

# SNAP Matters for People with Disabilities

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**FRAC**  
Food Research  
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# About FRAC

The Food Research and Action Center (FRAC) is the leading national nonprofit organization working to improve public policies to eradicate hunger and undernutrition in the United States.

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# Executive Summary

Poverty, hunger, and food insecurity disproportionately affect Americans who have communicative, mental, or physical disabilities. For these children, adults, and seniors, the Supplemental Nutrition Assistance Program (SNAP) serves as a vital support.

Access to affordable, nutritious food often is even more critical for Americans with disabilities than for others. Not only are people with disabilities more likely to experience poverty and food insecurity, but they also are more likely to suffer from chronic conditions that can be aggravated by poor nutrition. These conditions can exacerbate existing disabilities or even lead to new disabilities. Good nutrition is a key component of good health for all Americans, but for those who have a disability, eating nutritiously, even during periods of economic difficulty, is critically important.

This report provides information on:

1. The population of Americans with disabilities, including factors that lead to increased poverty and food insecurity among them;
2. SNAP's role among programs targeted to assist people with disabilities;
3. SNAP program rules and policies that make it both accessible and responsive to the needs of Americans with disabilities; and
4. Recommendations for strengthening SNAP's support for people with disabilities through state policy options, agency practices, and outreach. This report will limit its discussion of recommendations to strategies already available within current federal law.

## I. Poverty and Food Insecurity Among People with Disabilities

Food insecurity rates among households that include adults with disabilities are well above the overall national food insecurity rate of 14.3 percent, based on the most recent evidence. According to USDA's Economic Research Service (ERS), food insecurity impacts one-third of households with a working-age adult who is out of the labor force due to disability<sup>1</sup>, and one-quarter of households with a working-age adult with a disability who has remained in the workforce.<sup>2</sup>

Adults with disabilities also experience disproportionate rates of "very low food security" (previously referred to as "food insecurity with hunger"), the most serious subcategory of food insecurity. Half of food insecure households that include adults with disabilities experience "very low food security," compared to one-third of all food insecure households.<sup>3</sup>

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There are a number of factors that make food insecurity such a common and persistent problem for Americans with disabilities. According to U.S. Census Bureau data, only 41.1 percent of working-age (21-64 years) adults with disabilities are employed, compared to 79.1 percent of those without disabilities.<sup>4</sup> Furthermore, adults with disabilities are less likely to remain employed consistently and are significantly more likely to experience prolonged unemployment of 12 months or more. During a 24-month period measured from September 2008–August 2010, 49.9 percent of working-age adults with severe disabilities<sup>5</sup> and 14.1 of those with non-severe disabilities<sup>6</sup> experienced unemployment for the full two years, compared to just 9.2 percent of working-age adults with no disabilities.<sup>7</sup>

The economic vulnerability created by unstable employment is further exacerbated for adults with disabilities by significantly lower-than-average earnings. According to U.S. Census Bureau data from 2010, median monthly earnings for adults with disabilities were just \$1,961, compared to \$2,724 for those without disabilities, a 28 percent reduction in earnings.<sup>8</sup>

To compound the economic stress caused by lower earnings, people with disabilities also have more demands upon their income, due in part to increased medical expenses and other costs related to managing a disability. A 2012 study by the National Disability Institute found that people with disabilities were more than twice as likely as people without disabilities to report that it is “very difficult” to cover monthly expenses, like food.<sup>9</sup>

Similarly, Mathematica Policy Research found that a person with a persistent work-limiting disability would require more than two-and-a-half times the income of a person without disabilities to have the same likelihood of food security.<sup>10</sup>

Half of food insecure households that include adults with disabilities experience “very low food security,” compared to one-third of all food insecure households.

## Food Insecurity, Disability, and Health

Good nutrition and food security is critical for health and well-being. Poor nutrition and food insecurity can contribute, for instance, to diet-related illnesses like obesity, diabetes, and high blood pressure. Each of these conditions is linked with serious physical, psychological, and economic consequences, and can exacerbate or lead to other chronic health conditions (e.g., asthma, heart disease).<sup>11</sup> Mental health also is impacted by food insecurity. Uncertainty over where a person’s next meal will come from can cause stress, anxiety and depression, each of which can worsen existing conditions or become debilitating in its own right.<sup>12</sup>

Given the high rates of food insecurity among people living with disabilities, these consequences of poor nutrition and food insecurity are especially concerning.

Even separate from food insecurity, people living with disabilities are often at greater risk for secondary, preventable conditions like obesity, depression, pain, and injury.<sup>13</sup> The result can be the worsening of an existing disability or the development of a new condition. For example, research shows that children and adults with mobility limitations and intellectual or learning disabilities are at high risk for obesity.<sup>14</sup> Consequently, health care expenses for people with disabilities can quickly multiply, making it even more difficult for them to attain economic and food security.

## Identifying People with Disabilities

Definitions of who is disabled vary based on the program or survey in question. The lack of a universal definition of what a “disability” is can complicate discussions of poverty and the impact of federal nutrition programs like SNAP on Americans with disabilities. For example, the U.S. Census Bureau’s Current Population Survey – a major source of data on characteristics of Americans with disabilities, including rates of food insecurity – identifies people with disabilities based on an affirmative response to any one of a series of six questions that address physical, mental, and emotional conditions that cause serious difficulty with daily activities. Implemented in 2008, the six questions the Current Population Survey asks about household members over age 16 are: <sup>15</sup>

1. Is anyone deaf or does anyone have serious difficulty hearing?
2. Is anyone blind or does anyone have serious difficulty seeing, even when wearing glasses?
3. Because of a physical, mental, or emotional condition, does anyone have serious difficulty concentrating, remembering, or making decisions?
4. Does anyone have serious difficulty walking or climbing stairs?
5. Does anyone have difficulty dressing or bathing?
6. Because of a physical, mental, or emotional condition, does anyone have difficulty doing errands alone, such as visiting a doctor’s office or shopping?

SNAP law, however, defines a person as “disabled” if that person: <sup>16, 17</sup>

1. Receives federal disability or blindness payments under the Social Security Act, including Supplemental Security Income (SSI) or Social Security disability or blindness payments; or
2. Receives state disability or blindness payments based on SSI rules; or
3. Receives a disability retirement benefit from a governmental agency because of a disability considered permanent under the Social Security Act; or
4. Receives an annuity under the Railroad Retirement Act and is eligible for Medicare and is considered to be disabled based on the SSI rules; or
5. Is a veteran who is totally disabled, permanently housebound, or in need of regular aid and attendance; or
6. Is a surviving spouse or child of a veteran who is receiving Veteran’s Affairs benefits and is considered to be permanently disabled.

