

Combined Standards

Supplemental Nutrition Assistance Program (SNAP)	2
Employment Related Day Care (ERDC)	3
Temporary Assistance for Needy Families (TANF).....	4
Summer EBT Program 2025 Income Standards	8
Aging and People with Disabilities (APD).....	9
Refugee medical income standards	10
Oregon Health Plan (OHP), Health Systems Division (HSD) Medical Programs	11

Supplemental Nutrition Assistance Program (SNAP)

Persons in group	Categorical eligibility limit (200%) Use number in filing group	Countable income limit 130% FPL Use number in need group	Adjusted income limit 100% FPL Use number in need group	SNAP payment standard (Thrifty Food Plan) Use number in benefit group	Separate HH with elderly and disabled 165% FPL
1	\$2,660	\$1,696	\$1,305	\$298	\$2,152
2	\$3,607	\$2,292	\$1,763	\$546	\$2,909
3	\$4,554	\$2,888	\$2,221	\$785	\$3,665
4	\$5,500	\$3,483	\$2,680	\$994	\$4,421
5	\$6,447	\$4,079	\$3,138	\$1,183	\$5,177
6	\$7,394	\$4,675	\$3,596	\$1,421	\$5,934
7	\$8,340	\$5,271	\$4,055	\$1,571	\$6,690
8	\$9,287	\$5,867	\$4,513	\$1,798	\$7,446
Add for each add'l person	\$947	\$596	\$459	\$218	\$757

Standard deductions: 1-3 = \$209, 4 = \$223, 5 = \$261, 6+ = \$299

Utility standards: FUA = \$515, LUA = \$404, TUA = \$81, IUA = \$65

R&B shelter cost: = \$773 minus \$298 (TFP for 1) = \$481

Maximum Shelter Deduction: \$744

Homeless Shelter Deductions: \$198.99

Rep. payee fee: Standard = \$55 & Alcohol and Drug = \$103

<https://www.ssa.gov/OACT/COLA/RepPayee.html>

Minimum SNAP allotment: 1–2 filing groups — \$24; 3+ person groups - \$0

Resource Limit: 60+ or disabled: \$4,500*, all others \$3,000

* This is also the threshold for substantial lottery or gambling winnings.

Employment Related Day Care (ERDC)

ERDC income limit at initial certification

Number in ERDC group	Gross income limit
2	\$3,607
3	\$4,554
4	\$5,500
5	\$6,447
6	\$7,394
7	\$8,340
8 or more	\$9,287

ERDC ongoing and exit income limit

Number in ERDC group	Gross income limit
2	\$5,926
3	\$7,321
4	\$8,715
5	\$10,109
6	\$11,504
7	\$11,765
8 or above	\$12,026

Initial income limit for ERDC is 200% FPL.

Ongoing and exit income limit for ERDC is 250% FPL or 85% State Median Income (SMI), whichever is higher.

ERDC Copay Charts:

<https://www.oregon.gov/delc/programs/pages/copays-billing.aspx>

Temporary Assistance for Needy Families (TANF)

One or More Adult Standards for TANF & REF w/Raised Exit Limits

Persons in need group	TANF & REF countable income limit	TANF & REF adjusted income limit	TANF & REF payment standard	TANF only exit limit increase
1	\$345	\$326	\$339	\$678
2	\$499	\$416	\$432	\$864
3	\$616	\$485	\$506	\$1,012
4	\$795	\$595	\$621	\$1,242
5	\$932	\$695	\$721	\$1,442
6	\$1,060	\$796	\$833	\$1,666
7	\$1,206	\$886	\$923	\$1,846
8	\$1,346	\$976	\$1,030	\$2,060
9	\$1,450	\$1,039	\$1,093	\$2,186
10	\$1,622	\$1,150	\$1,204	\$2,408
Add for each add'l person	\$172	\$110	\$110	\$220

TANF & REF Payment – This is the TANF & REF payment standard.

Adjusted income – Countable income minus deductions.

Countable income limit – Countable income after allowable exclusions.

