Need help paying for groceries?

Foodshare volunteers can help you apply for benefits!

USDA Supplemental Nutrition Assistance Program

SNAP — Putting Healthy Food Within Reach

SNAP is the Supplemental Nutrition Assistance Program

(Formerly known as the Food Stamp Program)

Foodshare, in partnership with the Tri-Town Hunger Action Team, is offering SNAP application assistance. We will help you complete the paper or online application and we will submit the file to the Department of Social Services for you.

All you need is a photo ID, and some basic information about your household to complete the application.

**Bring recent paystubs to speed up the process

Once approved:

- You will receive a convenient Electronic Benefits Transfer (EBT) card to use at the grocery store, similar to a debit card.
- Money is loaded onto the card monthly.
- Students in grades K-12 who are living in a SNAP household will automatically qualify for free school meals.
- You may qualify for free employment and training classes through the Department of Social Services program.
- Many farmers' markets in the Hartford area will accept your EBT card, and some will even double your SNAP dollars.

FOODSHARE
"When hunger stops, so will we."
www.foodshare.org

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)

LIVE UNITED
United Way
United Way of Central and Northeastern Connecticut

See reverse side for Tri-Town Locations

Convenient Locations throughout the Tri-Town area

SNAP
Putting Healthy Food Within Reach
USDA Supplemental Nutrition Assistance Program

United Congregational Church of Tolland

Church Office
45 Tolland Green
Tolland, CT
****Call to make an appointment at 860-875-4160**

These Saturdays each month from 10:00am-12:00pm

April 16
May 21
June 18
July 16
August 20
September 17
October 15
November 19
December 17

Cornerstone

15 Prospect Street
Rockville, CT
****Call to make an appointment at 860-871-1823**

These Thursdays each month from 10:00am-12:00pm

April 7
May 5
June 2
July 7
August 4
September 1
October 6
November 3
December 1

WIC- Bev's Corner

Union Church
3 Elm Street
Rockville, CT
Walk-In location

These Mondays each month from 8:30am-11:30am

April 11, 25
May 9, 23
June 6, 20
July 11, 18
August 1, 15
September 12, 26
October 3, 24
November 7, 21
December 12, 19

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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	$1,815
2	$2,456
3	$3,098
4	$3,739
5	$4,380
6	$5,022
Larger Households	Higher Limits

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

Household Size	Maximum Monthly Benefit
1	$194
2	$357
3	$511
4	$649
5	$771
6	$925
Additional Members	Higher Benefits

THESE LIMITS ARE EFFECTIVE OCTOBER 1, 2015 TO SEPTEMBER 30, 2016

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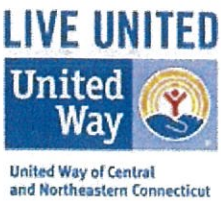
What to bring when you apply for SNAP Benefits

WHAT:	WHO:	ACCEPTABLE FORMS:
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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