



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY BULLETIN #16-52-ELI

(This Policy Bulletin Replaces PB #16-09-ELI)

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM CATEGORICAL ELIGIBILITY

<p>Date: June 22, 2016</p>	<p>Subtopic(s): Eligibility</p>
<p> This procedure can now be accessed on the FIAweb.</p> <p>Individuals ineligible to receive SNAP benefits due to the non-citizen, student, or ABAWD eligibility rules are not considered disqualified or sanctioned.</p>	<p>Revisions to the Original Policy Bulletin:</p> <p>This policy bulletin has been revised to inform staff that effective July 1, 2016, New York State is expanding Supplemental Nutrition Assistance Program (SNAP) categorical eligibility by raising the total gross income threshold (including earned and unearned income) from 130% of the federal poverty level (FPL) to 150% of the FPL for households with budgeted <u>earned</u> income.</p> <p>The new 150% gross income threshold for SNAP categorical eligibility for households with earned income does <u>not</u> apply to the following SNAP households:</p> <ul style="list-style-type: none"> • Households that include any individuals who are disqualified from receiving SNAP benefits due to an intentional program violation (IPV) or a SNAP work rules sanction, including a voluntary job quit, as these households cannot be categorically eligible for SNAP; • Households in which all members are in receipt of either Cash Assistance (CA) or Supplemental Security Income (SSI) as these households are already categorically eligible for SNAP; • Households that contain any individual who is aged or disabled as these households are categorically eligible for SNAP if their gross income is at or below 200% of the FPL; • Households that incur out-of-pocket dependent care expenses for a member of the SNAP household as these households are categorically eligible for SNAP if their gross income is at or below 200% of the FPL; and • Households whose entire earned income is excluded as income under federal SNAP regulations, e.g. the earnings of dependent students under age 18 who attend elementary or high school.

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

The 150% gross income threshold applies to households with earned income budgeted using any of the following Income Source Codes:

- **01** – Salary, Wages
- **02** – On the Job Training
- **05** – Family Day Care Provider Income
- **06** – Net Business Income/Self-Employment Income
- **07** – Office of Vocational Rehabilitation
- **08** – Net Income from Rental of House, Store or Other Property (Worked more than 20 hours per week)
- **11** – Income from Boarder, Boarder/Lodger
- **12** – Income from Lodger
- **25** – Severance Pay
- **37** – Subsidized Employment
- **39** – Comprehensive Employment Opportunity Support Center
- **40** – Sick Pay
- **57** – Earned Income from WIA
- **60** – OVESID Training Allowance
- **65** – Earned Income from WIA/OJT
- **67** – Safety Net Self Support
- **88** – STEP School to Employment Program
- **98** – Other earned income

The following forms have been revised to add the new 150% FPL levels for households with earned income.

Revised **W-122A**

- Monthly Supplemental Nutrition Assistance Program (SNAP) Budget Worksheet (NCA) Part 1 (**W-122A**)

Revised **W-122D**

- Monthly Supplemental Nutrition Assistance Program (SNAP) Budget Worksheet (CA) – Part 1 (**W-122D**)

Revised **W-204G**

- Guide to Supplemental Nutrition Assistance Program (SNAP) Budgeting (**W-204G**)

Note: The Monthly Supplemental Nutrition Assistance Program (SNAP) Budget Worksheet (NCA – SSI/Aged/Disabled) **W-122AA** and the Supplemental Nutrition Assistance Program (SNAP) Budget Worksheet (CA – SSI/Aged/Disabled) **W-122DD** that are used for households that contain an aged/disabled individual will not be revised because these households are categorically eligible for SNAP benefits if their gross income is at or below 200% of the FPL.

In addition, the Office of Temporary Disability Assistance (OTDA) has revised the Supplemental Nutrition Assistance Program (SNAP) Benefits Categorical Eligibility Desk-Aid (**LDSS-4943**) to include the 150% FPL amounts for households with earned income.

Purpose:

The purpose of this policy bulletin is to inform staff of the newly expanded SNAP categorical eligibility criteria. Prior to the first expansion, only households whose members all receive CA and or SSI were categorically eligible to receive SNAP benefits.

Households that are categorically eligible to receive SNAP benefits due to all members receiving CA and/or SSI are not subject to a gross income test, a net income test (NIT), or a resource test.

For SNAP households that do not contain any individuals who are disqualified from receiving SNAP benefits due to an IPV or a sanction, SNAP categorical eligibility now applies to:

200% FPL

- households that contain an aged or disabled individual and whose gross income is at or below 200% of the FPL;
- households that incur unreimbursed out-of-pocket dependent care expenses and whose gross income is at or below 200% of the FPL;

150% FPL
(New information)

- households with earned income budgeted to determine eligibility and whose gross income is at or below 150% of the FPL; and

130% FPL
(Revised information)

- households that do not contain any aged/disabled individuals, do not incur out-of-pocket dependent care expenses, do not have any budgeted earned income and whose gross income is at or below 130% of the FPL.

Dependent care expenses include any payments made by a household member (not by a third party) for the actual care of children or other dependents that are necessary in order for a household member to accept, continue, and/or comply with employment and training requirements.

The expanded criteria requires the passage of a gross income test.

SNAP households that are categorically eligible for SNAP benefits under the expanded criteria are exempt from the NIT and the resource test.

Categorically eligible SNAP households of one or two persons are entitled to at least \$16 in SNAP benefits.

Categorically eligible SNAP households of three or more persons are not automatically entitled to a SNAP benefit. If the SNAP benefit calculation results in a zero benefit, the household is considered categorically eligible for zero benefits and the SNAP case must be denied or closed.

The **LDSS-4943** has been revised.

Workers should use the Supplemental Nutrition Assistance Program (SNAP) Benefits Categorical Eligibility Desk-Aid (**LDSS-4943**) to assist in determining categorical eligibility for SNAP benefits.

Workers are reminded that resources for categorically eligible SNAP households do not have to be verified to determine eligibility.

Households that contain an individual who is disqualified from receiving SNAP benefits due to an IPV or a sanction cannot be categorically eligible for SNAP.

