# FOOD STAMP
# SUPPLEMENTAL APPLICATION FOR SPECIAL MEDICAL DEDUCTIONS

**INSTRUCTIONS –** The application is for special medical deductions for any food stamp household member who is elderly or disabled. See the other side of this page for what we mean when we say "elderly or disabled." DON'T list spouses or children receiving dependent payments from the Social Security Administration (SSA), Veterans Administration (VA), etc.

**FOR COUNTY USE ONLY**

CASE NAME

| (1) NAME | BIRTHDATE | TYPE OF BENEFIT RECEIVED (SUCH AS SSA, VA, RAILROAD, ETC.) | MEDICAL PROBLEM OR CONDITION NEEDING CARE |
|---|---|---|---|
| | / / | | |
| | / / | | |
| | / / | | |

## (2) MEDICAL EXPENSES

Give the following information for **ONLY** the persons listed above. List all expenses you expect to have during the certification period. Base your estimate on current medical expenses. Attach bills or proof of expenses you have had for the above listed member(s) of the household.

| MEDICAL EXPENSE ITEM | HOUSEHOLD MEMBERS RECEIVING SERVICE | TOTAL MEDICAL EXPENSE | TOTAL MONTHLY EXPENSE | WILL NON-HOUSEHOLD SOURCE BE RESPONSIBLE FOR PAYMENT? (i.e., MEDI-CAL, INSURANCE, ETC.) |
|---|---|---|---|---|
| a. Medical or dental care provided by a certified practitioner | | | | ☐ YES ☐ NO |
| b. Hospitalization or outpatient treatment and nursing care. | | | | ☐ YES ☐ NO |
| c. Prescribed drugs. | | | | ☐ YES ☐ NO |
| d. Health and hospitalization insurance policy premiums. | | | | ☐ YES ☐ NO |
| e. Medicare premiums: Medi-Cal share of costs and/or spend down expenses. | | | | ☐ YES ☐ NO |
| f. Dentures, hearing aids and prosthetics. Prescribed medical supplies and equipment. | | | | ☐ YES ☐ NO |
| g. Service animal (i.e. seeing eye or hearing dog) expenses, including the costs of food and veterinarian bills. | | | | ☐ YES ☐ NO |
| h. Eye glasses and contact lenses prescribed by a physician or optometrist. | | | | ☐ YES ☐ NO |
| i. Cost of transportation and lodging to obtain medical treatment or services. | | | | ☐ YES ☐ NO |
| j. Maintaining an attendant necessary due to age, illness or infirmity. | | | | ☐ YES ☐ NO |
| k. The number and cost of meals furnished to an attendant. | | | | ☐ YES ☐ NO |
| l. Other (specify). | | | | ☐ YES ☐ NO |

## PENALTY WARNING

**You or anyone in the household who gives wrong information on purpose can be prosecuted with penalties of a fine, jail, or both. The penalties can result in disqualification from the Program, fines up to $250,000 or going to jail for up to 20 years. The disqualification penalties are 12 months for the first violation, 24 months for the second violation, and permanent disqualification for the third violation.**

I certify that I understand the questions on this form. I also understand that (1) the information I have given will be checked and verified by local, state, and federal personnel: (2) the household, any adult member (even if they move out), the sponsor of an alien household member or the authorized representative of residents in an eligible institution may be required to repay extra benefits the household should not have received even if it is the county's fault: and (3) that I will give the county proof of my expenses or the name of a person or organization the county may contact to get the proof if I can not get it myself.

**I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this application is true, correct, and complete.**

| SIGNATURE (ADULT HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE) | | | DATE |
|---|---|---|---|
| | | | |
| WITNESS, IF YOU SIGNED WITH AN X | DATE | SIGNATURE OF INTERVIEWING WORKER | DATE |
| | | | |

The application for special medical deductions is for any food stamp household member who is elderly or disabled.

When we say “elderly” we mean anyone who is age 60 or older.

When we say “disabled” we mean anyone who is getting:

(1) disability payments from the Social Security Administration (SSA) (other than Supplemental Security Income/State Supplementary Program (SSI/SSP)) or the Veterans Administration (VA); OR

(2) disability retirement benefits from a federal, state or local governmental agency or the Railroad Retirement Board; OR

(3) Medi-Cal services because of a disability; OR

(4) interim assistance/emergency general relief while waiting to get SSI/SSP because of a disability **approved** by the Social Security Administration.