Program Income Guidelines

	OWF and PRC				CFC Medicaid					Food Assistance					
AG Size	OWF Initial Elig. Test 7-1-09 (TOWF)	OWF PMT STD 1-01-09 (TOWF)	PRC FPG 100% 1-23-09 (THST)	PRC FPG 200% 1-23-09 (THST)	OWF /CFCM Alloc. Allow. 100% 7-1-97	LIF FPG 90% 1-23-09 (THST)	Healthy Start 150% 1-23-09 (THST)	Healthy Start 200% 1-23-09 (THST)	AG Size	FA Allot 4-1-09 (TTFP)	130% Gross Std. 10-1-09 (TFSS)	Net Std. 10-1-09 (TFSS)	165%* Gross 10-1-09 (TFSS)	200% Gross 10-01-09 (TFSS)	Std. Ded. 10-1-10 (TTFP)
1	452	259	903	1805	583	813	1354	1805	1	200	1174	903	1490	1805	142
2	608	355	1215	2429	802	1093	1822	2429	2	367	1579	1215	2004	2429	142
3	763	434	1526	3052	980	1374	2289	3052	3	526	1984	1526	2518	3052	142
4	919	536	1838	3675	1210	1654	2757	3675	4	668	2389	1838	3032	3675	153
5	1075	627	2150	4299	1417	1935	3224	4299	5	793	2794	2150	3547	4299	179
6	1231	698	2461	4922	1578	2215	3692	4922	6	952	3200	2461	4061	4922	205
7	1387	780	2773	5545	1761	2496	4159	5545	7	1052	3605	2773	4575	5545	205
8	1543	864	3085	6169	1954	2776	4627	6169	8	1202	4010	3085	5089	6169	205

***Used only to determine whether elderly AG members and their spouse who are also disabled and who live with others, qualify for separate AG status.**

MEDICAID DEPENDENT CARE DEDUCTIONS 10-01-08 (TAEP)

$175/Child/Incapacitated adult full-time
$200/Child under age two full-time
$120/Child/Incapacitated adult part- time

MEDICARE PREMIUM ***1/1/09 $ 96.40***
*** (New to Medicare on or after)** ***1/1/10 $110.50***

FOOD ASSISTANCE 10-01-09(TFEP)

Standard Shelter Estimate (Homeless)	$143
Earned Income Deduction	20%
Excess Medical Deduction	$35
Dependent Care Deduction	No limit
Minimum Monthly Allotment	$16
Standard Utility Allowance (Effective 10/1/10)	$599
Limited Utility Allowance (Effective 10/1/10)	$364
Single Utility Allowance (Effective 10/1/10)	$82
Standard Telephone Allowance (Effective 10/1/10)	$37
Limit on Shelter Deduction (Effective 10/1/10)	**$458**

MEDICAID (TMEP & TMNA)

MEDICAID RESOURCE LIMIT	
Single	$1500
Couple	$2250

MEDICAID NEED STD	***1-1-09***
Single	$589
Couple	$1011

SSI PAYMENT	***1-1-09***
Single	$674
Couple	$1011

NURSING HOMES 1-1-09 (TMEP & TMNA)	
Special Income Level	$2022
Protected Resource Amount (PRA) Minimum	$21,912
Protected Resource Amount (PRA) Maximum	$109,560
Maximum MMMNA	$2739
MMMNA	$1821
ESA	$546
Utility Standard *Effective 10/1/10*	$599
SIMNA (HCBS Waiver)	$1315
Family Allowance	$1821
Average Monthly Private Pay Rate	$6023
Assisted Living Maintenance Needs (ALMNA)	$674
MBIWD Individual Resource Limit	$10,580
MBIWD 150% FPL	$1354
MBIWD 250% FPL	$2257

QMB NEED STD	***3-1-09***
Single	$903
Couple	$1215

SLMB NEED STD	***3-1-09***
Single	$1083
Couple	$1457

DEEMING	
Spouse-Child	$163
1 Parent	$325
2 Parents	$488

QMB/SLMB RESOURCE LIMIT	
Single	$6600
Couple ***(Effective 1/1/10)***	$9910

Qualified Ind. I	***3-1-09***
Single	$1219
Couple	$1640

QWDI	***3-1-09***
Single	$1805
Couple	$2429