

CALFRESH SUPPLEMENTAL FORM FOR SPECIAL MEDICAL DEDUCTIONS

Case Name: _____ Case Number: _____

This form is for special medical deductions for any CalFresh household member who is elderly or disabled. See the other side of this page for what we mean when we say "elderly or disabled."

Are you, or anyone you buy and prepare food with, an elderly (60 or older) or disabled person that has any out-of-pocket medical expenses? Yes No

If **yes**, please check all the boxes of the types of medical expenses that apply from these examples listed below (there may be others not listed here). List expenses you expect to have during the certification period. Please complete the section below and attach bills, receipts, or proof of expenses.

NOTE: Don't list spouses or children receiving dependent payments from Social Security Administration (SSA) Veteran's Administration (VA), etc. Allowable medical expenses are:

- | | | |
|---|--|---|
| <input type="checkbox"/> Medical or dental care | <input type="checkbox"/> Hospitalization or outpatient treatment/nursing care | <input type="checkbox"/> Prescribed medication |
| <input type="checkbox"/> Prescribed over the counter medications | <input type="checkbox"/> Health and hospitalization insurance policy premiums | <input type="checkbox"/> Medicare premiums (Medi-Cal share of costs, etc.) |
| <input type="checkbox"/> Dentures, hearing aids and prosthetics | <input type="checkbox"/> Prescribed medical supplies and equipment | <input type="checkbox"/> Service animals (i.e. seeing eye or hearing dog) expenses (food and vet bills, etc.) |
| <input type="checkbox"/> Prescribed eye glasses contact lenses | <input type="checkbox"/> Cost of transportation (mileage or fee) treatment or services | <input type="checkbox"/> Cost of lodging to obtain medical and to obtain medical treatment or services |
| <input type="checkbox"/> Maintaining an attendant necessary due to age, illness, or infirmity | <input type="checkbox"/> The number and cost of meals furnished to an attendant | <input type="checkbox"/> Other (specify) |

Name of elderly or disabled person	What type of expense? (prescriptions, dentures, # of meals for attendant, etc.)	Amount of expense?	How often paid? (monthly, weekly, other)	Will the household be reimbursed for any medical expenses? (By Medi-Cal, insurance, etc.)
		\$		If yes, by who: How much \$
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The supplemental form for special medical deductions is for any CalFresh 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 Supplementary 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.

Examples of Verifications:

- Medical bills or receipts
- Medical transportation bills or receipts
- Health or dental insurance policies or premiums
- Medicare card (*for Medi-Cal only*)
- Doctor statement or disability finding by an agency (SSA/SDI/VA, etc.)
- Medical verification form (CW61)