

If you qualify through:

(Supplemental Nutrition Assistance Program (SNAP), Medicaid, Supplemental Security Income (SSI), Federal Public Housing Assistance, Veterans Pension or Survivors Pension, Special Supplemental Nutrition Program for Women, Infants & Children (WIC))

If you live on Tribal lands, you might qualify through:

(Bureau of Indian Affairs (BIA) General Assistance, Tribally-Administered Temporary Assistance for Needy Families (TANF), Tribal Head Start, Food Distribution Program on Indian Reservations)

Check that your documents have the following information clearly stated:

- ✔ Your **Name** or **Dependent's Name**
- ✔ The name of the **Qualifying Program**
- ✔ The name of the **Government** or **Tribal Agency** that issued the document
- ✔ An issue date within the last **12 months** or a **future expiration date**

Make sure to:

- ✓ Have all your documents **current**, & **not expired**
- ✓ **Never** upload the original document, only **upload copies** or **pictures** of your document

You will need the following documents:

- ✓ Approval or Benefit Letter for SNAP or Medicaid:

Name of [State] Department

Date: 03/25/2022

Case Number: [REDACTED]

Need help?

Call [REDACTED]

If you have a hearing or speech disability, call [REDACTED] or any relay service.
All numbers are free to call.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Notice about your case:

SNAP Food Benefits

EDG number: [REDACTED]

Who gets SNAP Food Benefits		
Name	Date	Monthly Amount
Your Full Name	04/01/2021 - 04/30/2021	\$ 234.00
Or your dependent's name	03/24/2021 - 03/31/2021	\$ 54.00

Notes:

Your SNAP benefits will be available by the 15th of each month. (If this is your first time getting benefits, you may get them early for the first few months.)

Able bodied adults aged 18-49 without dependents are limited to three months of benefits in any 36 month period unless the person is working or volunteering an average of 20 hours per week or is otherwise exempt.

Name of [State] Department

Medicaid Approval letter
Qualifying Individual Medicare

Name: _____
Address: _____

Date: _____
BG#: _____
HH#: _____

You have been approved for Medicaid to pay your monthly Medicare. This also means that Social Security will stop taking the amount out of your Social Security check.

Beneficiary Name	Beneficiary ID#	Begin date
_____	_____	_____

You are eligible for this benefit only through December 31 of this year.

- To be eligible for this benefit next year, you must reapply. We will mail you an application in October.
The federal government only gives Medicaid a limited amount of money to help people in this program; therefore we process applications on a first come first served basis.
- Please allow 90 – 120 days for this benefit to start. At that time, you will receive a refund check from the Social Security Administration for the months you paid for the premium out of your check while eligible for this benefit.
- Please call (TTY) if your address changes or if you have a question about this letter.

- ✓ Screenshot of Online Portal
- ✓ Survivors Benefit Summary Letter

For more information, you can visit the **Affordable Connectivity Website**.
<https://www.affordableconnectivity.gov/wp-content/uploads/ACP-Acceptable-Documents-Guide-English.pdf>