

**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