

Janet E. Dornhecker

Authorized Signature

Number: SS-PT-08-035

Issue Date: 12/15/2008

Topic: Cash Payments

Transmitting (check the box that best applies):

- New Policy
 Policy Change
 Policy Clarification
 Executive Letter
 Administrative Rule
 Manual Update
 Other: _____

Applies to (check all that apply):

- All DHS employees
 County Mental Health Directors
 Area Agencies on Aging
 Health Services
 Children, Adults and Families
 Seniors and People with Disabilities
 County DD Program Managers
 Other (please specify):

Policy/Rule Title:	Payment Standards, SFPSS		
Policy/Rule Number(s):	461-155-0320	Release No:	
Effective Date:	January 1, 2009	Expiration:	12/31/09
References:			
Web Address:			

Discussion/Interpretation:

Grant amounts for the State Family Pre SSI program are based in part on the Federal SSI amounts. On January 1, 2009, the SSI grant amount will increase. As a result, the SFPSS grants will also see an increase. The increase will be \$15 when one adult is applying for SSI and \$30 when two adults are applying.

One adult in the filing group is applying for SSI:

Individuals in Need Group	Old Standard	New Standard
2	\$ 511	\$ 526
3	\$ 637	\$ 652
4	\$ 770	\$ 785
5	\$ 883	\$ 898
6	\$1,007	\$1,022
7	\$1,103	\$1,118
8	\$1,232	\$1,247

9	\$1,303	\$1,318
10	\$1,412	\$1,427

The grant increases by \$109 for each additional person above 10 in the need group.

Two adults in the filing group are applying for SSI:

Individuals in Need Group	Old Standard	New Standard
2	\$ 564	\$ 594
3	\$ 786	\$ 816
4	\$ 912	\$ 942
5	\$1,045	\$1,075
6	\$1,158	\$1,188
7	\$1,282	\$1,312
8	\$1,378	\$1,408
9	\$1,507	\$1,537
10	\$1,578	\$1,608

The grant increases by \$109 for each additional person above 10 in the need group.

Implementation/Transition Instructions:

Training/Communication Plan:

Local/Branch Action Required:

Central Office Action Required:

On January 1, 2009, the State Family Pre SSI grants will increase. Due to this increase, food stamp benefits will be reduced. A computer-generated letter is being sent to all SFPSS program participants informing them of this reduction.

Field/Stakeholder review: Yes No

If yes, reviewed by:

Filing Instructions:

If you have any questions about this policy, contact:

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