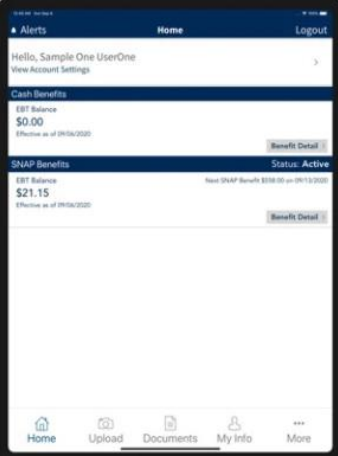


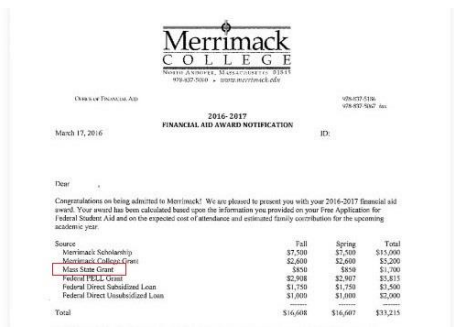


Youth Pass Partner Programs and Documents

State and Federal Benefit Programs

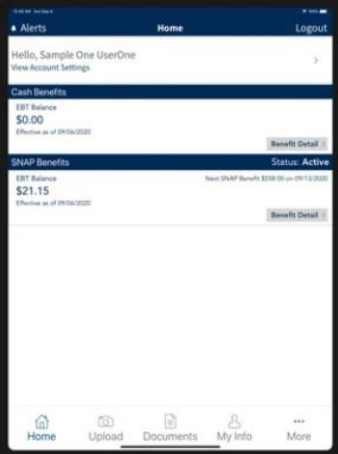
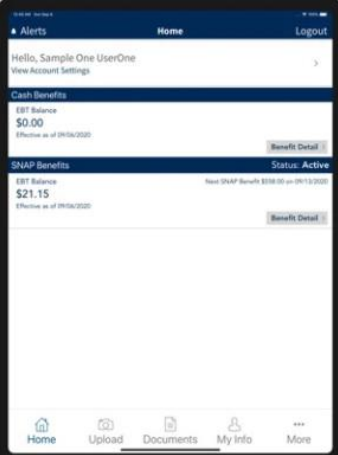
Example programs: Head Start, Fuel Assistance, MassHealth, MASSGrant, SNAP, and public housing.


Program Name	Accepted Documents	Organization
Bridge Over Troubled Waters	Participants enrolled in Bridge's Education Program must contact their program directly about how to get a Youth Pass. All other Bridge participants may apply for a Youth Pass in Boston.	Bridge Over Troubled Waters 617-423-9575
Child Care (EEC)	<ul style="list-style-type: none"> • EEC voucher • Signed agreement with service provider • Proof of payment 	Massachusetts Department of Early Education & Care (EEC) 877-211-6277 or Mass 211
Community Care for Kids (CCK)	Enrollment letter	Quincy Community Actions Programs (QCAP) 617-657-5305 cck@qcap.org
Early Head Start/Head Start (ABCD/QCAP)	Enrollment letter	Action for Boston Community Development (ABCD) 617-348-6388 headstart@bostonabcd.org Quincy Community Actions Programs (QCAP) 617-249-2000 qcaphs@qcap.org
Emergency Aid to the Elderly, Disabled, and Children (EAEDC)	<ul style="list-style-type: none"> • Benefit Calculation Notice • Income Verification Letter • Electronic Benefits Transfer (EBT) card with your name on it if you are the head of household for your case • Screenshot from the DTA Connect mobile app/website 	Massachusetts Department of Transitional Assistance (DTA) DTA Assistance Line 877-382-2363 Use DTA Connect (mobile app/website) to take a screenshot or find documents: <ul style="list-style-type: none"> • Take a Screenshot

