

If you qualify through: Supplemental Nutrition Assistance Program (SNAP)

Other known names for **SNAP**:

(*Food Assistance Program, Food Stamp Program, Food Supplemental Program, Nutrition Assistance, CalFresh, Food & Nutrition Services, 3SquaresVT, Basic Food Program, FoodShare*)

Check that your documents have the following information clearly stated:

- ✓ Your **Name** or **Dependant'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 document:

- ✓ Approval or Benefit Letter for SNAP:

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.

For more information, you can visit the **Affordable Connectivity Website**.

<https://www.affordableconnectivity.gov/wp-content/uploads/ACP-Acceptable-Documents-Guide-English.pdf>