TANF No-Adult Standard with Raised Exit Limits

Adjusted number in household	2	3	4	5	6	7	8	9	10+	Number in benefit group
TANF countable income	\$249	\$205	\$198	\$186	\$176	\$172	\$168	\$161	\$162	1
TANF adjusted income	\$220	\$173	\$160	\$151	\$144	\$138	\$134	\$127	\$127	1
TANF payment	\$228	\$180	\$167	\$156	\$150	\$143	\$140	\$133	\$132	1
TANF Exit Limit Increase	\$456	\$360	\$334	\$312	\$300	\$286	\$280	\$266	\$264	1
TANF countable income	n/a	\$410	\$396	\$372	\$352	\$344	\$336	\$322	\$324	2
TANF adjusted income	n/a	\$334	\$308	\$290	\$276	\$264	\$256	\$242	\$242	2
TANF payment	n/a	\$348	\$322	\$300	\$288	\$274	\$268	\$254	\$252	2
TANF Exit Limit Increase	n/a	\$696	\$644	\$600	\$576	\$548	\$536	\$508	\$504	2
TANF countable income	n/a	n/a	\$594	\$558	\$528	\$516	\$504	\$483	\$486	3
TANF adjusted income	n/a	n/a	\$456	\$429	\$408	\$390	\$378	\$357	\$357	3
TANF payment	n/a	n/a	\$477	\$444	\$426	\$405	\$396	\$375	\$372	3
TANF Exit Limit Increase	n/a	n/a	\$954	\$888	\$852	\$810	\$792	\$750	\$744	3
TANF countable income	n/a	n/a	n/a	\$744	\$704	\$688	\$672	\$644	\$648	4
TANF adjusted income	n/a	n/a	n/a	\$568	\$540	\$516	\$500	\$472	\$472	4
TANF payment	n/a	n/a	n/a	\$588	\$564	\$536	\$524	\$496	\$492	4
TANF Exit Limit Increase	n/a	n/a	n/a	\$1,176	\$1,128	\$1,072	\$1,048	\$992	\$984	4
TANF countable income	n/a	n/a	n/a	n/a	\$880	\$860	\$840	\$805	\$810	5
TANF adjusted income	n/a	n/a	n/a	n/a	\$672	\$642	\$622	\$587	\$587	5
TANF payment	n/a	n/a	n/a	n/a	\$702	\$667	\$652	\$617	\$612	5
TANF Exit Limit Increase	n/a	n/a	n/a	n/a	\$1,404	\$1,334	\$1,304	\$1,234	\$1,224	5
TANF countable income	n/a	n/a	n/a	n/a	n/a	\$1032	\$1008	\$966	\$972	6
TANF adjusted income	n/a	n/a	n/a	n/a	n/a	\$768	\$744	\$702	\$702	6
TANF payment	n/a	n/a	n/a	n/a	n/a	\$798	\$780	\$738	\$732	6
TANF Exit Limit Increase	n/a	n/a	n/a	n/a	n/a	\$1,596	\$1,560	\$1,476	\$1,464	6
TANF countable income	n/a	n/a	n/a	n/a	n/a	n/a	\$1,176	\$1,127	\$1,134	7
TANF adjusted income	n/a	n/a	n/a	n/a	n/a	n/a	\$866	\$817	\$817	7
TANF payment	n/a	n/a	n/a	n/a	n/a	n/a	\$908	\$859	\$852	7
TANF Exit Limit Increase	n/a	n/a	n/a	n/a	n/a	n/a	\$1,816	\$1,718	\$1,704	7

Adjusted number in household	2	3	4	5	6	7	8	9	10+	Number in benefit group
TANF countable income	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$1,288	\$1,296	8
TANF adjusted income	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$932	\$932	8
TANF payment	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$980	\$972	8
TANF Exit Limit Increase	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$1,960	\$1,944	8
TANF countable income	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$1,458	9
TANF adjusted income	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$1,047	9
TANF payment	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$1,092	9
TANF Exit Limit Increase	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$2,184	9

For more information about prorated standards and using the adjusted number in the household, please see OAR [461-155-0020](#).

