



TOWN OF LITCHFIELD

RESOURCE

GUIDE



TOWN OF LITCHFIELD

SOCIAL SERVICES DEPARTMENT

(860) 567-7564

SOCIALSERVICES@TOWNOFLITCHFIELD.ORG

**CALL US FOR HELP WITH APPLICATION
ASSISTANCE & REFERRALS FOR:**

FOOD

TRANSPORTATION

HOUSING

CRISIS

MENTAL HEALTH & ADDICTION

CHILDREN & FAMILIES

EDUCATION

HEALTHCARE & INSURANCE

OLDER ADULTS & HOMECARE

UTILITY ASSISTANCE

EMPLOYMENT

LEGAL AID

SUPPORT GROUPS

ADVOCACY

GET HELP WITH THE FOLLOWING SERVICES

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FOOD AND NUTRITION

THE ANNEX CO-OP: (860) 567-7564

80 DOYLE RD. BANTAM, CT

The food pantry provides perishable and non-perishable foods to families with low-income.

Hours: Wednesdays from 1pm-3pm and Fridays from 2pm-4pm

Income eligible (see TEFAP income requirements)

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP): (formerly food stamps)

Dept. of Social Services (DSS):

(860) 496-6900

62 Commercial Blvd. Torrington

Income eligible

SNAP provides food benefits to families and individuals with low-income so they can afford nutritious food.

<https://connect.ct.gov/>

TRANSPORTATION

VEYO/Total Transit

Rides available to
Medicaid recipients
HUSKY A, C & D
call for eligibility
(855) 478-7350
<https://veyo.com/>

Medicare

Supplemental Plans
sometimes cover ride
services. Contact
insurance provider
directly to inquire
about coverage.

TOWN OF LITCHFIELD MUNICIPAL CAR:

Doctor's appointments
and basic needs. Must
reserve in advance.
*special circumstances
considered, please call
(860) 567-7564 or
email:
[Socialservices@townof
litchfield.org](mailto:Socialservices@townoflitchfield.org)

TOWN OF LITCHFIELD MUNICIPAL BUS:

(860) 567-7564
For town residents:
handicapped accessible
Operates by
appointment with
advance notice.
Please call (860) 567-
7564 or email:
[Socialservices@townofli
tchfield.org](mailto:Socialservices@townoflitchfield.org)

HOUSING

LITCHFIELD HOUSING AUTHORITY:

(860) 567-5308

Operates senior housing complexes:

Wells Run in Litchfield

Bantam Falls in Bantam

<https://www.townoflitchfield.org/entities/housing-authority>

LITCHFIELD HOUSING TRUST

Offers affordable housing

Income eligible

(860) 480-9178

<https://litchfieldhousingtrust.com/>

MENTAL HEALTH /CRISIS

**WESTERN CONNECTICUT MENTAL HEALTH
NETWORK: ADULT MOBILE CRISIS TEAM**

(888) 447-3339 or (860) 482-1560

WELLMORE BEHAVIORAL HEALTH

**Mobile Crisis Intervention Services for Youth
DIAL 2-1-1 or (860) 626-7007**

SUICIDE PREVENTION:

DIAL 9-8-8

MENTAL HEALTH & ADDICTION

GREENWOODS COUNSELING & REFFERALS:

(860) 567-4437 Counseling and referrals

CHARLOTTE HUNGERFORD HOSPITAL:

(860) 496-6666 In-patient and out-patient care

ALCOHOLICS ANONYMOUS (AA):

(860) 567-9465

ST. MICHAEL'S CHURCH-25 SOUTH ST.

LITCHFIELD, CT 06759 MONDAYS 8PM-9PM

CHILDREN & FAMILIES

RELATIVES AS PARENTS PROGRAM (RAPP):

(860) 489-1328

Peer support and resources for relatives raising their family member's child(ren).

(860) 489.1328

<https://www.brookermemorial.org/relatives-as-parents-program/>

DEPARTMENT OF CHILDREN AND FAMILIES DCF:

Grandparents raising grandchildren may qualify for financial assistance through certain state programs.

(860) 496-5700

Grandparents as Parents Support Groups:

For information on Grandparent Support Groups call Infoline at 2-1-1

Grandparents Raising Grandchildren contact the Area Agency on Aging in your area either by calling 1-800-994-9422 (in CT) or by visiting their website.

EDUCATION

EDADVANCE:

Offers Continuing Education and Professional Development courses in Litchfield and surrounding towns.

