ASSISTANCE PAYMENT CHART – October--2014 (Food Assistance)

OWF Information (TOWF)				MAGI Medicaid				Child Care		Food Assistance			
AG Size	Initial Eligibility Test Standard 07/14	CFC/OWF Allocation Allowance Standard 10/97	Cash Payment Standard LIF Limit 01/14	Parent/CT 90% FPL Need Standard 01/14	156% FPL Children With Insurance Standard 1/14	200% FPL Pregnant Women Standard 1/14	206% FPL Children W/O Insurance 1/14	125% FPL Initial Eligibility 03/02/2014	200% FPL Ongoing Eligibility 03/02/2014	AG Size	**Gross Test 130% of FPL** (TFSS) **10/14**	**Net Test 100% of FPL** (TFSS) **10/14**	**Issuance Maximum (Thrifty Food Plan)** (TTFP) **10/14**
1	487	583	277	876	1518	1945	2004	N/A	N/A	1	**1265**	**973**	**194**
2	656	802	380	1180	2045	2622	2701	1639	2622	2	**1705**	**1311**	**357**
3	825	980	465	1485	2573	3299	3398	2061	3298	3	**2144**	**1650**	**511**
4	994	1210	572	1789	3101	3975	4095	2485	3976	4	**2584**	**1988**	**649**
5	1163	1417	671	2094	3629	4652	4792	2908	4652	5	**3024**	**2326**	**771**
6	1333	1578	746	2398	4157	5329	5489	3330	5328	6	**3464**	**2665**	**925**
7	1502	1761	834	2703	4684	6005	6186	3754	6006	7	**3904**	**3003**	**1022**
8	1671	1954	924	3007	5212	6682	6883	4176	6683	8	**4344**	**3341**	**1169**
9	1840	2149	1017	3312	5740	7359	7580	4599	7358	9	**4784**	**3680**	**1315**
10	2009	2345	1108	3616	6268	8035	8277	5023	8036	10	**5224**	**4019**	**1461**

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.

AG Size	**Expansion 133% FPL**	**5% of FPL for Family Size**
1	1294	$49
2	1744	$66
3	2194	$83
4	2644	$100
5	3094	$117
6	3544	$134
7	3994	$151
8	4444	$168
9	4894	$184
10	5344	$201

Use 5% deduction ONLY when comparing income to highest FPL for family size.

Transitional Eligibility

AG Size	150% FPL 03/14
2	1967
3	2474
4	2982
5	3489
6	3996
7	4505
8	5012
9	5519
10	6027

Earned Income Deduction = 20%

Standard Deduction (10/14):

$155 for an AG size of 1-3 persons
$165 for an AG size of 4 persons
$193 for an AG size of 5 persons
$221 for an AG size of 6 or more

Dependent Care Maximum for each dependent = NO LIMIT

Standard Utility Allowance = $498 (10/14)
Limited Utility Allowance = $330 (10/14)
Single Utility Allowance = $73 (10/14)

Single Telephone Allowance = $39 (10/13)

Maximum Excess Shelter Deduction-non elderly or non disabled = $490 (10/14)

Homeless Shelter Deduction = $143

Disability Assistance Information

AG Size	DA Payment	Parental Responsibility Table 1	Parental Responsibility Table 2	Other DA Information
1	115	755	1226	Pregnancy Allowance eliminated 7/1/98.
2	159	1038	1604	
3	193	1267	1981	Dependent Care Maximum - same as OWF.
4	225	1567	2359	
5	251	1830	2735	
6	281	2039	3114	Parental Responsibility = 50% reduction in need for 18-22 year olds if parent's income is between Table 1 and 2.
7	312	2281	3184	
8	361	2531	3255	
9	394	2782	3326	
10	426	3032	3381	

PRC Program

HH Size	Monthly Income 165%FPL 08/14
1	1605
2	2163
3	2721
4	3279
5	3838
6	4396
7	4954
8	5512
9	6071
10	6629

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 (01/14)	428	722
QMB (3/14)	973	1311
SLMB (3/14)	1167	1573
QI-1 (3/14)	1313	1770
QWDI (3/13)	1935	2605
MBIWD1 (3/14)	1459	NA
MBIWD2 (3/14)	2432	NA
Medicare Premium 2014 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