



# FAMILY INDEPENDENCE ADMINISTRATION

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Office of Procedures

## POLICY BULLETIN #14-134-OPE

(This Policy Bulletin Replaces PB #14-103-OPE)

### REVISIONS TO THE GUIDE TO SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BUDGETING (W-204G)

Date: December 24, 2014	Subtopic(s): SNAP, Budgeting
<p> This procedure can now be accessed on the FIAweb.</p> <p>See <a href="#">PB #14-135-ELI</a> for the January 2015 Changes for NYSNIP Households.</p> <p> Please use Print on Demand to obtain copies of forms.</p>	<p>The purpose of this policy bulletin is to inform Job Center and Non Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Center staff that the Guide to Supplemental Nutrition Assistance Program (SNAP) Budgeting (<b>W-204G</b>) has been revised.</p> <p>The <b>W-204G</b> has been revised to reflect changes in the New York State Nutrition Improvement Project (NYSNIP) standardized benefit levels due to the annual Supplemental Security Income (SSI) cost of living adjustment (COLA) and to reflect the change in the NYSNIP shelter cost threshold. The changes are effective January 1, 2015.</p> <p>Job Center Directors and NCA SNAP Center Directors must ensure that all previous versions of Form <b>W-204G</b> are removed from circulation and recycled.</p> <p>A sample of the revised <b>W-204G</b> is attached.</p> <p><i>Effective January 1, 2015</i></p> <p><b>Reference:</b></p> <p>GIS 14 TA/DC055</p> <p><b>Related Item:</b></p> <p><a href="#">PB #14-135-ELI</a> January 2015 COLA Changes for NYSNIP Households</p> <p><b>Attachment:</b></p> <p><b>W-204G</b> Guide to Supplemental Nutrition Assistance Program (SNAP) Budgeting (Rev. 12/24/2014)</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Call 718-557-1313 then press 3 at the prompt followed by 1 or  
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

## Guide to Supplemental Nutrition Assistance Program (SNAP) Budgeting

(Effective January 1, 2015)

### 130% GROSS INCOME LIMITS (effective 10/01/14)

Households that do not contain an elderly (60 years of age or older) or disabled individual and do not incur out-of-pocket dependent care expenses are subject to the 130% gross income test.

Household Size	1	2	3	4	5	6	7	8	Each Additional Member
Monthly Household Income	\$1,265	\$1,705	\$2,144	\$2,584	\$3,024	\$3,464	\$3,904	\$4,344	+ \$440

### 165% GROSS INCOME LIMITS (effective 10/01/14)

An elderly individual (and his/her spouse) who is living with others and who is unable to purchase and prepare meals because he/she suffers from a permanent disability may be a separate food unit if the income of the others with whom the individual resides (excluding the income of the elderly individual and his/her spouse) does not exceed the 165% gross income limit for the household size of the others.

Household Size	1	2	3	4	5	6	7	8	Each Additional Member
Monthly Household Income	\$1,605	\$2,163	\$2,722	\$3,280	\$3,838	\$4,396	\$4,955	\$5,513	+ \$559

### 200% GROSS INCOME LIMITS (effective 10/01/14)

Households that contain an elderly or disabled individual or that incur out-of-pocket dependent care expenses that pass the 200% gross income test are categorically eligible to participate in SNAP as long as the household does not contain a SNAP-sanctioned or an Intentional Program Violation (IPV) member.

Household Size	1	2	3	4	5	6	7	8	Each Additional Member
Monthly Household Income	\$1,945	\$2,622	\$3,298	\$3,975	\$4,652	\$5,328	\$6,005	\$6,682	+ \$677

### 100% NET INCOME LIMITS (effective 10/01/14)

Households that are not categorically eligible to receive SNAP benefits are subject to the 100% net income test.

Household Size	1	2	3	4	5	6	7	8	Each Additional Member
Monthly Household Income	\$973	\$1,311	\$1,650	\$1,988	\$2,326	\$2,665	\$3,003	\$3,341	+ \$339

### STANDARD DEDUCTION AMOUNTS (effective 10/01/14)

Household Size	1	2	3	4	5	6+
Standard Deduction	\$155	\$155	\$155	\$165	\$193	\$221

### SHELTER DEDUCTIONS/EXCLUSIONS:

- The maximum excess shelter deduction is **\$490** (effective 10/01/14).
- The homeless shelter deduction is **\$143** (effective 10/01/95).
- The boarder/lodger exclusion is **\$194** for one person and **\$357** for two people (effective 10/01/14).

### STANDARD UTILITY ALLOWANCE (SUA) LEVELS (effective 10/01/14)

SUA Level 1 = \$785	SUA Level 2 = \$311	SUA Level 3 = \$33
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For information on the SUA Levels, see the SUA Levels Desk Guide (**W-205HH**).

### THRIFTY FOOD PLAN (TFP) (effective 10/01/14)

The maximum SNAP benefit allotment per household size is as follows:

Household Size	1	2	3	4	5	6	7	8	Each Additional Member
Maximum SNAP Allotment	\$194	\$357	\$511	\$649	\$771	\$925	\$1,022	\$1,169	+ \$146

The minimum monthly SNAP benefit allotment for eligible one- and two-person households is **\$16** (effective 10/01/14).

### NEW YORK STATE NUTRITION IMPROVEMENT PROJECT (NYSNIP) BENEFIT AMOUNTS (effective 01/01/15)

SHELTER TYPE CODE	SSI ONLY	SSI AND OTHER INCOME
<b>Shelter Type Code 94</b> Shelter amount greater than \$246 per month and eligible for full SUA.	\$194	\$194
<b>Shelter Type Code 95</b> Shelter amount of \$246 or less per month and eligible for full SUA.	\$194	\$194
<b>Shelter Type Code 96</b> Shelter amount greater than \$246 per month and eligible for full SUA with \$21 HEAP.	\$194	\$194
<b>Shelter Type Code 96</b> Shelter amount greater than \$246 per month and no SUA.	\$26	\$17
<b>Shelter Type Code 97</b> Shelter amount of \$246 or less per month and eligible for full SUA with \$21 HEAP.	\$194	\$194
<b>Shelter Type Code 97</b> Shelter amount of \$246 or less per month and no SUA.	\$16	\$16
<b>Shelter Type Code 98</b> Shelter amount and SUA eligibility unknown.	\$16	\$16