

Senior Hunger in Maryland: Closing Senior SNAP Gaps



CLAIRE MCGAGH *MARYLAND HUNGER
SOLUTIONS*

MARILYN LORENZO *MARYLAND DEPARTMENT
OF HUMAN RESOURCES*



Maryland Hunger Solutions

Ending hunger and promoting well-being



Presentation Overview



- Senior Hunger in America: What Does it Look Like?
- Defining the Senior SNAP Gap
- Strategies for Senior FSP Enrollment
 - Elderly Simplified Application Project
 - Maryland Senior Nutrition Assistance Program
- How Organizations Can Help Close the SNAP Gap
- Best Practices
- Conducting Senior FSP Outreach

Senior Hunger: What Does it Look Like?



- **Millions of older Americans are at risk for hunger.**
 - In 2014, 10.2 million older Americans faced hunger, representing 15.8% of adults aged 60+ in the U.S.
- **Food insecurity is growing among seniors.**
 - Food insecurity- lack of reliable access to nutritious, affordable food needed to live a healthy life.

Understanding Senior Hunger



- Older adults facing hunger may be too embarrassed to ask for help or acknowledge that they need it.
- Many people underestimate the problem of senior hunger.
 - The average Social Security benefit is **\$1,200** a month. For most seniors it is their only source of income.
 - In Maryland, the monthly cost of living is **\$2,549** for a single adult with no children.
- After a lifetime of hard work, most seniors live on fixed incomes.
 - Many of these individuals are forced to choose between groceries and medicine.

Food Insecurity & Senior Citizens



Food insecure seniors are twice as likely to:

- Be in fair or poor health
- Have limitations in ADLs (Activities of Daily Living)
- Have diabetes

Food Insecurity & Senior Citizens



Food insecure seniors have:

- Lower nutrient intakes
- Lower cognitive function
- Poor mental health outcomes
 - Depression is **5 times** more likely

Supplemental Nutrition Assistance Program (SNAP) & the Food Supplement Program (FSP)

Food
Stamps

=

SNAP

=

FSP

- FSP provides food-purchasing assistance for low- and no-income people living in Maryland. The amount of FSP benefits received by a household depends on the household's size, income, and expenses.
- We will use SNAP and FSP data throughout this presentation, please understand that SNAP refers to the nation-wide program and FSP is Maryland-specific.



Senior FSP Benefits in Maryland



How many people live in your house?	1	2	3	4	5	6	7	8
Is your monthly income this much or less (before taxes)? If so, you may qualify for FSP.	\$1,980	\$2,670	\$3,360	\$4,050	\$4,740	\$5,430	\$6,122	\$6,815
	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30
You could get this much each month.	\$194	\$357	\$511	\$649	\$771	\$925	\$1022	\$1,169

Examining the Senior SNAP Gap



- **3 out of 5 seniors who qualify for SNAP do not participate.**
 - 5.2 million seniors miss out on benefits.
 - They are significantly less likely to participate in the program than other demographic groups.
- **There are many factors contributing to the low participation rate.**
 - Mobility, technology, and stigma
 - They are also discouraged by widespread myths about how the program works and who can qualify.

Why do Senior SNAP Gaps Exist?



- **Participation**
- **Benefit Amount**

Why do Senior SNAP Gaps Exist in MD?



- **Participation**
 - Seniors may not know they are eligible for Food Supplement Program (FSP) benefits.
 - They may feel stigma for receiving government benefits.
 - Misinformation
 - ✦ Some Seniors think that because they receive Social Security they are ineligible for FSP.
 - Issues with recertification
 - ✦ Mobility
 - ✦ Transportation



Why do Senior SNAP Gaps Exist?



- **Benefit Amounts**

- Seniors are failing to claim medical (and other) expenses

- ✦ The medical deduction results in a higher monthly benefit allotment.
- ✦ Seniors are unaware of the medical deduction opportunity and/or cannot deal with the burdensome paperwork.

Why do Senior SNAP Gaps Exist?



- **Benefit Amounts**

- If a household includes someone **age 60+** or someone who is **disabled** there are special program rules.
 - ✦ More shelter costs can be deducted in the FSP math.
 - ✦ Some could qualify for FSP benefits even if gross income *exceeds* the 200% gross income test.
 - ✦ An individual may be eligible to apply as a separate FSP household even if they live with others who buy and prepare food for them.

Why Should We Close the Gap?



