



Massachusetts Department of Transitional Assistance

MALISA LANDRUM
C/O Saint Ambrose Family Shelter
25 LEONARD ST
BOSTON MA 02122-2718

11/16/2022

Dear Malisa Landrum:

What DTA decided: The Department has approved your application for Transitional Assistance (TAFDC) benefits. Your eligibility begins on 10/17/2022 at \$648.00 per month. You will get the first half of your monthly benefit which is \$324.00 on the 11th day of each month. You will get the second half which is \$324.00 on the 26th day of each month. Your first payment may be different from your regular amount because it is for the period of 10/17/2022 to 11/25/2022.

How we decided your benefit amount: Go to the pages at the end of this notice to see how we decided your benefit amount.

You are under the TAFDC work program requirement and 24-month time limit. This is because you have not told us any reason you should be exempt.

TAFDC rules are described in the brochure you got during application or reevaluation.

SNAP Benefits: Your recertification period is from 12/11/2022 through 12/10/2023 at \$429.00 per month.

We will let you know when you need to renew your SNAP benefits 45 days before your benefits end.

You will get your SNAP benefits on the 11th of each month.

The first SNAP benefit may be different from your regular monthly amount because it is for the period of 12/11/2022 to 01/10/2023.

You will also get MassHealth benefits starting on 10/17/2022.

MassHealth Card: You will soon get a MassHealth card for each eligible family member. Call DTA at 1-877-382-2363 if you need medical care before your card arrives. Keep your MassHealth card with you at all times and show it to the provider before getting medical care. If the provider does not know you have MassHealth, you may get a bill. Please contact MassHealth at 1-800-841-2900 for more information.

WIC: You also may be eligible for WIC. WIC gives free food and formula to pregnant women, new mothers and children under age five. To apply or find out more, call the WIC Hotline at 1-800-WIC-1007 (toll free).

Questions? Please call your case manager Kimberly Carey at (857) 408-0712 if you have any questions about your case, you need help because of a disability, or you have trouble reading or understanding this notice.

See Your Benefits Online: You can use DTA Connect to review case information, check EBT balance, print documents, make certain updates, and upload verifications! For information on DTA Connect, please go to



Request for an Appeal

If you have trouble reading or understanding this notice, call DTA at 1-877-382-2363 for help.

What is an appeal? If you disagree with a Department of Transitional Assistance (DTA) action, you have the right to appeal. If you appeal, you will have a hearing. Hearings are usually held in your local DTA office. If you cannot come to the office, you can have a phone hearing. An independent hearing officer will make the decision. At least ten days before the hearing, you will get a notice of the time and place of the hearing. At the hearing, a DTA employee will explain the reason for the DTA action. You or someone helping you can then explain why you disagree with the action. After the hearing, the hearing officer will make a decision and mail a copy to you.

Can I bring someone to help me? Yes. You can bring anyone you want, including a family member or friend to support or represent you. You can also bring witnesses to testify. You may be able to get free legal help. See the other side of this notice for the name and phone number of the free legal aid office in your area or go to www.masslegalhelp.org for information about free legal services.

How do I appeal? Fill in the spaces below.

I, _____, wish to appeal the following decision by DTA _____

Your Name (Print) _____ SSN _____

Address _____ Telephone () _____

City/ZIP _____

If you have someone to help you with this appeal, please fill in their information:

Name _____ Title _____

Address _____ Telephone() _____

City/ZIP _____

If you need special help due to a disability please contact the Division of Hearings at the numbers listed below.

Mail this request to DTA – Hearings, P. O. Box 4017, Taunton, MA 02780-0314 or by fax (both sides) to (617) 348-5311.

If you are currently receiving benefits -- If we get this request before the date your benefits are to be stopped or lowered, your benefits will continue until the appeal is decided. If you lose your appeal, you will have to pay back these benefits. If you receive SNAP, your benefits will stop when your certification period ends. If you receive TAFDC time limited benefits during your appeal and you lose, the months of benefits you received may count toward your time limit. If you do not want to get benefits during your appeal, check this box. ☐ If you choose not to get benefits during the appeal period, and win your appeal, DTA will pay you any benefits owed.

What are the deadlines for appealing? We must get your appeal request no later than 90 days from the date on this notice. But there are exceptions:

- You have 21 days to request a hearing on Emergency Assistance shelter benefits.
- There is no deadline if you appeal the amount of your SNAP benefits during your certification period.
- You have 120 days if DTA fails to act on your request for benefits or services.
- You generally have 120 days if the appeal is about coercive or improper conduct by a DTA employee.
- You only have 30 days if you are appealing because your state tax refund has been held to repay an overpayment of DTA benefits.

Right to an interpreter -- You have the right to a free interpreter if you need one. The interpreter will keep all of the information about your case confidential. You also have the right to bring your own interpreter. If you need an interpreter, please call us at any of the phone or MassRelay numbers listed in the section below or check this box ☐ and tell us your primary language or dialect: _____ and we will find an interpreter for you.

