

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)

SNAP Households automatically qualify for Free School Meals for students in grades K-12

Foodshare, in partnership with **Enfield Food Shelf**, will be offering:
SNAP Application Assistance at the following location:

Enfield Food Shelf Pantry

96 Alden Ave
Enfield, CT

<u>These Wednesdays Each Month</u> <u>From 9:00am-12:30pm</u>	<u>These Thursdays Each Month</u> <u>From 2:00pm-6:00pm</u>
January 13	February 11
March 9	April 14
May 11	June 9
July 13	August 11
September 14	October 13
November 9	December 8

****Call for an appointment at 860-741-7321**

Household Size	Maximum Monthly Income*
1	\$1,815
2	\$2,456
3	\$3,098
4	\$3,739
5	\$4,380
6	\$5,022
Larger Households	Higher Limits

***Income limits effective October 1, 2015**

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

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

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
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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