Offers High School equivalency (GED) preparation and English as a second language (ESL) classes. (860) 567-0863

<https://www.edadvance.org/adulted>

CT STATE COMMUNITY COLLEGE

Offers workforce training and continuing education. www.nwcc.edu or

www.CTstate.edu

(860) 738-6300





HEALTH INSURANCE

DEPT. OF SOCIAL SERVICES (DSS):

Medicaid/Husky/Medicare Savings Plan

Income guidelines apply

(855) 626-6632

www.Connect.CT.Gov

MEDICARE:

WESTERN CT AREA AGENCY ON AGING

(WCAAAA): (203) 757-5449

Helps older people to make informed choices about Medicare health insurance options.

<https://wcaaaa.org/programs/choices-state-health-insurance-program>

OLDER ADULTS

WESTERN CT AREA AGENCY ON AGING (WCAAAA):
(203) 757-5449 www.WCAAAA.org

Hartford HealthCare Center for Healthy Aging:
(877)424-4641

<https://hhcseniorservices.org/services/center-for-healthy-aging>

PROTECTIVE SERVICES: (888) 385-4225

<https://portal.ct.gov/DSS/Social-Work-Services/Social-Work-Services/Related-Resources>

Litchfield Hills Adult Daycare Center: (860)567-2402
<https://litchfieldhillsadc.com/>

Litchfield Community Services Fund: (860)567-0480
<https://litchfieldcommunityservicesfund.org/>

Helps Litchfield residents in need by providing temporary or emergency financial assistance.

IN-HOME HOMECARE SERVICES

CT Home Care Program: (860) 424-4904

<https://portal.ct.gov/DSS/Health-And-Home-Care/Connecticut-Home-Care-Program-for-Elders/Connecticut-Home-Care-Program-for-Elders-CHCPE>

C.H.O.R.E.:(860)567-6121

Coordinator@choreservicelh.org

COMPANIONS & HOMEMAKERS: (860) 751-6990

<https://companionsandhomemakers.com/>

FOOTHILLS HOMECARE & HOSPICE:

(860) 379-8561 <https://www.vnhlc.org/>

A&B Homecare Solution d/b/a Northwest Home Care: (860) 567-4576 <https://abhomecare.com/>

UTILITIES



NEW OPPORTUNITIES: Location to apply for CEAP heating assistance

(860) 482-9749 Income-based

<https://www.newoppinc.org/regions/greater-torrington>

CEAP HEATING ASSISTANCE:

(860) 567-7564 Income-based

(see CEAP benefits Matrix)

https://portal.ct.gov/heatinghelp/connecticut-energy-assistance-program-ceap?language=en_US

LIFELINE/ASSURANCE WIRELESS:

<https://www.assurancewireless.com/>

(888)-321-5880 Income-based

AFFORDABLE CONNECTIVITY PROGRAM:

Income-based

<https://www.fcc.gov/acp>

or call 877-384-2575



Employment

EMPLOYMENT

AMERICAN JOB CENTER/DEPT. OF LABOR:

(860) 496-3500

https://www.ctdol.state.ct.us/contactinfo/ctworks/trrngtn_info.htm



LEGAL ASSISTANCE

LEGAL AID:

(800) 453-3320

<https://ctlawhelp.org/en/self-help>



SUPPORT GROUPS

CHARLOTTE HUNGERFORD HOSPITAL:

(860) 496-6666 General Support Groups

ALCOHOLICS ANONYMOUS (AA):

(860) 567-9465

ST. MICHAEL'S CHURCH-25 SOUTH ST.

LITCHFIELD, CT 06759: MONDAYS 8-9PM

RELATIVES AS PARENTS PROGRAM (RAPP):

(860) 489-1328

WCAAA CAREGIVER SUPPORT PROGRAM

(203) 757-5449 or (800) 994-9422

CT ALLIANCE OF FOSTER & ADOPTIVE FAMILIES (CAFAP):

