

Good News For Seniors

Help is Available to Beat the High Cost of Food

If you are a low-income senior (age 60 or over), you may now qualify for food assistance through the Food Stamp Program, even if you own a home or a car or have savings. Thanks to new changes to the Food Stamp Program, assets are no longer considered for seniors whose incomes fall within certain guidelines; and other program improvements have increased benefits for thousands of households. (Seniors whose incomes fall above the guidelines may still be eligible, but their assets will be considered).

New Asset Rules for Senior/Disabled Households

Household Size	Monthly Gross Income	Assets
1	Below \$1,734	Assets not counted
2	Below \$2,334	Assets not counted

Food Stamp eligibility is based on income and certain expenses. To find out if you are eligible, call Project Bread's FoodSource Hotline at 1-800-645-8333.

- You will speak to a counselor (not a machine).
- The counselor will explain the Food Stamp requirements and help you maximize your benefits by identifying medical and other deductions.
- Counselors can estimate your eligibility in just a few minutes.
- All calls are confidential.

You apply for Food Stamps at your local Department of Transitional Assistance (DTA), but you are not required to apply in person. You can apply by mail or online and you can indicate your preference for a telephone interview. You can also mail or fax the documents that your worker requests.

New! FoodSource Hotline counselors can help you start the application process by filling out the application with you over the phone. You must still sign and submit the Food Stamp application to your local Department of Transitional Assistance.

FoodSource Hotline

1-800-645-8333

Monday – Friday, 8:00 a.m. to 5:00 p.m.

Call today!

Send food stamp applications to:
Department of Transitional Services,
Attention- Food Stamps
75 Commercial St.
Brockton Mass, 02302

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	

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