
Notice of Direct Certification - FREE

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below will receive free lunches, breakfasts, and snacks at school because they receive **MA SNAP, MA TAFDC** or students that receive Medicaid or live in a household with a child that receives Medicaid *AND* has a family income as measured by the Medicaid Program that does not exceed the National School Lunch Program (NSLP) income standards. If there are other children in your household who aren't listed, ***they also qualify for free meals.***

| Name of Child | Name of School |
|---------------|----------------|
| | |
| | |
| | |
| | |
| | |

Please contact **Mary Ann Reynolds** at **508-384-1000 ext.3338** or reynoldsm@kingphilip.org if there are other children in your household who are not listed above and you would like them to receive free meals at school OR you do not want your children to receive free meals. If you should have any additional questions, please contact us.

Mary Ann Reynolds
508-384-1000 ext. 3338
reynoldsm@kingphilip.org

Sincerely,

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

"In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider."

Notice of Direct Certification – REDUCED PRICE

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below will receive reduced price lunches, breakfasts, and snacks at school. If there are other children in your household who aren't listed, ***they also qualify for reduced price meals.*** Eligible students either receive Medicaid or live in a household with a child that receives Medicaid *AND* has a family income as measured by the Medicaid Program that does not exceed the National School Lunch Program (NSLP) income standards.

| Name of Child | Name of School |
|---------------|----------------|
| | |
| | |

Please contact **Mary Ann Reynolds** at **508-384-1000 ext. 3338** or **reynoldsm@kingphilip.org** if there are other children in your household who are not listed above and you would like them to receive reduced price meals at school OR you do not want your children to receive reduced price meals. If you believe this result may be incorrect, you may submit an application.

Mary Ann Reynolds
508-384-1000 ext. 3338
reynoldsm@kingphilip.org

Sincerely,

| FEDERAL ELIGIBILITY INCOME CHART For School Year 2020-2021 | | | |
|--|----------|---------|---------|
| Household size | Yearly | Monthly | Weekly |
| 1 | \$23,606 | \$1,968 | \$454 |
| 2 | \$31,894 | \$2,658 | \$614 |
| 3 | \$40,182 | \$3,349 | \$773 |
| 4 | \$48,470 | \$4,040 | \$933 |
| 5 | \$56,758 | \$4,730 | \$1,092 |
| 6 | \$65,046 | \$5,421 | \$1,251 |
| 7 | \$73,334 | \$6,112 | \$1,411 |
| 8 | \$81,662 | \$6,802 | \$1,570 |
| Each additional person: | +8,288 | +691 | +160 |

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Notice of Direct Certification – REDUCED PRICE

This institution is an equal opportunity provider.”

KING PHILIP REGIONAL SCHOOL DISTRICT

Dear Parent/Guardian:

Children need healthy meals to learn. King Philip Regional School District offers healthy meals every school day. Breakfast costs \$1.75 lunch costs \$3.25. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

Frequently Asked Questions

WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **MA SNAP, MA TAFDC, FDPIR, or specific categories of Medicaid** are eligible for free meals.
- **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
- **Children participating in their school's Head Start program are eligible for free meals.**
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

| FEDERAL ELIGIBILITY INCOME CHART For School Year 2020-2021 | | | |
|--|----------|---------|---------|
| Household size | Yearly | Monthly | Weekly |
| 1 | \$23,606 | \$1,968 | \$454 |
| 2 | \$31,894 | \$2,658 | \$614 |
| 3 | \$40,182 | \$3,349 | \$773 |
| 4 | \$48,470 | \$4,040 | \$933 |
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| 7 | \$73,334 | \$6,112 | \$1,411 |
| 8 | \$81,662 | \$6,802 | \$1,570 |
| Each additional person: | +8,288 | +691 | +160 |

HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?

Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **King Philip Regional School District, homeless liaison or migrant coordinator, Lisa Moy** at 508-520-7991 ext.2311 or moyl@kingphilip.org

DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?

No. Use *one Free and Reduced Price School Meals Application for all students in your household*. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Mary Ann Reynolds, 201 Franklin St Wrentham MA 02093, 508-384-1000 ext. 3338.**

SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?

No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Mary Ann Reynolds, 201 Franklin St Wrentham MA 02093, 508-384-1000 ext.3338, or reynoldsm@kingphilip.org** immediately.

CAN I APPLY ONLINE?

Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit www.kingphilip.org , **Food services page** to begin or to learn more about the online application process. Contact **Mary Ann Reynolds, 201 Franklin St Wrentham MA 02093, 508-384-1000 ext. 3338 or reynoldsm@kingphilip.org if you have any questions about the online application.**

MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?

Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

I GET WIC. CAN MY CHILDREN GET FREE MEALS?

Children in households participating in WIC may be eligible for free or reduced price meals. Please send in a completed application.

WILL THE INFORMATION I GIVE BE CHECKED?

Yes. We may also ask you to send written proof of the household income you report.

IF I DON'T QUALIFY NOW, MAY I APPLY LATER?

Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?

You should talk to school officials. You also may ask for a hearing by calling or writing to: **Mr. Paul Zinni, Superintendent of Schools, 18 King St, Norfolk MA 02056, 508-520-7991 ext. 2302 or zinnip@kingphilip.org.**

MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?

Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

WHAT IF MY INCOME IS NOT ALWAYS THE SAME?

List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?

Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?

Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?

List any additional household members on a separate piece of paper and attach it to your application. Contact **Mary Ann Reynolds, 201 Franklin St Wrentham MA 02093, 508-384-1000 ext. 3338, or reynoldsm@kingphilip.org to receive a second application.**

MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?

To find out how to apply for **MA SNAP** or other assistance benefits, contact your local assistance office or call **the MA SNAP Hotline at 1-866-950-3663**. Information can also be found on the Food Services Page

If you have other questions or need help, call **508-384-1000 ext. 3338**

Sincerely,

Name

Title

Date

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider."

We HAVE Checked/Verified Your Application

Dear Parent/Guardian:

You applied for free or reduced price meals for the following child(ren); _____

Your application was:

- ☐ Approved for free meals
- ☐ Approved for reduced price meals at \$ _____ for lunch, \$ _____ for breakfast, and \$ _____ for snacks
- ☐ Denied for the following reason(s):
- ☐ Income over the allowable amount
 - ☐ Incomplete application because _____
 - ☐ Other _____

If you do not agree with the decision, you may discuss it with **Mary Ann Reynolds** at **508-384-1000 ext. 3338** or **reynoldsm@kingphilip.org**. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

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We HAVE Checked/Verified Your Application

You must send the information we need, or contact [name] by [date], or your child(ren) will stop getting free or reduced price meals.

School: _____ Date: _____

Dear _____:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that **[name(s) of child(ren)][is/are]** eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. *If you were receiving benefits from **MA SNAP, or MA TAFDC** when you applied for free or reduced price meals, or at any time since then, send us a copy of one of these:*
 - **MA SNAP or MA TAFDC** Certification Notice that shows dates of certification.
 - Letter from **MA SNAP or MA TAFDC** office that shows dates of certification.
 - Do not send your EBT card.
2. *If you get this letter for a homeless, migrant, or runaway child, please contact [school, homeless liaison, or migrant coordinator] for help.*
3. *If the child is a Foster Child:*

Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.
4. *If no one in your household receives **MA SNAP or MA TAFDC** benefits:*

Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. Send information to: **[address]**

Acceptable papers include:

- **Jobs:**

Paycheck stub or pay envelope that shows the amount and how often the pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.
- **Social Security, Pensions, or Retirement:**

Social Security retirement benefit letter, statement of benefits received, or pension award notice.
- **Unemployment, Disability, or Worker's Comp:**

Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.
- **Welfare Payments:**

Benefit letter from the **MA TAFDC** office.
- **Child Support or Alimony:**

Court decree, agreement, or copies of checks received.
- **Other income (such as rental income):**

Information that shows the amount of income received, how often it is received, and the date received.
- **No income:**

A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.
- **Military Housing Privatization Initiative:**

Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.
- **Timeframe of Acceptable Income Documentation:**

Please submit proof of one month's income; you could use the month prior to application, the month you applied, or any month after that.

We HAVE Checked/Verified Your Application

If you have questions or need help, please call **Mary Ann Reynolds** at **508-384-1000 ext. 3338** The call is free. **You may also e-mail us at reynoldsm@kingphilip.org.**

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We HAVE Checked/Verified Your Application

School: _____ Date: _____

Dear _____:

We checked the information you sent us to prove that **[name(s) of child(ren)]** are eligible for free or reduced price meals and have decided that:

- ☐ Your child(ren)'s eligibility has not changed.
- ☐ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
- ☐ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from reduced price to free** because your income was verified electronically through the Massachusetts Executive Office of Health and Human Service's Virtual Gateway*, and met the guidelines for receiving free meals. Your child(ren) will receive meals at no cost.
- ☐ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost **[\$]** for lunch and **[\$]** for breakfast.
- ☐ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income was verified electronically through the Massachusetts Executive Office of Health and Human Service's Virtual Gateway*, and met the guidelines for receiving reduced price meals. Reduced price meals cost **[\$]** for lunch and **[\$]** for breakfast.
- ☐ Starting **[date]**, **your child(ren) is/are no longer eligible** for free or reduced price meals for the following reason(s):
 - ___ Records show that no one in your household received **MA SNAP, MA TAFDC, or Medicaid** benefits.
 - ___ Records provided electronically through the Massachusetts Executive Office of Health and Human Service's Virtual Gateway* has determined that your income is over the limit.
 - ___ Records show that the child(ren) is/are not homeless, runaway, or migrant.
 - ___ Your income is over the limit for free or reduced price meals.
 - ___ You did not provide: _____
 - ___ You did not respond to our request.

