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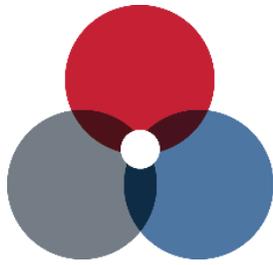


Ohio Seniors Missing Out On \$50 Million in Hunger Aid:

Opportunities to Reduce Hunger and Malnutrition Among Older Adults in Ohio

Rachel Cahill
Guest Author

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Introduction

Hunger is an urgent and growing problem among older adults in Ohio, with a 20 percent increase in the number of seniors turning to the emergency food network in 2016.ⁱ Unfortunately, state and federal spending on senior-specific nutrition programs, like congregate and home-delivered meals, has not kept up with rising need.ⁱⁱ Although not typically thought of as a senior nutrition program, the Supplemental Nutrition Assistance Program (SNAP) provides \$221 million per year to help senior households in Ohio buy groceries.ⁱⁱⁱ By comparison, Ohio receives just over \$30 million per year for senior nutrition programs through Title III of the Older Americans Act.^{iv}

Despite program capacity, SNAP is severely underutilized by seniors in Ohio. Only 40 percent of eligible seniors (age 60 and older) participate in the program, compared to 87 percent of all eligible people.^v This means approximately 264,000 seniors in Ohio are eligible for but not receiving SNAP.^{vi} Even if these households only qualify for the minimum monthly benefit of \$16, *full SNAP participation among seniors would bring an additional \$50 million per year in nutrition assistance to Ohio.*^{vii} Considering that many of these households will qualify for the average senior benefit of \$115 per month, Ohio could be missing out on an additional \$150 million per year.^{viii} This paper presents proven strategies for Ohio to increase administrative efficiency, preserve program integrity, and maximize senior participation in SNAP.

Food Insecurity and Health

Ohio ranks among the 10 worst states for senior hunger, with nearly 18 percent of Ohioans age 60 and older – 457,000 seniors – considered “food insecure” or “marginally

food secure.”^{ix} Older adults experiencing food insecurity suffer from higher rates of chronic disease, including diabetes, heart disease, and depression.^x Food-insecure seniors also endure a lower quality of life, with limitations on activities of daily living comparable to food-secure seniors 14 years older.^{xi}

SNAP is proven to reduce food insecurity and protect vulnerable individuals from these adverse health outcomes.^{xii} Forthcoming research from Johns Hopkins University found that seniors enrolled in Medicaid who also receive SNAP are less likely to be hospitalized or admitted to a nursing home, significantly reducing health care spending and helping seniors to age in place with dignity.^{xiii} As the cost of health care for older adults continues to rise, Ohio must do more to connect seniors to effective nutrition programs, like SNAP, that address the social determinants of health.

SNAP Basics

To qualify for SNAP in Ohio, individuals age 60 and older typically must have a household income below 200 percent of the Federal Poverty Line (FPL).^{xiv} This is higher than the income limit of 130 percent FPL, or \$15,444, for households without a senior or disabled member. Seniors can deduct basic living expenses, including rent or mortgage payments, utilities, and medical expenses, from their monthly income to qualify for higher SNAP benefits.

Despite the common belief among seniors that they will only qualify for the minimum monthly benefit (\$16), less than one-fourth of participating seniors in Ohio receive this minimum, *while the average benefit for senior households is \$115 per month*.^{xv} This means the average senior SNAP participant receives \$1,380 per year to supplement their food budget, representing a 10 percent boost in total income for households living at the poverty line. Even seniors receiving the minimum benefit can expect enrollment to be worth \$192 per year.

Table 1 summarizes the most recent data on SNAP participation among older adults in Ohio, compared to the rest of the United States. Highlighted in red are metrics where Ohio can make meaningful progress by adopting one or more of the policy options reviewed in this paper.

