

**BENEFITS CHART (Effective April 1, 2008)**

<b>TANF</b> Temporary Assistance to Needy Families <i>Apply at local DES Cash Assistance Office.</i>			<b>GA (Limited Enrollment)</b> General Assistance <i>Apply at local DES Cash Assistance Office.</i>			<b>FOOD STAMPS</b> <i>Apply at local DES Family Assistance Office/call USDA 1-800-221-5689.</i>				<b>SSI</b> Supplemental Security Income <i>Apply at Social Security: 1-800-772-1213.</i>				<b>FEDERAL POVERTY LEVEL (FPL)</b> <b>100%</b> <small>(Updated annually in February or March.) (Basis for eligibility for many programs.)</small>							
Cash Assistance Formerly AFDC.			Disabled, unable to work for 12 months or caregiver of disabled person.			Gross Monthly Income Per Budgetary Unit* (Rates change on October 1.)				FIRST \$20 OF INCOME IS DISREGARDED.				1/24/2007 Prior Year							
Maximum benefit with shelter obligation:			Benefit limited to 12 months in 3 years.			Household Size	With NO Elder or Disabled (130% FPL)		With Disabled Elder 60+* (165% FPL)	Maximum Benefit If No Income	Resources Allowed \$2,000. If elder or disabled in household: \$3,000. House & Lot. All vehicles are exempt, including recreational vehicles	Disabled, blind, or age 65 or older				Published 1/23/08 Federal Register.					
Household Size	Monthly Benefit	Resources Allowed	Household Size	Monthly Benefit	Resources Allowed		1	\$ 1,107	\$ 1,404	\$ 162		Household Status	SSI Only	SSI with Other Income*	Resources Allowed**	Monthly Level	Household Size	Annual Level	Monthly Level		
1	\$ 204	\$2,000 + House + Vehicles*	1	\$ 173	\$1,000*	2	\$ 1,484	\$ 1,883	\$ 298	Single	\$ 637	\$ 657	\$2,000	\$ 851	1	\$ 10,400	\$ 867				
2	\$ 275		2	\$ 233	\$1,400*	3	\$ 1,861	\$ 2,361	\$ 426	Couple	\$ 956	\$ 976	\$3,000	\$ 1,141	2	\$ 14,000	\$ 1,167				
3	\$ 347		3			4	\$ 2,238	\$ 2,840	\$ 542	If shelter costs are provided by others, benefit will be reduced by 1/3: \$212.33 single or \$318.66 couple.				\$ 1,431	3	\$ 17,600	\$ 1,467				
4	\$ 418		4			Without shelter obligations:				* More deductions may be allowed for earned income or dependent child allocations.				\$ 1,721	4	\$ 21,200	\$ 1,767				
5	\$ 489		5	\$ 108	\$1,500.	* All who live & prepare meals together are a budgetary unit. If an elder is unable, due to permanent disability, to buy & prepare food separately, the elder & spouse may be a separate budgetary unit, if those they live with are below 165% FPL. Most budgetary units must meet both the gross & net monthly income tests. Budgetary units w/elders only have to meet net income (100% FPL) after deductions. If all participants in household receive SSI, the household is categorically eligible.				** Also allowed: house, car, \$1,500 burial funds and life insurance with face value of up to \$1,500.				\$ 2,011	5	\$ 24,800	\$ 2,067				
Without shelter obligations:			GA cases limited to 2 participants											DISCOUNTS & TAX BREAKS Property Tax: (Apply Jan. 1 - March 1) Widows of Ariz. residents & disabled with incomes below \$27,434 w/o SSA; Property Valuation Freeze: (Apply by Sept. 1 on DOR 82104 form) Owners aged 65 + income <\$30,576S/\$38,322M. Apply at County Assessor. Vehicle Registration: Discounts for widows, disabled & SSI. Property Tax Refund: Renter/owners ≥65 with income<\$3,751 Single or \$5,501 Married or SSI. Use 140PTC form at tax time. Refund up to \$502 + \$25 personal allowance.							
There are many earned income disregards. * All vehicles exempt, including recreational vehicles.			* Vehicle equity over \$1,500 is countable. **Home value over \$50,000 is countable. May be placed on waiting list.																		