- **FSP improves health outcomes.**
 - Food insecure seniors have lower nutrient intakes and are more likely to suffer from diabetes, depression, limitations in activities of daily living (ADLs), high blood pressure, congestive heart failure, heart attacks, gum disease, and asthma.
 - See slides 5 & 6
- **FSP stimulates the economy.**
 - Every \$1 in additional FSP benefits generates \$1.73 in local economic activity.
- **FSP supports jobs.**
 - \$1 billion in FSP benefits would generate 8,900 full-time jobs.

Ways to Narrow the Gap in Maryland



- **Elderly Simplified Application Project (ESAP) & Maryland Senior Nutrition Assistance Program (MSNAP)**
- **Encourage seniors to report medical deductions to increase their benefit amount**
- **Use FSP outreach messages and one-on-one assisters to:**
 - Overcome myths & stigma
 - Help seniors navigate the FSP application and deductions claiming process
 - Increase senior FSP enrollment

FSP Tools for Seniors



- **Elderly Simplified Application Project
ESAP**
- **Maryland Senior Nutrition Assistance Program
MSNAP**

ESAP



- A simplified application for customers over age 60
 - Consists of 10 questions
 - Customers are encouraged to apply electronically through my*DHR*.
- Applications through myDHR are routed to a Central office- DO-006
- Interviews required at application only unless:
 - The customer 's application is being denied, or
 - The customer requests an interview.

ESAP



- Fewer verifications are required
 - Computer matches completed by the case manager are used to verify income whenever possible.
- Customers declares information, unless questionable.
- Extended certification period
 - Assignment of a 36-month certification period with annual contact

SIMPLIFIED APPLICATION

- 2 page application
- Rights and Responsibilities form must be signed
- Application may be mailed, faxed or delivered to LDSS
- If paper app is received, case manager should enter info into myDHR.

MARYLAND DEPARTMENT OF HUMAN RESOURCES
FAMILY INVESTMENT ADMINISTRATION
ELDERLY SUPPLEMENT ASSISTANCE PROJECT APPLICATION

OFFICE USE ONLY
 1. Date the signed application received in the Local Department MUST BE DATE STAMPED
 2. CLIENT NUMBER

This application is used for persons applying for food supplement benefits where:

1. Everyone in the household is aged 60 or older; or
2. All household members aged 60 or older purchase and prepare food separately from the other household members; AND
3. No member receives earnings from work.

You may file this application by completing at least your name and address and signing the form. If you need help completing this application, call toll-free 1-800-332-6437.

3. ADDRESS — Tell who you are and where you live. Be sure to provide a current phone number.

Last Name		First Name		MI	
Number	Street	Apt. No.	Floor No.	Telephone Number	
City		State	Zip Code + 4	Number where you can be reached during the day	

3. MAILING ADDRESS (IF DIFFERENT)

Number	Street	Apt. No.	Floor No.	Telephone Number	
P.O. Box	City	State	Zip Code + 4		

4. AUTHORIZED REPRESENTATIVE — Complete if you would like someone to represent you.

First Name	Middle Name	Last Name	Dr. Mr. etc.
Number	Street	City	State Zip Code + 4
Telephone Number		Relationship to you	

Check what you want the representative to do:

☐ Complete interview for you ☐ Receive your notices ☐ Sign your application

☐ Use your EBT card to access your Food benefits

5. HOUSEHOLD MEMBERS — Tell us who lives with you. List yourself on the first line.

	NAME (Last, First, Middle Initial)	How are they related to you?	AGE	DATE OF BIRTH	Sex (Male or Female)	ETHNICITY	RACE	Marital Status	LAST GRADE COMPLETED	EDUCATION	SOCIAL SECURITY NUMBER
1	SELF	SELF									
2											
3											
4											

*FOR STATISTICAL PURPOSES ONLY * Race: BL - Black or African American; WH - White; AS - Asian; AI - American Indian/Alaskan Native; NH - Native Hawaiian or Other Pacific Islander

What language do you/household member speak? Do you/household member need an interpreter? ☐ YES ☐ NO

Are you/household member visually impaired? ☐ YES ☐ NO Are you/household member hearing impaired? ☐ YES ☐ NO

6. IMMIGRATION STATUS — If you are not a United States citizen, fill in this section

INS Status	Newly Legalized Status Date	Sponsored Alien	Country of Origin
US Entry Date	INS Number	<input type="checkbox"/> YES <input type="checkbox"/> NO	

SIMPLIFIED APPLICATION



MARYLAND DEPARTMENT OF HUMAN RESOURCES FAMILY INVESTMENT ADMINISTRATION ELDERLY SUPPLEMENT ASSISTANCE PROJECT APPLICATION

This application is used for persons applying for food supplement benefits where:

1. Everyone in the household is aged 60 or older; or
2. All household members aged 60 or older purchase and prepare food separately from the other household members; AND
3. No member receives earnings from work.

