

Need help paying for groceries? Foodshare volunteers can help you apply for



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

Foodshare, in partnership with **West Hartford Human Services** will be offering:
SNAP Application Assistance at the following location:

West Hartford Human Services

Room 306
50 South Main Street
West Hartford, CT

<u>These Tuesdays each Month</u>	<u>These Fridays each Month</u>
<u>3:00pm-6:00pm</u>	<u>9:00am-12:00pm</u>
December 9	December 19
January 13	January 23
February 10	February 27
March 10	March 27
April 14	April 24

**By Appointment Only

Please call to set up an appointment at 860-561-7561

Household Size	Maximum Monthly Income*
1	\$1,800
2	\$2,425
3	\$3,052
4	\$3,678
5	\$4,303
6	\$4,930
Larger Households	Higher Limits

***Income limits effective October 1, 2014**

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



For more information please contact:

Foodshare's SNAP Outreach Team

Phone# 860-286-9999 x104

Fax# 860-838-6784



See reverse side for additional details



What to bring when you apply for SNAP Benefits



<u>WHAT</u>	<u>WHO</u>	<u>ACCEPTABLE FORMS</u>
IDENTITY	Applicant	License, state ID, or resident alien card
	Legal Immigrants	Resident alien card, sponsor information, and immigration papers
	Everyone else	Social security number or birth certificate
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 returned 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	Monthly: insurance premiums, prescriptions, medical bills
ASSETS (LIQUID)	ONLY households w/ Senior or Disabled members OVER income limit	Limit= \$3,250 Bank statements, stocks, trust funds, life insurance



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