



You May Increase Your SNAP Benefits By Verifying Your Medical Costs

Who can claim medical costs?

Anyone with a permanent disability or who is age 60 or older.

How will medical costs increase my SNAP benefits?

SNAP benefits are based on household income and expenses. Claiming medical expenses reduces your countable income by giving a credit.

You get the same credit if your monthly costs are between \$35.01 and \$190.00. You get a larger credit if they are more than \$190. SNAP benefits will not change if you already get the maximum SNAP amount.

What medical costs can be claimed?

There are examples on the back. You can get credit even if you have not paid yet.

What type of proof is needed?

We need receipts or bills to prove most medical costs. Car mileage can be verbally reported. If you claim medical costs to a housing authority, you can ask them for your rent calculation worksheet and send it to us.

How do I send proof to DTA?

You can send us proofs anytime!

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 Any local DTA office

What if I have questions about what to send or how it will change benefits?

If you are 60 or older, call the Senior Assistance Office at (833) 712-8027

If you are under 60, call the DTA Assistance Line at (877) 382-2363

Examples of Eligible Medical Costs

Medications **Service Support Animals** ☐ Prescriptions ☐ Veterinary bills ☐ Over the counter ☐ Animal food ☐ Supplements/vitamins ☐ Pet care supplies **Insurance Premiums Home Health Costs** ☐ Basic health ☐ Personal care attendant ☐ Vision ☐ Home health aide ☐ Dental ☐ Dependent/Adult day ☐ Drug care **Medical Equipment Alternative Therapy** ☐ Wheelchair ☐ Acupuncture ☐ Crutches ☐ Massage ☐ Prosthetics ☐ Physical Therapy ☐ Communication ☐ Chiropractor equipment ☐ Walker **Health Related Supplies Transportation** ☐ Adult diapers ☐ Taxi, Uber/Lyft ☐ Public Transportation ☐ Dentures ☐ Hearing aids/batteries ☐ Parking Costs ☐ Mileage by car (self-☐ Contact lenses declare locations) ☐ Eyeglasses **Co-payments** Other ☐ One-time medical bills ☐ Doctor's office ☐ Gym membership ☐ Dentist's office

You can use this list to help submit proof of your costs.

☐ Hospital

Number of receipts/bills included: _____