What if I cannot come on the date of the hearing? If you need to reschedule, please call at (617) 348-5321 or (800) 882-2017. (If you are Deaf or hard-of-hearing, you can call MassRelay at 711 or (800) 439-2370.)

If you do not reschedule and miss the hearing, we will send you a letter about your rights.

If you had a good reason for missing the hearing, we may be able to give you a new hearing.



Tell us about changes! You must report all changes in income, assets or family size to DTA within 10 days. You must also tell us right away about changes in your mailing address and phone number. The post office does not forward DTA mail.

Legal Services: To ask about free legal services, call: Greater Boston Legal Services at 617-371-1234 or 1-800-323-3205.



Massachusetts Department of Transitional Assistance

Malisa Landrum

Date: 11/16/2022

How We Decide Your TAFDC Amount

We use your household's income and some expenses. In some cases, we count the income of a person in your household, even if that person is not getting benefits. Look below to see what we are counting for your household.

You will only get cash benefits if after deductions your income is less than \$648.00.

Who is in your TAFDC household

People in your household who get TAFDC benefits:

Name

Malisa Landrum
Chatriya Landrum

People in your household who do not get TAFDC benefits:

Name

Reason

Effective Date

Income we are counting

Earned Income

Name

Type

Reported Amt/Date

Amount We Use

Unearned Income

Name

Type

Reported Amt/Date

Amount We Use

Deemed Income

Name

Type

Reported Amount

Amount We Use

Total monthly income we use: \$0.00

Expenses we are counting

Dependent care expenses	\$0.00
Child support (paid by household)	\$0.00

Your TAFDC Calculation

The amount of TAFDC you get is based on your income, minus any deductions. A deduction means that DTA counts less of your income. This can give you higher benefits.

To help support working TAFDC households, most are eligible to keep all of their earnings plus their grant for the first six months that they are working.

Your TAFDC household size: 2

Maximum monthly benefits for your household size: \$648.00

Countable income

Total gross earned income \$0.00



Work expense deduction	\$0.00
Earned income deduction	\$0.00
Dependent care deduction	\$0.00
Countable earned income	\$0.00

Countable unearned income	\$0.00
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Total gross deemed income	\$0.00
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Work expense	\$0.00
Spouse/Parent deductions (IRS dependents, alimony)	\$0.00
Total countable deemed income	\$0.00

Calculation of TAFDC benefit

Maximum grant	\$648.00
Countable earned income	\$0.00
Countable unearned income	\$0.00
Countable deemed income	\$0.00
Other adjustments:	
Vendor Payments	\$0.00
Recoupment of Overpayment	\$0.00

Your TAFDC Amount: \$648.00/month



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How We Decide Your SNAP Amount

We use your household's income and some expenses. In some cases, we count the income of a person in your household, even if that person is not getting benefits. Look below to see what we are counting for your household.

- To get SNAP benefits, the total income for your household can't be more than \$3,052.00.

Who is in your SNAP household

People in your household who get SNAP benefits:

Name

Malisa Landrum
Chatriya Landrum

People in your household who do not get SNAP benefits:

Name

Reason

Effective Date

Income we are counting

Earned Income

Name

Type

Reported Amt/Date

Amount We Use

Unearned Income

Name

Type

Reported Amt/Date

Amount We Use

Sanction Income

Amount We Use

Recoupment

\$0.00

Amount We Use

\$0.00

Expenses we are counting

Dependent care expenses	\$0.00
Medical expenses (must be over \$35)	\$0.00
Medical expenses (must be over \$35)	\$0.00
Child support (paid by household)	\$0.00
Housing expenses (rent, mortgage, taxes)	\$0.00
Heat or air conditioning	No
Phone	Yes
Electricity or other utility	No

Your SNAP Calculation

The amount of SNAP you get is based on your income, minus any deductions. A deduction means that DTA counts less of your income. This can give you higher benefits. The amount of the deduction may not be the same as what you pay for the expense.

Your SNAP household size: 2

Maximum monthly benefits for your household size: \$516.00

Total gross earned income

\$0.00



Total unearned income \$648.00

Deductions

Earned income deduction	\$0.00
Standard deduction	\$193.00
Dependent care deduction	\$0.00
Medical expense deduction	\$0.00
Child support (paid by household)	\$0.00
Allowed shelter and utility deductions	\$167.00

The shelter/utility deduction has a limit of \$624.00, unless someone in the household is elderly or disabled.

Total income after deductions **\$288.00**

Maximum amount for 2 \$516.00

Minus 30% of \$288.00 \$87.00

\$429.00

Other adjustments

Recoupment of SNAP overpayment \$0.00/ month

Your SNAP Amount: \$429.00/month
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