

**DO YOU OR SOMEONE IN YOUR FAMILY PARTICIPATE IN PROGRAMS LIKE
FREE + REDUCED SCHOOL LUNCH (NSLP), MEDICAID, OR PAN?**

You may qualify for the Supplemental Nutrition Assistance Program!

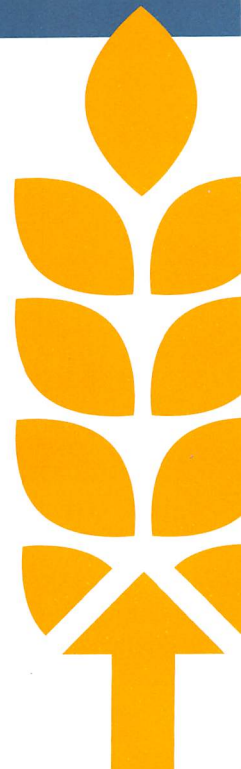


INCOME GUIDELINES FOR SNAP

Family	Monthly Income
1	\$1,619
2	\$2,191
3	\$2,763
4	\$3,335
5	\$3,907
+1	\$572

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*For more info about SNAP and
other food services, contact
our Help Center today!
Phone: 214-269-0906 or
E-mail: snap@ntfb.org*



**¿USTED O ALGUIEN DE SU FAMILIA PARTICIPA EN LOS PROGRAMAS FREE +
REDUCE SCHOOL LUNCH (NSLP), MEDICAID, O PAN?**

¡Usted puede calificar para SNAP (Estampillas)!



GUIA DE INGRESOS PARA SNAP

Familia	Ingresos Mensuales
1	\$1,619
2	\$2,191
3	\$2,763
4	\$3,335
5	\$3,907
+1	\$572

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*¡Para más información sobre SNAP y
otros servicios para obtener
comida, llámenos hoy a
nuestro Centro de Asistencia!
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