**Your SNAP may go up if you tell us about medical expenses**

**Who can claim medical expenses?**

Anyone age 60 or older *or* certified disabled by federal government standards.

**How can medical expenses increase my SNAP benefits?**

SNAP benefits are based on your household’s income and certain living expenses. Reporting medical expenses more than $35 per month allows you to get a deduction to your countable income. SNAP benefits will not change if you already get the maximum SNAP amount.

**What types of medical expenses count?**

We count the medical expenses that you are responsible for - such as a hospital or dental bill - even if you have not paid them yet. But we cannot count costs that are reimbursed by insurance. See examples on the back.

Tell us how often you pay for each cost. Example: Tell us if a medical expense was only one-time (such as a medical procedure) or if you pay for it weekly, monthly or annually (such as vitamins or medications).

**What type of proof is needed?**

If your total out-of-pocket monthly medical expenses are over $35 and up to $190, you can send DTA a signed note of your expenses or call DTA to verify over the phone. No further documentation needed.

If your medical expenses total over $190 per month you will need to provide proof of all your medical expenses. Proof may include a copy of medical bills, receipts, or a printout from the pharmacy.

**How can I send proof of my medical expenses to DTA?**

* **Online**: DTAConnect.com or DTA Connect Mobile App
* **Mail**: DTA Processing Center, P.O. Box 4406, Taunton, MA 02780
* **Fax**: (617) 887-8765
* **In person**: Scan at a local DTA office

**What if I have questions**? Call DTA at 877-382-2363 or if you are 60 or older, call the Senior Assistance Office at 833-712-8027.

**Examples of Out-of-Pocket Medical Expenses**

**Insurance**

* Basic Health
* Drug
* Dental
* Vision
* Medicare

**Medical Supplies**

* Hearing aids/batteries
* Contact lenses
* Glasses
* Diabetes supplies
* Adhesives
* Wheelchair
* Walker
* Prosthetics
* Crutches
* Dentures
* Communication equipment

**Pharmacy**

* Prescriptions
* Over-the-counter drugs
* Wound care supplies
* Adult diapers
* Vitamins/herbal health remedies

**Co-payments**

* Doctor
* Hospital
* Dentist
* Physical Therapy
* Chiropractor
* Mental health services
* Medical procedure

**Transportation (for medical appointments/pharmacy)**

* Mileage by car
* Taxi, Uber/Lyft
* Public transportation/The Ride
* Parking
* Tolls

**Other Health Costs**

* Home health or adult day care
* Gym membership
* Acupuncture/alternative medicine
* Service animal costs
* Housekeeping

For proof of your medical expenses, provide copies of medical bills, receipts, or a printout from the pharmacy. For mileage provide the address driven to and how often.

This institution is an equal opportunity provider.

We must not discriminate due to race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. If you think that we have discriminated against you, contact 617-348-8555 to find out how to file a complaint.