

## Addendum C

# INFORMATION ON THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Dear Parent/Guardian:

If your children qualify for free school meals or milk, you might also qualify for **SNAP** (formerly called Food Stamps). SNAP helps people buy food for themselves and their families. SNAP benefits are issued each month on plastic debit cards. You can use SNAP benefits to buy food at major supermarkets, neighborhood grocery stores and some farmers' markets authorized to accept SNAP.

### HOW TO QUALIFY

If and how much SNAP you qualify for depends on:

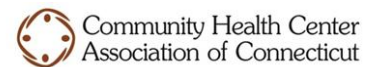
- your household's income;
- allowable deductions to your household's income (examples include monthly shelter expenses, medical bills, court ordered child support);
- your household size; and
- at least 5 years U.S. residency for Legal Permanent Resident non-citizens.

Household Size	Gross Monthly Income	Gross Annual Income
1	\$1,815	\$21,600
2	\$2,456	\$29,100
3	\$3,098	\$36,624
4	\$3,739	\$44,136
5	\$4,380	\$51,636
6	\$5,022	\$59,160
7	\$5,663	\$66,672
8	\$6,304	\$74,172
For each additional member	+642	+146
Larger households = higher incomes		

If you have access to the Internet, you can go online to see if you are eligible for SNAP. Go to [www.connect.ct.gov](http://www.connect.ct.gov) and click "Am I Eligible?" **Owning your own home or owning a car will not prevent you from being eligible for SNAP.**

### TO APPLY OR GET MORE INFORMATION

- To find your local Connecticut Department of Social Services (DSS) office, call **United Way's free referral number 2-1-1** (free call statewide).
- You can apply online at [www.connect.ct.gov](http://www.connect.ct.gov) (click "Apply for Benefits"). You can get the paper SNAP application in English at [www.ct.gov/dss/lib/dss/pdfs/applications/w-1e.pdf](http://www.ct.gov/dss/lib/dss/pdfs/applications/w-1e.pdf) or in Spanish at [www.ct.gov/dss/lib/dss/pdfs/applications/w-1es.pdf](http://www.ct.gov/dss/lib/dss/pdfs/applications/w-1es.pdf).
- The Community Health Center Association of Connecticut works with the following community health centers, which will help you enroll in SNAP.



HARTFORD COUNTY AND TOLLAND COUNTY	WINDHAM COUNTY AND NEW LONDON COUNTY	MIDDLESEX COUNTY	NEW HAVEN COUNTY	LITCHFIELD COUNTY	FAIRFIELD COUNTY
<b>Community Health Services</b> Hartford 860-249-9625  <b>Charter Oak Health Center</b> Hartford 860-550-7500  <b>Intercommunity, Inc.</b> East Hartford 860-569-5900  <b>First Choice Health Centers</b> East Hartford, Manchester, Vernon 860-528-1359, ext. 241  <b>Wheeler Clinic</b> Bristol 860-920-4175	<b>Generations Family Health Center</b> Willimantic, Norwich, Putnam 860-450-7471, ext. 6300  <b>United Community &amp; Family Services</b> Norwich, New London, Plainfield, Jewett City 860-822-4353	<b>Community Health Center Association of Connecticut</b> Middlesex County 860-667-7820, ext. 318	<b>Cornell Scott Hill Health Center</b> New Haven 203-503-3000  <b>StayWell Health Center</b> Waterbury 203-756-8021, ext. 3814  <b>Fair Haven Community Health Center</b> New Haven 203-777-7411, ext. 5082	<b>Community Health &amp; Wellness Center of Greater Torrington</b> 860-387-0448	<b>Norwalk Community Health Center</b> Norwalk 203-899-1770, ext. 1203  <b>Optimus Health Care</b> Bridgeport, Stamford, Stratford 203-696-3260, ex. 3326  <b>CIFC Greater Danbury Community Health Center</b> 203-743-0100, ext. 254  <b>Southwest Community Health Center</b> Bridgeport 203-332-3542



This handout is available at [www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/AddC.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/AddC.pdf).

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*Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:*

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;*
- (2) fax: (202) 690-7442; or*
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).*

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