If a household is not categorically eligible for SNAP benefits and does not contain at least one individual who is aged or disabled, it must pass the 130% GIT, 100% NIT, and a \$2,250 resource test to be eligible for SNAP benefits.

Households that contain at least one individual who is aged or disabled and whose gross income is above 200% of the FPL, may still be eligible for SNAP benefits if the household passes the 100% NIT and a \$3,250 resource test.

Effective July 1, 2016

References:

18 NYCRR 387.9(b); 387.14(a)(5)
 09-ADM-06
 08-INF-03
 07-ADM-09
 GIS 12 TA/DC001
 GIS 14 TA/DC033
 GIS 14 TA/DC038
 GIS 16 TA/DC004
 ABEL Transmittal 16-2
 16-ADM-06

Related Items:

[PD #14-22-ELI](#)

Supplemental Nutrition Assistance Program (SNAP) Resource Policy

[PD #15-24-ELI](#)

October 2015 Changes in Supplemental Nutrition Assistance Program (SNAP) Standards

☒ Please use Print on Demand to obtain copies of forms.

Attachments:

- W-122A (E)** Monthly Supplemental Nutrition Assistance Program (SNAP) Budget Worksheet (NCA) Part 1 (Rev. 6/22/16)
- W-122A (S)** Monthly Supplemental Nutrition Assistance Program (SNAP) Budget Worksheet (NCA) Part 1 (Spanish) (Rev. 6/22/16)
- W-122D (E)** Monthly Supplemental Nutrition Assistance Program (SNAP) Budget Worksheet (CA) – Part 1 (Rev. 6/22/16)
- W-122D (S)** Monthly Supplemental Nutrition Assistance Program (SNAP) Budget Worksheet (CA) – Part 1 (Spanish) (Rev. 6/22/16)
- W-204G** Guide to Supplemental Nutrition Assistance Program (SNAP) Budgeting (Rev. 6/22/16)
- LDSS-4943** Supplemental Nutrition Assistance Program (SNAP) Benefits Categorical Eligibility Desk-Aid (Rev. 5/16)

Monthly Supplemental Nutrition Assistance Program (SNAP) Budget Worksheet (NCA) – Part 1

Effective July 1, 2016

This form must be used for households that **do not** contain an elderly or disabled person.

Case Name	Case Number	SNAP Center Number S-
(A) Household Size	(B) Number Disqualified	(C) Number Eligible

A. Income – Enter Monthly amount, do not round dollar amounts.

1. Monthly Gross Earned Income	\$	
2. Net Monthly Income from Boarder/Lodger or Lodger		
3. Add lines 1 and 2		
4. Monthly Gross Unearned Income		
a) Monthly Gross Unearned Income – Source:		
b) Monthly Gross Unearned Income – Source:		
c) Monthly Gross Unearned Income – Source:		
5. Add lines 3, 4a, 4b, and 4c		
6. Monthly Legally Obligated Child Support Payment to person(s) outside the SNAP household		
7. Subtract line 6 from line 5		

B. Gross Income Test – Use the 200% Gross Income Test for households with out-of-pocket dependent care costs, the 150% Gross Income Test for households with Earned Income and the 130% Gross Income Test for all other households.

8. Enter maximum Gross Income amount for household size from table.	
<p>9. Compare amount entered on line 7 with the amount entered on line 8.</p> <p>a) If the amount entered on line 7 is greater than the amount on line 8, the household does not meet the applicable Gross Income Limitation and is ineligible for SNAP benefits. Check Ineligible box. Stop here.</p> <p>b) If the household <u>does not</u> contain any SNAP sanctioned or disqualified members due to an IPV and the amount entered on line 7 is less than or equal to the amount entered on line 8, the household meets the applicable Gross Income Limitation and is categorically eligible for SNAP benefits. Check Eligible box. Complete Part 2, but skip Section G.</p> <p>c) If the household <u>contains</u> a SNAP sanctioned or disqualified member due to an IPV and the amount entered on line 7 is less than or equal to the amount entered on line 8, the household meets the 130% Gross Income Limitation but is not categorically eligible for SNAP benefits. The household is also subject to the resource test for SNAP. Check Eligible box. Complete all of Part 2.</p>	<input type="checkbox"/> Ineligible <input type="checkbox"/> Eligible

Monthly Gross Income			
Household Size	130% Gross Income Table	150% Gross Income Table	200% Gross Income Table
1	\$1,276	\$1,472	\$1,962
2	\$1,726	\$1,992	\$2,655
3	\$2,177	\$2,512	\$3,348
4	\$2,628	\$3,032	\$4,042
5	\$3,078	\$3,552	\$4,735
6	\$3,529	\$4,072	\$5,428
7	\$3,980	\$4,592	\$6,122
8	\$4,430	\$5,112	\$6,815
Each additional member	+\$451	+\$520	+\$693

Note: Households that are not categorically eligible for SNAP benefits are subject to the net income test and the resource test.

Monthly Supplemental Nutrition Assistance Program (SNAP) Budget Worksheet (NCA) – Part 2

Effective July 1, 2016

Case Name	Case Number	SNAP Center Number S-
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A. Income –Enter Monthly amount, do not round dollar amounts.

1. Monthly Gross Earned Income	\$	
2. Net Monthly Income from Boarder/Lodger or Lodger		
3. Add lines 1 and 2		
4. Monthly Gross Unearned Income		
a) Monthly Gross Unearned Income – Source:		
b) Monthly Gross Unearned Income – Source:		
c) Monthly Gross Unearned Income – Source:		
5. Add lines 3, 4a, 4b, and 4c		
6. Income Exclusions (Monthly legally obligated child support payment to person(s) outside the SNAP household.)		
7. Subtract line 6 from line 5	A.	

