**Need help paying for groceries?**

**Foodshare volunteers can help you apply for benefits!**

[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwi9ir3i6O3KAhWB8j4KHcwSC2QQjRwIBw&url=http://logodatabase.net/snap%2Blogo&psig=AFQjCNFbmb7ce_oXifMJ5AumyjnG5n3I1A&ust=1455215057518349)

**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 | $1,872 |
| 2 | $2,538 |
| 3 | $3,204 |
| 4 | $3,870 |
| 5 | $4,536 |
| 6 | $5,202 |
| 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 | $353 |
| 3 | $505 |
| 4 | $642 |
| 5 | $762 |
| 6 | $914 |
| Additional Members | Higher Benefits |

THESE LIMITS ARE EFFECTIVE OCTOBER 1, 2018 TO SEPTEMBER 30, 2019

**For more information please contact:**

C:\Users\lroberts\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\WFLEZTRJ\Foodshare_Logo_Cranberry_PMS_208.pngFoodshare’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**

[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwi9ir3i6O3KAhWB8j4KHcwSC2QQjRwIBw&url=http://logodatabase.net/snap%2Blogo&psig=AFQjCNFbmb7ce_oXifMJ5AumyjnG5n3I1A&ust=1455215057518349)

**What to bring when you apply for SNAP Benefits**

|  |  |  |
| --- | --- | --- |
| **WHAT:** | **WHO:** | **INFORMATION AND TYPES OF DOCUMENTS:** |
|
| **IDENTITY and proof of Address** | Applicant | License, state ID, resident alien card; AND proof of address if not on ID card |
|
| Legal Immigrants | Resident alien card, sponsor information, and immigration papers |
|
|
| Everyone in Household | Social security number |
|
| **INCOME (EARNED)** | Everyone | Most recent pay stubs: 4 weekly or 2 |
| (excludes child under 17) | Biweekly OR |
|  | Letter from employer describing pay |
|  | Self-employed: tax return or bookkeeping records |
| **INCOME (UNEARNED)** | Everyone | Amount of: Social security (SSD, SSA, SSI) disability, pensions, annuities, unemployment, cash assistance, child support, alimony, rent |
|
|
| **SHELTER EXPENSES** | Household | Mortgage payment, property tax payment, |
| and homeowner's insurance payment |
| or |
| Monthly Rent payment |
|  |
| **DEPENDENT CARE EXPENSES** | If applicable | Name, Address, and Phone Number for Provider |
|
| **CHILD SUPPORT PAYMENTS** | Only if Court Ordered | Payment amount, child and recipient name |
|
| **Medical Expenses (Out of Pocket)** | ONLY Households w/ Senior or Disabled members | Billed or Paid In Last 90 Days: insurance premiums, prescriptions, medical bills, transportation cost |
| **ASSETS (LIQUID)** | ONLY households w/ Senior or Disabled members OVER income limit | Limit= $3,500 |
| Statements for bank, stock, trust fund, and |
| life insurance accounts |
|  |

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