



**Massachusetts Department of Transitional Assistance**  
**SNAP Benefits Application**  
 (formerly Food Stamps)

**Source: (please check one)**  
 CEO  Project Bread  DMH  
 DMR  BMC  Food Pantry  
 MRC  Other \_\_\_\_\_

**1. Information About You (Answer all boxes.)** If you are a noncitizen who chooses **NOT** to apply for SNAP benefits, you do not need to tell us your Social Security number or immigration status.

Last Name	First Name	Middle Initial	Social Security Number
Is this name your (check one) <input type="checkbox"/> Name at Birth <input type="checkbox"/> Maiden Name <input type="checkbox"/> Married Name <input type="checkbox"/> Prior Marriage Name <input type="checkbox"/> Alias			
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Are you pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	
Marital Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
What is your preferred language?			
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 <input type="checkbox"/> yes <input type="checkbox"/> no Race: (check all applicable) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			
Do you have a special situation? (Check all boxes that apply to you.)			
<input type="checkbox"/> Physical/Mental Impairment <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Interpreter Required <input type="checkbox"/> Sign Language Required <input type="checkbox"/> Other _____			

**2. Information About Where You Live (Answer all boxes.)**

Your current address	Number and Street	Apt #	City, State, ZIP
Are you homeless? <input type="checkbox"/> yes <input type="checkbox"/> no		Is your current address temporary? <input type="checkbox"/> yes <input type="checkbox"/> no	
		Is your current address your mailing address? <input type="checkbox"/> yes <input type="checkbox"/> no	
If a temporary address, list your permanent address.			
If you have a different mailing address, please list.			
Your daytime telephone number(s)			
(____) _____ - _____ (____) _____ - _____			
A good time of day to reach you by telephone: Time: _____			
Circle all that apply: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
Type of housing you live in			
<input type="checkbox"/> Private Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> Commercial Boarding House <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Residential Facility <input type="checkbox"/> Employer-provided Housing <input type="checkbox"/> Teen Living Program <input type="checkbox"/> Migrant Campsite <input type="checkbox"/> Shelter			

**3. Person Helping with Your Application**

Last Name	First Name	Middle Initial	Telephone Number
Number and Street	City/Town		State ZIP

**4. Authorized Representative**

Do you want to give this person permission to apply or get SNAP benefits for you?  yes  no