Program Name	Accepted Documents	Organization
	<p>that shows your active case or the names of household members</p> 	<p>Find your active case or the names of household members</p> <ul style="list-style-type: none"> • Benefit Calculation Notice Click “Documents” then select “Benefit Calculation Notice” • Income Verification Letter Click “Benefit Details,” then select “Request Income Verification Letter” • Find Your Case Manager If you have a case manager, you can find their information on DTA Connect
Fuel Assistance	Enrollment/eligibility letter	<p>Action for Boston Community Development (ABCD) ABCD Central Office 617-357-6012</p> <p>City of Cambridge, Department of Human Service Programs 617-655-6234 dhspfuel@cambridgema.gov</p> <p>Community Action Programs Inter-City, Inc. (CAPIC) 617-884-6130</p>
The Haven Project	<ul style="list-style-type: none"> • Enrollment letter • Letter with bed-stay information 	<p>The Haven Project 781-913-5738 office@havenproject.net</p>
JAS Housing	Signed lease	<p>Just-A-Start (JAS) Corporation 617-494-0444 contact@justastart.org</p>
Low Income Home Energy Assistance Program (LIHEAP)	<ul style="list-style-type: none"> • Enrollment/eligibility letter from local fuel assistance agency • Utility bill (electric, gas, telephone) from service provider with discount 	<p>Massachusetts Department of Housing and Community Development (DHCD) 617-573-1100</p>
MASSGrant/Mass State Grant	Financial aid award letter for current academic year	<p>Massachusetts Department of Higher Education (DHE)</p>

Program Name	Accepted Documents	Organization
		<p>Office of Student Financial Assistance 617-391-6070</p>
<p>MassHealth</p> <p>All MassHealth programs are accepted, including:</p> <ul style="list-style-type: none"> • BMC HealthNet • BMC HealthNet Plan • Community Alliance • Community Care Cooperative (C3) • Mass General Brigham ACO • Partners HealthCare Choice • Primary Care Clinician Plan • Steward Health Choice • Tufts Health Together • Tufts Health Together with Atrius Health • Tufts Health Together with BIDCO • Tufts Health Together with Boston Children's ACO • Tufts Health Together with CHA • Wellforce Care Plan 	<ul style="list-style-type: none"> • Enrollment/benefits letter • Screenshot of enrollment from the "My Enrollments" section of your MA Health Connector account • MassHealth card with your name on it, including BlueCard or cards from any affiliated Accountable Care Organization (ACO), Managed Care Organization (MCO), or Primary Care Clinician (PCC)  	<p>Massachusetts Department of Public Health (DPH) Customer Service Center 800-841-2900</p>