* The Virtual Gateway is an internet portal designed by the Massachusetts Executive Office of Health and Human Services (EOHHS) to provide the general public, medical providers, community-based organizations, Massachusetts Department of Elementary and Secondary Education, and EOHHS staff with online access to health and human services, allowing for easy access to critical health and human services programs and information. **If you do not agree with the Virtual Gateway eligibility determination, please contact [name] at [phone] to request a paper verification package, which will allow you to submit current income information.**

Meals cost **[\$]** for lunch and **[\$]** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received **MA SNAP, MA TAFDC or [FDPIR]** benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name], [address], [phone number], or [e-mail]**.

Sincerely,

[signature]

Name

Title

Date

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- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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Sharing Information with Medicaid/CHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals, **unless you tell us not to.*** Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or CHIP, fill out the form below and send in.

(Sending in this form will not change whether your children get free or reduced price meals).

☐ **No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call [name] at [phone] or e-mail: [e-mail address].

Return this form to: [address] by [date].

Sharing Information with OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **[name]** at **[phone]** or e-mail at **[e-mail address]**.

Return this form to: **[address]** by **[date]**.

KING PHILIP REGIONAL SCHOOL DISTRICT

Prior to initiating the hearing procedure, the parents or local school official may request a conference to provide an opportunity for the parent and school official to discuss the situation, present information and obtain an explanation of data submitted in the application or the decision rendered. The request for a conference shall not in any way prejudice or diminish the right to a fair hearing.

Each LEA is required to develop their own official hearing procedure that is inclusive of all listed below.

The hearing procedure provides for the following:

1. A publicly announced, simple method for making an oral or written request.
2. An opportunity to be assisted or represented by an attorney or other person.
3. An opportunity to examine, prior to and during the hearing, any documents and records presented to support the decision under appeal.
4. Reasonable promptness and convenience in scheduling a hearing and adequate notice as to the time and place of the hearing.
5. An opportunity to present oral or documentary evidence and arguments supporting a position without undue interference.
6. An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses.
7. That the hearing is conducted and the decision made by a hearing official who did not participate in making the decision under appeal or any previously held conference regarding the meal benefit issuance process.
8. That the decision of the hearing official be based in the oral and documentary evidence presented at the hearing and be made a part of the hearing record.
9. That the parties concerned and any designated representative thereof be notified in writing of the decision of the hearing official and that the decision of the hearing official is binding.
10. That for each hearing a written record be prepared, including the challenge or decision under appeal, any documentary evidence, a summary of any oral testimony presented at the hearing, the decision of the hearing official including the reasons thereof and a copy of the notification to the parties concerned of the hearing official's decision.
11. That such written record be preserved for a period of 3 years after the close of the school year to which it pertains. These records shall be available for examination by the parties concerned or their representatives at any reasonable time and place during such period.

During the appeal and hearing procedure:

- A. Children who have been denied benefits upon application shall not receive continued benefits during this period.
- B. Children who have been approved for benefits but are subject to termination or reduction of benefits later in the same school year shall continue to receive benefits if an appeal of the adverse action has been made within the 10-day advance notice period.

Advance notification shall be provided to families who receive a termination of benefits 10 calendar days prior to the actual termination. The notice shall advise households of: (1) the change; (2) the reason for the change; (3) the right to appeal the action within the 10-day advance notice period; (4) instructions on how to appeal and (5) the right to reapply any time during the school year. The reasons for ineligibility shall be properly documented and retained on file at the Local Educational Agency.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

"In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider."

Your SNAP application will be reviewed while you are waiting for your Social Security numbers.

- If you are not a citizen, bring proof of legal non-citizen status.

Optional proof you may claim to maximize SNAP benefit amount are:

- Dependent care expenses for child or adult care.
- Housing costs for rent, mortgage, taxes, insurance, heat and utilities.
- Medical bills - if you are age 60 or older or if you are disabled.

How Do I Find a DTA Office?

