



<https://dtaconnect.eohhs.mass.gov/>

Apply for Cash Assistance

Transitional Aid to Families with Dependent Children (TAFDC)

Program overview

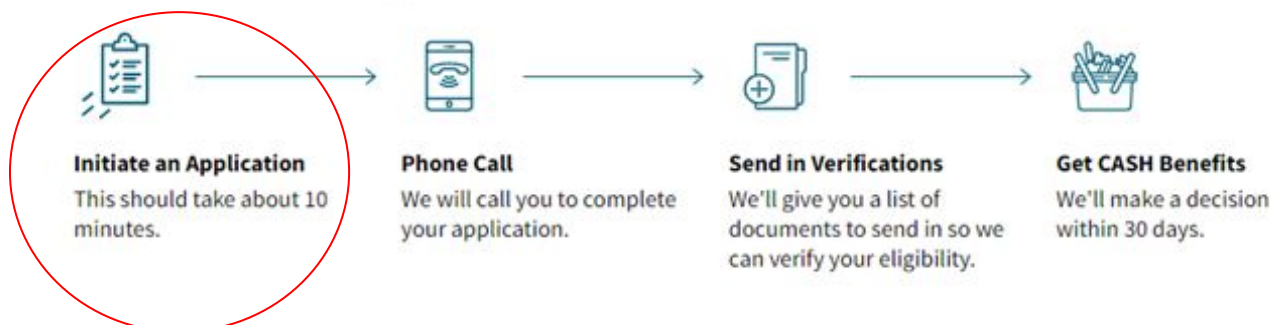
The Transitional Aid to Families with Dependent Children (TAFDC) program provides cash assistance and employment-related services to families with children and pregnant women, with little or no assets or income.

TAFDC is for families with children under 18, including teen parents. If you're pregnant, you can apply for TAFDC for yourself if your child is due in less than 4 months. To get TAFDC a family must meet basic requirements:

- Live in Massachusetts
- Include a U.S. citizen or person with certain legal noncitizen status
- Meet income and asset limits. [Click here to check these limits.](#)

These instructions cover the initial application.

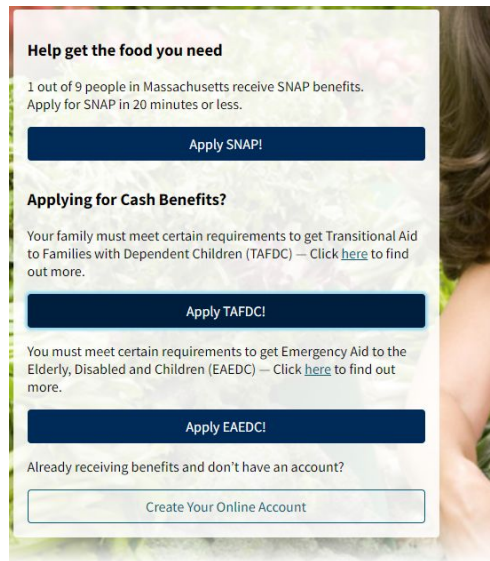
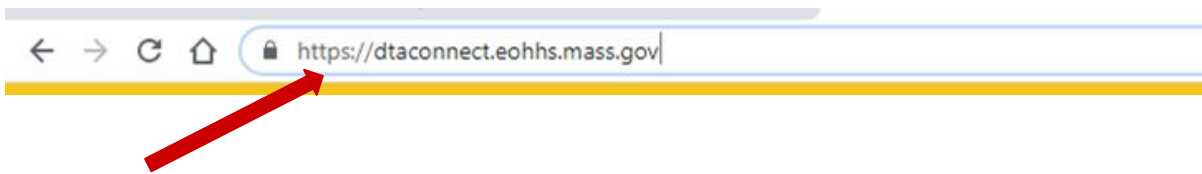
The TAFDC/EAEDC Application Process:



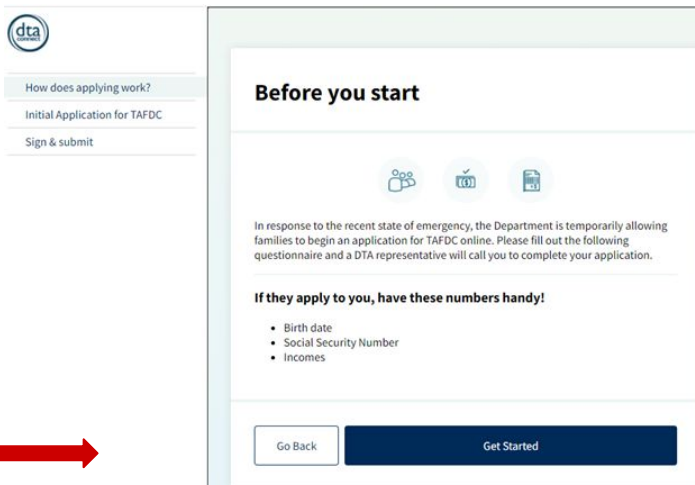
First, collect the information you will need for your application.

- Birth date
- Social Security Number, if you have one
- Phone Number
- Incomes
- Pen and paper to write down your application number

Navigate to the DTA web site: <https://dtaconnect.eohhs.mass.gov>



Click **Apply TAFDC!**



Click **Get Started**

Fill out the form. Some fields are required.

Initial Application for TAFDC

What is your first name? (Required)

What is your middle name?

What is your last name? (Required) Suffix

What is your date of birth? (Required)
Day: Month: Year:

What is your Social Security Number?
Noncitizens who are not applying for TAFDC do not need to give their SSN or citizenship status.

Do you have an Agency ID?

What is your address? (Required)
Street Address

City: State:

What is the best phone number to reach you? (Required)

What is your email address?

What language do you prefer to speak? (Required)

Are you pregnant?
 Yes No

Do you have any children under 18 living with you? (Required)
 Yes No

Do you have any money in the bank? (Required)
 Yes No

Do you require any adaptive technology? (Y/N)
 Yes No

Do you have any source of income? (Required)
 Yes No

When you are done, click Continue.



If nothing happens, check to make sure you filled in all the required fields. The system will show a red box if something is missing. Fill in the information, then click Continue again.

Example of missing information

What language do you prefer to speak? (Required)

Please choose language

Carefully read the Rights, Responsibilities and Penalties section.

Use the scroll bar to make sure you can read everything.

This section is long!

Sign & submit

You made it through the form! Now for the easy stuff.

Rights, Responsibilities and Penalties

Notice of Rights, Responsibilities and Penalties - Please Read Carefully

I certify that I have read, or have had read to me, the information in this application. My answers to the questions in this application are true and complete to the best of my knowledge. I also certify that information I provide to the Department during the application interview and in the future will also be true and complete to the best of my knowledge. I understand that giving false or misleading information is fraud. I also understand that misrepresenting or withholding facts to establish SNAP eligibility is fraud. This results in an Intentional Program Violation (IPV) and is punishable by civil and criminal penalties.

When you are done

1. Click "I agree to the terms"
2. Sign your application by typing your full name in the box
3. Click Submit application

I agree to the terms

Sign your application by typing your full name below

Congratulations! You completed your application!

Before you click “Exit”, please take a minute to write down your application number and the phone number you can call if you have questions.

Your TAFDC application has been submitted!

Your application number is You can also reach out to
DTA at

What's Next?

- The DTA will reach out to you within the next 5 days.



Exit