	Committee Item No.  Board Item No.  D OF SUPERVISORS T CONTENTS LIST						
Committee: Board of Supervisors Meeting  Cmte Board  Motion Resolution Ordinance Legislative Digest Budget and Legislative A Youth Commission Report Introduction Form Department/Agency Covern MOU Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Form 126 – Ethics Commission Award Letter Application Public Correspondence	ort er Letter and/or Report						
OTHER							

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Date: May 5, 2016

Date:

Prepared by: Brent Jalipa
Prepared by:

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[Urging and Supporting All Efforts to Increase State Supplementary Program Payments to Meet or Exceed the Federal Poverty Level Appropriation

Resolution urging and supporting all efforts by the State Legislature and Governor to increase State Supplementary Program payments to meet or exceed the federal poverty level for elderly, blind or disabled individuals.

WHEREAS. The State Supplementary Payment (SSP) program assists blind, disabled, and elderly individuals and supplements the federal Supplemental Security Income (SSI) program; and

WHEREAS. State Supplemental Payment amounts are adjusted based on living arrangement, marital status, status as a minor, and other factors; and

WHEREAS, The current State Supplemental Payment amount has not kept pace with the increased cost of living, including such items as housing, food, health care, and transportation; and

WHEREAS, The State Supplemental Payment amounts were reduced substantially during and following the Great Recession from \$233 per month to \$156 per month for individuals- the minimum allowed by federal law; and

WHEREAS. The pre-recession maximum SSI/SSP grant amount for individuals was at 100% of the federal poverty level and the current maximum SSI/SSP grant amount is at 90.6% of the federal poverty level; and

WHEREAS, The cost of living adjustment (COLA) for the State Supplemental Payment (SSP) has not been provided since the Fiscal Year 2009-10 State Budget; and

WHEREAS, SSI/SSP recipients are not eligible for CaiFresh (food stamps) in California: and

WHEREAS, Many individuals who depend on this grant as a source of income cannot meet their basic needs and are forced to make painful decisions regarding paying rent and utilities, purchasing food, or medical supplies not covered by health insurance; and

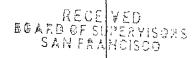
WHEREAS, As of January 2014, there were 44,827 individuals in the City and County of San Francisco depending on the State Supplemental Payment program which is equivalent to almost one in five residents; now, therefore, be it

RESOLVED: That City and County of San Francisco hereby urges its support of the State of California Legislators and Governor to increase the State Supplementary Payment amounts to meet or exceed the federal poverty level to elderly, blind, and/or disabled individuals to be readjusted and increased annually.

Print Form

## **Introduction Form**

By a Member of the Board of Supervisors or the Mayor



I here	eby submit the following item for introduction (select only one):	meeting date				
	1. For reference to Committee. (An Ordinance, Resolution, Motion, or Charter Amendment)					
$\boxtimes$	2. Request for next printed agenda Without Reference to Committee.					
	3. Request for hearing on a subject matter at Committee.					
	4. Request for letter beginning "Supervisor	inquires"				
	5. City Attorney request.					
	6. Call File No. from Committee.					
	7. Budget Analyst request (attach written motion).					
	8. Substitute Legislation File No.					
	9. Reactivate File No.					
	10. Question(s) submitted for Mayoral Appearance before the BOS on					
	se check the appropriate boxes. The proposed legislation should be forwarded to the following    Small Business Commission   Youth Commission   Ethics Commission     Planning Commission   Building Inspection Commission     For the Imperative Agenda (a resolution not on the printed agenda), use a Imperative Fo	sion				
Sponse	or(s):					
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Subje	et:					
	ution supporting all efforts by the State Legislature and Governor to increase State Supplement ents to meet or exceed the federal poverty level for elderly, blind or disabled individuals.	tary Program				
The to	ext is listed below or attached:					
See at	ttached.					
Lys. p. 1002-100-110-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Signature of Sponsoring Supervisor:					
For C	Clerk's Use Only:					