



## ELDERLY/DISABLED SIMPLIFIED APPLICATION PROCESS (ESAP)

If you are elderly or disabled we can help you complete a simplified application for SNAP (food stamps).

Date: \_\_\_\_\_ E-Form Number: \_\_\_\_\_

Dear \_\_\_\_\_,

Thank you for calling our SNAP (Food Stamp) Hotline. We sent your online application to your local County Assistance Office for processing on \_\_\_\_\_.

Based on what you told us, we think your household is eligible use the Elderly/Disabled Simplified Application Process (ESAP). ESAP is just a simpler way to apply for SNAP.

Because you are eligible to participate in ESAP, you do not have to renew your SNAP benefit for 3 years. You will only need to report changes such as when your rent or mortgage changes or when

### What do I have to do?

- You need to send documents to us to finish your application. There is a list of the documents you need to provide on the back of this letter. Please send only the items that are checked.
- You need to complete a telephone interview. A caseworker will call you for your phone interview sometime this week.
- If you are not available when the caseworker calls you, the caseworker will send you a letter with a date and time for you to call the interview hotline. You need to call, **855-527-1310** to complete the phone interview on that day.

### What if I need more help?

If you do not get a letter or phone call from a caseworker by \_\_\_\_\_, please call the SNAP (Food Stamp) hotline at 215-430-0556 or the Philadelphia Customer Service Center at 215-560-7226.





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Please mail or fax COPIES of these checked items to the Coalition Against Hunger no later than: \_\_\_\_\_

Proof of rent or mortgage payment. This can be a mortgage statement or a rent receipt, a letter from the landlord or a copy of a lease

Proof of property taxes and Homeowners insurance

Proof of any other income:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For people age 60 and older or anyone receiving disability: Send proof of medical bills for the past 3 months such as:

- Health insurance premium
- Doctor's co-pays
- Medications
- Hospital bills paid in the last 90 days
- Other \_\_\_\_\_

For anyone who is not a US citizen: Proof of your immigration status. (This could be a copy of both sides of your Green Card or other immigration papers.)

Please mail or fax COPIES of these checked items to the Coalition Against Hunger

**MAIL TO:**

Coalition Against Hunger  
1725 Fairmount Ave., Unit 102  
Philadelphia, PA 19130

**FAX TO:**

Coalition Against Hunger  
215-769-2765