



## AIM Services Inc. Supplemental Nutrition Assistance Program (SNAP) Attestation

Board Stipend is an OTPS reimbursement available within your budget; AIM requires proof of a SNAP application and/or a completed SNAP Attestation to begin processing reimbursement requests.

The New York State Self Direction Guidance outlines that any Other Than Personal Services (OTPS) reimbursement must meet all the following criteria:

1. Be related to a valued outcome in the person's plan
2. Increase the person's independence and/or health and safety
3. Not be an OTPS excluded item (see page 29 of the SD Guidance)
4. Not be funded through any other source

The New York State Supplemental Nutrition Assistance Program (SNAP) is available to any eligible household to assist with offsetting the cost to purchase food. The 2023 income eligibility requirements are:

Income Guidelines for Households without Earned Income (no elderly or disabled member)

| Family Size            | Monthly Gross Income* | Annual Gross Income* |
|------------------------|-----------------------|----------------------|
| 1                      | \$1,580               | \$18,960             |
| 2                      | \$2,137               | \$25,644             |
| 3                      | \$2,694               | \$32,328             |
| 4                      | \$3,250               | \$39,000             |
| 5                      | \$3,807               | \$45,684             |
| 6                      | \$4,364               | \$52,368             |
| 7                      | \$4,921               | \$59,052             |
| 8                      | \$5,478               | \$65,736             |
| Each additional person | \$557 +               | \$6,684 +            |

Income Guidelines for Households with Earned Income (no elderly or disabled member)

| Family Size            | Monthly Gross Income* | Annual Gross Income* |
|------------------------|-----------------------|----------------------|
| 1                      | \$1,823               | \$21,876             |
| 2                      | \$2,465               | \$29,580             |
| 3                      | \$3,108               | \$37,296             |
| 4                      | \$3,750               | \$45,000             |
| 5                      | \$4,393               | \$52,716             |
| 6                      | \$5,035               | \$60,420             |
| 7                      | \$5,678               | \$68,136             |
| 8                      | \$6,320               | \$75,840             |
| Each additional person | \$643 +               | \$7,716 +            |

Further information regarding the SNAP Program can be found at: <https://www.ny.gov/services/apply-snap>

I attest that my monthly income exceeds the 2023-2024 SNAP Federal Poverty Limits that is set by the New York State Office of Temporary and Disability Assistance and that I have accessed all other available funding streams.

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Signature of Self Direction Participant or Designee

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Date

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Name of Self Direction Participant