ASSISTANCE PAYMENT CHART – January 2014 (OWF/SSI)

OWF Information

AG Size	Initial Eligibility Test Standard 07/13	CFC/OWF Allocation Allowance Standard 10/97	Cash Payment Standard LIF Limit 01/01/14
1	479	583	**277**
2	647	802	**380**
3	814	980	**465**
4	982	1210	**572**
5	1149	1417	**671**
6	1317	1578	**746**
7	1484	1761	**834**
8	1652	1954	**924**
9	1819	2149	**1017**
10	1987	2345	**1108**

Table: TOWF

Earned Income Deduction is $250 & ½ Remainder (7/96)

Dependent Care Maximum for each dependent = NO LIMIT

The 100% Need Standard is also referred to as the Allocation Allowance Standard.

Covered Families & Children Medicaid

HF 90% FPL Need Standard 1/13	150% FPL Healthy Start Standard 1/13	200% FPL Healthy Start Standard 1/13	185% FPL Transitional Standard for 2nd 6 mos 1/10
862	1437	1915	Effective 1/1/10, MAY has a 12-month continuous eligibility period; no income limit.
1164	1939	2585	
1465	2442	3255	
1767	2944	3925	
2068	3447	4595	
2370	3949	5265	
2671	4452	5935	
2973	4954	6605	
3274	5457	7275	
3576	5959	7945	

150% Healthy Start Standard is for pregnant women AND children from birth through age 18.

200% Healthy Start Standard is for pregnant women AND children from birth through age 18. (SCHIP)

Dependent Care Maximum
$200 full time per child under 2 years
$175 full time per child 2 & over or incapacitated adult
$120 part time per child or incapacitate adult

Child Care

125% FPL Initial Eligibility 06/23/13	200% FPL Ongoing Eligibility 06/23/13
N/A	N/A
1616	2586
2035	3256
2454	3926
2873	4596
3291	5266
3710	5936
4129	6606
4548	7276
4966	7946

Transitional Eligibility

AG Size	150% FPL 01/12
2	1892
3	2387
4	2882
5	3377
6	3872
7	4367
8	4862
9	5357
10	5852

Food Assistance

AG Size	Gross Test 130% of FPL 10/13	Net Test 100% of FPL 10/13	Issuance Maximum (Thrifty Food Plan) 11/13
1	1245	958	189
2	1681	1293	347
3	2116	1658	497
4	2552	1963	632
5	2987	2298	750
6	3423	2633	900
7	3858	2968	995
8	4294	3303	1137
9	4729	3638	1279
10	5165	3973	1421

Earned Income Deduction = 20%
Standard Deduction (10/13):
$152 for an AG size of 1-3 persons
$163 for an AG size of 4 persons
$191 for an AG size of 5 persons
$219 for an AG size of 6 or more
Dependent Care Maximum for each dependent = NO LIMIT
Standard Utility Allowance = $463(10/13)
Limited Utility Allowance = $311 (10/13)
Single Utility Allowance = $68 (10/13)
Single Telephone Allowance = $39 (10/13)
Maximum Excess Shelter Deduction for non elderly or non disabled = $478 (10/13)
Homeless Shelter Deduction = $143

Disability Assistance Information

AG Size	DA Payment	Parental Responsibility Table 1	Parental Responsibility Table 2
1	115	755	1226
2	159	1038	1604
3	193	1267	1981
4	225	1567	2359
5	251	1830	2735
6	281	2039	3114
7	312	2281	3184
8	361	2531	3255
9	394	2782	3326
10	426	3032	3381

Other DA Information

Pregnancy Allowance eliminated 7/1/98.

Dependent Care Maximum - same as OWF.

Parental Responsibility = 50% reduction in need for 18-22 year olds if parent's income is between Table 1 and 2.

PRC Program

HH Size	Monthly Income 165%FPL
1	1536
2	2081
3	2625
4	3170
5	3714
6	4259
7	4803
8	5348
9	5893
10	6438

Medicaid Information

Table: TMEP

Income Disregard = $20
Earned Income Disregard = $65 & ½ of the remainder

Need Standards	Individual	Couple
Own HH (1/14)	**632**	**1082**
HH of Another (3/13)	415	711
QMB (3/13)	958	1293
SLMB (3/13)	1149	1551
QI-1 (3/13)	1293	1745
QWDI (3/13)	1915	2585
MBIWD1 (3/13)	1437	NA
MBIWD2 (3/13)	2394	NA
Medicare Premium 2013 Amount	104.90	

Deeming Amounts **(1/14)**	
Spouse-Child	**361**
1 Parent	**721**
2 Parents	**1082**
or use ABD Deeming Calculator	
Work Expense Deduction for Ineligible Spouse	65
SSI Payment **(01/14)**	
Single	**721**
Couple	**1082**