

Excess Shelter Deduction for the QUEST Program

Households including at least one member who is age 60+ or disabled are entitled to a deduction for shelter costs that exceed 50% of countable income after other applicable deductions. Shelter costs include the applicant's or participant's monthly shelter obligations plus a pre-determined utility allowance.

Indicate your monthly shelter costs and the amount you pay each month.

Type of Shelter Cost	Monthly Cost	Documentation Needed
1. Rent or mortgage payment		Mortgage payment record; rent receipt; statement from landlord; lease; HUD subsidized housing approval
2. Mobile home lot rent and/or loan payments (including interest)		(see above)
3. Property taxes		Property tax statement
4. Insurance on the structure (homeowners' insurance that is not included in mortgage payment)		Insurance policy or billing statement
5. Second mortgage (s) (regardless of what it is used for)		(see above)
6. Special Assessments (s)		Property tax statement
7. Condominium fees or condo association fees		Condominium agreement
Total		

Indicate the type (s) of utility cost (s) you are responsible for paying each month. Check the applicable box on the left

Check Here	Responsible for:	Documentation
<input type="checkbox"/>	Any heating source (even if receiving Wisconsin Home Energy Assistance Program benefits)	<ul style="list-style-type: none"> • Canceled check for utility payment • Utility bill • Utility budget amounts • Receipts • Telephone bill • Statement or receipt from landlord for utility costs paid
<input type="checkbox"/>	Two or more <u>non-heat</u> expenses (phone, water, sewer, electricity, cooking fuel, garbage pick-up)	
<input type="checkbox"/>	Only non-heat electric expenses	
<input type="checkbox"/>	Only water or sewer bill, septic tank installation/maintenance, or wastewater treatment bill	
<input type="checkbox"/>	Only Telephone bill	
<input type="checkbox"/>	Only trash or garbage pick-up	

Medical Expense Deduction for the QUEST Program

Households including at least one member who is elderly (age 60+) or disabled are entitled to an income deduction for medical expenses exceeding \$35. These expenses must be verified in order to be counted. Bring documentation of your expenses in these categories to your interview with the economic support worker.

Medical Expenses	Amount paid monthly or Amount owed on a bill	Documentation of your medical expenses:
Medical care (including physicians' services, rehabilitation services, chiropractic care, acupuncture, psychotherapy)		<ul style="list-style-type: none"> • Most recent medical bill or statement • Itemized receipts for medical care or treatment (including costs of prescription drugs) • Medicare Card • Forward Card • Health Insurance premium statement • Health Insurance policy showing co-insurance, co-payment or deductible • Printout from pharmacy showing cost of medications • Medicine or pill bottle with price on label • SeniorCare benefit award letter or ID Card • Statement from doctor showing that over-the-counter medications are prescribed • Written payment plan arranged with hospital or clinic • Bill for services of visiting nurse, homemaker, home health aide • Lodging and/or transportation receipts for obtaining medical treatment • Bill or receipt for food and/or vet services for seeing eye or hearing dog • Bill or receipt for purchase or rental of medical equipment or supplies
Hospitalization or outpatient treatments, nursing and nursing home care		
Prescription drug costs (any co-payments and deductibles—including SeniorCare; postage for mail-order prescriptions)		
Over-the-counter medication that is prescribed by a physician (including insulin)		
Medicare premium (s) —Part A & B		
Medicare Supplement and/or health insurance premium		
Medical Assistance cost-share, co-payments; MA-deductible expenses pr-paid or incurred		
Premium for the Medical Assistance Purchase Plan (MAPP)		
SeniorCare enrollment fee		
Dental care (including dentures)		
Medical equipment purchase or rental prescribed by a physician		
Medical supplies (including diabetic test-strips)		
Eyeglasses or contact lenses		
Hearing aids and/or other prosthetics		
Transportation and lodging to obtain medical care		
Payments on loan (s) for one-time medical expense (principal only)		
Costs associated with a seeing eye or hearing dog (purchase, vet care and maintenance)		
Costs of an attendant, homemaker, home health aide or housekeeper necessary due to age, infirmity or illness		
TOTAL		
New: Costs of Lifeline/MedicAlert devices (when prescribed by qualified health professional)		