Program Name	Accepted Documents	Organization												
<p>Pine Street Inn</p>	<ul style="list-style-type: none"> • Enrollment letter • Letter with bed-stay information 	<p>Pine Street Inn 617-892-9100</p>												
<p>Public Housing Assistance Programs</p>	<ul style="list-style-type: none"> • For project based public housing, an official lease with a local housing authority • For tenant/mobile-based participants, a copy of MRVP voucher 	<p>Massachusetts Department of Housing and Community Development (DHCD) 617-573-1100</p>												
<p>Section 8 Housing Choice Voucher Program (HCVP)</p>	<ul style="list-style-type: none"> • Enrollment letter • Signed lease from local agency/authority • Housing Choice Voucher <p>Voucher Housing Choice Voucher Program</p> <p style="text-align: right;">U.S. Department of Housing and Urban Development Office of Public and Indian Housing</p> <p style="text-align: right;">OMB No. 2517-0108 (exp. 07/31/2022)</p> <p><small>Public Reporting Burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and reviewing the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. Send comments on this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Office, Paperwork Project (0182-0047), Washington, DC 20543-4147. The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program.</small></p> <p><small>Privacy Act Statement: The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1967 (42 U.S.C. 1437). Collection of family members' names is necessary. The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and proceedings. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family member assistance.</small></p> <p><small>Please read entire document before completing form. Fill in all items below. Type or print clearly.</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><small>1. Insert unit size or number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of that Family to the owner.)</small></td> <td style="width: 50%;"><small>1. Unit Size</small></td> </tr> <tr> <td><small>2. Date Voucher Issued (mm/dd/yyyy). Insert actual date the Voucher is issued to the Family.</small></td> <td><small>2. Issue Date (mm/dd/yyyy)</small></td> </tr> <tr> <td><small>3. Date Voucher Expires (mm/dd/yyyy) must be at least sixty days after date issued. (Section 8 of the U.S. Housing Act.)</small></td> <td><small>3. Expiration Date (mm/dd/yyyy)</small></td> </tr> <tr> <td><small>4. Date Extension Expires (if applicable) (mm/dd/yyyy) (See Section 8 of the U.S. Housing Act.)</small></td> <td><small>4. Date Extension Expires (mm/dd/yyyy)</small></td> </tr> <tr> <td><small>5. Name of Family Representative</small></td> <td><small>5. Signature of Family Representative Date Signed (mm/dd/yyyy)</small></td> </tr> <tr> <td><small>7. Name of Public Housing Agency (PHA)</small></td> <td><small>7. Signature of PHA Official Date Signed (mm/dd/yyyy)</small></td> </tr> </table>	<small>1. Insert unit size or number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of that Family to the owner.)</small>	<small>1. Unit Size</small>	<small>2. Date Voucher Issued (mm/dd/yyyy). Insert actual date the Voucher is issued to the Family.</small>	<small>2. Issue Date (mm/dd/yyyy)</small>	<small>3. Date Voucher Expires (mm/dd/yyyy) must be at least sixty days after date issued. (Section 8 of the U.S. Housing Act.)</small>	<small>3. Expiration Date (mm/dd/yyyy)</small>	<small>4. Date Extension Expires (if applicable) (mm/dd/yyyy) (See Section 8 of the U.S. Housing Act.)</small>	<small>4. Date Extension Expires (mm/dd/yyyy)</small>	<small>5. Name of Family Representative</small>	<small>5. Signature of Family Representative Date Signed (mm/dd/yyyy)</small>	<small>7. Name of Public Housing Agency (PHA)</small>	<small>7. Signature of PHA Official Date Signed (mm/dd/yyyy)</small>	<p>Massachusetts Department of Housing and Community Development (DHCD) DHCD Rental Assistance Division 617-573-1250</p>
<small>1. Insert unit size or number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of that Family to the owner.)</small>	<small>1. Unit Size</small>													
<small>2. Date Voucher Issued (mm/dd/yyyy). Insert actual date the Voucher is issued to the Family.</small>	<small>2. Issue Date (mm/dd/yyyy)</small>													
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<small>5. Name of Family Representative</small>	<small>5. Signature of Family Representative Date Signed (mm/dd/yyyy)</small>													
<small>7. Name of Public Housing Agency (PHA)</small>	<small>7. Signature of PHA Official Date Signed (mm/dd/yyyy)</small>													
<p>Supplemental Nutrition Assistance Program (SNAP)</p>	<ul style="list-style-type: none"> • Benefit Calculation Notice • Income Verification Letter • Electronic Benefits Transfer (EBT) card with your name on it if you are the head of household for your case • Screenshot from the DTA Connect mobile app/website that shows your active case or the names of household members 	<p>Massachusetts Department of Transitional Assistance (DTA) DTA Assistance Line 877-382-2363</p> <p>Use DTA Connect (mobile app/website) to take a screenshot or find documents:</p> <ul style="list-style-type: none"> • Take a Screenshot Find your active case or the names of household members • Benefit Calculation Notice Click "Documents" then select "Benefit Calculation Notice" • Income Verification Letter Click "Benefit Details," then select "Request Income Verification Letter" • Find Your Case Manager 												

Program Name	Accepted Documents	Organization
		<p>If you have a case manager, you can find their information on DTA Connect</p>
<p>Transitional Aid to Families with Dependent Children (TAFDC)</p>	<ul style="list-style-type: none"> • Benefit Calculation Notice • Income Verification Letter • Electronic Benefits Transfer (EBT) card with your name on it if you are the head of household for your case • Screenshot from the DTA Connect mobile app/website that shows your active case or the names of household members 	<p>Massachusetts Department of Transitional Assistance (DTA) DTA Assistance Line 877-382-2363</p> <p>Use DTA Connect (mobile app/website) to take a screenshot or find documents:</p> <ul style="list-style-type: none"> • Take a Screenshot • Find your active case or the names of household members • Benefit Calculation Notice • Click “Documents” then select “Benefit Calculation Notice” • Income Verification Letter Click “Benefit Details,” then select “Request Income Verification Letter” • Find Your Case Manager • If you have a case manager, you can find their information on DTA Connect
<p>Transitional Age Youth (TAY) Programs</p>	<ul style="list-style-type: none"> • Enrollment letter 	<p>Home for Little Wanderers 855-240-4663 directortay@thefhome.org</p>
<p>Women, Infants, and Children (WIC) Nutrition Program</p>	<ul style="list-style-type: none"> • Enrollment/benefits letter • WIC Gold Card 	<p>Massachusetts Department of Public Health (DPH) 800-942-1007</p>

Program Name	Accepted Documents	Organization
		
Y2YNetwork	<ul style="list-style-type: none"> • Enrollment letter • Letter with bed-stay information 	Y2YNetwork 617-864-0795

Alternative Education Programs

Example programs: ABCD, Boston/Chelsea/Malden/Revere Public Schools, and JVS Boston.

