



**Commonwealth of Massachusetts**  
*Executive Office of Health and Human Services*  
**Department of Transitional Assistance**  
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**Field Operations Memo 2008-38**  
**July 10, 2008**

**To:** Transitional Assistance Office Staff  
**From:** John Augeri, Assistant Commissioner for Field Operations  
**Re:** The Simplified Food Stamp Application for Elderly Applicants

**Overview**

The Food Stamp Program enables low-income households to purchase food. Many people, although eligible, do not receive food stamp benefits. This is particularly true for the elderly whom USDA has identified as a target population for food stamp outreach. Based on this information and to increase outreach efforts among the elderly, the Department has created a new simplified food stamp application form for use by applicants aged 60 or older. This form helps to streamline the application process and removes a longstanding barrier for this population.

This Field Operations Memo:

- introduces the *Simplified Food Stamp Application for Elderly Applicants* (Attachment A); and
- issues procedures for processing applications received using this form.

**The Simplified Food Stamp Application for Elderly Applicants**

The *Simplified Food Stamp Application for Elderly Applicants* is a shortened version of the regular food stamp application form. It was fashioned after the regular food stamp application form, but adapted to reflect the general circumstances of elders. The form specifically does not include questions about childcare expenses, child support payments, boarders or foster care (although these questions will be asked during the BEACON interactive interview). However, it asks about medical expenses such as adult day care expenses which denote circumstances more common to elderly applicants. The Rights and Responsibilities Penalty Warning (RR/FSP-1B) page is attached at the back of the *Simplified Food Stamp Application for Elderly Applicants*. This RR/FSP-1B is for informational purposes only. It does not contain a signature line and does not have to be signed and returned. The form is only one page front to back.

**Using the  
Simplified  
Food Stamp  
Application for  
Elderly  
Applicants**

The *Simplified Food Stamp Application Form for Elderly Applicants* was created for use by:

- elderly individuals living alone (for food stamp purposes, aged 60 or older); or
- elderly couples living alone; or
- elderly individuals or couples who live with others but who constitute a separate food stamp household.

If a household that does not fit the definition of an elderly household as outlined above submits an application for food stamp benefits using the *Simplified Food Stamp Application for Elderly Applicants*, the Department **must** accept the application, provided it is an adequate application.

**Note:** An adequate application contains name, address (if any) and signature.

The *Simplified Food Stamp Application for Elderly Applicants* must be processed in accordance with established food stamp application procedures. Like any other applicant, an applicant who uses the *Simplified Food Stamp Application Form for Elderly Applicants* must complete the application process, be interviewed by telephone or in person, and submit all required verifications.

**While it is a requirement that all food stamp applicants be interviewed, it is particularly important that applicants who use the *Simplified Food Stamp Application for Elderly Applicants* are interviewed so that questions that appear on BEACON but not on the *Simplified Food Stamp Application for Elderly Applicants* are addressed.**

**Example:** Questions about child support payments do not appear on the *Simplified Food Stamp Application for Elderly Applicants*, but appear in BEACON. During the interactive interview the client would have an opportunity to report child support payments, if applicable.

For more information on food stamp application processing guidelines, please see Field Operations Memo 2006-30.

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**Questions**

If you have any questions, please have your Hotline designee call the Policy Hotline at 617-348-8478.

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

**Applicant Information**

1. Please fill out the following personal information.

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

**Financial Information**

11. Are you or your spouse currently receiving any of the following? (Please check box)

- Social Security  Amount: \$ \_\_\_\_\_/month
- SSI  Amount: \$ \_\_\_\_\_/month
- Pension  Amount: \$ \_\_\_\_\_/month
- Veterans' Benefits  Amount: \$ \_\_\_\_\_/month
- Workers' Compensation  Amount: \$ \_\_\_\_\_/month
- Wages from employment  Amount: \$ \_\_\_\_\_/month (before taxes)
- Other (specify) \_\_\_\_\_  Amount: \$ \_\_\_\_\_/month

12. Does anyone in your household who is applying for food stamp benefits receive any of the incomes listed in question 11?  Yes  No

13. Do you pay for adult day care expenses?  Yes  No

14. Do you pay for any other medical expenses such as prescriptions, over-the-counter medications, diabetic supplies, eyeglasses, hearing aid, etc.?  Yes  No

15. How much is your rent or mortgage each month? \$ \_\_\_\_\_

16. Do you pay for any of the following?

- Heating and/or air conditioning costs separate from your rent  Yes  No
- Electricity or gas for cooking  Yes  No
- A telephone, including cellular phones  Yes  No

**Authorized Representative**

17. Do you want someone else to apply or receive the food stamp card to buy food for you?  Yes  No

Last Name:	First Name:	MI:	Address:	Phone Number:

**Expedited Food Stamp Information**

18. **YOU MAY GET FOOD STAMP BENEFITS WITHIN SEVEN DAYS IF:**

- 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.

**Signature**

I certify under penalty of perjury under the laws of the United States of America and the Commonwealth of Massachusetts that I have read (or have had read to me) and I understand the "Rights and Responsibilities" and that the above information I have provided on this application is true, correct and complete. I also certify that all members of my food stamp household requesting food stamp benefits are either U.S. citizens or noncitizens in satisfactory immigration status.

X.....  
**Applicant Signature**

.....  
**Date**

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

**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**

**Food Stamp Penalty Warning**

I understand that if I or any member of my FSP household intentionally breaks any of the rules listed below, that person will be barred from the FSP 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** IPV that is confirmed in an Administrative Disqualification Hearing (ADH), will be barred from the FSP 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 FSP for *ten years*.
- Individuals who trade (buy or sell) food stamp benefits for a controlled substance/illegal drug(s), will be barred from the FSP 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 FSP *permanently*.
- Individuals who trade (buy or sell) food stamp benefits having a value of \$500 or more, will be barred from the FSP *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 FSP.
- Individuals who fail to comply without good cause with Food Stamp Work Requirements, will be disqualified from the FSP 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 FSP for a period of *six months*.

I have read the Food Stamp Penalty Warning in my primary language.

**Right to an Interpreter**

I understand that I have a right to an interpreter provided by DTA if no adult in my FSP 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, 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, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). USDA and HHS are equal opportunity providers and employers.