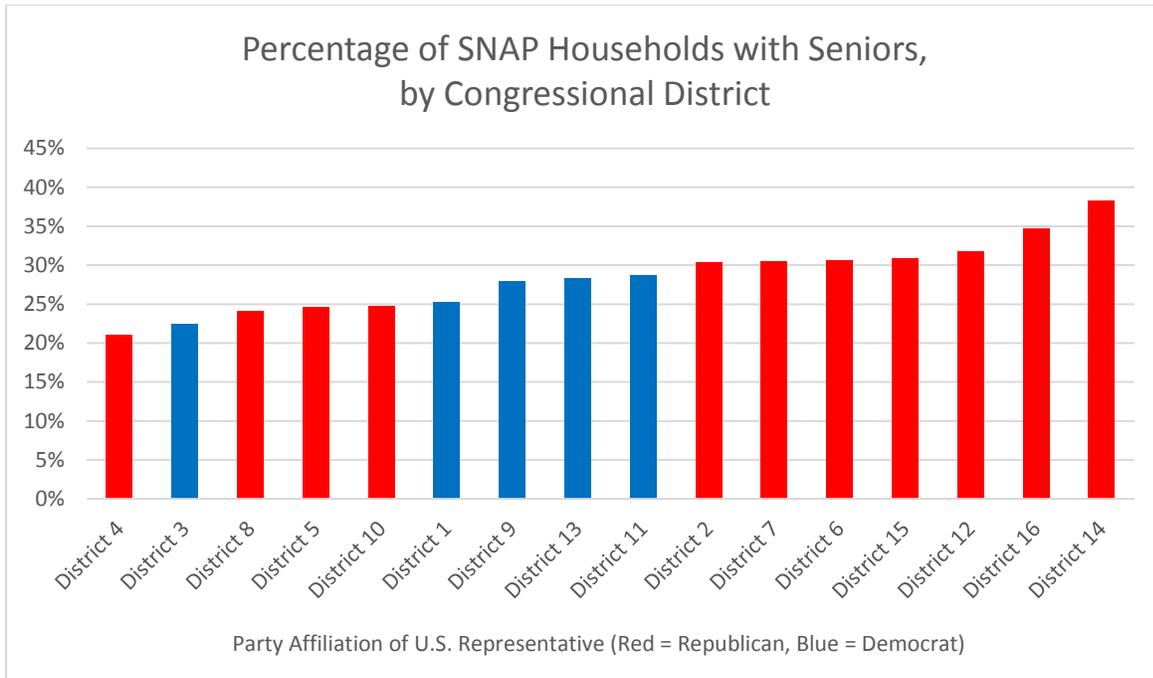
Table 1

| Seniors (Age 60 and older) | Ohio | United States |
|---|---------------|----------------|
| Seniors Below 200% FPL | 690,000 | 18 million |
| Seniors Below 100% FPL | 203,000 | 6 million |
| Senior SNAP Participants | 174,000 | 4.8 million |
| As a percentage of all SNAP recipients | 10.6% | 10.6% |
| Percentage of eligible seniors participating | 40% | 42% |
| SNAP Households with Seniors | 160,000 | 4.4 million |
| As percentage of all senior households ^{xvi} | 9.4% | 10.2% |
| As percentage of all SNAP households | 19.9% | 19.6% |
| Average Monthly Benefit | \$115 | \$128 |
| % w/ Minimum Benefit | 24% | 15% |
| % w/ Maximum Benefit | 10% | 20% |
| % Living Alone | 78% | 80% |
| % Claiming Medical Expenses | 10% | 12% |
| Annual SNAP Distribution to Seniors | \$221 million | \$6.7 billion |
| Economic Activity Generated | \$382 million | \$11.6 billion |

Sources: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates^{xvii}; USDA Food and Nutrition Services, Household Characteristics Report FY 2015^{xviii}; Mathematica Policy Research, State Trends on Elderly SNAP Participation, FY 2008-2013^{xix}; Center on Budget and Policy Priorities Analysis of FY2012 Medical Expense Data^{xx}; USDA Economic Research Service on the Stimulus Effect of SNAP^{xxi}

Another common misperception is that seniors represent a very small proportion of SNAP recipients, suggesting policy solutions to improve the food security of seniors lie elsewhere. In reality, Ohio’s shifting demographic trends have resulted in seniors making up an increasingly large share of all SNAP households in Ohio, with rural and suburban districts having particularly high senior caseloads.^{xxii} Figure 1 demonstrates this demographic shift, showing the percentage of all SNAP households that contain one or more individuals age 60 or over, by Congressional District.