You may file this application by completing at least your name and address and signing the form. If you need help completing this application, call toll-free 1-800-332-6437.

3. ADDRESS — Tell who you are and where you live. Be sure to provide a current phone number.			
Last Name	First Name	MI	
Number	Street	Apt. No.	Floor No.
City	State	Zip Code + 4	Telephone Number
3. MAILING ADDRESS (IF DIFFERENT)			
Number	Street	Apt. No.	Floor No.
P.O. Box	City	State	Zip Code + 4

4. AUTHORIZED REPRESENTATIVE — Complete if you would like someone to represent you.			
First Name	Middle Name	Last Name	Relationship
Number	Street	City	State
Telephone Number	Zip Code + 4		
Check what you want the representative to do:			
<input type="checkbox"/> Complete interview for you <input type="checkbox"/> Receive your notices <input type="checkbox"/> Sign your application <input type="checkbox"/> Use your EBT card to access your Food benefits			

5. HOUSEHOLD MEMBERS — Tell us who lives with you. List yourself on the first line.									
NAME (Last, First, Middle Initial)	How are they related to you?	AGE	DATE OF BIRTH	SEX (Male or Female)	ETHNICITY	RACE	Marital Status	LAST CHANGE COMPLETED	SOCIAL SECURITY NUMBER
1. SELF	SELF								
2.									
3.									
4.									

*FOR STATISTICAL PURPOSES ONLY: * Race: BL - Black or African American; WH - White; AI - American Indian/Alaskan Native; NH - Native Hawaiian or Other Pacific Islander

What language do you/household member speak? ☐ Do you/household member need an interpreter? ☐ YES ☐ NO

Are you/household member visually impaired? ☐ YES ☐ NO Are you/household member hearing impaired? ☐ YES ☐ NO

6. IMMIGRATION STATUS — If you are not a United States citizen, fill in this section			
INS Status	Newly Legalized Status Date	Sponsored Alien	Country of Origin
US Entry Date	INS Number	<input type="checkbox"/> YES <input type="checkbox"/> NO	

20

7. HOUSEHOLD'S DECLARATION INQUIRY — Complete considering all household members		
Did anyone in your household receive money this month? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how much?		
How much money do you and all household members have in cash and/or in the bank? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how much?		
Has anyone in your household ever been convicted of a felony committed on or after August 22, 1996 that involved drugs? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?		
Is anyone in your household currently on probation or parole or fleeing from the police or the courts? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?		
Has anyone in your household been convicted since August 22, 1996 in a Federal or State Court for not telling the truth about where they lived or their identity in order to receive food supplement benefits or cash assistance from more than one place in the same month? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?		
Has a court convicted any member of your household for trafficking food supplement benefits of \$500 or more? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?		
Is anyone in your household receiving benefits under another identity or as a member of another household or in another State? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?		

8. INCOME — Tell us what the income your household receives. Types of income may include social security benefits, SSI, pensions, veterans' benefits, child support, cash contributions, unemployment, railroad retirement, dividends, interest and any other income.		
Type of Income	Who Receives it?	Gross Monthly Income

9. SHELTER COSTS — Are you paying for any of the following?									
Expenses	Check One	Amount	How Often Paid?	Who Pays?	Expenses	Check One	Amount	How Often Paid?	Who Pays?
Rent	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$			Telephone	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		
Mortgage	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$			Water/Sewer	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		
Property Taxes	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$			Coop/Condo Fee	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		
Homeowner Insurance (if not included in mortgage)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$			Electric	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		
					Oil	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		
					Gas	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		
Is heat included in your rent? <input type="checkbox"/> YES <input type="checkbox"/> NO					Do you pay an electric bill for lights or cooking? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If heat is not included in the rent, what is your source of heat?					Do you pay for air conditioning? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Are you sharing any of the shelter costs listed above? <input type="checkbox"/> YES <input type="checkbox"/> NO					Have you received Energy Assistance at your current address within the past 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, with whom?					Do you live in: <input type="checkbox"/> Public Housing <input type="checkbox"/> Section 8 Housing <input type="checkbox"/> FHHA 515 Housing <input type="checkbox"/> Private Housing				

10. EXPENSES — Please list any out of pocket medical expenses you are paying or responsible to pay monthly. Type of medical expenses such as: prescriptions, doctor visits, hospital bills, health insurance, dependent care, medical supplies, etc.		
Type of Medical Expense	Medical Expense Paid to	Monthly Payment Amount
		\$
		\$
		\$
Does anyone in the household pay legally obligated (court ordered) child support for a child not living in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes → Who? How Much?		

