



HOUSING CHOICE VOUCHER PROGRAM

ALLOWABLE MEDICAL EXPENSES

1. TYPE OF FAMILY QUALIFIED FOR A MEDICAL ALLOWANCE:

- A. Head of Household or Spouse is 62 years or older or a person with disabilities.

2. QUALIFICATIONS FOR DETERMINING MEDICAL EXPENSES:

- A. Expense is not covered by an outside source, and
- B. Must be elderly or disabled family's *anticipated* expenses.

3. MEDICAL EXPENSES INCLUDE:

- A. Physicians
- B. Health-care Facilities
- C. Medical Insurance Premiums
- D. Prescription drugs/non-prescription drugs
- E. Transportation
- F. Dental
- G. Live-in/Periodic Assistance
- H. Monthly payment on accumulated medical bills
- I. Eyeglasses
- J. Hearing Aids
- K. Auxiliary Apparatus (wheelchairs, ramps, adaptations to vehicles)

4. FORMULA FOR DETERMINING THE MEDICAL ALLOWANCE WHERE THERE ARE NO DISABILITY ASSISTANCE EXPENSES:

- A. Total Medical Expense less 3% of Annual Income.

November 30, 2006