

# SNAP Medical Expense Deductions

## Desk Guide & Worksheet

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**Adults age 60 and over and people with disabilities** who qualify for SNAP may be entitled to a larger monthly benefit by deducting out-of-pocket medical expenses **over \$35 per month**. These costs are often significant, and reporting them in the SNAP application process can mean more help paying for food each month.

Medical costs can be submitted when applying for SNAP or at any time during the SNAP certification period.\* The SNAP office needs documentation to verify each monthly expense submitted. Always use copies of the original medical bills when sending documents to the SNAP office.

This worksheet (over) includes examples of allowed medical expenses and the documents needed to submit them for verification. Insert a *monthly* cost for each to determine a person's total monthly out-of-pocket medical expenses. Some medical expenses, like the cost of prescriptions, may already be calculated as a monthly expense. Larger lump sum medical bills should be divided by the number of months a household is certified to receive SNAP to calculate the monthly cost.

**Example:** Mary has a medical procedure that costs her \$1,800. She divides the amount of the procedure by the number of months\* she will be certified for SNAP:

**$\$1800 \div 36 \text{ months} = \$50/\text{month}$**

She adds a monthly cost of \$50.00 to her medical expense worksheet.

### Need Help?

Nutrition Outreach and Education Program (NOEP) Coordinators can answer questions and offer free and confidential SNAP application assistance. Visit **FoodHelpNY.org** to find a NOEP Coordinator near you.

*\*Households participating in the Elderly Simplified Application Project (ESAP) or the New York State Combined Application Project (NYSCAP) are certified for 36 months, while households participating in regular SNAP are certified for 12 months. For more information, see [hungersolutionsny.org/federal-nutrition-programs/snap/snap-and-seniors/](https://hungersolutionsny.org/federal-nutrition-programs/snap/snap-and-seniors/)*



HungerSolutionsNY.org

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## SNAP Medical Expense Deduction Worksheet

Medical Expense	Documentation needed	Cost
Medical and dental care, including psychotherapy and rehabilitation services	Bill/receipt with the unreimbursed cost of care from the providers	\$
Hospitalization or outpatient treatments, nursing care, and nursing home care, including unreimbursed portion of hospitalization, outpatient treatment, and community based treatment	Bill/receipt with the unreimbursed cost of care from the providers	\$
Prescription drugs, over-the-counter medications approved by a licensed practitioner, and costs of medical supplies, sickroom, or other prescribed equipment. <i>(Note: The costs of special diets are not allowed as a medical deduction)</i>	Pharmacy printout of monthly prescriptions/ copayments or receipt, and a list from a health provider of the over-the-counter medications and supplies recommended. The SNAP office does not need the names of <i>prescription</i> drugs, but does need the date of purchase and cost of each drug.	\$
Health insurance premiums, including health and hospital insurance policy premiums, Medicare, Medicaid, and private medical insurance premiums, copayments, and deductibility. This includes “spend down” expenses incurred by Medicaid recipients.	Bill with the monthly premium payment	\$
Cost for a personal care attendant, home health aide, certified nursing aide, visiting nurse, or other attendant, including payments to maintain an attendant, home health aide, child care service, or housekeeper necessary due to age or illness. Includes reasonable cost of food eaten in the home by caretaker.	Contract or bill with services received and cost	\$
Reasonable costs of transportation and lodging to obtain medical treatment and services. Households that drive their own vehicle should use the IRS medical mileage rate.	List of monthly health care trips, including the number of miles traveled to/from the doctor or pharmacy by car or cost of public transportation. Including parking, tolls and lodging.	\$
Medical supplies and equipment, such as eyeglasses, dentures, hearing aids, and prosthetics	Receipt with the cost of the items	\$
Cost of securing and maintaining a seeing eye, hearing, or service dog	Bills for food, vet care and other expenses	\$
Unpaid medical/dental bills	Bill with unpaid portion and total cost of procedure. Unpaid bills submitted in previous certification periods cannot be used again, even if the expense is still owed.	\$
<b>Total monthly expenses:</b> add all of the above		\$
<b>Subtract \$35</b>		-\$35.00
<b>Monthly Medical Expense Deduction</b>		<b>\$</b>