Figure 1



Source: U.S. Census Bureau 2015 American Community Survey, 1 year estimates. Due to different source data, these estimates are higher than FY 2015 administrative data from the U.S. Department of Agriculture’s Food and Nutrition Service.

As more senior-serving organizations and advocates recognize the untapped potential of SNAP to help meet the nutritional needs of older adults, Ohio can begin working towards common sense policy changes that improve senior SNAP participation while increasing administrative efficiency. The remainder of this paper describes several successful strategies from geographically and politically diverse states that Ohio could adopt.

Policy Opportunities

Over the past 15 years, the U.S. Department of Agriculture’s Food and Nutrition Service (FNS) has authorized a host of innovative demonstration projects across the country in the hopes of improving access to SNAP for seniors.^{xxiii} Some of the most popular and successful projects include:

Phone-Based Enrollment

One of the biggest barriers to SNAP enrollment for seniors is the onerous application process which has historically required multiple trips to the County Department of Job and Family Services (CDJFS) to fill out an application, submit documentation, and

complete an interview. Despite recent modernization (e.g., the introduction of online applications), participation by eligible seniors still lags far behind all other groups. For the many seniors with mobility and/or technology limitations, phone-based application assistance has proven to be a successful alternative to online or in-person applications.^{xxiv}

In February 2017, the Ohio Department of Job and Family Services (ODJFS) announced its decision permitting approved Ohio counties to accept telephonic signatures for SNAP, a policy option that Congress made available to states through the 2008 Farm Bill.^{xxv} This policy change represents an exciting opportunity for counties to ease the SNAP application burden, while also improving coordination between SNAP and Medicaid applications (which counties already must allow via phone). Local organizations could partner with their CDJFS to implement telephonic signatures in a way that maximizes this access point for low-income seniors.

Once individual counties successfully implement telephonic signatures, Ohio should consider pursuing a waiver from FNS to allow these counties to implement so-called “on-demand interviews.” Under current law, SNAP agencies must schedule an interview time with applicants, which typically do not adapt to changing work schedules, medical appointments, and other household commitments. This results in a sizeable percentage of interviews needing to be rescheduled, leading to time-consuming and frustrating games of phone tag for caseworkers and applicants alike.^{xxvi}

Under an on-demand interview program, FNS waives the state requirement to pre-schedule SNAP interviews and instead allows local agencies to set up “call centers” that are available to conduct phone interviews anytime during normal business hours. When implemented effectively, the on-demand interview allows applicants to call at their convenience and reach a caseworker who can evaluate their application in real-time.^{xxvii} At least 15 states have been approved for this waiver, including New York, which operates a county-administered system like Ohio.^{xxviii}

Standard Medical Deduction

In addition to enhancing CDJFS’ ability to help seniors over the phone, Ohio can take steps to maximize the SNAP benefit that eligible seniors receive. As shown in Table 1, 24 percent of senior SNAP participants in Ohio receive only the minimum benefit, which is well above the national average of 15 percent. One of the primary factors affecting benefit size is how easily seniors are able to document their qualifying deductions, including out-of-pocket medical expenses.^{xxix} Because these expenses can be

difficult to prove and time-consuming for caseworkers to review, only 10 percent of senior and disabled SNAP households in Ohio (and 12 percent nationwide) claim medical expenses.^{xxx}

To overcome this challenge, FNS authorizes demonstration projects known as Standard Medical Deductions (SMD), which simplify the collection of medical expense documentation, save caseworker time, and reduce administrative mistakes. Instead of caseworkers spending hours sorting through “shoeboxes full of receipts,” states can establish a standard deduction – as nearly all states do for calculating utility costs – for eligible households with documented expenses over \$35 (the minimum required to claim a medical deduction). Eighteen states currently operate SMD, including at least one state in every geographic region and seven of 10 states in the Mountain Plains region.^{xxxi} The SMD ranges from \$102 in Texas to \$210 in Illinois, with an average SMD of \$157.^{xxxii}

FNS has historically required SMD demonstration projects to be cost-neutral, which states typically accomplished through a small reduction in the Standard Utility Allowance. For this reason, states must carefully craft their cost-neutrality formula to achieve demonstration goals without reducing benefits for non-senior or disabled households that incur high shelter costs.

