

Do I Have Medical Expenses That I Can Include in My SNAP Budget?



If you or anyone in your household is age 60 or older or living with a disability (at any age), you may be able to use certain out-of-pocket medical expenses to increase your SNAP benefits.

This worksheet will help you understand the “medical deduction.”

The Arkansas Department of Human Services allows a \$138 deduction from your income if your household has out-of-pocket medical expenses over \$35 per month. This deduction can increase your SNAP benefits. If you pay over \$138 per month in expenses, you might get an even larger deduction.

Allowable Out-of-Pocket Medical Costs	
Basic Care Costs...	If you pay directly for any medical, dental care, mental health, physical therapy, hospital based care, home health, and nursing care. Or if you pay any insurance premiums, co-payments, or deductibles.
Alternative Care...	If you pay for acupuncture, chiropractic, homeopathy, or herbal treatments prescribed by a licensed practitioner.
Health Care Supplies and Equipment...	If you buy special creams, ointments, incontinence supplies, commodes, or other supplies and/or equipment recommended by your licensed health practitioner.
Over-the-counter drugs...	If you buy pain relievers, insulin, antacids, vitamins, allergy pills, or other remedies recommended by your health practitioner. Nutrition shakes are not eligible for the medical deduction but you can purchase them with your SNAP benefits!
Mileage at state rate or the cost of public transport...	If you drive your car to appointments or to pick up drugs or medical supplies at the pharmacy, you can claim the state rate per mile driven -- or what you pay for a taxi, bus, subway, or train.
Caregiver expenses...	If you need an attendant to care for you because of your age or disability.
Vision or hearing care devices, other one-time expenses...	If you buy eyeglasses, contacts, hearing aids, speech or communication equipment, or have monthly usage fees, or you pay emergency medical care not covered by insurance.

Is there a limit or cap on the expenses I can claim?

If you have proof of medical expenses over \$35 a month, you can ask your case worker to apply the “standard medical deduction.” You need to show proofs of **at least \$35.01 a month** to get this \$138 deduction.

If you have **more than \$138 a month** in out-of-pocket medical expenses, DHS will deduct the actual amount of these expenses in calculating your income (after the first \$35). There is **no cap** on what you can claim as an expense if you have proof of your out-of-pocket medical expenses.

This tool is intended to provide basic information about SNAP financial eligibility limits. Only specially-trained state merit personnel can apply policies and calculations to determine eligibility and benefit amounts.

EXAMPLE: Jane Smith is 78 and lives in her own home. She receives \$800 in Social Security and help with her Medicare premium. Before the standard medical deduction, she got \$16 a month in SNAP benefits. BUT, Mrs. Smith drives 22 miles a week to the doctor and pharmacy. Because she has over \$35 a month in medical related transportation (86 miles x 42* cents = \$36.12) her SNAP benefits will increase to \$46 a month. (*42 cents per mile was state mileage rate as of December 2012, check for current rate)

My Out-of-Pocket Medical Expenses

MEDICAL CARE NOT COVERED BY INSURANCE

(e.g., doctor/clinic visits, dental care, psychotherapy, rehabilitation, hospital or outpatient care, nursing or home health care)

Type of care	Cost per month
	\$
	\$

HEALTH INSURANCE (e.g., premiums, co-payments, deductibles)

Type of cost	Cost per month
	\$
	\$

ALTERNATIVE HEALTH TREATMENTS (e.g., chiropractic, acupuncture, massage therapy, Christian Science healing)

Type of treatment	Cost per month
	\$
	\$

TRANSPORTATION/LODGING TO OBTAIN MEDICAL TREATMENT OR SERVICES (e.g., mileage for use of your private car at state mileage rate; actual cost of bus, shuttle, or taxi)

Transportation Type	Cost per month
	\$
	\$

PRESCRIPTION MEDICATION

Medication Type	Cost per month
	\$
	\$
	\$

OVER-THE-COUNTER MEDICATION PRESCRIBED BY A HEALTH CARE PROVIDER (e.g., pain relievers, antacids, vitamins, insulin, herbal supplements)

Medication Type	Cost per month
	\$
	\$
	\$
	\$

HEALTH-RELATED SUPPLIES PRESCRIBED BY A HEALTH CARE PROVIDER (e.g., foot care, incontinence supplies, dentures, hearing aids, batteries for hearing aids/other medically-related devices, eyeglasses, contacts, contact lens cleaning supplies)

Type of supply	Cost per month
	\$
	\$
	\$

HEALTH EQUIPMENT (e.g., sick room equipment, purchase/repair of wheelchair or mobility aid, prosthetics, "lifeline" system, communication equipment for the hearing, speech, or visually impaired)

Equipment Type	Cost per month
	\$
	\$

OTHER EXPENSES (e.g., securing and maintaining service animals, attendant services, homemaker)

Type of expense	Cost per month
	\$
	\$

TOTAL COST OF MEDICAL EXPENSES PER MONTH: \$ _____

Please attach receipts, pharmacy print-outs, and other documents needed to verify your out-of-pocket medical expenses for your first SNAP application. To update your case in the future, you can "declare" these costs.