



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
 Nellie M. Gorbea, *Secretary of State*

**Rules and Regulations Filing Form**

**1. Agency Name and Address**

**Human Services, Department of**  
 57 Howard Avenue, Cranston, RI 02920

**2. Title of Rule**

Supplemental Nutrition Assistance Program Sections 1000 through 1083

**3. Statutory Source of Authority**

RIGL 40-6-8

**4. Concise Explanatory Statement - §42-35-2.6**

This rule is being amended to reflect the following: the Standard Utility Allowance (SUA) has decreased from \$613 to \$605 due to a decrease in the cost of fuel and utilities as calculated by the annual Consumer Price Index (CPI); the gross and net income eligibility standards have been increased as a result of the annual cost of living adjustment for household sizes 1 through 5 or 1 through 6, depending on the household's gross income limit; the maximum excess shelter deduction has increased from \$504 to \$517; the maximum standard deduction for household sizes 1-3 has increased from \$155 to \$157 and remains unchanged for household sizes 4-6+. The minimum monthly allotment and maximum allotments remain unchanged.

**5. Type of Filing**

Emergency Rules	
<p>A1. Emergency 120-day initial - §42-35-2.10</p> <p><input type="checkbox"/> Adoption</p> <p><input checked="" type="checkbox"/> Amendment of ERLID: 8258</p> <p><input type="checkbox"/> Repeal of ERLID:</p>	<p>A2. Emergency 60-day renewal - §42-35-2.10</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment</p> <p><input type="checkbox"/> Repeal</p> <p>Indicate ERLID of 120-day initial:</p>
<p>Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:                      To prevent wrongful denial or discontinuance of benefits for applicants/beneficiaries and loss of federal funding.</p>	

Agency Head Signature: \_\_\_\_\_

Governor/Governor's Designee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Final Rules		
<input type="checkbox"/> B1. Amendment - §42-35-3(a)	<input type="checkbox"/> B2. Adoption - §42-35-3(a)	<input type="checkbox"/> B3. Repeal - §42-35-3(a)
<input type="checkbox"/> C. Technical Revision	<input type="checkbox"/> D. Direct Final Rule - §42-35-2.11	
<p>If B1 or C, please indicate new, amended, deleted, or revised sections:</p>		

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-2.8: Notice Not Required  
 Date of Public Hearing - §42-35-2.8: Hearing Not Required  
 End of Comment Period - §42-35-2.8 :

**7. Agency Additional Information - Web Page**

http://

**8. Certification**

*I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,*

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_

Subscribed and sworn before me  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

ERLID#: 8399