(800) 861-8838



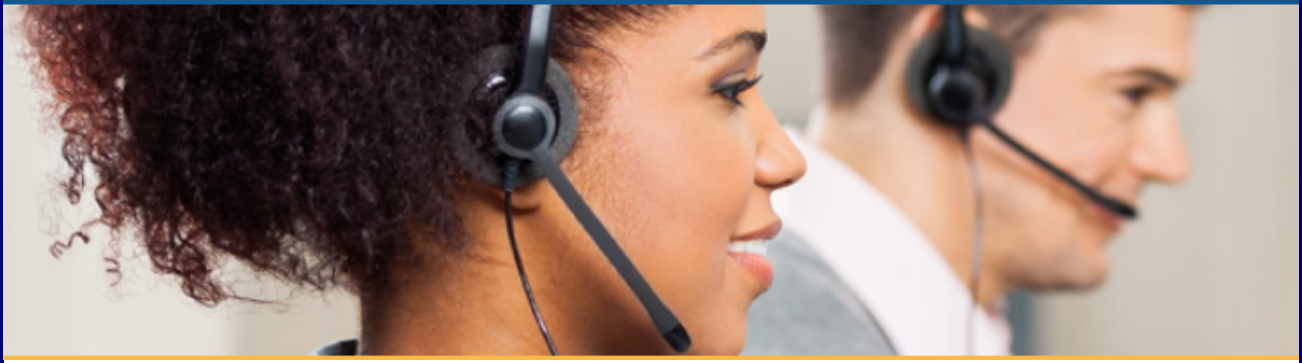
ADVOCACY

**SUSAN B. ANTHONY PROJECT
DOMESTIC VIOLENCE HOTLINE:
(860) 489-3798**

**CENTER FOR MEDICARE ADVOCACY:
(860) 456-7790**

AARP: (800) 687-2277

**WESTERN CT AREA AGENCY ON AGING
(WCAAA):
(203) 757-5449**



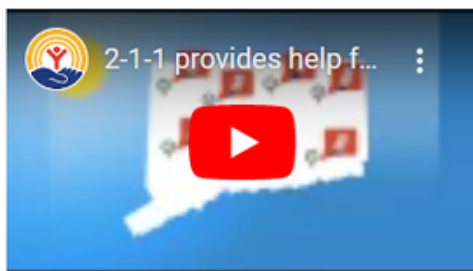
MORE INFORMATION

About 2-1-1

What is 211?

2-1-1 is a free, confidential information and referral service that connects people to essential health and human services 24 hours a day, seven days a week online and over the phone.

2-1-1 is fully certified in crisis intervention by the American Association of Suicidology and is certified by The Alliance of Information and Referral Systems (AIRS). AIRS is the professional association for over 1,200 community Information and Referral (I&R) providers.



How do I contact 211?

There are multiple connecting points.

- Visit 211ct.org
- Dialing 2-1-1 connects you to a trained contact specialist 24/7
- Relay services can be accessed by calling 7-1-1. Anyone who is out-of-state or using Relay can connect to Connecticut 2-1-1 toll free by dialing 1-800-203-1234.
- Chat: Available Tuesday-Friday, 8-2. Link located on top right of website.
- Text for resources: CTWARM, CTFOOD, CTRECOVERY to 8898211

Connecticut Energy Assistance Program (CEAP) 2023/2024 Benefit Matrix

Maximum Income Eligibility								
Household Size	1	2	3	4	5	6	7	8
Annual Income	\$41,553	\$54,338	\$67,124	\$79,910	\$92,695	\$105,481	\$107,878	\$110,275

BASIC BENEFITS (Both Deliverable Fuel and Utility - Heated Households)			
Benefit Level	Income Level	Vulnerable	Non-Vulnerable
1	Up to 125% Federal Poverty Guidelines	\$530	\$480
2	126% Federal Poverty Guidelines – 200% Federal Poverty Guidelines	\$380	\$330
3	201% Federal Poverty Guidelines – 60% State Median Income	\$230	\$180

CRISIS ASSISTANCE BENEFITS (Deliverable Fuel-Heated Households Only)				
Benefit Level	Income Level	1 st Benefit	2 nd Benefit	3 rd Benefit
1	Up to 125% Federal Poverty Guidelines	\$410	\$410	\$0
2	126% Federal Poverty Guidelines – 200% Federal Poverty Guidelines	\$410	\$410	\$0
3	201% Federal Poverty Guidelines – 60% State Median Income	\$410	\$0	0

RENTAL ASSISTANCE BENEFITS		
Benefit Level	Income Level	Amount
1	Up to 125% Federal Poverty Guidelines	\$125
2	126% Federal Poverty Guidelines – 200% Federal Poverty Guidelines	\$100
3	201% Federal Poverty Guidelines – 60% State Median Income	\$75