SIGNATURE SECTION	
I certify that the information I or my authorized representative have provided above is true to the best of my knowledge. I give permission for the Department of Social Services to make any necessary contacts to check my statements. I know that I could be penalized if I knowingly give false information.	
Signature of applicant:	Date:
Authorized Representative:	Date:
Signature of two witnesses, if signed by and "X"	1. 2.

CONTACT FORM



- Mailed to the customer at each 12 month interval in the 36 month certification period.
- May be use at anytime to report a change; such as,
 - Household Members
 - Income Increase/Decrease

MARYLAND DEPARTMENT OF HUMAN RESOURCES
CHANGE REPORT FORM
FOR THE ELDERLY SIMPLIFIED APPLICATION PROJECT (ESAP)

The Elderly Simplified Application Project (ESAP) requires case review every 12 months. You may use this form at the 12 month review or to report changes at any time while your case is active. Please note, you must report within 10 days from the date you learn about any change.

1. If you move and have any new shelter and utility costs resulting from the move.

New Address: _____

New Shelter Costs: Rent Amount: \$ _____ Mortgage Amount: \$ _____
 Do you pay for heating or cooling costs? ☐ YES ☐ NO Homeowner's Insurance: \$ _____
 If no, what utilities do you pay? _____

2. If someone moved in or out of your household, please report below.

Name:	Relationship to You:	Date Moved:
_____	_____	_____
_____	_____	_____

3. If you pay child support and the legal obligation longer paying support, report below.

What is the **NEW** amount of child support currently received (for example, social security, SSI, Veterans benefits, Unemployment Insurance). If the amount of any current source changed less than \$25 per month, you need not report.

Source of Income	New (N) Change (C)	Amount	Received by
_____	_____	_____	_____
_____	_____	_____	_____

4. You must report if you go to work no later than 10 days from the date you receive your first check.

Name of Employer: _____ Date of First Paycheck: _____

Do not send this form in unless you have changes! To report changes, send this form to Local DBS office and ask them to send this to ESAP Division or take this form to your local DBS office by calling 1-800-000-0000

SYSTEM VERIFICATIONS



Use systems to verify:

- Citizenship
- Immigration Status
- Earned Income
 - ✦ Participating Company's enrolled with the WORK Number (required for other FSP benefits)
- Unearned income
 - ✦ SSI/SSDI
 - ✦ Unemployment Insurance
 - ✦ Veterans' Benefits
- Homeowner's Address
 - ✦ Property Taxes



FSP Medical Deductions



- Households are eligible for a medical expense deduction if:
 - They have a household member who is 60+ or disabled
 - The senior/disabled household member has at least \$35/month in **unreimbursed** health care expenses
 - Health care expenses can be verified
- When the member meets those requirements, they will get an income deduction.

Excess Medical Deductions



Family Investment Application

Review & Submit

Application Progress

Household

Assistance

Head of Household

Members & Representatives

Assets

Income

Expenses

Household Details

Program Questions

Review & Submit

Expenses

Step 3 of 3

Outstanding Medical Expenses

Do any household members have unpaid medical bills within the past three months? *

☒ Yes ☐ No

Please provide details on your unpaid medical bills below.

SEND PROOF. Provide a newly dated, itemized, unpaid medical bill(s) that you incurred up to three months prior to this application. The bill must contain a service date, charge, and a detailed description of the service(s) provided. Once you have submitted your electronic application, please fax or mail copies of the bills to the District Office displayed on your Application Summary page. If you do not have the bills at the time you submit the application, the bills may be submitted at a later date during this application process.

Household Member	Expense Type(s)
--	--

+ Add

How can your organization help?



- **Increase Senior FSP enrollment**
 - Only 42% of Seniors who are eligible for FSP are enrolled in the program.
 - Many of the people you meet and counsel may be eligible for this critical benefit and are not applying.
- **Become FSP experts**
 - As you meet with clients, help them learn more about the FSP benefit and how to apply.
 - Help your clients understand the rules of the program, and how they can deduct certain expenses to increase their benefit, if they qualify.

How can your organization help?