Because of the success of the SMD across the country, some observers expect that Congress will eventually allow the SMD to become a state option instead of requiring FNS’ demonstration authority and oversight. Ohio-based advocates can expect opportunities to weigh in on this possibility during 2018 Farm Bill discussions.

Elderly Simplified Application Project

Another increasingly popular FNS demonstration project is the Elderly Simplified Application Project (ESAP), which combines multiple policy and process changes to simplify SNAP enrollment for senior-only households without earnings.^{xxxiii} The main policy components of ESAP are:

- 1) 36-month certification period (compared to 24-month certification under current law)^{xxxiv}
- 2) Waiver of the recertification interview (which some non-ESAP states also have)^{xxxv}
- 3) Minimal verification requirements, since most eligibility information can be electronically verified^{xxxvi}

In addition to these statutory and regulatory waivers, most states include various process reforms in ESAP, such as:

- 1) A short (two-page) senior-only SNAP application to make the process less intimidating to seniors;
- 2) A central, ESAP-specific processing unit, which dramatically improved customer service and increased caseworker productivity in Alabama and South Carolina;
- 3) Program rebranding to help overcome the stigma associated with SNAP

Eight states currently operate an ESAP, including five Southern states (Alabama, Florida, Georgia, Mississippi, and South Carolina) and two Mid-Atlantic states (Maryland and Pennsylvania).^{xxxvii} For a longer discussion of best practices and lessons learned from ESAP states, see a recent paper from the National Council on Aging and Benefits Data Trust at <https://www.ncoa.org/resources/advocates-guide-esap/>.

While statewide implementation of ESAP is unlikely in Ohio, various elements of ESAP could be adopted to improve access to SNAP among eligible seniors. For example, ODJFS could request an FNS waiver to bypass the recertification interview for elderly and disabled households without earned income whose continued eligibility can be electronically verified. Separately, regional collaborations that currently participate in the “Shared Services” platform for Medicaid could develop an ESAP-specific unit to manage elderly and disabled SNAP cases that require only a light touch.

Targeted Outreach

Of course, the policy changes described above will only improve access to SNAP if eligible seniors learn about the program and get the help they need to enroll. Ohio is fortunate to have a very successful SNAP education and outreach program through the Ohio Benefit Bank (OBB), which is managed by the Ohio Association of Food Banks. Through OBB, 570 food banks and other community-based organizations across Ohio assisted over 31,000 low-income individuals, including over 4,000 seniors, complete SNAP applications in 2016.^{xxxviii}

Several OBB sites operate unique SNAP outreach campaigns that partner with local aging services organizations to reach eligible seniors. For example, Shared Harvest Foodbank in Fairfield, OH partners with home health providers to sign low-income seniors up for the Commodity Supplemental Food Program (CSFP), a monthly food box, and gain consent to conduct a SNAP eligibility screening over the phone. Shared

Harvest also routinely visits low-income senior high rises, trailer parks, and other community meeting places to educate seniors about SNAP and provide application assistance. The Akron-Canton Regional Foodbank has a similar outreach program for seniors in partnership with the Summit County Department of Job and Family Services thanks to a grant from the National Council on Aging. The Greater Cleveland Food Bank has the largest SNAP outreach program in the state, providing application assistance to nearly 2,300 senior households each year, primarily by phone. For many years, the Area Agency on Aging serving rural north central Ohio (District 5) operated a successful SNAP outreach program for seniors in partnership with five rural grocery stores who won the esteemed “Golden Grocer” award from the USDA in 2011.^{xxxix}

Another national best practice that could be adopted in Ohio involves using existing data from the Medicaid program to conduct targeted outreach to seniors who are almost certainly eligible for SNAP. In at least five states, SNAP agencies cross-reference Medicaid and SNAP enrollment data to identify individual senior households that are not receiving SNAP and conduct mail and phone outreach welcoming them to apply.^{xi} An FNS-commissioned evaluation found this data-driven model to be more cost-effective than other types of outreach, and significantly increased SNAP participation among seniors during a short period.^{xii}

Current Medicaid enrollees are a common-sense target for this model, since counties already have verified information about household income and other eligibility criteria. Furthermore, elderly Medicaid recipients – also known as “dual eligibles” – are among the most expensive individuals for Medicaid to cover, meaning low-cost interventions that reduce both health care costs and the likelihood of institutional care would be a good investment for the state.

Next Steps

Ohio can reduce hunger among older adults by adopting common sense policy and process changes in SNAP and cultivating cross-sector partnerships. Advocates for older adults in particular have an opportunity to educate low-income seniors and the policymakers that serve them about the criticality of SNAP in fighting senior hunger. Expanded SNAP participation represents Ohio’s best opportunity to infuse nutrition dollars into senior households, drawing down much needed federal resources into the state and helping older Ohioans age in place with dignity.

Acknowledgements

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ⁱ *Losing Ground: 875 Million Meals Lost and Counting*, Ohio Association of Food Banks, March 2017. Available at http://ohiofoodbanks.org/docs/publications/losing_ground_updated_march_2017.pdf

ⁱⁱ Campbell, E. and Frech, R., *Investing in Older Adults: Demographic and Funding Trends in the Western Reserve Service Area*, The Center for Community Solutions for the Western Reserve Area Agency on Aging, June 2016. Available at http://www.communitysolutions.com/assets/docs/Major_Reports/Older_Adults/investing%20in%20older%20adults%20final%20060616.pdf

ⁱⁱⁱ *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2015*, U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, November 2016. Available at <https://www.fns.usda.gov/sites/default/files/ops/Characteristics2015.pdf>.

^{iv} Calculated by combining Title III allocations for Congregate Meals, Home-Delivered Meals, and the Nutrition Services Incentive Program (NSIP) for FY 2015. Available from the U.S. Department of Health and Human Services, Administration for Community Living at https://acl.gov/About_ACL/Allocations/docs/OAA/T3-2015.pdf and https://acl.gov/About_ACL/Allocations/docs/OAA/FY2015-NSIP-StateAwards.pdf.

^v *State Trends in Supplemental Nutrition Assistance Program Eligibility and Participation Among Elderly Individuals, Fiscal Year 2008 to Fiscal Year 2013*. Mathematica Policy Research, July 2015. Available at <https://www.mathematica-mpr.com/our-publications-and-findings/publications/state-trends-in-supplemental-nutrition-assistance-program-eligibility-and-participation-among>; and *Reaching Those in Need: Estimates of State Supplemental Nutrition Assistance Program Participation Rates in 2014*, USDA Food and Nutrition Service, January 2017. Available at <https://www.fns.usda.gov/snap/reaching-those-need-estimates-state-supplemental-nutrition-assistance-program-participation-1>

^{vi} Calculated by dividing the number of enrolled seniors (176,000) by the participation rate (0.40) to find likely eligible of 440,000. Subtracting 440,000 by current enrollments (176,000) = 264,000.

^{vii} Calculated by multiplying the number of eligible, unenrolled seniors (264,000) * minimum monthly benefit (\$16) * 12 months = \$50,688,000.

^{viii} Assumes half (1/2) of all eligible, unenrolled seniors (132,000) receive the average benefit among seniors (\$115) * 12 months = \$182,160,000 with the other half receiving the minimum benefit (\$25,344,000) = \$207,504,000.

^{ix} Measured by USDA's Household Food Security Measure and summarized in *The State of Senior Hunger in America 2014: An Annual Report*, National Foundation to End Senior Hunger, June 2016. Available at <http://www.nfesh.org/wp-content/uploads/2016/05/State-of-Senior-Hunger-in-America-2014.pdf>

^x Seligman, H.K., et al. *Food insecurity is associated with hypoglycemia and poor diabetes self-management in a low-income sample with diabetes*. *J Health Care Poor Underserved*. November 2010; 21(4):1227-33 and Seligman H.K., et al. *Food insecurity is associated with chronic disease among low-income NHANES participants*. *J Nutr*. February 2010; 140(2):304-10.

^{xi} Gundersen, C. & Ziliak, J.P. *Food Insecurity and Health Outcomes*, *Health Affairs*, 34, November 2015:1830-1839.