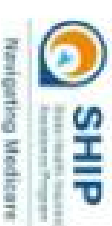
Federal Poverty Levels – 3/2023-3/2024

Annual Income	100%	125%	130%	138%	150%	185%	200%	235%	250%	300%	323%
Family Size: 1	14,580	18,225	18,954	20,120	21,870	26,973	29,160	34,263	36,450	43,740	47,092
2	19,720	24,650	25,636	27,214	29,580	36,482	39,440	46,342	49,300	59,160	63,696
3	24,860	31,075	32,318	34,307	37,290	45,991	49,720	58,421	62,150	74,580	80,298
4	30,000	37,500	39,000	41,400	45,000	55,500	60,000	70,500	75,000	90,000	96,900
5	35,140	43,925	45,682	48,493	52,710	65,009	70,280	82,579	87,850	105,420	113,502
6	40,280	50,350	52,364	55,586	60,420	74,518	80,560	94,658	100,700	120,840	130,104
7	45,420	56,775	59,046	62,680	68,130	84,027	90,840	106,737	113,550	136,260	146,707
8	50,560	63,200	65,728	69,773	77,100	93,536	101,120	118,816	126,400	151,680	163,309
Each add'l person, add:	5,140	6,425	6,682	7,093	7,710	9,509	10,280	12,079	12,850	15,420	16,602
Monthly Income	100%	125%	130%	138%	150%	185%	200%	235%	250%	300%	323%
Family Size: 1	1,215	1,519	1,580	1,677	1,823	2,248	2,430	2,855	3,038	3,645	3,924
2	1,643	2,054	2,136	2,268	2,465	3,040	3,287	3,861	4,108	4,930	5,307
3	2,072	2,590	2,693	2,859	3,108	3,833	4,143	4,869	5,179	6,215	6,693
4	2,500	3,125	3,250	3,450	3,750	4,625	5,000	5,875	6,250	7,500	8,075
5	2,928	3,660	3,807	4,041	4,393	5,417	5,857	6,881	7,321	8,785	9,457
6	3,357	4,196	4,364	4,632	5,035	6,210	6,713	7,889	8,392	10,070	10,843
7	3,785	4,731	4,921	5,223	5,678	7,002	7,570	8,895	9,463	11,355	12,226
8	4,213	5,267	5,477	5,814	6,320	7,795	8,427	9,901	10,533	12,640	13,608
Each add'l person, add:	428	535	556	591	642	792	857	1,006	1,070	1,285	1,382

SOURCE: Connecticut Department of Social Services

INTERNET PAGE PREPARED BY: 211/tb

CONTENT LAST REVIEWED: March2023



Turning 65? Covered By Access Health CT? Time for Medicare?

Don't Miss the Deadline to Enroll In Medicare!

If You Do:

Access Health CT insurance may no longer cover your health care costs and you may face lifetime Medicare penalties!



Call **CHOICES** for expert help about Medicare, health insurance options, and how to enroll.
1-800-994-9422

Have you (or a spouse) worked for at least 10 years, paying into Social Security?

YES

1. **3 months before turning 65:** Enroll in Medicare, to be effective the month you turn 65.
 2. **A few weeks before turning 65:** Cancel your Access CT Health plan (to be effective as of your Medicare effective date).
- Note: If your monthly income is below \$2,989 (\$4,043 for a Couple), you may qualify for help with Medicare cost-sharing.

NO

Monthly income at or below \$2,564 (\$3,468 Couple)?

Monthly income at or above \$2,564 (\$3,468 Couple)?

You Can Either:

- Keep insurance through Access Health CT with possible tax credits and cost sharing reductions, OR
- Pay a premium for Medicare Part A and other Medicare options.

The State of CT may purchase Medicare coverage for you.

*Income limits change every March

Enrolled in Medicaid/Husky D through Access Health CT?
CHOICES has important information about your options. **Contact CHOICES!**

Self-Declaration Receipt for The Emergency Food Assistance Program (TEFAP) Participant
(Rev. 7/23)

You are verbally confirming that the following information is true:

1. You are a resident of the State of Connecticut.
2. You are at or below the (yearly) gross income limit for the number of people in your household below:

The table below shows a yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive TEFAP commodities.

Household Size	1	2	3	4	5	6	7	8*
Annual Income	43,740	59,160	74,580	90,000	105,420	120,840	136,260	151,680

- For each additional person add \$15,420

Income guidelines reflect 300% of the federal poverty limit, last updated on 7/1/2023

You are also eligible to receive TEFAP commodities if your household participates in any of the following programs: Supplemental Nutritional Assistance Program (SNAP), Women, Infants and Children (WIC), Temporary Assistance for Needy Families (TANF or TFA), Energy Assistance, HUSKY Health/Medicaid, Section 8 Rental Assistance Program, State Administered General Assistance (SAGA), and Supplemental Security Income (SSI).

3. You will report any household or income changes prior to the next visit.

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [USDA Program Discrimination Complaint Form](#), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

This document has been provided in connection with the receipt of Federal Assistance from The Emergency Food Assistance Program (TEFAP). Program officials may verify what has been self-attested on this document. You have been provided this documentation as validation of your statement of eligibility. False certification may result in having to pay the State Agency for the value of the food improperly issued to you, and may result in civil or criminal prosecution under state or Federal Law.



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APPLICATION ASSISTANCE & REFERRALS

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My Notes:
