



Massachusetts Department of Transitional Assistance  
**Two-Parent Exempt/Nonexempt Status Notice**

Date \_\_\_\_\_

**DTA Document Processing Center  
P.O. Box 4406  
Taunton MA 02780-0420  
or Fax to 617-887- 8765**

\_\_\_\_\_  
Name Agency ID or Last Four Digits of Client's SSN

\_\_\_\_\_  
Address City/Town ZIP

This notice tells you whether you are exempt from the **24-month time limit on Transitional Aid to Families with Dependent Children (TAFDC)**. See the checked box below for the exemption reason. The reduced grant amount and the work requirements are described in writing in a brochure which you have already received. You may request another copy of the brochure from this office.

In a two-parent family, both parents must qualify for an exemption in order for the assistance unit to be exempt from the TAFDC **24-month time limit on TAFDC**.

Manual Citation: 106CMR 703.100. Your Assistance Unit is:  exempt  not exempt

If your assistance unit is exempt, you are not required to work at this time. If your assistance unit is not exempt then each parent who does not meet an exemption as noted below must meet the Work Program requirement.

\_\_\_\_\_  
Name (Grantee)  meets the following checked exemption  
 does not meet any of the following exemptions

**and**

\_\_\_\_\_  
Name (Other Parent)  meets the following checked exemption  
 does not meet any of the following exemptions

- | Grantee                  | Other Parent             |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | is disabled.  |
| <input type="checkbox"/> | <input type="checkbox"/> | is providing care for a disabled family member who lives with you. This disabled member could be your child, spouse, parent or grandparent, or your spouse's parent or grandparent, or your child's other parent, grandparent or great-grandparent.                   |
| <input type="checkbox"/> | <input type="checkbox"/> | is in the last 120 days of pregnancy.   |
| <input type="checkbox"/> | <input type="checkbox"/> | is caring for the youngest child in your assistance unit who is under age two or would be in the assistance unit except the child is receiving SSI or state or federal foster care or adoption assistance.  |
| <input type="checkbox"/> | <input type="checkbox"/> | is caring for your youngest child living in your home and not in your assistance unit who is under age three months.  |
| <input type="checkbox"/> | <input type="checkbox"/> | is a teen parent under age 20 and attending school full-time (school may not be beyond high school level); or participating in a full-time GED program and a training program for 20 hours per week; or meeting special rules for teen-structured living requirements |
| <input type="checkbox"/> | <input type="checkbox"/> | is not included in the assistance unit and has a legal obligation to support but cannot work for pay because of your noncitizen status.   |
| <input type="checkbox"/> | <input type="checkbox"/> | is age 60 or older.   |

If you have any questions about this notice, please call DTA at 1-877-382-2363. If you disagree with the decision about your exemption or work requirement status, you have the right to file an appeal. The appeal form is on the reverse side of this notice.

\_\_\_\_\_  
Department Representative

\_\_\_\_\_  
Department Representative Signature

## 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 (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 explain why you disagree with the action. After the hearing, the hearing officer will mail you a decision.

**Can I bring someone to help me?** Yes. You can bring anyone you want to support or represent you. You can also bring witnesses to testify. You may be able to get free legal help. Call the Legal Advocacy and Resource Center (LARC) at **1-800-342-5297** 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.

Date \_\_\_\_\_

I wish to appeal the following decision by DTA: \_\_\_\_\_

Your Name (Print) \_\_\_\_\_ Agency ID or last 4 of SSN \_\_\_\_\_ Date \_\_\_\_\_

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, P.O. Box 4017, Taunton MA 02780-0314 or fax (both sides) to (617) 348-5311.**

**If you are currently getting cash 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 get TAFDC time limited benefits during your appeal and you lose, the months of benefits you received may count toward your time limit.

**If you are currently getting SNAP benefits** -- If we get this request before your benefits are lowered or stopped, your benefits will continue until the appeal is decided, **or** your SNAP certification period ends, *whichever comes first.* *If you lose your SNAP appeal, you will have to pay back the benefits you received during your appeal.*

**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 the Department sent you written notice of the action you are appealing.

But there are exceptions:

- 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.

**Do you need 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 provide 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** **at least one day before the hearing.** (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.