MEDICAL DEDUCTION WORKSHEET

Do I have Medical Expenses that I can include in my SNAP budget?

If you or anyone in your household is age 60 or older or living with a disability, you may be able to use certain out-of-pocket medical expenses to increase your SNAP benefits.

Name: ______________________________ Phone #: ____________________

DOB: ____________________ Case#/SS#: ______________________________

Mailing Address: ____

City: ______________________________ State: ______________ Zip: ____________

Insurance Premiums

- Medicare Part A/B: $__________ *monthly*
- Medicare Part D: $__________ *monthly*
- Private Insurance: $__________ *monthly*
- Other premiums: $__________ *monthly*

Other Medical Expenses

- Medical Appliances (hearing aids, wheelchairs, glasses)
- Service Animals
- Attendant Care or Homemaker Services

Total: $_________

Prescription Drugs

- Printout from the pharmacy for the past 3 months or longer.

Total: $_________

Hospital and Doctor Bills

- Any current or outstanding hospital or doctor bills:

Total: $_________

Transportation

- How do you get to the Doctor/Pharmacy? ____ Drive myself ____Paid Transportation
- Total miles driven on way to medical appointments or pharmacy: ______________

Address *(location name, address, city, zip)*

____ visits per year: _______

____ visits per year: _______

____ visits per year: _______

____ visits per year: _______

or Amount paid to friend/family for transportation: $______________

Individual's Name: ______________________________ Phone#: ____________________

I verify that the information given above is true and accurate to the best of my knowledge.

Signature: ______________________________ Date: ______________

Please mail or email this page with proof of expenses to:

Food Bank of Alaska
2192 Viking Dr, Anchorage, AK 99501
Phone: 907-222-3119 | Email: SNAP@foodbankofalaska.org

For Office Use Only:
Total Miles: _______x .65.5 = $________

This tool is intended to provide basic information about SNAP medical expenses.