



SNAP Medical Deductions Guide

If you are age 60 or over, or disabled, your medical expenses can be deducted from your income, and may increase your SNAP benefits.

Countable Medical Costs Include:

- Co-payments
- Prescriptions
- Insurance Premiums
- Medical Equipment
- Other medical costs may count as well, *see the back of this guide for a list and worksheet*

Calculating Expenses & Medical Deductions

If you see your doctor once every 3 months, that cost is averaged to come up with a monthly cost. Your prescription costs are averaged to include medications that are not filled each month. Onetime costs are counted in the month they are billed.

If your medical expenses are **at least** \$35 a month, a standard medical deduction of \$183 will be deducted from your income.

If your medical costs are **more than** \$218 a month, the actual amount of your monthly medical expenses will be deducted.

If you are a current SNAP recipient and receive a large, one-time bill, report it to your DHS caseworker and ask that it be averaged over the course of your certification period.



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Rhode Island Community Food Bank | 401-942-6325 | rfoodbank.org
Contact: Lihna Agostini, Community Outreach Manager | 401-230-1698 | lagostini@rfoodbank.org

SNAP MEDICAL DEDUCTIONS CHECKLIST

This checklist is only a guide to help calculate what medical expenses could count towards a deduction. Completing this form does NOT prove expenses. Send DHS proof of expenses (e.g., receipts, bills) to get credit for them.

MEDICAL CARE NOT REIMBURSED BY INSURANCE (e.g., doctor/clinic visits, dental care, psychotherapy, rehabilitation, hospital or outpatient care, nursing, or home health care)

Type of care	Cost/Month
	\$
	\$

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

Type of cost	Cost/Month
	\$
	\$

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

Type of treatment	Cost/Month
	\$
	\$

TRANSPORTATION/LODGING TO OBTAIN MEDICAL TREATMENT OR SERVICES (e.g., mileage for use of your car \$.535 a mile; actual cost of bus, subway, shuttle, or taxi)

Type of transportation	Cost/Month
	\$
	\$

PRESCRIPTION MEDICATION

Type of medication	Cost/Month
	\$
	\$
	\$
	\$
	\$
	\$

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

Type of medication	Cost/Month
	\$
	\$
	\$

HEALTH-RELATED SUPPLIES PRESCRIBED BY A HEALTH CARE PROVIDER (e.g., foot care, incontinence supplies, dentures, hearing aids/batteries, eyeglasses, contact lenses/lens supplies)

Type of supply	Cost/Month
	\$
	\$
	\$
	\$
	\$

HEALTH EQUIPMENT (e.g., purchase/repair of wheelchair/mobility aid, prosthetics, personal emergency response system, communication equipment for the hearing, speech or visually impaired)

Type of equipment	Cost/Month
	\$
	\$
	\$

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

Other expenses	Cost/Month
	\$
	\$
	\$

Total Cost of ALL Medical Expenses Each Month =

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