

# NUTRITION ASSISTANCE (NA) MEDICAL EXPENSE DEDUCTION



Is anyone in your NA household 60 years or older or does anyone in your household have a disability?



Do they have monthly out-of-pocket medical expenses of more than \$35?



When you answer “yes” to both questions you could qualify for the NA Medical Expense Deduction.

You could qualify for the Standard Medical Deduction when you verify at least \$35.01 of monthly out of pocket medical expenses.

You could qualify for a deduction of your actual monthly out of pocket medical expenses when you verify they exceed \$180.

**Please ask a worker for more information.**

Some allowable medical expenses are:



Doctor Co-pays



Prescriptions



Vision



Transportation Costs (mileage)



Hospital Bills



Insurance premiums (such as Medicare)



Dental (including dentures)



Service Animals (upkeep costs)



Over the Counter items (approved by a U.S. qualified medical source.)



In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD- 3027 form or letter must be submitted to:

1. mail:

Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

[FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

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To request this document in alternative format or for further information about this policy, contact your local office; TTY/ TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.