

STATE OF ALABAMA  
DEPARTMENT OF HUMAN RESOURCES  
FOOD ASSISTANCE DIVISION

ALABAMA ELDERLY  
SIMPLIFIED APPLICATION PROJECT  
(**AESAP**)

**MEDICAL EXPENSES**

Claiming and verifying out-of-pocket medical expenses may increase your Food Assistance benefits.

Food Assistance rules give you the right to claim allowable medical expenses. Verified medical expenses (over \$35 a month) will be deducted from your countable income so you may get more Food Assistance benefits.

If your verified monthly medical expense is more than \$35 and equal to or less than \$185, you will be eligible for the Standard Medical Deduction.

If your medical expenses are more than \$185 monthly, you may be eligible for a higher medical deduction.

**SOME EXAMPLES OF ALLOWABLE  
MEDICAL EXPENSES ARE LISTED ON  
THE BACK OF THIS HANDOUT**

**PLEASE INCLUDE YOUR NAME  
AND FOOD ASSISTANCE CASE  
NUMBER WHEN YOU SEND IN  
PROOF OF THESE EXPENSES**

## ALLOWABLE MEDICAL EXPENSES

Below is a list of most allowable medical expenses. If you have any of these expenses, please check the ones that you have and send proof of the amount and how often you pay the expense.

- \_\_\_\_\_ Prescription drugs (a printout from the Pharmacy for the past two full months or longer)
- \_\_\_\_\_ Hospital bill(s) (any current outstanding bills)
- \_\_\_\_\_ Doctor, dentist, or other health care professional visit(s) and doctor's statement of how often you are expected to see him/her and how much you pay for each visit.
- \_\_\_\_\_ Over-the-counter medications prescribed by a doctor (statement from doctor, 2 months of receipts and how often paid)
- \_\_\_\_\_ Medicare premium - statement from SSA stating amount withheld from monthly benefit.
- \_\_\_\_\_ Hospital insurance premium (current statement/coupon from provider with your name on the information)
- \_\_\_\_\_ Insurance for prescription drug coverage (current statement/coupon from provider with your name on the information)
- \_\_\_\_\_ Transportation expenses for travel to doctors, hospitals, drug stores (number of trips each month verified by your doctor and statement from the person you pay, verifying the amount charged for transportation. If you drive, the number of miles you travel one way)
- \_\_\_\_\_ Medical appliances or equipment (hearing aids, wheelchairs, artificial limbs, eye glasses, contact lens, dentures, etc.)
- \_\_\_\_\_ Attendant care or homemaker services (verification from the doctor regarding the need for these services and a statement from the person providing the service to verify cost)
- \_\_\_\_\_ Service animal (includes food, veterinary care and other related costs)

List below any other expenses you pay related to medical care (and send proof) and we will determine if they can also be used. If you have questions, contact the AESAP Customer Service at 1-800-438-2958.

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Send proof of your medical expenses to: **Alabama Elderly Simplified Application Project**  
**Alabama Department of Human Resources**  
**Food Assistance Division**  
**50 N. Ripley Street**  
**Montgomery, AL 36177-8633**  
**Or FAX to: (334) 353-1177**