





## Department of Transitional Assistance (DTA) Electronic Document Management (EDM) Mail/Fax Cover Sheet

Please print clearly. Use this cover sheet when mailing or faxing documents to DTA.

Head of Household Information  Name: Last 4 digits of Soc. Sec. No: Date of birth: AP ID (if applicable): No. of pages (including cover sheet):	Sender Name: Phone No: Name of Agency (if applicable):
Date:	
Important Message	
Do NOT photocopy cover sheets. Cover sheets must household. Do NOT use the same cover sheet to ser	t be originals, not copies. Use one cover sheet for each nd items for more than one household.
Fax or Mail Information	

Documents should be **sent** to the address below (mail or fax) to avoid a delay in processing.

DTA Document Processing Center PO Box 4406 Taunton, MA 02780-0420 Fax: 617-887-8765

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