Program Name	Accepted Documents	Organization
Adult Basic Education	Enrollment letter	Julie's Family Learning Program Pathways, Inc. (Adult Education & Training, Lynn) Quincy Community Action Programs (QCAP)
Adult Diploma Pathway	Enrollment letter	Jewish Vocational Service (JVS Boston)
Boston Central Adult High School	Enrollment letter	Boston Public Schools
Cambridge Community Learning Center	Enrollment letter	City of Cambridge, Department of Human Service Programs
English Language Programs	Enrollment letter	The Immigrant Learning Center
High School Equivalency Diploma	Enrollment letter	Revere Community School
Intergenerational Literacy Program	Enrollment letter	Chelsea Public Schools
NDEC High School Diploma Program	Enrollment letter	Notre Dame Education Center

Program Name	Accepted Documents	Organization
O-YEP HiSET Program	Program participants must contact their program directly to get a Youth Pass.	Madison Park Development Corporation
Pathways	Enrollment letter	Malden Public Schools
PUSH College	Enrollment letter	Freedom House
SCALE	Enrollment letter	Somerville Public Schools
University High School	Enrollment letter	Action for Boston Community Development (ABCD)
Urban College of Boston	Enrollment letter	Action for Boston Community Development (ABCD)
William J. Ostiguy High School	Enrollment letter	Action for Boston Community Development (ABCD)
WIOA Diploma Program	Enrollment letter	Quincy Evening High School

Job Training and Professional Development Programs

Example programs: ABCD, BFIT, BPIC, Roca, Year Up, and YOU Boston.

Program Name	Accepted Documents	Organization
Academy for Latinos Achieving Success (ALAS)	Enrollment letter	Sociedad Latina
ACHIEVE! Youth Opportunity Program	Enrollment letter	Training Resources of America, Inc.
Automotive Technology Certificate	Enrollment letter	Benjamin Franklin Institute of Technology (BFIT)
Biomedical Careers Program	Enrollment letter	Just-A-Start (JAS) Corporation
Boston Opportunity Youth Collaborative (OYC)	Enrollment letter	Boston Private Industry Council
Building Energy Efficient Maintenance Skills (BEEMS) Program	Enrollment letter	Asian American Civic Association (AACA)

Program Name	Accepted Documents	Organization
Building Trades Apprenticeship Preparedness Training	Enrollment letter	Building Pathways
Cambridge Works	Enrollment letter	City of Cambridge, Department of Human Service Programs
Career Explorations	Enrollment letter	Action for Boston Community Development (ABCD)
Career Pathways	Enrollment letter	Youth Options Unlimited Boston (YOU Boston)
Center for Teen Empowerment	Enrollment letter	Teen Empowerment (Boston and Somerville)
HVAC&R Certificate	Enrollment letter	Benjamin Franklin Institute of Technology (BFIT)
LARE Institute, Chelsea Certificate Programs	Enrollment letter	American Training
Operation Exit	Enrollment letter	Youth Options Unlimited Boston (YOU Boston)
Practical Electricity Certificate	Enrollment letter	Benjamin Franklin Institute of Technology (BFIT)
Re-Engagement Center	Enrollment letter	Boston Private Industry Council
STRIVE Boston	Enrollment letter	Justice Resource Institute
Year 13	Enrollment letter	Digital Ready
Year Up	Enrollment letter	Year Up
Young Men Program	Enrollment letter	Roca
Young Mothers Program	Enrollment letter	Roca
Young Parents Program (YPP)	Enrollment letter	Training Resources of America

Program Name	Accepted Documents	Organization
YouthBuild	<p>Cambridge Program participants must contact their program directly to get a Youth Pass.</p> <p>North Shore Enrollment letter</p>	<p>JAS YouthBuild (Cambridge)</p> <p>North Shore Community Development Coalition</p>