

NJ SNAP is New Jersey's food assistance program that can help families buy groceries.

# YOU CAN APPLY FOR SNAP AT ANY TIME!

### WHO CAN APPLY?

A SNAP household is anyone who lives and eats together.

- Any household member 18+ years old
- An authorized representative who can go food shopping and use SNAP benefits on your behalf (a friend, relative, neighbor)

## **HOW YOU CAN APPLY:**

- Online at www.njsnap.gov
- In-person at the local board of social services
- Call 1-800-687-9512 for more information

### **HOW SOON ARE BENEFITS AVAILABLE?**

- Within 30 days
- If you need help sooner, you may qualify to receive your benefits within 7 days





#### SNAP MONTHLY BENEFITS

- A single person household could receive up to \$194 in benefits
- A family of 4 could receive up to \$646 in benefits

#### NJ SNAP CHECKLIST

#### **Proof Needed to Get Benefits**

You will need the following for everyone in your household who is applying:

LI A valid ID (	i.e. driver's	license,	birth	certitio	cate,
governmer	nt ID)				

- ☐ Know your Social Security Number
- ☐ Proof of where you live (i.e. lease, rental agreement, utility bill, mortgage statement)
  \*Unless you are experiencing homelessness
- ☐ Proof of financial resources (i.e. bank statements, savings bonds)
- ☐ Proof of earned income (i.e. paystubs, employer letter, recent tax records)
  - If you are unable to work for medical reasons, you must provide a doctor's note
- ☐ Proof of any unearned income (i.e. benefits award letter for pension, disability, signed/dated letter from anyone who provides you money on a regular basis)

- ☐ Proof of immigration status (for non-citizens)
- ☐ Proof of student status (for college students)

#### You can get more benefits by providing:

- ☐ Housing costs (i.e. rent receipt, mortgage statement, property tax bills)
- ☐ Phone and utility costs
- ☐ Medical expenses for anyone in your household 60+ or disabled
- ☐ Child care costs
- ☐ Child support paid by a person in your household

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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, 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. This institution is an equal opportunity provider.