Non-needy caretaker relative countable income limit standard (185% FPL)

Number in filing group	2	3	4	5	6	7	8	9	10	+1
NNCR countable income group	\$3,337	\$4,212	\$5,088	\$5,964	\$6,839	\$7,715	\$8,591	\$9,466	\$10,342	\$876

State Family Pre-SSI (SFPSS) Program – Grant Structure Adults in filing group applying for Supplemental Security Income (SSI)

Number in the Need Group	One adult in the filing group applying for SSI		Two adults in filing group one adult applying for SSI		Two adults in the filing group both applying for SSI	
	Adult payment	Total payment	Adult payment	Total payment	Adults payment ¹	Total payment
1	\$125	\$339	\$0	\$0	\$0	\$0
2	\$125	\$432	\$93	\$432	\$93	\$432
3	\$125	\$506	\$74	\$506	\$74	\$506
4	\$125	\$621	\$115	\$621	\$115	\$621
5	\$125	\$721	\$100	\$721	\$100	\$721
6	\$125	\$833	\$112	\$833	\$112	\$833
7	\$122	\$923	\$90	\$923	\$90	\$923
8	\$113	\$1,030	\$107	\$1,030	\$107	\$1,030
9	\$112	\$1,093	\$63	\$1,093	\$63	\$1,093
10	\$112	\$1,204	\$111	1,204	\$111	\$1,204
Add for each add'l person	\$110	+\$110	\$110	+\$110	\$110	+\$110

¹ This amount is per each adult when determining the individual adult's payment.

Note: The adult payment amount will be recovered by ODHS when SSI is approved.

Summer EBT Program 2025 Income Standards

**Income standards are applicable from July 1, 2025 to June 30, 2026
185% of Federal Poverty Guidelines**

Household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	\$28,953	\$2,413	\$1,207	\$1,114	\$557
2	\$39,128	\$3,261	\$1,631	\$1,505	\$753
3	\$49,303	\$4,109	\$2,055	\$1,897	\$949
4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144
5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340
6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536
7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731
8	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927
Add for each add'l person	\$10,175	\$848	\$424	\$392	\$196

Aging and People with Disabilities (APD)

Oregon Supplemental Income Program Medical (OSIPM) standards

Program	% of FPL	Income		Resources	
		One	Two	One	Two
Non-SSI OSIPM*	n/a	\$994	\$1,491	\$2,000	\$3,000
OSIPM-EPD**	250	\$3,325	n/a	\$5,000	n/a
OSIPM BH***	150	\$1,995	n/a	\$2,000	n/a
300% of SSI	n/a	\$2,982	n/a	\$2,000	n/a

*SSI recipients are assumed eligible so do not have an income or resource standard, but still must meet pursuit of asset requirements and residency requirements (OAR [461-135-0010](#)).

**Effective March 1, 2026. Individuals with countable earned income equal to or less than \$6,735 will meet the EPD adjusted income limit listed.

***Effective March 1, 2026

Long term care standards	
CBC Room and Board	\$773
Personal Incidentals (PIF)	\$221
Nursing Facility PIF	\$81.28
Minimum CSIA	\$2,643.75 (effective 7/1/2025)
Maximum CSIA	\$4,066.50
Community Spouse Shelter Allowance	\$793.13 (effective 7/1/2025)
Maximum CSRA	\$162,660
Minimum CSRA	\$32,532
Home Equity Limit	\$752,000
Part B Premium	\$202.90

EPD participant fee standards – Effective March 1, 2026

Countable income	Participant fee
Under \$998	\$0
\$998-\$1,329.99	\$50
\$1,330-\$3,324.99	\$100
\$3,325 and above	\$150

Medicare Savings Programs (MSP) adjusted income standards – Effective March 1, 2026

Number in need group	QMB Income equal to or less than 100% FPL	SLMB Income greater than 100%, but less than 120% FPL	QI Income equal to or greater than 120%, but less than 135% FPL
1	\$1,330	\$1,596	\$1,796
2	\$1,804	\$2,164	\$2,435
3	\$2,277	\$2,732	\$3,074
4	\$2,750	\$3,300	\$3,713
5	\$3,224	\$3,868	\$4,352
6	\$3,697	\$4,436	\$4,991
7	\$4,170	\$5,004	\$5,630
8	\$4,644	\$5,572	\$6,269
9	\$5,117	\$6,140	\$6,908
10	\$5,590	\$6,708	\$7,547
Each add'l person	\$474	\$568	\$639

