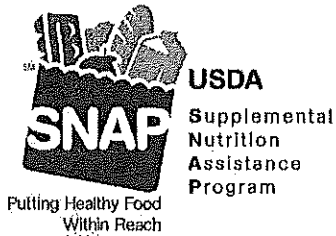


Need help paying for groceries?

Foodshare volunteers can help you apply for benefits!



SNAP is the Supplemental Nutrition Assistance Program
(Formerly known as the Food Stamp Program)

We will help you complete the paper or online application and we will submit the file to the Department of Social Services for you.

Here are some guidelines to keep in mind:

A household is defined by SNAP as a group of people that live together who also buy and prepare meals together. For example, if three unrelated people share a residence and each of them buys and prepares his/her own food, this does not constitute as a "household" under SNAP. However if each person contributes, for example, \$100 per week for food, and they eat together, this does meet the criteria for a "household" under SNAP.

Household Size	Maximum Gross Monthly Income*
1	\$1,860
2	\$2,504
3	\$3,149
4	\$3,793
5	\$4,437
6	\$5,082
Larger Households	Higher Limits

***Households with a disabled or elderly member may still qualify if over these limits**

Household Size	Maximum Monthly Benefit
1	\$192
2	\$352
3	\$504
4	\$640
5	\$760
6	\$913
Additional Members	Higher Benefits

THESE LIMITS ARE EFFECTIVE OCTOBER 1, 2017 TO SEPTEMBER 30, 2018

For more information please contact:

Foodshare's SNAP Outreach Team

Phone# 860-286-9999 x104

Fax# 860-838-6784

www.foodshare.org (click on Find Help > SNAP)

See reverse side for additional details

FOODSHARE

Items to bring when you apply for SNAP Benefits



WHAT:	WHO:	INFORMATION and FORMS OF PROOF as needed:
IDENTITY	Applicant	License, state ID, or resident alien card
	Legal Immigrants	Resident alien card, sponsor information, and immigration papers
	Everyone else	Social security number
INCOME (EARNED)	Everyone (excluding minors with part-time jobs)	Most recent pay stubs: 4 weekly or 2 biweekly Letter from employer describing pay Self-employed: tax return or bookkeeping records
INCOME (UNEARNED)	Everyone	Social security income (SSD, SSA), SSI, disability, pensions, annuities, unemployment, cash assistance, child support, alimony
SHELTER EXPENSES	Household	Mortgage payment, property tax payment, and homeowner's insurance payment or Monthly Rent payment and Landlord name, address, phone number
CHILDCARE EXPENSES	If applicable	Statement from provider
CHILD SUPPORT PAYMENTS	If applicable	Pay stubs or court order
Medical Expenses (Out of Pocket)	Households w/ Senior or Disabled members Only	Monthly: insurance premiums, prescriptions, medical bills
ASSETS (LIQUID)	ONLY households w/ Senior or Disabled members OVER income limit	Limit= \$3,250 Statements for bank, stock, trust fund, and life insurance accounts

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