davidson Street  
Lowell, MA 01852

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

Attachment A

**Notice of Rights, Responsibilities and Penalties (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 the Food Stamp Program (FSP) 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 the FSP. 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 FSP 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 food stamp semiannual reporting rules.

I understand that for food stamp 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 food stamp 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 all household members between the ages of 16 and 60 are automatically work registered and enrolled in the Food Stamp Employment and Training Program (FS/E&T). The automatic FS/E&T enrollment allows household members to easily access FS/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.

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 food stamp benefits.

I understand that I also give permission to DTA to share information about me and my dependents under age 19 with the Department of Education (DOE) 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 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 "Food Stamp 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 FSP household requesting food stamp benefits are either U.S. citizens or aliens in satisfactory immigration status.

**PLEASE KEEP THIS NOTICE FOR YOUR RECORDS**