Refugee Medical (REFM) income standards

Number in need group	Income limit – 200% of FPL
1	\$2,660
2	\$3,607
3	\$4,554
4	\$5,500
5	\$6,447
6	\$7,394
7	\$8,340
8	\$9,287
Add for each additional person	\$947

Oregon Health Plan (OHP), Health Systems Division (HSD) Medical Programs

2026 income thresholds — Effective March 1, 2026

The below table includes the monthly income thresholds for the applicable programs.

Note: Some HSD medical programs include a 5% monthly disregard, which is automatically applied in the eligibility calculation. You can view HSD program income standards with and without the disregard included by visiting [OAR 410-200-0315](https://www.oregon.gov/OAR/410-200-0315).

Family size	Parent and other Caretaker Relative (PCR)	MAGI Child (age 1 - under 19) (CMO) ---- MAGI Adult (AMO) ---- COFA Dental (CFD)	MAGI Child (under age 1) (CM1) ---- MAGI Pregnant Woman (PWO)	OHP Bridge – Basic Medicaid (PME)* ---- Young Adults with Special Health Care Needs (YS1/YS2)	MAGI Children’s Health Insurance Program (CHIP) (C21)	Veteran Dental (VED)
	Standard (no disregard)	138% FPL (includes 5% disregard)	190% FPL (includes 5% disregard)	205% FPL (includes 5% disregard)	305% FPL (includes 5% disregard)	400% FPL (no disregard)
1	\$399	\$1,836	\$2,527	\$2,727	\$4,057	\$5,320
2	\$515	\$2,489	\$3,427	\$3,697	\$5,501	\$7,214
3	\$611	\$3,142	\$4,326	\$4,668	\$6,944	\$9,107
4	\$747	\$3,795	\$5,225	\$5,638	\$8,388	\$11,000
5	\$872	\$4,449	\$6,125	\$6,608	\$9,832	\$12,894
6	\$998	\$5,102	\$7,024	\$7,579	\$11,275	\$14,787
7	\$1,114	\$5,755	\$7,923	\$8,549	\$12,719	\$16,680
8	\$1,230	\$6,408	\$8,823	\$9,519	\$14,163	\$18,574
Each add’l person	+ \$136	\$654	\$900	\$971	\$1,444	\$1,894

*Note: There is no annual income test performed for OHP Bridge Basic Medicaid (PME)

Health Systems Division (HSD) Medical Programs – continued

The 100% annual income test can be applied for individuals who meet certain requirements when their monthly income is above the monthly threshold. These limits are listed below:

Family size	2026 100% Annual Income Threshold (2025 FPL used for 2026 determinations)	2027 100% Annual Income Threshold (2026 FPL used for 2027 determinations)
1	\$15,650	\$15,960
2	\$21,150	\$21,640
3	\$26,650	\$27,320
4	\$32,150	\$33,000
5	\$37,650	\$38,680
6	\$43,150	\$44,360
7	\$48,650	\$50,040
8	\$54,150	\$55,720
Each add'l person	\$5,500	\$5,680

Adults with monthly income above 138% FPL and annual income between 133% - 200% FPL can be evaluated for the OHP Bridge - Basic Health Program (BHP). The income ranges are listed below:

Family size	2026 133% - 200% Annual Income Threshold
1	\$21,228 - \$31,920
2	\$28,788 - \$43,280
3	\$36,336 - \$54,640
4	\$43,896 - \$66,000
5	\$51,446 - \$77,360
6	\$59,004 - \$88,720
7	\$66,564 - \$100,080
8	\$74,112 - \$111,440
Each add'l person	+ \$7,555 for the lower limit + \$11,360 for the upper limit

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact ONE Customer Service Center at Oregon.Benefits@odhsoha.oregon.gov or 1-800-699-9075 (voice/text). We accept all relay calls.