

OFFICE OF POLICY, PROCEDURES AND TRAINING

James K. Whelan, Executive Deputy Commissioner

Stephen Fisher, Assistant Deputy Commissioner Office of Procedures

POLICY BULLETIN #16-98-OPE

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

Date:	Subtopic(s):						
Date: December 21, 2016		SNAP, Budgeting					
		SIVAP, Budgeting					
☐ This procedure can now be accessed on the FIAweb.	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 (W-204G) has been revised. The W-204G 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, 2017.						
	Job Center Directors and NCA SNAP Center Directors must ensure that all previous versions of Form W-204G are removed from circulation and recycled.						
	A sample of the	revised W-204G is attached.					
	Effective Janua	ry 1, 2017					
	Related Item:						
	PB #16-99-ELI	January 2017 Social Security COLA Changes for NYSNIP Households					
	Attachment:						
☐ Please use Print on Demand to obtain copies of forms.	W-204G	Guide to Supplemental Nutrition Assistance Program (SNAP) Budgeting (Rev. 12/21/16)					

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, 2017)



Administration

Form W-204G

Rev. 12/21/16

130% GROSS INCOME LIMITS (effective 10/01/16)

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	\$1,287	\$1,736	\$2,184	\$2,633	\$3,081	\$3,530	\$3,980	\$4,430	+ \$451	

165% GROSS INCOME LIMITS (effective 10/01/16)

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	\$1,634	\$2,203	\$2,772	\$3,342	\$3,911	\$4,480	\$5,051	\$5,523	+ \$572

200% GROSS INCOME LIMITS (effective 10/01/16)

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 SINAP 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	H	8	Each Additional Member
Monthly Household Income	\$1,980	\$2,670	\$3,360	\$4,050	\$4,740	\$5,430	\$6,122	\$6,815	+ \$693

150% GROSS INCOME LIMITS (effective 10/01/16)

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	\$1,485	\$2,003	\$2,520	\$3,038	\$3,555	\$4,073	\$4,592	\$5,112	+ \$520

100% NET INCOME LIMITS (effective 10/01/16)

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	\$990	\$1,335	\$1,680	\$2,025	\$2,370	\$2,715	\$3,061	\$3,408	+ \$347

STANDARD DEDUCTION AMOUNTS (effective 10/01/16)

Household Size	1	2	3	4	5	6+
Standard Deduction	\$157	\$157	\$157	\$168	\$197	\$226

SHELTER DEDUCTIONS/EXCLUSIONS:

- The maximum excess shelter deduction is \$517 (effective 10/01/16).
- 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 10/01/16).

STANDARD UTILITY ALLOWANCE (SUA) LEVELS (effective 10/01/16)

SUA Level 1 = \$758	SUA Level 2 = \$300	SUA Level 3 = \$33
30A Level 1 = \$730	30A Level 2 - \$300	30A Level 3 = \$33

For information on the SUA Levels, see the SUA Levels Desk Guide (W-205HH).

THRIFTY FOOD PLAN (TFP) (effective 10/01/16)

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

Ho useho ld 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 10/01/16)

NEW YORK STATE NUTRITION IMPROVEMENT PROJECT (NYSNIP) BENEFIT AMOUNTS (effective 01/01/17)

SHELTER TYPE CODE	SSI ONLY	SSI AND OTHER INCOME
Shelter Type Code 94 Shelter amount greater than \$247 per month and eligible for full SUA.	\$194	\$194
Shelter Type Code 95 Shelter amount of \$247 or less per month and eligible for full SUA.	\$194	\$187
Shelter Type Code 96 Shelter amount greater than \$247 per month and eligible for full SUA with \$21 HEAP.	\$194	\$194
Shelter Type Code 96 Shelter amount greater than \$247 per month and no SUA.	\$26	\$17
Shelter Type Code 97 Shelter amount of \$247 or less per month and eligible for full SUA with \$21 HEAP.	\$194	\$187
Shelter Type Code 97 Shelter amount of \$247 or less per month and no SUA.	\$16	\$16
Shelter Type Code 98 Shelter amount and SUA eligibility unknown.	\$16	\$16