SNAP’s use of a definition of “disabled” that focuses on whether an individual receives disability payments has both benefits and drawbacks for applicants. On the one hand, SNAP applicants can avoid having to prove they have a disability because another office has already made that determination. This reduces SNAP-related paperwork burdens on both applicants and state agencies processing the requests. However, a definition of “disabled” that relies on receipt of disability benefits also undeniably misses a significant number of Americans who fit other definitions of “disabled,” like that used by the U.S. Census Bureau. Furthermore, the application process for Social Security disability benefits is known to be lengthy and full of delays.

Because of the delays, applicants for disability benefits can wait years to be determined disabled by the Social Security Administration, remaining ineligible for “disabled” status under SNAP rules during that time as well.

## II. SNAP is a Crucial Support for People with Disabilities

Ensuring that SNAP effectively supports the nutrition needs of low-income Americans with disabilities is a matter both of food security and equity. One reason that Americans with disabilities face a substantially higher risk of poverty and food insecurity is the structural barriers that impede them from taking advantage of opportunities and resources available to Americans without disabilities. SNAP alone will not lift these barriers, but making sure that SNAP is accessible and responsive to the needs of all Americans is a step toward addressing the structural barriers faced by Americans with disabilities.

To provide a brief overview, SNAP (formerly known as the Food Stamps Program) is the largest federal nutrition program. It provides monthly nutrition benefits to eligible low-income families, which can be used to purchase food at authorized retailers. SNAP benefits are provided through an electronic benefit transfer system. SNAP benefits are transferred to a benefits card, similar to a bank card, which can be used to purchase eligible food, including bread, cereal, fruits and vegetables, meat, and dairy products.

Because of their increased vulnerability to poverty and food insecurity, SNAP benefits are vital for helping households with people with disabilities meet their nutritional needs. For working-age adults with disabilities, SNAP is an especially important source of nutrition assistance. This group often does not otherwise fall under the umbrella of most other federal nutrition programs, which are more targeted to seniors or children, and which have provided a certain degree of protection to those populations. Low-income seniors with disabilities may access the Commodity

Supplemental Food Program,<sup>18</sup> while low-income children with disabilities can access school lunch and breakfast, child care food programs, and after-school and summer meals where available. For working-age adults with disabilities who fall between these two groups, however, SNAP may be their primary source of nutrition assistance when financial difficulties arise.

### Current SNAP Households with a Person with Disabilities

Households with a member with a disability have an especially high participation rate in SNAP, reflecting both greater exposure to food insecurity and SNAP’s importance as a safety net for adults with disabilities. Based on the most recent estimates, 47 percent of low-income households (defined as households with incomes below 185 percent of the Federal poverty line) with a member who is unable to work due to disability participate in SNAP, compared to 24 percent of similar households with no working-age adults with disabilities.<sup>19,20</sup> In fiscal year 2013, SNAP served in an average month 4.6 million households that included a nonelderly member with a disability, accounting for 20 percent of all SNAP households.<sup>21,22</sup>

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## SNAP as an Access Point to Other Benefit Programs

The benefits of participating in SNAP go beyond the program itself. In many ways, participation in SNAP can facilitate access to other sources of support for people with disabilities. Screening or determining SNAP beneficiaries eligible for other benefits streamlines access to additional supportive programs. As an example, a household with young children applying for SNAP could also be connected to the free- or reduced-price school meal program, WIC, Medicaid, and the Lifeline Program, which offers discount phone service to eligible low-income households. Each of these programs can further ease the economic burdens faced by households with members with disabilities. Access to SNAP does not guarantee access to additional supportive services, but it can introduce households to the other programs available to them and streamline the application process.

## Strengthening the Safety Net for People with Disabilities

SNAP is an important component of the safety net for Americans with disabilities living in poverty. The two main federal programs designed to support people with disabilities are SSI and Social Security Disability Insurance (SSDI), both of which are administered by the Social Security Administration. The main distinction between the two programs is that SSDI is “insurance” meant to partially replace wages lost due to disability. SSDI benefits must be accrued through a work history. In order to be insured and receive SSDI, a worker generally must have worked during at least one-fourth of his or her adult lifetime and during at least 20 quarters (the equivalent of 5 years) in the 10 years before disability onset.<sup>23</sup> SSI, however, is a means-tested program. It requires no work history and is available for low-income children, adults, and seniors. Some adults may receive both SSI and SSDI if their SSDI benefits are low enough.

Programs like SSI and SSDI are designed to reduce the economic vulnerability of Americans with disabilities, but millions of Americans with disabilities do not receive disability benefits. In 2012, 20 percent of working-age adults (age 15-64) with a disability that prevents them from working received SSI benefits,<sup>24</sup> while 28 percent of working-age adults (age 18-64) with a disability lived below the federal poverty line in that same year.<sup>25</sup> In comparison, 29 percent of working-age adults (age 15-64) with a disability that prevents them from working participated in SNAP in 2012, receiving a median monthly benefit of \$206.<sup>26,27</sup>

A strategy to strengthen the safety net for people with disabilities should strengthen SNAP’s supports to this population in addition to improving the reach and impact of federal disability benefits programs. A key reason why so many adults with disabilities fall through the safety net is that federal disability benefits are reserved for workers with the most severe conditions. Many workers with significant or episodic disabilities are unable to meet this high threshold. A number of other factors limit access to disability benefits, from a lack of sustained work history for SSDI, to restrictive income exclusions and asset limits in SSI, to overly complicated work incentives that discourage applicants by making it unclear how attempting to work will impact recipients’ benefits.<sup>28</sup> SNAP is an important lifeline for low-income Americans with disabilities, but federal disability benefits programs also need to be improved in order to protect people with disabilities from poverty and food insecurity.

### III. SNAP Program Supports for People with Disabilities

SNAP's structure and rules allow it to respond to the economic challenges faced by people with disabilities. SNAP is designed as an entitlement program, meaning that all applicants who meet the eligibility requirements can receive the full amount of benefits for which they qualify. This entitlement structure allows SNAP to respond to need when it occurs, without waiting lists or triage.

#### Special SNAP Rules for People with Disabilities

SNAP has several special rules for SNAP applicant and recipient households with members with disabilities, including: <sup>29</sup>

- The resources of SSI recipients are not counted in the SNAP application process.
- A household with a person with disabilities is subject to a higher resource limit - \$3,250 rather than \$2,250.
- While most households must meet both a gross income and a net income test, a household with a person with disabilities need not meet the gross income test.
- A household in which all members are receiving SSI is considered eligible for SNAP based on income.
- A person with disabilities can deduct out-of-pocket medical expenses that exceed \$35 per month from the amount of income that is used to calculate the household's benefits level.
- A household with a person with disabilities is not limited in the amount of excess shelter costs it can deduct from the amount of income that is used to calculate the household's benefits level.
- An applicant with disabilities can designate an authorized representative to apply and be interviewed on his/her behalf. In most cases, applicants may apply online, request a phone interview, or request a home visit.
- Disabled people who live in certain small, nonprofit group homes may be eligible for SNAP benefits even if the group home prepares their meals for them.
- A household in which all members are elderly or disabled can be certified for up to 24 months, rather than 12 months, with some contact with the household required at the 12-month mark. <sup>30</sup>
- Lawfully present non-citizens receiving disability-related assistance are eligible for SNAP, regardless of whether they have resided in the U.S. for at least five years. <sup>31</sup>
- An unemployed SNAP recipient with a disability is exempt from the time limits imposed on Able-Bodied Adults Without Dependents ("ABAWDs"), and is not required to register for work. <sup>32</sup>
- Applicants with disabilities who require alternative means for communication of SNAP information can contact USDA's TARGET Center at (202) 720-2600 (voice and TDD) to receive materials in Braille, large print, audiotape, or other needed formats.