DTA has more than 20 offices across Massachusetts. To find the office nearest you, visit www.mass.gov/dta and click on the DTA Office Locations link or call DTA at 1-877-382-2363.

How Can I Get More Information?

For more information about how you can get SNAP benefits, contact **DTA** at 1-877-382-2363 or visit www.mass.gov/dta.

Nondiscrimination Statement

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)



If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form.

You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm. USDA is an equal opportunity provider and employer.



DEPARTMENT OF TRANSITIONAL ASSISTANCE



Putting Healthy Food
Within Reach

SNAP-BB (E) (Rev. 10/2014) 09-075-1014-05

HOW TO GET SNAP BENEFITS



Putting healthy food within reach.



Can I Have Income and Still Get SNAP Benefits?

Households with children under 19 and pregnant women living alone must have a total (gross) income below 200% of the poverty level to qualify for SNAP. Adult-only households (age 19-59) must have a total (gross) income below 130% of the poverty level to qualify for SNAP.

Households made up of all elders (age 60 or over) or disabled individuals have no (gross) income limit. Generally, households must have income below the net standard after deductions to be eligible for a SNAP benefit.

Can I Own Property and Still Apply for SNAP?

You can own a home, personal belongings, car and have money in the bank.

Certain households with disqualified members will have to provide information and proof of money in the bank and other resources, such as stocks, bonds and CDs.

These households will have a \$2,250 limit on the resources they can own. Most low-income seniors will not be asked for proof of money in the bank or other resources.

How do I Apply for SNAP Benefits?

- To apply: Call DTA at 1-877-382-2363 to have an application mailed to you. Remember to ask for the Elder SNAP application if you are a Senior (age 60 or older) - it is easier to fill out!
- Visit www.mass.gov/dta and click on the *Apply for SNAP/Food Stamps Online* link to download an application form.
- You may also apply online by visiting www.mass.gov/vg/selfservice or

- You can visit your local

Department of
Transitional Assistance
(DTA) office.

- Fill out the application as much as you can. Be sure to write your name and address and sign it.



- Submit your online application or return the application to: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420, or fax to (617) 887-8765, or drop it off in person.

Can Someone Help Me Apply for SNAP Benefits?

You can ask someone you trust to apply for you or go food shopping for you. That person is called your Authorized Representative.

What Happens After I Put in my SNAP Application?

- You must have an interview to talk about your application. You can have the interview over the phone at your convenience or at a local office.
- You will need to show proof (see reverse side), as part of the application process. You will receive information about what proof you need to show DTA when your application is reviewed.
- You will get a decision on your application within 30 days.
- If you are eligible, you will receive SNAP benefits through the Electronic Benefit Transfer (EBT) system. You will receive a Personal Identification Number (PIN) and an EBT card that can be used just like a debit card to shop for food in supermarkets, convenience stores and pharmacies. You may get the EBT card before we decide if you are eligible for benefits. You won't be able to use the EBT card unless we notify you that your application is approved.



Debit card makes
purchases easy!

What is SNAP?

The Supplemental Nutrition Assistance Program helps low income individuals and families buy healthy, nutritious food. A SNAP household's monthly benefit depends on household size, income and expenses. You may be eligible for SNAP - read below to learn more!

Who Can Get SNAP Benefits?

If you or someone in your household is a U.S. citizen or legal non-citizen, and makes below a certain income, you may be able to get SNAP benefits.

Who is Part of My Household?

In most cases, a household includes all people who buy, cook and eat meals together.



What If I Have Little or No Money At All?

In an emergency, some people can get SNAP benefits faster. For example:

- If your income is less than \$150 a month and you have less than \$100 in other resources, such as your bank account.
- Your income and the resources of your household are less than your combined monthly rent or mortgage and utility expenses.

If either of these describes you, you may be able to get SNAP benefits within seven days. If you need more information, call DTA at 1-877-382-2363.

What Proofs Will I Need?

- Something showing your name and address - If you have no address, you must say where you are staying.
- Proof of Income - If you are working, submit your last four pay stubs, or proof of income from your employer. Submit an award letter or direct deposit statements of unearned income amounts and frequency of payments.
- Social Security Numbers for all Members Applying - If you do not have Social Security numbers for applicants, DTA will help you get them.



If your child is eligible for free or reduced school meals, your child may also be eligible for
free or low cost health insurance
through MassHealth.

To learn more call: 1-800-841-2900

MassHealth



Si su niño es eligible para almuerzo gratis o reducido, su niño pueda ser eligible para
seguro de salud gratis o de bajo costo
por medio de MassHealth.

Para saber mas, llame al: 1-800-841-2900

*covering
kids*