<b>AHCCCS</b> (Partly Funded by Medicaid/Title XIX) <i>Apply at DES Cash Assistance Office</i> or AHCCCS			<b>AHCCCS for Families &amp; Children</b> (New FPL Rates Effective April 1.) <i>Apply at DES Cash Assistance Office</i>																		
SSI Recipients are Automatically Eligible			Families with Children 100% FPL			<b>ALTCS</b> Arizona Long Term Care System <i>Apply S.V. (520) 459-7050 or Miami (928) 425-3165.</i> Referral Line: 1-800-654-8713				<b>MEDICARE SAVINGS PROGRAMS (MSP)</b> Qualified Medicare Beneficiary, Specified Low-Income Beneficiary, Qual. Individuals (First \$20 of income disregarded, & other income deductions same as for SSI MAO. <i>Apply ALTCS Office or 1-800-528-0142.</i>				<b>SSI MAO</b> 1-800-528-0142				<b>MEDICARE RATES 2008</b> <i>Updated Every Calendar Year</i>			
AHCCCS uses 100% FPL for most programs, including families w/children, adults & SSI MAO.			Pregnant Woman 150% FPL			Eligibility based on 300% of SSI. (ALTCS rates change effective January 1.) <i>Use special income trust if income is too high to qualify.</i>				Percent of Poverty ( <i>Rates Change Effective April 1.</i> )				Part B Monthly Premium (If income/yr. <\$82,000/\$164,000 S/C) \$96.40							
(New 100% FPL Rates Effective April 1.)			Child 0 -1 yr. old 140% FPL			Marital Status				100%	120%	135%	Part B Deductible \$135.00								
Household Size	Monthly Income	Resources Allowed	Child 1 -5 yrs. old 133% FPL			Individual				QMB*	SLMB	QI	Part A Deductible (Hospital Stay 1-60 Days) \$1,024.00								
1	\$ 867	No Resource Test	Child 6-19 yrs. old 100% FPL			\$ 1,911				Single	\$ 867	1,040	1,170	Part A Deductible/Day (Hospital 61-90 Days) \$256.00							
2	\$ 1,167		Parents living w/Elig. Children 200% FPL			\$ 3,822				Married	\$ 1,167	1,400	1,575	Part A Deductible/Day (Hospital 91-150 Days) \$512.00							
3	\$ 1,467		(Small Premium)			Other resources of up to \$104,400 for spouse if s/he not in a medical facility.				Resources	No Limits	No Limits	No Limits	Part A Deductible/Day (Hospital 120 Day Stay) \$0.00							
4	\$ 1,767		<b>AHCCCS KIDS CARE</b> Health insurance for children under 19. <i>To apply call toll-free: 1-877-764-5437, for area codes 520 &amp; 928. For the rest of the state to apply call: 602-417-5437.</i>			*After eligibility, income may be diverted to community spouse by institutional spouse depending on income and shelter costs of community spouse.				Specific Requirements	Part A Eligible	Receiving Part A	Receiving Part A	Skilled Nursing Deductible (1-20 Day Stay) \$0.00							
5	\$ 2,067		<b>AHCCCS MED (SPEND DOWN)</b> <i>Apply at DES Family Assistance Admin.</i> Income is based on current month plus 2 prospective months. Eligibility is based on a net income of 40% of above amounts after medical bills for month before application, month of application, & month following, if needed. Medical bills must be ones for which individual is liable; bills payable by insurance do not count. Resource limits will be applied. (\$5,000 liquid resources, \$100,000 total.)			Family Premium based on percentage of income. <150% FPL is 3%   <175% FPL is 4%   <200% FPL is 5%			Individuals must qualify medically & functionally as needing care at a nursing home level, but may receive care at home or in an assisted living facility.				Not receiving SSI	a. Parts B & A premiums b. Medicare coinsurance. c. Deductibles d. HMO co-payments, e. Auto-enroll in Part D plan. See AHCCCS			Skilled Nursing Deductible (21-100 Day Stay) \$128.00				
			<b>AHCCCS FREEDOM TO WORK</b> <i>Apply AHCCCS Central Office 1-800-654-8713-6.</i> Health insurance for an employed person with a disability. No resource test. Possible premium. Countable income up to 250% FPL											<b>PART D - VOLUNTARY MEDICARE DRUG BENEFIT (1/1/08)</b> <i>Annual enrollment for upcoming calendar year is Nov. 15 - Dec. 31.</i>							
														Full Dual Eligible							
														Deemed Elig. MSP							
														LIS - Not Deemed							
														Low Income Subsidy							
														Not Eligible for subsidy							
														ALTCIS/AHCCCS							
														Eligibility at Left							
														100% Subsidy 1							
														100% Subsidy 1							
														100% Subsidy 1							
														Premium Subsidy 1							
														<150% FPL 100%							
														<140% FPL 75% <145% FPL 50% <150% FPL 25%							
														No subsidy for incomes							
														≥\$1,300/\$1,750							
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