Erie County Social Services

Income Guidelines

Factors other than income affect eligibility for benefits programs. To determine if you qualify for assistance, you may submit an application and have your eligibility determined by an examiner. You may apply by mail, in person, or on-line at myBenefits.ny.gov.

FEDERAL SNAP STANDARDS

EFFECTIVE OCTOBER 1, 2025 SEPTEMBER 30, 2026

HOUSEHOLD SIZE	MAXIMUM GROSS MONTHLY INCOME		
	130% of FPL*	150% of FPL**	200% of FPL
1	$1,696	$1,957	$2,608
2	$2,292	$2,644	$3,525
3	$2,888	$3,332	$4,442
4	$3,483	$4,019	$5,358
5	$4,079	$4,707	$6,275
6	$4,675	$5,394	$7,192
7	$5,271	$6,082	$8,108
8	$5,867	$6,769	$9,025
Each Additional	$596	$688	$917

* For households where one member is 60 years or over, on SSI, or on Social Security Disability, these gross income limits do not apply, but will be subject to net income limits.

** SNAP households with earned income budgeted that do not contain a household member that is sanctioned or disqualified for an Intentional Program Violation (IPV), failure to comply with work rules or voluntary job quit, that do not contain an aged or disabled member, and that do not pay out-of-pocket dependent care costs.

SNAP Application: LDSS-4826
For information call:
SNAP (716) 858-7239
or go to:

CHILD CARE ASSISTANCE

Effective June 1, 2026 - May 31, 2027

HOUSE HOLD SIZE	85% SMI	85% SMI	300% SIS	300% SIS
	MAXIMUM GROSS MONTHLY INCOME	MAXIMUM GROSS YEARLY INCOME	MAXIMUM GROSS MONTHLY INCOME	MAXIMUM GROSS YEARLY INCOME
1	$5,048.01	$60,576.10	$3,990.00	$47,880.00
2	$6,601.24	$79,214.90	$5,410.00	$64,920.00
3	$8,154.48	$97,853.70	$6,830.00	$81,960.00
4	$9,707.71	$116,492.50	$8,250.00	$99,000.00
5	$11,260.94	$135,131.30	$9,670.00	$116,040.00
6	$12,814.18	$153,770.10	$11,090.00	$133,080.00
7	$13,105.41	$157,264.88	$12,510.00	$150,120.00
8	$13,396.64	$160,759.65	$13,930.00	$167,160.00
Each Addition-al	$342.63	$3,494.78	$1,420.00	$17,040.00

Family share is based on the amount of the family's income that exceeds the current Income Eligibility Standard (100%). There is one basic family share, regardless of the number of children receiving child care services. The parent must pay the family share directly to the provider.

Formula Used to Determine Fee:

Annual Gross Income minus (-) State Income Standard times (x) 1% = Weekly Fee ÷ 52 (weeks)

Low-income cases will pay a family share of at least $1.00 per week. Under 100% poverty, Transitional Child Care, payee cases and homeless clients have no family share.

Child Care Assistance Application: OCFS-6025
For information call:
Day Care Unit (716) 858 –8953
or go to:

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HEAP STANDARDS 2025-2026	
HOUSEHOLD SIZE	MAXIMUM GROSS MONTHLY INCOME
1	$3,473
2	$4,542
3	$5,611
4	$6,680
5	$7,749
6	$8,818
7	$9,018
8	$9,218

HEAP Application: LDSS-3421
For information call:
HEAP (716) 858 –7644

MEDICAID * EFFECTIVE JANUARY 1, 2026	
HOUSEHOLD SIZE	138% FPL MAXIMUM GROSS MONTHLY INCOME
1	$1,836
2	$2,489
3	$3,142
4	$3,795
5	$4,449
6	$5,102
7	$5,755
8	$6,408

* ECDSS maintains MA cases for those certified blind or disabled, or over the age of 65. All others may contact the NY State of Health.

MA Application: DOH-4220
For information call:
MA (716) 858-6244
or go to:

EMERGENCY ASSISTANCE		
HOUSEHOLD SIZE	MAXIMUM GROSS MONTHLY INCOME	
	Emergency Safety Net Assistance (ESNA) 125% of FPL (APRIL 1, 2026-MAY 31, 2027)	Emergency Assistance to Needy Families with Children (EAF) 200% of FPL (APRIL 1, 2026—MAY 31, 2027)
1	$1,663	$2,660
2	$2,254	$3,607
3	$2,846	$4,553
4	$3,438	$5,500
5	$4,029	$6,447
6	$4,621	$7,393
7	$5,213	$8,340
8	$5,804	$9,287
Each Additional	$592	$947

Emergency Services Application: LDSS-2921
For information call:
Emergency Services
(716) 858-7055
or go to: