

SNAP Medical Worksheet

Name: _____

SS#: _____

I. Recurring Expenses	1st HH Member	2nd HH Member	Verification/Documentation
Medical and dental services - M/DS			
Hospital or nursing care - MHNC			
Health insurance and Medicare payments - MMHI			
Drugs prescribed by a doctor-MRXX			
Dentures, hearing aids, eye glasses, etc - MAPP			
Transportation costs to get medical care - MTRP			
Services of an attendant or nurse - MHHC			
Other (specify) - MXOT			
II. One-time Medical Expenses Incurred During the Certification Period			
One-time allowance			
Average over remainder of certification period			
Repayment schedule			

III. Non-Delinquent Unpaid Bills Incurred Prior to Certification or In a Prior Certification Period	1st HH Member	2nd HH Member	Verification/Documentation
One-time allowance			
Average over certification period			
Monthly commitment budgeted _____ through _____			
MEMBER TOTALS			
HOUSEHOLD TOTAL (MEMBER 1+ 2)			

Computations:

Agency Representative

Date