B. Deductions

8. 20% of line 3	\$	
9. Standard Deduction – Monthly: Select one below.		
a) 1–3 person household \$155		
b) 4-person household \$163		
c) 5-person household \$197		
d) 6+ person household \$226		
10. Monthly Child/Dependent Care Costs (use actual expense) If the household has out-of-pocket dependent care costs do not use the 130% Gross Income Table. Use the 200% Gross Income Table.		
11. Monthly Homeless Shelter Deduction (\$143) or actual expense, whichever is greater Note: Homeless households (shelter code 23) that qualify for a heating/cooling SUA due to receipt of HEAP payments greater than \$20 in the last 12 months, cannot also receive the homeless shelter deduction.		
12. Add lines 8, 9, 10, and 11	B.	

C. Adjusted Income

13. Subtract B from A (line 12 from line 7)	C.	\$
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D. Shelter Costs

14. Monthly Actual Rent or Mortgage Billed to Household	\$	
15. Other Monthly Expenses (Real estate taxes, insurance, installation of utilities, etc.)		
16. Monthly Utility Allowance: Select the correct utility allowance (a, b, c, or d) and enter the amount on the appropriate line. a) Enter zero (0) for shelter code 23 if household has not received HEAP payments greater than \$20 in the last 12 months		
b) With heating or air conditioning expense or receipt of HEAP payments greater than \$20 in the last 12 months: Enter the monthly standard combined heat, utility, and telephone allowance of \$768.		
c) With utility expense only (for households not eligible for heating or air conditioning SUA): Enter the combined utility and telephone standard of \$304.		
d) With telephone expense only (for households not eligible for heat/air conditioning or utility SUA except shelter code 23): Enter \$33.		
17. Add lines 14, 15, and either 16b or 16c or 16d	D.	

E. Excess Shelter Deductions

18. Enter D (Shelter Costs): Enter amount from line 17.	\$	
19. Enter 1/2 (one half) of C (Adjusted Income): Enter 1/2 of amount on line 13.		
20. Excess Shelter Costs: Subtract line 19 from line 18; if line 18 is less than line 19, enter zero (0).		
21. Maximum Shelter Deduction Allowed	\$504	00
22. Enter amount from line 20 or 21, whichever is less	E.	

F. Monthly Supplemental Nutrition Assistance Program (SNAP) Net Income

23. Enter C (Adjusted Income): Enter the amount on line 13	\$	
24. Enter E (Excess Shelter Deductions): Enter the amount on line 22.		
25. Monthly SNAP Net Income: Subtract line 24 from line 23.	F.	

G. 100% Monthly Net Income Test

If household is categorically eligible, skip this test and go directly to SNAP Benefit Calculation.

26. Enter Monthly net income amount for household size from table.	
27. Compare amount entered on line 25 with the amount entered on line 26.	
a) If the amount entered on line 25 is greater than the amount on line 26, the household is ineligible for SNAP benefits. Check Ineligible.	<input type="checkbox"/> Ineligible
b) If the amount entered on line 25 is less than or equal to the amount entered on line 26, the household meets the 100% Monthly Net Income Test. Check Eligible box and complete Section H.	<input type="checkbox"/> Eligible

Household Size	100% Monthly Net Income
1	\$981
2	\$1,328
3	\$1,675
4	\$2,021
5	\$2,368
6	\$2,715
7	\$3,061
8	\$3,408
Each additional member	+ \$347

H. SNAP Benefit Calculation

28. Allotment: Refer to tables on forms W-129F/W-129FF using income from line 25 and household size from Part 1, box C (Number Eligible) on page 1 of this form.	H.		
29. Recoupment Amount: Enter the recoupment amount, if none, enter zero (0).			
30. Allotment after Recoupment: Subtract line 29 from line 28.			

Authorized by: _____

Date: _____

SAMPLE

Hoja de Cálculos de Presupuesto Mensual (NCA) del Programa de Asistencia de Nutrición Suplementaria (SNAP) – Parte 1

A partir del 1ro de julio de 2016

Este formulario debe ser usado por los hogares que no constan de una persona anciana o discapacitada.

Nombre del Caso	Número del Caso	Núm. del Centro de SNAP S-
(A) Número de Miembros del Hogar	(B) Número de Miembros Inelegibles	(C) Número de Miembros Elegibles

A. Ingreso anote las cantidades mensuales sin redondear las cantidades en dólares.

1. Ingreso Salarial Bruto Mensual	\$	
2. Ingreso Neto Mensual por Huésped/Inquilino		
3. Sume las líneas 1 y 2		
4. Ingreso No Salarial Bruto Mensual		
a) Ingreso Bruto No Salarial Mensual – Fuente:		
b) Ingreso Bruto No Salarial Mensual – Fuente:		
c) Ingreso Bruto No Salarial Mensual – Fuente:		
5. Sume las líneas 3, 4a, 4b, y 4c		
6. Pago Mensual de Manutención de Niños Obligado Por la Ley a las persona(s) fuera del hogar de SNAP.		
7. Reste la línea 6 de la línea 5		

B. Prueba del Ingreso Bruto – Use la Prueba del 200% del Ingreso Bruto para los hogares con gastos por cuenta propia para cuidado de dependientes, la Prueba del 150% del Ingreso Bruto para los hogares con ingreso salarial, y la Prueba del 130% del Ingreso Bruto para todos los demás hogares.

8. Anote la cantidad del ingreso bruto máximo de todos los miembros del hogar como se indica en la tabla.		Ingreso Bruto Mensual			
9. Compare la cantidad anotada en la línea 7 con la cantidad anotada en la línea 8.		Tamaño de la Familia	Tabla del 130% del Ingreso Bruto	Tabla del 150% del Ingreso Bruto	Tabla del 200% del Ingreso Bruto
a) Si la cantidad anotada en la línea 7 es superior a la cantidad en la línea 8, el hogar no cumple el límite correspondiente del ingreso bruto y no es elegible para beneficios de SNAP. Marque la casilla de Inelegible. Pare aquí.	<input type="checkbox"/>	1	\$1,276	\$1,472	\$1,962
b) Si el hogar <u>no</u> consta de miembros sancionados o descalificados de beneficios de SNAP debido a una IPV y la cantidad anotada en la línea 7 es inferior o equivalente a la cantidad anotada en la línea 8, el hogar cumple el límite correspondiente del ingreso bruto y es categóricamente elegible para beneficios de SNAP. Marque la casilla de Elegible. Llene la Parte 2, pero salte la Sección G.	<input type="checkbox"/>	2	\$1,726	\$1,992	\$2,655
		3	\$2,177	\$2,512	\$3,348
		4	\$2,628	\$3,032	\$4,042
		5	\$3,078	\$3,552	\$4,735
		6	\$3,529	\$4,072	\$5,428
		7	\$3,980	\$4,592	\$6,122
		8	\$4,430	\$5,112	\$6,815
		Cada miembro adicional	+\$451	+\$520	+\$693

Nota: Los hogares que no son categóricamente elegibles para los beneficios de SNAP están sujetos a la prueba del ingreso neto y a la prueba de recursos.

Hoja de Cálculos de Presupuesto Mensual (NCA) del Programa de Asistencia de Nutrición Suplementaria (SNAP) – Parte 2

A partir del 1ro de julio de 2016

Nombre del Caso	Número del Caso	Núm. del Centro de SNAP S-
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A. Ingreso – Anote la cantidad Mensual, no redondee la cantidad de los dólares.

1. Ingreso Mensual Bruto Salarial	\$	
2. Ingreso Neto por Huésped/Inquilino o Huésped		
3. Sume las líneas 1 y 2		
4. Ingreso Mensual Bruto No Salarial		
a) Ingreso No Salarial Bruto Mensual – Fuente:		
b) Ingreso No Salarial Bruto Mensual – Fuente:		
c) Ingreso No Salarial Bruto Mensual – Fuente:		
5. Sume las líneas 3, 4a, 4b, y 4c		
6. Exclusiones de Ingresos (pago mensual de manutención de niños obligado por la ley a persona(s) fuera del hogar de SNAP)		
7. Reste la línea 6 de la línea 5	A.	

B. Deducciones

8. 20% de la línea 3	\$	
9. Deducción Normal – Mensual: Seleccione una opción más abajo.		
a) Hogar de 1–3 personas \$155		
b) Hogar de 4 personas \$168		
c) Hogar de 5 personas \$197		
d) Hogar de 6 o más personas \$226		
10. Costos Mensuales para Cuidado de Niños/Dependientes (Remítase al gasto real.) Si el hogar tiene gastos por cuenta propia de cuidado de dependientes, no se remita a la tabla del 130% del Ingreso Bruto. Use la Tabla del 200% del Ingreso Bruto.		
11. Deducción Mensual de Albergue para las Personas Sin Hogar (\$143) o gasto real, el que sea superior Nota: Las familias sin hogar (código de albergue 23) que cualifican para una SUA de calefacción/acondicionamiento a raíz de recibir pagos de HEAP mayores de \$20 en los últimos 12 meses, no pueden recibir además la deducción de refugio para personas sin hogar.		
12. Sume las líneas 8, 9, 10, y 11	B.	

C. Ingreso Ajustado

13. Reste B de A (línea 12 menos línea 7)	C.	\$
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D. Gastos de Albergue

14. Alquiler o Hipoteca Real Mensual Facturada al Hogar	\$	
15. Otros Gastos Mensuales (impuestos inmuebles, seguros, instalación de servicios públicos etc.)		
16. Asignación Mensual Para Servicios Públicos: Seleccione la concesión correcta de servicios públicos (a, b, c, o d) y anote la cantidad en la línea que corresponda. a) Anote cero (0) para código de albergue 23 si el hogar no ha recibido pagos de HEAP superiores a \$20 en los últimos 12 meses.		
b) Con gastos de calefacción o aire acondicionado o el recibo de pagos HEAP superiores a \$20 durante los últimos 12 meses: Anote la asignación mensual normal combinada de calefacción, servicios públicos y teléfono de \$768.		
c) Sólo para gastos de servicios públicos (para los hogares no elegibles para SUA de calefacción o de aire acondicionado): Anote la norma combinada para servicios públicos y teléfono de \$304.		
d) Sólo para gastos de teléfono (para aquellos hogares sin derecho a SUA de calefacción/aire acondicionado o de servicios públicos, excepto el código de albergue 23): Anote \$33.		
17. Sume las líneas 14, 15, y 16b o 16c o 16d	D.	

E. Deducciones de Albergue Sobrantes

18. Anote D (Gastos de Albergue): Anote la cantidad de la línea 17	\$	
19. Anote 1/2 (la mitad) de C (Ingreso Ajustado): Anote 1/2 de la cantidad en la línea 13		
20. Gastos en Exceso de Albergue: Reste línea 19 de la línea 18; si la línea 18 es inferior a la línea 19, anote cero (0).		
21. Deducción Máxima Permitida para Albergue	\$504	00
22. Anote la cantidad inferior entre la línea 20 o 21	E.	

F. Ingreso Neto Mensual del Programa de Asistencia de Nutrición Suplementaria (SNAP)

23. Anote C (Ingreso Ajustado): Anote la cantidad en la línea 13	\$	
24. Anote E (Deducción Sobrante para Albergue): Anote la cantidad en la línea 22		
25. Ingreso Neto Mensual de SNAP: Reste la línea 24 de la línea 23	F.	

G. Prueba del 100% del Ingreso Neto Mensual

Si el hogar es categóricamente elegible, salte esta prueba y vaya directamente a los Cálculos de Beneficios de SNAP.

26. Anote la cantidad neta mensual para el tamaño del hogar de la tabla.		Tamaño del Hogar	100% del Ingreso Neto Mensual
27. Compare la cantidad de la línea 25 con la cantidad de la línea 26.		1	\$981
a) Si la cantidad de la línea 25 es superior a la cantidad de la línea 26, el hogar es inelegible para beneficios de SNAP. Marque Inelegible.	<input type="checkbox"/>	2	\$1,328
	Inelegible	3	\$1,675
b) Si la cantidad de la línea 25 es inferior o equivalente a la cantidad de la línea 26, el hogar cumple el 100% de la Prueba de Ingreso Neto Mensual. Marque la casilla Elegible y llene la Sección H.	<input type="checkbox"/>	4	\$2,021
	Elegible	5	\$2,368
		6	\$2,715
		7	\$3,061
		8	\$3,408
		Cada miembro adicional	+\$347

H. Cálculos de Beneficios de SNAP

28. Asignación: Remítase a las tablas en los formularios W-129F/W-129FF y use el ingreso de la línea 25 y el tamaño del hogar de la Parte 1, casilla C (Número de Miembros Elegibles), en la página 1 de este formulario.	H.		
29. Cantidad Recuperada: Anote la cantidad a ser recuperada. De no haberla, anote cero (0).			
30. Asignación tras la Cantidad Recuperada: Reste la línea 29 de la línea 28.			

Autorizado por: _____

Fecha: _____

SAMPLE

Supplemental Nutrition Assistance Program (SNAP) Budget Worksheet (CA) – Part 1

Effective July 1, 2016

This form must be used for households that **do not** contain an elderly or disabled person.

Job Center Number: _____

	Basic Case Name	Basic Case Type
Other Eligible Payee(s)	Name:	Case Type (Suffix 2):
	Name:	Case Type (Suffix 3):
	Name:	Case Type (Suffix 4):

A. Income – Enter Semimonthly amounts. Do not round dollar amounts.

	\$	
1. Semimonthly Gross Earned Income		
2. Net Semimonthly Income from Boarder/Lodger or Lodger		
3. Add lines 1 and 2		
4. Semimonthly CA Grant (For hotel/emergency shelter cases include maximum shelter allowance for family size instead of actual rent.)		
5. Semimonthly Direct Rent Payment		
6. Semimonthly Gross Unearned Income (Do not enter employment income on this line.)		
7. Add lines 3, 4, 5, and 6		
8. Semimonthly Legally Obligated Child Support Payment paid to person(s) outside the SNAP household		
9. Subtract line 8 from line 7		

B. Gross Income Test – Use the 200% Gross Income Test for households with out-of-pocket dependent care costs, the 150% Gross Income Test for households with earned income, and the 130% Gross Income Test for all other households. If all members of the household are in receipt of Cash Assistance and the household does not contain any SNAP sanctioned or disqualified members due to an IPV, skip the Gross Income Test, complete Part 2, but skip Section G.

10. Enter maximum applicable gross income amount for household size from table on page 2	\$	
<p>11. Compare amount entered on line 9 with amount entered on line 10.</p> <p>a) If the amount entered on line 9 is greater than the amount on line 10, the household does not meet the applicable Gross Income Test and is ineligible for SNAP benefits. Check Ineligible box. Stop here.</p> <p>b) If the household <u>does not</u> contain any SNAP sanctioned or disqualified members due to an IPV and the amount entered on line 9 is less than or equal to the amount entered on line 10, the household meets the applicable Gross Income Test and is categorically eligible. Check Eligible box. Complete Part 2, but skip Section G.</p> <p>c) If the household <u>contains</u> a SNAP sanctioned or disqualified member due to an IPV and the amount entered on line 9 is less than or equal to the amount entered on line 10, the household meets the 130% Gross Income Test, but is not categorically eligible. Check Eligible box. Complete all of Part 2.</p>	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible

Note: Households that are not categorically eligible for SNAP benefits are subject to the net income test and the resource test.

C. Household Composition

(A) Non-CA Non-SSI 59 Years of Age or Under	(B) Number on CA	(C) Total in Household	(D) Number Disqualified	(E) Number Eligible

Semimonthly Gross Income			
Household Size	130% Gross Income Table	150% Gross Income Table	200% Gross Income Table
1	\$ 638.00	\$ 736.00	\$ 981.00
2	\$ 863.00	\$ 996.00	\$ 1,327.50
3	\$ 1,088.50	\$ 1,256.00	\$ 1,674.00
4	\$ 1,314.00	\$ 1,516.00	\$ 2,021.00
5	\$ 1,539.00	\$ 1,776.00	\$ 2,367.50
6	\$ 1,764.50	\$ 2,036.00	\$ 2,714.00
7	\$ 1,990.00	\$ 2,296.00	\$ 3,061.00
8	\$ 2,215.00	\$ 2,556.00	\$ 3,407.50
Each additional member	+ \$ 225.50	+ \$ 260.00	+ \$ 346.50

Supplemental Nutrition Assistance Program (SNAP) Budget Worksheet (CA) – Part 2

Effective July 1, 2016

A. Income – Enter Semimonthly amounts. Do not round dollar amounts.

1. Semimonthly Gross Earned Income	\$	
2. Net Semimonthly Income from Boarder/Lodger or Lodger		
3. Add lines 1 and 2		
4. Semimonthly CA Grant (For hotel/emergency shelter cases, include maximum shelter allowance for family size instead of actual rent.)		
5. Semimonthly Direct Rent Payment		
6. Semimonthly Gross Unearned Income (Do not enter employment income on this line.)		
7. Add lines 3, 4, 5, and 6		
8. Semimonthly Legally Obligated Child Support Payment		
9. Subtract line 8 from line 7	A.	

B. Deductions

10. 20% of line 3		
11. Standard Deduction– Semimonthly. Select one below		
a) 1–3 person household	\$ 77.50	
b) 4-person household	\$ 84.00	
c) 5-person household	\$ 98.50	
d) 6+ person household	\$ 113.00	
12. Semimonthly Child/Dependent Care Costs (use actual expense) If the household has out-of-pocket dependent care costs do not use the 130% Gross Income Table. Use the 200% Gross Income Table.		
13. Semimonthly Automated Recoupment: Enter Semimonthly recoupment for duplicate check fraud or offense codes 01–32 and 99 only. For all other automated recoupments, make no entry.		
13a. Semimonthly Homeless Shelter Deduction (\$71.50) or actual expense, whichever is greater Note: Homeless households (shelter code 23) that qualify for a heating/cooling SUA due to receipt of HEAP payments greater than \$20 in the last 12 months, cannot also receive the homeless shelter deduction.		
14. Add lines 10, 11, 12, 13, and 13a	B.	

C. Adjusted Income

15. Subtract B from A: Line 14 from line 9.	C.	\$
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D. Shelter Costs

16. Semimonthly Actual Rent or Mortgage Billed to Household (For hotel/emergency shelter cases): Enter maximum shelter allowance for family size.	\$	
17. Other Semimonthly Expenses (Real estate taxes, insurance, installation of utilities, etc.)		
18. Semimonthly Utility Allowance: Select the correct utility allowance (a, b, c, or d) and enter the amount on the appropriate line. a) Enter zero (0) for shelter code 23 if household has not received HEAP payments greater than \$20 in the last 12 months.		
b) With heating or air conditioning expense or receipt of HEAP payments greater than \$20 in the last 12 months: Enter the semimonthly standard combined heat, utility and telephone allowance of \$384.00.		
c) With utility expenses only: (for households not eligible for heating or air conditioning SUA): Enter the semimonthly combined utility and telephone allowance of \$152.00.		
d) With telephone expense only: (For households not eligible for heat/air conditioning or utility SUA except shelter code 23) Enter \$16.50.		
19. Add lines 16, 17, and either 18b or 18c or 18d	D.	

SAMPLE

E. Excess Shelter Deductions

20. Enter D (Shelter Costs): Amount from line 19.	\$	
21. Enter 1/2 (one half) of C (Adjusted Income): 1/2 of amount on line 15.		
22. Excess Shelter Costs: Subtract line 21 from line 20. If line 20 is less than line 21, enter zero (0).		
23. Maximum Semimonthly Shelter Deduction Allowed	\$252	00
24. Enter amount from line 22 or 23, whichever is less.	E.	

F. Semimonthly SNAP Net Income

25. Enter C (Adjusted Income): Enter the amount on line 15.	\$	
26. Enter E (Excess Shelter Deductions): Amount on line 24.		
27. Semimonthly SNAP Net Income: Subtract line 26 from line 25.	F.	

G.100% Semimonthly Net Income Test

If household is categorically eligible, skip this test and go directly to SNAP Benefit Calculation.

28. Enter Semimonthly net income amount for household size from table.	
29. Compare amount entered on line 27 with the amount entered on line 28.	
a) If the amount entered on line 27 is greater than the amount on line 28, the household is ineligible for SNAP benefits. Check Ineligible.	<input type="checkbox"/> Ineligible
b) If the amount entered on line 27 is less than or equal to the amount entered on line 28, the household meets the 100% Semimonthly Net Income Test. Check Eligible box and complete Section H.	<input type="checkbox"/> Eligible

Household Size	100% Semimonthly Net Income
1	\$490.50
2	\$664.00
3	\$837.50
4	\$1,010.50
5	\$1,184.00
6	\$1,357.50
7	\$1,530.50
8	\$1,704.00
Each additional member	+ \$173.50

H. SNAP Benefit Calculation

30. Monthly SNAP Net Income: Multiply amount on line 27 by 2.	H.	\$	
31. Allotment: Refer to tables on forms W-129F/W-129FF using income from line 30 and household size from Part 1, box E (Number Eligible) on page 2 of this form.			
32. Recoupment Amount: Enter the recoupment amount, if none, enter zero (0).			
33. Allotment after Recoupment: Subtract line 32 from line 31.			

SAMPLE

Authorized by _____

Date _____

C. Miembros del Hogar:

(A) No CA/No SSI 59 Años de edad o Menos	(B) Número de Personas receptores de CA	(C) Total de Miembros del Hogar	(D) Número de Personas Descalificadas	(E) Número de Personas Elegibles

Ingreso Bruto Quincenal			
Tamaño de la Familia	Tabla del 130% del Ingreso Bruto	Tabla del 150% del Ingreso Bruto	Tabla del 200% del Ingreso Bruto
1	\$ 638.00	\$ 736.00	\$ 981.00
2	\$ 863.00	\$ 996.00	\$ 1,327.50
3	\$ 1,088.50	\$ 1,256.00	\$ 1,674.00
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7	\$ 1,990.00	\$ 2,296.00	\$ 3,061.00
8	\$ 2,215.00	\$ 2,556.00	\$ 3,407.50
Cada miembro adicional	+ \$ 225.50	+ \$ 260.00	+ \$ 346.50

Cálculo de Presupuesto del Programa de Asistencia de Nutrición Suplementaria (SNAP) (CA) – Parte 2

Fecha de entrada en vigor el 1ro de julio, 2016

A. Ingreso – Anote las cantidades Quincenales. No redondee las cantidades de dólares.

1. Ingreso Salarial Bruto Quincenal	\$	
2. Ingreso Neto Quincenal de Huésped/Inquilino o solo inquilino		
3. Sume las líneas 1 y 2		
4. Asignación Quincenal de CA (Para los casos de refugio de hotel/emergencia, incluya la asignación máxima de refugio para el tamaño de la familia en vez del alquiler efectivo.)		
5. Pago Directo del Alquiler Quincenal		
6. Ingreso No Salarial Bruto Quincenal (No anote el ingreso de empleo en esta línea.)		
7. Sume las líneas 3, 4, 5, y 6		
8. Pago Quincenal de Manutención de Niños Obligado por la Ley		
9. Reste la línea 8 de la línea 7	A.	

B. Deducciones

10. El 20% de la línea 3		
11. Deducción Normal – Quincenalmente: Seleccione una de las siguientes opciones. a) Hogar de 1–3 personas \$77.50 b) Hogar de 4 personas \$84.00 c) Hogar de 5 personas \$98.50 d) Hogar de 6 o más personas \$113.00		
12. Gastos quincenales de Cuidado Infantil/Cuidado de Dependientes (Use el gasto efectivo.) Si el hogar costea gastos de menudeo para cuidado de dependientes, no se remita a la Tabla del 130% del Ingreso Bruto. Remítase a la Tabla del 200% del Ingreso Bruto.		
13. Recuperación Automatizada Quincenal: Anote la recuperación quincenal por fraude de cheques duplicados o códigos de ofensa 01–32 y 99 solamente. Para todas las otras recuperaciones automatizadas, no ingrese datos.		
13a. Deducción Quincenal de Refugio para Personas sin Hogar (\$71.50) o gasto efectivo, lo que sea superior. Nota: Las familias sin hogar (código de albergue 23) que cualifican para una SUA de calefacción/climatización por recibir pagos de HEAP superiores a \$20 en los últimos 12 meses, no pueden recibir además la deducción de refugio para personas sin hogar.		
14. Sume las líneas 10, 11, 12, 13, y 13a	B.	

C. Ingreso Ajustado

15. Reste B de A: Línea 14 de la línea 9.	C.	\$
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D. Gastos de Albergue

<p>16. Alquiler efectivo quincenal o hipoteca facturada al hogar (Para los casos de refugio de hotel/emergencia): Anote la asignación máxima para el número de integrantes de la familia.</p>	\$	
<p>17. Otros Gastos Quincenales (Impuestos de bienes inmuebles, seguro, instalación de servicios públicos, etc.)</p>		
<p>18. Asignación Quincenal de Servicios Públicos: Seleccione la asignación correcta de servicios públicos (a, b, c, o d) y anote la cantidad en la línea correspondiente.</p> <p>a) Anote cero (0) para el código de refugio 23 si el hogar no ha percibido pagos de HEAP superiores a \$20 en los últimos 12 meses.</p>		
<p>b) Para gastos de calefacción o climatización o recibo de pagos de HEAP superiores a \$20 durante los últimos 12 meses: Anote la asignación normal quincenal conjunta para calefacción, servicios públicos y teléfono de \$384.00.</p>		
<p>c) Para gastos de servicios públicos exclusivamente: (para los hogares no elegibles para la SUA de calefacción o aire acondicionado): Anote la asignación quincenal combinada para servicios públicos y teléfono de \$152.00.</p>		
<p>d) Para gastos de teléfono exclusivamente: Para aquellos hogares ineligibles para la SUA de calefacción/aire acondicionado o servicios públicos salvo el código de refugio 23: Anote \$16.50.</p>		
<p>19. Sume las líneas 16, 17, y 18b o 18c o 18d D.</p>		

E. Deduciones Sobrantes de Refugio

<p>20. Anote D (Costos de Albergue): La cantidad de la línea 19.</p>	\$	
<p>21. Anote la 1/2 (la mitad) de C (Ingreso Ajustado): La mitad de la cantidad de la línea 15.</p>		
<p>22. Costos Sobrantes de Refugio: Reste la línea 21 de la línea 20. Si la línea 20 es inferior a la línea 21, anote cero (0).</p>		
<p>23. Máxima deducción quincenal de refugio permitida.</p>	\$252	00
<p>24. Anote la cantidad de la línea 22 o 23, la que sea inferior. E.</p>		

F. Ingreso Neto Quincenal de SNAP

<p>25. Anote C (Ingreso Ajustado): Anote la cantidad de la línea 15.</p>	\$	
<p>26. Anote E (Deducciones Sobrantes de Refugio): Cantidad en la línea 24.</p>		
<p>27. Ingreso Neto Quincenal de SNAP: Reste la línea 26 de la línea 25. F.</p>		

G. Prueba del Ingreso Neto Quincenal del 100%

Si el hogar reúne los requisitos categóricamente, salte esta prueba y remítase directamente al Cálculo de Beneficio de SNAP.

<p>28. Anote el ingreso neto quincenal para el tamaño del hogar de la tabla.</p>	
<p>29. Compare la cantidad anotada en la línea 27 con la cantidad en la línea 28.</p> <p>(a) Si la cantidad anotada en la línea 27 es superior a la cantidad en la línea 28, el hogar no reúne los requisitos para beneficios de SNAP. Marque la casilla Inelegible.</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">Inelegible</p> <p>(b) Si la cantidad anotada en la línea 27 equivale o es inferior a la cantidad en la línea 28, el hogar cumple la Prueba del 100% del Ingreso Neto Quincenal. Marque la casilla Elegible y llene la sección H.</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">Elegible</p>	

Tamaño del Hogar	100% del Ingreso Neto Quincenal
1	\$490.50
2	\$664.00
3	\$837.50
4	\$1,010.50
5	\$1,184.00
6	\$1,357.50
7	\$1,530.50
8	\$1,704.00
Cada miembro adicional	+ \$173.50

H. Cálculo de Beneficios de SNAP

<p>30. Ingreso Neto Mensual de SNAP: Multiplique la cantidad de la línea 27 por 2</p>	H.	\$	
<p>31. Asignación: Remítase a las tablas de los formularios W-129F/W-129FF y utilice el ingreso de la línea 30 y el número de miembros del hogar de la Parte 1, casilla E (Número elegible) en la página 2 de este formulario.</p>			
<p>32. Cantidad de Recuperación: Anote la cantidad recuperada. De no haberla, anote cero (0).</p>			
<p>33. Asignación tras la Recuperación: Reste la línea 32 de la línea 31.</p>			

Autorizado por _____

Fecha _____

Guide to Supplemental Nutrition Assistance Program (SNAP) Budgeting

(Effective July 1, 2016)



Human Resources
Administration
Department of
Social Services

Family Independence
Administration

Form W-204G

Rev. 6/22/16

130% GROSS INCOME LIMITS (effective 10/01/15)

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 and do not have earned income are subject to the 130% gross income test.

Household Size	1	2	3	4	5	6	7	8	Each Additional Member
Monthly Household Income	\$1,276	\$1,726	\$2,177	\$2,628	\$3,078	\$3,529	\$3,980	\$4,430	+ \$451

165% GROSS INCOME LIMITS (effective 10/01/15)

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	\$1,619	\$2,191	\$2,763	\$3,335	\$3,907	\$4,479	\$5,051	\$5,623	+ \$572

200% GROSS INCOME LIMITS (effective 10/01/15)

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	\$1,962	\$2,655	\$3,348	\$4,042	\$4,735	\$5,428	\$6,122	\$6,815	+ \$693

150% GROSS INCOME LIMITS (effective 7/01/16)

Households that have earned income that do not contain an elderly or disabled individual and do not incur out-of-pocket dependent care expenses that pass the 150% gross income test are categorically eligible to participate in SNAP as long as the household does not contain a SNAP sanctioned or an IPV member.

Household Size	1	2	3	4	5	6	7	8	Each Additional Member
Monthly Household Income	\$1,472	\$1,992	\$2,512	\$3,032	\$3,552	\$4,072	\$4,592	\$5,112	+ \$520

100% NET INCOME LIMITS (effective 10/01/15)

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	\$981	\$1,328	\$1,675	\$2,021	\$2,368	\$2,715	\$3,061	\$3,408	+ \$347

STANDARD DEDUCTION AMOUNTS (effective 10/01/15)

Household Size	1	2	3	4	5	6+
Standard Deduction	\$155	\$155	\$155	\$168	\$197	\$226

SHELTER DEDUCTIONS/EXCLUSIONS:

- The maximum excess shelter deduction is **\$504** (effective 10/01/15).
- 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 10/01/15).

STANDARD UTILITY ALLOWANCE (SUA) LEVELS (effective 10/01/15)

SUA Level 1 = \$768	SUA Level 2 = \$304	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 10/01/15)

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 10/01/15).

NEW YORK STATE NUTRITION IMPROVEMENT PROJECT (NYSNIP) BENEFIT AMOUNTS (effective 10/01/15)

SHELTER TYPE CODE	SSI ONLY	SSI AND OTHER INCOME
Shelter Type Code 94 Shelter amount greater than \$246 per month and eligible for full SUA.	\$194	\$194
Shelter Type Code 95 Shelter amount of \$246 or less per month and eligible for full SUA.	\$194	\$189
Shelter Type Code 96 Shelter amount greater than \$246 per month and eligible for full SUA with \$21 HEAP.	\$194	\$194
Shelter Type Code 96 Shelter amount greater than \$246 per month and no SUA.	\$26	\$17
Shelter Type Code 97 Shelter amount of \$246 or less per month and eligible for full SUA with \$21 HEAP.	\$194	\$189
Shelter Type Code 97 Shelter amount of \$246 or less per month and no SUA.	\$16	\$16
Shelter Type Code 98 Shelter amount and SUA eligibility unknown.	\$16	\$16

SNAP Household with Out of Pocket Dependent Care Costs

(These are households that do not have any aged or disabled members and do not have any individuals who are sanctioned or disqualified.)

<p>SNAP Household must pass only:</p> <ul style="list-style-type: none"> • 200% Gross Income Test (GIT) (effective 10/1/15) <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="text-align: center;">Household Size</th> <th style="text-align: center;">Maximum Gross Monthly Income 200% of Poverty</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: center;">\$1,962</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">\$2,655</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">\$3,348</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">\$4,042</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">\$4,735</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">\$5,428</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">\$6,122</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">\$6,815</td></tr> <tr> <td style="text-align: center;">Each Add'l Member</td> <td style="text-align: center;">+ \$693</td> </tr> </tbody> </table> <p>Exception:</p> <ul style="list-style-type: none"> • Household with a sanctioned or disqualified individual is not Categorically Eligible 	Household Size	Maximum Gross Monthly Income 200% of Poverty	1	\$1,962	2	\$2,655	3	\$3,348	4	\$4,042	5	\$4,735	6	\$5,428	7	\$6,122	8	\$6,815	Each Add'l Member	+ \$693	<p>ABEL Categorical Eligibility Indicator (CE):</p> <p>N: Categorically Eligible – Not all TA/SSI</p>
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8	\$6,815																				
Each Add'l Member	+ \$693																				

SNAP Household with Expanded Categorical Eligibility

ABEL Categorical Eligibility Indicator (CE): **N:** Categorically Eligible – Not all TA/SSI

<p>SNAP Household with no Earned Income must pass only:</p> <ul style="list-style-type: none"> • 130% Gross Income Test (GIT) (effective 10/1/15) <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="text-align: center;">Family Size</th> <th style="text-align: center;">Monthly Income</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: center;">\$1,276</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">\$1,726</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">\$2,177</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">\$2,628</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">\$3,078</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">\$3,529</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">\$3,980</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">\$4,430</td></tr> <tr> <td style="text-align: center;">Each Add'l Member</td> <td style="text-align: center;">\$451</td> </tr> </tbody> </table>	Family Size	Monthly Income	1	\$1,276	2	\$1,726	3	\$2,177	4	\$2,628	5	\$3,078	6	\$3,529	7	\$3,980	8	\$4,430	Each Add'l Member	\$451	<p>SNAP Household with Earned Income must pass only:</p> <ul style="list-style-type: none"> • 150% Gross Income Test (GIT) (effective 7/1/16) <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="text-align: center;">Family Size</th> <th style="text-align: center;">Monthly Income</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: center;">\$1,472</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">\$1,992</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">\$2,512</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">\$3,032</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">\$3,552</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">\$4,072</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">\$4,592</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">\$5,112</td></tr> <tr> <td style="text-align: center;">Each Add'l Member</td> <td style="text-align: center;">\$520</td> </tr> </tbody> </table>	Family Size	Monthly Income	1	\$1,472	2	\$1,992	3	\$2,512	4	\$3,032	5	\$3,552	6	\$4,072	7	\$4,592	8	\$5,112	Each Add'l Member	\$520
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SNAP Household with Sanctioned Member are NOT Categorically Eligible

<p>SNAP household must pass:</p> <ul style="list-style-type: none"> • 130% Gross Income Test (GIT) • 100% Net Income Test (NIT); and • Resource Test (\$2,250) (effective 10/1/15) <p>Exception: SNAP household contains an aged or disabled individual <u>must</u> pass:</p> <ul style="list-style-type: none"> • 100% NIT; and • Resource Test (\$3,250) 	<p>ABEL Categorical Eligibility Indicator (CE):</p> <p>S: Sanctioned for SNAP – Not Categorically Eligible</p>
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