Some of these rules are discussed in more detail in the next section. Advocates seeking to better meet the needs of people with disabilities can help ensure the above special SNAP rules for households with people with disabilities are fully utilized by state and local SNAP agencies. In addition, they can advocate for states to implement additional policy practices and options described below that also are available under current federal SNAP law.

## SNAP Policies that Benefit People with Disabilities

Within SNAP, there are a number of provisions that are especially beneficial for people with disabilities, although not all of them were designed with this population in mind. That are especially beneficial for people with disabilities, although not all of them were designed with this population in mind. These provisions serve to streamline the SNAP application process, help account for the increased expenses people with disabilities incur, or otherwise reduce barriers that people with disabilities may face in applying for and using SNAP benefits.

### Medical Expenses Deduction

The opportunity to deduct out-of-pocket medical expenses that exceed \$35 per month is a SNAP rule only available to households with individuals who have disabilities or who are over 60 years in age. This means that the exceptionally high medical expenses people with disabilities can incur will be taken into account in the calculation of their household's SNAP benefits. As a general rule in SNAP, the amount of monthly SNAP benefits is higher if countable income is lower. Therefore, medical expense deductions that cause countable income to be lowered also cause benefits to be better. Medical expense deductions are not limited to those who receive Social Security disability benefits. A household that includes an individual who qualifies for Medicaid based on disability (but has not been found eligible for Social Security disability benefits) is also eligible to deduct that person's excess medical expenses.

The list of qualifying medical expenses is expansive and encompasses medical, dental, and vision-related costs. Out-of-pocket payments for prescription medications, over-the-counter medications recommended by a physician, home healthcare costs, medical equipment, health insurance premiums and co-pays, costs related to caring for a service animal, and transportation to doctor visits and

the pharmacy are among the items that can be counted.<sup>33</sup> The wide array of eligible medical expenses makes the \$35 threshold easier to reach for households with members with disabilities.

The percent of SNAP households with elderly or disabled members who claim the medical expenses deduction is very low, averaging 13 percent nationally during FY 2013.

Unfortunately, many SNAP applicants and recipients don't know about the deduction, and many SNAP agencies do not sufficiently clarify the deduction or assist households in using it. The percent of SNAP households with elderly or disabled members who claim the medical expenses deduction is very low, averaging 13 percent nationally during FY 2013 and ranging from a high of 29 percent in Missouri to a low of two percent in the District of Columbia.<sup>34, 35</sup>

Additionally, verification of medical expenses can be burdensome, especially if several costs need to be documented, or if costs do not occur on a monthly basis. Cataloguing and verifying monthly medical costs may simply be too burdensome for many households which are already struggling to meet the other requirements of the SNAP application process, especially if the amount by which the deduction will increase a household's SNAP benefits is unknown or unclear. One solution to these obstacles is the use of a Standard Medical Deduction. This is discussed in the "State Options" portion of this report in Section IV.

Another solution is good outreach and application assistance. Given that the Medical Expense Deduction is greatly underutilized, SNAP outreach efforts can play a crucial role in ensuring that people with disabilities know how to use it and receive the full benefits for which they are eligible.

Outreach materials and workers can clarify the wide array of expenses that can be deducted as well as the documentation needed to verify these expenses so applicants are prepared with the necessary information during the application process. By making the time and effort to explain the Medical Expense Deduction, SNAP outreach workers can make a significant difference in the amount of SNAP benefits a household with a member with disabilities receives and its food security. Resources for conducting outreach on the SNAP Excess Medical Deduction are available in a toolkit compiled by FRAC and the AARP Foundation, entitled “Combating Food Insecurity: Tools for Helping Older Adults Access SNAP.”<sup>36</sup>

### Excess Shelter Cost Deductions

All SNAP households have the option to deduct shelter costs that exceed half of the household’s income after other deductions are applied. Shelter costs can include rent or mortgage payments, taxes on a home, and utilities like electricity, water, heating and cooking fuel, and a basic telephone line fee. However, the shelter deduction is capped at \$490 per household per month unless a member of the household is elderly or disabled.<sup>37</sup>

### Asset Limit Restrictions

Limits on how much a household can have in a bank account and other resources (assets) undermine access to SNAP benefits and savings strategies for low-income households which are attempting to climb out of poverty. They can be especially harmful to households that include a person with a disability. Because individuals with disabilities face both greater economic instability and higher costs of living, the ability to save for emergencies is particularly important. Federal law allows states to set asset limits as low as \$2,250 for most households; and \$3,250 for households with a member who is age 60 or older or has a disability. The limit applies to countable resources (e.g., checking and savings accounts, cash, stocks, and bonds).

Some resources are exempt from consideration, including a home and lot, most retirement and pension plans, education savings accounts, and the resources of people who receive SSI or Temporary Assistance for Needy Families (TANF) benefits.<sup>38,39</sup> Asset limits have recently been eliminated in many states through the use of Broad-Based Categorical Eligibility, which is further explored in the State Options portion of Section IV of this report.

### Cash-Only Categorical Eligibility

Cash-Only Categorical Eligibility allows households whose members all receive a cash TANF, SSI, or General Assistance benefit to qualify for SNAP without passing a SNAP gross or net income test. Because these households have already met the income restrictions of a cash-assistance program, they are considered to be categorically eligible for SNAP. This provision streamlines the SNAP application process for both applicants and caseworkers because households do not need to verify their income again when applying for SNAP benefits.

### Online vs Paper Applications

There are five ways applicants can get application forms for SNAP. Applicants can:<sup>40</sup>

- Pick up an application at a local SNAP office.
- Call a local SNAP office to request an application be mailed to them. In many states, applicants may also call a SNAP call center for this purpose.
- Call a local SNAP office to find out if there are other locations where they can get an application.
- Print an application from a state’s website.
- Apply online.

With the exception of the online applications, all other applications must be submitted by mail or fax, or taken directly to the applicant’s local SNAP office. As of 2013, 43

states offered online applications for SNAP. Those that did not were: Alaska, Connecticut, Hawaii, Mississippi, New Mexico, Tennessee, Wyoming, and the District of Columbia. <sup>41</sup>

Online applications can make the SNAP application process significantly easier for some households. They allow households to apply outside of normal business hours, and they can allow those with impaired mobility to avoid a trip to the SNAP office or post office. However, online applications also may be less accessible to some individuals with disabilities. Applicants with visual, cognitive, learning, and some physical disabilities may find online application processes to be inaccessible. Additionally, as for all SNAP applicants, applicants with disabilities may not have reliable access to a computer with internet connection. Therefore, it is important that paper applications and assistance in the application process also be readily available.

When online applications are used, assurances for accessibility should be made by the SNAP agency. Section 508 standards from the U.S. Access Board offer guidelines on how to ensure web-based information and applications are accessible to people with disabilities. “Section 508” refers to a portion of the Rehabilitation Act of 1973 requiring that members of the public with disabilities have access to information and services from federal agencies comparable to that of other applicants and beneficiaries. The Rehabilitation Act was amended in 1998 to extend the requirement to include Federal (and in some cases, federally-funded) information that is available electronically. The guidelines provide a blueprint for states to follow. More information on Section 508 standards can be found at [www.section508.gov](http://www.section508.gov). Additionally, The Civil Rights Division of the U.S. Department of Justice has published an “ADA Best Practices Tool Kit for State and Local Governments,” which includes best practices on web accessibility. <sup>42</sup>

Furthermore, applicants with disabilities who require alternative means of communication

of SNAP information can contact USDA’s TARGET Center at (202) 720-2600 (voice and TDD) to receive materials in Braille, large print, audiotape, or other needed formats. <sup>43</sup>

### Authorized Representatives

Authorized representatives can be used in a number of situations to help people with disabilities apply for and use their SNAP benefits. USDA Food and Nutrition Service policy allows an adult who cannot get to a SNAP office to authorize an adult who is familiar with his/her situation to apply on his/her behalf. This option is particularly useful in situations where a family member may serve as a caretaker for an individual with disabilities and can serve as an informed and trustworthy representative. Authorized representatives also can be used to complete eligibility interviews, to report changes, and to assist during the recertification process. Authorized representatives can be issued an EBT card connected to the participant’s SNAP account and can go food shopping on the recipient’s behalf. This provision can be helpful for individuals who may find themselves incapacitated and rely on trusted friends or family to purchase groceries. <sup>44</sup>

A SNAP applicant can choose to have the same authorized representative for the eligibility process and EBT transactions, or can appoint a separate representative for each function. For example, a parent could name a child who helps with finances as the person to assist with the SNAP application process, but name a different child that he or she sees every day as the person authorized to transact SNAP benefits. <sup>45</sup> Of course, a parent could handle all application and EBT transaction responsibilities for a minor child with a disability without being specially designated as an authorized representative.

## IV. What SNAP Options Under Current Law Can States Take to Better Serve Households with People with Disabilities?

In addition to the SNAP policies described in the prior section that state and local SNAP agencies are expected to follow, there are also a number of state options that state agencies may choose to implement to improve SNAP for people with disabilities. These cover three broad areas, including making SNAP more accessible to new applicants with disabilities, ensuring that SNAP policies or processes don't make it unnecessarily difficult for households with a member with disabilities to retain their benefits, and helping maximize the amount of SNAP benefits provided to households with a member with disabilities.

### Broad-Based Categorical Eligibility

Broad-Based Categorical Eligibility is a policy option states may use to increase or eliminate entirely SNAP asset tests for households that receive or are authorized to receive a cash or non-cash benefit or service funded by TANF or TANF-related Maintenance of Effort dollars.<sup>46</sup> Eliminating the SNAP asset test reduces red tape and verifications, thereby streamlining the application process for clients and caseworkers. State implementation of Broad-Based Categorical Eligibility is especially beneficial to SNAP households with members with a disability. Such households often face economic instability and greater expenses for care, underscoring their particular need to accumulate savings to handle contingencies. Furthermore, the low-income households who receive SNAP typically have very modest amounts of household assets, although they may slightly exceed the outdated limits set by federal law. Therefore, choosing this option does not prevent households with substantial assets from accessing SNAP – they are not applying anyhow – but it does eliminate the burdensome process of verifying assets that discourages many households who are otherwise eligible from applying for SNAP, while also saving administrative costs for the state.

Thirty-six states and the District of Columbia have eliminated SNAP asset limits entirely through Broad-Based Categorical Eligibility. Four other states – Idaho, Michigan, Nebraska, and Texas – have set asset limits higher than the federal law's level.<sup>47</sup> As of 2013, only 10 states still adhered to the federal law's SNAP asset limit: Alaska, Arkansas, Indiana, Kansas, Missouri, South Dakota, Tennessee, Utah, Virginia, and Wyoming.<sup>48</sup>

### Simplified Reporting and Certification Length

Simplified reporting and longer certification periods help to streamline SNAP application, reporting, and recertification procedures. They benefit households with members with disabilities by reducing paperwork burdens, speeding up the process, and reducing the households' exposure to "churn" – a phenomenon in which households exit SNAP even though they may still be eligible, and then return within two or three months, with the gap often a result of procedural burdens or mishaps related to the recertification process.<sup>49</sup> A 2014 Urban Institute study on churn in the SNAP program found that when households with members with disabilities do face recertification, they are more likely to experience churn than a household with no members with disabilities, but the study also found that longer certification periods have indeed made it less likely that a household that includes a member with a disability will experience churn.<sup>50</sup> Therefore, extended certification periods can minimize benefit interruption. Longer certification periods could be coupled with other improvements in the recertification process to allow households to successfully navigate the SNAP process when the recertification period does end.

While most SNAP households are subject to a certification period of up to 12 months, after which they must be recertified, SNAP law

allows households in which all members are elderly or disabled to be certified for up to 24 months, with a 12 month periodic reporting requirement. This state option reduces paperwork and verification burdens on SNAP households and state agencies. It also reduces the likelihood that households with vulnerable members with disabilities – typically with stable incomes - will lose their SNAP benefits as a result of unnecessary red tape. Those working with SNAP households with people with disabilities cannot advocate for their states to assign the full 24-month certification period to such cases.

Separate from the recertification process, there is a periodic reporting requirement for all SNAP participants to report changes in income, household composition, or other factors that may impact eligibility. Typically, the period is defined as monthly or quarterly. However, another option is a simplified reporting system which allows SNAP households to undergo less-frequent required reporting. These SNAP households must only report changes in income that would bring the household's countable income above 130 percent of the poverty level, or when work hours fall below 20 hours per week for recipients. More information can be found in the USDA 2013 State Options Report.<sup>51</sup>

### Elderly and Disabled Recertification Interview Waiver

States may waive the interview component of the recertification process for households in which all adult members are elderly or disabled and have no earned income. As of 2015, the USDA had approved such waivers to be implemented in 11 states: California, Connecticut, Kansas, Louisiana, Massachusetts, Nebraska, New Jersey, New Mexico, Oklahoma, Pennsylvania, and Texas.<sup>52</sup> The recertification process is a major impetus of churn. Churn likely affects a number of households who remained eligible for their SNAP benefits, but failed to meet all of the recertification requirements. It often can be difficult for households and SNAP agencies to

schedule and complete the household interview within a required window of time. By waiving this requirement for SNAP households with a person with disabilities, the recertification process is simplified and benefits are less susceptible to procedural interruptions.

### Standard Medical Deductions

One solution offered to make the Medical Expense Deduction more accessible to SNAP households with a person who is elderly or has disabilities is the adoption of the Standard Medical Deduction. States may request a waiver from FNS to establish a Standard Medical Deduction in lieu of calculating actual expenses for each applicant. As of 2015, 16 states were using a standard medical deduction, including Alabama, Arkansas, Idaho, Illinois, Iowa, Kansas, Massachusetts, Missouri, New Hampshire, North Dakota, Rhode Island, South Dakota, Texas, Vermont, Virginia, and Wyoming. South Carolina is scheduled to implement a Standard Medical Deduction Project in October 2015.<sup>53</sup> Perhaps not surprisingly, four of the six states in which at least one-fifth of eligible SNAP households claimed the Medical Expense Deduction in 2013 were using the Standard Medical Deduction.<sup>54</sup>

Four of the six states in which at least one-fifth of eligible SNAP households claimed the Medical Expense Deduction in 2013 were using the Standard Medical Deduction.

Under a Standard Medical Deduction waiver, a SNAP household with a person with disabilities provides verification that the household is responsible for medical expenses for the person with disabilities of at least \$35.01 each month, which then triggers the standardized deduction amount. For example, in Vermont, a household with a member with a disability who would otherwise have to prove \$175 in out-of-pocket

medical expenses for that person to receive an excess medical expense deduction of \$140 (\$175-\$35), can receive that state's Standard Medical Deduction value of \$138 once it proves that such out-of-pocket medical expenses exceed the \$35 threshold, without having to find and show every receipt. This reduces red tape and burdensome documentation for the household and the caseworker. For households whose eligible medical expenses are great enough that they would receive an even larger deduction than that offered by the Standard Medical Deduction, the option to report and verify expenses separately remains available. By using this state option, states cannot only ease burdens on recipients, but also reduce red tape, administrative costs, caseworker workloads, and error rates.

## Standard Utility Allowance

Standard Utility Allowances (SUAs) are similar in many ways to Standard Medical Deductions. SUAs allow a standardized utility expense figure to be used in SNAP benefits calculations, rather than calculating each household's actual utility costs, which may fluctuate widely over the course of a year. Because utility costs are considered when determining if a household has high enough shelter costs to be eligible for a shelter expense deduction, ensuring that utility costs are accounted for is important for applicants. However, it can be burdensome for a household to document all of their utility costs.

SUAs simplify this process by allowing households to avoid verifying their costs separately. Rather than documenting utility costs individually (electricity, gas, heating oil, water, etc.), the household must only provide proof of payment of at least one utility. This will trigger the SUA and make it more likely the household will qualify for a shelter expense deduction. SUAs reduce paperwork for both state agencies and applicants; reduce caseworker workload, administrative costs, and error rates; and allow households to maximize their shelter deduction, making it easier for households to get the full SNAP benefit

amount for which they are eligible.<sup>55</sup>

An additional option can be found in SNAP "Heat and Eat" provisions that help households who may have difficulty documenting the full extent of their shelter expenses, as can be the case for many people with disabilities. Under this option, receipt of at least \$20 in an annual payment in Low-Income Home Energy Assistance Program (LIHEAP) benefits or other similar energy assistance triggers the SUA for that SNAP household. Based on anecdotal evidence, Heat and Eat provisions are particularly beneficial for adults with disabilities, as these households are not limited by a cap on the deduction for excess shelter costs. Many other households hit the shelter cap before their full shelter and utilities expenses can be reflected in SNAP benefit calculations.<sup>56</sup>

As of 2015, 11 states, including California, Connecticut, Delaware, Massachusetts, Montana, New York, Pennsylvania, Oregon, Rhode Island, Washington, and Vermont, and the District of Columbia offered this provision to their residents.

## SSI Combined Application Projects

As of 2013, 7.2 million low-income working-age adults and children with disabilities received SSI benefits.<sup>57</sup> Since 1997, Federal law has required that SSI applicants and recipients also be given the opportunity to apply for SNAP while applying or recertifying for SSI. However, implementation of this requirement by the Social Security Administration (SSA) and state and local SNAP agencies has been inconsistent, creating a situation in which many SSI recipients do not receive the SNAP benefits for which they are considered eligible. The most recent figures available from SSA indicate that 61.8 percent of SSI recipient households also receive SNAP benefits.<sup>58</sup>

Combined Application Projects (CAPs) are designed to close this gap by enrolling SSI recipients in SNAP through a partnership between SSA, state SNAP agencies, and USDA's Food and Nutrition Service.

CAPs take advantage of the SNAP policy that confers categorical eligibility for SNAP upon households in which all members receive SSI benefits by targeting single-person households receiving SSI benefits without earned income. CAPs allow these individuals to navigate around several potential obstacles in the SNAP application process. The actual SNAP application is greatly simplified or eliminated, in-person interviews are eliminated, the burden of verifying expenses is greatly reduced, and multiple visits to government offices are avoided.<sup>59</sup>

As of FY 2015, 17 states had obtained a waiver from the USDA to implement a CAP. They are: Arizona, Florida, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, New Jersey, New York, North Carolina, Pennsylvania, South Carolina, South Dakota, Texas, Virginia, and Washington. New Mexico previously operated a CAP, but discontinued it in 2014.<sup>60</sup> Within the broad structure of CAPs, there are a number of variations among the 17 CAPs which influence who participates in the projects and the level of benefits that they receive.

States which apply for a waiver from USDA to implement a CAP must determine how many SNAP benefit levels they will offer, and the value of each level. Each state calculates its own standardized SNAP benefit amounts based on guidance from the USDA that offers two main requirements:

- That the CAPs must be cost-neutral to the Federal government
- That CAPs not cause a significant number of participants to receive much lower SNAP benefits than they would otherwise receive if not participating in the CAP.<sup>61</sup>

This has led to a wide variety of benefit levels from state to state. Based on FY 2015 proposed benefit levels, Mississippi offers no more than \$50 in SNAP benefits per month to CAP participants, while New York offers up to \$194 per month.<sup>62</sup>

## Standard vs Modified SSI CAPs

States may also choose between standard and modified CAP structures. States that choose to implement a Standard CAP allow SSI applicants to simultaneously apply for SNAP benefits at the SSA office. If approved for SSI, the applicant will automatically begin receiving SNAP benefits the following month. In addition, Standard CAPs automatically convert existing single-person households receiving SSI to the combined application, allowing households that are not newly applying or recertifying to benefit. As of 2015, seven states operated a Standard CAP: Florida, Massachusetts, Mississippi, New York, Pennsylvania, South Carolina, and Washington.<sup>63</sup>

In contrast, states that implement a Modified CAP focus on outreach only. Rather than using a joint SSI-SNAP application, Modified CAPs work by identifying new single-person SSI households who are not already receiving SNAP benefits, and then sending them a simplified SNAP application that the household must complete.<sup>64</sup> As of 2015, 10 states operated a Modified CAP: Arizona, Kentucky, Louisiana, Maryland, Michigan, New Jersey, North Carolina, South Dakota, Texas, and Virginia.<sup>65</sup>

## Certification Periods

As single-person SSI households with no earned income are assumed to have little variability in their incomes, CAP households can have certification periods lasting up to 48 months.<sup>66</sup> This allows CAP households to avoid the procedural burdens involved in the recertification process. Extended certification makes it less likely that participating households will see their benefits interrupted or terminated as a result of churn.

## Restaurant Meals Program

The Restaurant Meals Program (RMP) is a state option that is underutilized, although it has been available since 1978. RMP allows

states to design programs that allow homeless, elderly, and disabled clients in particular geographic areas to use their SNAP benefits for restaurant meals. The option is designed to aid SNAP recipients who may have difficulties with preparing their own meals, whether due to disability or to a lack of access to necessary food storage and preparation equipment. It does not increase the amount of benefits eligible individuals receive; it simply ensures they are able to use their benefits and reliably access meals. Restaurants which wish to participate in an RMP in a participating locale must apply for certification from the USDA and offer a low-cost menu for RMP participants. As of 2015, RMPs are being operated in limited areas of Arizona, California, Rhode Island, and Florida.<sup>67</sup> For more information on the history and implementation of the Restaurant Meals Program option, see [“A Primer on the Restaurant Meals Program in California.”](#)<sup>68</sup>

### Alternative Delivery Methods

While SNAP benefits can mitigate food insecurity for people with disabilities, it remains difficult for many SNAP participants to use their benefits. In July 2015, USDA’s Food and Nutrition Service announced a proposed rule<sup>69</sup> to allow governmental or private nonprofit food purchasing and delivery services to become authorized SNAP retailers. For households in which the head of household is unable to shop for food an over age 60 or disabled, purchasing and delivery services can make buying food with SNAP benefits more accessible. The new rule is in response to Section 4003 of the 2014 Farm Bill. The new rule would increase accessibility for individuals with disabilities who may find themselves homebound and could make home delivery of food to homebound SNAP participants more sustainable. FNS will seek up to 20 eligible food purchasing and delivery services to participate in a one-year pilot program, the results of which will inform the final rule.

### Inclusion of People with Disabilities in SNAP Employment & Training

While people with disabilities benefit from their exemption from work registration requirements, they also may consequently be excluded from work-related supports provided by the SNAP Employment and Training (E & T) program. State agencies are not required to allow unemployed SNAP recipients with disabilities to participate in SNAP E & T. States may choose to allow people with disabilities to voluntarily participate in such programs. If this situation occurs, SNAP E & T participants cannot face sanctions if they fail to comply with program requirements. Because SNAP E & T resources are limited, this has not been a strong focus among the states. Nevertheless, inclusion in SNAP E & T programs, or referral to other employment and training programs if more appropriate, can be beneficial for SNAP recipients with disabilities who are seeking work.

### How Can SNAP Outreach Target People with Disabilities?

Targeted SNAP outreach, especially when combined with streamlined enrollment policies, can help connect people with disabilities to the supports for which they are eligible. People with disabilities can become isolated within their communities, and therefore are less likely to “happen upon” outreach materials distributed through typical channels. Therefore, targeted outreach is especially important to serve households with members with disabilities. One effective outreach approach builds on partnerships with

Building bridges with the community of disability advocates helps anti-hunger organizations broaden their reach and better understand the needs of people with disabilities.

advocates and service providers who work closely with people with disabilities. Building bridges with the community of disability advocates helps anti-hunger organizations broaden their reach and better understand the needs of people with disabilities.

Seeking input and buy-in from the community of disability advocates before developing a SNAP outreach strategy is important. Advocates for people with disabilities are often responding to a variety of pressing concerns. SNAP outreach projects should take those competing pressures for time and attention into account when initiating and maintaining communication with them to develop a relevant and effective strategy for SNAP outreach to people with disabilities. Including people with disabilities in the conversation about programs and policies meant to benefit them will not only produce a more effective strategy, but also promote equity and respect.

Some considerations for SNAP outreach\* to people with disabilities include :

- Ensuring all web-based and electronic materials meet – at a minimum – standards set by Section 508 of the Rehabilitation Act and the Americans with Disabilities Act.
- Ensuring print-based materials (both English and non-English language) are available in a variety of formats, including large-print and braille.
- Ensuring access to American Sign Language (ASL) translators if needed.
- Ensuring advocates are available to assist throughout the application and recertification processes.
- Partnering with a local organization or advocate who can serve as an advisor and mediator between an anti-hunger organization and the community of disability advocates.

- Recognizing that – like all subpopulations of SNAP recipients – there is incredible diversity among Americans with disabilities. A one-size-fits-all outreach message or strategy will not suffice.

## Conclusion

Americans with disabilities are particularly vulnerable to poverty and food insecurity. Because of this, they are also more likely than Americans without disabilities to participate in SNAP. SNAP serves as a vital component of the safety net for this population, providing essential benefits for people struggling with food insecurity because benefits offered by other disability-related program are not adequate. A number of special rules and policies make the SNAP program both accessible and responsive to the needs of Americans with disabilities. In addition, several state options and agency practices are available to further improve its support for people with disabilities. Finally, more effective and inclusive outreach efforts can further improve SNAP for people with disabilities. These efforts should involve partnerships with disability advocates to ensure accessibility is achieved for all Americans.

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\*For more information on funding and strategies for SNAP outreach, see FRAC’s “SNAP/Food Stamps Outreach and Access Toolkit” and a joint toolkit from FRAC and the AARP Foundation, “Combating Food Insecurity: Tools for Helping Older Adults Access SNAP.”

## Endnotes

<sup>1</sup>“A working-age adult who is out of the labor force due to disability” refers to adults 21-64 who reported being unable to work in any paid employment due to their hearing, vision, mental, physical, self-care, or going-outside-home disability.

<sup>2</sup>“A working-age adult with a disability who has remained in the workforce” refers to adults 21-64 who have a hearing, vision, mental, physical, self-care, or going-outside-home disability but are not reported to be out of the labor force due to disability.

<sup>3</sup>Coleman-Jensen, A., & Nord, M. (2013). Food Insecurity Among Households With Working-Age Adults With Disabilities. Economic Research Report, 144. Washington, DC: U.S. Department of Agriculture, Economic Research Service.

<sup>4</sup>Brault, M. W. (2012). Americans with Disabilities: 2010. U.S. Census Bureau, Current Population Reports, P70-131. Washington, DC: U.S. Government Printing Office.

<sup>5</sup>“Working-age adults” refers to adults age 18-64.

<sup>6</sup>Refers to adults age 18-64.

<sup>7</sup>Brault, 2012, Figure 5.

<sup>8</sup>Brault, 2012, Table A-2.

<sup>9</sup>Conroy, N. E., McDonald, K. E., Morris, M., & Jennings, E. (2014). Financial Capability of Adults with Disabilities: Findings from the FINRA Investor Education Foundation 2012 National Financial Capability Study. Syracuse, NY: National Disability Institute, Syracuse University.

<sup>10</sup>Cited in Coleman-Jensen, et al., 2013.

<sup>11</sup>Hartline-Grafton, H. (2013). SNAP and Public Health: The Role of the Supplemental Nutrition Assistance Program in Improving the Health and Well-Being of Americans. Washington, DC: Food Research and Access Center. Available at: [http://frac.org/pdf/snap\\_and\\_public\\_health\\_2013.pdf](http://frac.org/pdf/snap_and_public_health_2013.pdf).

<sup>12</sup>Hartline-Grafton, H., 2013.

<sup>13</sup>Centers for Disease Control and Prevention. (2014). Disability and Health: Related Conditions. Available at: <http://www.cdc.gov/ncbddd/disabilityandhealth/relatedconditions.html>. Accessed on July 1, 2015.

<sup>14</sup>Centers for Disease Control and Prevention. (2014). Disability and Health: Disability and Obesity. Available at: <http://www.cdc.gov/ncbddd/disabilityandhealth/obesity.html#ref>. Accessed July 1, 2015.

<sup>15</sup>McMenamin, T. M., & Hipple, S. F. (2014). The Development of Questions on Disability for the Current Population Survey. U.S. Bureau of Labor Statistics, Monthly Labor Review, April 2014. Available at: <http://www.bls.gov/opub/mlr/2014/article/pdf/the-development-of-questions-on-disability-for-the-current-population-survey.pdf>. Accessed on May 29, 2015.

<sup>16</sup>7 C. F. R. § 271.2 (2015).

<sup>17</sup>Note: For the purposes of determining who is subject to the time limits and work registration requirements of the Able-Bodied Adult Without Dependents (ABAWD) provision of SNAP, a separate definition of “disability” is used. Rather than relying on programmatic definitions like those based on Social Security Administration rules, a person can be exempted from ABAWD requirements if they are medically certified as physically or mentally unfit for employment or pregnant.

<sup>18</sup>As of February 6, 2014, the Commodity Supplemental Food Program only serves adults 60 and older.

<sup>19</sup>Figure is based on data from Current Population Survey Food Security Supplement (CPS-FSS).

<sup>20</sup>Coleman-Jensen, et al., 2013.

<sup>21</sup>Figure is based on USDA Food and Nutrition Service (FNS) administrative records.

<sup>22</sup>Gray, K. F. (2014). Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2013. U.S. Department of Agriculture, Food and Nutrition Service, Report No. SNAP-14-CHAR. Washington, DC: U.S. Government Printing Office.

<sup>23</sup>Social Security Administration. (2015). Understanding Supplemental Security Income Social Security Entitlement – 2015 Edition. Available at: <http://www.socialsecurity.gov/ssi/text-entitle-ussi.htm>. Accessed on April 3, 2015.

<sup>24</sup>Irving, S. K., & Loveless, T. A. (2015). Dynamics of Economic Well-Being: Participation in Government Programs, 2009-2012: Who Gets Assistance? U.S. Census Bureau, Household Economic Studies, P70-141. Washington, DC: U.S. Government Printing Office. Table 5.

<sup>25</sup>DeNavas-Walt, C. & Proctor, B. D. (2014). Income and Poverty in the United States: 2013. U.S. Census Bureau, Current Population Reports, P60-249. Washington, DC: U.S. Government Printing Office. Table 3

<sup>26</sup>Note: This varies slightly from FNS estimates for 2013. In fiscal year 2013, the U.S. Department of Agriculture, Food and Nutrition Service estimated the average monthly SNAP benefit for households with nonelderly individuals with disabilities to be \$204.

<sup>27</sup>Irving, et al., 2015, Table 3 and Table 7.

<sup>28</sup>Fremstad, S., & Vallas, R. (2013). The Facts on Social Security Disability Insurance and Supplemental Security Income

for Workers with Disabilities. Washington, DC: Center for American Progress.

<sup>29</sup>U.S. Department of Agriculture, Food and Nutrition Service. (2013a). Supplemental Nutrition Assistance Program (SNAP): SNAP Special Rules for the Elderly or Disabled. Available at: <http://www.fns.usda.gov/snap/snap-special-rules-elderly-or-disabled>. Accessed on April 3, 2015.

<sup>30</sup>U.S. Department of Agriculture, Food and Nutrition Service. (2014). Supplemental Nutrition Assistance Program (SNAP): Section 801 – Definition of Certification Period. Available at: <http://www.fns.usda.gov/snap/section-801-definition-certification-period>. Accessed on June 2, 2015.

<sup>31</sup>U.S. Department of Agriculture, Food and Nutrition Service. (2011). Supplemental Nutrition Assistance Program: Guidance on Non-Citizen Eligibility. Available at: [http://www.fns.usda.gov/sites/default/files/Non-Citizen\\_Guidance\\_063011.pdf](http://www.fns.usda.gov/sites/default/files/Non-Citizen_Guidance_063011.pdf). Accessed June 2, 2015.

<sup>32</sup>Note: The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) limited SNAP benefits for unemployed “ABAWDs” who do not meet the requirements of a work program or workfare program to three months in a three-year period. More information from the USDA is available at: <http://www.fns.usda.gov/snap/able-bodied-adults-without-dependents-abawds>.

<sup>33</sup>AARP Foundation and Food Research & Action Center. (2014). Combating Food Insecurity: Tools for Helping Older Adults Access SNAP. Available at: [http://frac.org/pdf/senior\\_snap\\_toolkit\\_aarp\\_frac.pdf](http://frac.org/pdf/senior_snap_toolkit_aarp_frac.pdf). Accessed on May 29, 2015.

<sup>34</sup>Jones, 2014, Appendix A, 2013 Update.

<sup>35</sup>Note: These participation rates can be misleading. States with strong Medicaid programs that have very limited cost-sharing by beneficiaries would cause fewer SNAP recipients to have deductible medical expenses.

<sup>36</sup>AARP Foundation and Food Research & Action Center, 2014.

