



**Massachusetts Department of Transitional Assistance**

ORLANDO FONTANEZ  
C/O Catholic Charities/St. Ambrose F Inn  
25 LEONARD ST APT 18  
DORCHESTER MA 02122-2718

03/11/2022

Dear Orlando Fontanez:

Your recertification for SNAP has been approved at \$383.00. Your certification period for SNAP benefits is from 03/14/2022 through 03/13/2023.

Your first SNAP benefit may be different from the regular amount you get each month. This may be because you gave us the verifications we needed after they were due.

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

**Questions?** Please call DTA at 1-877-382-2363 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 [www.mass.gov/DTAConnect](http://www.mass.gov/DTAConnect).

**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.



## 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](http://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.



Orlando Fontanez

Date: 03/11/2022

**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

Orlando Fontanez

Najla Fontanez

**People in your household who do not get SNAP benefits:**NameReasonEffective Date**Income we are counting****Earned Income**NameTypeReported Amt/DateAmount We Use**Unearned Income**NameTypeReported Amt/DateAmount 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: \$459.00****Total gross earned income**

\$0.00



**Total unearned income** \$589.00

**Deductions**

Earned income deduction	\$0.00
Standard deduction	\$177.00
Dependent care deduction	\$0.00
Medical expense deduction	\$0.00
Child support (paid by household)	\$0.00
Allowed shelter and utility deductions	\$160.00

The shelter/utility deduction has a limit of \$597.00, unless someone in the household is elderly or disabled.

**Total income after deductions** **\$252.00**

Maximum amount for 2 \$459.00

Minus 30% of \$252.00 \$76.00

\$383.00

**Other adjustments**

**Recoupment of SNAP overpayment** \$0.00/ month

<b>Your SNAP Amount:</b> <b>\$383.00/month</b>
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