ONEIDA FOOD DISTRIBUTION PROGRAM

NET INCOME LIMITS FY 2018

EFFECTIVE OCTOBER 1, 2019 to September 30, 2020

|  |  |  |  |
| --- | --- | --- | --- |
| HOUSEHOLDSIZE | INCOMELIMITS | DEDUCTIONS | DEDUCTION EXPLANATION |
| 1 | $1,208 | DEPENDENT CARE DEDUCTION | Households that qualify for the dependent care deduction are allowed a deduction of actual dependent care costs paid monthly to a non-household member. |
| 2 | $1,577 | CHILD SUPPORT DEDUCTION | Households that incur cost of legally required child support to or for a non-household member are allowed a deduction for amount of monthly child support paid. |
| 3 | $1,945 | MEDICAL EXPENSE DEDUCTION | Households that incur monthly medical expenses by any household member who is elderly or disabled are allowed a deduction in the amount of out-of-pocket medical expenses paid in excess of $35 per months. |
| 4 | $2,324 | HOME CARE MEAL-RELATED DEDUCTION | Households who furnish the majority of meals for a home care attendant are allowed an income deduction equal to the maximum SNAP benefit for a one-person household. |
| 5 | $2,724 | STANDARD SHELTER/UTILITY EXPENSE DEDUCTION | Households that incur at least one monthly shelter or utility expense are allowed a standard income deduction of $450.00 for Wisconsin. |
| 6 | $3,123 | EARNED INCOME DEDUCTION | Households with earned income are allowed a 20 percent of their gross earned income. |
| 7 | $3,491 |  |  |
| 8 | $3,860 |  |  |
|  | $369 | EACH ADDITIONAL PERSON |  |

**OFFICE HOURS:** Monday thru Thursday 8:00 a.m. to Noon and 1:00 p.m. to 4:00 p.m.

 Friday 8:00 a.m. to Noon

 **PHONE:** (920) 869-1041 **FAX:** (920) 869-1668

 **ATTENTION:** We are always closed the last 5 working days of each month.

*The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)*

*If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at* [*http://www.ascr.usda.gov/complaint\_filinf\_cust.html*](http://www.ascr.usda.gov/complaint_filinf_cust.html) *or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at* *program.intake@usda.gov* *.*

*Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at 800)221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at* [*http://www.fns.usda.gov/snap/contact\_info/hotlines.htm*](http://www.fns.usda.gov/snap/contact_info/hotlines.htm)*. USDA is an equal opportunity provider and employer.*