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Sequence Number: 08-22-08
Notice ID(s): 902 - 903
File Date: 08/28/08

Notice of Rulemaking Hearing

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, Tennessee Code Annotated, Section 4-5-204. For questions and copies of the notice, contact the person listed below.

Agency/Board/Commission:	Tennessee Department of Human Services
Division:	Family Assistance
Contact Person:	Phyllis Simpson
Address:	Citizens Plaza Building, 10th Floor 400 Deaderick Street Nashville, Tennessee 37243-1403
Phone:	615-313-4731
Email:	phyllis.simpson@state.tn.us

Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:

ADA Contact:	Natasha Webster
Address:	Citizens Plaza Building, 10th Floor 400 Deaderick Street Nashville, Tennessee 37243-1403
Phone:	615-313-4731
Email:	natasha.webster@state.tn.us

Hearing Location(s) (for additional locations, copy and paste table)

Address 1:	Citizens Plaza Building 2nd Floor Board Room 400 Deaderick Street		
Address 2:			
City:	Nashville, Tennessee		
Zip:	37243-1403		
Hearing Date :	*10/16/08*		
Hearing Time:	1:30 PM	X CST ☐ EST	

Additional Hearing Information:

Revision Type (check all that apply):

X Amendment
___ New
___ Repeal

Rule(s) (for additional chapters, copy and paste table)

	Chapter Number	Chapter Title
	1240-01-02	Family Assistance Unit - Food Stamp Program
	Rule Number	**Rule Title**
	1240-01-02-.02	Household Concept – Food Stamps Only

	Chapter Number	Chapter Title
	1240-01-04	Financial Eligibility Requirements
	Rule Number	**Rule Title**
	1240-01-04-.27	Standards of Need/Income

Chapter 1240-01-02
Family Assistance Unit
Food Stamp Program

Amendments

Rule 1240-01-02-.02 Household Concept – Food Stamps Only, is amended by deleting Part 5 under Subparagraph (a) Paragraph (1), and by substituting the following language, so that, as amended, Part 5 Paragraph (1), Subparagraph (a) shall read as follows:

5. An individual who is sixty (60) years of age or older (and the spouse of such individual) who lives with others and who is unable to purchase and prepare meals separately because he/she suffers from a disability considered permanent under the Social Security Act or some other non-disease-related severe permanent disability. In order for this individual and spouse to be eligible for separate household status, the combined gross income of all others with whom the individual resides (excluding the individual and his/her spouse's income) cannot exceed one hundred sixty-five percent (165%) of the poverty level as shown in the Table below:

No. of Persons in Household	1	2	3	4	5	6	7	8	9	10
165% of Poverty	$1430	$1925	$2420	$2915	$3410	$3905	$4400	$4895	$5390	$5885

For each additional member add $495

Authority: T.C.A. §§ 4-5-201 et seq.; T.C.A. § 4-5-202; T.C.A. §§ 71-1-105 and 71-5-304; 7 U.S.C.A. § 2014; and 7 C.F.R. §§ 273.1, 273.1(b)(2), 273.9, and 273.10.

Chapter 1240-01-04
Financial Eligibility Requirements

Amendments

Rule 1240-01-04-.27 Standards of Need/Income, is amended by deleting Table I under Paragraph (1) Subparagraph (a) Part 2 in its entirety, and by inserting a new Table I, so that, as amended, Table I shall read as follows:

Table I

No. of Persons in Household	1	2	3	4	5	6	7	8	9	10
Gross Income Standard	$1127	$1517	$1907	$2297	$2687	$3077	$3467	$3857	$4247	$4637

For each additional member add $390

Rule 1240-01-04-.27 Standards of Need/Income, is amended by deleting Table II under Paragraph (1) Subparagraph (b) Part 2 in its entirety, and by inserting a new Table II, so that, as amended, Table II shall read as follows:

Table II

No. of Persons in Household	1	2	3	4	5	6	7	8	9	10
Maximum Net Income	$867	$1167	$1467	$1767	$2067	$2367	$2667	$2967	$3267	$3567

For each additional member add $300

Rule 1240-01-04-.27 Standards of Need/Income, is amended by deleting Subparagraph (c), Parts 1 through 2 and Table III under Paragraph (1) in their entirety, and by inserting the following, so that, as amended, Subparagraph (c), Parts 1 through 3 and Table III under Paragraph (1) shall read as follows:

(c) Basis of Coupon Issuance - Value of the Thrifty Food Plan. The Thrifty Food plan shows the maximum coupon allotment that can be authorized for a household of any given size, and is used to determine the actual amount of the coupons for which the household qualifies.

1. Calculate 30% of a household's available income (after exclusions and deductions).

2. Subtract that amount from the maximum coupon allotment for the appropriate household size to determine the value of the coupon allotment. The minimum allotment for one and two person households is $14.00 even if thirty percent of those household's net income subtracted from the Thrifty Food Plan is less than $14.00. For all other household's sizes, the allotment is based on the actual amount derived from the preceding calculations.

3. If after using the appropriate formula the result ends in 1 through 99 cents, the amount shall be rounded down to the nearest lower whole dollar. If the computation results in an allotment of less than $10, then no issuance shall be made for the initial month.

Table III

No. of Persons in Household	1	2	3	4	5	6	7	8	9	10
Maximum Coupon Allotment	$176	$323	$463	$588	$698	$838	$926	$1058	$1190	$1322

For each additional member add $132

Rule 1240-01-04-.27 Standards of Need/Income, is amended by deleting Table IV-A and Table IV-B under Paragraph (1) Subparagraph (d) in their entirety, and by inserting a new Table IV-A and Table IV-B, so that, as amended, Subparagraph (d) Table IV-A and Table IV-B under Paragraph (1) shall read as follows:

(d)

Table IV-A
Standard Deduction

Household Size	1	2	3	4	5	6+
Standard Deduction	$144	$144	$144	$147	$172	$197

Table IV-B
Food Stamp Deductions

Maximum Dependent Care	No Limit
Maximum Shelter Deduction for Non-Elderly/Disabled Households	$446
Maximum Shelter Deduction for Elderly/Disabled Households	No Maximum

Authority: T.C.A. §§ 4-5-201 et seq.; T.C.A. § 4-5-202; T.C.A. §§ 71-1-105 and 71-5-304; 7 U.S.C.A. § 2014 and 2017(a); 7 C.F.R. §§ 273.9 and 273.10; and PL 110-246, Title IV §§ 4102, 4103 and 4107, June 18, 2008.

I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

Date: August 27, 2008

Signature: [signature]

Name of Officer: Phyllis Simpson

Title of Officer: Assistant General Counsel
Tennessee Department of Human Service

DEBRA E. BATTS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires May 22, 2010

Subscribed and sworn to before me on: August 27, 2008

Notary Public Signature: Debra E. Batts

My commission expires on: May 22, 2010

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Filed with the Department of State on: 8/28/08

Riley C. Darnell
Secretary of State

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