- **Build community partnerships**
- **Conduct FSP Outreach**
 - Dispel FSP Myths
 - Help overcome stigma
 - Use social media

Best Practices: Building Partnerships



- **Aging-Focused Local Agencies & Organizations**
 - These groups can serve regions that range in size from a single city or county to an entire state. Such organizations tend to have experience with outreach and enrollment related to Medicare and Medicaid for low-income seniors, but may have less expertise regarding FSP.
 - ✦ **Strengths:** Strong relationship with the senior population; experience with benefits outreach and enrollment
 - ✦ **Challenges:** May lack expertise in FSP
 - ✦ **Examples in MD:** Anne Arundel Department of Aging and Disabilities, Prince George's Department of Family Services, Meals on Wheels of Central Maryland

Best Practices: Building Partnerships



- **Senior Centers**

- There are over 150 senior centers in Maryland. They see thousands of seniors every day, helping connect them to vital community services that help them stay healthy and independent.

- ✦ **Strengths:** One-stop shops for senior needs; know their populations intimately
- ✦ **Challenges:** Usually focused on those who come in the door rather than outreach, reaching large numbers may be difficult

Best Practices: Building Partnerships



- **Food Banks**

- FSP outreach and enrollment serves as a complement to the services food banks provide. Food banks serve to combat immediate need for food, and FSP works as a long-term hunger alleviation tool.
 - ✦ **Strengths:** Have access to individuals and families who are both likely to qualify for FSP and are most in need of the benefit
 - ✦ **Challenges:** Benefits outreach and enrollment usually not part of their mission
 - ✦ Use the Maryland Community Services Locator to find food banks in your area

Senior FSP Outreach: Building Partnerships



- **Faith Based Organizations**

- In many communities, faith-based organizations are the first place where people turn for help. Many of the houses of worship maintain charity networks, hospital networks, and schools in addition to the physical locations of worship to help provide their communities with help, including assistance with enrollment in benefits.

- ✦ **Strengths:** Often highly trusted for help; seniors more likely to attend religious services
- ✦ **Challenges:** May lack capacity to do outreach beyond their membership

Senior FSP Outreach: Building Partnerships



- **Anti-Hunger Community Based Organizations**
 - Anti-Hunger CBO's are usually already conducting multi-level FSP outreach through a variety of channels. In many cases, they are on the front lines of FSP advocacy, and may have partnerships with national anti-hunger coalitions.
 - ✦ **Strengths:** Already doing outreach and enrollment work with FSP; high levels of expertise; often have strong policy shops
 - ✦ **Challenges:** Finding and enrolling seniors and people with disabilities

Senior FSP Outreach: Overcoming Stigma



- Many seniors believe they will only be eligible for a minimum benefit and therefore do not wish to apply.
- The average FSP benefit for an older adult (60+) living alone is **\$113** per month.
 - By helping seniors maximize deductions, you could directly impact (and increase) their benefit amount.
- Even among those who do receive the minimum, a small amount of money can still make a positive impact on a limited budget.
- Some seniors are **wary** of applying for public assistance, even though they may need help paying for food.

Senior FSP Outreach: Overcoming Stigma



- **Tips for overcoming FSP stigma**
 - *Use* messaging around “saving money” instead of getting benefits.
 - *Point out* that potential applicants help pay for these programs through taxes.
 - *Emphasize* the value of good nutrition on health and FSP’s help in maintaining independence for older adults.
 - *Avoid* stigmatized language like “welfare” while being enthusiastic about FSP.

Senior FSP Outreach: Social Media



- Outreach through social media streams like Facebook and Twitter can be a way to reach tech-savvy seniors
- Social Media can also be a great tool for targeting caregivers
- Use your local partners to share or retweet your posts.
- Google Analytics is a good tool to track the amount of visitors your website receives from social media

SNAP Outreach Grants



The United States Department of Agriculture's, Food and Nutrition Service (FNS) over sees the Snap/Food Supplement Program

Organizations can apply to FNS through the Department of Human Resources for a grant to help them provide out reach services to the community.

DHR's Family Investment Administration oversees the contracts

SNAP Outreach Grants



FIA is planning an information webinar to help CBOs gain information about the grants and what is required.

The date and time have not been set yet.

If you are interested, send an e-mail to

Marilyn Lorenzo marilyn.lorenzo@maryland.gov

or

William Niner-william.niner@maryland.gov

To recap.....



- Food insecurity is **growing**.
- Seniors are especially **vulnerable** to food insecurity.
- The Food Supplement Program (FSP) serves to **combat** food insecurity and hunger. There is a gap between seniors who are eligible and receiving FSP.
 - Under-enrolled
 - Not receiving full benefit amount
- Tools like the Elderly Simplified Application Project (ESAP) can **help** close the SNAP gap.

To recap.....



- **Your organization** can help combat food insecurity in Maryland's seniors by:
 - Building partnerships
 - Conducting FSP outreach
 - Becoming FSP experts
- There are **grants** available from the USDA for FSP outreach, and you can apply through the Maryland Department of Human Resources.