^{xii} Mabli, J., et al. *Measuring the Effect of Supplemental Nutrition Assistance Program (SNAP) Participation on Food Security*, Mathematica Policy Institute for the USDA's Food and Nutrition Service, August 2013. Available at <https://fns-prod.azureedge.net/sites/default/files/Measuring2013.pdf>

^{xiii} Szanton, S.L., Samuel, L.J., Cahill, R., Zielinskie, G. Wolff, J.L., Thorpe, R.J. Jr., Betley "Food assistance is associated with decreased nursing home admissions for Maryland's dually eligible older adults" *in press at BMC Geriatrics*.

^{xiv} Ohio Revised Code 5101:4-2-02 re: Food Assistance: Categorically Eligible Assistance Groups. Note that senior households with income above 200% FPL may still qualify for SNAP if their expenses are very high, but they are subject to both the net income test and the federal asset test.

^{xv} *State Trends in Supplemental Nutrition Assistance Program Eligibility and Participation Among Elderly Individuals, Fiscal Year 2008 to Fiscal Year 2013*. Mathematica Policy Research, July 2015. See Table III.9. Available at <https://www.mathematica-mpr.com/our-publications-and-findings/publications/state-trends-in-supplemental-nutrition-assistance-program-eligibility-and-participation-among>; *Fact Sheet: Ohio Food Assistance Program*, Center on Budget and Policy Priorities, January 2017. Available at http://www.cbpp.org/sites/default/files/atoms/files/snap_factsheet_ohio.pdf

^{xvi} Table B22001 of U.S. Census Bureau, *2011-2015 American Community Survey 5-Year Estimates*. Note that the numerator comes from SNAP administrative data (row above), rather than ACS data where SNAP participation is known to be undercounted.

^{xvii} U.S. Census Bureau, *2011-2015 American Community Survey 5-Year Estimates*

^{xviii} *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2015*

^{xix} *State Trends in Supplemental Nutrition Assistance Program Eligibility and Participation Among Elderly Individuals, Fiscal Year 2008 to Fiscal Year 2013.*

^{xx} *SNAP's Excess Medical Expense Deduction: Targeting Food Assistance to Low-Income Seniors and Individuals with Disabilities*, Center on Budget and Policy Priorities, August 2014. Available at <http://www.cbpp.org/sites/default/files/atoms/files/8-20-14fa.pdf>

^{xxi} *The Food Assistance National Input-Output Multiplier (FANIOM) Model and Stimulus Effects of SNAP*, U.S. Department of Agriculture, Economic Research Service, October 2010. Available at

https://www.ers.usda.gov/webdocs/publications/err103/7996_err103_1.pdf?v=41056

^{xxii} *SNAP Community Characteristics by Congressional District*, U.S. Department of Agriculture, Food and Nutrition Service, Updated January 2017. Available at <https://www.fns.usda.gov/ops/snap-community-characteristics-ohio>; *Ohio's 60+ Population by County*, Miami University Scripps Gerontology Center, 2015. Available at <http://www.ohio-population.org/wp-content/uploads/2015/08/New-Poster.pdf>.

^{xxiii} *Evaluation of the Effectiveness of Pilot Projects in Increasing Supplemental Nutrition Assistance Program (SNAP) Participation among Medicare's Extra Help Population*, Mathematica Policy Research, December 2014. Available at

<https://www.fns.usda.gov/sites/default/files/ops/SNAPMedicare.pdf>; *Examples of Promising Practices for Integrating and Coordinating Eligibility, Enrollment, and Retention: Human Services and Health Programs Under the Affordable Care Act*, The Urban Institute, July 2014. Available at <http://www.urban.org/research/publication/examples-promising-practices-integrating-and-coordinating-eligibility-enrollment-and-retention-human-services-and-health-programs-under-affordable-care-act>

^{xxiv} *Reaching the Underserved Elderly and Working Poor in SNAP: Evaluation Findings from the Fiscal Year 2009 Pilots*. Mathematica Policy Research, April 2014. Available at <https://www.fns.usda.gov/sites/default/files/SNAPUnderseved-Elderly2009.pdf>

^{xxv} See Food Assistance Change Transmittal No. 59A, issued February 9, 2017. Also see *SNAP Telephonic Signatures Policy Memo*, USDA Food and Nutrition Service, Program Development Division, May 12, 2014. Available at <https://www.fns.usda.gov/snap/snap-telephonic-signature-guidance>. Final telephonic signature rules will be codified at § 273.2(c)(7) with an effective date of May 8, 2017.