<sup>37</sup>U.S. Department of Agriculture, Food and Nutrition Service. (2014b). Supplemental Nutrition Assistance Program (SNAP): Eligibility. Available at: <http://www.fns.usda.gov/snap/eligibility>. Accessed March 27, 2015.

<sup>38</sup>U.S. Department of Agriculture, Food and Nutrition Service. (2014c). Supplemental Nutrition Assistance Program (SNAP): Facts About SNAP. Available at: <http://www.fns.usda.gov/snap/facts-about-snap>. Accessed March 27, 2015.

<sup>39</sup>Corporation for Enterprise Development. (2012). Resource Guide: Lifting Asset Limits in Public Benefit Programs. Washington, DC: Corporation for Enterprise Development.

<sup>40</sup>U.S. Department of Agriculture, Food and Nutrition Service. (2013b). Supplemental Nutrition Assistance: 10 Steps to Help You Fill Your Grocery Bag. Available at: <http://www.fns.usda.gov/snap/10-steps-help-you-fill-your-grocery-bag-through-snap>. Accessed on May 29, 2015.

<sup>41</sup>U.S. Department of Agriculture, Food and Nutrition Service. (2013c). State Options Report: Supplemental Nutrition Assistance Program, Eleventh Edition. Washington, DC: U.S. Department of Agriculture, Food and Nutrition Service.

<sup>42</sup>U.S. Department of Justice, Office of Civil Rights. (2007). ADA Best Practices Tool Kit for State and Local Governments, Chapter 5. Available at: <http://www.ada.gov/pcautookit/chap5toolkit.htm>. Accessed July 1, 2015.

<sup>43</sup>U.S. Department of Agriculture, Food and Nutrition Service, 2013a.

<sup>44</sup>AARP Foundation and Food Research & Action Center, 2014.

<sup>45</sup>AARP Foundation and Food Research & Action center, 2014.

<sup>46</sup>Examples of non-cash services that would qualify recipients for Broad-Based Categorical Eligibility include child care assistance, employment and training services, informational, referral, and counseling services. For more background on Broad-Based Categorical Eligibility, see FRAC, “Smart Choices in Hard Times,” (2010), available at <http://frac.org/smart-choices-in-hard-times/>.

<sup>47</sup>U.S. Department of Agriculture, Food and Nutrition Service, 2013c. Note: In April 2015, Pennsylvania eliminated its asset test for SNAP benefits. This report reflects that change.

<sup>48</sup>U.S. Department of Agriculture, Food and Nutrition Service, 2013c.

<sup>49</sup>Mills, G. B., Ph.D. (2015) Statement to the House, Committee on Agriculture, Understanding the Rates, Causes, and Costs of Churning in the Supplemental Nutrition Assistance Program (SNAP). Hearing February 26, 2015. Available at: <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000123-Understanding-the-Rates-Causes-and-Costs-of-Churning-in-the-Supplemental-Nutrition-Assistance-Program.pdf>. Accessed March 27, 2015.

<sup>50</sup>Mills, 2015.

<sup>51</sup>U.S. Department of Agriculture, Food and Nutrition Service, 2013c.

<sup>52</sup>U.S. Department of Agriculture, Food and Nutrition Service. (2015). Fact Sheet: USDA Support for Older Americans. Office of Communications Release No. 0202.15. Available at: <http://www.usda.gov/wps/portal/usda/usdahome?contentid=2015/07/0202.xml&contentidonly=true>. Accessed on July 14, 2015.

<sup>53</sup>U.S. Department of Agriculture, Food and Nutrition Service, 2015.

<sup>54</sup>Missouri, Vermont, North Dakota and Kansas were all operating Standard Medical Deduction Projects in 2013, and were among the states with the highest rates of Medical Expense Deduction utilization. The other two states with participation at or above one-fifth were Michigan and Oregon.

<sup>55</sup>Food Research & Action Center. (2010). Smart Choices in Hard Times: Strategies for States, Communities, and Advocates to Reduce Hunger, Stimulate the Economy, and Sustain Recovery, Section Three. Washington, DC: Food Research & Action Center.

<sup>56</sup>For more information on “Heat and Eat,” see: Food Research & Action Center. (2014). Heat and Eat: State Responses to

the Changed Federal Law. Available at <http://frac.org/leg-act-center/farm-bill-2012/heat-and-eat-state-responses-to-the-changed-federal-law/>.

<sup>57</sup>Social Security Administration. (2015). Annual Statistical Supplement to the Social Security Bulletin, 2014. Office of Research, Evaluation, and Statistics, SSA Publication No. 13-11700. Washington, DC: U.S. Government Printing Office. Table 7.E3.

<sup>58</sup>Stegman, M. B., & Hemmeter, J. (2014) Characteristics of Noninstitutionalized DI and SSI Program Participants, 2010 Update. Social Security Administration, Office of Retirement and Disability Policy (No. 2014-02). Washington, DC: U.S. Government Printing Office. Table 9.

<sup>59</sup>Food Research and Action Center. (2004). A Guide to the Supplemental Security Income/Food Stamp Program Combined Application Projects. Washington, DC: Food Research and Action Center. Available at: <http://frac.org/wp-content/uploads/2009/09/capreport.pdf>.

<sup>60</sup>Williams, D. M. (April 30, 2015). Personal communication.

<sup>61</sup>U.S. Department of Agriculture, Food and Nutrition Service. (2013). Program Access Toolkit. Available at: <http://www.fns.usda.gov/sites/default/files/2013-toolkit.pdf>. Accessed April 4, 2015.

<sup>62</sup>Williams, 2015.

<sup>63</sup>Williams, 2015.

<sup>64</sup>U.S. Department of Agriculture, Food and Nutrition Service. (2005). Combined Application Projects: Guidance for States Developing Projects. Available at: <http://www.fns.usda.gov/sites/default/files/CAPsDevelopmentGuidance.pdf>. Accessed on April 4, 2015.

<sup>65</sup>Williams, 2015.

<sup>66</sup>Dorn, S., Minton, S., & Huber, E. (2014). Examples of Promising Practices for Integrating and Coordinating Eligibility, Enrollment and Retention: Human Services and Health Programs Under the Affordable Care Act. Prepared for Office of the Assistant Secretary for Planning and Evaluation, DHHS. Washington, DC: Urban Institute.

<sup>67</sup>Gold, A. (June 17, 2015). Personal communication.

<sup>68</sup>Hodges, S. (2012). A Primer on the Restaurant Meals Program in California: Preventing Hunger Among the Elderly, Disabled, & Homeless in the Golden State. Sacramento, CA: Western Center on Law and Poverty.

<sup>69</sup>Full text and comment submission for the proposed rule are available at: <https://www.federalregister.gov/articles/2015/07/15/2015-17354/supplemental-nutrition-assistance-program-implementation-of-the-agricultural-act-of-2014-purchasing>.