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## Non-discrimination statement

The Oregon Department of Human Services (ODHS) does not discriminate against anyone. This means that ODHS will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs\*, disability or sexual orientation.

You may file a complaint if you believe ODHS treated you differently for any of these reasons.

To file a complaint with the state, you can call the Governor's Advocacy Office at 1-800-442-5238 (TTY 711) or write to their office at:

Governor's Advocacy Office  
500 Summer Street NE, E17  
Salem, OR 97301  
Email: [GAO.info@odhs.oregon.gov](mailto:GAO.info@odhs.oregon.gov)

\* SNAP clients are protected against political belief discrimination.

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, audiotape, 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

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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:

### Mail:

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

**Fax:** 833-256-1665 or  
202-690-7442; or

### Email:

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

This institution is an equal opportunity provider.

# Your SNAP food benefits may increase by claiming your medical expenses



## Frequently asked questions

### Who can claim medical expenses?

Anyone in your SNAP household who is at least 60 years old or disabled and has out of pocket medical costs can claim medical costs.

### What proof do I need to show?

Receipts or bills showing the household member paid for or was billed for an allowable medical cost.

### Which medical expenses are allowable?

See the next section of this brochure for a sample of allowable costs. If your cost isn't listed, ask your worker if it's allowable. Only the costs not reimbursed by insurance are allowed.

### Do I need to give proof every time I reapply for my food benefits?

Yes.

### Can I claim a new medical cost when I receive the bill?

Yes. You can report when your costs increase or when you have new costs and you may receive more food benefits.

### How much more in food benefits will my household receive?

That depends on a lot of factors. After you give the agency all the information and verification requested, your worker will determine how much you will receive.

## Health insurance premiums

Claim the health insurance premiums you have to pay, including those deducted from your wages and Medicare.

## Prescriptions

Claim your out-of-pocket cost for:

- Prescriptions
- Postal fees for mail order prescriptions

## Over-the-counter medicines prescribed or recommended by a health care provider

Claim your cost to purchase over the counter items your health care provider prescribed or recommended to treat a medical condition or ailment. This includes items like:

- Antacids
- Aspirin and NSAIDs
- Vitamins and minerals
- Herbal supplements

## Transportation costs

Claim your out-of-pocket costs to get allowable medical services and supplies.

## Medical treatment or services

Claim your cost for items like:

- Doctor visits
- Hospital stays
- Alternative medical treatment (such as acupuncture and chiropractor treatment)
- Home health care
- Visiting nurse
- Physical therapy

## Medical equipment and supplies

Claim your costs for items like:

- Mobility aids
- Prosthetics
- Communication equipment for hearing or visually impaired
- Incontinence products
- Dentures
- Eye glasses/contacts
- Hearing aids and batteries

## Service animal expenses

Claim the costs for a specially-trained service animal, including vet bills and food.

