ASSISTANCE PAYMENT CHART – March--2015 (QMB,SLMB,MBIWD)/ Child Care

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 01/15	Parent/CT 90% FPL Need Standard **01/15**	156% FPL Children With Insurance Standard **1/15**	200% FPL Pregnant Women Standard **1/15**	206% FPL Children W/O Insurance **1/15**	125% FPL Initial Eligibility **03/01/2015**	200% FPL Ongoing Eligibility **03/01/2015**	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	282	**883**	**1531**	**1962**	**2021**	**N/A**	**N/A**	1	1265	973	194
2	656	802	386	**1195**	**2071**	**2655**	**2735**	**1660**	**2656**	2	1705	1311	357
3	825	980	473	**1507**	**2612**	**3349**	**3449**	**2093**	**3348**	3	2144	1650	511
4	994	1210	582	**1819**	**3153**	**4042**	**4163**	**2526**	**4042**	4	2584	1988	649
5	1163	1417	682	**2131**	**3694**	**4735**	**4878**	**2960**	**4736**	5	3024	2326	771
6	1333	1578	759	**2443**	**4235**	**5429**	**5592**	**3393**	**5428**	6	3464	2665	925
7	1502	1761	848	**2755**	**4775**	**6122**	**6306**	**3826**	**6122**	7	3904	3003	1022
8	1671	1954	940	**3067**	**5316**	**6815**	**7020**	**4260**	**6816**	8	4344	3341	1169
9	1840	2149	1034	**3379**	**5857**	**7509**	**7734**	**4693**	**7508**	9	4784	3680	1315
10	2009	2345	1127	**3691**	**6398**	**8202**	**8448**	**5126**	**8202**	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	**1305**	**$50**
2	**1766**	**$67**
3	**2227**	**$84**
4	**2688**	**$102**
5	**3149**	**$119**
6	**3610**	**$136**
7	**4071**	**$154**
8	**4532**	**$171**
9	**4994**	**$188**
10	**5455**	**$206**

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

Transitional Eligibility

AG Size	150% FPL 03/15
2	**1992**
3	**2511**
4	**3032**
5	**3552**
6	**4071**
7	**4592**
8	**5112**
9	**5631**
10	**6152**

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
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 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 (1/15)	643	1100
HH of Another (01/14)	429	734
QMB (3/15)	**981**	**1328**
SLMB (3/15)	**1177**	**1593**
QI-1 (3/15)	**1325**	**1793**
QWDI (3/15)	**1962**	**2665**
MBIWD1 (3/15)	**1472**	NA
MBIWD2 (3/15)	**2453**	NA
Medicare Premium 2015 Amount	104.90	

Deeming Amounts (1/15) Spouse-Child	**350**
1 Parent	**698**
2 Parents	**1048**
or use ABD Deeming Calculator	
Work Expense Deduction for Ineligible Spouse	65
SSI Payment (01/15) Single	733
Couple	1100