



3SquaresVT and Medicaid Out-of-Pocket Medical Expenses

Name _____ Date of birth _____ Social Security no. xxx-xx-_____
(Last four digits only)

For **3SquaresVT** applicants – if you or someone in your household is 60 or older or disabled, money spent out-of-pocket every month on medical items every month for the elderly or disabled person(s) may increase your 3SquaresVT benefits. These expenses count as a deduction from household income. Please complete this form and provide proof to have these expenses considered.

If you pay monthly medical expenses between \$35.01 and \$173, you only need to document \$35.01 to claim a \$138 standard deduction. If your expenses exceed \$173, you may claim everything that you can document you paid.

For **Medicaid** applicants, we may be able to use some of the same expenses to approve Medicaid eligibility. The rules for use of these expenses differ from 3SquaresVT. That means that some expenses may be used for 3SquaresVT eligibility but not for Medicaid.

Health Care Insurance Premiums, Co-pays, Deductibles, including those for Medicare and Medicaid that you pay out-of-pocket. Please provide a copy of the premium showing cost and period covered.

Policy or type of coverage	Premium/Co-pay	Period covered

Health Care Services – Provide a copy of your bill from the provider. Include current bills, bills you are paying on, and unpaid bills. Medical services would include services from the following:

- | | | |
|-----------|----------------------------|----------------|
| Physician | Mental health professional | Rehabilitation |
| Dentist | Hospital care | Nursing care |

Provider of service	Cost or monthly payment	Balance on bill

Other Medical Expenses – Out-of-pocket costs related to a service animal, as well as costs for medically necessary services due to age or disability, such as employing a home health aide or personal services attendant.

Type of service	Cost and frequency (weekly, monthly)

