

FOOD STAMP/SNAP MEDICAL DEDUCTIONS CHECKLIST

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 private car *at 55.5 cents per 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 aides, batteries for hearing aides/other medically-related devices, eyeglasses, contacts, contact lens cleaning supplies)

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

HEALTH EQUIPMENT (e.g., sick room equipment, purchase/repair of wheelchair or 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, attendant services, housekeeper)

Type of expense	Cost/Month
	\$
	\$
	\$

TOTAL COST OF MEDICAL EXPENSES PER MONTH: \$

I certify that I incur the medical expenses listed above. I have attached the receipts I have available. I request that the Department of Transitional Assistance consider these expenses when calculating my monthly SNAP benefits, and assist me with getting any additional proofs required.

X _____
Signature

Date

Printed Name

Agency ID (if known)