OFFICE OF POLICY, PROCEDURES, AND TRAINING



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## POLICY BULLETIN #21-67-OPE

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

| Date:             |  | Subtopic(s):  |  |  |  |  |  |
|-------------------|--|---|--|--|--|--|--|
| December 15, 2021 |  | SNAP, Budgeting   |  |  |  |  |  |
|                   | Services Adminis<br>Supplemental Nu<br>that the Guide to   | his policy bulletin is to inform Job Center, HIV/AIDS<br>stration (HASA), and Non-Cash Assistance (NCA)<br>strition Assistance Program (SNAP) Center staff<br>Supplemental Nutrition Assistance Program<br>g ( <b>W-204G</b> ) has been revised.              |  |  |  |  |  |
|                   | State Nutrition Im<br>levels due to the<br>living adjustment   | been revised to reflect changes in the New York<br>provement Project (NYSNIP) standardized benefit<br>annual Supplemental Security Income (SSI) cost of<br>(COLA) and to reflect the change in the NYSNIP<br>hold. The changes are effective January 1, 2022. |  |  |  |  |  |
|                   | 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. |   |  |  |  |  |  |
|                   | A sample of the revised <b>W-204G</b> is attached.   |   |  |  |  |  |  |
|                   | Effective January 1, 2022  |   |  |  |  |  |  |
|                   | Related Item:  |   |  |  |  |  |  |
|                   | PB #21-66-ELI  | January 2022 Social Security COLA Changes for<br>NYSNIP Households  |  |  |  |  |  |
|                   | Attachment:  |   |  |  |  |  |  |
|                   | W-204G   | Guide to Supplemental Nutrition Assistance<br>Program (SNAP) Budgeting (Rev. 12/13/2021)  |  |  |  |  |  |

# Guide to Supplemental Nutrition Assistance Program (SNAP) Budgeting

(Effective January 1, 2022)

#### Department of Social Services Huma Resources Administration Department of Homeless Services W-204G (E) 12/13/2021

Family Independence Administration

#### 130% GROSS INCOME LIMITS (effective 10/01/21)

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

| Household<br>Size              | 1       | 2       | 3       | 4       | 5       | 6       | 7       | 8       | Each Additional<br>Member |
|--------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------------------------|
| Monthly<br>Household<br>Income | \$1,396 | \$1,888 | \$2,379 | \$2,871 | \$3,363 | \$3,855 | \$4,347 | \$4,839 | + \$492                   |

#### 165% GROSS INCOME LIMITS (effective 10/01/21)

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<br>Size              | 1       | 2       | 3       | 4       | 5       | 6       | 7       | 8       | Each Additional<br>Member |
|--------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------------------------|
| Monthly<br>Household<br>Income | \$1,771 | \$2,396 | \$3,020 | \$3,644 | \$4,268 | \$4,893 | \$5,517 | \$6,141 | + \$625                   |

#### 200% GROSS INCOME LIMITS (effective 10/01/21)

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<br>Size              | 1       | 2       | 3       | 4       | 5       | 6       | Æ       | 8       | Each Additional<br>Member |
|--------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------------------------|
| Monthly<br>Household<br>Income | \$2,147 | \$2,903 | \$3,660 | \$4,417 | \$5,173 | \$5,930 | \$6,687 | \$7,443 | + \$757                   |

#### 150% GROSS INCOME LIMITS (effective 10/01/21)

Households that have earned income that <u>do not</u> contain an elderly or disabled individual <u>and do not</u> 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<br>Size              | 1       | 2       | 3       | 4       | 5       | 6       | 7       | 8       | Each Additional<br>Member |
|--------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------------------------|
| Monthly<br>Household<br>Income | \$1,610 | \$2,178 | \$2,745 | \$3,313 | \$3,880 | \$4,448 | \$5,015 | \$5,583 | + \$568                   |

#### 100% NET INCOME LIMITS (effective 10/01/21)

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

| Household<br>Size              | 1       | 2       | 3       | 4       | 5       | 6       | 7       | 8       | Each Additional<br>Member |
|--------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------------------------|
| Monthly<br>Household<br>Income | \$1,074 | \$1,452 | \$1,830 | \$2,209 | \$2,587 | \$2,965 | \$3,344 | \$3,722 | + \$379                   |

#### STANDARD DEDUCTION AMOUNTS (effective 10/01/21)

| Household<br>Size     | 1     | 2     | 3     | 4     | 5     | 6+    |
|-----------------------|-------|-------|-------|-------|-------|-------|
| Standard<br>Deduction | \$177 | \$177 | \$177 | \$184 | \$215 | \$246 |

#### SHELTER DEDUCTIONS/EXCLUSIONS:

• The maximum excess shelter deduction is \$597 (effective 10/01/21).

- The homeless shelter deduction is \$159.73 (effective 10/01/21).
- The boarder/lodger exclusion is \$250 for one person and \$459 for two people (effective 10/01/21).

#### STANDARD UTILITY ALLOWANCE (SUA) LEVELS (effective 10/01/21)

| SUA Level 1 = \$852 SUA Level 2 = \$336 SUA Level 3 = \$31 |
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|--|

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

### THRIFTY FOOD PLAN (TFP) (effective 10/01/21)

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

| Ho <del>useho</del> ld<br>Size | Τ  | 1   | 2     | 3     | 4     | 5     | 6       | 7       | 8       | Each Additional<br>Member |
|--------------------------------|----|-----|-------|-------|-------|-------|---------|---------|---------|---------------------------|
| Maximum<br>SNAP<br>Allotment   | \$ | 250 | \$459 | \$658 | \$835 | \$992 | \$1,190 | \$1,316 | \$1,504 | + \$188                   |

The minimum monthly SNAP benefit allotment for eligible one- and two-person households is **\$20** (effective 10/01/2<sup>-</sup>).

#### NEW YORK STATE NUTRITION IMPROVEMENT PROJECT (NYSNIP) BENEFIT AMOUNTS (effective 01/01/22)

| SHELTER TYPE CODE  | SSI ONLY | SSI AND OTHER INCOME |
|--|----------|----------------------|
| Shelter Type Code 94<br>Shelter amount greater than <b>\$278</b> per month<br>and eligible for full SUA.         | \$250    | \$250                |
| Shelter Type Code 95<br>Shelter amount of \$278 or less per month and<br>eligible for full SUA.                  | \$250    | \$242                |
| Shelter Type Code 96<br>Shelter amount greater than \$278 per month<br>and eligible for full SUA with \$21 HEAP. | \$250    | \$250                |
| Shelter Type Code 96<br>Shelter amount greater than \$278 per month<br>and no SUA.                               | \$43     | \$34                 |
| Shelter Type Code 97<br>Shelter amount of \$278 or less per month and<br>eligible for full SUA with \$21 HEAP.   | \$250    | \$242                |
| Shelter Type Code 97<br>Shelter amount of <b>\$278</b> or less per month and<br>no SUA.                          | \$24     | \$20                 |
| Shelter Type Code 98<br>Shelter amount and SUA eligibility unknown.  | \$24     | \$20                 |