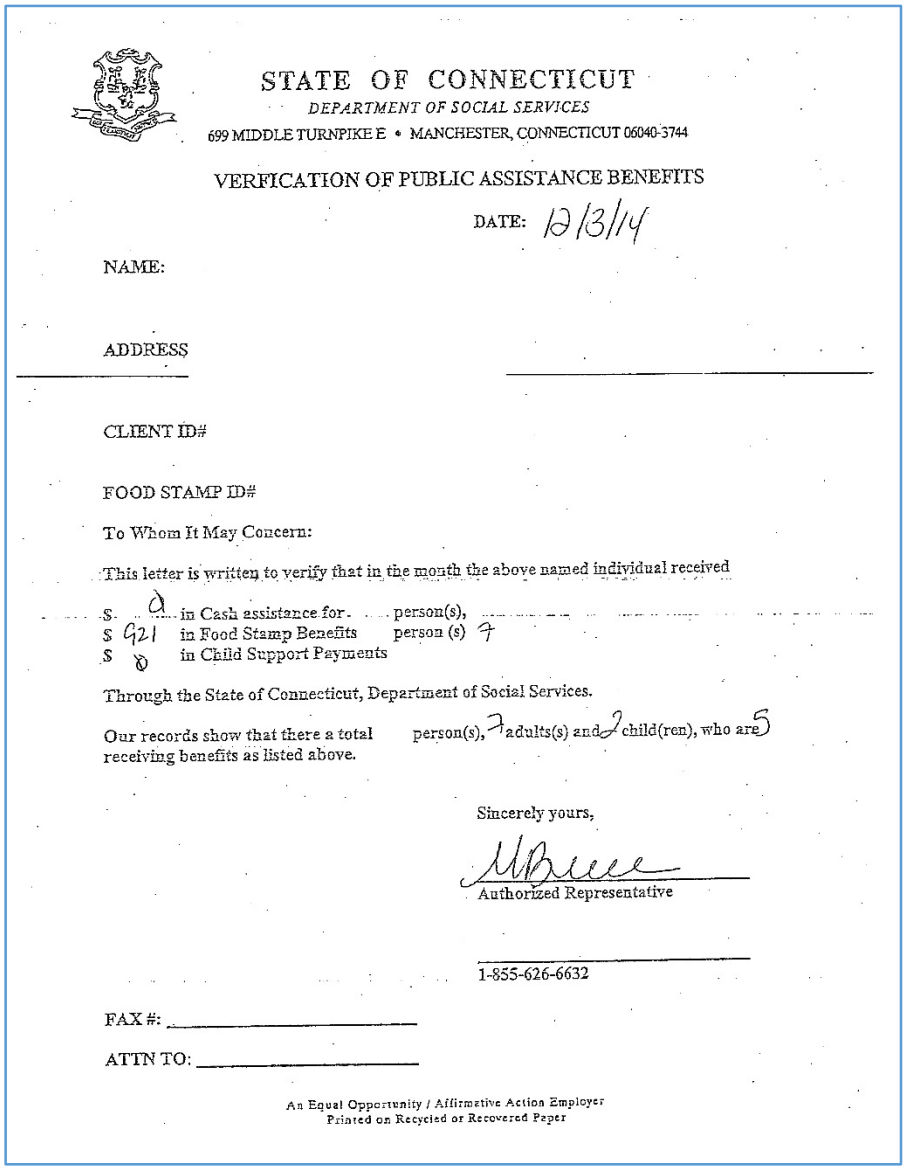
2015 HHS Poverty Guidelines*

Household size	150% of HHS Poverty Guidelines*
1	$17,655
2	$23,895
3	$30,135
4	$36,375
5	$42,615
6	$48,855
7	$55,095
8	$61,335
If more than 8, add $6,240 for each additional person	

Sample "Budget Sheet"



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
699 MIDDLE TURNPIKE E • MANCHESTER, CONNECTICUT 06040-3744

VERFICATION OF PUBLIC ASSISTANCE BENEFITS

DATE: 12/3/14

NAME:

ADDRESS

CLIENT ID#

FOOD STAMP ID#

To Whom It May Concern:

This letter is written to verify that in the month the above named individual received

$ 0 in Cash assistance for person(s),
$ 921 in Food Stamp Benefits person (s) 7
$ 0 in Child Support Payments

Through the State of Connecticut, Department of Social Services.

Our records show that there a total person(s), 7 adults(s) and 2 child(ren), who are 5 receiving benefits as listed above.

Sincerely yours,

Authorized Representative

1-855-626-6632

FAX #:

ATTN TO:

An Equal Opportunity / Affirmative Action Employer
Printed on Recycled or Recovered Paper