^{xxvi} Hu, Winnie. "Navigating a Bureaucratic Maze to Renew Food Stamp Benefits," *The New York Times*, July 23, 2015. Available at

https://www.nytimes.com/2015/07/24/nyregion/navigating-a-bureaucratic-maze-to-renew-food-stamp-benefits.html?_r=0

^{xxvii} Note that some states have struggled with on-demand interviews due to under-estimating volume and not appropriately staffing or managing central call centers. It is not uncommon for on-demand interview wait times to be 30 minutes or more in these states.

^{xxviii} According to FNS Waiver Database (<https://www.fns.usda.gov/snap/waivers-rules>), 14 have received a waiver to conduct "unscheduled interviews." The states are Arizona, Connecticut, Florida, Idaho, Kentucky, Maine, Missouri, Montana, South Carolina, Texas, Utah, Vermont, Washington, and Wisconsin. New York City also received permission from state and federal authorities to implement on-demand interviews in late 2016. Oklahoma had this waiver in the past (https://www.fns.usda.gov/sites/default/files/snap/11-State_Options.pdf).

^{xxix} See 5101:4-4-23 of the Ohio Administrative Code. Eligible medical expenses include (but is not limited to) premiums, co-payments, co-insurance for medical, dental or vision care, as well as over-the-counter medication, expenses for service animals, and transportation costs to and from medical appointments.

^{xxx} FY 2012 data from Appendix A of *SNAP's Excess Medical Expense Deduction: Targeting Food Assistance to Low-Income Seniors and Individuals with Disabilities*

^{xxxi} The 18 active SMD states are Alabama, South Carolina (Southeast), Arkansas, Texas (Southwest), Colorado, Iowa, Kansas, Missouri, North Dakota, South Dakota, Wyoming (Mountain Plains), Massachusetts, New Hampshire, Rhode Island, Vermont (Northeast), Idaho (Western), Illinois (Midwest), and Virginia (Mid-Atlantic). California (Western) has been approved by FNS, but has not yet implemented.

^{xxxii} *Strategies to Simplify SNAP for Seniors*, Benefits Data Trust and the National Council on Aging, September 2016. Available at <https://www.ncoa.org/wp-content/uploads/ESAP-Cheat-Sheet.pdf>

^{xxxiii} Some ESAP states also extend the program to households where all members are disabled and have no earned income.

^{xxxiv} Waives Section 3(f) of the Food and Nutrition Act

^{xxxv} Waives 7 CFR 273.14(a)(3). As of May 2016, seven non-ESAP states that have this waiver, including Kansas, Louisiana, Massachusetts, Missouri, Nebraska, New Mexico, and Oklahoma. See FNS Waiver Database at

<https://www.fns.usda.gov/snap/waivers-rules>

^{xxxvi} Waives 7 CFR 273.2(f)

^{xxxvii} *An Advocate's Guide to the Elderly Simplified Application Project*, Benefits Data Trust and the National Council on Aging, March 2017. Available at <https://www.ncoa.org/resources/advocates-guide-esap/>

^{xxxviii} Data provided by the Ohio Association of Food Banks on April 3, 2017.

^{xxxix} See "Local Grocers to Receive First USDA Midwest Region Golden Grocer Award," Press Release from Ohio District 5 Area Agency on Aging, September 7, 2011. Available at <http://www.aaa5ohio.org/news/press-releases/8/>.

^{xl} See Benefits Data Trust's model at <http://www.bdtrust.org/where-we-work/>

^{xli} *Reaching the Underserved Elderly and Working Poor in SNAP: Evaluation Findings from the Fiscal Year 2009 Pilots*. Mathematica Policy Research, April 2014. Available at <https://www.fns.usda.gov/sites/default/files/SNAPUnderseved-Elderly2009.pdf>