

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



RYAN I. YAMANE
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

Dear [REDACTED]

This letter was generated from <https://pais-benefits.dhs.hawaii.gov> on [REDACTED] HST 2025. Please retain this letter as verification of your SNAP and/or Financial Benefits.

Letter ID: [REDACTED]

Issued Benefits from Case Number: [REDACTED]

Program	Month	Amount
Supplemental Nutrition Assistance	02/2025	\$ [REDACTED]

*Benefit amounts are valid as of [REDACTED]